



Notice of a public meeting of

Health and Adult Social Care Policy and Scrutiny Committee

To: Councillors Doughty (Chair), Cuthbertson (Vice-Chair), Barnes, Cannon, Richardson, Craghill and Warters

Date: Wednesday, 10 June 2015

Time: 5.30 pm

Venue: The George Hudson Board Room - 1st Floor West Offices (F045)

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 - 10)

To approve and sign the minutes of the meeting held on 25 March 2015.

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 **Tuesday 9 June 2015 at 5:00 pm**.

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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:

http://www.york.gov.uk/downloads/download/3130/protocol_for_webcasting_filming_and_recording_of_council_meetings

4. Arrangements for Overview and Scrutiny in York (Pages 11 - 22)

This report highlights the Council's structure for the provision of the overview and scrutiny function and the resources available to support it. It also details the current terms of reference for the individual Policy & Scrutiny Committees. These terms of reference may be subject to change by the new administration following the re-naming and re-designation of the Scrutiny Committees.

5. Update Report from Leeds and York Partnership NHS Foundation Trust on their progress against Care Quality Commission's (CQC) Action Plan (Pages 23 - 38)

This report provides Members with an update on the progress of the Trust against the Care Quality Commission's Action Plan.

- 6. Direct Payments Terms and Conditions** (Pages 39 - 92)
This report details the City of York Council's approach to direct payments to adult social care customers in its work to make these easy to use and transparent. It includes CYC's response to concerns raised by York Independent Living Network (YILN) and Lives Unlimited (LU) about changes in terms and conditions, the use of cashplus accounts and the need for customers receiving direct payments to have a separate individual account to hold the payment.
- 7. Work Plan** (Pages 93 - 94)
Members are asked to consider the Committee's work plan for the municipal year.
- 8. Urgent Business**
Any other business which the Chair considers urgent.

Democracy Officer:

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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**

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**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 Doughty Member of York NHS Foundation Teaching Trust.

Councillor Douglas (Substitute) Council appointee to Leeds and York
Partnership NHS Foundation Trust.

Councillor Richardson Niece is a district nurse.
Undergoing treatment at Leeds Pain Unit and York
Sleep Clinic.

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City of York Council

Committee Minutes

Meeting	Health Overview & Scrutiny Committee
Date	25 March 2015
Present	Councillors Doughty (Chair), Funnell (Vice-Chair), Burton, Runciman, Douglas, Watson and Semlyen (Substitute for Councillor Hodgson)
Apologies	Councillor Hodgson

71. **Declarations of Interest**

At this point in the meeting, Members were asked to declare any personal, prejudicial or disclosable pecuniary interests that they might have had in the business on the agenda.

Councillor Funnell asked that her standing personal interest as a trustee of York Centre for Voluntary Service (CVS) be removed as she was no longer a trustee. She declared a standing personal interest in the remit of the Committee as a member of the York Health and Wellbeing Board's Mental Health and Learning Disabilities Partnership Board.

No other interests were declared.

72. **Minutes**

Several points were raised from the minutes of the previous meeting these were;

- Minute Item 61- Minutes
GP health checks for people with Learning Disabilities- was there a process in place for GP's to comply with this? Could the Clinical Commissioning Group consider making this a contractual requirement?

Officers added this referred to an annual return of health checks which was now carried out three monthly so there would be more monitoring carried out.

- Minute Item 62- Public Participation
In relation to comments raised about the wheelchair service, the CCG would be conducting a review on this and community equipment. Officers suggested to the Committee that the outcome of this review be brought back to a future meeting.
- Minute Item 68- Report on outcome of Leeds and York Partnership NHS Foundation Trust Care Quality Commission Inspection Report
That the following sentence should be added "*Members expressed concerns at the Care Quality Commission's findings. It was agreed that these concerns would be noted and brought back to the Committee at a later date.*"
- Minute Item 69- Safeguarding Vulnerable Adults
The Chair felt that the minutes were not clear that the report asked Members to consider whether the arrangements were satisfactory and effective. He thought it was not up to Members to decide this but it was the role of expert Officers. Therefore if the Officers were confident then the Chair felt it helped with Members' assurance. Councillor Funnell did not endorse this view and felt that it was the responsibility of the Adult Safeguarding Board to determine this. The Chair shared his concerns that reports shared with the Adult Safeguarding Board were unable to be scrutinised by Members.

