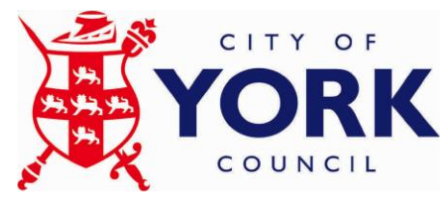


Notice of a public meeting of
Health and Adult Social Care Policy and Scrutiny Committee

To: Councillors Doughty (Chair), S Barnes, Cullwick (Vice-Chair), Craghill, Richardson and Derbyshire

Date: Tuesday, 19 July 2016

Time: 4.00 pm

Venue: The Thornton Room - Ground Floor, West Offices (G039)

AGENDA

1. Declarations of Interest (Pages 1 - 2)

At this point in the meeting, Members are asked to declare:

- any personal interests not included on the Register of Interests
- any prejudicial interests or
- any disclosable pecuniary interests

which they may have in respect of business on this agenda.

2. Minutes (Pages 3 - 14)

To approve and sign the minutes of the Health and Adult Social Care Policy and Scrutiny Committee held on 24 May and 22 June 2016.

3. Public Participation

At this point in the meeting, members of the public who have registered their wish to speak regarding an item on the agenda or an issue within the Committee's remit can do so. The deadline for registering is **Monday 18 July 2016** at **5:00 pm**.

Filming, Recording or Webcasting Meetings

Please note this meeting may be filmed and webcast and that includes any registered public speakers, who have given their permission.

This broadcast can be viewed at: http://www.york.gov.uk/webcasts.

Residents are welcome to photograph, film or record Councillors and Officers at all meetings open to the press and public. This includes the use of social media reporting, i.e. tweeting. Anyone wishing to film, record or take photos at any public meeting should contact the Democracy Officer (whose contact details are at the foot of this agenda) in advance of the meeting.

The Council's protocol on Webcasting, Filming & Recording of Meetings ensures that these practices are carried out in a manner both respectful to the conduct of the meeting and all those present. It can be viewed at: https://www.york.gov.uk/downloads/file/6453/protocol_for_webcasting_filming_and_recording_council_meetingspdf

4. **Pre Decision Report on Reprocurement of Substance Misuse Treatment and Recovery Services** (Pages 15 - 26)
Members are asked to comment on the reprocurement of Substance Misuse Treatment and Recovery Services prior to an Executive Decision being made.

5. **Healthy Child Service** (Pages 27 - 36)

The purpose of this report is to provide the Committee with an update on the transfer of health visiting, school nursing and the National Child Measurement Programme from York Teaching Hospital NHS Foundation Trust to City of York Council and progress with the development of a new Healthy Child Service.

6. **2015/16 Finance and Performance Draft Outturn Report-Health & Adult Social Care** (Pages 37 - 54)
This report analyses the financial outturn position and performance data for 2015/16 by reference to the service plans and budgets for all of the relevant services falling under the responsibility of the Director of Adult Social Care and the Director of Public Health.

7. Update Report on Consultation on the new mental health hospital in York (Pages 55 - 124)
This update report from Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) informs Members about the arrangements for formal consultation regarding the new mental health hospital in York.

8. Safeguarding Adults Annual Assurance(Pages 125 - 194)
This update report outlines arrangements in place to ensure that City of York Council discharges its responsibilities to protect adults with care and support needs from abuse and neglect, whilst maintaining their independence and wellbeing. The report also includes the presentation of the Safeguarding Adults Board Annual Report 2015-2016.

9. Work Plan (Pages 195 - 196)
Members are asked to consider the Committee's work plan for the municipal year 2016/17.

10. Urgent Business
Any other business which the Chair considers urgent.

<u>Democracy Officer:</u>

Name- Judith Betts
Telephone – 01904 551078
E-mail- judith.betts@york.gov.uk

For more information about any of the following please contact the Democracy Officer responsible for servicing this meeting

- Registering to speak
- Business of the meeting
- Any special arrangements
- Copies of reports

Contact details are set out above

This information can be provided in your own language.

我們也用您們的語言提供這個信息 **(Cantonese)**

এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে। **(Bengali)**

Ta informacja może być dostarczona w twoim własnym języku. **(Polish)**

Bu bilgiyi kendi dilinizde almanız mümkündür. **(Turkish)**

یہ معلومات آپ کی اپنی زبان (بولی) میں بھی مہیا کی جاسکتی ہیں۔ **(Urdu)**

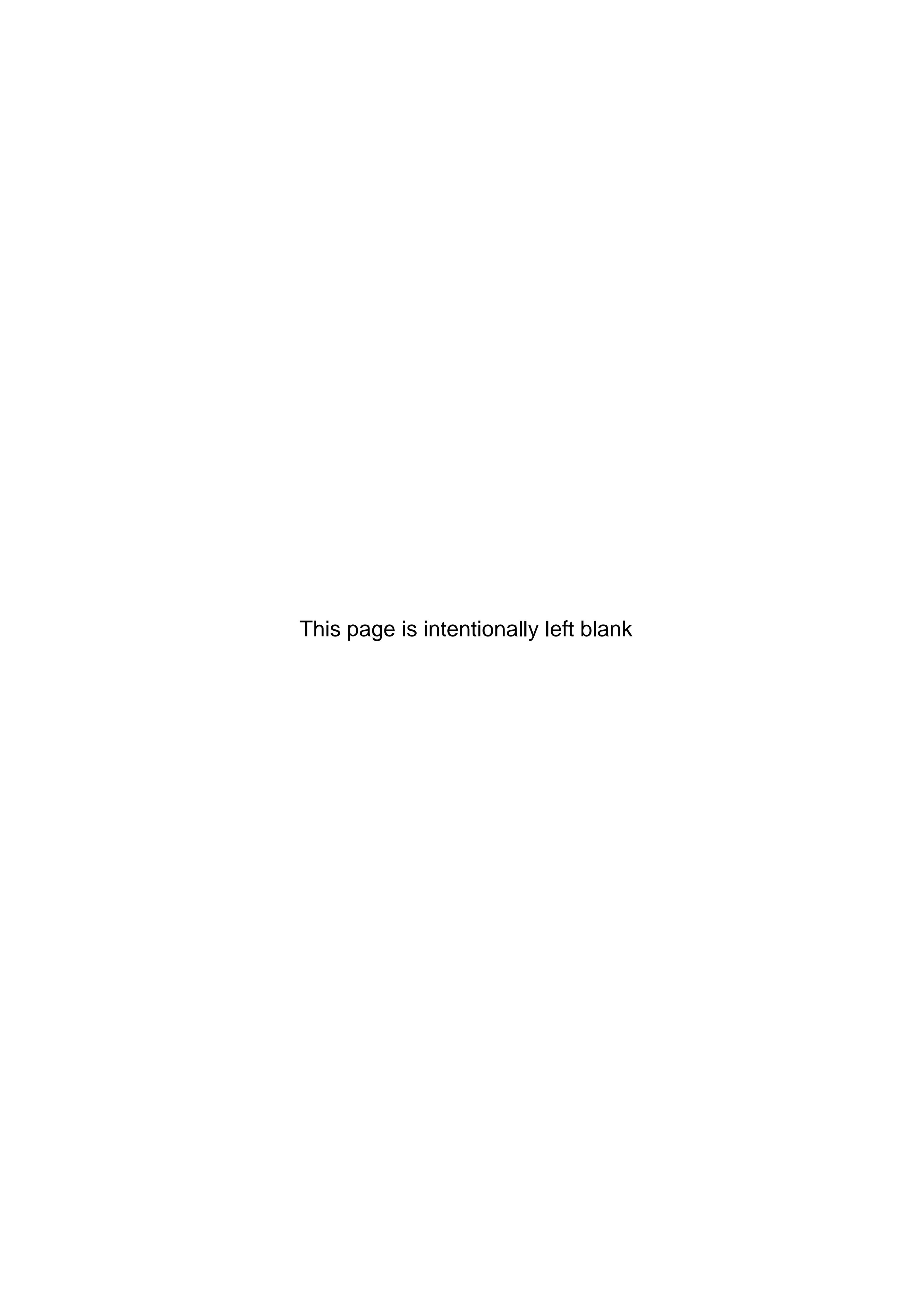
☎ **(01904) 551550**

Health and Adult Social Care Policy and Scrutiny Committee

Agenda item 1: Declarations of interest.

Please state any amendments you have to your declarations of interest:

Councillor S Barnes	Works for Leeds North Clinical Commissioning Group
Councillor Craghill	Member of Health and Wellbeing Board
Councillor Doughty	Member of York NHS Foundation Teaching Trust.
Councillor Douglas (Substitute)	Council appointee to Leeds and York NHS Partnership Trust.
Councillor Richardson	Niece is a district nurse. Undergoing treatment at York Pain clinic.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Agenda Item 2

City of York Council — Committee Minutes

Meeting	Health and Adult Social Care Policy and Scrutiny Committee
Date	24 May 2016
Present	Councillors Cuthbertson (Vice-Chair), Doughty (Chair), S Barnes, Craghill and Richardson (apart from Minute Items 94-97)
Apologies	Councillor Cannon

94. Declarations of Interest

At this point in the meeting, Members were asked to declare any personal, prejudicial or disclosable pecuniary interests, other than their standing interests that they had in the business on the agenda. No interests were declared.

95. Minutes

Resolved: That the minutes of the meeting of the Health and Adult Social Care Policy and Scrutiny Committee held on 25 April 2016 were approved as a correct record and then signed by the Chair.

96. Public Participation

It was reported that there had been no speakers under the Council's Public Participation Scheme.

97. Musculoskeletal (MSK) Service Update Report

Members received an update report on work being undertaken to provide musculoskeletal care across the Vale of York Clinical Commissioning Group area.

Dr Tim Maycock from the Vale of York Clinical Commissioning Group (CCG) introduced the report.

In response to Members' questions it was reported that;

- It was hoped that the new integrated model would encourage self awareness and self management, i.e. that the service would integrate itself.

- It was also hoped by embedding physiotherapists into the service, that the first point of contact and patients would not be passed by GPs to another person who would not be able to treat the muscle pain.

- It would not be a financial incentive to have a physiotherapist placed in a GP surgery, the idea was to make the service as a whole more efficient for patients.

It was reported that with the new service there would be a website with triage where patients would be directed to a physiotherapist.

The Chair thanked Dr Maycock for his attendance.

Resolved: That the report be noted.

Reason: So that Members are kept up to date with the work being undertaken to provide musculoskeletal care across the Vale of York area.

98. Healthwatch York: Performance Monitoring/Six Monthly Review Template

Members received a report into the performance of Healthwatch York over the past six months.

Siân Balsom, Healthwatch York Manager introduced the report.

Questions and comments from Members in regards to the report included;

- How did Healthwatch avoid consultation with the same people?
- Were people happy with the health service in general?
- Instant feedback was preferable for most people.

In response to the first question, specific groups were consulted. General feeling in regards to the Health Service had been that people had been giving it a hard time and that it was generally great.

However, they had also commented on the confusing nature of where to feedback these comments. Did they send their comments to their GP, MP or to Healthwatch?

A full discussion took place around how to keep people connected with one another.

The Chair thanked the Healthwatch York Manager for her attendance.

Resolved: That the report be noted.

Reason: To keep up to date with Healthwatch York's performance.

99. NHS Vale of York Clinical Commissioning Group Turnaround Action Plan

Members received a report which updated them on the NHS Vale of York CCG Turnaround Action Plan.

Rachel Potts, Chief Operating Officer and Michael Ash McMahon Deputy Chief Finance Officer from the Vale of York Clinical Commissioning Group presented the report and answered Members' questions.

It was reported that the Turnaround Action Plan had not been given formal approval by NHS England, and as a result there was still a high degree of risk in the first year.

Questions from Members included;

- In regards to the Continuing Healthcare programme was there a target for delivering this within the Action Plan?
- Did the total deficit of the CCG stand at £20.3 million?
- What was the cost of implementing the Action Plan?

In response to the first question about the Continuing Healthcare programme, it was difficult to establish a target as plans had not yet been costed due to minimal information.

One of the reasons for the deficit was because of the need to set aside 1% of the budget for non recurrent healthcare schemes. This year it had to be done without a spend. The CCG felt it should be able to spend this, and it would free up additional money.

Two separate funding pots would be used to finance the Action Plan, and a saving would made on the back office budget but as it was not part of the core budget allocation it would be used up without affecting care. The savings could be transferred to healthcare.

The Chair thanked the CCG for their attendance.

Resolved: That the report be noted.

Reason: So that Members are informed of the Turnaround Action Plan.

100. Update Report on Better Care Fund (BCF)

Members received a verbal update from Officers on the Better Care Fund (BCF).

The Committee were told that a joint spending plan for the total fund of £12.2 million had not been agreed nor signed off by the Health and Wellbeing Board and the Vale of York Clinical Commissioning Group's Governing body. There had been a recognition from all sides that there needed to be system wide transformation and a focus on how to pool budgets and jointly commission services. Officers underlined the priority being given to agreeing the BCF, to try to avoid the escalation process which could lead to withdrawal of funding for a period of time or external intervention in one form or another.

The CCG were looking to use some of the BCF to deal with financial pressures by reducing the amount of funding available for transformation. If the council agreed to use money in this way it would result in some successful activities for vulnerable people being de-commissioned.

The council and the CCG were looking to identify additional activities and spending that could be added to the pooled budget that would enable joint working and more efficiencies to be identified. A number of potential areas were suggested including learning disabilities and mental health, continuing health care, services designed to facilitate discharge from hospital.

Members asked whether there were any other cost pressures that came in to affect the spending plans. The CCG pointed out that they

had under-spent on their staffing budget. They had also brought in some additional capacity to assist them with the BCF.

Resolved: That the update be noted.

Reason: So that Members are kept informed of progress on the Better Care Fund.

101. Work Plan

Discussion took place on the Committee's work plan.
In regards to the Bootham Hospital Scrutiny Review Task Group, it was highlighted that its composition would need to change as Committee memberships at Annual Council would remove two members from the Committee, and therefore from the Task Group. The Chair highlighted that this was also the case with the Public Health Spending Scrutiny Review Task Group. It was agreed that in both cases, to co-opt those members back on to the Task Groups.

Resolved: (i) That the work plan be noted.

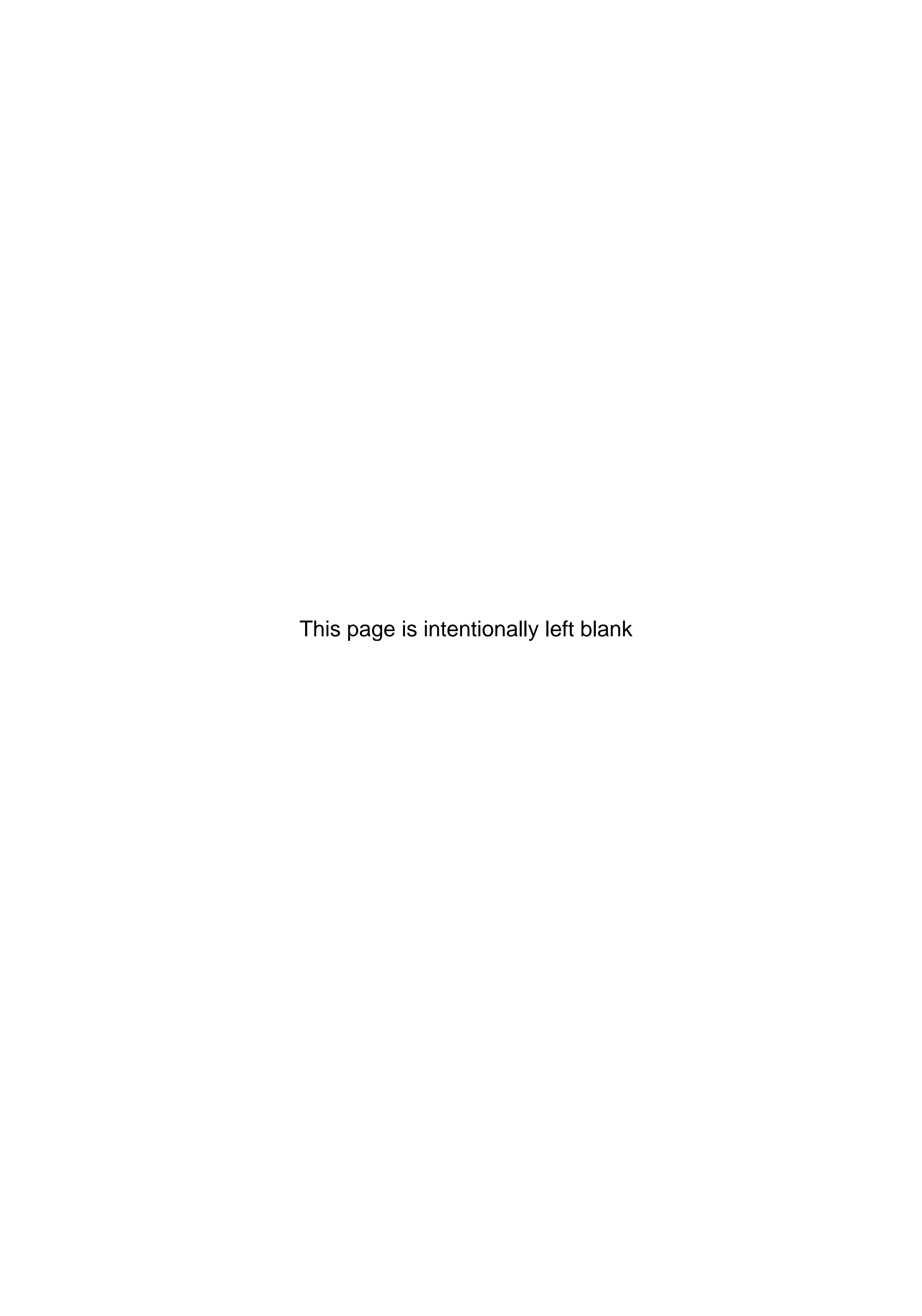
(ii) That Councillors Cannon and Cuthbertson become co-opted members on the Bootham Park Hospital Scrutiny Review Task Group.

(iii) That Councillor Cuthbertson become a co-opted member on the Public Health Spending Scrutiny Review Task Group, as would Councillor Cannon should she wish to continue.

Reason: (i) To allow for the two named Members to continue to make contributions to the Task Group recommendations following their previous work.

(ii) To ensure that the Committee has a planned programme of work in place.

Councillor P Doughty, Chair
[The meeting started at 5.30 pm and finished at 7.40 pm].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City of York Council | Committee Minutes

Meeting	Health and Adult Social Care Policy and Scrutiny Committee
Date	22 June 2016
Present	Councillors Doughty (Chair), S Barnes, Craghill, Richardson and Orrell (Substitute for Councillor Cullwick)
Apologies	Councillors Cullwick and Derbyshire

1. Declarations of Interest

At this point in the meeting, Members were asked to declare any personal, prejudicial or disclosable pecuniary interests that they had in the business on the agenda. None were declared.

2. Minutes

Resolved: That the minutes of the last Health and Adult Social Care and Policy and Scrutiny Committee held on 26 April be approved and signed as a correct record by the Chair.

Minute Item 89 (Hull Road Surgery Plans)
The Chair informed the Committee that he had written to First York about the routing of the bus between the York Campus Surgery and Hull Road Surgery. He had been told that the Director of First York would investigate, however he had not yet received a reply.

Minute Item 92 (Better Care Fund)
The Chair asked a question in regards to finance and the Better Care Fund submission. Officers were currently examining efficiencies in schemes that were outside of the plan.

3. Public Participation

It was reported that there had been no registrations to speak under the Council's Public Participation Scheme.

4. Attendance of the Executive Member for Health and Adult Social Care - Priorities & Challenges for 2016/17

The Executive Member for Health and Adult Social Care attended the meeting to present her priorities for 2016/17.

Questions to the Executive Member from Members related to the following;

- Access to Mental Health services for Young Adults
- Delayed Transfers of Care
- Healthy Child Service

Referring to the difficulties in providing access to mental health services to students, the Executive Member stated that there was a difficulty in that the University of York was a campus University and separate from the city centre. There had been a commitment from the University to signpost student mental health services on site. The complex nature of health issues meant that the University now had an increasingly pastoral role to play. Both Universities in York were in talks with Tees, Esk and Wear Valleys NHS Foundation Trust about student mental health. It was also reported that a Task Group of the Health and Wellbeing Board had been established to look at student mental health.

In regards to Delayed Transfers of Care, actions such as step down beds had started to have an effect on bed days, but people with complex needs still accumulated time. It was reported that a review had begun between Continuing Healthcare, the CCG, Partnership Commissioning Unit and the Council as to what was the best practice in terms of finance and customer experience. The Executive Member wished to record her thanks to all the social work team who tried to ensure discharges were carried out on time.

The Director of Public Health gave an update on the staffing of the new Healthy Child Service. She reported that the main issues were;

- Staff records- there was a massive volume of paper records as well as those on the NHS IT system. A transit agreement was in place but this had a cost implication.
- A Nurse Consultant had been appointed to redesign the service and this could lead to staff anxiety.
- Cultural issues moving from working in an NHS Trust to working in Local Government.

It was reported that in all 97 staff had transferred from the NHS to the service, and other Local Authorities had begun to contact the Council to enquire on the outcome of the transfer.

Resolved: That the report from the Executive Member on her priorities for 2016/17 be noted.

Reason: So that the Committee are kept informed of her priorities for the year ahead.

5. Be Independent End of Year Position

Members received a report which informed them of the end of year performance of Be Independent.

Officers reported that they had raised concerns over Be Independent's data, and were challenging their accuracy. They advised the Committee that the problem with the data was that they could only cross reference half of the customers data as half of them were self funders, who paid for the service themselves and therefore had not been on the Council's Adult Social Care database. In regards to what monitoring could be carried out, it was noted that improvement plans were available as part of Be Independent's Service Level Agreement with the Council.

It was reported that the Council were paying in excess of a million pounds a year to Be Independent for the warden call, telecare and equipment contract and they were three years into a five year contract.

The Chair felt that the performance of Be Independent should continue to be monitored as the report noted that more than half of the customers did not see the service as improving their wellbeing. Officers suggested that a report be brought back to the Committee in six months time.

Resolved: That the performance of Be Independent be noted and a further report be brought back to the Committee in six months time.

Reason: To inform Members of the work of Be Independent.

6. Verbal update on Bootham Park Hospital Scrutiny Review

The Scrutiny Officer gave an update to Members on the Bootham Hospital Scrutiny Review.

It was reported that;

- The action plans of partner organisations were currently with NHS England.
- NHS England had identified gaps in the action plans and they would be released further on that week.
- A further Task Group needed to be organised.

The Committee was advised that although NHS England would release the action plans to the Task Group the Scrutiny Officer would check with NHS England to ensure they could be released to all Members before circulation.

Resolved: That the verbal update be noted.

Reason: So that Members are kept informed of current progress in the Bootham Park Hospital Scrutiny Review.

7. Work Plan 2016/17

Consideration was given to the Committee's work plan.

Discussion took place on a substance misuse report, which would be considered by the Executive on 25 August. It was felt that Members of the Health and Adult Social Care Policy and Scrutiny Committee could contribute to the report. This report would include information on budget reductions for the substance misuse budget and how Officers intended to manage this.

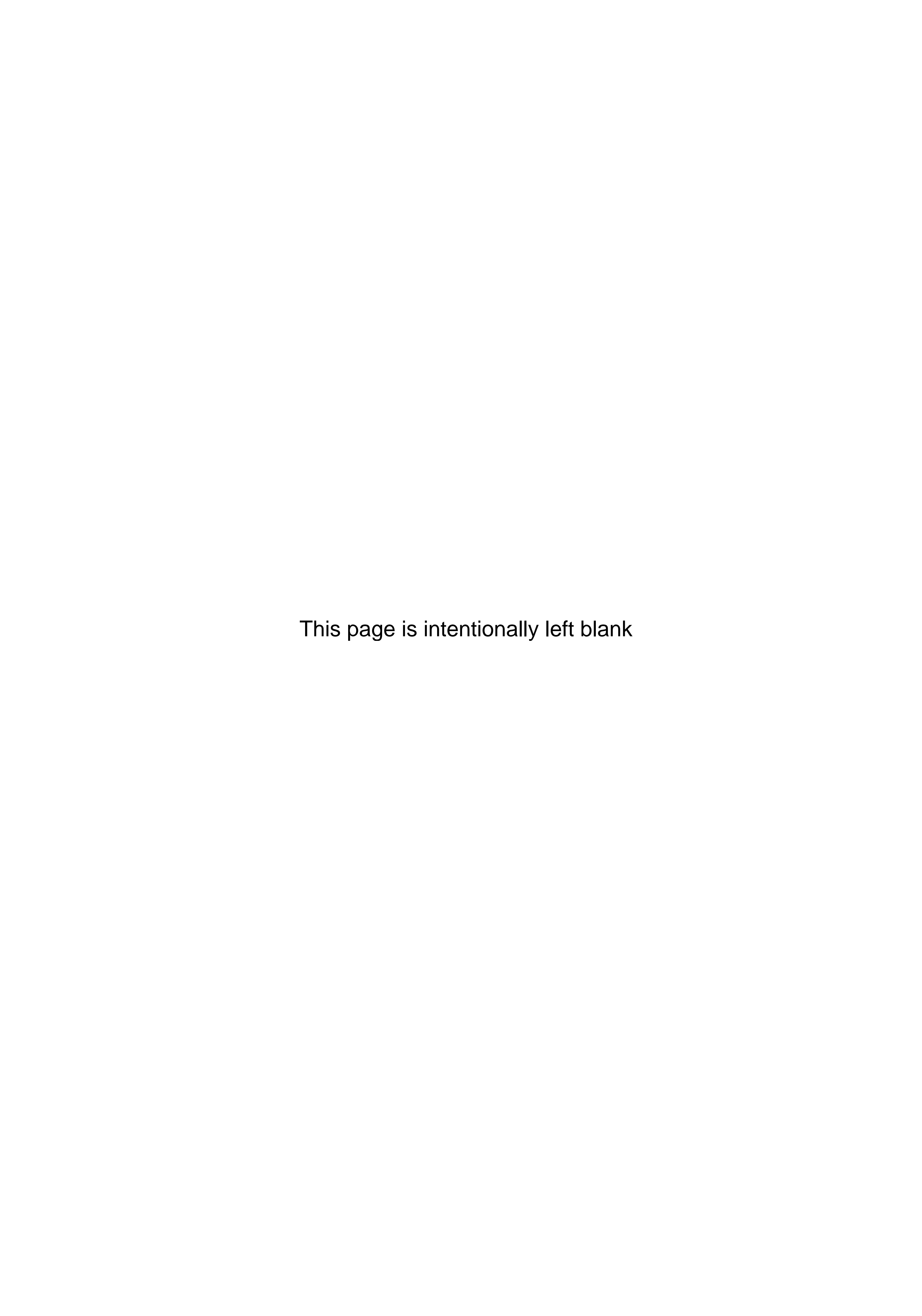
It was suggested that the Healthy Child Service report which was due to be considered at the July meeting be slipped and the Substance Misuse report be considered instead. A scorecard with the Healthy Child Service report was requested.

Resolved: That the work plan be noted with the following amendments made;

- The Executive Substance Misuse Report to be considered at July's meeting.
- The Update Report on Healthy Child Service Board at October's meeting.

Reason: To ensure that the Committee has a planned programme of work in place.

Councillor Doughty, Chair
[The meeting started at 5.30 pm and finished at 6.25 pm].



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Health & Adult Social Care Policy & Scrutiny Committee **19 July 2016**

Report of the Director of Public Health

Reprocurement of Substance Misuse Treatment and Recovery Services

Summary

1. The purpose of this report is to seek authorisation to approach the market for the tendering of adult substance misuse harm reduction, treatment and recovery service and to receive approval that the decision making to award the contract be delegated to the Director of Public Health. In line with City of York Council and EU procurement legislation the Council is obliged to procure these services through a competitive process.

2. These services play a key role in promoting recovery and reducing the harm caused by drug and alcohol misuse which are a significant cause of health inequalities in York.

3. The proposal is to award a new contract for 3 years with an option to extend by 2 years plus consideration of a further 2 years extension, subject to performance, up to a maximum of 7 years. Extensions will be based on performance related quality measures and delivery of key outcomes. This is considered to be the option which will lead to the Council obtaining best value for money and will provide a stable and supportive environment for service users.

4. As a consequence of Department of Health cuts to local authority Public Health Grant Allocations and projected further budget reductions the proposal is to make a budget reduction of £545,000 over the first 4 years of the contract. An extension of the current contracts is being sought for an additional period in order to deliver this procurement and start to realise the significant cost savings within the current service model ahead of the procurement process.

5. The proposal is to bring young people's substance misuse services into the Council to be integrated alongside the current work being undertaken to reshape early intervention and prevention services for families with children and young people from pregnancy to 19 years (25 years for those children and young people with disabilities).

Recommendations

6. Members are asked to:

   a. Authorise officers within City of York Council to approach the market to inform the commissioning and procurement of a substance misuse service for adults from July 2017.

   b. Authorise the Director of Public Health to accept the highest scoring tender, in accordance with evaluation criteria and award a contract and report on the outcome to the Executive.

   c. Support the direction of travel for young people's substance misuse services and the integration of substance misuse for children and young people into the wider offer for children, young people and families being developed as part of the new delivery model for early intervention and prevention in York.

   Reason: To enable substance misuse treatment and recovery services to be available to York residents that are value for money and responsive to local need.

Background

7. City of York Council became responsible for commissioning substance misuse treatment services when responsibilities for public health functions were transferred to the Council in April 2013.

8. Substance misuse treatment services are funded by the Department of Health local authority ring-fenced Public Health Grant Allocation. The Department of Health sets out a number of conditions for use of the public health grant and in 2015/16 attached a new condition which states that 'a local authority must, in using the grant, have regard to the need to improve the take up of, and outcomes from its drug and alcohol misuse treatment services'. Local authorities are required to submit performance monitoring reports on drug and alcohol misuse treatment outcomes as part of the Public Health Outcomes Framework.

9. York has a lower prevalence of drug and alcohol misuse than many other parts of the country but substance misuse remains a cause of considerable harm to the health and wellbeing of York residents and an important cause of health inequalities.

10. It is estimated that there are 840 opiate users living in York. The estimated rate of opiate users per thousand of adult population is lower in York (6.25) compared with regional (9.30) and national (7.32) rates. There are an estimated 42,202 adults in York who drink alcohol at increasing risk or higher risk levels. There were 72 young people aged under 18 in treatment in York (2015/16). There is a declining trend in substance misuse in young people locally and nationally.

11. The impacts of substance misuse are felt across the population and the evidence base shows that investment in drug and alcohol services results in a strong and substantial return on investment. For example, the National Audit Office estimates that for every £1 invested in substance misuse treatment £2.50 is saved in terms of wider costs to society and for every £100 invested in drug treatment a crime is prevented making treatment an effective intervention in crime reduction as well as community safety and health improvement.

12. York invests in a range of open access and specialist services that enable people to access treatment and work towards recovery. Our priorities for the drug and alcohol treatment system are to improve recovery outcomes and ensure the treatment pathway meets the changing needs of the population of drug and alcohol users. Our intention is to deliver efficiencies through the remodelling of the drug treatment pathway as part of a co-production approach. The procurement approach recommended in this report will help deliver this.

13. This proposal falls within key decisions due to the annual value of the contracts and as such will be presented to Executive for decision.

Substance misuse services for young people

14. A separate report outlining the plan for young people is to be formulated in collaboration with the Children's Services, Education and Skills directorate lead for reshaping early intervention

services; this will be discussed at the appropriate level based on council procurement rules.

15. Under the current commissioning arrangements, young people's substance misuse services are part of adult treatment services. The scope of need and the response that is required from our approaches to risky behaviours brings a different perspective to working in this field. The current medical model approach supports a very small number of young people, on very rare occasions, but a wider approach to early intervention and building resilience to make safe choices around behaviour is considered a more favourable approach to reducing the long term likelihood of problematic behaviours. A decision not to include young people's services in this tender was taken at children's DMT, giving the opportunity to re think our approach.

16. The future model for young people's substance misuse will need to be reviewed alongside the current work being undertaken to reshape early intervention services for families with children aged from pregnancy to 19 years old (25 years for those with disabilities). Doing so enables a more flexible and holistic review of the whole family approach to the impact of substance misuse and to consider how building resilience in families across a wider range of emerging issues is paramount to understanding how we tailor substance misuse services to best effect.

17. £150k investment from the Public Health Grant Allocation is currently ring-fenced for delivering young people's substance misuse services and this investment will continue to be allocated towards developing the new model.

Proposed Procurement Strategy

18. The proposal is to use an innovative model of procurement to achieve sustainable cost savings and develop a new service model with a specialist partner over the course of the contract term.

19. Traditionally the methodology for re-commissioning would be for the commissioning team to design a specification independent of the potential bidders, this would then be procured and the provider would deliver the service from that specification brief for the term of the contract.

20. The proposal for this procurement is to seek to appoint a specialist strategic partner who in the first instance would continue to deliver the existing service within national governance guidelines.

21. During phase one of the contract implementation the appointed partner would, with the public health team, co develop a bespoke specification for York. This would be based on the needs of the residents taking into account the necessary cost savings. The provider would then evaluate and run the new delivery model over the course of the contract term.

22. Engaging a strategic partner to co-develop a bespoke model affords the opportunity to develop a community lead and community focused treatment and recovery delivery system. Drawing on the expertise within CYC of community development and residents' needs and the specialist skills of a recovery focused organisation.

23. The approach brings cost savings over the life of the contract, building on available community resources such as mutual aid brings an element to the treatment system which supports the customer at nil cost to the authority.

24. At the end of the contract term this bespoke model would form the basis of the next competitive tender in due course.

25. The abstinent recovery framework is a nationally emerging landscape with virtually no template to work from for an off- the-peg model of delivery. Some area have achieved great changed such as were seen in the Gorbals in Glasgow with this approach. York faces the very real issue that being a small authority the funding does not cover the types and range of interventions that were available to Glasgow's commissioners, so an innovative and bespoke option must be found.

26. Both legal and procurement teams in CYC have advised throughout the development of this proposal to ensure the process is undertaken within the appropriate legal frameworks.

Risk Management

27. There are significant risks inherent in reducing the level of investment into substance misuse services in York and the level of savings required. These risks will be mitigated through the procurement strategy and the redesign of the treatment pathway.

28. Work has been undertaken with a range of partners, including expertise from academics to inform the direction of travel and we are confident of our vision for improvement and delivering better outcomes for less through this new model.

29. The Office of the Police and Crime Commissioner (OPCC) has committed to financially supporting an appropriate delivery of substance misuse treatment to clients presenting through the criminal justice system. This level of investment was £76,000 in 2016/17. This funding is in addition to the investment from the Public Health Grant and is reviewed annually.

30. The new provider will be expected to use every opportunity at their disposal to bring additional investment and capacity into substance misuse services using alternative sources of funding. A track record of securing investment will be a criteria in the tendering process.

Vision

31. Our vision for Recovery.

    Building strong recovery capital – building community capacity will be a much stronger feature within the new arrangements than is currently the case. With the strategic partner we will:

    a. Work with local communities to build their capacity to develop resilience and reduce dependency on commissioned services support.
    b. Work with partners to address gaps in available early help interventions. Closely linking with the developing integrated wellness service offer to ensure early help is available for those with addiction.
    c. Work alongside the voluntary and community sector to ensure a truly multi-agency response to addressing the needs of customers and their to build resilience
    d. Improve the volunteering offer. We will look to make better use of the potential offered through volunteers at a local level. This is seen to be a critical feature of sustaining the impact of recovery in communities, securing community networks and working closely with established mutual aid networks. Reducing pressure on the voluntary sector offer.

The commissioned programme incorporates an obligation to “pay back” which enables people to positively contribute to society after spending much of their lives being perceived as a “problem” this is essential not only for the individuals recovery but for assisting the long term abstinence of others.

e. Provide support and training to local partners in order to ensure they have the skills and knowledge required to effectively support people they are working with.

Consultation

32. Work has been undertaken with a range of partners, using expertise from the academic world to inform the direction of travel, listening to our criminal justice partners and clinical experts we have drawn together a vision for improvement.

33. In addition to building on pre-existing consultation further engagement has been undertaken in a range of ways to look at the proposed model.

    a. A time limited alcohol and Illicit drugs commissioning steering group has been formulated. This includes key partners and provides a forum for ongoing consultation leading up to procurement.

    b. Service recipients and their families have been given opportunities to formally engage with the Public Health commissioning group.

    c. Previous service recipients have been consulted in a series of forum events across the year.

    d. Clinical practitioners have been engaged through the Vale of York Clinical Commissioning Group.

    e. Partners and co-commissioners such as the Office of the Police and Crime Commissioner and Clinical Commissioning Group have been formally engaged in a series of meetings to explore opportunities and thoughts on the format for re-commissioning.

    f. Industry experts were consulted formally to assess the potential model for re-commissioning.

g. Academic specialists were consulted and key academic research was searched to inform thinking.

h. Academic evaluation took place to inform the evaluation of the current models and to highlight areas of improvement.

34. Future consultation work is planned and a specific role has been identified to consult directly with service recipients in an appropriate framework to give the patients group a voice in the procurement process and during the development of a new model of care.

Options

35. There are 2 options for Members to consider:

Option 1: Do not approve the re-procurement

Option 2: Approach the market to re-procure substance misuse services through competitive tender

Analysis

36. Option 1: Do not approve the re-procurement

This option would mean that people are unable to access the support they need to recover from substance misuse via Public Health funded services. This would have consequences on long-term conditions, death rates, levels of crime and disorder and anti-social behaviour, adult social care and wider costs to society. Therefore this option is not recommended.

Option 2: Approach the market to re-procure substance misuse services through competitive tender

This is the recommended option.

Reason: To enable substance misuse treatment services to be provided to York residents that are value for money and responsive to local need.

Council Plan

37. The proposal directly relates to the Council Plan 2015-19 priorities:

- '**A focus on frontline services'** - to ensure all residents, particularly the least advantaged, can access reliable services and community facilities.

Specialist Implications

Financial

38. A benchmarking exercise has been carried out which shows that on average local authorities in the region spend around 30% of their Public Health grant allocation (excluding 0-5 services) on substance misuse. City of York Council's substance misuse budget for 2016 is £2,385k which comes to 35.97% of the equivalent Public Health Grant (£6,631k). This is considerably higher than the regional average.

39. The prevalence of substance misuse in York does not justify this higher level of spend. Therefore it is proposed to set aside a budget for substance misuse services which is equal to 30% of the Public Health Grant (excluding 0-5 service allocations) over the next 5 years. The total budget savings generated by this proposal will be £545k realised over 4 years.

40. It should be noted that as the current contract has been proposed to be extended and does not end until 30 June 2017 the budget reductions will not apply until July 2017. It is also expected that there will be further reductions in the Public Health grant over the next few years. Taking this into account the proposed budget for substance misuse services over the next 5 years is shown below:

	2017/18	2018/19	2019/20	2020/21	2021/22
	£000	£000	£000	£000	£000
Expected reduction in Grant*	2.5%	2.6%	2.6%	0.0%	0.0%
Projected grant excluding 0-5 services	6,465	6,297	6,133	6,133	6,133
Substance Misuse Budget (based on 30% of PH Grant	2,051	1,902	1,852	1,840	1,840
Budget Savings	334	149	50	12	0

*figures taken from LGA Briefing Paper Feb 2016

41. The table above shows the budget for the whole substance misuse service.

It has been agreed that £150k p.a. of this budget will be ring fenced for investment in young people's services, and in addition some budget will need to be retained to fund Council costs such as staffing, rental of community venues for delivery of service provision and IT. The annual budget available to fund the new contract (which will run from 1 July 2017) is shown below:

	01/07/17 to 30/06/18 £000	01/07/18 to 30/06/19 £000	01/07/19 to 30/06/20 £000	01/07/20 to 30/06/21 £000	01/07/21 to 30/06/22 £000
Substance Misuse Budget	1,940	1,889	1,840	1,840	1,840
Young People's Budget	150	150	150	150	150
CYC Expenditure	180	175	170	170	170
Substance Misuse Contract	1,610	1,564	1,520	1,520	1,520

Human Resources (HR)

42. The implications for employers will be determined by the results of the re-tendering exercise and could involve significant TUPE impact for those providers delivering services. This does not impact on City of York Council.

43. Further work will be carried out to understand the potential Human Resources implications for the Council in respect of young people's substance misuse services transferring to the Council.

Equalities

44. The Council must, in the exercise of its functions have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it.

The Council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons disabilities, and encourage people to participate in public life. The Council must have due regard to the need to tackle prejudice and promote understanding.

45. People who require access to substance misuse treatment services are considered to have protected characteristics under this definition.

46. A Community Impact Assessment is underway and will be completed in time for reporting to the Executive.

Legal

47. Section 12 of the Health and Social Care Act 2012 imposes a duty on local authorities to take such steps as it considers appropriate for improving the health of the people in its area and addressing behaviour that is detrimental to health. The provision of the services discussed within this report should therefore fall within this section.

48. The procurement of these services will be undertaken in accordance with the Public Contract EU Regulations as well as in compliance with the Contract Procedure Rules of the Council.

Crime and Disorder

49. There is both crime and anti-social behaviour associated with substance misuse. Effective and accessible treatment opportunities, together with partnership working across police and community safety teams, will contribute to improved community safety.

Information Technology (IT)

50. There are no IT implications.

Property

51. The delivery model for substance misuse treatment services is dependant on appropriate access to services relies on appropriate placement of services within key community venues in the city.

The current venues used for this purpose have existing lease agreements in place with the Council and are funded out of the substance misuse public health budget allocation. Currently there are no plans to change these arrangements.

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Report Approved	√	**Date** 11/07/16

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Wards Affected:	**All**	✓

For further information please contact the author of the report

Background Papers

None

Health and Adult Social Care Policy and Scrutiny Committee **19 July 2016**

Healthy Child Service

Summary

1. The purpose of this report is to provide the Committee with an update on the transfer of health visiting, school nursing and the National Child Measurement Programme from York Teaching Hospital NHS Trust to City of York Council and progress with the development of a new Healthy Child Service.

Background

2. The Healthy Child Programme (HCP) is a universal public health programme for improving the health and wellbeing of children and young people. It is currently delivered as two separate programmes:

   - HCP from 0 to 5 years is delivered by the health visiting service
   - HCP 5 to 19 years is delivered by the school nursing service

3. On 27 August 2015, the Council Executive approved the transfer of health visiting, school nursing and National Child Measurement Programme services from York Teaching Hospital NHS Trust to the Council. This provides the Council with an opportunity to integrate elements of the HCP to ensure better service provision. Integration will enable the provision of a strong and comprehensive universal offer to children and young people, whilst ensuring value for money and making decisions based on the best available evidence of what works.

4. The services transferred as planned on 1 April 2016. They will form an important part of the Early Help offer to children, young people and families across the City and will be embedded in the new Local Area Teams.

5. The impact of an effective Healthy Child Service will be seen and measured through improved public health outcomes and indicators including: life expectancy, breast feeding, domestic abuse, smoking prevalence in pregnancy and at age 15, school readiness, excess weight in 4-5 and 10-11 year olds, tooth decay and self-reported wellbeing.

6. A national core dataset of indicators to measure performance in 0-5 services is in place and included in the Council's performance reporting framework. There is no dataset of indicators for performance monitoring of 5-19 services as yet but this is being developed to establish a baseline position from which targets can be set for continuous service improvement.

Transition of the Services

7. The priority for 2016/17 is to ensure a safe transfer effectively as a 'lift and shift' to maintain the stability of the services.

8. A project group has been meeting to implement the transition of the health visiting, school nursing and National Child Measurement Programme services from York Teaching Hospital NHS Trust to the Council. There are eight workstreams – ICT, information governance, human resources, workforce development, legal, finance, facilities and communications.

9. The first phase of the project has been completed with the safe transfer of 0-5 and 5-19 services to the Council on 1 April.

10. For the remainder of 2016/17 the focus has shifted to maintaining current service provision while undertaking a service review and developing proposals for the future model of an integrated, universal 0-19 Healthy Child Service.

Risk Management Implications

11. The key risks for the Council have been identified as:

Risks	**Mitigating Actions**
Finance: The funding formula for the 0-19 HCP is not needs based. The budget is based on the historical financial allocation that transferred from the NHS to the Council. York is starting from a low baseline position because of historical under-	We have commissioned an independent public health nurse consultant to undertake a review of the services to better understand caseload management, skill mix, risk management and mandatory requirements etc. and exploring

investment in prevention by the old PCT. In addition, the government's decision to cut the Public Health Grant by 6.2% in 2015/16 and a further cut of 2.6% in 2016/17 with further cuts expected inevitably creates an additional budget pressure. The services are currently wholly funded by the PH grant.	opportunities for improving cost effectiveness and efficiencies e.g. through better integration. We have commissioned an internal review of all the business support functions and records management to inform the future support requirements of the service and bring operations in line with CYC policies and procedures. It is anticipated that efficiency savings can be made by streamlining back office support functions. The annual review of PH commissioning intentions will seek to ensure that the cost of the service can be contained within the wider financial envelope on an annual basis. However it should be noted that the cuts to the PH grant impacts on the ability to achieve the Council's Medium Term Financial Strategy
Legal: There are employment law issues relating to the TUPE of staff. Some elements of the HCP are mandated in government regulations. There are legal requirements relating to other elements of the service e.g. nurse prescribing, issuing of emergency contraception under a Patient Group Direction. The Council does not currently have adequate systems in place for clinical governance.	The staff have transferred to the Council under TUPE regulations and have retained access to their NHS Pension Scheme and Terms and Conditions. Preparation for the transfer has included input from Public Health England to better understand the requirements for mandatory reporting of HCP activity. We are compliant with mandated reporting. We have been unable to resolve the legal requirements and clinical governance issues relating to nurse prescribing and the issuing of emergency contraception under a Patient Group Direction. Staff ceased this activity on the 31 March 2016 prior to transfer. Alternative pathways have been put in place for emergency contraception with the Sexual Health

	Community Outreach Team and GP Practices.
It is unclear whether the Council is required to be registered with the Care Quality Commission as a provider of health visiting and school nursing services.	Initial discussions have indicated that CQC registration may not be required since these are local authority public health services. Further clarification will be sought on the requirement for CQC registration. In the meantime CQC standards will be used as the benchmark for quality services and as a framework for quality standards within the service.
The Council will need to develop a relationship with the Nursing and Midwifery Council as the Regulator for qualified nurses.	The Council has registered with the National Midwifery Council (NMC) as an employer of registered nurses to enable access to employer's support and guidance. Systems are being established to assure the Council that all staff who require effective registration from 1 April 2016 have this in place. The Director of Public Health who is a NMC registered nurse and health visitor has taken on the additional responsibilities for professional leadership and supervision of the nursing staff and will be supported in this role by a newly created Nurse Consultant in Public Health role which is in the process of being established.
Information Governance: The Council needs to prepare for the transfer of responsibility for Child Health Records. Health visiting service currently uses SystmOne – an electronic records management system. School nursing still uses paper records. Records need to be kept until a child reaches 25th birthday which poses a	The Council already has robust systems in place for information governance and there is involvement of the information governance team to ensure that there is a safe transfer and that effective integration takes place with CYC policies and procedures. There has been one incident involving access to records that has been reported and an action plan is being developed to put in place measures to avoid this happening

challenge for safe and secure storage. There are potential safeguarding concerns if child health records are not easily accessible. All information needs to be managed in accordance with the Data Protection Act.	again. Contingency plan is for staff to remain based in current office accommodation post 1 April 2016 until we are confident that an effective solution has been put in place for records storage that provides adequate access and meets IG requirements. A managed support agreement is in place between York Teaching Hospital Trust (YTHT) and the Council for the continued use of SystmOne for health visiting service and we are exploring the rollout to school nursing. This agreement is to be in place while the Council explores options for the longer term.
Workforce: There is a possibility that the Council may inherit a workforce with insufficient capacity to deliver the mandated elements of the HCP	Staff have retained their NHS terms and conditions under TUPE. The Council was granted a Pensions Direction Order to allow all staff who transferred to retain their entitlement to the NHS Pension Scheme. Staff consultation and engagement is taking place to involve them in planning for and development of the new service. Joint recruitment took place by YTHT and the Council to fill frontline vacancies during transition. A vacancy freeze is now in place to allow for the service review to be completed and inform appropriate numbers of staff and skill mix required in the new integrated service post April 2017. A Memorandum of Understanding is in place with Health Education England to plan the future workforce strategy including future training commissions for health visitor and school nurse student

	placements and enable the Council to act as a training location. The mandatory training requirements for health visiting and school nursing workforce have been embedded in the Council's learning and development offer.
Safeguarding: The Council will inherit a position in which health visitors receive safeguarding training and supervision from Harrogate and District NHS Foundation Trust and school nurses from York Teaching Hospital NHS Foundation Trust. There is a lack of clarity around funding arrangements.	Preparation for the transfer includes input from the Designated Safeguarding Professional Lead team for North Yorkshire and York. The existing arrangements for training and supervision prior to transfer on 1 April 2016 continue to be in place until 30 September 2016. The independent public health nurse consultant is commissioned to undertake a review of these arrangements and present proposals for how this can be provided in the future, including consideration on an in-house model integrated with children's social care. We anticipate receiving a small amount of funding in the region of £24,000 per annum from the CCG for safeguarding but the remaining costs will have to be met from the public health budget allocated to the Healthy Child Service.
Reputational: The Council will inherit an underperforming service and may be held to account on performance of delivery of mandated 0-5 HCP checks	There is a lack of performance data on the school nursing service in York and nationally so it is not possible to benchmark. Arrangements are being put in place to establish a better system of data collection and reporting of performance against key indicators following the transfer and this is in progress.

	Performance data for health visiting shows poorer performance in York when benchmarked against regional and national data. However we know that there are issues around data quality and so this may not reflect true position. Performance monitoring has been strengthened against key performance indicators following the transfer and early indications are that this is beginning to improve. The government public health regulations do make it clear that Local Authorities will only be expected to take reasonable and practicable steps to delivering mandated 0-5 checks and continuous service improvement over time.

Development of new Integrated Healthy Child Service

12. We have high ambitions to ensure delivery of an effective, integrated 0-19 Healthy Child Service. The service will have the child and family at its centre and a strong public health focus, underpinned by a robust evidence base. All mandated requirements will be met; there will be safe clinical practices and strong information governance. Safeguarding will be at the core of all work. There will be robust monitoring systems that evidence the scale of reach and the impact the service is having on the lives of children and young people.

13. The new service will have contact with all children and young people in the City of York at key points through childhood and adolescence. The service will build on the 6 high impact areas for early years and will use innovative methods to engage children and young people, including those in vulnerable and excluded groups, in accessing health advice, in taking control of their health, preparing them for adulthood and supporting them to make healthier choices for themselves.

14. The service will deliver strong universal provision and early identification of problems to ensure appropriate support is offered. Children will move seamlessly through the 0-19 service ensuring children, young people and their families get the right support, from the right person, in the right way and at the right time, every time. This will require strong partnerships with NHS agencies, community and voluntary sector, education settings, other Council services etc.

15. Key contact points throughout the universal 0-19 Healthy Child Service to offer health review and screening will be:

- Antenatal review
- New baby review
- 6- 8 week assessment
- 1 year assessment
- 2 to 2.5 year review
- School entry staged contact (at 4-5 years)
- Year 6 staged contact (10 to 11 years)
- Mid teens staged contact (16-19 years)

16. All of the above will be supported by evidence based care pathways to ensure quality and consistency of the offer and onward referral as appropriate. Progress will be overseen by the YorOK Board reporting to the Health and Wellbeing Board.

17. The service will be responsible for working closely with specialist Children in Care health provision and undertaking review health assessments in accordance with statutory guidelines and best practice.

Options

18. There are no options for the Committee to consider. The report is intended to be an update on the transfer of the service.

Analysis

19. The project has delivered a safe transfer of the health visiting, school nursing and National Child Measurement Programme services to the Council on 1 April 2016 and is on track to complete the service review and develop proposals for the future model of an integrated 0-19 Healthy Child Service by 31 March 2017.

Council Plan

20. The Healthy Child Service specifically relates to the priorities within the Council Plan:

- **A Prosperous City for All** - the new 0-19 Healthy Child Service will be aimed at ensuring that every child and young person in York has the best start in life and is supported to achieve their full potential
- **A Focus on Frontline Services** – by ensuring that all York's younger residents live and thrive in a city which allows them to contribute fully to their communities and neighbourhoods and where every child has the opportunity to get the best start in life and are encouraged to live healthily.
- **A More Responsive and Flexible Council that puts Residents First and Meets its Statutory Obligations** – by ensuring that the new service delivers the mandated elements of the Healthy Child Programme and contributes to the Council's statutory duties for improving health and reducing health inequalities in our residents.

Direct Implications

21. There are no direct implications arising from this report.

Recommendation

22. As the report is for information only there are no specific recommendations.

Reason:

To provide an update on the transfer of health visiting, school nursing and National Child Measurement Programme and progress with the development of a new Healthy Child Service.

Contact Details

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	Report Approved √ **Date** 07/07/16

Specialist Implications Officer(s) None

Wards Affected: List wards or tick box to indicate all **All** √

For further information please contact the author of the report

Background Papers

https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life

http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh_107566

Agenda Item 6

Health & Adult Social Care Policy & Scrutiny Committee **19 July 2016**

Report of the Director of Adult Social Care and the Director of Public Health

2015/16 FINANCE AND PERFORMANCE DRAFT OUTTURN REPORT – HEALTH & ADULT SOCIAL CARE

Summary

1 This report analyses the financial outturn position and performance data for 2015/16 by reference to the service plans and budgets for all of the relevant services falling under the responsibility of the Director of Adult Social Care and the Director of Public Health.

Financial Analysis

2 A summary of the service plan variations is shown at table 1 below.

Table 1: Health & Adult Social Financial Summary 2015/16 – Draft Outturn

2015/16 Qtr 3 Variation £000		2015/16 Latest Approved Budget			2015/16 Draft Outturn Variation	
		Gross Spend £000	Income £000	Net Spend £000	£000	%
-569	Adult Assessment & Safeguarding	42,098	15,144	26,954	-515	1.9%
+328	Adult Commissioning, Provision & Modernisation	29,280	6,366	22,914	+210	0.9%
+258	Director of Adult Social Care	5,249	4,608	640	+204	31.9%
+230	Public Health	9,126	8,714	413	+24	5.8%
+247	**Health & Adult Social Care Total**	**85,753**	**34,832**	**50,920**	**-77**	**0.2%**

+ indicates increased expenditure or reduced income / **-** indicates reduced expenditure or increased income

3 The third financial monitoring report for 2015/16 showed a projected overspend of £247k. The latest position at table 1 is now showing a net draft outturn underspend of £77k, an improvement of £324k. Adult Social Care is projecting an underspend of £101k and Public Health a small overspend of £24k.

This is against the backdrop of the Department of Health clawing back £509k of Public Health Grant in year, and managing the Better Care Fund (BCF) financial pressure caused by the Vale of York Clinical Commissioning Group's (VoY CCG) challenging financial position. The following sections provide more details of the significant outturn variations and highlights any issues that may continue into 2016/17.

Adult Assessment & Safeguarding (-£515k / 1.9%)

4 There is a net underspend of £168k on staffing budgets. This is mainly due to some posts being held vacant pending a review of the service and the development of a new operating model.

5 Residential and nursing care budgets underspent by a net £117k. This is due to an increase in Continuing Health Care income being secured, and fewer Nursing Care placements for Older People and Mental Health Customers than budgeted. This is partially offset by additional costs incurred in supporting a residential home classed as inadequate by the Care Quality Commission (CQC), and delays in moving Learning Disability Customers from residential care to supported living settings.

6 A residential home in York was judged as inadequate by the CQC in April 2015, and under threat of closure. Commissioners have worked to secure the continuity of care for the 17 CYC customers placed there. The customers could only continue to be supported at the home if additional care costing £178k for the remainder of 2015/16 was provided (2016/17 full year impact is £388k). Without this intervention it would have been necessary to move customers from this home to higher cost placements elsewhere.

7 Learning Disability customers transitioning to adults did not cost as much as anticipated and the budget underspent by £448k. This was due to more customers staying in education (£34k), some having cheaper than forecast care packages (£254k) and the securing of additional Continuing Health Care funding (£160k).

8 The BCF pooled budget did not contribute as much as was expected to the schemes commissioned by the Council. There was a shortfall of £397k which is significantly less than could have been the case had the Council and VoY CCG not worked together to mitigate the financial risk to both organisations. This was done by restricting spend on some schemes and securing other sources of funding. The BCF will continue to be a pressure in 2016/17.

9 A number of other more minor variations contribute to a net underspend of £179k on the other Assessment and Safeguarding budgets.

Adult Commissioning, Provision & Modernisation (+£210k / 0.9%)

10 Older People Homes' budgets overspent by £440k. This was in respect of staffing (£316k), under recovery of income (£79k) and the employment of an additional service manager (£35k).

11 There was a high use of casual staff in the homes as permanent posts were kept vacant in order to facilitate staff moves resulting from the reprovision programme. Windsor House staffing formed a significant element of the staff overspend (£125k) as staffing had been maintained at Dementia Care Matters levels. The home also provided short term care for those leaving hospital to ensure York's health and social care sector was resilient over winter. Rotas are being reduced as the customer group is changing from a full dementia unit to a mix of customers with dementia and short term care needs. The intention is to achieve a balanced staffing budget in 2016/17.

12 Small Day Service and Supported Employment budgets underspent by £195k due mainly to staffing savings resulting from a number of vacant posts across the service and a reduction in the fleet recharge (£45k).

13 A number of other more minor variations produce a net underspend of £35k across the other commissioning and provider budgets.

Director of Adult Social Care and Central Budgets (+£204k / 31.9%)

14 The directorate's budget for 2015/16 included a requirement to deliver savings totalling £1.3m from the on-going work being undertaken on service transformation. Savings of £1,155k have been achieved leaving a shortfall of £145k. This shortfall will recur in 2016/17, in addition to the £1.7m already deferred from the 2014/15 budget into 2016/17. There was also a £50k pressure on the directorate's redundancy budget arising from the Older Persons' Accommodation Project. However, the overall directorate position has meant that this can be contained within the existing budget without the need to borrow from the Venture Fund. This will enable that project to deliver some revenue savings earlier than originally anticipated.

Public Health (+£230k / +66.7%)

15 The Public Health team budget overspent by £24k, an improvement of £206k from Quarter 3. This was in spite of the government reducing the Public Health Grant in year by £509k following consultation.

16 This issue has been mitigated by savings in other areas. Spend on substance misuse services (£200k) has been held back as the service is redesigned. Smoking and tobacco cessation services also underspent by £125k as activity in GPs and pharmacies was less than budgeted for.

17 A long standing dispute with North Yorkshire County Council over the Sexual Health – STI testing and treatment service was resolved in CYC's favour and benefitted the budget by £125k in 2015/16.

18 The Council incorporated the Health Visiting and School Nursing service into the directorate in preparation for the transfer of the services from 1st April 2016. This incurred one off costs of £40k in 2015/16 in respect of IT equipment needed to integrate the service within the Council.

19 A number of minor variations in the remaining Public Health budgets result in a combined net £75k underspend.

Performance Analysis

Adult Social Care

20 This commentary is based on provisional year end figures, which could change but it is not expected that this will not significantly affect the outturns unless stated. Bench-marking has been made in respect of 2014/15 national and regional outturns as data will not be publicly available until September 2016. As is evident from the financial analysis above, the backdrop is one of decreasing funding and increasing demand. The overall performance picture, whilst largely neutral, represents a significant effort to maintain performance in the context of increasing demands and complexity within services.

21 The measure for social care related quality of life, which was undertaken in the annual survey of Social Care Users, has continued to improve steadily over the last 3 years and now takes York performance above the national, regional and comparator authorities" average position with an estimated top quartile position for 2015/16.

22 The proportion of people who use services who feel safe and the proportion of people who use services who say that those services have made them feel safe and secure have seen good improvements since 2014/15. Especially encouraging is positive feedback from people who say they have felt more safe and secure due to the services provided. This indicator has moved from the lower to the top quartile and is now well above national, family and regional averages.

23 Both the proportion of people using social care who receive self-directed support (Adults 18+) and the proportion of people using community based services and receive their self-directed support as a direct payment have seen a rise since last year with direct payments rising for the 3rd consecutive year. However, the proportion of people in receipt of a direct payment would still likely leave York in the bottom quartile for this measure and below average regional, national and comparator authorities" positions.

24 The proportion of adults with learning disabilities in paid employment and the proportion of adults with learning disabilities who live in their own home or with their family have fallen since 2014/15; albeit as a result in a change in the customer types which are able to be included in this indicator. We have removed people from the count who are not subject to certain long term services. The performance still leaves York higher than the regional and national averages and average for CIPFA family authorities for these indicators.

25 The proportion of adults in contact with secondary mental health services in paid employment and the proportion of adults in contact with secondary mental health services who live independently, with or without support have dropped significantly since 2014/15 with data issues rather than underlying performance being the main factor. During the last financial year the change in Mental Health provider to Tees, Esk and Wear Valley NHS Trust (TEWV) meant a change in data recording systems. During the year the former provider was extracting data from its systems for TEWV, who in turn interrogated and reported against this. In December the LA requested in year access to the data and noted a substantial under reporting against these measures and data extraction issues were was identified as the cause. This has now been partially addressed and the Health and Social Care Information Centre (HSCIC) has agreed to flag the known issues in its statistical releases. Senior managers in York will meet with TEWV in the coming months to gain assurance and commitment to ongoing data quality and management of data.

26 Delayed transfers of care from hospital, and those which are attributable to adult social care of NHS care and those which are attributable to adult social care have risen slightly since last year and, although they have not returned to poor levels seen 2013/14, York remains above (worse than) the national, family and regional average for these indicators. However, early indications from quarter 1 suggest an improved position will be reported in the next quarter.

27 The overall satisfaction of people who use services with their care and support shows a decrease from last year (64% down from 67% in 2014/15) and a sustained fall since 2013/14, with York performance now slightly below the regional and national averages.

28 The Adult Social Services Directorate was awarded the Government Standard for Customer Service Excellence. Teams across the directorate were rigorously assessed against the standard’s 57 elements using a number of criteria which cover all aspects of excellent customer services.

Public Health

29 The Public Health England Child Health Profile was released in March 2016. There were a number of indicators where York’s children and young people had significantly better health and wellbeing outcomes compared with the England average, including higher levels of school readiness, lower obesity levels, fewer

0-4 A&E admissions, fewer 0-19 asthma admissions and fewer 15-24 admissions for injury or substance misuse.

30 There were two indicators where York had significantly worse outcomes compared with the England average: hospital admissions for self harm for people aged 10-24 and hospital admissions for tooth decay for children aged between 1 and 4 years. Available local data on self harm for this age range shows that 80% of admissions were females, the largest group were females aged 15-19 and there were a number of young people with multiple admissions in the year. A self harm needs assessment has recently been carried out to enhance understanding of this issue within the City. There were 117 admissions for tooth decay in York over a three year period and based on the England average only 83 would have been expected.

31 The Public Health England Ageing Well Pack was published in March 2016, pulling together a range of indicators and comparing York to its CIPFA „nearest neighbour‟ benchmarking group. York is in the top 3 for a range of indicators including the percent of life spent in good health for women, a lower prevalence of hypertension, heart failure and diabetes and fewer injuries due to falls for ages 65-79. Indicators where York is ranked in the bottom 3 include higher rates of sight loss due to glaucoma (ages 65+) and age related macular degeneration, the percent of life spent in good health for men and a lower offer of re-enablement services.

32 An update on a range of indicators relating to mental health was provided to the Mental Health and Learning Disabilities Partnership Board in March 2016. The use of mental health care bed days in the Vale of York is continuing to decrease following the significant peak in bed days which occurred between December 2014 and March 2015, although remains higher than the national average. Referral rates to psychological therapy services (IAPT) in the Vale of York are increasing but remain much lower than national and regional averages. Once patients are engaged with IAPT services, reliable improvement rates for patients leaving treatment are comparable with regional and national averages. The gap in the employment rate between mental health patients and the overall employment rate appears to be widening in York.

33 A range of work is ongoing within City of York Council to improve suicide prevention. Information has been released to raise awareness of support available for people with thoughts of suicide and those who are concerned about someone else, as part of its continuing work to improve mental health in the city. The free “Stay Alive” app is part of the Grassroots Suicide Prevention work which looks to teach suicide alertness and intervention skills to community members and professionals.

34 In York the most recent figures show that a total of 30 people died by suicide in York in 2013, decreasing to 16 in 2014 before increasing again to 28 in 2015.

35 City of York Council, North Yorkshire Police and other agencies are working together to develop a strategy to reduce the number of suicides across the city. A suicide prevention task group with representatives from key public, private and voluntary organisations has been established to develop plans for preventing suicide and working with bereaved families and friends of those who do take their own lives. A suicide audit is currently underway to understand and learn from previous deaths within the city in order to develop better ways to help prevent suicide and risk of suicide. Specialist training to help front line staff across the city to be better able to identify and safeguard those at risk of suicide will be commissioned during 2016.

36 The latest Active People survey for 2015-16 shows that York has a significantly higher participation in 30 minutes moderate intensity sport per week (47% v 37% nationally). This is the 9th highest rate in England out of 326 upper and lower tier local authorities. York also has a significantly higher % of physically active people (62% v 57%) and a lower % of physically inactive people (22% v 28%) compared with the England average. Whilst the overall figures are positive we know that participation in activity is not consistent and there are some sectors of the population with significantly higher rates of inactivity. In York these are women and girls, older people, those with a long term limiting disability and those on very low incomes.

37 The rates of substance free discharge from treatment for alcohol, opiate and non opiate users in York are all similar to the national averages. The successful completion rate from alcohol treatment has increased from 24% to 40% over the last three years since the integration of drug and alcohol services within Lifeline and the introduction of the Oaktrees rehabilitation programme.

38 The York alcohol strategy has been written by people from: City of York Council; Public Health England; Vale of York Clinical Commissioning Group; Safer York Partnership; Lifeline; North Yorkshire Police; York Hospital Trust. It covers a 5 year time period and the York Health & Wellbeing Board will be responsible for it.

39 Through this strategy, we want to tackle a range of issues associated with alcohol that are not just specific to York but are seen in all communities across the country. Our vision is that local stakeholders work together to reduce and prevent the alcohol related harms that people might experience within their lifetime. We want to achieve this by encouraging responsible drinking and positive behaviour. By providing those who are drinking at risky and harmful levels with the right information, effective support or treatment we want to see alcohol related harm reduced.

40 The rates for smoking at the time of delivery have increased recently in the Vale of York CCG area and are now significantly higher than the national average (13.5% v 10.7%). Local data obtained from York NHS trust suggests the rate in the City of York Council is slightly lower (12.7%) however there is significant

variation across different children's centre reach areas (7% to 28%). This data can be used to target smoking cessation services more effectively.

41 Whilst performance on the suite of health visitor metrics remains below the national average, there has been a significant improvement in two of the indicators: % of births receiving a face to face visit within 14 days increased from 23% in Q1 to 74% in Q4 and % of children receiving a 12 month review by the time they turned 15 months increased from 22% in Q1 to 70% in Q4. Performance on other indicators remains low e.g. only 12% of children received a 2-2½ year review.

42 Data for the period April 2013 to March 2016 shows that York invited a higher proportion of the eligible population but had a lower take up rate compared with the England average. The existing arrangements for delivering health checks through GP practices ceased on 31/3/2016 and a new model for 2016/17 is being developed as part of the Integrated Wellness Service. In the interim period, activity will still be reported for York using local data from the NHS England pilot programme which is delivering health checks in the workplace to YTHFT staff.

43 The chlamydia diagnostic rate in York is not significantly different from the national average for 15-19 year olds but is significantly lower for 20-24 year olds (for both males and females). This breakdown by age band will help the sexual health service to target appropriate testing activity.

Council Plan

44 The information included in this report is linked to the council plan priority of "A focus on frontline services to ensure all residents, particularly the least advantaged, can access reliable services and community facilities."

Implications

45 The financial implications are covered within the main body of the report. There are no other direct implications arising from this report.

Recommendations

46 As this report is for information only there are no specific recommendations.

Reason: To update the committee on the latest financial and performance position for 2015/16.