Resolved: That the minutes of the Health Overview and Scrutiny Committee held on 18 February 2015 be signed and approved by the Chair as a correct record subject to the insertion of the sentence at Minute Item 68 as detailed above.

73. Public Participation

It was reported that there had been four registrations to speak under the Council's Public Participation Scheme.

Councillor Richardson spoke regarding Pain Management Services. He spoke about how pain originated from a variety of sources and that sufferers often had to manage the condition by themselves and how this made it difficult to drive to appointments or work.

He said that consultants often directed those who suffered from pain conditions to GPs who could only treat the pain and not the symptoms. He shared an anecdote with the Committee about an elderly gentleman who had injections to relieve lower back pain which were stopped without agreement. No one had asked if he was a carer, which he was, as the sole support for his ill wife. Councillor Richardson felt that it was time for the Council, Hospital and GPs to work together to guarantee a minimum level of care for pain sufferers and he hoped that the Committee might look at this as a topic for review.

Jo Whitehead from Lives Unlimited and York Independent Living Network spoke regarding changes to the Direct Payments and the letter that had recently been received by all Direct Payments recipients. She informed Members about how Direct Payments had given disabled people the chance to make a contribution to the city and that she felt that the changes would go against the Care Act. She felt that there had been no evidence of consultation or an equality assessment of how the changes would affect disabled people's lives. She wanted the changes halted so that genuine consultation could take place.

The Chair referred to a letter regarding the changes to the Direct Payments Policy that had been received by all Members from Lives Unlimited and York Independent Living Network that week and stated that he was concerned and recommended that the content of the letter be considered as an agenda item for the next meeting.

He asked Officers if there was any possibility of halting the policy. It was reported that a further letter had been drafted in response to the one sent by Lives Unlimited and York Independent Living Network but this would not include details on pausing the process. A further letter would be sent to Direct Payments recipients assuring them that the Council would work with them and this letter would also detail what consultation would take place at that stage.

Councillor Siân Wiseman spoke in regards to Agenda Item 7 (Older Person's Accommodation) she expressed her disappointment that the report had not been considered by the Health and Wellbeing Board before Cabinet as she felt this was the most appropriate body.

She was also concerned that the risks in the procurement had not been identified sooner and felt let down by Officers past and present, the Cabinet Member for Health past and present who had knowledge of the failure to procure the Plan. She also expressed her disappointment at the Cabinet Member's non attendance.

The Chair stated that he had received apologies from the Cabinet Member, Councillor Cunningham, who could not attend the meeting due to a Residents' Forum and Childcare.

Gwen Swinburn spoke on procedural issues. She asked for clarification on Officers' titles (for example if an Officer was an 'Interim Director' that title should be used, not 'Director') and felt that Officers should not refer to Members by their first names during meetings and vice versa.

74. Chair's Report-Health and Wellbeing Board

Members received a report from the Chair of the Health and Wellbeing Board which updated them on the recent work of the Board.

The Chair referred to Councillor Wiseman's earlier comments under Public Participation and agreed that it was unusual that the Elderly Persons Homes programme had not been discussed at the Health and Wellbeing Board. He also commented that the Care Quality Commission report was not mentioned in the report, but he was pleased to see that there was ongoing work in regards to student health.

Councillor Funnell pointed out that the Board had a very large remit and received many presentations at its meetings.

Resolved: That the report be noted.

Reason: So that Members of the Health Overview and Scrutiny Committee are kept up to date with the work of the Health and Wellbeing Board.