Contact Details

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	Report Approved Y **Date** 07 July 2016

Specialist Implications Officer(s) None

Wards Affected: *List wards or tick box to indicate all* **All** Y

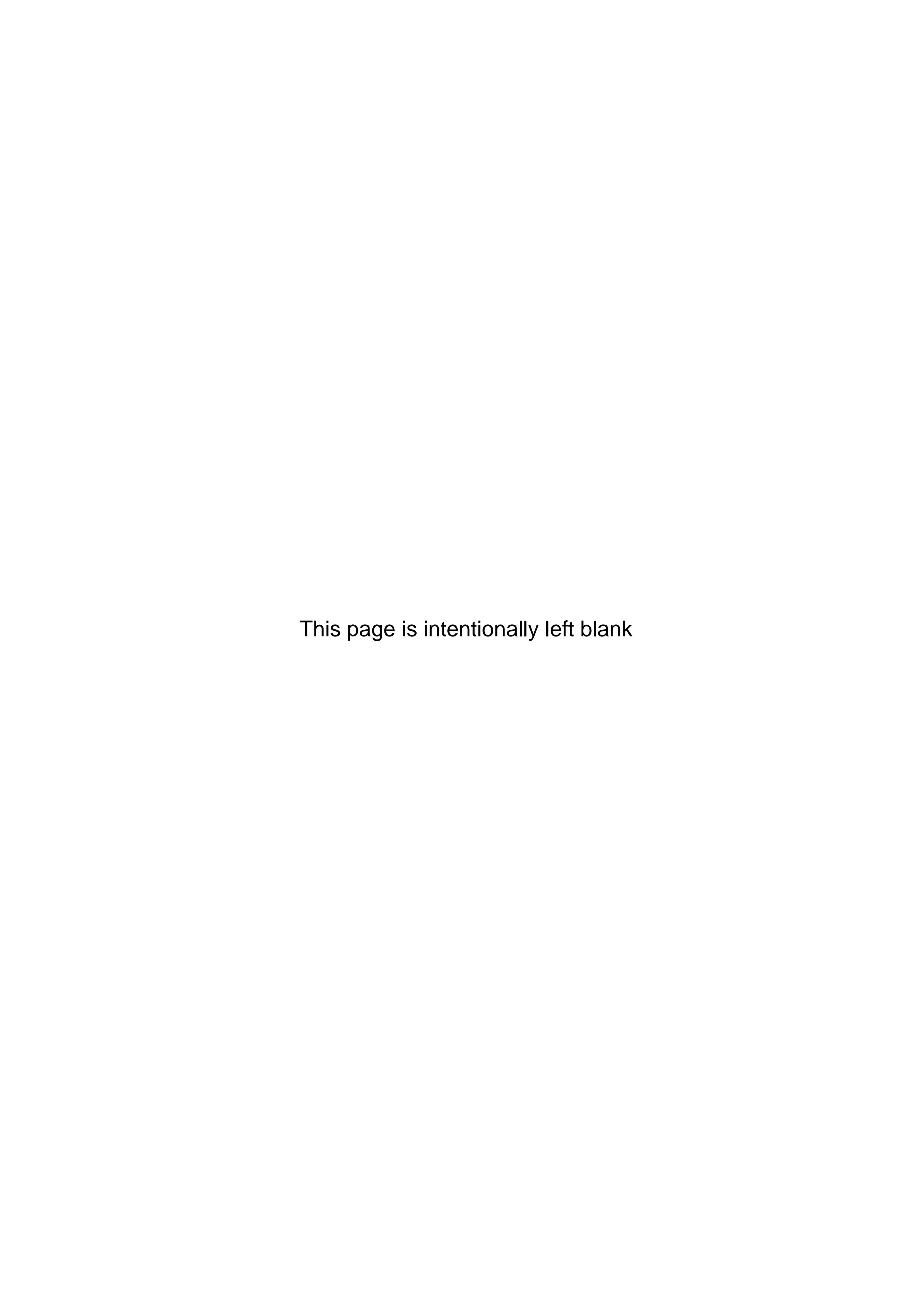
For further information please contact the author of the report

Background Papers

2015/16 Draft Outturn Finance & Performance Report, Executive 30 June 2016
http://democracy.york.gov.uk/ieListDocuments.aspx?CId=733&MId=9191&Ver=4

Annexes

Annex A – 2015/16 Outturn Performance Scorecard



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CITY OF YORK COUNCIL

Portfolio - Adult Social Care and Health 2015/2016

No of Indicators = 75 | Direction of Travel (DoT) shows the trend of how an indicator is performing against its Polarity over time.

CODE		Collection Frequency	Previous Years 2013/14	2014/15	2015/16	Polarity	DoT
ASCOF1A	Social care-related quality of life score	Annual	18.8	19	19.2	Up is Good	Good
	Benchmark - National Data	Annual	19	19.1	-		
	Benchmark - Regional Data	Annual	18.9	19.1	-		
	National Rank (Rank out of 152)	Annual	-	78	-		
	Regional Rank (Rank out of 15)	Annual	11	10	-		
	Comparator Rank (Rank out of 16)	Annual	-	9	-		
ASCOF1B	Proportion of people who use services who have control over their daily life	Annual	80.3	78	77	Up is Good	Neutral
	Benchmark - National Data	Annual	76.8	77.3	-		
	Benchmark - Regional Data	Annual	78	78.1	-		
	National Rank (Rank out of 152)	Annual	-	67	-		
	Regional Rank (Rank out of 15)	Annual	4	7	-		
	Comparator Rank (Rank out of 16)	Annual	-	9	-		
ASCOF1C1a	Proportion of people using social care who receive self-directed support - Adults aged over 18	Annual	-	95.8	97.62	Up is Good	Good
	Benchmark - National Data	Annual	-	83.7	-		
	Benchmark - Regional Data	Annual	-	81.1	-		
	National Rank (Rank out of 152)	Annual	-	43	-		
	Regional Rank (Rank out of 15)	Annual	-	3	-		
	Comparator Rank (Rank out of 16)	Annual	-	5	-		
ASCOF1C1b	Proportion of people using social care who receive self-directed support - Carers	Annual	-	100	94.48	Up is Good	Neutral
	Benchmark - National Data	Annual	-	77.4	-		
	Benchmark - Regional Data	Annual	-	63.1	-		
	National Rank (Rank out of 152)	Annual	-	1	-		
	Regional Rank (Rank out of 15)	Annual	-	1	-		
	Comparator Rank (Rank out of 16)	Annual	-	1	-		
ASCOF1C2a	Proportion of people using social care who receive direct payments - Adults aged over 18	Annual	-	21.6	22.38	Up is Good	Neutral
	Benchmark - National Data	Annual	-	26.3	-		
	Benchmark - Regional Data	Annual	-	24.4	-		
	National Rank (Rank out of 152)	Annual	-	97	-		
	Regional Rank (Rank out of 15)	Annual	-	9	-		
	Comparator Rank (Rank out of 16)	Annual	-	12	-		
ASCOF1C2b	Proportion of people using social care who receive direct payments - Carers	Annual	-	100	94.48	Up is Good	Bad
	Benchmark - National Data	Annual	-	66.9	-		
	Benchmark - Regional Data	Annual	-	59.9	-		

	National Rank (Rank out of 152)	Annual	-	1	-		
	Regional Rank (Rank out of 15)	Annual	-	1	-		
	Comparator Rank (Rank out of 16)	Annual	-	1	-		
ASCOF1D	Carer-reported quality of life score	Annual	-	8.3	-	Up is Good	Neutral
	Benchmark - National Data	Annual	-	7.9	-		
	Benchmark - Regional Data	Annual	-	8.1	-		
	National Rank (Rank out of 152)	Annual	-	18	-		
	Regional Rank (Rank out of 15)	Annual	-	2	-		
	Comparator Rank (Rank out of 16)	Annual	-	3	-		
ASCOF1E	Proportion of adults with a learning disability in paid employment	Monthly	7.7	13.7	9.72	Up is Good	Neutral
	Benchmark - National Data	Annual	6.7	6.0	-		
	Benchmark - Regional Data	Annual	6.2	6.6	-		
	National Rank (Rank out of 152)	Annual	-	9	-		
	Regional Rank (Rank out of 15)	Annual	3	1	-		
	Comparator Rank (Rank out of 16)	Annual	-	1	-		
ASCOF1F	Proportion of adults in contact with secondary mental health services in paid employment	Annual	10.3	10.9	6.7	Up is Good	Neutral
	Benchmark - National Data	Annual	7.0	6.8	-		
	Benchmark - Regional Data	Annual	7.7	8.3	-		
	National Rank (Rank out of 152)	Annual	-	17	-		
	Regional Rank (Rank out of 15)	Annual	3	3	-		
	Comparator Rank (Rank out of 16)	Annual	-	3	-		
ASCOF1G	Proportion of adults with a learning disability who live in their own home or with family	Monthly	82.6	91.8	82.61	Up is Good	Neutral
	Benchmark - National Data	Annual	74.9	73.3	-		
	Benchmark - Regional Data	Annual	79.2	81.4	-		
	National Rank (Rank out of 152)	Annual	-	5	-		
	Regional Rank (Rank out of 15)	Annual	5	1	-		
	Comparator Rank (Rank out of 16)	Annual	-	1	-		
ASCOF1H	Proportion of adults in contact with secondary mental health services living independently, with or without support	Annual	68.7	55.1	31.2	Up is Good	Data issue
	Benchmark - National Data	Annual	60.8	59.7	-		
	Benchmark - Regional Data	Annual	63.2	67.2	-		
	National Rank (Rank out of 152)	Annual	-	113	-		
	Regional Rank (Rank out of 15)	Annual	6	14	-		
	Comparator Rank (Rank out of 16)	Annual	-	13	-		
ASCOF1I1	Proportion of people who use services who reported that they had as much social contact as they would like	Annual	43.0	46.6	46	Up is Good	Neutral
	Benchmark - National Data	Annual	44.5	44.8	-		
	Benchmark - Regional Data	Annual	44.2	45.7	-		
	National Rank (Rank out of 152)	Annual	-	46	-		
	Regional Rank (Rank out of 15)	Annual	12	7	-		
	Comparator Rank (Rank out of 16)	Annual	-	6	-		
	Proportion of carers who reported that they had as much social contact as they would like	Annual	-	44.7	-	Up is Good	Neutral

Adult Social Care Outcomes Framework

ASCOF1I2	Benchmark - National Data	Annual	-	38.5	-		
	Benchmark - Regional Data	Annual	-	40.5	-		
	National Rank (Rank out of 152)	Annual	-	30	-		
	Regional Rank (Rank out of 15)	Annual	-	6	-		
	Comparator Rank (Rank out of 16)	Annual	-	5	-		
ASCOF2A1	Long-term support needs met by admission to residential and nursing care homes, per 100,000 population (younger adults) (YTD Cumulative) (New definition for 2015/16)	Monthly	11.5	9.9	11.42	Neutral	Neutral
	Benchmark - National Data	Annual	14.4	14.2	-		
	Benchmark - Regional Data	Annual	11.0	11.5	-		
	National Rank (Rank out of 152)	Annual	-	50	-		
	Regional Rank (Rank out of 15)	Annual	7	5	-		
	Comparator Rank (Rank out of 16)	Annual	-	11	-		
	Long-term support needs met by admission to residential and nursing care homes, per 100,000 population (younger adults) (Monthly Snapshot) (New definition for 2015/16)	Monthly	-	-	-	Up is Bad	Neutral
ASCOF2A2	Long-term support needs met by admission to residential and nursing care homes, per 100,000 population (older people) (YTD Cumulative) (New definition for 2015/16)	Monthly	767.5	630.8	693.93	Neutral	Neutral
	Benchmark - National Data	Annual	650.6	668.8	-		
	Benchmark - Regional Data	Annual	644.1	726.9	-		
	National Rank (Rank out of 152)	Annual	-	72	-		
	Regional Rank (Rank out of 15)	Annual	13	6	-		
	Comparator Rank (Rank out of 16)	Annual	-	8	-		
	Long-term support needs met by admission to residential and nursing care homes, per 100,000 population (older people) (Monthly Snapshot) (New definition for 2015/16)	Monthly	-	-	-	Up is Bad	Neutral
ASCOF2B1	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Annual	80.9	81.5	75.70	Up is Good	Neutral
	Benchmark - National Data	Annual	82.5	82.1	-		
	Benchmark - Regional Data	Annual	85.3	83.2	-		
	National Rank (Rank out of 152)	Annual	-	92	-		
	Regional Rank (Rank out of 15)	Annual	12	11	-		
	Comparator Rank (Rank out of 16)	Annual	-	9	-		
ASCOF2B2	Proportion of older people (65 and over) who were offered reablement services following discharge from hospital	Annual	1.1	0.9	-	Up is Good	Neutral
	Benchmark - National Data	Annual	3.3	3.1	-		
	Benchmark - Regional Data	Annual	1.9	2.6	-		
	National Rank (Rank out of 152)	Annual	-	147	-		
	Regional Rank (Rank out of 15)	Annual	12	15	-		
	Comparator Rank (Rank out of 16)	Annual	-	15	-		

ASCOF2C1	Delayed transfers of care from hospital, per 100,000 population (YTD Average)	Monthly	17.6	11.6	13.36	Up is Bad	Neutral
	Benchmark - National Data	Annual	9.6	11.1	-		
	Benchmark - Regional Data	Annual	9.1	9.6	-		
	National Rank (Rank out of 152)	Annual	-	102	-		
	Regional Rank (Rank out of 15)	Annual	14	11	-		
	Comparator Rank (Rank out of 16)	Annual	-	11	-		
	Delayed transfers of care from hospital, per 100,000 population (Monthly Snapshot)	Monthly	-	-	13.36	Up is Bad	Neutral
ASCOF2C2	Delayed transfers of care from hospital which are attributable to adult social care, per 100,000 population (YTD Average)	Monthly	11.1	6.3	6.95	Up is Bad	Neutral
	Benchmark - National Data	Annual	3.1	3.7	-		
	Benchmark - Regional Data	Annual	2.5	3	-		
	National Rank (Rank out of 152)	Annual	-	133	-		
	Regional Rank (Rank out of 15)	Annual	15	14	-		
	Comparator Rank (Rank out of 16)	Annual	-	5	-		
	Delayed transfers of care from hospital which are attributable to adult social care, per 100,000 population (Monthly Snapshot)	Monthly	-	-	6.9	Up is Bad	Neutral
ASCOF2D	The outcome of short term services: sequel to service	Annual	-	33.8	34.08	Up is Good	Neutral
	Benchmark - National Data	Annual	-	74.6	-		
	Benchmark - Regional Data	Annual	-	70.5	-		
	National Rank (Rank out of 152)	Annual	-	149	-		
	Regional Rank (Rank out of 15)	Annual	-	15	-		
	Comparator Rank (Rank out of 16)	Annual	-	16	-		
ASCOF3A	Overall satisfaction of people who use services with their care and support	Annual	67.4	67.1	64	Up is Good	Neutral
	Benchmark - National Data	Annual	64.8	64.7	-		
	Benchmark - Regional Data	Annual	65.8	65.9	-		
	National Rank (Rank out of 152)	Annual	-	44	-		
	Regional Rank (Rank out of 15)	Annual	5	7	-		
	Comparator Rank (Rank out of 16)	Annual	-	5	-		
ASCOF3B	Overall satisfaction of carers with social services	Annual	-	43.4	-	Up is Good	Neutral
	Benchmark - National Data	Annual	-	41.2	-		
	Benchmark - Regional Data	Annual	-	43	-		
	National Rank (Rank out of 152)	Annual	-	55	-		
	Regional Rank (Rank out of 15)	Annual	-	10	-		
	Comparator Rank (Rank out of 16)	Annual	-	10	-		
ASCOF3C	Proportion of carers who report that they have been included or consulted in discussion about the person they care for	Annual	-	73.2	-	Up is Good	Neutral
	Benchmark - National Data	Annual	-	72.3	-		
	Benchmark - Regional Data	Annual	-	74.6	-		
	National Rank (Rank out of 152)	Annual	-	57	-		
	Regional Rank (Rank out of 15)	Annual	-	12	-		
	Comparator Rank (Rank out of 16)	Annual	-	10	-		

	ASCOF3D1	Proportion of people who use services who find it easy to find information about support	Annual	77.1	79.8	77	Up is Good	Neutral
		Benchmark - National Data	Annual	74.5	74.5	-		
		Benchmark - Regional Data	Annual	74.1	74.4	-		
		National Rank (Rank out of 152)	Annual	-	18	-		
		Regional Rank (Rank out of 15)	Annual	5	3	-		
		Comparator Rank (Rank out of 16)	Annual	-	3	-		
	ASCOF3D2	Proportion of carers who find it easy to find information about support	Annual	-	70.3	-	Up is Good	Neutral
		Benchmark - National Data	Annual	-	65.5	-		
		Benchmark - Regional Data	Annual	-	68.3	-		
		National Rank (Rank out of 152)	Annual	-	35	-		
		Regional Rank (Rank out of 15)	Annual	-	7	-		
		Comparator Rank (Rank out of 16)	Annual	-	8	-		
	ASCOF4A	Proportion of people who use services who feel safe	Annual	63.4	62.3	67	Up is Good	Neutral
		Benchmark - National Data	Annual	66	68.5	-		
		Benchmark - Regional Data	Annual	66.2	67.7	-		
		National Rank (Rank out of 152)	Annual	-	131	-		
		Regional Rank (Rank out of 15)	Annual	11	13	-		
		Comparator Rank (Rank out of 16)	Annual	-	16	-		
	ASCOF4B	Proportion of people who use services who say that those services have made them feel safe and secure	Annual	64.5	67.4	91	Up is Good	Good
		Benchmark - National Data	Annual	79.1	84.5	-		
		Benchmark - Regional Data	Annual	78.7	81.8	-		
		National Rank (Rank out of 152)	Annual	-	149	-		
		Regional Rank (Rank out of 15)	Annual	15	15	-		
		Comparator Rank (Rank out of 16)	Annual	-	16	-		
	PHOF15	% of adult social care users who have as much social contact as they would like	Annual	43	46.6	-	Up is Good	Good
		Benchmark - National Data	Annual	44.5	44.8	-		
		Benchmark - Regional Data	Annual	44.2	45.7	-		
		Regional Rank (Rank out of 15)	Annual	12	7	-		
	PVP01	People supported through personal budgets or direct payments receiving community-based services (%) (ADASS Survey definition)	Monthly	84.13%	91.29%	93.88%	Up is Good	Good
	PVP02	Number of permanent admissions to residential & nursing care homes for older people (65+)	Monthly	-	241	260	Up is Bad	Neutral
Alcohol	CSB17	Number of mothers recorded by Midwifery Services in regard to alcohol or substance misuse (by Estimated Delivery Date)	Quarterly	-	26	-	Up is Bad	Neutral
	LAPE03	Alcohol-specific mortality: Males, all ages (per 100,000 population)	Annual	14.60	11.3	-	Up is Bad	Neutral
		Benchmark - National Data	Annual	16.61	16.1	-		
		Benchmark - Regional Data	Annual	18.13	17.6	-		
		Regional Rank (Rank out of 15)	Annual	-	2	-		
	LAPE04	Alcohol-specific mortality: Females, all ages (per 100,000 population)	Annual	7.86	7.6	-	Up is Bad	Neutral
		Benchmark - National Data	Annual	7.47	7.4	-		

ANNEX A

		Benchmark - Regional Data	Annual	8.73	8.1	-		
		Regional Rank (Rank out of 15)	Annual	-	5	-		
Domestic Violence	CSP51	Number of Reports of Domestic Abuse Incidents reported to NYP	Monthly	2823	2745	2858	Up is Bad	Neutral
	DOMV4a	% of domestic violence incidents where children present	Monthly	18%	24%	26%	Up is Bad	Bad
	MARAC01	Number of MARAC cases Discussed	Monthly	188	176	209	Neutral	Neutral
	MARAC03	Number of MARAC Repeat cases	Monthly	30	51	60	Up is Bad	Bad
Life Expectancy	PHOF16	Life Expectancy at birth - Female	Annual	83.5	83.5	-	Up is Good	Neutral
		Benchmark - National Data	Annual	83.12	83.2	-		
		Benchmark - Regional Data	Annual	82.2	82.4	-		
		Regional Rank (Rank out of 15)	Annual	2	2	-		
	PHOF17	Slope index of inequality in life expectancy at birth - Females - (Three year period)	Annual	5.82	-	-	Up is Bad	Neutral
		Regional Rank (Rank out of 15)	Annual	3	-	-		
	PHOF36	Life Expectancy at birth - Male	Annual	79.4	80.1	-	Up is Good	Neutral
		Benchmark - National Data	Annual	79.41	79.55	-		
		Benchmark - Regional Data	Annual	78.5	78.7	-		
		Regional Rank (Rank out of 15)	Annual	3	3	-		
	PHOF37	Slope index of inequality in life expectancy at birth - Males - (Three year period)	Annual	7.4	-	-	Up is Bad	Neutral
		Regional Rank (Rank out of 15)	Annual	3	-	-		
Mental Health	CMHP15A	Number of bed days in secondary mental health care hospitals, per 100,000 population - (VoY CCG)	Quarterly	4786.44	8285.59	6584.59	Up is Bad	Neutral
	PHOF40	Gap in employment rate for mental health clients and the overall employment rate	Annual	62.9	63.2	-	Up is Bad	Neutral
Obesity	NCMP01	% of reception year children recorded as being obese	Annual	7.82%	7.03%	-	Up is Bad	Good
	NCMP02	% of children in Year 6 recorded as being obese	Annual	15.35%	14.97%	-	Up is Bad	Good
	PHOF44	% of adults classified as overweight or obese	Annual	-	56.88	-	Up is Bad	Neutral
		Benchmark - National Data	Annual	-	64.59	-		
		Benchmark - Regional Data	Annual	-	67.09	-		
		Regional Rank (Rank out of 15)	Annual	-	1	-		
	SSN004	Adult participation in 30 minutes, moderate intensity sport	Annual	40.95%	40.57%	-	Up is Good	Neutral
Public Health and V	CHP02	Child mortality rate (1-17 years), per 100,000 population	Annual	10.8	10.3	-	Up is Bad	Good
		Regional Rank (Rank out of 15)	Annual	3	4	-		
	CHP32	Hospital admissions as a result of self harm (10-24 years), per 100,000 population	Annual	401.21	552.96	-	Up is Bad	Bad
	CMHD02	IAPT Referrals (18+), per 100,000 population - (VoY CCG)	Quarterly	153.23	307.08	-	Up is Good	Good
	CMHD03	% of people who have completed IAPT treatment who achieved "reliable improvement" - (VoY CCG)	Quarterly	55.88%	61.40%	-	Up is Good	Neutral
	PHOF06	Under 18 conceptions (per 1,000 females aged 15-17) (Calendar Year)	Quarterly	21.59	15.71	-	Up is Bad	Good
		Regional Rank (Rank out of 15)	Quarterly	13	12	-		
	PHOF27	Under 18 conceptions: conceptions in those aged under 16 (per 1,000 females aged 13-15) (Calendar Year)	Annual	2.83	2.13	-	Up is Bad	Good

Wellbeing		Benchmark - National Data	Annual	4.81	4.38	-		
		Benchmark - Regional Data	Annual	6.02	5.49	-		
	PHOF31	% of eligible population aged 40-74 who received an NHS Health Check	Quarterly	8.69%	7.32%	-	Up is Good	Bad
		Benchmark - National Data	Quarterly	9.03%	9.62%	-		
		Benchmark - Regional Data	Annual	8.24%	-	-		
	PHOF32	Suicide rate (per 100,000 population)	Annual	10.13	9.94	-	Up is Bad	Neutral
		Benchmark - National Data	Annual	8.77	8.94	-		
		Benchmark - Regional Data	Annual	9.33	9.26	-		
		Regional Rank (Rank out of 15)	Annual	10	11	-		
Smoking	NGPP01	Gap in smoking prevalence rate between adult general population and adults in routine and manual occupations	Annual	14.40%	14.35%	-	Neutral	Neutral
		Benchmark - National Data	Annual	10.15%	9.98%	-		
		Benchmark - Regional Data	Annual	10.33%	10.59%	-		
	PHOF10	% of women who smoke at the time of delivery	Annual	10.63%	10.8%	-	Up is Bad	Neutral
	PHOF45	% of population smoking	Annual	18.76%	18.43%	-	Up is Bad	Neutral
		Benchmark - National Data	Annual	18.45%	17.99%	-		
		Benchmark - Regional Data	Annual	20.34%	20.11%	-		
		Regional Rank (Rank out of 15)	Annual	5	6	-		
Health Visiting	HV01	% of births that receive a face to face New Birth Visit (NBV) by a Health Visitor within 14 days	Quarterly	-	-	74% (Prov)	Up is Good	Neutral
		Benchmark - National Data	Quarterly	-	-	-		
		Benchmark - Regional Data	Quarterly	-	-	-		
	HV02	% of face-to-face NBVs undertaken by a health visitor after 14 days	Quarterly	-	-	22% (Prov)	Up is Bad	Neutral
		Benchmark - National Data	Quarterly	-	-	-		
		Benchmark - Regional Data	Quarterly	-	-	-		
	HV03	% of infants who received a 6-8 week review by the time they were 8 weeks	Quarterly	-	-	71% (Prov)	Up is Good	Neutral
		Benchmark - National Data	Quarterly	-	-	-		
		Benchmark - Regional Data	Quarterly	-	-	-		
	HV04	% of infants being breastfed at 6-8wks	Quarterly	-	-	30% (Prov)	Up is Good	Neutral
		Benchmark - National Data	Quarterly	-	43.80%	-		
		Benchmark - Regional Data	Quarterly	-	42.20%	-		
	HV05	% of children who received a 12 month review by the time they turned 12 months	Quarterly	-	-	17% (Prov)	Up is Good	Neutral
		Benchmark - National Data	Quarterly	-	-	-		
		Benchmark - Regional Data	Quarterly	-	-	-		
	HV06	% of children who received a 12 month review by the time they turned 15 months	Quarterly	-	-	70% (Prov)	Up is Good	Neutral
		Benchmark - National Data	Quarterly	-	-	-		
		Benchmark - Regional Data	Quarterly	-	-	-		
	HV07	% of children who received a 2-2½ year review	Quarterly	-	-	12% (Prov)	Up is Good	Neutral
		Benchmark - National Data	Quarterly	-	-	-		
		Benchmark - Regional Data	Quarterly	-	-	-		
		Cumulative % of eligible population aged 40-74 offered an NHS Health Check	Quarterly	20.93%	38.11%	70.70%	Up is Good	Good

NHS Health Checks	PHOF11	Benchmark - National Data	Quarterly	18.42%	37.94%	56.40%		
		Benchmark - Regional Data	Annual	14.41%	31.33%	-		
		Regional Rank (Rank out of 15)	Quarterly	2	4	-		
	PHOF11b	Cumulative % of eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check	Quarterly	41.54%	39.35%	37.81%	Up is Good	Bad
		Benchmark - National Data	Quarterly	49.04%	48.93%	48.59%		
		Benchmark - Regional Data	Annual	57.14%	52.23%	-		
	PHOF12	Cumulative % of eligible population aged 40-74 who received an NHS Health Check	Quarterly	8.69%	14.99%	26.55%	Up is Good	Good
		Benchmark - Regional Data	Annual	8.24%	16.36%	-		
		Regional Rank (Rank out of 15)	Quarterly	6	7	-		
Public Health and Wellbeing	EH1A	Chlamydia diagnoses (15-19 year olds), per 100,000 population	Quarterly	1,922	1,416	-	Up is Bad	Good
		Benchmark - National Data	Quarterly	1,834	1,690	-		
	EH1B	Chlamydia diagnoses (20-24 year olds), per 100,000 population	Quarterly	1,734	1,495	-	Up is Bad	Good
		Benchmark - National Data	Quarterly	2,256	2,169	-		
	PHOF79	HIV late diagnosis	Annual	44.00%	56.30%	-		
		Benchmark - National Data	Annual	45.00%	42.20%	-		
		Benchmark - Regional Data	Annual	50.50%	49.70%	-		
Sport and Active Leisure	PHOF01	% of physically active and inactive adults - active adults	Annual	66.16%	62.18%	-	Up is Good	Neutral
		Benchmark - National Data	Annual	56.03%	57.04%	-		
		Benchmark - Regional Data	Annual	55.28%	56.08%	-		
		Regional Rank (Rank out of 15)	Annual	1	2	-		
	PHOF02	% of active and inactive adults - inactive adults	Annual	21.09%	21.57%	-	Up is Bad	Neutral
		Benchmark - National Data	Annual	28.34%	27.73%	-		
		Benchmark - Regional Data	Annual	28.73%	29.21%	-		
		Regional Rank (Rank out of 15)	Annual	1	1	-		
	SSN005	Adult (14+) participation in at least 30 minutes moderate intensity sport per week	Annual	42.40%	41.70%	46.80%	Up is Good	
		Benchmark - National Data	Annual	37.10%	36.50%	37.00%		
Substance Misuse	LAPE22	% successful completions from alcohol treatment	Quarterly	-	31.7	-	Up is Good	Neutral
		Benchmark - National Data	Quarterly	-	38.4	-		
	PHOF76	% of opiate users in treatment who successfully completed drug treatment	Annual	6.22%	5.84%	6.10%		
		Benchmark - National Data	Annual	7.76%	7.38%	6.80%	Up is Good	Neutral
		Benchmark - Regional Data	Annual	6.91%	6.24%	-		
		Regional Rank (Rank out of 15)	Annual	11	9	-		
	PHOF77	% of non-opiate users in treatment who successfully completed drug treatment	Annual	36.53%	38%	31.10%	Up is Good	Bad
		Benchmark - National Data	Annual	37.66%	39.19%	37.30%		
		Benchmark - Regional Data	Annual	36.33%	40.19%	-		
		Regional Rank (Rank out of 15)	Annual	5	9	-		

York Health & Adult Social Care Policy & Scrutiny Committee

19 July 2016

Update Report on Consultation on the new mental health hospital in York

1. Introduction

Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) was awarded the contract for mental health and learning disability services within the Vale of York on 1 October 2015. As part of TEWV's plans for services there was a focus on the transforming services and addressing the estate infrastructure was a core part of its programme of modernising services. A key component of this plan is the development of a new mental health hospital within York.

This paper outlines the:

- proposed arrangements for formal consultation including the communications and engagement plan
- key questions to be considered as part of the consultation process.

2. Background

Prior to 1 October 2015 adult inpatient services and some older people's inpatient services were based at Bootham Park Hospital, an 18th century Grade 1 listed building.

The CQC had previously highlighted problems with the hospital, which over the years had undergone a range of extensions and reconfigurations within the constraints of its listed status.

During a visit in January 2015 the CQC found that despite attempts to improve the premises, there were still concerns about safety on some of the wards and they concluded that plans should be developed to move out of Bootham Park Hospital into a high quality clinical environment.

On 24 September 2015, following an unannounced inspection, the Care Quality Commission (independent regulator of health and social care in England) confirmed that Bootham Park Hospital was

not fit for purpose and patient services had to be moved by the end of September.

Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) took over services in the Vale of York on 1 October 2015 and since then has been doing all it can to minimise the impact of the closure on service users, their families and staff.

Currently inpatient assessment and treatment services for older people are provided at Meadowfields in York, Worsley Court in Selby, and Cherry Tree House in York. TEWV have also refurbished Peppermill Court in York which will open as an adult inpatient assessment and treatment unit at the end of August 2016. These units do not provide ensuite accommodation.

The need for a new mental health hospital has been a long standing concern for the people of York.

3. Engagement to date

TEWV took over responsibility for services at a difficult time and the Trust's priority has been to minimise the impact of the closure of Bootham Park Hospital on service users, their families and staff.

This has also included listening to local people and as part of this TEWV and Healthwatch held four engagement events in March and April 2016 to give people the opportunity to exchange views, information and concerns about the future development of mental health and learning disability services across the Vale of York.

This was followed by four workshops in May which gave people an early opportunity to be involved in the development of the new hospital. The sessions focused on three main areas – the size and number of beds needed, potential sites for the new hospital and best practice in building design. At these sessions there was a long list of potential sites (10+) which were explored and the challenges to the existing Bootham Hospital site were highlighted. The presentation detail is attached which outlines the full scope of the workshops (Appendix 1).

The feedback received from these events is helping us develop the final options around the proposed short list of site options. The Trust is currently undertaking detailed work in refining the potential site options to inform the formal consultation process.

4. Consultation

It is anticipated that the formal consultation process will begin in Autumn (September) and will last for 12 weeks. A communications and engagement plan is attached (Appendix 2) which outlines the proposed arrangements to enable people to influence our plans. The consultation elements are outlined below:

The consultation document will outline the current inpatient services that are in place across the Vale of York, and give additional background to existing services. Within the document there will be an outline of the shortlisted site options with additional information on the rationale for inclusion and detail around the advantages and disadvantages of each site. We will seek feedback on the sites proposed.

There will be detail on how we want to develop more services in the community. We will outline our plans to reduce the current number of beds within the Locality by enhancing the community services and reducing reliance on beds. We will seek views on the proposed number and configuration of beds.

The consultation feedback will inform the next steps around the new hospital plans. In addition the option appraisal will take in consideration time factors, cost, achievability, site investigations and design review. The outcome of consultation and the preferred option will be reported back in the new year.

5. Conclusion

TEWV, working in close collaboration with the Vale of York Clinical Commissioning Group (CCG), have developed a plan around the next steps for the formal consultation for a new mental health facility in York.

Overview and Scrutiny are asked to consider the proposed arrangements for the communication and engagement plan. The Committee is requested to support the direction of travel proposed and feedback any refinements to help inform our approach.

The October meeting of the Health & Adult Social Care Policy & Scrutiny Committee is scheduled to review mental health services with a focus on what TEWV have done since taking on services from 1 October 2015. This will also be an opportunity to fully consider the new hospital plans.

Ruth Hill

Director of Operations York & Selby

Tees, Esk and Wear Valleys NHS Foundation Trust

Annex 1 – Engagement Workshops run by TEWV

Annex 2 – Communication & Engagement Plan

Annex 3 – Community Hubs

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Progressing New Hospital Plans

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Introduction & Aims of the Event

- Overview of where we are now
- Opportunity to engage with current thinking
- To inform the process for Business Case Development
  - Size/ Scale
  - Site Options
  - Developing Therapeutic environments
- Next Steps

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How this session will work

- Presentation & Table Work
- Information collated
- Inform Business Case Development

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SESSION 1

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What size of Hospital do we need?

- Starting point
- Shift from beds to community investment
- Recovery approach
- Informed by:

  Community Plans

  National data/ benchmarks

  Best practice including information from Royal College of Psychiatry

  TEWV information

  Value for money

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What size of Hospital do we need

- Design Vision
- Functional Relationships
- Schedule of Accommodation
- External Space

Bed Models

- National models have informed our bed analysis
- Population modelled using PRAMH (Person Based Resource Allocation for Mental Health).
- 2 Stage model
  - Adults 18-64,
  - Older People 64+
- Base population extracted from registered GP lists
- We have used this data to look at the different variables/ assumptions to meet this bed modelling

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Beds

	Adult	MHSOP	Total
Maximum (PRAMHS)	45	32	77
Minimum (PRAMHS)	22	19	41
Median (National)	29	31	60
Minimum (National)	24	22	46
TEWV benchmarks	18	21	39

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Estate expectations

- 4 wards – 60 beds
  - Single sex (male/ female)
  - 2 wards adult beds
  - 2 wards MHSOP beds
  - No mix of functional/ organic (dementia)
- Related ward space
  - Including therapy, day rooms, outdoor space
- 136 Suite (place of safety)
- Crisis Team accommodation

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Estate expectations

- Community teams are located elsewhere (Community Hubs) – including outpatient space
- Management suite (including training space) located elsewhere
- Psychiatric Intensive Care Unit (PICU) – continue to access Middlesbrough and Darlington due to specialist nature of care
- Inpatient care around other specialist services including Mother and Baby unit / Specialist Affective services remain as per current pathways

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What size of Hospital do we need

- Design Vision
  - Scope / Services – Patient Group, Numbers (Patients & Staff)
  - Clinical Functions, Space requirements
  - Purpose of building / General Requirements / Accessibility
  - Priorities
  - Constraints
  - Flexibilities (Service & Design)
  - Futureproofing

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Schedule of Accommodation (SoA m2)

- Subject to Design Workshops
- Clinical Reviews
- User & Carer Reviews
    - Clinical Requirements
    - User Requirements & Expectations
    - Furniture & Equipment
    - Fixtures & Finishes – Decoration – Colour schemes
    - Artwork

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Schedule of Accommodation (SoA m2)

- Subject to reviews (e.g.) m2 requirements
  - AMH (male) 700
  - AMH(female) 700
  - MHSOP (Organic) 700
  - MHSOP (Functional) 700
  - Shared (inc 136, crisis…) 1400
  - (Circulation/Plant etc…) 1400
    - **TOTAL** **5600m2 (c. 5 acres)**

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GROUP WORK

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- Do you understand our rationale/ approach for the scope for the new hospital?
- What do you like?
- What issues concern you?

- Your facilitator will collate your feedback
- We will keep you to time (20 mins)

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SESSION 2

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What sites are available?

- Based on the broad number of beds/ space required
- Long list of sites
- Some sites subject to planning/ agreements with landlords/ land sales/ restrictions
- We have "mocked up" a proposed site solution but this will not be the final design
- We want your feedback on the advantages and disadvantages of these site options

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What sites are available

- Clinical Option Appraisals (including location / accessibility)
- Engagement feedback
- Achievability (Size, Time, Planning, Design & Ground conditions)
- Affordability (including Procurement – Land & Capital costs £)

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Option 1 – Bootham Park Hospital

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Bootham Park Hospital

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BPH - Site

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BPH - Site

Part One: Understanding the City > Character Areas > One: Bootham Park

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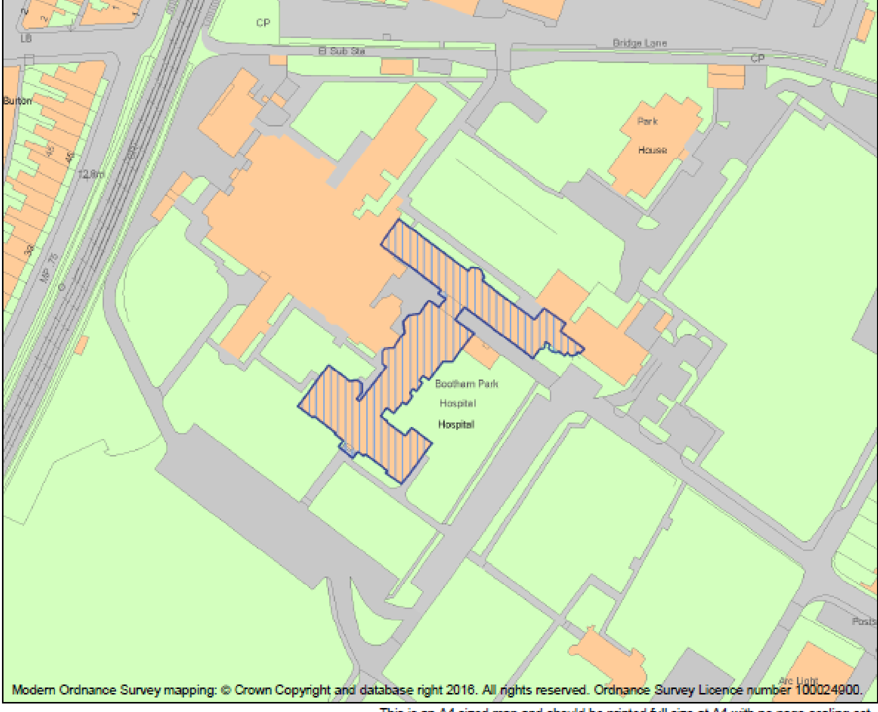
English Heritage – Grade I Listing



This is an A4 sized map and should be printed full size at A4 with no page scaling set.

Number: 1259396 _2

Name: Bootham Park Hospital: front range, 1886 link block, late-C18 building, 1817 range and 1908 extension,

Heritage Category:
Listing

County:

District: York

Parish: Non Civil Parish

For all entries pre-dating 4 April 2011 maps and national grid references do not form part of the official record of a listed building. In such cases the map here and the national grid reference are generated from the list entry in the official record and added later to aid identification of the principal listed building or buildings.

For all list entries made on or after 4 April 2011 the map here and the national grid reference do form part of the official record. In such cases the map and the national grid reference are to aid identification of the principal listed building or buildings only and must be read in conjunction with other information in the record.

Any object or structure fixed to the principal building or buildings and any object or structure within the curtilage of the building, which, although not fixed to the building, forms part of the land and has done so since before 1st July, 1948 is by law to be treated as part of the listed building.

This map was delivered electronically and when printed may not be to scale and may be subject to distortions.

Grid Reference:	SE6011152806
Map Scale:	1:1250
Print Date:	23 March 2016

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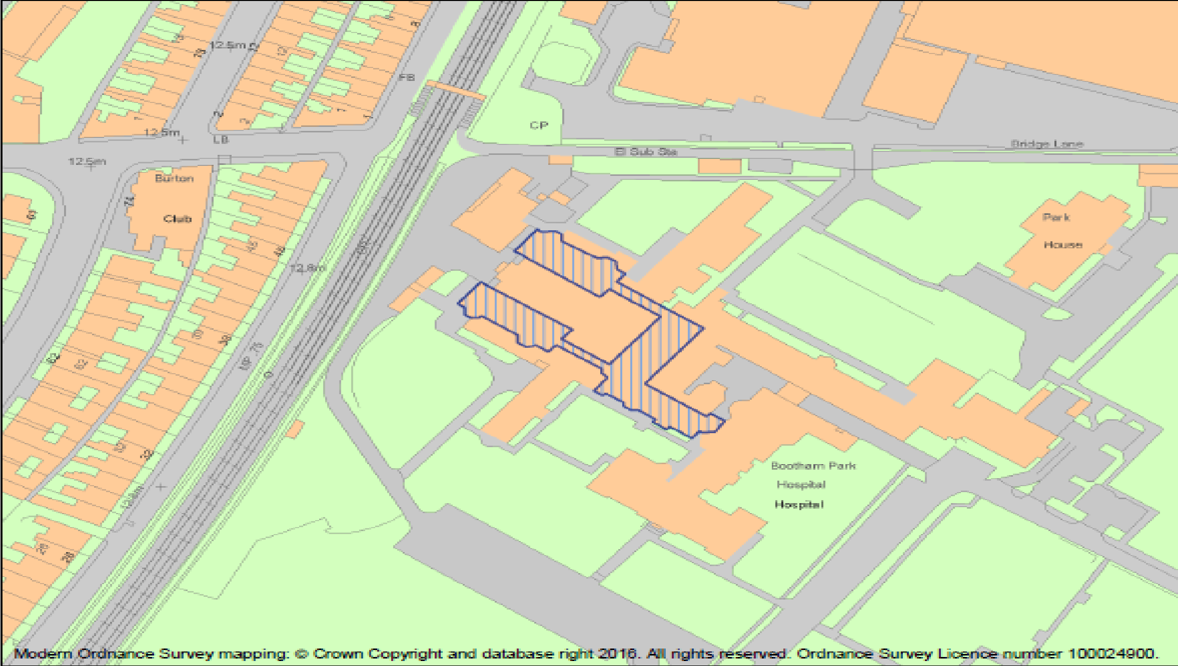
English Heritage – Grade I Listing – Updated May 2016



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Number: 1434284 _1

Name: Bootham Park Hospital: Two long corridors, recreation hall, former American bowling alley, and two former Pauper Wards

Heritage Category:
Listing

County:

District: York

Parish: Non Civil Parish

For all entries pre-dating 4 April 2011 maps and national grid references do not form part of the official record of a listed building. In such cases the map here and the national grid reference are generated from the list entry in the official record and added later to aid identification of the principal listed building or buildings.

For all list entries made on or after 4 April 2011 the map here and the national grid reference do form part of the official record. In such cases the map and the national grid reference are to aid identification of the principal listed building or buildings only and must be read in conjunction with other information in the record.

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Grid Reference:	SE6006852834
Map Scale:	1:1250
Print Date:	23 March 2016

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Annex 1

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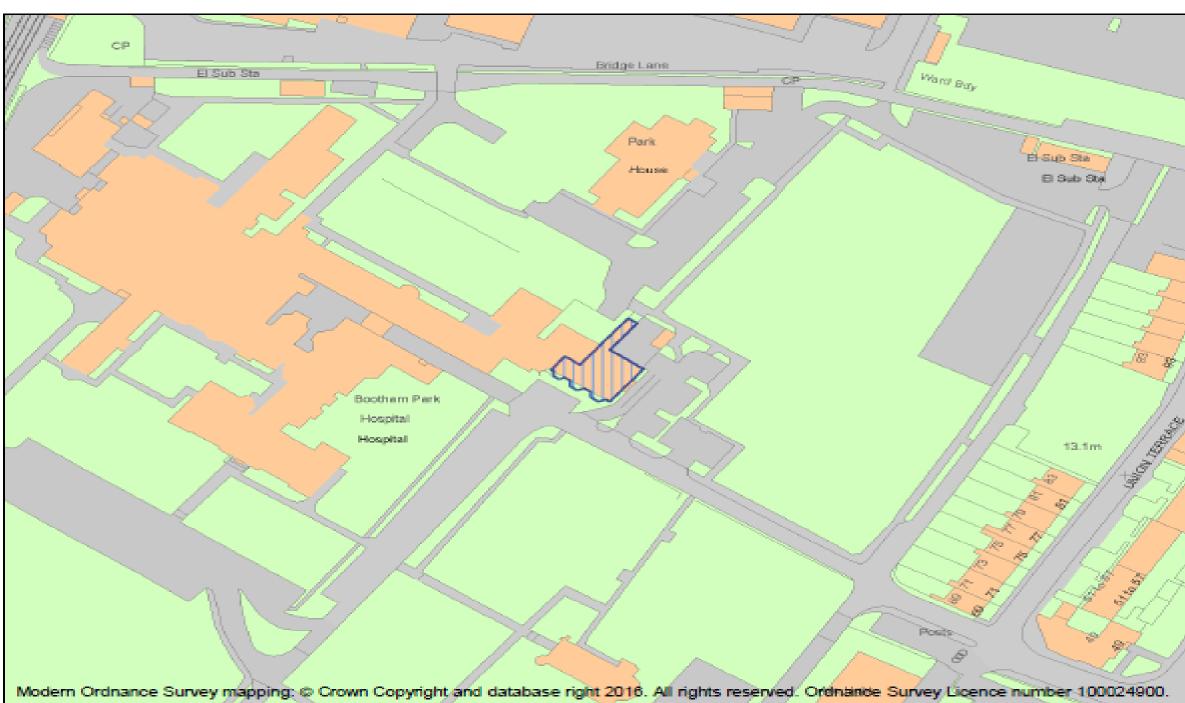
English Heritage – Grade I Listing – Updated May 2016



This is an A4 sized map and should be printed full size at A4 with no page scaling set.

Number: 1434279_1

Name: Bootham Park Hospital: Medical Superintendent's House

Heritage Category:
Listing

County:

District: York

Parish: Non Civil Parish

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Grid Reference:	SE6016452803
Map Scale:	1:1250
Print Date:	23 March 2016

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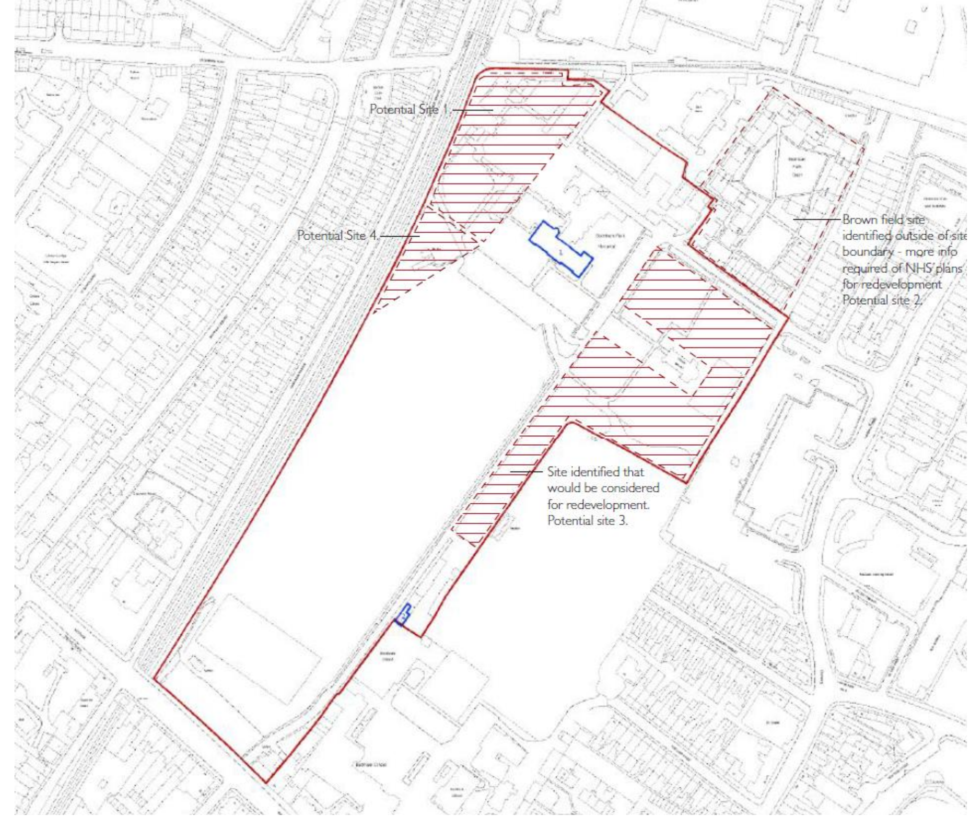
Bootham Park Hospital(BPH) – Current Site



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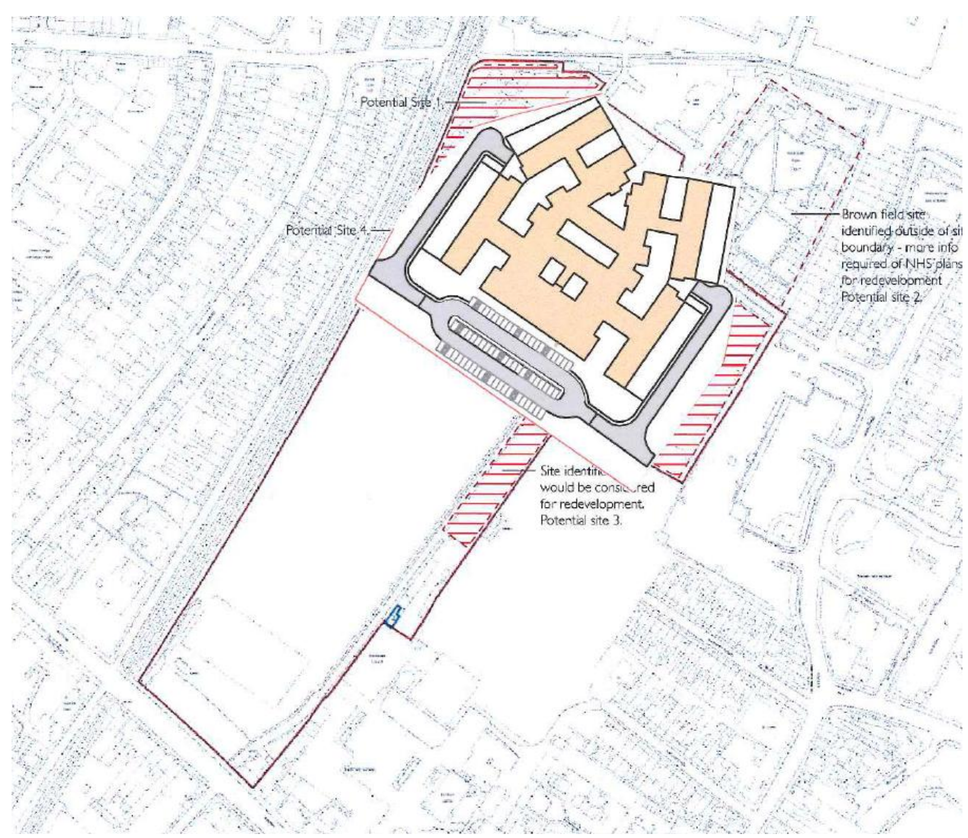
BPH – Potential Development (& car park)



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Option 2 - Limetrees

Site size = 522m

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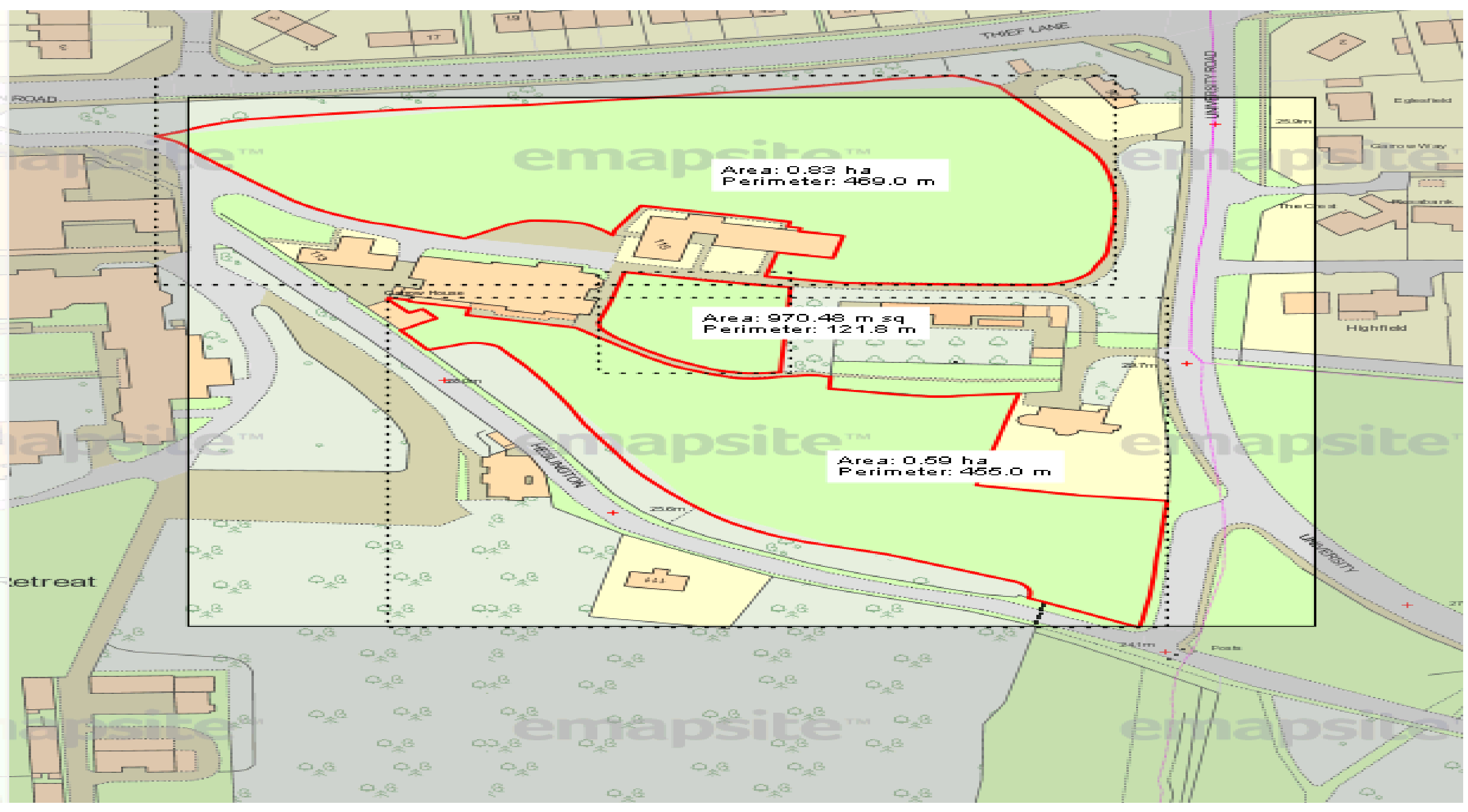
Option 3 -The Retreat site



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Option 3 The Retreat site

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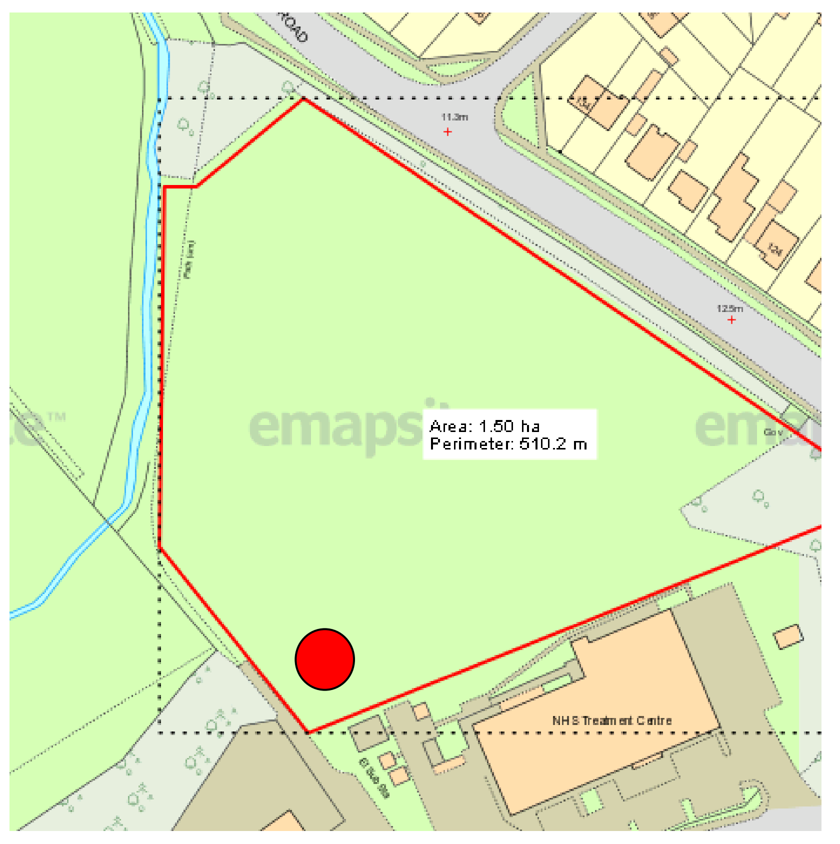
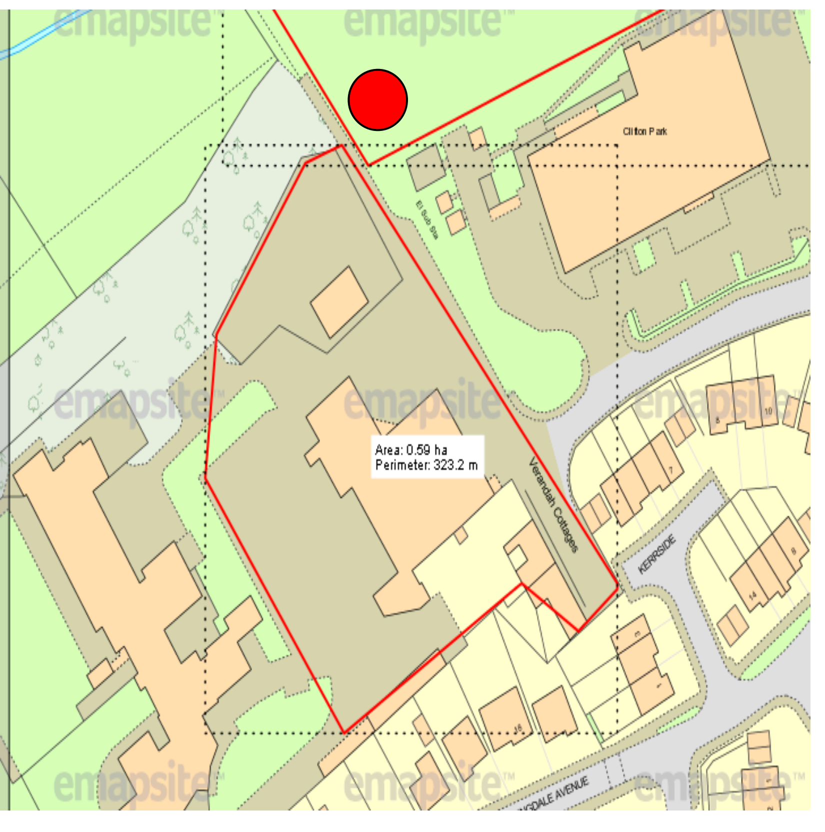
Option 4 – Clifton Site





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Option 4 – Clifton Site

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Option 5 Reuse existing estate

- Current Inpatient Use
  - Peppermill,
  - Meadowfields,
  - Cherrytree,
  - Acomb,
  - Worsley
- Pending review re : future use

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Other Long List Options (pending Reviews)

- Brook Nook, Osbaldwick
- Millfield Lane, Poppleton
- Moorside, Monks Cross
- Haxby Road
- Fulford & Naburn
- Lowfield (Acomb)
- Earswick
- Borobridge Road

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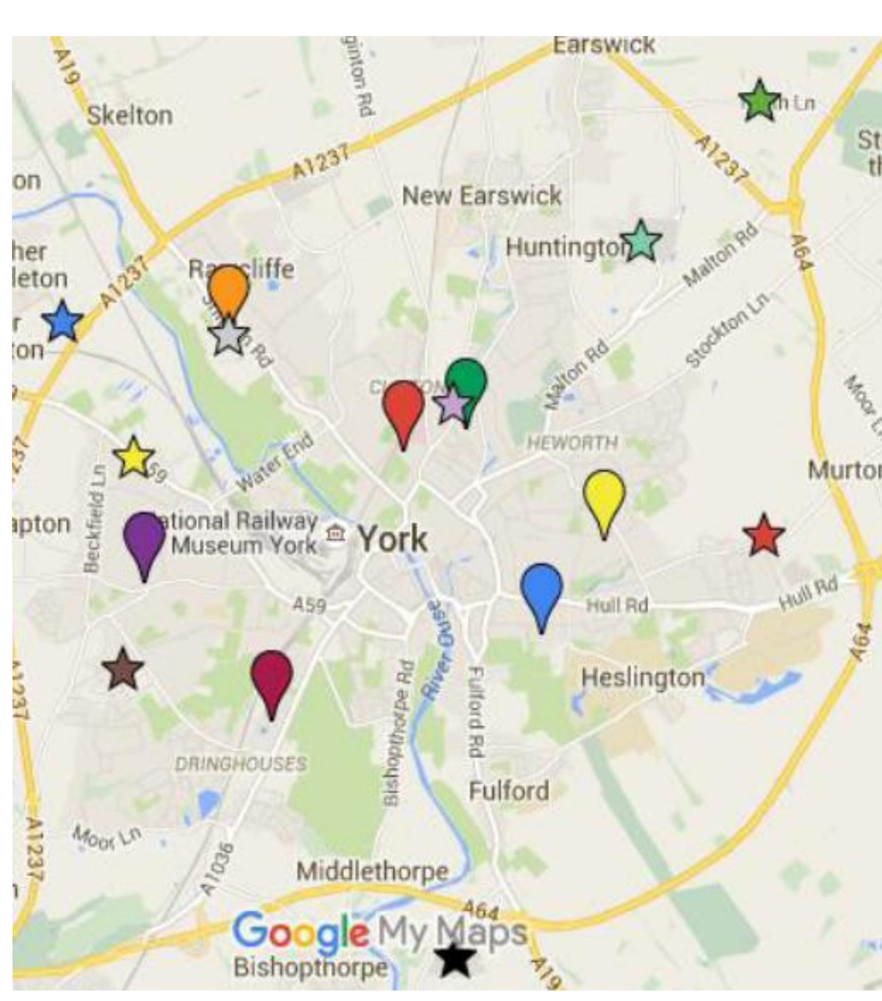
Site Options (map)

- ★ Brook Nook
- ★ Millfield Lane
- ★ Moorside Monks Cross
- ★ Fulford YO19 4TA
- ★ York High School
- ★ Earswick Huntingdon YO32 9...
- ★ Boroughbridge Road
- ★ Haxby Road York YO31 8SD
- ★ Clifton Park YO30 5RA

- Peppermill
- Meadowfields
- Cherrytree House
- Acomb Garth
- Worsley Court
- Bootham Park Hospital
- The Retreat
- Clifton



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- What are the pros and cons of each site?

- Your facilitator will collate your feedback
- We will keep you to time (20 mins)

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SESSION 3

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Design Factors – how do create the most therapeutic space?

- As part of our design brief we need to create a safe, therapeutic environment for patients
- There are a number of estate guides that we need to follow
- Patient and Carer feedback/ involvement in design
- Our own estates expertise and knowledge

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TEWV – Capital Experience

- Design & Building Standards
  - Health building notes (HBNs) – DoH dementia friendly
  - Heath Technical Memorandums (HTMs)
  - Care Quality Commission (CQC)
  - Kings Fund (Enhancing the healing environment – assessment tool)
  - Dementia Services Development Centre (DSDC) – Stirling University
  - Royal College of Psychiatrists – MH accreditation
  - Statutory – Planning Approvals, Building regulations, DDA, Fire,
  - Building Research Establishment Environmental Assessment Methodology
    - (BREAM) Energy & Sustainability standards

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Annex 1

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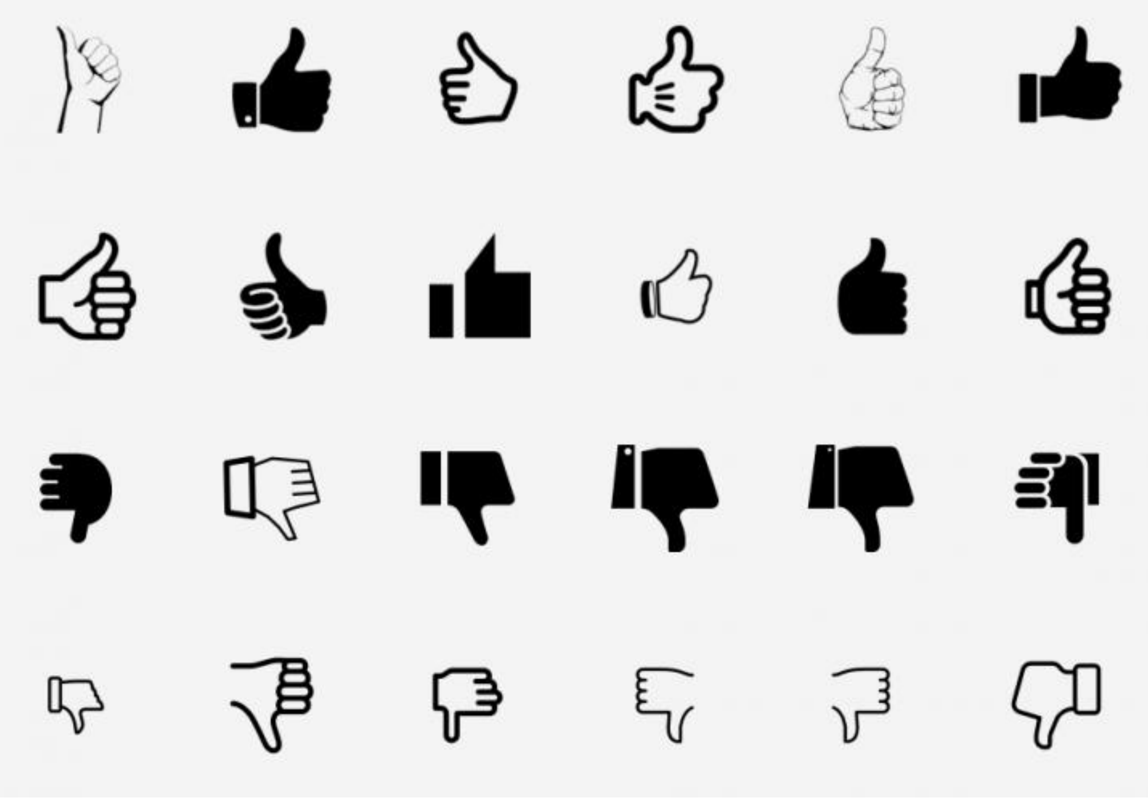
Service Users – feedback



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Capital Scheme – e.g. Middlesbrough

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Capital Scheme – e.g. North Yorkshire

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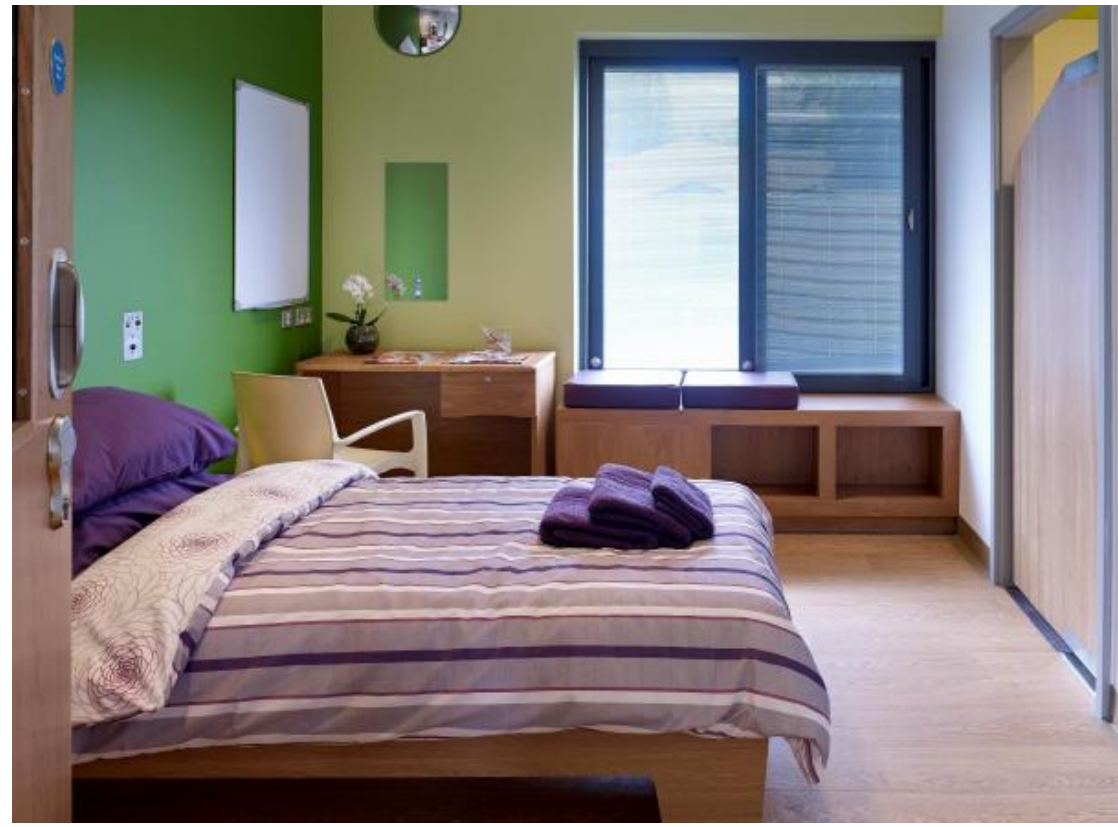
e.g. Bedrooms



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e.g. Bedrooms

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e.g. Day Space - Lounge

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e.g. Day Space - Lounge

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e.g. Day Space – Lounge / Dining (CAMHS)

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e.g. Corridors

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e.g. Entrance, reception, waiting…

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Plans – architects design to reality

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GROUP WORK

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- What is important in any new hospital and its design solution?
- Is there anything which you feel that has not been covered and you want more information on?