75. Residential, Nursing & Homecare Services-Quality Standards

Members received a six monthly monitoring report which provided them with details of the performance by York based providers against Care Quality Commission (CQC) standards and the Adult Commissioning Team's Quality Assessment Framework together with details of the CQC's approach to the regulation and inspection of care homes.

Officers highlighted that the retention and recruitment of staff still remained an ongoing problem which affected the continuity of care, which was a criteria that providers were failing on.

Questions from Members included;

- How much time and effort was needed for the reconfiguration of care homes to follow the inspection model?
- How long was an improvement plan for a Care Home?
- What was being done in regards to recruitment into the sector and what had been done in regards to additional training?
- How much capacity was available if a provider was found to be inadequate?

Officers stated that because of the constant change and new inspection model Care Homes would struggle to be rated "good" in the first round of CQC inspections. It would then be up to the homes to show improvements before the second inspection. Regarding the length of an improvement plan for a Care Home mentioned in the Officer's report, it was noted that this would be for a maximum of three months.

In regards to recruitment, Members were told that staff had been leaving residential services and going into the NHS. In regards to training, time constraints meant that this could not be fulfilled. Capacity wise, there were 30 vacant beds in York and an occupancy rate of 98% at any one time. This compared with a national occupancy rate of 85%.

Resolved: That the report be noted.

Reason: So that Members are kept aware of performance and standards of provision across care services in York.

76. Supporting Older People Scrutiny Review Interim Report

Members received an interim report on the work carried out to date by the Task Group appointed to undertake the Supporting Older People Scrutiny Task Group.

One Member questioned given the length of time that had been spent what the aims and objectives of the review, as there were no recommendations. She felt that there should have been monitoring on pilot working and that residents should have been listened to in order to find out whether certain pilots such as the Better Care Fund pilot had kept people out of hospital.

Another Member questioned why Wardens from Council Sheltered Housing did not record tenants' information in regards to hospital admissions.

Officers responded that Wardens knew when tenants were in hospital but this was not routinely recorded. However, this was now being undertaken.

Resolved: That the report be noted.

Reason: To ensure compliance with scrutiny procedures and protocols.

77. Older Person's Accommodation

Members received a report which put into context changes to the Council's Elderly Person's Homes programme.

The Chair explained to the Committee why he had invited the Chief Executive to attend the meeting, and highlighted in particular that Adult Social Care accounted for a significant proportion of the Council's budget.

Councillor Funnell commented that she felt that consideration of this item concerned procurement, which she felt was inappropriate as it was being examined at another meeting, would waste Officer time and was being used for purely political means.

Discussion took place over the chronology of the project and affordability, during which Officers outlined the following points;

- In regards to affordability it was important to recognise that in June 2013 a Cabinet paper was explicit about the risks involved with this project but only after the Council had been through the full procurement would the actual cost be known.
- In 2011/12 there was extensive consultation with developers and strong feedback that the project could be delivered by the developers within budget.
- Most of the delay from the first Cabinet paper in 2011 to 2013 was due to the period of consultation with the existing residents and potential developers (the consultation was not wholly from 2011-13 in its entirety) and the drawing together of documentation.

Officers also informed Members that during the consultation stage work also included the design of the homes. They also added that debates took place around how best to care for frail and elderly residents and how to schedule and pay providers. They admitted that the process was time consuming but covered all aspects.

In response to a question from the Chair, the Chief Executive responded that a group of cross party spokespersons had been recently formed in order to raise any concerns about adult social care but some of these could not be answered due to commercial confidentiality.

The Chief Executive reported that she had commissioned a report from the Council's external auditors, Mazars. This would look into all aspects of project management, the competitive dialogue process followed and would highlight any issues of concern. She added that she had received a document saying that they would look at programme initiation, use of external organisations to support the process and evidence to support the decision to suspend the procurement.

This would be received and considered by Audit and Governance Committee in June.

The Chair welcomed the Chief Executive's decision and commented that he looked forward to hearing the report and felt that an update report on this to the Committee might be useful at some point in the future.

Resolved: That the report be noted.