- Your facilitator will collate your feedback
- We will keep you to time (20 mins)

making a difference together

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

Next Steps

- How we will use this information to inform our plans.
- Timetable for formal consultation
- Ongoing engagement with new hospital plans
- Ongoing engagement with other plans eg Community Hubs/ other developments

making a difference together

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Annex 2

Public consultation on the location and size (number of beds) of the new mental health hospital for the Vale of York

Communication and Engagement Plan

A. Introduction to the plan

Most people with mental health problems are able (and want) to receive their care and treatment at home. However, those who need to spend time in hospital deserve to be cared for in the best possible environment. We are committed to building a new, state-of-the-art hospital for the people of the Vale of York by 2019.

We plan to carry out a 12 week formal public consultation, starting in September, in line with Section 14Z2 of the Health and Social Care Act 2012 on public involvement.

The purpose of the consultation is to seek the views of local people on

- the location of the new hospital
- the number and configuration of beds to be included in the new hospital

.

B. Background

- Patient services were moved from Bootham Park Hospital at the end of September 2015 as a result of an inspection by the Care Quality Commission
- Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) took over responsibility for mental health and learning disability services on 1 October 2015. In the new contract developed by NHS

Vale of York CCG, the CCG was clear about their expectations from the provider in terms of developing new models of care from buildings which were fit for purpose.

- Adult service users requiring hospital admission are currently receiving care at other TEWV hospitals (primarily Roseberry Park in Middlesbrough)
- Peppermill Court is being adapted to provide adult inpatient services and the unit will open at the end of August 2016, bringing adult inpatient services back to York.

C. Current situation

- TEWV and the CCG have already engaged with local people about the new hospital, building on the CCG's Discover programme. The Trust held four workshops in May 2016, attended by over 60 people, including service users, carers and other local people. Participants were asked to review a long list of possible sites and to give their views on the suitability of those sites. They were also asked to comment on proposed bed numbers and hospital design.
- TEWV clinicians and managers are in the process of finalising the option appraisal of possible sites, which is informed by the feedback form the workshops and what is deliverable. The short list of sites will be confirmed in September.
- The development of the proposals which will be included in the consultation document is being informed by feedback gathered from service users, carers, staff and other local people.

D. Objective(s)

- To consult with local people on the site options for the new mental health hospital.
- To consult with local people on the proposed number and configuration of beds in the new hospital. It is proposed that the new hospital will include:
  - Four wards (60 beds) – two adult wards and two wards for older adults
  - An ECT suite
  - A Section 136 suite

E. Strategies

In order to achieve the stated objectives the consultation will:

Explain rationale for shortlist of options (ie the option appraisal process)

Explain the benefits and disadvantages of each site option

Explain the rationale for the proposed number and configuration of beds

Target the views of service users and their families, clinicians and other stakeholders including service user and carer groups, voluntary and statutory organisations on

their preferred site option and reasons for choosing it

whether they agree with the proposed number and configuration of beds and why

F. Methods of engagement

These will include:

- Workshop style public meetings (opportunity to discuss advantages and disadvantages of the site options and rationale for proposed bed numbers and configuration in groups). We plan to hold seven public meetings:
  - Four in York (two afternoon and two evening)
  - One in Selby
  - One in Pocklington
  - One in Easingwold
- Drop-in sessions for service users and carers at current adult and older people's units
- Offers to attend pre-existing events or meetings or to arrange specific meetings with stakeholder groups and organisations
- Questionnaires
- Social media
- Regular updates on the TEWV and CCG websites
-

G. Methods of communication

This will include

- **Consultation document** – outlining background (including site option appraisal), the site options (advantages and disadvantages of each option), proposed bed numbers and configuration and rationale, how people can have their say (including details of public meetings).
- **Websites** – the consultation document will be available to download from Vale of York CCG's and TEWV's and websites. We will also ask other organisations such as Healthwatch and local authorities to add links to their websites
- **Letter/email** – Key stakeholders will receive consultation document and covering letter including offer to meet/attend events/meetings.
- **Flyers** – to advertise drop-in sessions and public meetings
- **Traditional media** - press release to launch the consultation, signpost for more info and to publicise the public meetings
- **Social media campaign** – regular use of facebook and twitter to raise awareness of the consultation, signpost to the websites, promote the public meetings and how people can have their say
- **Face to face**
- **Paid advertising –** to raise awareness of public meetings
- **Internal communications (eg intranet, email, team brief)** - TEWV and CCG will use standard internal communication mechanisms to raise awareness of the consultation

H. Key messages

- We have not yet made a decision on the location of the new hospital and we need the views of local people to help us decide.
- Most people with mental health problems are able (and want) to receive their care and treatment at home. However, those who need to spend time in hospital deserve to be cared for in the best possible environment
- We are committed to building a new, state-of-the-art hospital for the people of the Vale of York by 2019.

- We must also make sure that we make the best use of tax payers' money and use our limited resources as effectively as possible.

I. Stakeholders

Internal:	**External:**
• Tees, Esk and Wear Valleys NHS Foundation Trust	• Service users and their families
• Vale of York CCG	• Healthwatch
•	• Health overview and scrutiny committees
•	• North York County Council
•	• City of York Council
•	• Councillors
	• Local service user and carer groups and organisations
	• Local voluntary and statutory organisations
	• GPs
	• MPs
	• Partnerships Commissioning Unit
	• NHS Property Services
	• TEWV governors and members

Stakeholders and key communication/ engagement channels

	Purpose		Communication / Engagement channel				
Stakeholder Group	**Inform**	**Engage**	**Social media / online**	**Consultation document**	**questionnaire**	**Open or pre-arranged meetings**	**External communications (press release / websites)**
Service users and their families	√	√	√	√	√	√	√
Staff directly impacted by the proposals	√	√	√	√	√	√	√
TEWV staff	√	√	√	√	√	√	√
Staff at CCG	√	√	√	√	√	√	√
Healthwatch	√	√	√	√	√	√	√
Health Overview and Scrutiny Committees	√	√	√	√	√	√	√

	Purpose		Communication / Engagement channel				
Stakeholder Group	**Inform**	**Engage**	**Social media / online**	**Consultation document**	**questionnaire**	**Open or pre-arranged meetings**	**External communications (press release / websites)**
Councillors	√	√	√	√	√	√	√
Service user and carer groups	√	√	√	√	√	√	√
Local voluntary and statutory organisations	√	√	√	√	√	√	√
GPs	√	√	√	√	√	√	√
MPs	√	√	√	√	√	√	√
TEWV governors and members	√	√	√	√	√	√	√

J. Equality

In line with established policy and process, the principles of equality and diversity will underpin all communication activity. Alternative formats will be produced as necessary and appropriate.

K. Evaluation and Review

A report on the public consultation will be presented to the overview and scrutiny committees, the Vale of York CCG and TEWV after the consultation has closed.

L. Actions

TEWV will lead the communication element of this project supported by the identified communications / engagement leads from partner organisations and others as appropriate. These leads will ensure that communication is coordinated and actions implemented. Overall management of this project sits with Vale of York CCG.

ANNEX 3

Community Hubs - Update

1. Background

Work has been undertaken to review the configuration and relocation of Community Mental Health Teams (CMHT) across the Vale of York, since Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) was awarded the contract for mental health and learning disability services on 1 October 2015.

A review of the current buildings from which CMHT's operate has identified a number of constraints with the existing estate. Many of the buildings offer poor patient facing environments, poor staff facilities, do not meet DDA requirements and are not optimally configured to meet modern mental health estate expectations.

TEWV's tender response outlined new ways of working building on the Vale of York Clinical Commissioning Group's engagement work (Discover), which highlighted a wider community focus.

As part of TEWV's commitment to modernise and enhance services, the Trust has been developing plans to create community hubs where CMHT services can be provided. A hub will offer outpatient and treatment facilities as well as CMHT office space for adults and older people.

2. Community Hub Principles

One of the principles of the community hub development is that this should enhance the range of appropriate environments for patients to be seen in. Our planning assumptions also include providing appointments and services within patients own homes, GP surgeries and other community venues. We will want to continue to maximise the visibility of mental health practitioners within primary care settings and will continue to work to explore how this can be maximised.

ANNEX 3

As part of our planning assumptions we have considered the use of existing estate, local access issues for patients including reviewing where patients currently travel to/ public transport issues and availability of alternative sites which are affordable and meet our timescales for change.

3. Community Hub Site Options

A working group have considered a range of options and undertaken a full option appraisal on possible sites.

This assessment has indicated that there would ideally be 3 main CMHT hubs across the Vale of York. This would cover Selby, York East and York West.

Taking each of the Hub areas in turn:

Selby – The CMHT currently use Worsley Court for accommodation and clinic appointments. Some estate work is planned to modify the facility (as part of further work around rehabilitation and recovery services) and this will also enhance the facility to increase the number of clinic rooms. This work is still in development.

York West - Acomb – The CMHT currently has office space and a small number of clinic rooms at Acomb Gables. Estate works have been agreed as part of the plans to bring MHSOP beds into this unit. As part of these plans additional clinic space has been developed and will be available from November 2016.

York East – A new site has been identified – Huntington House at Monks Cross which would enable services from Bootham Park Hospital (including the chapel and driveway), Union Terrace, Huntington Road, (St Andrews) and 22 The Avenue to be relocated. A business case is being compiled to confirm the detailed plans and revenue costs relating to this hub development, but it is anticipated that the new site will be available for patient use from December 2017.

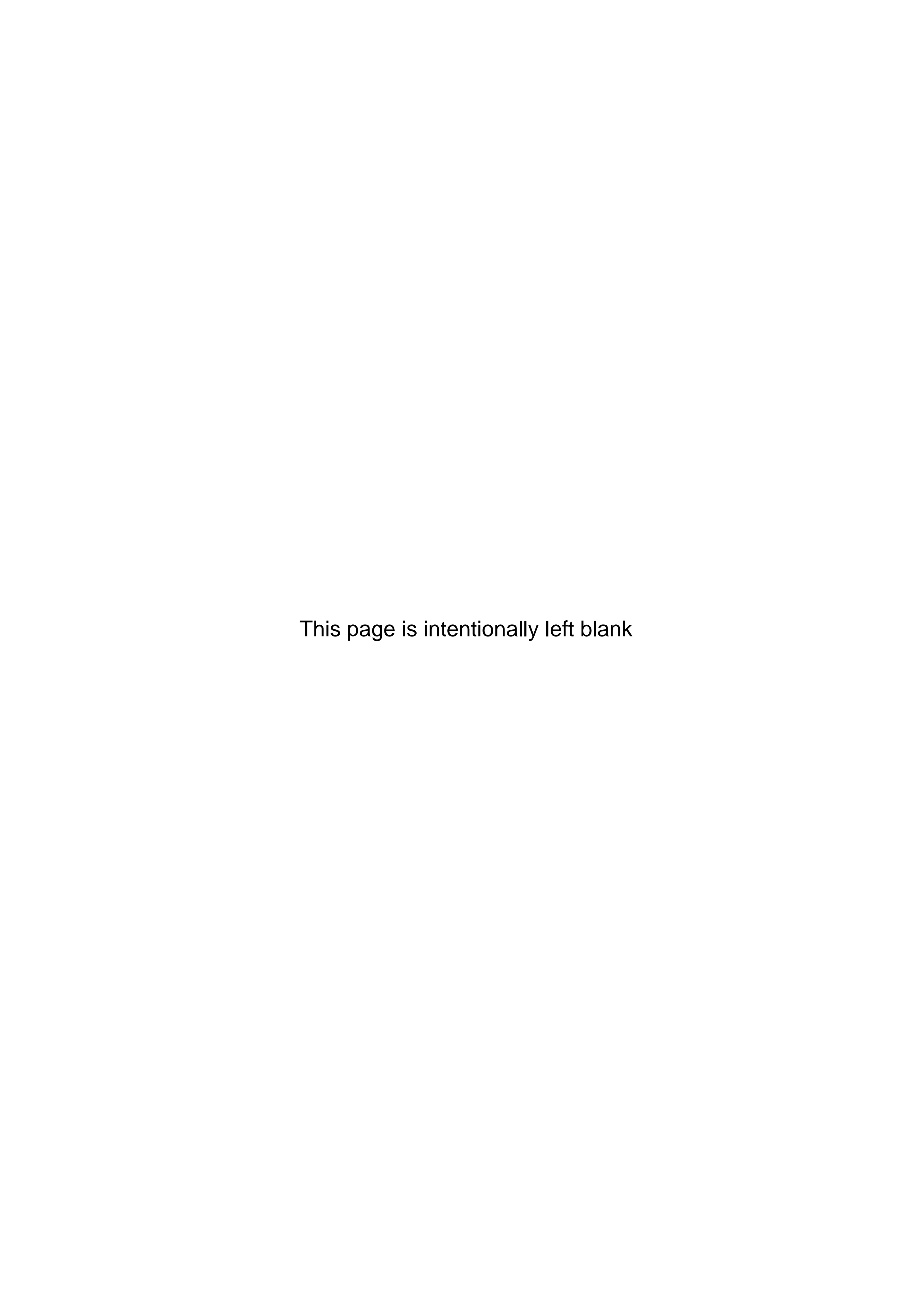
ANNEX 3

4. Conclusion

The revised configuration of community hubs will enable better care facilities for outpatient services. It will improve access to clinic space (transport and DDA compliance) and offer a more appropriate environment for staff to work in.

The changes proposed enhance accessibility for service users.

Feedback on the proposals is requested to help inform our ongoing plans. Please contact Ruth Hill, Director of Operations, Bootham Park Hospital, York YO30 7BY, email: ruth.hill6@nhs.net or Tel: 01904 294623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Health & Adult Social Care Policy & Scrutiny Committee

19 July 2016

Report of the Assistant Director Adult Social Care

Safeguarding Adults Annual Assurance

Summary

1. This update report outlines arrangements in place to ensure that City of York Council discharges its responsibilities to protect adults with care and support needs from abuse and neglect, whilst maintaining their independence and well-being. It includes the presentation of the Safeguarding Adults Board Annual Report 2015-2016.

2. Health and Adult Social Care Policy and Scrutiny Committee are asked to accept assurance that arrangements for safeguarding adults are satisfactory and effective.

Background

3. The Care Act requires that each local authority must:

- Make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom
- Set up a Safeguarding Adults Board
- Arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review (SAR)where the adult has ‘substantial difficulty’ in being involved in the process and where there is no other suitable person to represent and support them
- Co-operate with each of its relevant partners in order to protect the adult. In their turn each relevant partner must also co-operate with the local authority.

4. Safeguarding duties under the Care Act apply to an adult who:

   - has needs for care and support (whether or not the local authority is meeting any of those needs) and;
   - is experiencing, or at risk of, abuse or neglect; and
   - as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

5. The Six key principles contained within the care act which underpin all safeguarding work are:

   - Empowerment – “I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens”
   - Prevention – “I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help”
   - Proportionality – “I am sure that the professionals will work for my best interest, as I see them and will only get involved as much as needed”
   - Protection – “I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want and to which I am able”
   - Partnership – “I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together to get the best result for me”
   - Accountability – “I understand the role of everyone involved in my life”

Analysis

Key achievements for York Safeguarding Adults Board

6. 2015/2016 has been a year of significant change for the partnership. New structures put in place following the Care Act are now embedded. The Safeguarding Adults Board (SAB) has a constitution, memorandum of understanding and membership which reflects this. The care act implementation group has been stood down. This has been replaced with a lean structure of the SAB board with 3 sub groups. These are lessons learned, performance & quality and workforce development. The

SAB has developed a strategic plan with a focus on the six safeguarding principles and work plan which sits under this.

The Safeguarding Adults York website has been redesigned with a new structure to improve its public facing nature, and a greater emphasis on informing the public on how to stay safe and prevent abuse. Significant work still needs to be done to ensure that the website is used to its maximum potential.

CYC and Partner Self-assessment

7. A key part of this year's work was the further development and implementation of a self-assessment framework for partners, to understand the progress their organisations are making in safeguarding adults. All partners completed this assessment and they were collated for the board.

   Assurance on the ability of members including CYC to safeguard adults was good overall and areas for future work were highlighted. These areas included:

   - Community engagement
   - Improving delivery to minority groups
   - Embedding the Mental Capacity Act
   - Information sharing

   A further round of self-assessment is being implemented during 2016/17, with each organisation having their own view of themselves validated and assessed by another one, beginning with CYC and the Vale of York Clinical Commissioning Group.

CYC Performance

8. Transfer from Safeguarding Adults Return to Safeguarding Adults Collection has been well managed. Where possible our performance is mapped to the previous collection and our comparators within this.

   During 2015-16, City of York Council received a total of **1108 Safeguarding Concerns** (relating to 863 individuals). This figure is an increase from 1058 *alerts* in the previous year

All Concerns raised with City of York Council are scrutinised to see if they meet the Care Act's conditions for a section 42 enquiry, and to consider our duties under the Wellbeing Principle (section 1 of the Care Act) to offer support, advice and information to reduce the risk for the person in question and prevent further harm.

Where the council is unable to resolve the concerns at this stage, further enquiries may take place, either under the auspices of S42 or using 'other' enquiry mechanisms as appropriate.

Actions and Results from Enquiries

9. Action was taken to reduce or remove the risk in the majority of enquiries (in 8% no action was deemed to have been taken). In 59% of all completed enquiries, the risk was noted to have reduced, and in 29% to have been removed. In only 4% of cases did the risk remain.

   This looks to be an improvement in the outcomes for adults with care and support needs on previous years, as in 2014-15 22% of cases resulted in no action being taken and in 67% of cases the risk remained. The number of cases where risk reduced and where risk was removed looks comparable across the collections – at 42% and 29% respectively.

   The full narrative on performance is contained within the annual report.

Key Achievements CYC

10. CYC is now part of the multi- agency procedures worked to by all partners in SABs across West and North Yorkshire, improving the consistency of response by partners. CYC are part of the review group revising the North Yorkshire and West Yorkshire procedures. The development of local operational guidance under this has been led by CYC, which is more personalised and flexible than previous practice guidance.

    Improved partnership working is developing in areas of shared interest with Safer York Partnership. CYC Adult Social Care Directorate (ASC) has worked with colleagues from Safer York Partnership (SYP) to develop the PREVENT operational guidance which is due to be issued through SYP. ASC are also working to develop process for managing self neglect with SYP colleagues.

CYC have developed their use of soft intelligence, with regular structured meetings between health and social care commissioners and regulators, and safeguarding staff. The SAB has agreed to extend the scope of our soft intelligence work to build on pilot work with the police and information from the public through Healthwatch York

Workforce development

11. ASC has worked with the CYC Workforce Development Unit (WDU) to create a new training offer, based around the care act, the making safeguarding person approach MSP, and a more flexible approach to enquiries. This is now in place for the ASC workforce .

    ASC are also leading SAB briefing to providers to progress the training agenda for external workforce in line with care act principles around causing enquiries and MSP.

    An Impact Assessment tool for use by managers with staff attending training has been developed by WDU. This has been designed to support managers in checking on the transfer of learning from the classroom to their day to day roles. This is currently a pilot. If successful, the intention is to roll this out to all safeguarding courses during 2016/17.

CYC Safeguarding Team

12. Significant achievements include the piloting of a post to support provider led enquiries and the embedding of the MSP culture. Temporary staffing arrangements are a continued concern but these are being resolved. The key post of head of safeguarding has been appointed to. The successful candidate will start in September. The Safeguarding Adults Service manager role has been revised and a new job description agreed to include the emerging priorities and duties. This will be recruited to over the coming months ending the temporary arrangements.

Serious Case Reviews

13. Although there have been no Serious Case Reviews. The protocol in place has been used by a multi agency sub group to learn lessons from incidents which did not meet the threshold for a formal review under the Care Act. Details of these are in the annual report.

Council Plan

14. The proposals within this report relate to the Council Plan priority to focus on frontline services, ensuring all residents, particularly the least advantaged, can access reliable services and community facilities

Implications

Financial

15. There are no financial implications to this report. Safeguarding activity is undertaken within agreed budgets.

Human Resources (HR)

16. There are no HR implications.

Equalities

17. Safeguarding activity is important to all protected communities of interest. The performance report indicates a relatively high number of referrals in respect of people with a learning disability and older people.

Legal

18. There are no legal implications.

Crime and Disorder

19. All of the issues and actions relating to Safeguarding Vulnerable Adults contribute to the Safer Communities agenda. Specifically Safeguarding has strong links with the Domestic Violence agenda and to Hate Crime.

Information Technology (IT)

20. There are no IT issues relating to this report.

Property

21. There are no property issues relating to this report.

Risk Management

22. The recommendations within this report do not present any risks which need to be monitored.

Recommendations

Recommendation 1

23. The Health and Adult Social Care Policy and Scrutiny Committee note the report and are assured that arrangements for safeguarding adults are satisfactory and effective.

Recommendation 2

24. The Health and Adult Social Care Policy and Scrutiny Committee receive further updates on a 6 monthly basis.

Reason: To assure members about adult safeguarding arrangements in the city.

Contact Details

Author:	**Chief Officer Responsible for the report:**
Michael Melvin Assistant Director Tel No.01904 554155	Martin Farran Director Adult Social Care

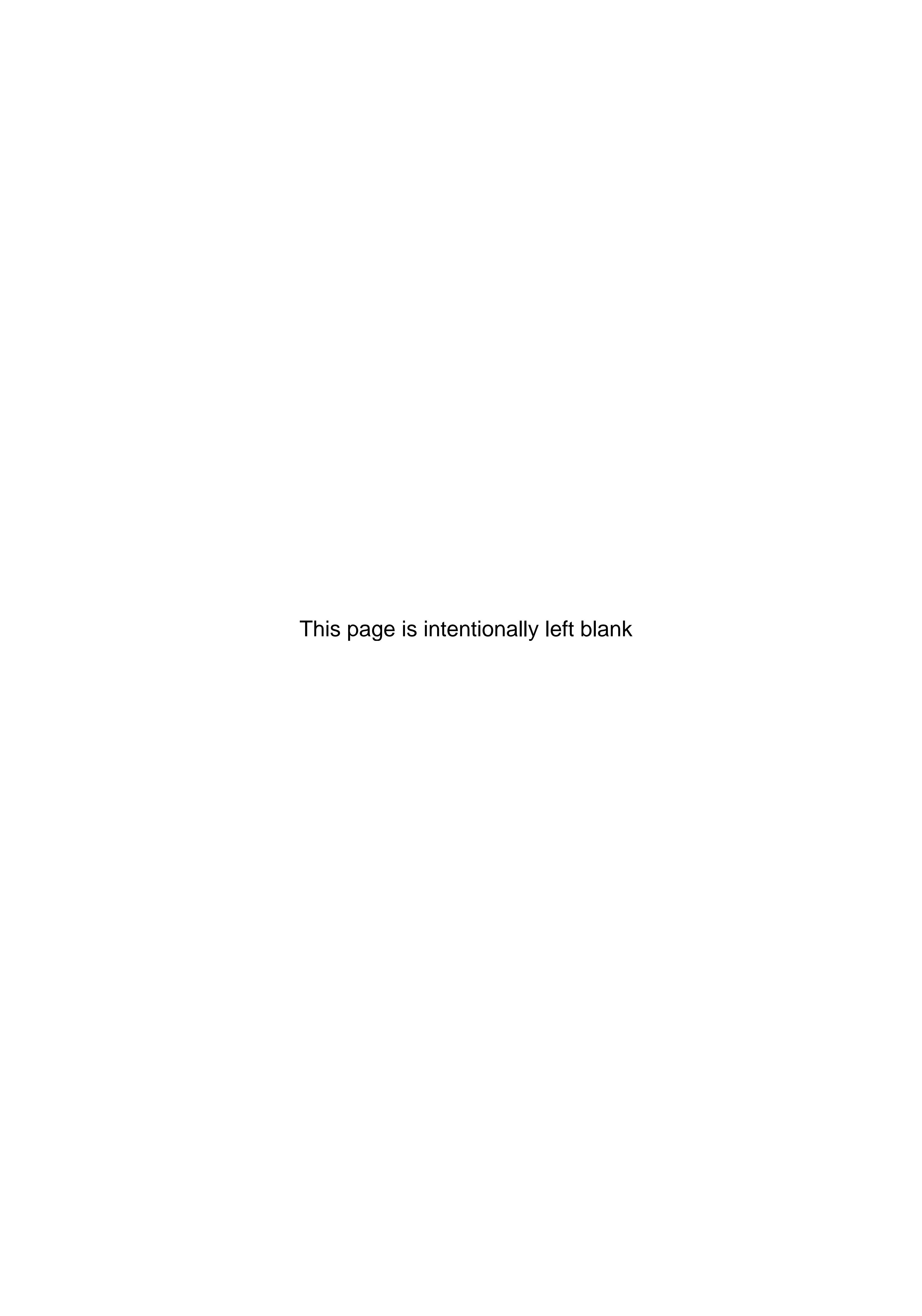
Report Approved ✓ **Date** *8/07/2016*

Wards Affected: **All** ✓

For further information please contact the author of the report

Annexes

Annex 1 – City of York Safeguarding Adults Board Annual Report 2015/16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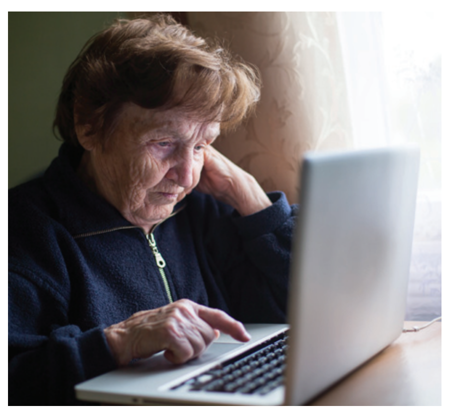
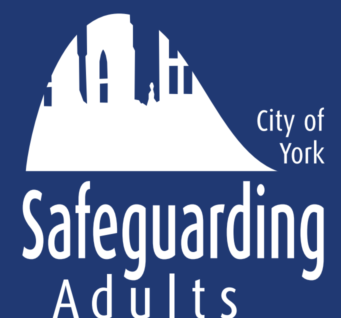
Safeguarding Adults Board

Annual Report 2015/16





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Introduction

by the Chair of the Safeguarding Adults Board (SAB)

Kevin McAleese CBE
Independent Chair, City of York Safeguarding Adults Board

I am very pleased to introduce the SAB Annual Report for 2015/16, having first taken up my appointment as Chair on 1 April 2013. As readers may know, the City of York SAB became a full statutory body under the Care Act 2015 on 1 April 2015, so we are just completing our first year with those new responsibilities. There are some 500 pages of statutory guidance on implementation of the Act, though the SAB has only had to concentrate on the fifty pages in Chapter 14. I am as certain as I can be as Chair that all which should be in place is, or is in the process of being finalised. The current Board members are drawn from twelve key organisations operating in the City of York. Three of them are "statutory partners" as required by the Care Act: the City Council, the "NHS" and the Police. The full list can be seen in Annex 2.

One of the requirements of the Care Act is that the SAB Annual Report must contain details of any Safeguarding Adults Reviews (SARs) which have been conducted when an adult has died as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect them. The findings of any SARs must be included, as must actions taken or intended in relation to those findings. I can confirm that, like 2014/15, there have been no SARs during 2015/16. However, there were two deaths during 2014/15 which were reported on last year in outline, where a lesser level of enquiry known as Lessons Learned had been started, and there are some details of those cases on pages 19-21 of this Report. They do illustrate the challenging nature of safeguarding work and the complexities of supporting individuals in particular circumstances.

The SAB does have a website, and I am delighted to say that it has been totally rewritten to make it more accessible for both members of the public and professional staff. The address remains www.safeguardingadultsyork.org.uk. The website can also be accessed by the safeguarding team to monitor how much usage is made of it via the internet, and we are confident that it will increase over previous years. It also contains minutes of our quarterly meetings, which are not open to public attendance because of the sensitive and confidential nature of much of our work.

I hope that you will be interested, informed and also reassured by the contents of this Report on our work for 2015/16. Thank you for taking the time to read it.

Kevin McAleese CBE
Independent Chair, City of York Safeguarding Adults Board

The Board's Work and its Vision

York Safeguarding Adults Board (SAB) oversees and leads adult safeguarding across the city in order that all agencies contribute effectively to the prevention of abuse or neglect of vulnerable people. It has been in existence since November 2008 and has a strong focus on partnership working. The work of the Board includes the safety of patients in local health services, the quality of local care and support services, and the effectiveness of prisons and approved premises in safeguarding offenders.

Our Vision, stated in our new Strategic Plan (see Section 7 below) is that we aim to ensure that agencies supporting adults who are at risk or in vulnerable situations, and the wider community, can by successfully working together:

- Establish that Safeguarding is Everybody's Business
- Develop a culture that does not tolerate abuse
- Raise awareness about abuse
- Prevent abuse from happening wherever possible
- Where abuse does unfortunately happen, support and safeguard the rights of people who are harmed to:
  - stop the abuse happening
  - access services they need, including advocacy and post-abuse support
  - have improved access to justice
  - have the outcome which is right for them and their circumstances.

Work Undertaken in 2015/16

Making Safeguarding Personal (MSP)

A key part of the Care Act is MSP and the establishment of a person-centred approach to safeguarding adults across all agencies. The City of York took part in a national MSP pilot programme which came to an end a year ago. The SAB has begun trying to encourage the development of an MSP approach across all agencies in the city.

This is challenging work, not least because not all vulnerable people have the capacity to decide what is in their best interests and need assistance to do so. The two real case studies below illustrate how this has worked:

Case Study 1

Annie has a number of physical health conditions. She has historically declined to engage with services including declining medical treatment and it has been unclear why.

Annie came to the attention of the Safeguarding Adults Team as she was being financially exploited by people she knew. Through an MSP approach, Annie was spoken with about this concern and asked how services could support her to stop this harm from continuing.

Annie identified that she would like to move to another property so that the people no longer targeted her; and with steady support from the team, identified that moving closer to family may be of benefit to her wider welfare, as it would mean that family members could support her to attend medical appointments.

Annie agreed to accepting support from an agency who were able to support her with applying for a housing transfer, and this relationship was facilitated by the team. Annie has now moved home, which has removed the risk of financial exploitation, and she continues to attend medical appointments, which has improved both her physical and mental wellbeing.

Case Study 2

Gerald has significant physical health problems, and is cared for in bed. He recently had a short break at a nursing home, and staff there were concerned about the way his informal carer interacted with him and the potential that he was suffering harm at home. Gerald's carer was known to have declined support on his behalf in the past.

Whilst Gerald was in the nursing home, a member of the safeguarding adults team visited him to discuss the staff's concerns. Gerald has limited communication so aids were used and Gerald was able to identify that he would like the team to speak with his carer, but that he would like to be present. Gerald was also very keen to return home and did not want this conversation to delay this.

As per Gerald's wishes, he was discharged home and on that day the safeguarding workers visited and outlined the concerns that had been raised. They spoke with Gerald and his carer together and separately to ensure that both had the opportunity to raise any individual concerns that they had.

As a result of this initial conversation, the carer allowed the workers to return and although she remained resistant to ongoing support from statutory services, Gerald reports that he is happy that the issue has been discussed and is out in the open.

Self-assessment

A key part of this year's work was the further development and implementation of a self-assessment framework for partners, to understand the progress their organisations are making in safeguarding adults. All partners completed this assessment and they were collated for the board.

Assurance on the ability of members to safeguard adults was good overall and areas for future work were highlighted. These areas included:

- Community engagement
- Improving delivery to minority groups
- Embedding the Mental Capacity Act
- Information sharing

A further round of self-assessment is being implemented during 2016/17, with each organisation having their own view of themselves validated and assessed by another one, beginning with City of York Council and the Vale of York Clinical Commissioning Group.

ADASS Mystery Shopping

Between October 15 and January 16 the Association of Directors of Adult Social Services (ADASS) in Yorkshire & Humberside conducted a regional "mystery shopping" exercise on behalf all the local authorities across the region focussing on access to services. The method adopted was based on the Care Quality Commission 'access to service' toolkit and a range of scenarios which have been developed through the regional Standards and Performance network. The assessment was conducted by real customers testing how easy it is to access services over the telephone, face to face, and on the internet. The feedback that was then taken from their captured observations and experience.

Face to face scenarios were used with City of York staff by calling at West Offices:

- My sister is struggling with washing and taking care of herself but has funds available. What help is on offer?
- My brother has a learning disability and I am his main carer. I a struggling to cope: what help can I get?
- Can you tell me who I need to contact to report suspected abuse, as I have concerns about a neighbour and don't know who to contact?

Telephone scenarios were used by ringing York City Council:

- My brother has a learning disability and I am his main carer. I a struggling to cope: what help can I get?
- My sister is struggling with washing and taking care of herself but has funds available. What help is on offer?
- I am not sure if this is an emergency or not but my Mum/Dad is in residential care and recently their money has been going missing. I am not sure what to do as my Mum says that staff sometimes shout at her and so doesn't want me to say anything.

Internet scenarios were asked using the City of York website:

- Is there any support for me as a carer?
- My sister is struggling with washing and taking care of herself but has funds available. What help is on offer?
- How do I report a safeguarding concern?
- How do I report suspected abuse?

Each of the scenarios was rated **Excellent** (Lots of useful information, helpful staff, very satisfied with the service received, enquiry dealt with promptly), **Good** (some information given, knowledgeable staff, satisfied with the service given, enquiry deal with in a timely manner), **Fair** (limited information given, fairly satisfied with the service, enquiry deal with in a reasonably timely manner and Unsatisfactory (no information given, poor customer experience, didn't feel valued, unhelpful staff, very dissatisfied with the service).

These are the results for City of York Council, with comparisons back to 2012:

Scenario	2015/16 Rating	2014 Rating	2013 Rating	2012 Rating
Telephone	EXCELLENT	GOOD	GOOD	FAIR
Website	EXCELLENT	GOOD	FAIR	GOOD
Face to Face	GOOD	GOOD	GOOD	FAIR
Reception	GOOD	GOOD	EXCELLENT	UNSATISFACTORY
Out of Hours	EXCELLENT	GOOD	UNSATISFACTORY	GOOD
Safeguarding Access	EXCELLENT	GOOD	GOOD	

The SAB was delighted to see such progress demonstrated over the past four years.

Care Act Implementation

Policies and Procedures

In preparation for the introduction of the Care Act 2014, the City of York SAB developed a constitution, memorandum of understanding and register of interests for its members. These documents give clarity and underpin the important statutory work of the Board. The SAB has also developed local policies for undertaking Safeguarding Adults Reviews (SARs) and Lessons Learned. These policies have helped to ensure that that the SAB has a robust process in place for carrying out a review where an adult with care and support needs has suffered serious neglect or abuse and there is reasonable cause for concern about how the SAB, members of it or other persons with relevant functions worked together to safeguard that adult.

The SAB took the decision in the Summer of 2015 to harmonise the City of York multi-agency policies and procedures for adult safeguarding with those for the whole of West and North Yorkshire, to ensure that different agencies were not using different arrangements in different parts of the same geographical region. That work is now virtually complete and the relevant information is available to staff on the SAB website. Workshops were run in February and March 2016 for community groups, the voluntary sector and independent providers, helping those working with adults at risk in the community to understand their roles and the support they can expect from City of York Council and the SAB.

Winterbourne Concordat

City of York Council and Vale of York Clinical Commissioning Group have continued to work together to identify vulnerable people from York who are placed out of the city area for whom a move back to the York area may be the best way to enable then to be safe and enjoy the highest quality of life possible. These arrangements are reported to the SAB twice yearly. During 2016/17 the SAB will also begin to receive assurance about vulnerable individuals placed in the City of York from other parts of the country.

Performance and activity information

The Safeguarding Adults Collection 2015-16

The Health and Social Care Information Centre (HSCIC) take national responsibility for compiling an annual Safeguarding Adults Collection (SAC), which records details about safeguarding activity for adults aged 18 and over in England. Each local authority (referred to by HSCIC as Councils with Adult Social Services Responsibilities-CASSRs), has a statutory obligation to contribute towards this Collection, and the data outlined in the Annex and described below represents the significant areas of the City of York's contribution.

The collection includes demographic information about the adults at risk and details of the incidents that have been alleged.

The SAC is an updated version of the Safeguarding Adults Return (SAR) which collected safeguarding data for the 2013-14 and 2014-15 reporting periods. Some of the categories collected have remained the same but there are also some significant differences and these are discussed in the following section. As a result of some of these differences, it is difficult to compare data across the collections in all areas.

Changes to the Collection between 2014-15 and 2015-16

Between December 2014 and February 2015 the HSCIC ran a public consultation about what changes needed to be made to the safeguarding return as a result of the Care Act. Key changes included changing the name of the Collection (so as not to cause confusion with the newly named Safeguarding Adults Reviews- SARs); removing words such as 'referrals' and 'completed referrals', and replacing these with 'concerns' and 'completed enquiries'; and adding in voluntary collections around 'other enquiries' (enquiries where an adult does not meet all of the section 42 criteria but the council considers it necessary and proportionate to have a safeguarding enquiry).

Certain areas of data collection were ceased, including collecting information about whether individuals were already known to the council, and importantly, collecting information regarding whether or not allegations were substantiated or not.

Certain areas remain the same, including the collections around the location of abuse or neglect, the number of SARs held; and the actions, result, and source of risk categories. The HSCIC are notably working on a different format for collection of the latter 3 areas for next year (2016-17).

Under the 'categories of abuse or neglect' four new categories were added; and two new MSP tables have been added to the SAC for voluntary collection (these are not currently within the scope of this report). NB. The consultation had asked whether it would be useful to collect a table about the type of actions taken and the HSCIC are working with stakeholders to develop this for implementation in 2016-17.

Concerns and Enquiries during the year April 2015 – March 2016:

Concerns

For data collection purposes, a Safeguarding Concern is 'a sign of suspected abuse or neglect that is reported to the council or identified by the council'.

During 2015-16, City of York Council received a total of 1108 Safeguarding Concerns (relating to 863 individuals). This figure is an increase from 1058 alerts in the previous year.

All Concerns raised with City of York Council are scrutinised to see if they meet the Care Act's conditions for a section 42 enquiry, and to consider our duties under the Wellbeing Principle (section 1 of the Care Act) to offer support, advice and information to reduce the risk for the person in question and prevent further harm.

Where the council is unable to resolve the concerns at this stage, further enquiries may take place, either under the auspices of S42 or using 'other' enquiry mechanisms as appropriate.

Section 42 and 'Other' Enquiries commenced during 2015-16

Of the 1108 Safeguarding Concerns raised with City of York Council in 2015-16, 636 were taken through an initial enquiry process which led to signposting and advice, and 4 'other enquiries'. 468 of these concerns were progressed through initial enquiry to formal S42 Enquiry (for 431 people). Please see table 1 for counts of concerns raised and referrals for further enquiries.

Table 1

Counts of Safeguarding Activity	Count
Total Number of Safeguarding Concerns	1108
Total Number of Section 42 Safeguarding Enquiries	468
Total Number of Other Safeguarding Enquiries	4

Please note this table collects counts of cases not counts of individuals

Demographic Information

Tables 2, 3 and 4 show the demographic breakdown of the Concerns raised with City of York Council – focussing on concerns raised, and enquiries undertaken, according to age, gender and ethnicity.

The figures in Table 2 initially indicate a higher proportion of Concerns raised and enquiries undertaken for individuals within the working age bracket (18-64yrs- 39% of all Enquiries undertaken). However, given that this spans a duration of 46yrs, if the remaining age brackets are combined to create a 65yrs+ category for parity, then in fact this would account for 61% of the concerns raised.

Table 2

Counts of Individuals by Age Band	18-64	65-74	75-84	85-94	95+	Not Known
Individuals Involved In Safeguarding Concerns	334	99	195	207	23	5
Individuals Involved In Section 42 Safeguarding Enquiries	170	53	101	94	9	4
Individuals Involved In Other Safeguarding Enquiries	2	0	0	1	1	0

The figures in Table 3 show a higher proportion of Concerns being raised around the possible abuse or neglect of women with care and support needs (60% of total concerns raised), which is reflective of the national picture within the Safeguarding Adults Return in 2014-15 (source: http://www.hscic.gov.uk/catalogue/PUB18869/sar-1415-rep.pdf). The progression from Concern to Enquiry does not appear to be affected by gender.

Table 3

Counts of Individuals by Gender	Male	Female	Not Known
Individuals Involved In Safeguarding Concerns	340	523	0
Individuals Involved In Section 42 Safeguarding Enquiries	172	259	0
Individuals Involved In Other Safeguarding Enquiries	1	3	0

The figures in Table 4 show that 96% of the Safeguarding Concerns raised with City of York Council related to people of White ethnic origin. This is reflective of the City's overall demographic - the main ethnicities recorded in the 2011 Census were White British (90.2%) and Chinese (1.2%).

Table 4

Counts of Individuals by Ethnicity	White	Mixed/Multiple	Asian/Asian British	Black/African/Caribbean/Black British	Other Ethnic Group	Refused	Undeclared/Not Known
Individuals Involved In Safeguarding Concerns	829	3	7	5	2	2	15
Individuals Involved In Section 42 Safeguarding Enquiries	414	0	3	4	2	1	7
Individuals Involved In Other Safeguarding Enquiries	2	0	1	0	0	0	1

Section 42 and 'Other' Enquiries completed during 2015-16

There were 391 S42 enquiries completed during 2015-16.

Type, Source and Location of Risk

Table 5 shows the type of risk cross tabulated with the Source, and Table 6 the Location where the potential harm has taken, or is taking place (again cross tabulated with the Source of risk).
NB. Because some people are at risk from multiple types of abuse in multiple locations, the figures in these tables total more than the 391 completed enquiries, as all types and location of risk are recorded.

Table 5

Counts of Enquiries by Type and Source of Risk	Concluded Section 42 Enquiries			Other Concluded Enquiries		
	SOURCE OF RISK			SOURCE OF RISK		
	Social Care Support	Other - Known to Individual	Other - Unknown to Individual	Social Care Support	Other - Known to Individual	Other - Unknown to Individual
Physical Abuse	35	66	2	1	0	0
Sexual Abuse	5	9	2	0	1	0
Psychological Abuse	39	79	6	0	0	0
Financial or Material Abuse	18	68	8	0	0	0
Discriminatory Abuse	2	1	2	0	0	0
Organisational Abuse	23	4	1	0	0	0
Neglect and Acts of Omission	135	27	11	2	0	0
Domestic Abuse	0	4	0	0	0	0
Sexual Exploitation	0	0	0	0	0	0
Modern Slavery	0	0	0	0	0	0
Self-Neglect		4			0	

Type of Risk

Table 5 shows that neglect accounted for 31% of the concerns raised (78% of which was allegedly carried out by 'social care support'), followed by psychological abuse (23%) and physical abuse (19%). Financial or material abuse accounted for 17% of the concerns raised. This trend has been consistent in all quarterly reports to the Safeguarding Adults Board, and is reflective of the national picture outlined in the 2014-15 SAR.

Source and Location of Risk

The data in tables 6 and 7 indicates that the source of risk, has most frequently been people known to the adult with care and support needs (as per last year) and this has most frequently been located within their own home.

The number of concerns raised within residential and nursing care homes has increased from previous years by 46% (133 this year compared with 91 in 2014-15), but again the trends locally do appear to reflect national figures (i.e., location of own home accounts for 41% of total local concerns and 43% nationally in the 2014-15 SAR; location of care home accounts for 33% locally and 36% nationally in the 2014-15 SAR).

Notably, concerns located within hospital settings has increased locally by 50% compared to last year (41 concerns in the 2014-15 SAR , 66 concerns this year), where concerns located within community settings has decreased by 46% this year (13 in 2015-16 compared with 24 in 2014-15).

Table 6

Counts of Enquiries by Location and Source of Risk	Concluded Section 42 Enquiries			Other Concluded Enquiries		
	SOURCE OF RISK			SOURCE OF RISK		
	Social Care Support	Other - Known to Individual	Other - Unknown to Individual	Social Care Support	Other - Known to Individual	Other - Unknown to Individual
Own Home	45	112	11	0	0	0
Community Service	5	5	3	0	0	0
Care Home	102	28	2	1	0	0
Hospital	37	15	11	2	1	0
Other	2	21	4	0	0	0

Actions and Results from Enquiries

Table 7 show the outcomes reached for safeguarding enquiries concluded within 2015-2016. The total numbers in these tables include Enquiries that were completed by 31st March 2016.

Action was taken to reduce or remove the risk in the majority of cases (in 8% no action was deemed to have been taken). In 59% of all completed enquiries, the risk was noted to have reduced, and in 29% to have been removed. In only 4% of cases did the risk remain.

This looks to be an improvement in the outcomes for adults with care and support needs on previous years, as in 2014-15 22% of cases resulted in no action being taken and in 67% of cases the risk remained. The number of cases where risk reduced and where risk was removed looks comparable across the collections – at 42% and 29% respectively.

Table 7

Counts of Enquiries by Action, Result and Source of Risk	Concluded Section 42 Enquiries			Other Concluded Enquiries		
	SOURCE OF RISK			SOURCE OF RISK		
	Social Care Support	Other - Known to Individual	Other - Unknown to Individual	Social Care Support	Other - Known to Individual	Other - Unknown to Individual
No Action Taken	7	22	4	0	0	0
Action taken and risk remains	3	12	1	0	0	0
Action taken and risk reduced	118	98	17	0	0	0
Action taken and risk removed	61	43	5	3	1	0

Training

Introduction

The Workforce Development Unit (WDU) is responsible for ensuring that Safeguarding and Mental Capacity Act training is available at all levels for the workforce.

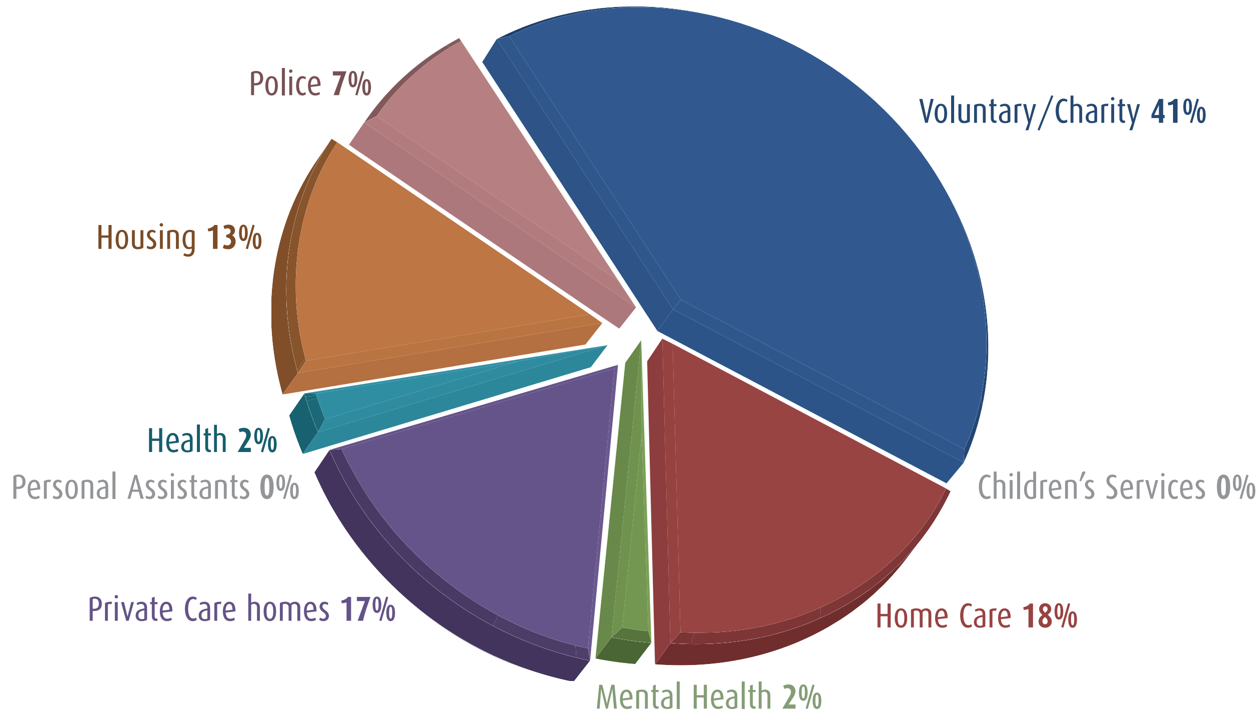
The Training Offer 2015/16

During 2015/16 our Safeguarding and Mental Capacity Act training was provided by Community Links.

Below shows a breakdown of courses that took place over 2015/16

Course	Number of Ses-sions	Total Cost	Total attendees	CYC attendees	PVI attendees	No Shows	% of internal CYC delegates	% of external PVI delegates
Safeguarding L1	14	£4,200	155	34	121	34	22%	78%
Safeguarding Level 2	6	£3,420	63	14	49	19	22%	78%
Safeguarding Level 3	2	£1,140	18	12	7	3	67%	33%
Safeguarding Level 4	1	£570	3	1	2	0	33%	67%
Safeguarding Train the Trainer	3	£1,950	22	2	20	1	9%	91%
MCA L1	8	£2,400	100	59	41	10	59%	41%
MCA L2	3	£1,710	20	16	4	1	80%	20%
MCA L3	2	£1,140	16	4	12	6	25%	75%
MCA L4	1	£570	7	6	1	0	86%	14%
MCA Train the Trainer	1	£650	13	1	12	0	8%	92%
Total	41	£17,750	417	149	269	74	35%	65%

Breakdown of external delegates by area:



Charging Policy

In April 2015 the pricing structure below was implemented, with the exception of Safeguarding Level 1 and Mental Capacity Act Level 1 which remain free of charge.

Full Day **£40.00**

Half Day **£20.00**

A non-attendance charge of £50.00 remained in place for all courses.

Developments

- The WDU continue to receive positive feedback from our course evaluation forms for all courses. This is monitored on a regular basis to highlight any areas for concern.
- An Impact Assessment tool for use by managers with staff attending training has been developed by WDU. This has been designed to support managers in checking on the transfer of learning from the classroom to their day to day roles. This is due to piloted on a small number of courses during May/June 2016. If successful, we hope to roll out to all safeguarding courses during 2016/17 and would ask for the Board's support in ensuring its implementation within their own organisations.
- Following discussions with the commissioning team and feedback from providers, WDU have revised their charging policy for 2016/17. A range of courses including safeguarding and mental capacity act will be offered at no charge from April 2016 to March 2017. A non-attendance charge remains in place for all courses.
- A skills analysis of Board members was conducted in summer 2015. The responses to the needs analysis were varied and demonstrated the breadth of experience of members on the Board. In response two development sessions were held.
- The safeguarding training offer is currently being reviewed for 2016/17. The current levels 1-4 will no longer form part of the offer and a new range of courses is being developed based on making safeguarding personal principles, in conjunction with feedback from providers.

Strategic Plans

The Board agreed a Draft Strategic Plan for 2014-17 at the December 2013 meeting. Meeting of the SAB. This was completed ready for agreement at the March meeting in 2014, and placed on the Safeguarding website. The themes for action were agreed as:

A. Make sure safeguarding is embedded in corporate and service strategies across all partners
B. Ensure good partnership working
C. Focus on prevention of abuse
D. Respond to people based on the Personalisation approach, and with a clear focus on outcomes

Annex 4 shows the progress which has been made against each of the themes up to March 2016

Under the Care Act 2014 it is a legal requirement for the SAB to have a Strategic Plan and to produce an annual summary of its progress. A new Strategic Plan for 2016/19 in a very accessible format has been agreed by the SAB and is already on the website under "Board". It follows the six guiding principles of the Care Act:

1. EMPOWERMENT
2. PREVENTION
3. PROPORTIONALITY
4. PROTECTION
5. PARTNERSHIP
6. ACCOUNTABILITY

The new Strategic Plan for 2016/19 has an Action Plan for 2016/17 which will be reported on in the next Annual Report.

Safeguarding Adults Reviews/ Lessons Learned

There were no Safeguarding Adults Reviews needing to be conducted during 2015/16.

However, during 2014/15 the Board received two Lessons Learned briefing papers concerning the deaths by suicide of two individuals in York who had been in receipt of services from statutory bodies and other organisations. As Chair of the Board I had decided, as I am required to do, that the facts of neither case warranted the establishment of extended Serious Case Reviews (or Safeguarding Adults Reviews as they are known under the Care Act 2014). However, both contained issues which needed to be clarified so that the Board gained assurance both about what had been done to support the individuals concerned and also that the likelihood of any repetition had been minimised. As a result, the Lessons Learned procedure was activated in each case. Because of the timing of the two briefing papers the enquiries and actions they generated were reported to the Board during 2015/16 and so are featured in this Annual Report.

Aileen (previously 'Tracy', renamed)

The Learning Lessons review into the death of Aileen was signed off by partners at the City of York Safeguarding Adults Board meeting in December 2015. The death of Aileen and proposed review of the care she received in York services were described in the 2014/15 Annual Report. The following is a summary of the completed review and subsequent learning from it:

Aileen was born in 1978 and had a long history of mental health issues and substance misuse. She was suspected as being a victim of domestic abuse and sexual exploitation. Aileen repeatedly reported to services feeling hopeless and trapped in a cycle of relationship difficulties. She was noted as using self-harm from an early age to control her feelings and emotions. Aileen appeared to engage with services when in crisis but then disengage when the immediate crisis passed. During the time preceding the incident Aileen was not under the care of mental health services in York. She had moved repeatedly between York and London in the months before her death.

In December 2013 Aileen was taken to the Emergency Department at York hospital by ambulance following a self-harm incident. She had injuries to her arms, legs and neck. Aileen was under the influence of alcohol and possibly other substances. Following clinical review Aileen received care overnight on the High Dependency Unit and then was transferred the following day to a short stay acute ward. Approximately two hours following transfer Aileen was found unresponsive following a further significant episode of self-harm in an area away from the view of staff. Attempts made to resuscitate Aileen were unsuccessful and her death was confirmed a short time later.

The review highlights where the partners of the Safeguarding Adults Board could have worked better together to safeguard Aileen, with a focus on three main areas:

- The patient pathway between the Emergency Department; the Acute Ward Services and Mental Health Services
- The broader health context
- The window of opportunity and potential missed opportunities between Aileen's admission and subsequent death

The findings relate to systems failures rather than the actions of any individuals. Key Learning and Actions taken following the findings of the review were:

1) Focused work on the development of a multi-agency Mental Health Crisis Concordat in York, involving mental health services, acute hospital services, ambulance services, police services and the local authority.
2) Opening of a Section 136 'place of safety' suite where individuals in mental health crisis can be safely assessed and cared for.
3) Development of a 24 hour Mental Health Intervention Team based in the acute hospital so individuals attending the Emergency Department with mental health issues receive assessment, support and appropriate referral in a timely way.
4) Mental Health first aid training for key identified hospital staff to support them in managing people with mental health problems in acute medical settings.
5) Commitment to a Multi-Agency Safeguarding Adults Information Sharing Agreement to facilitate appropriate sharing of information to protect individuals at risk who are unable to protect themselves.

The City of York Safeguarding Adults Board wishes to extend their sincere condolences to Aileen's family and friends.

Daniel

The Learning Lessons review into the death of Daniel was signed off by partners at the City of York Safeguarding Adults Board meeting in June 2015. The death of Daniel and proposed review of the care he received in York services was described in the 2014/15 Annual Report. The following is a summary of the completed review and subsequent learning from it:

> In November 2014 Daniel was seen walking unsteadily along an elevated platform in the centre of York. He was seen to climb over railings and fall approximately 40 feet to the ground. Daniel was taken to York District Hospital but his injuries were such that he could not be resuscitated and his death was confirmed a short time later. A note expressing his intention to take his own life was found in his pocket.
>
> Daniel had been referred to Adult Safeguarding in the months prior to his death by a Housing Support Worker with a concern related to possible financial abuse. Daniel had been interviewed under caution and released on police bail following the death of a male at his address from a suspected drug overdose. Daniel was known to mental health services and mostly he engaged well with support services. He had a job at a local college and was receiving counselling support there. Daniel was frequently open about suicidal thoughts and plans. In the period leading up to his death Daniel had made several suicide attempts where he was found to be carrying a suicide note and he had received a number of welfare checks.

The review sought to ascertain if services could have worked better together to safeguard Daniel.

Key findings from the review:

- In general all involved services engaged well with Daniel, they shared their level of concern equally and exchanged information appropriately.
- The management and human resources team at the college deserve particular mention for going the extra mile in trying to keep Daniel safe and well.
- Daniel's suicidal ideas were regularly addressed by his Community Psychiatric Nurse (CPN) and these concerns fed into the safeguarding process.
- It was less clear to identify a proportionate response to the potential escalation of risk as a result of the death at his accommodation and the subsequent police investigation.
- There were however found to be no obvious omissions in Daniel's care: it appears that mental health services and the police worked effectively together to do what was reasonably possible to try to keep Daniel safe.

In order for North Yorkshire and York services to gain a better understanding of suicide and responses to it, a senior suicide prevention co-ordinator has been recruited to undertake a review of all deaths from suicide during the past five years. The York Safeguarding Adult Board will receive the report for York when it is completed and will continue to work with partners to address any themes or issues arising from it, in particular in relation to adults with care and support needs.

The City of York Safeguarding Adults Board wishes to extend their sincere condolences to Daniel's family and friends.

New Strategic Plan for 2016 onwards

Under the Care Act 2014 it is a legal requirement for the SAB to have a Strategic Plan and to produce an annual summary of its progress. The SAB was clear during 2015/16 that a new method needs to be employed to ensure that its new Plan was based on the views of local residents and staff. As a result the SAB commissioned York Healthwatch to develop an engagement strategy with the local community in York, which fed directly into the new Strategic Plan to be in place by April 2016.

The Strategic Plan for 2016/19 in a very accessible format has now been agreed by the SAB and is already on the website under "Board". It follows the six guiding principles of the Care Act:

Empowerment
People being supported and encouraged to make their own decisions and informed consent.

Prevention
It is better to take action before harm occurs.

Proportionality
The least intrusive response appropriate to the risk presented.

Protection
Support and representation for those in greatest need.

Partnership
Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

Accountability
Accountability and transparency in delivering safeguarding

The new Strategic Plan for 2016/19 has an Action Plan for 2016/17 which will be reported on in the next Annual Report.

Annex 1:
Contributions from individual member organisations:

Garrow House Yearly Safeguarding Report (2015/2016)

Training:
All staff employed at Garrow House, clinical or otherwise, undertake e-learning on safeguarding upon induction, which is provided from head office via the Turning Point e-learning resources, which is then refreshed each year. This training is focused upon recognizing the signs of abuse, the law, human rights issues, and similar 'awareness' issues. At the time of writing all staff at Garrow House have undertaken this training within the last year.

Further to the e-learning, all staff at Garrow House, clinical or otherwise, undertake face-to-face internal training using materials provided from head office that is facilitated either by the unit's safeguarding lead, or by members of Turning Point's 'risk and assurance' team. This training builds upon the e-learning training, re-capping the 'awareness' issues already touched upon, and adding a focus on the mechanics of the safeguarding policy, namely alerts and referrals. This training takes place as part of the induction process, and is then refreshed yearly. At the time of writing all but two (27 out of 29) staff have completed this training within the last year.

Regarding the external training on safeguarding provided by City of York council's Workforce Development Unit: Garrow House's operations manager and safeguarding lead do up to level 4, and the senior nurses doing on call duties up to level 2.

Safeguarding Concerns and Completed Enquiries:
the unit raised internally seven concerns in total in the year April 2015 – April 28th 2016.

Five of these pertained to allegations/concerns of sexual assault by third parties unknown to the service while patients were on leave, AWOL, or historical allegations.

Garrow House continues to experience a relatively low number of concerns this year. Generally we have about eight or nine a year, and most of these often pertain to historical claims of abuse from long before their stay at Garrow. This continues to broadly be the case.

Achievements/developments relating to safeguarding:

Regarding making safeguarding personal, patients are always asked their views before referrals are made. These are respected unless issues around capacity, coercion or overriding public interest are present. Training and policy has been adapted to reflect this.

The safeguarding lead produced a safeguarding file in the staff office for staff when they are on nights or weekend and no management are physically around (we have on call managers at all times however!). It contains flow charts regarding the need for putting in a concern; how to put in concerns; what to do in an emergency; how to document concerns etc. This was in response to staff saying that they wanted some more guidance re the process to enhance their confidence in safeguarding situations, in addition to the posters we have up and the policy document itself The flow charts were adapted and lifted from the local multi-agency policy to ensure quality and compliance.

Independent Care Group (ICG)

ICG is the representative body for independent care providers (care homes, homecare and supported living services) in York and North Yorkshire.

ICG keeps its members informed on all matters connected to Safeguarding including Safeguarding training and Mental Capacity Act which is offered at no charge from CYC. This includes that changes to Safeguarding Adults brought in by the Care Act. ICG keeps members informed of DBS news.

ICG gives information on Safeguarding training and how to access it on its website.

Leeds and York Partnerships NHS Foundation Trust

The LYPFT have a high compliance rate for mandatory safeguarding training, the LYPFT provides mandatory training in three levels with the first being online, the second 2 hour face to face and a full day level three for senior clinicians. A number of senior clinicians from York forensic services have now completed this training. The York Forensic service have on site level two training which is aimed at where possible full team training to support the development of whole team approach to safeguarding.

The Safeguarding team attend all Health Action Group development sessions and have individual training priorities such as PREVENT health wrap training, Modern Slavery, DV and FGM.

A training plan has been developed and will be implemented for 2015/16, this builds on a rate of 80% uptake of safeguarding training with an aim of attempting to raise this compliance to 85-90% where possible.

We have safer recruitment in our 2015 audit plan to give more insight into staff awareness and compliance with safer recruitment.

The Safeguarding team contribute to all HR disciplinary enquiries and have provided a number of safeguarding reports for panel.

Training Evaluation

Questions are rated on a scale of 1 to 5. York Training – Nov 14 to March 15

Overall rating are as follows:
5 = 79.5%
4 = 17.7%
3 = 2.8%
2 = 0%
1 = 0%

The evaluation was based on a number of measures from suitability of venue to content The evaluation process was begun in November 2014.

The LYPFT strategy for 2015-16 has been to embed Safeguarding within practice across the Trust. The actions listed have gone some way to continue to raise the profile of Safeguarding across all LYPFT sites and empower staff to recognize and respond to risk where it occurs.

The LYPFT have successfully worked through a transition to transfer care provision in the York region to TEWV. This was complete on the 01/09/15.The aim was to transfer all care whist ensuring no patient care was affected or any patients harmed. A LYPFT Safeguarding advisor was allocated for this period to ensure all cases remaining open were handed over on completion to ASC safeguarding.

As part of this process the remaining LYPFT services within York have been offered an enhanced safeguarding package. To avoid any issues that may arise from providing services some distance from the mainstream, and to acknowledge the complexities that can arise within inpatient forensic services (provided in York); a package of safeguarding support has been offered to the unit in York. This includes attending MDT meetings, offering individual and team supervision and providing Safeguarding training on site at agreed regular intervals.

An external audit of Care Act 2014 compliance was completed in early 2016. This was carried out by the West Yorkshire Audit Consortium.

The audit found that the LYPFT Safeguarding team provided 'Significant' evidence that it was compliant with the Care Act and had successfully put in place changes to policy and practice to meet the demands of the new legislations.

An audit of PREVENT referrals has been completed and is awaiting a draft report.

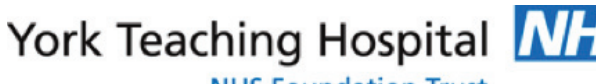
Work was carried out to introduce a number of new work streams into the Safeguarding training packs. The team has had training in modern slavery, FGM and Think Family.

The Domestic Violence agenda is now well embedded within the Safeguarding team; the LYPFT clinical recording system has been updated to include the DASH DV risk assessment form. This now enables LYPFT staff to make risk assessments and direct referrals within the clinical record with the aim of embedding good practice around DV and mental health.

The LYPFT team are in the process of developing a Domestic Violence training pack to be offered across the Trust.

In 2015 the Safeguarding team was allocated a designated section in the electronic recording system (PARIS), this is a step forward in embedding safeguarding advice within the patient record. It is hoped this will develop and enable a strong auditing trail for safeguarding advice and risk. The aims to support staff with accessing safeguarding advice out of hours where advice and plans are in place.

The LYPFT Safeguarding Adult training plan has been updated and amended. Safeguarding Adult training was defined into three levels with a level 3 being introduced. This is aimed at senior clinical staff who have responsibility for supervising and leading staff. The long term aim is to have all clinical staff at NHS band 7 to be level three compliant, in the short term to have one or two senior clinicians to take on the role of safeguarding Adult link for their clinical area.



York Teaching Hospital

Safeguarding Training undertaken

Training is fully embedded in Trust induction sessions and in the Trust statutory and mandatory training programmes at Level 1 and 2. This is a bespoke complete Safeguarding Adults, Mental Capacity Act and Deprivations of Liberty Safeguards package. Key individuals in high risk areas receive Level 2 training (how to respond to a safeguarding concern) and the Trust has a training plan for the delivery of Level 1 and further Level 2 training on a 3 year rolling programme.

The Safeguarding Adults Team are all trained to Level 3 (conducting multi agency investigations), and Level 4 (chairing multi agency case conferences) having accessed external training to achieve the necessary competencies.

As there were concerns regarding Level 1 & 2 uptake figures in 2014-15, significant changes have been made to delivery in 2015:

- To ensure increased accessibility the Level 2 training, previous a full day, was transferred to an e-learning package to good effect from April 2015.

- A bespoke Prevent e-learning training package was also developed and became part of the Statutory Mandatory Programme from October 2015.

The introduction of the Trust Learning Hub has also increased compliance of Statutory and Mandatory training uptake.

To further support staff, the staff intranet site now includes Safeguarding Adults resource pages which includes the Trust policy, guidance and paperwork necessary to safeguard a patient whether that is related to general Safeguarding, Mental Capacity or Deprivation of Liberty concerns.

Safeguarding Adults Training Figures 2015/2016

Level 1: 78%

Level 2: 81%

Prevent: 60%

Accessed externally

Level 3: 0

Level 4: 0

See above – all Safeguarding Adults Team staff are currently up-to-date with this level of training, thus there was no requirement to attend such training in 2015-16

Safeguarding Adult Referral/alerts analysis

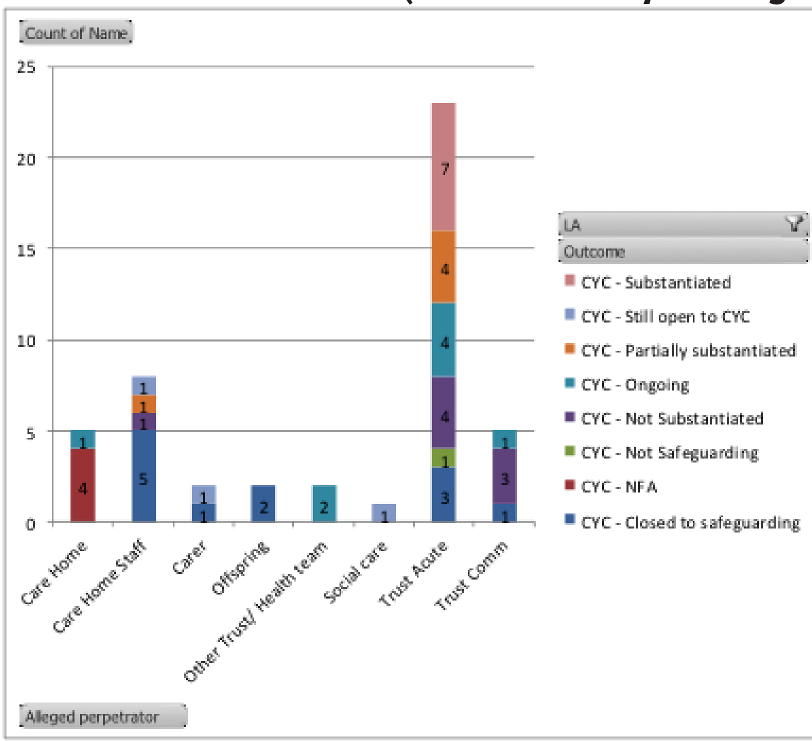
There were 87 Safeguarding Adults alerts received through the Trust Safeguarding Adults Team in 2015/16. This figure relates to all alerts referred through the Safeguarding Adults Team raised either against or by the Trust.

These alerts are either investigated by the Local Authority, or in cases where the concern regard care delivered by the Trust these alerts are investigated by the Trust Safeguarding Adults Team.

Of the 87, 48 were where City of York Council (CYC) was the lead Local Authority.

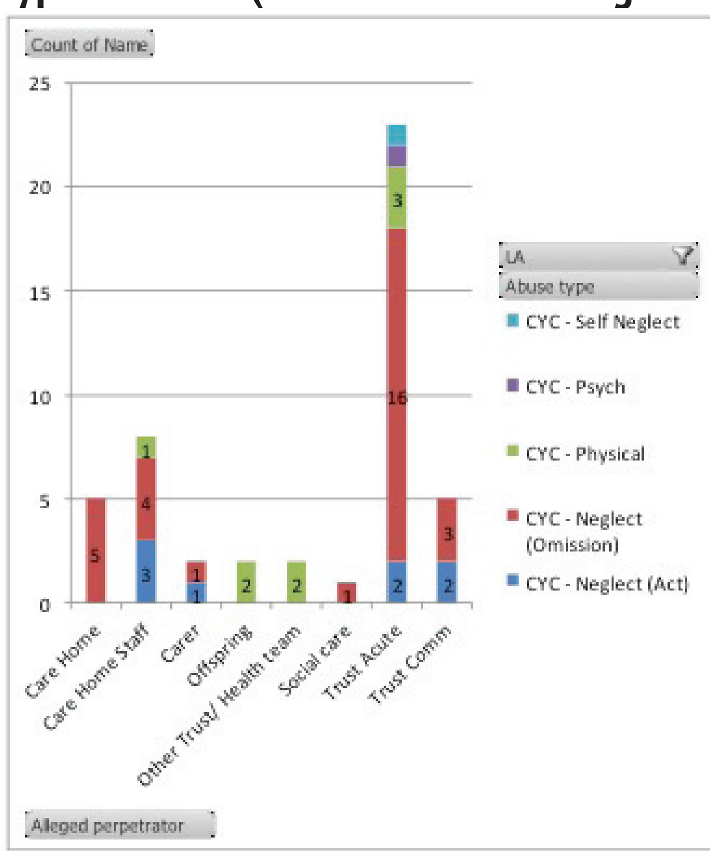
The following data relates only to alerts involving CYC Safeguarding Adults Team. Data is available for other local authorities the Trust serves.

Outcomes for all alerts (both raised by and against the Trust)

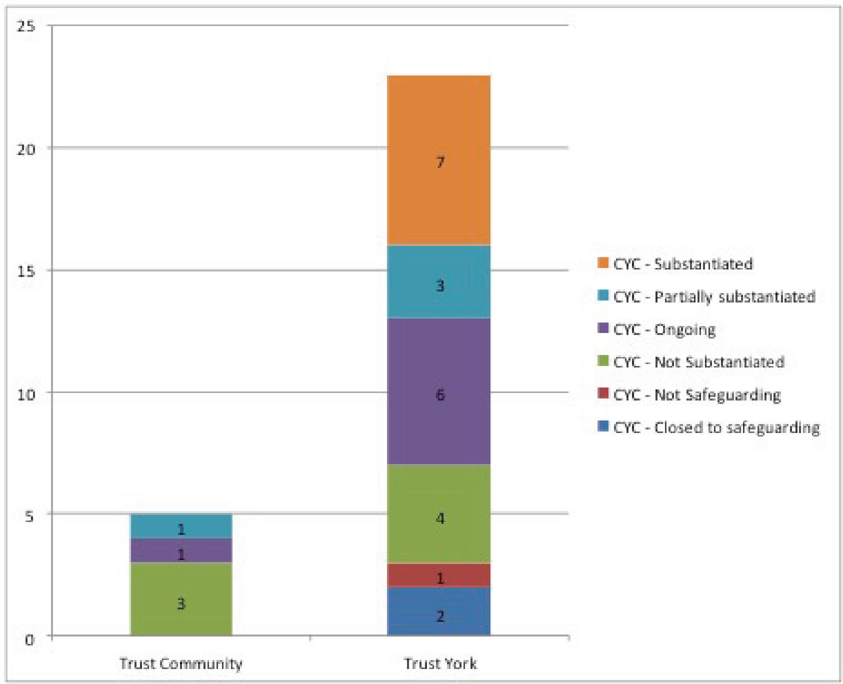


Where the outcome is shown as not known, this is as a result of the Trust raising an alert against another source and there has been no update received from the LA. The Trust Safeguarding Adults team are liaising with CYC for updates.

Type of abuse (all concerns raised against or by the Trust)



Outcome for Alerts raised against the Trust analysis (for CYC only)



Any achievements/developments relating to Safeguarding during the year

Activity within the Safeguarding Adults team continues to be at a high level of demand & complexity.

Under the Care Act (2015) there is a specified approach for the contribution the Trust is required to make in safeguarding adult concerns.

The work of the team has intensified due to fulfilling the scope of enquiries directed by the local authority. There is much more involvement with the patient and/or their representative to focus on their desired outcomes of any investigation and their views. All enquiries begin and end with consultation with the patient and/or their representative. There are also strict time scales enforced to the process which increases pressure on the Team.

The Safeguarding Adults Agenda profile has greatly risen and as a result, so has assurance expectations required from health providers.

Cheshire West ruling continues to dominate, with an ever-changing landscape to enable providers to manage the legislation. The Safeguarding Adults Team represents the Trust at relevant local forums to be in a position to provide regular up-dates of progression/developments.

The implementation of Prevent has been a large project and not without its challenges. However with training and guidance in place, the risk of non-compliance has been reduced to such an extent that it has been removed from the Trust Risk Register.

Trust policies and procedures include the following:

- Safeguarding Adults Policy and Procedures (based on Multi- Agency Policy and Procedures). This has been amended in light of the Care Act 2015.
- Therapeutic Restrictions Guidance
- Mental Capacity Act (NEEDS DATE) Guidance
- Deprivation of Liberty Safeguards (DoLS) Guidance
- Learning Disability Liaison Service Specification
- Prevent Policy

Learning from Safeguarding Adults Investigations

Learning from Safeguarding Adults Investigations have led to the following Trust initiatives:

- Task and Finish group to develop policies, training and risk management tools to support staff care for patients with Mental ill-health.
- Close liaison, training and policy development with the Head of Security in respect of vulnerable adults requiring the support of security
- Matron involvement in delivering actions arising from Safeguarding Adults Investigations.
- Review of Exclusion Policy
- Discharge Improvement Working Group
- Improved pre-operative body marking systems

Training

Significantly improved Safeguarding Adults mandatory Training uptake and compliance has been a major achievement in 2015. Concerning statistics in 2-014-15 meant that a fresh approach to delivery was required. As a result, previous face-to-face training was substituted by e-learning, and compliance was also increased by the introduction of the Trust Learning Hub, which facilitates all Trust staff, in a user friendly intranet site, to ascertain what training is available to them & whether they are currently compliant with their mandatory training requirements.

NHS England have recently published "Safeguarding Adults: Roles and Competences For Health Care Staff, Intercollegiate document" (2016) and as a result the current Trust training delivery is being reviewed to ensure all aspects of the competences are addressed at appropriate levels.

Nicola Cowley - Lead Nurse for Safeguarding Adults
April 2016

NHS England Yorkshire & the Humber

Contribution to Local Safeguarding Adult and Children Boards Annual Report 2014-15

The overall responsibilities of NHS England in relation to safeguarding

NHS England was established on 1 April 2013 and has an assurance role for local health systems and directly commissions some services. NHS England has worked with Clinical Commissioning Groups to ensure their commissioned providers take all reasonable steps to reduce serious incidents. NHS England provides assurance that the local health system, including Clinical Commissioning Groups (CCGs) and designated professionals, are working effectively to safeguard and promote the welfare of children and adults at risk (Safeguarding Vulnerable People Accountability and Assurance Framework, NHS England 2013). This role includes ensuring that CCGs are working with their directly commissioned providers to improve services as a result of learning from safeguarding incidents. These services include acute, community, mental health and ambulance care.

NHS England responsibilities in relation to direct commissioned services

NHS England is responsible for driving up the quality of safeguarding in its directly commissioned services and for holding these providers to account for their responses to serious safeguarding incidents, ensuring that safeguarding practice and processes are optimal within these services. In Yorkshire and Humber, this includes all GP practices, dental practices, pharmacies, optometrists, health and justice services and the following public health services:-

- National immunisation programmes
- National screening programmes
- Public health services for offenders in custody
- Sexual assault referral centres
- Public health services for children aged 0-5 years (including health visiting, family nurse partnerships and much of the healthy child programme)
- Child health information systems

From April 2015 onwards, NHS England will commence a programme of transferring responsibility for GP practices (and eventually all other primary care providers) to CCG's with delegated powers of co-commissioning.

NHS England has worked in partnership with local Safeguarding Boards to ensure that the NHS contribution is fit for purpose and that there is no un-necessary duplication of requests for safeguarding reviews to be undertaken. NHS England also has its own assurance processes in place concerning NHS safeguarding reviews, learning and improvements.

Sharing learning from safeguarding reports

In order to continuously improve local health services, NHS England has responsibility for sharing learning from safeguarding serious incidents across Yorkshire and the Humber and more widely, making sure that improvements are made across the local NHS, not just within the services where the incident occurred. The NHS England North Yorkshire and Humber Safeguarding Forum has met on a quarterly basis throughout 2014-15 to facilitate this along with sharing learning.

Training programme for general practice

Designated safeguarding professionals are jointly accountable to Clinical Commissioning Groups and NHS England. They have overseen the provision of level 3 training for primary care medical services. Training sessions have been provided on a locality basis rather than to individual practices. The main source of training for other primary care independent contractors has been via e-learning training packages.

Assurance of safeguarding practice

NHS England North Yorkshire and the Humber have provided templates for CCGs to feedback on the assurance of safeguarding practice as well as developing safeguarding standards and aspirations for GP practices to benchmark themselves against. These standards will be reviewed and updated annually and incorporate learning from recent serious case reviews within Yorkshire and the Humber.

Standard Operating Procedure: Safeguarding Incidents

In order to establish a strong governance framework surrounding safeguarding incidents NHS England Yorkshire and the Humber have developed a Standard Operating Procedure: Safeguarding Incidents. This describes communication processes regarding these incidents and sets out NHS England's role and responsibilities in quality assuring review reports, signing off reports and ensuring improvement actions are implemented. It clarifies the interface between NHS England Yorkshire and the Humber and the North Yorkshire and Humber designated safeguarding professionals who are hosted by CCGs yet have a dotted line of accountability to us and work closely with us to enable us to deliver our statutory duties in relation to safeguarding incidents.

North Yorkshire Police

North Yorkshire Police is committed to protecting vulnerable people and taking positive action against those who commit crimes against them. This is achieved by:

- Investigating possible crimes, either as a single agency but more importantly by conducting joint investigations with our partners
- Gathering the best possible evidence to maximize the prospects for prosecuting offenders
- Achieving, with partners, the best protection and support for the person suffering abuse or neglect
- Enhanced access to counselling, where appropriate, for any victim

North Yorkshire Police have enhanced the MASH Unit – which is now called the Vulnerable Assessment Team. This enhancement has seen the setting up of meetings where those at risk of CSE are discussed in a multi-agency forum to ensure that all information is known by all agencies and a plan put into place, This is not only to protect the victim but also to gather evidence to identify offenders. This ensures that all those who are vulnerable and at serious risk of crime being committed against them, or already victims receive the best possible service and that all areas of Safeguarding are addressed.

This enhancement also ensures that there is a close working liaison with City of York Adult Safeguarding Team.

Staff within the Force Control Room has received enhanced training and awareness. They work to the THRIVE principle, which is - threat, harm, risk, investigation, vulnerability and engagement. This approach ensures that those with vulnerabilities re identified at the earliest opportunity and that the right response is given at the right time according to need, vulnerability and risk.

Training in relation to Safeguarding Adults is built into all of NYP's initial training programs in a variety of ways. All Police constables and all new PCSO and SC complete a Vulnerability Training Package. The aim of this training is for staff to understand their responsibilities and duty of care to vulnerable people and the actions that must be taken to reduce any identified risk.

Vulnerable Risk Assessments Training focuses on identifying t hose individuals that are at most risk in local communities, how to complete a VRA and what referrals need to be made to whom and when.

WRAP – Workshop to Raise Awareness of Prevent has also been rolled out to staff, assisting officers to identify those that maybe at risk of radicalisation because of vulnerability.

Training will be delivered this year to staff to include areas such as EDHR, Modern Slavery and Hate Crime.

It is estimated that incidents involving people with a mental vulnerability account for around 40% of policing time. For example, research suggests that:

- around 80% of people going missing from home are experiencing a mental health crisis
- people with a mental vulnerability are ten times more likely to be a victim of crime than the general population
- 69% of women and 49% of men with severe mental illness reported adulthood domestic violence
- 40% of women with severe mental illness had been the victims of rape or attempted rape
- Suicide is the leading cause of male mortality for those under 50yrs of age

NYP and University of York were successful in a £1.1M bid to the Police Knowledge Fund to undertake research into policing and mental health. The project also includes the development of a training package for frontline staff to improve our effectiveness in identifying, recording, responding to, referring and reviewing incidents involving a mental health component. To enhance capability in this area, NYP and OPCC have contracted with the NHS to employ Registered Mental Nurses (RMNs) to work alongside police in Mental Health Triage schemes in:

- Force Control Room
- Scarborough, Whitby and Ryedale
- Vale of York

NYP has also revisited the domestic abuse problem profile and written a Human Trafficking and Modern Slavery Problem Profile.

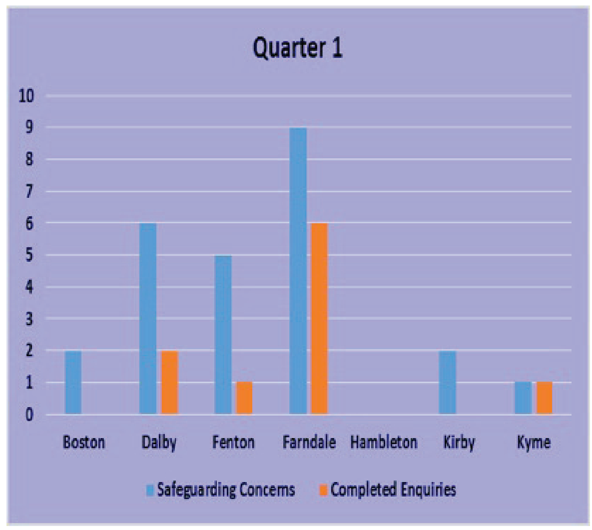
A draft Problem Profile on those who are 70+ in years has recently been completed with observations and recommendations. Further analysis is required before being presented to NYP's internal Operational Delivery board for governance and acceptance for action.

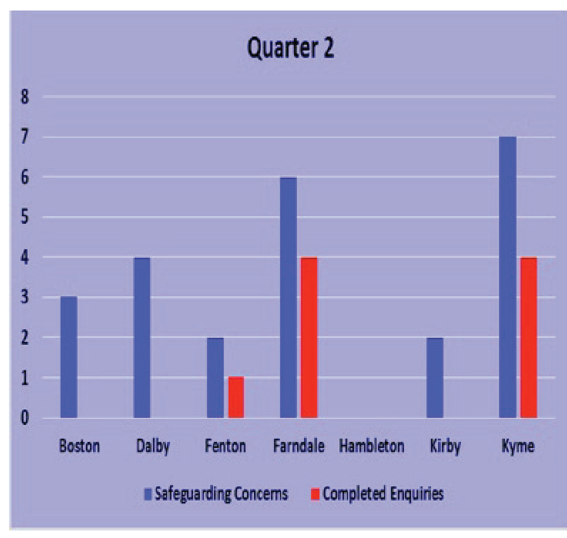
Stockton Hall Hospital, Partnerships in Care

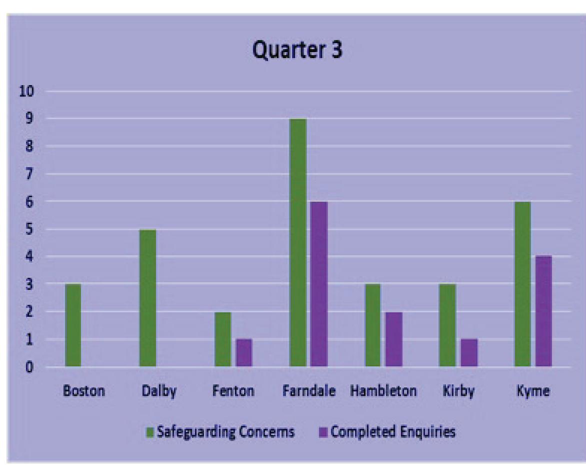
Information about safeguarding training undertaken internally and externally during the year by relevant staff plus any evidence of impact.

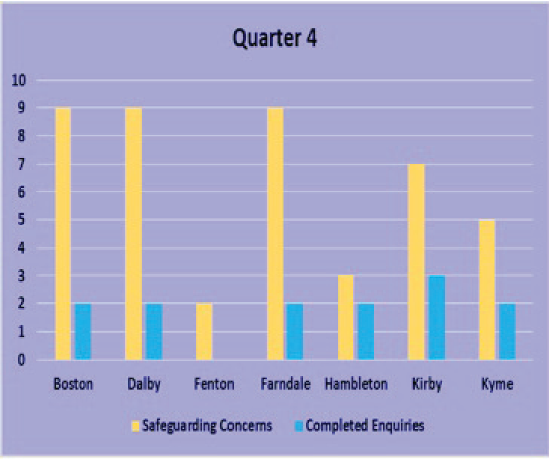
Newly recruited members of staff continue to receive level 1 safeguarding adults' awareness training during the induction course, 100% compliance. There is also a requirement for clinical and non-clinical staff to attend annual statutory/mandatory safeguarding training, 85% compliance. Additionally, Level 3 Safeguarding Investigator training has been provided to senior managers and clinicians by Community Links on behalf of City of York Council.

Workshop to Raise the Awareness of Prevent (WRAP) sessions, under the auspices of the Government's Counter Terrorism Strategy, have been provided to qualified clinical staff in accordance with NHS contractual requirements. During the year 95 members of staff have attended, 93% compliance. Members of staff employed to work in PIC regional units have also attended WRAP training whilst on induction at Stockton Hall Hospital. Feedback has been for the most part positive. The Safeguarding and Security Leads have completed the WRAP Train the Trainer session. WRAP sessions are being integrated into statutory/mandatory training for all members of staff who have contact with adults and children from April 2016.







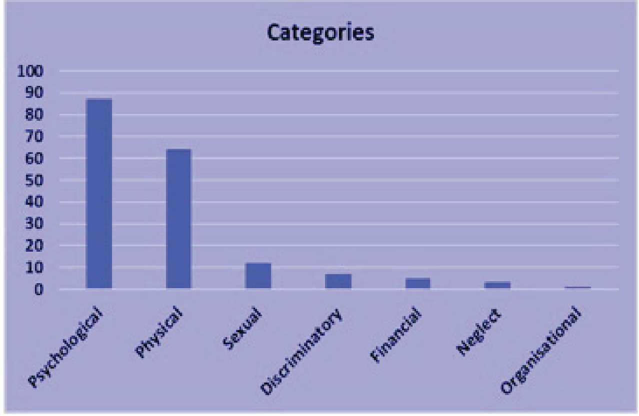


There were 124 safeguarding concerns during the year, of which there were 50 investigations/enquiries (40%) following being reported to the CoY Safeguarding. This data demonstrated small increases compared with the previous year. Farndale, a 16 bed female ward had the largest number of safeguarding concerns (33) and investigations/enquiries (18), equating to 54.5% of concerns. Kyme, a 16 bed male learning disability ward had 19 safeguarding concerns and 11 Section 42 investigations/enquiries (58%). It is noted that of the 17 safeguarding concerns on Dalby, a 16 bed male personality disorder ward, 2 (12%) resulted in investigations/enquiries and of the 17 safeguarding concerns on Boston, a 24 bed male mental illness ward, 4 (24%) resulted in investigations/enquiries. There were 10 outstanding investigations/enquires at the end of the year.

Patient Safety Meetings and safeguarding investigations/enquiries have become increasingly service user focused, thereby applying the principles of Making Safeguarding Personal. Of the 40 completed investigations/enquires 28 (70%) concluded that the safeguarding plan had led the adult at risk to feel significantly safer or there was no evidence that they had experienced harm or potential harm. Adults at risk now regularly attend patient safety meetings and documentation, including clinical notes and minutes from meetings, include direct quotes about the nature of the alleged neglect or abuse and the feelings of the individuals involved. However, it is acknowledged that further information is required to accurately reflect the longer term views of adults at risk regarding their involvement in the safeguarding process.

Twelve of the safeguarding concerns regarding members of staff, including a historical allegation from a previous care setting and inappropriate comments by four ex-members of staff on social media involving the disclosure of abusive and confidential information about a current service user and an ex-service user. Of the remaining nine safeguarding investigations/enquiries into alleged staff misconduct two resulted in investigations upholding the complaints and subsequent disciplinary action being undertaken.

An ethnicity audit was completed following the Safeguarding Adults Self-Assessment. Distribution of the patient population by ethnicity in the year 2015/16 indicates that just over 80% reported their ethnicity as British (White) this was followed by Pakistani (Asian or Asian British) at just over 5%, next was the African (African or Black British) at just above 3%. All other ethnic groups were at less than 2% each. Attention was given towards safeguarding concerns for all the ethnic groups. The most significant finding was that the Irish (White) ethnic group had a higher occurrence of safeguarding concerns proportionately in relation to population size. However, it is noted that this data was influenced by 7 safeguarding concerns being reported by one Irish (White) adult at risk.



The most significant change from the previous year has been the relative increase in safeguarding concerns under the category of psychological abuse, which is often a duel category with other forms of abuse. There was also a proportionate reduction in reported physical abuse allegations. It is noted that there have been no safeguarding concerns under the additional categories introduced by the Care Act 2014 which is being addressed through training.

Any achievements/developments relating to Safeguarding during the year.

A Safeguarding Practice Group has been established. The group meets monthly and includes the charge nurses as the ward based safeguarding leads and senior managers. The purpose of the group is to discuss practice issues arising from the safeguarding process, including lessons learnt and to discuss information from the SAB. It is an expectation that charge nurses will submit written reports in preparation for the meetings, including a review of actions taken to prevent concerns from arising, methods of addressing safeguarding concerns, reporting arrangements and a summary of open/closed safeguarding investigations/enquiries. It is planned for representatives of the PIC regional units to be invited to attend future meetings.

Liaison between the NHS England Specialist Commissioning Team and the Clinical Commissioning Group was facilitated following the request from the SAB regarding learning disability service users placed at the hospital from other regions of the country in order to be compliant with the Winterbourne Concordat.

A meeting, attended by the senior managers of the hospital, North Yorkshire Police and the City of York Safeguarding Adults Team took place to discuss reporting arrangements. The meeting reviewed the draft amendments to hospital policy to clarify lines of responsibility for the reporting of alleged crimes, ongoing liaison with North Yorkshire Police, communication between the hospital and the police including the establishment of a single point of contact and the coordination of criminal investigations and safeguarding investigations/enquiries. A revised protocol is being developed which the SAB will be requested to authorise.

There has been liaison with Rethink about ensuring that the Independent Mental Health Act Advocates (IMHAs) receive relevant training about the Care Act 2014 in order to represent the needs of adults at risk who lack capacity following safeguarding concerns being raised.

Partnership Commissioning Unit
Hambleton, Richmondshire and Whitby CCG
Harrogate and Rural District CCG
Scarborough and Ryedale CCG
Vale of York CCG

The Partnership Commissioning Unit (PCU)

The Partnership Commissioning Unit (PCU) is contracted to host the role of Designated Lead Professional for Safeguarding Adults on behalf of the NHS Vale of York Clinical Commissioning Group (CCG) and as such works closely with City of York Council, North Yorkshire Police and other health and independent sector partners to safeguard adults in York. The role and function of the Designated Professional covers the whole health economy across the City. In addition to the Designated Professional within the PCU there is a team of four safeguarding officers. The safeguarding officer function undertakes delegated enquiry work on behalf of the City of York Council where health concerns feature as a predominant factor.

The team of safeguarding officers have had a busy and challenging year. Their role has included attendance at enquiry planning meetings, undertaking investigations and writing reports for outcomes meetings. The safeguarding officers have also responded to requests from health and social care professionals for health and safeguarding advice and provided scrutiny and overview of safeguarding cases. The bulk of the enquiry work completed by the safeguarding officers has been in relation to care homes and as such they have worked closely with the Care Quality Commission and the Local Authority contracting team to undertake assurance visits to independent providers of care. They have maintained ongoing support to providers across the City where standards of care have required improvement, continuing that contact and overview until care standards have returned to an acceptable level.

The majority of safeguarding cases which the PCU safeguarding team have been involved in during 2015/16 have been in the categories of physical abuse and neglect or omission of care. The current database system for recording the work of the team has not easily supported providing data on the numbers of cases that the team has been involved in within York. This is an area that we would like to make improvements to in 2016/17. Also for 2016/17 the team will be further developing and embedding ‘making safeguarding personal’. Whilst the principles are already in place – the practice requires further work and alongside our partners this will be an exciting challenge for 2016/17.

In addition to fulfilling their statutory and mandatory safeguarding training requirement in 2015/16 the safeguarding officers have attended specialist training in Safeguarding Concerns & Alerts (1 day); Root Cause Analysis (2 days); Mental Capacity Act and Advanced Decisions (1 day), Prevent WRAP (Workshop Raising Awareness of Prevent) and Fundamental Standards of Care (1/2 day).

The PCU has provided an additional role seconding the Deputy Designated Nurse Safeguarding Adults for NHS Vale of York CCG to undertake work related to the Mental Capacity Act and Deprivation of Liberty Safeguards (MCA/DoLS). This work has comprised developing assurance and embedding of MCA/DoLS in health care practice through: engagement, support, supervision, training and resource development.

The training below has been completed for GPs and primary care staff – jointly facilitated as part of Safeguarding Adults and Children 'Hot Topic' events with the Safeguarding Nurse Lead for primary care and for the Continuing Healthcare Team (CHC) – jointly facilitated with City of York Council DoLS team staff.

Date	Venue	Number attended
For CHC nurses & team leaders		
22.09.15	Sovereign House	15
20.10.15	Sovereign House	12
For GPs & Primary Care		
07.10.15	New Earswick Folkhall, York	21
10.11.15	Galtres Centre Easingwold	10
02.12.15	Maple Court York (Out of Hours GPs)	10

The PCU MCA/DoLS lead and the City of York DoLS Lead jointly facilitated a public engagement event 'No decision about me without me' on National Mental Capacity Act Day 15th March 2016 providing information and advice to members of the public around the principles of the Mental Capacity Act 2005 with particular focus on making advanced decision and Lasting Powers of Attorney.

The Senior Suicide Prevention Officer successfully recruited in 2015 and hosted by the PCU has been part of a team with Public Health and North Yorkshire Police working to complete an audit of all suicide deaths in York covering a five year period. The report will be completed later in 2016 and will add a valuable source of knowledge to inform the prevention and protection work of the York Safeguarding Adults Board.

The Designated Professional, in addition to undertaking the function of assurance work for the CCG and NHS England, has worked with partners in North Yorkshire Police, City of York Council and North Yorkshire County Council to develop and launch the joint protocol for 'Adults at Risk - missing and absent from home or care' which incorporates the Herbert protocol. Use of the protocol enables family members, carers and providers in care settings to share vital information when adults with significant vulnerabilities go missing from either their own home or a care setting so that they may be found, protected and hopefully returned safely within the quickest possible timeframe.

The Designated Professional has been an active member of the City of York Safeguarding Adults Board and has completed the two Learning Lesson Reviews on behalf of the Board.

(Christine Pearson, Acting Designated Professional for Safeguarding Adults)

Tees Esk and Wear Valleys NHS Foundation Trust

Training

Level 1 training – raising a concern – is aimed at all staff within the Trust. This training is available to staff to access via e-learning. Face to face sessions will be organised within the York area in due course.

Level 2 training – responding to concerns – is aimed at all clinical staff, Band 5 and above within the Trust. This training is delivered face to face and sessions are arranged to commence April 2016 in the York area. However, staff can also access other venues across the Trust and bespoke sessions. To date there have been 12 staff trained in this time period.

Safeguarding Concerns

During Q3 & Q4, there were 58 concerns raised with the Safeguarding Adults team (see Fig 1). 29 of these concerns were referred on to the City of York Council. From these 58 concerns, 29 of them were regarding inpatients.

Fig 2. shows a breakdown of the concerns raised by speciality with the majority of concerns being raised within adult mental health and Mental Health for Older People services.

Fig 3. Highlights the categories of abuse that have been raised during Q3 & Q4. The predominant category of abuse raised is physical abuse (25) with 20 of these concerns related to inpatients (which are predominantly patient on patient assaults).

Figure 1

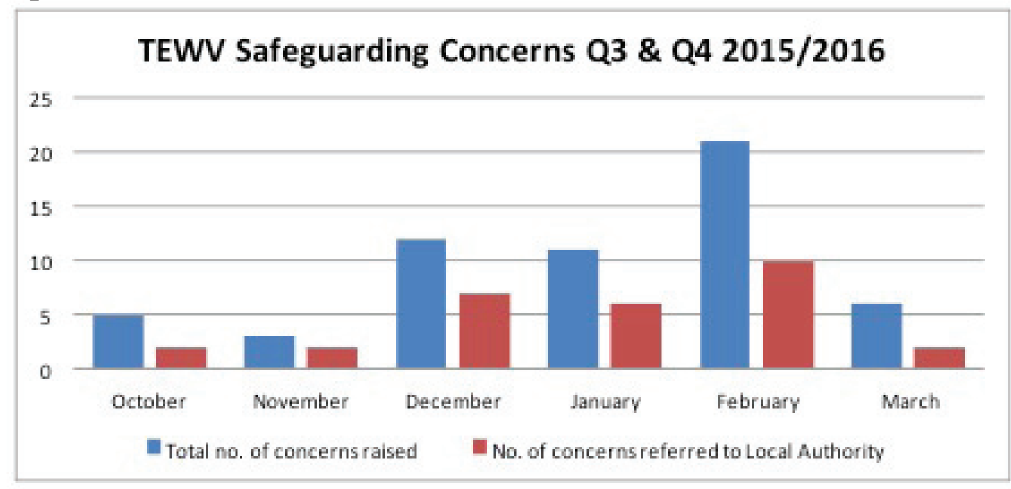


Figure 2

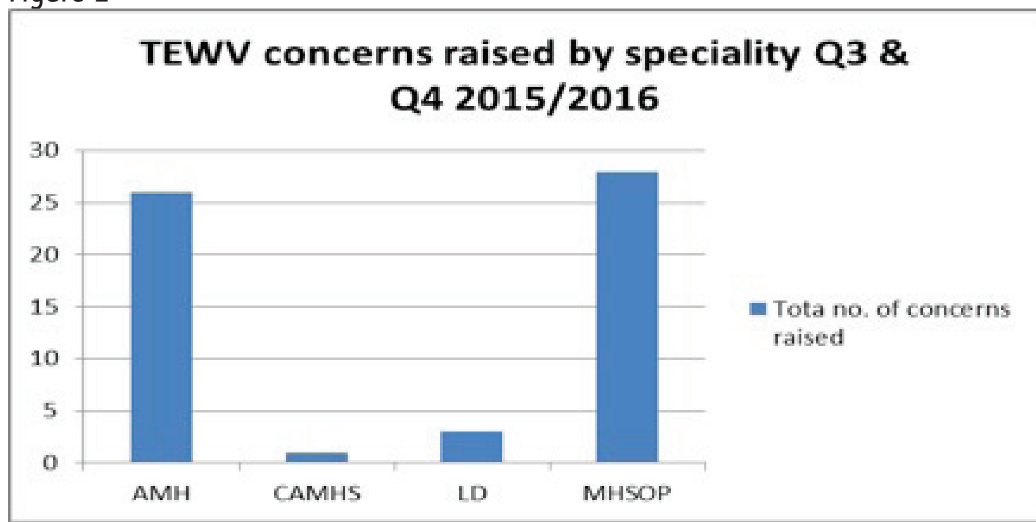
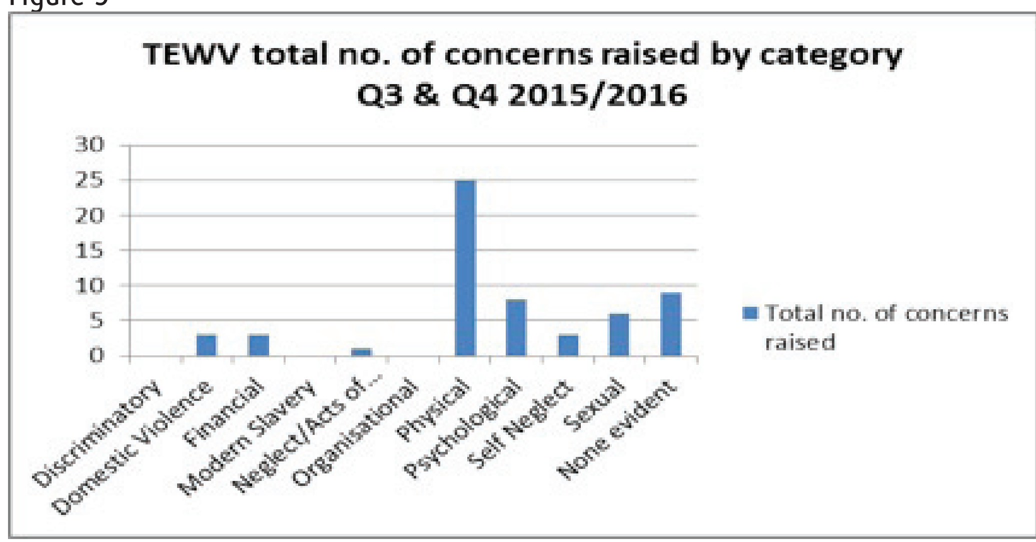


Figure 3



Any achievements/developments relating to Safeguarding during the year

Development of a York based TEWV Safeguarding resource including safeguarding adults, safeguarding children and MARAC, to provide advice and support to York staff, facilitate multi agency collaboration and provide staff training.

York staff are now aware how to access TEWV Safeguarding Adults team for advice and support in relation to any safeguarding concerns raised. Verbal feedback from staff is they feel this assists them to feel more confident around raising a safeguarding concern.

Bespoke Level 2 training sessions have been offered to York staff during Q3 & Q4. Training in York, for both Level 1 and Level 2, is planned for 2016/2017.

Safe transfer of patients from Bootham Park in December 2015 following CQC closure notice.

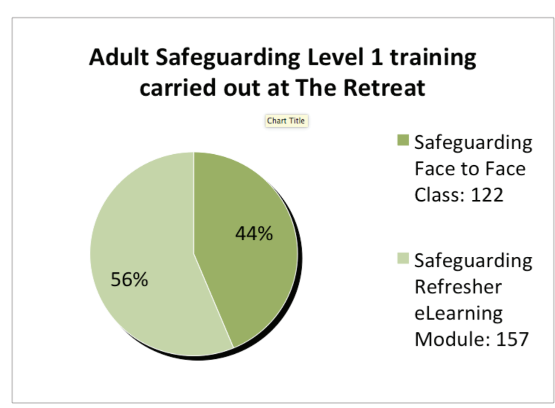
Attendance at York MARACs to facilitate information sharing and risk assessment and management.

The Retreat Yearly Safeguarding Report (2015/2016)

Safeguarding training

Adult Safeguarding Level 1 (Alerter) Training compliance for the hospital was 94% (279 people out of 296 required to complete). The safeguarding training level 1 is delivered face to face to all new starters (122) and as an eLearning refresher module (157).

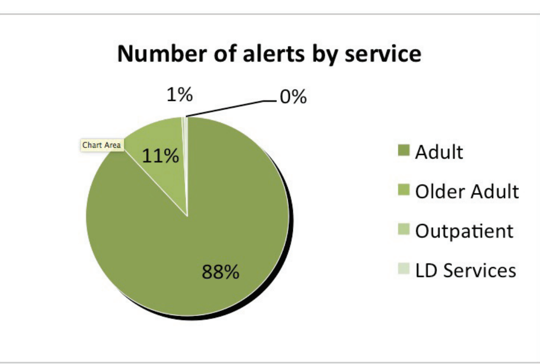
Compliance for external training: Adult Safeguarding Level 2 (Responder) was 85%, Level 3 (Investigator) was 100% and Level 4 (Chair) was 50%. Training compliance for hospital varied due to problems with accessing the training at WDU.



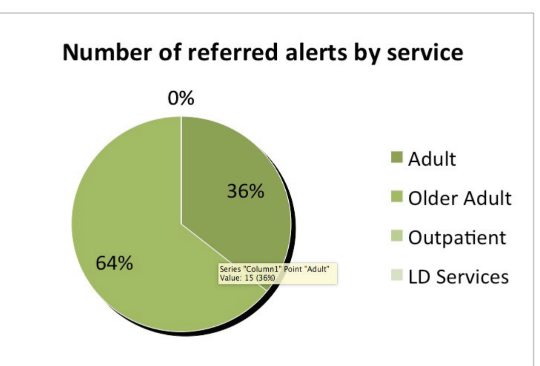
The impact of the new safeguarding training (revised at the beginning of 2014 and again in 2015 following the changes brought by the Care Act 2014) has been positive. The rate of reporting low level incidents has improved; also the levels of understanding and confidence have increased among the frontline staff.

Safeguarding alerts and responses

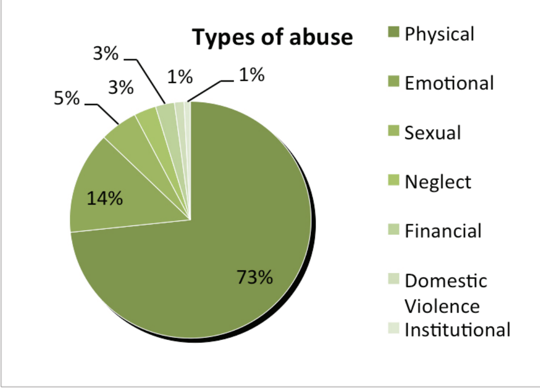
The number of reported safeguarding alerts has been on the rise over the last 4 years: 62 in 2012, 85 in 2013, 159 in 2014 and 236 in 2015. The number of alerts received is much higher than the previous year (increase of 48%) and as mentioned before this can be associated with an improvement in reporting.
The number of alerts which were later referred to the City of York Council Safeguarding Team and Care Quality Commission did not change much over the last few years: 39 in 2012, 39 in 2013, 32 in 2014 and 42 in 2015. The number of the referred alerts did not go up with the increase of the alerts.



The new average for the quarter is 59 alerts, in comparison with 55 in the previous year (increase of 7%). The average number of referred alerts per quarter was 10 (8 in previous year), which has been a fairly stable number for the last three years.



The significant majority of alerts: 208 (88%) were submitted within older adult services in comparison to 26 (11%) reported on adult units and 1 each reported in Outpatient and Learning Disability (LD) services (0.5% each). However when it comes to the referred alerts the figures present a different picture: 64% of cases were from older adult, 36% were from adult services (none from Outpatient and LD services). Further analysis shows that only 12% of all alerts submitted within older adults are referred, while in adult services this figure is significantly higher (58%).



The cases of physical abuse account for the majority of all of the alerts: 173; emotional abuse was reported in 33 cases, sexual in 12, neglect in 7, financial in 6, domestic violence in 3 and institutional in 2 cases.

The cases of 3 major types of abuse recorded an increase: physical abuse have increased by 50%, emotional abuse by over 80% and sexual abuse by 30% in comparison to the previous year. The neglect cases have fallen by 20%.

Person alleged to cause harm (PATCH) was in 185 cases a current patient of The Retreat, in 28 cases allegations were made against staff, and in 23 cases the PATCH was identified as external which includes family members, friends, ex-patients, agency staff and other agencies.

In 158 cases the allegations were proved, in 67 cases they were disproved and in 11 cases the social workers were not able to determine the outcome.

Achievements in relation to safeguarding

The Retreat have made significant improvements both in 'Making Safeguarding Personal' and the overall involvement of people who use our services, or where they lack capacity to involve their families. Each time a safeguarding concern is raised the view / outcome a person wants from the safeguarding process is sought by the safeguarding link worker. The Retreat now monitors if the outcome identified has been met.

The Retreat has reviewed its safeguarding enquiry process to good effect and now ensures that people who use our service are involved throughout; also by involving different clinical disciplines safeguarding is now everybody's business and as such safeguarding enquiries are now carried out by members across a multi-disciplinary team.

The Retreat has allocated a full time post to manage the safeguarding process; this has ensured consistency for the people who use our service and the development of multi-agency process and policy. The Retreat's social work department has further improved its own system of monitoring data, which has helped to analyse the safeguarding within the organisation and determine current trends.

The Retreat continues to hold a strong relationship with the local authority safeguarding team and is working currently to complement our reviewed processes in line with the Care Act 2014.The Retreat continues to co-chair the safeguarding implementation group to share and develop good practice.

NHS Vale of York Clinical Commissioning Group (CCG)

NHS Vale of York Clinical Commissioning Group (CCG) is responsible for commissioning hospital and community healthcare services for the Vale of York which includes the City of York population and has a range of statutory duties which includes Safeguarding Adults. The Chief Nurse is the Executive Lead for Safeguarding in the CCG and as such works closely with the Partnership Commissioning Unit (PCU) Safeguarding team, NHS England, the City of York Council, North Yorkshire Police and other partners on the City of York Safeguarding Adults Board.

To strengthen the commitment to safeguarding the CCG also employs a Deputy Designated Nurse for Safeguarding Adults with a particular focus on supporting quality in the independent care home sector. As part of this commitment the CCG has continued to develop a care home meeting forum 'Partners in Care' where care home managers can connect with CCG staff and get involved in training events and project work with a focus on innovation and improvement of patient care.

During 2015/16 the deputy designated nurse has worked together with the PCU on a number of safeguarding enquires and investigations, in addition to spending time with the City of York Council contracts team shadowing assurance visits to care home providers. As part of a secondment role the deputy designated nurse has worked with the Partnership Commissioning Unit as Lead for Mental Capacity Act and Deprivation of Liberty Safeguards – more about this role is in the Partnership Commissioning Unit section of the report.

The CCG has developed a soft intelligence tool to capture information from General Practitioners, Primary Care staff and Care Home Managers in relation to concerns that they have with the care and treatment of vulnerable people. The CCG meets with colleagues in City of York Safeguarding team and the Care Quality Commission to share 'early warning' signs which may indicate that services are struggling to maintain safe services. This has been developing work in 2015/16 and the challenge for 2016/17 along with partners will be to structure the support that is offered to struggling services at a point before it impacts on the care of those most vulnerable.

In 2015/16 the CCG secured the roles of Nurse Consultant and Named Doctor for Safeguarding in Primary Care Services. Each GP practice in York also identified a lead for safeguarding in their primary care team. This structure has enabled a clear pathway for information sharing, specialist advice and support and improved visibility of the primary care commitment to safeguarding. A number of safeguarding 'hot topics' training events have been completed in venues across York to support GPs and primary care staff in their safeguarding roles. The training events have been successful and following feedback gathered from attendees the programme of training for 2016/17 has been developed. The Nurse Consultant has also standardised the safeguarding adults' policy and procedure for primary care – with the completion of a generic policy which practice managers can adapt for their particular surgeries.

NHS Vale of York Clinical Commissioning Group (CCG) announced Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) as the provider of mental health and learning disability services in the Vale of York for the next five years, commencing on 1 October 2015. The contract was developed with partners after a series of in-depth discussions with local service users, members of the community and clinicians through DISCOVER. This was an extensive engagement programme to listen to and collate the views of people from across the Vale of York to help develop high quality mental health and learning disability services. The CQC did not re-register Bootham Park Hospital as it did not meet the standards and this occurred at very short notice. This was an unforeseen consequence which had the potential to compromise the care of people with a high level of vulnerabilities. The CCG worked jointly with NHS England and other key partners to learn lessons from the closure and is continuing to work closely with partners in TEWV to provide in-patient acute services back in York by summer 2016 and a new permanent base for mental health services in York with facilities that are fit for the 21st century.

The financial picture for 2016/17 is a challenging one across the health economy in York and the CCG is working in conjunction with its partners to transform services and create sustainability of safe services for the population. The CCG will continue to uphold the six principles of safeguarding adults in all its work and will continue to meet its statutory obligations as a partner of the City of York Safeguarding Adults Board.

York CVS

The ILS (Independent Living Service) team have undertaken safeguarding training in relation to the adults they support. We have begun to review our safeguarding policy so we can use this to provide staff training in 2016/17.

We continued to provide forums (8 in total) across the year so organisations who support older adults, and adults with learning disabilities, can come together and share concerns and good practice. Safeguarding was a standing item on the agenda for these forums.

Information (ie graphs, numbers) about any Safeguarding Concerns and Completed Enquiries during the year including analysis by location and type

We logged two safeguarding incidents with City of York Council during the year.
Any achievements/developments relating to Safeguarding during the year

We have attended the Safeguarding Adults and Children's Board Development Days and attended both the Safeguarding Adults and Children's Boards.

York House

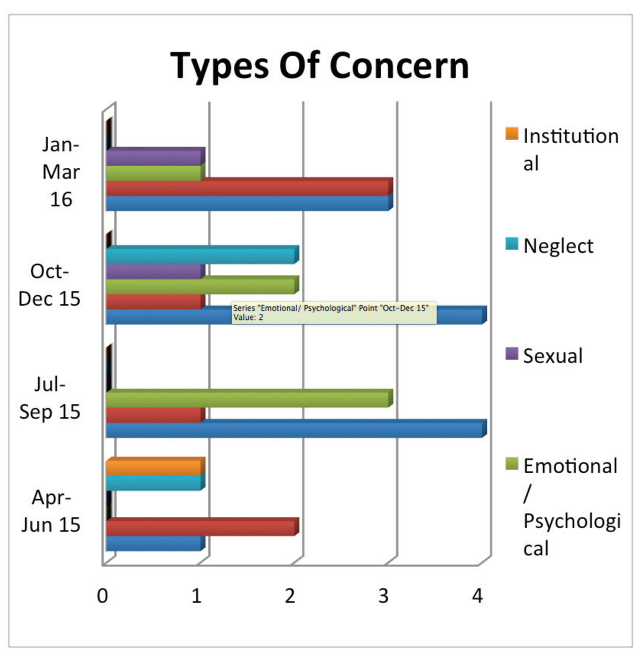
Training

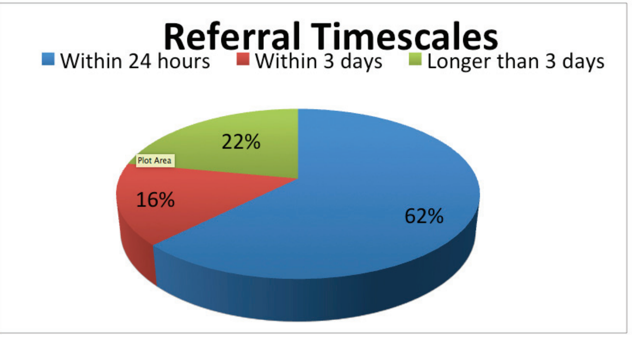
All new staff must complete the in-house Safeguarding training within their initial induction week before they start working with Service Users and they complete two shadow sessions. After this induction period the aim is for all staff to attend training yearly to ensure they are kept up to date with any changes and refresh their knowledge. The table below shows the percentage of staff who have completed Safeguarding training between 31st March 2015 and 1st April 1016:

	Contract	Bank	Total
% Completed Training	72	68	71

York House aims to realistically have 95-100% of staff completing yearly training in safeguarding. The current low percentage is down to down to a higher staff turnover this year and staffing numbers falling below our ideal staffing establishment levels and so facilitating training has been more difficult. All staff have completed the initial training, however the numbers reflect the completion of the yearly mandatory refresher. We have reintroduced e-learning safeguarding training, however the preference will always be for staff to complete face-to-face training delivered by our Legislation and Safeguarding Manager.
100% of the safeguarding sub-committee have completed level 2 external training and we are in the process of sourcing levels 3 and 4 from Work Development Unit.

The training package has been updated to incorporate the new legislation brought in by the Care Act in April 2015.





Types of Abuse

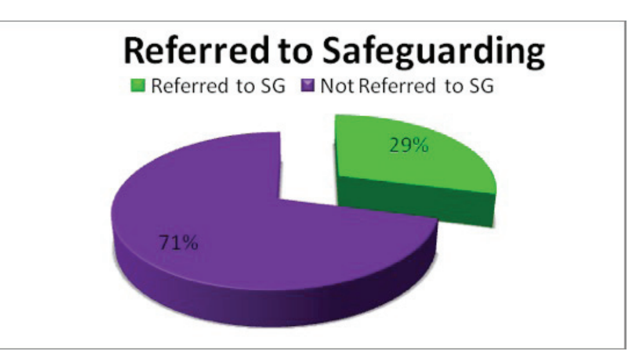
There were 31 concerns raised in total between April 2015 and April 2016. The graph shows the types of concerns raised in each quarter. The majority of the cases were physical abuse accounting for 12 incidents all of which were service user on service user incidents. Financial abuse accounted for 7 of the cases, emotional/psychological in 6 of the cases and sexual, neglect and institutional jointly making up the other 6.

Timescales

62% of concerns raised in the last 12 months have been referred to the safeguarding subcommittee within York House and then to City of York Council id necessary within 24 hours of the concern being raised.

Referrals

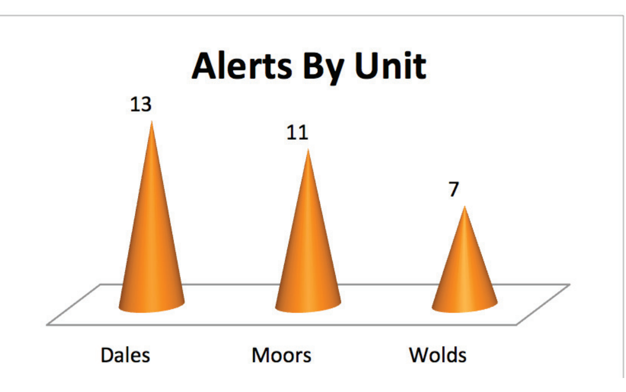
71% of all concerns were not formally referred on to the City of York Council Safeguarding and were managed in-house following discussion with the safeguarding subcommittee and/or members of the MDT were it is assessed that the risk and management is sufficiently in place. Those that were dealt with in-house were all closed based on the effective management of risks and protection plans and/or support measures being implemented.



Some of those handled in-house were discussed with City of York Council but it was agreed with them that it was more appropriate that they were dealt with in-house. 29% of concerns were referred to CYC Safeguarding; there are still two that remain open (both from December 2015 and in relation to York District Hospital). These have been regularly followed up in the aim to bring them to a close, however due to the investigating hospital not completing the investigation we are unable to.

Alerts by Unit

As you can see from the graph shown the majority of alerts are from the Dales unit followed by the Moors. The Dales is the main assessment unit (males only), however any females whether or not under assessment reside on the Moors as the only mixed gender ward. Due to the Dales being the main assessment unit the behaviours are often more challenging and unpredictable with care plans and management of challenging behaviors still being formulated. This can lead to difficult dynamics between service users. The Moors is a slightly slower stream assessment unit where as expected behaviours are often more stable, however there has been an increase in the number of female admissions to the Moors and so there may be an increase in the number of incidents due to the challenging behaviours displayed, however we do not believe there to be a safeguarding concern at this time. The Wolds unit is focused on long term care needs with a focus on quality of life as opposed to rehabilitation. However the mix of Service Users are complex, variable and long standing challenging behaviours can still contribute to safeguarding issues raised.



Summary

Due to various staff members leaving York House, the safeguarding sub-committee has been re-established in the past 6 months. It now includes a cross section of clinicians, led by the legislation and safeguarding lead. Training plans are in place to increase education and awareness of new staff nurses to York House, in addition to the induction training. One of the main challenges faced in "making safeguarding personal" continues to be in relation to communication, memory and cognitive processing difficulties experienced by those service users with Acquired Brain Injuries. However the involvement of speech and language therapist to aid communication and advocacy and family where capacity is lacking is heavily incorporated into the safeguarding process when establishing outcomes. Links with a new police liaison officer have aided communication and working with North Yorkshire Police as concerted efforts have been made to understand the challenges faced in the environment of York House, but more importantly for those living with Acquired Brain Injuries.

As a hospital we continue to struggle without an integrated computer system to log, maintain and monitor safeguarding risks and outcomes, rather relying on manual interpretation and collation of data.

York House continues to attend the Safeguarding Implementation Group to share and develop good practice with other independent Hospitals in the local area and receives feedback from the Safeguarding Adults Board both via email and through this group.

City of York Council Housing department

Training

Housing staff are expected to complete online safeguarding training for adults and children's services. The department has also purchased online training from the Housing Quality Network (HQN) and this includes safeguarding training. Safeguarding is included in new starters induction training.

Any achievements/developments relating to Safeguarding during the year

Employing mental health workers at hostels, Annual severe weather and NSNO, Provision of shower facilities at Peasholme for rough sleeper drop in, the older persons housing options worker and the research that we have done into housing hazards and the opportunity to target interventions to reduce falls and excess cold, Creation of respite beds in sheltered schemes, the housing first scheme for difficult to place adults.

Annex 2

Members of City of York Safeguarding Adults Board, March 2016

	Name	Title	Organisation	Address
1	Karen Agar	Associate Director of Nursing (Safeguarding)	Tees, Esk & Wear Valley (TEWV) NHS Foundation Trust	Flatts Lane Centre, Flatts Lane, Normanby, Middlesbrough, TS6 0SZ
2	Sarah Armstrong	Chief Executive	York CVS	Priory Street Centre, 15, Priory Street, York YO1 6ET
3	Sian Balsom	Healthwatch Manager	Healthwatch York	Priory Street Centre, 15, Priory Street, York YO1 6ET
4	Tom Brittain	Head of Housing	CYC	West Offices, Station Rise, YO1 6GA
5	Michelle Carrington	Chief Nurse	NHS Vale of York CCG	West Offices, Station Rise, York YO1 6GA
6	Martin Farran	Director Adult Social Care	CYC	West Offices, Station Rise, York YO1 6GA
7	Beverley Geary	Chief Nurse	York Teaching Hospital NHS Foundation Trust	Wigginton Road, York YO31 8HE
8	David Heywood	Safeguarding Lead	Stockton Hall	The Village, Stockton-on-the-Forest, York YO32 9UN
9	Caroline Johnson	Director of Operations	The Retreat	Heslington Road, York, YO10 5BN
10	Tim Madgwick	Deputy Chief Constable	North Yorkshire Police	Newby Wiske Hall, Newby Wiske, Northallerton DL7 9HA
11	Kevin McAleese CBE	Independent Chair,	York Safeguarding Adults Board	c/o West Offices, Station Rise, York YO1 6GA
12	Michael Melvin	Assistant Director	CYC	West Offices, Station Rise, York YO1 6GA
13	Christine Pearson	Deputy Designated Nurse, Safeguarding Adults	NHS Vale of York CCG	West Offices, Station Rise, York YO1 6GA
14	Victoria Pilkington	Head of Partnership Commissioning	Partnership Commissioning Unit (PCU)	Sovereign House, Kettlestring Lane, Clifton Moor, York YO30 4GQ
15	Cllr Carol Runciman	Cabinet Lead	City of York Council (CYC)	West Offices, Station Rise, York YO1 6GA
16	Amanda Robson	Senior Nurse	NHS England, NY and Humber Area Team	Unit 3, Alpha Court, Monks Cross, York, YO32 9WN
17	Steve Wilcox	Designated Professional for Adult Safeguarding	Partnership Commissioning Unit (PCU)	Sovereign House, Kettlestring Lane, Clifton Moor, York YO30 4GQ
18	Keren Wilson	Chief Executive	Independent Care Group	10 North Park Road, Harrogate, HG1 5PG

Annex 3

City of York Safeguarding Adults Board Membership & Attendance 2015/16

(Key: Y = present or substituted; A = Apologies sent; NA = Not yet a member/replaced as a member)

Organisation	Designation	June 2015	Sep 2015	Dec 2015	March 2016	Nominated representative or substitute
	Independent Chair	Y	Y	Y	Y	100%
City of York Council	Director of Adult Social Care	Y	N	Y	Y	75%
	Assistant Director, Adult Assessment and Safeguarding	Y	Y	Y	Y	100%
	Safeguarding Service Manager	NA	NA	Y	Y	100%
	Cabinet Member for Health, Housing and Adult Social Services	Y	Y	N	Y	75%
	Head of Housing	NA	NA	NA	Y	100%
Healthwatch York	Manager	Y	Y	Y	Y	100%
Independent Care Group	Chief Executive	Y	N	Y	Y	75%
1.4.15-30.9.15, Leeds & York Partnerships NHS FT	Head of Safeguarding	Y	N	NA	NA	50%
NHS England,	Assistant Director	Y	N	Y	Y	75%
North Yorkshire Police	Deputy Chief Constable	Y	Y	Y	Y	100%
Partnership Commissioning Unit (PCU)	Director of Partnership Commissioning	Y	Y	Y	Y	100%
	Designated Professional for Adult Safeguarding	Y	Y	Y	N	75%
The Retreat	Director of Operations	Y	Y	Y	Y	100%
Stockton Hall	Social Work Manager	Y	Y	Y	Y	100%
1.10.15-30.3.16, Tees, Esk & Wear Valley NHS FT	Associate Director of Nursing (Safeguarding)	NA	NA	Y	Y	100%
Vale of York CCG	Chief Nurse	Y	Y	Y	Y	100%
	Designated Nurse, Safeguarding	Y	N	Y	Y	75%
York CVS	Representative	Y	N	N	Y	50%
York Teaching Hospital NHS Foundation Trust	Chief Nurse	Y	Y	Y	N	75%
Overall Board attendance		**100%**	**65%**	**88%**	**90%**	

Independent Chair's comments on Board attendance:

We have worked hard once again to ensure that all partner organisations on the Safeguarding Adults Board are represented by a post holder of sufficient seniority and expertise and that ideally the same person should attend each meeting.

However, there are inevitably operational pressures on individuals as well as annual leaves to be allowed for, given that the SAB only meets four times a year. There are also personal crises in the best managed of diaries, and even unexpected weather problems as in March 2016. In the ideal world the thirteen partners would each have achieved 100% attendance records. During 2015/16 a total of eight of them did just that, an increase of one from 2014/15.

Each SAB meeting ends with a meeting review, which is then published in the SAB minutes which are available on the SAB website. Those reviews confirm a broadly consistent picture that SAB members find meeting together four times a year to be appropriately challenging and rewarding. I am very grateful to the senior representatives of each organisation listed in Annex 1 who have given so much time, interest and commitment to the work of the Board during 2015/16.

Annex 4

2014/2017 Strategic Plan and Action Plan Outcomes for 2015/16

	Objective	Action	Timescale for completion	Lead	March 2016 update
A	**Make sure safeguarding is embedded in corporate and service strategies across all partners.**				
A1	Ensure key strategic plans evidence that adult safeguarding is a priority and is being addressed.	Partners to identify key strategies and include in annual reports to Boards	March 2015	All	Annual Reports Submitted
A2	Ensure a robust interface with Community Safety Plans	Engage with Domestic Violence strategy Board. Improve information sharing on Domestic Abuse. Engage with Community Safety Board regarding Hate Crime, safe Places etc	March 2015 March 2016	Chair and CYC safeguarding Lead	Both are now members of the Board. May 2015 saw work coordinated by North Yorkshire Police together the information held by all agencies about domestic violence to improve our strategic response. North Yorkshire and York SAB and partners held Joint Domestic Abuse Working Conference Oct 2015 Safeguarding Systems Leadership Group in place February 2016
A3	Influence Joint Strategic Needs Analysis and Health and Well Being strategy	Feed messages from this strategy to JSNA refresh. Annual review of performance indicators for key strategic messages on need.	March 2015 March 2016	CYC safeguarding Lead	Refreshed JSNA contains information on referral rates of vulnerable population groups.
A4	Ensure a robust interface with the Health and Wellbeing Board.	Standing item on Safeguarding Board agenda – items from and to HWB	From March 14	Chair	See Chair's reports

	Objective	Action	Timescale for completion	Lead	March 2016 update
A5	Ensure that Adult Safeguarding Board members, and non – Executives, Board Members and Councillors of partner organisations understand their role in safeguarding and have attended basic awareness training.	Members of Partner Boards to monitor through annual assurance reports to Board Each partner agency to consider in their competency framework Introduce Adult Safeguarding Board Development Days – minimum 1 per year Training needs review for Board members Induction training for new Board members .	March 2015 March 2015 March 2015	All All Chair	Partners to confirm Safeguarding Training Needs survey developed and put to Board members by CYC WDU Needs Survey sent out to board members and proposal for development submitted to Dec 15 SAB Safeguarding Board Development Day completed, January 2016 (second day on 4 April 2016)
A6	Assurance that all partners present an Annual Safeguarding Report to their relevant governing body.	Partners to advise Board when Annual report received by their Board. Summary of reports in Annual Adult Safeguarding Board report.	Annual Annual	All Chair	Completed Completed

	Objective	Action	Timescale for completion	Lead	March 2016 update
B	**Ensure good partnership working**				
B1	Ensure that all partners are signed up to, and working in line with Multi agency procedures and practice. Procedures' to be reviewed for Care Act readiness.	Annual check for changes and updates. Full review every 3 years. Seminar/event for voluntary sector groups.	December 14, 15 16 March 15 March 15	CYC CYC and Voluntary sector	CYC Safeguarding Adults Audit including Care Act Readiness shows substantial assurance. Regional and local policy and procedure for discussion at June 2015 Board. Development day held Nov 2014. Care Act stock take reports good progress on safeguarding adults. Care Act subgroup work completed and stepped down Sept 2015. West Yorkshire, North Yorkshire and York Multi-Agency Procedures adopted. Work ongoing to develop local operational guidance consistently across the North Yorkshire Locality. Dec 2015. Local Guidance drafted and circulated February 2016.
B2	Share learning from practice, Lessons Learned and Serious Case Reviews.	Review of serious case review protocol. Develop a lessons learned protocol. Continue with regular agenda item on each Safeguarding Adult Board meeting to share case studies.	March 15 March 15 ongoing	Board sub Group Board sub Group Chair	Protocols at December 2014 Board agreed. In place. Subgroup in place and to be formalised through proposal to the board Sept 2015 Sub group Structure in place Dec 2015.
B3	Senior level, regular, attendance at Board from all partners.	Attendance reported in Annual Safeguarding Board report.	Annual	All/CYC	In place.

	Objective	Action	Timescale for completion	Lead	March 2016 update
B4	Ensure a shared approach to understanding and managing risk of abuse in safeguarding.	MCA/DolS training – monitor uptake and feedback.	Quarterly reports to Board	CYC	Reports to SAB on impact of training.
B5	ure best use of resources to meet growing demand and shared priorities.	Development of the multi agency safeguarding hub with police and children's safeguarding Develop virtual network for safeguarding advisors in partner agencies Review of thresholds for referrals	Sept 14 March 15	CYC Police All	Agency DASMs in place, network to be developed. DASM meeting established August 2015, role then abolished nationally.

	Objective	Action	Timescale for completion	Lead	March 2016 update
C	**Focus on prevention of abuse**				
C1	Raise awareness and empower community to keep people safe.	Review of Adult Safeguarding Adults website. Annual radio or Press interview/article on Adult Safeguarding. Develop information for the community. Ensure housing and support providers, drug and alcohol service, A&E can access alerter training.	March 15 Annual March 15 Annual review of training attend-ance.	CYC Chair CYC CYC	CYC Website with updated Safeguarding Adults taken from current website to be launched end May 2015. SAB website launch set for Jan 2016. Alerter training advertised to all providers through WDU Dec 2015 SAB Website structure and content developed on track for Jan 2016 launch.
C2	Reduce risk of harm through effective and intelligent commissioning.	Winterbourne concordat assurance. Sponsor work between health and social care commissioners and contract managers on sharing intelligence on quality of providers, Ensure that Contract monitoring has a focus on safeguarding and dignity and any shortfalls in standards are addressed Commissioning and contracting with regulated providers includes Care Quality Commission (CQC) registration guidance in relation to safeguarding. Ensure commissioners review their training needs regarding safeguarding and quality assurance. Ensure arrangements for com-missioning of advocacy serv-ices.	6 Monthly updates June 15 March 15 Annual assurance Annual assurance June	Partnership Commis-sioning Unit (PCU) and CYC CYC/PCU/ CCG CYC/PCU/ CCG/NHS England CYC/PCU/ CCG/NHS England CYC/PCU/ CCG/NHS England	Regular Soft intelligence meetings are now established. Advocacy service commissioned by CYC April 2015 includes advocacy for people with safeguarding needs.

	Objective	Action	Timescale for completion	Lead	March 2016 update
C3	Workforce development plans to develop quality provision.	Work with city wide Workforce Strategy Group to ensure training delivered on: Managing challenging behaviour and reducing incidents between residents. Medication management. Reduce risks of pressure sores. Dignity agenda. Review themes and areas of risk emerging from performance data to continue to inform training plans.	June 2015	CYC	CYC have developed and delivered training in Administration of medication in domiciliary and residential care settings Managing Challenging behaviour. Pressure Sore Training and Dignity agenda require further work. Commitment in WDU report to develop MSP approach April 2016-Dec 2016, Updated training planned underpinned by new operational guidance.

	Objective	Action	Timescale for completion	Lead	March 2016 update
D	**Respond to people based on the Personalisation approach, and with a clear focus on outcomes**				
D1	Commit to an outcome focus for safeguarding activity.	Engagement in Making Safeguarding Personal Programme.	March 15	CYC	MSP report at March 2015 Board.
D2	Enhance and improve user 'voice' in all the Board does.	Improve links with Healthwatch York and Safeguarding Board. Develop proposals for greater user involvement.	March 15 March 15	Chair and Health-watch York Health-watch York	Healthwatch agreement to public involvement in strategic plan refresh to be compete April 2016.
D3	Ensure people with personal budgets in health and social care are supported to manage safety and risk at the same time as preserving the right to choice and control.	Consider evidence from the Research underway with York University on Safeguarding and personalisation.	March 15	CYC	Research complete and circulated to care managers Feb 2015.
D4	Empower people to be able to make good choices about quality care and support.	Continue to develop information for public on care and support choices.	March 15	CYC	Connect to Support information and advice major refresh completed April 2015.

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Chinese (Simplified)

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Chinese (Traditional)

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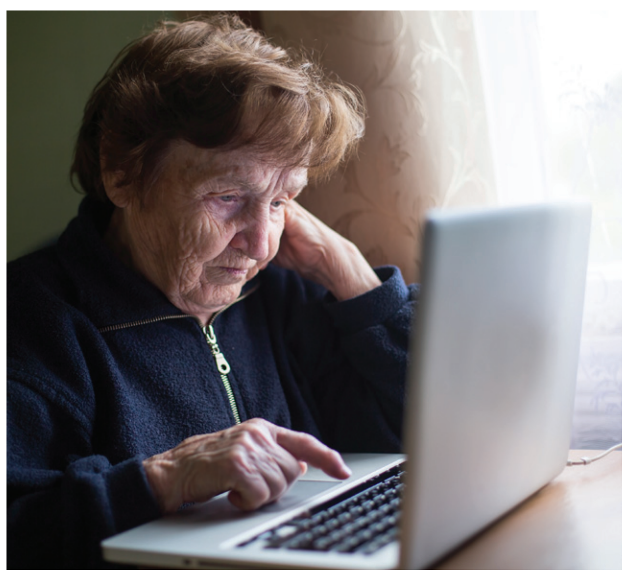
ANNEX 1



Health & Adult Social Care Policy & Scrutiny Committee Work Plan 2016-17

Meeting Date	Work Programme
Wednesday 22 June 2016 @ 5.30pm	1. Attendance of Executive Member for Health and Adult Social Care to explain her challenges and priorities for the municipal year 2. Be Independent End of Year Position 3. Verbal update on Bootham Park Hospital Scrutiny Review 4. Work Plan 2016/17
Tues 19 July @ 4pm	1. Pre-decision Report on Re-procurement of Substance Misuse Treatment and Recovery Services 2. Position report on Healthy Child Service Board 3. End of Year Finance & Performance Monitoring Report 4. TEWV report on consultation for proposed new mental health hospital for York. 5. Safeguarding Vulnerable Adults Annual Assurance report 6. Work Plan 2016/17
Wed 28 Sept @ 5.30pm	1. Health & Wellbeing Board six-monthly update report 2. Annual Report of the Chief Executive of York Teaching Hospitals NHS Foundation Trust. 3. Further update on actions against York Hospital Action Plan 4. Practice Mergers, Beech Grove & Front Street, Acomb 5. Update Report on roll out of the re-procurement of North Yorkshire Community Equipment and Wheelchair Services (tbc) 6. 1st Quarter Finance & Performance Monitoring Report 7. Work Plan 2016/17
Tues 18 Oct @ 5.30pm	1. Annual Report of the Chief Executive of Yorkshire Ambulance Service. 2. Tees, Esk and Wear NHS Foundation Trust – One Year On in York 3. Update Report on CCG turnaround plans (tbc)

	4. Update report on Winter Pressures Monies (tbc) 5. Update Report on Healthy Child Service Board 6. Work Plan 2016/17
Wed 30 Nov @ 5.30pm	1. Healthwatch six-monthly Performance Update report 2. 2nd Quarter Finance & Performance Monitoring Report 3. Six-monthly Quality Monitoring Report – Residential, Nursing and Homecare Services 4. Update Report on Elderly Persons' Homes 5. Work Plan 2016/17
Tues 20 Dec @ 5.30pm	1. Work Plan 2016/17
Mon 30 Jan 2017 @ 5.30pm	1. Safeguarding Vulnerable Adults Six-Monthly Assurance Report 2. Be Independent six-monthly update report 3. Work Plan 2016/17
Mon 27 Feb 2017 @ 5.30pm	1. 3rd Quarter Finance & Performance Monitoring Report 2. Annual Carers Strategy Update report 3. Work Plan 2016/17
Wed 29 March 2017 @ 5.30pm	1. Annual report of Health & Wellbeing Board 2. Work Plan 2016/17
Wed 19 April 2017 @ 5.30pm	1. Six-monthly Quality Monitoring Report – Residential, Nursing and Homecare Services 2. Work Plan 2016/17
Wed 31 May 2017 @ 5.30pm	1. Healthwatch six-monthly Performance Update report 2. Work Plan 2016/17