Reason: So that the Committee are kept fully informed of the reasons for the changes to the Council's Elderly Persons Homes project.

Councillor P Doughty, Chair

[The meeting started at 5.30 pm and finished at 7.25 pm].



Health & Adult Social Care Policy & Scrutiny Committee**10 June 2015**

Report of the Assistant Director, Governance & ICT

Arrangements for Overview & Scrutiny in York**Summary**

1. This report highlights the Council's structure for the provision of the overview and scrutiny function and the resources available to support it. It also details the current terms of reference for the individual Policy & Scrutiny Committees. These terms of reference may be subject to change by the new administration following the re-naming and re-designation of the Scrutiny Committees.

Background

2. In 2009 the Council restructured its overview and scrutiny function which led to the formation of a number of overview & scrutiny committees. In May 2015 the Council agreed to change these to Policy and Scrutiny Committees

Introduction

3. The Council's overview and scrutiny function currently has the following Policy & Scrutiny Committees in place:
 - Corporate & Scrutiny Management Committee (CSMC)
 - Economic Development and Transport
 - Learning & Culture
 - Communities and Environment
 - Health & Adult Social Care

Corporate & Scrutiny Management Committee (CSMC)

4. This Committee oversees and co-ordinates the scrutiny function, including:

- allocating responsibility for issues which fall between more than one Policy & Scrutiny Committee
- allocating, in consultation with the Chair/Vice-Chair, urgent issues to be considered by an appropriate Committee (including an Ad-Hoc Scrutiny Committee), as may be necessary;
- reviewing progress against the Work Plans of the Policy & Scrutiny Committees, as may be necessary and receiving bi-annual updates from Chairs of those Scrutiny Committees, as required;
- receiving periodical progress reports, as appropriate, on particular scrutiny reviews;
- considering and commenting on any final reports arising from completed reviews produced by the Policy & Scrutiny Committees, as required
- provides an annual report to Full Council on the work of the Policy & Scrutiny Committees
- recommends to the Executive an appropriate budget to support the undertaking of scrutiny reviews as part of the Council's budget setting process, and manages the overall allocation of any such budget
- periodically reviews the scrutiny procedures to ensure that they are operating effectively and recommends to Council any appropriate constitutional changes relating to the scrutiny structure or procedural rules
- Consider any decision "called in" for scrutiny in accordance with the Scrutiny Procedure Rules as set out in Part 4 of the Council's Constitution.

5. In Addition, CSMC exercises the powers of an Overview & Scrutiny Committee under section 21 of the Local Government Act 2000, by promoting a culture of continuous improvement across all corporate, strategic and business services through developing, challenging and reviewing those services and by monitoring the performance of the following Council service plan areas through regular performance monitoring reports:

- | | |
|---------------------------|------------------------------|
| • Audit & Risk Management | • Human Resources & |
| • Strategic Finance | Directorate HR Services |
| • IT&T | • Performance & Improvements |
| • Public Services | • Resources & Business |
| • Property Services | Management |
| • Policy & Development | • Business Support Services |
| | • Corporate Services |

- Civic Democratic & Legal Services
- Marketing & Communications
- Directorate Financial Services
- Management Information Services

Standing Policy & Scrutiny Committees

6. Each of the four standing Policy & Scrutiny Committees has its own individual remit as detailed below:

7. Economic Development & Transport Policy & Scrutiny Committee
This Committee is responsible for monitoring the performance of the following service plan areas through regular performance monitoring reports:

- Economic Development & Regeneration
- Strategic Housing
- Civil Engineering & Highways
- Parking Services
- Transport Strategy
- Parking Strategy
- Highways Strategy
- Reinvigorate York
- Environment Strategy
- Carbon Reduction
- Air Quality
- National & Regional Transport Infrastructure
- Digital Infrastructure,
- Fleet Management
- Planning, Conservation & Urban Design
- Local Plan

8. Learning & Culture Policy & Scrutiny Committee
This Committee is responsible for monitoring the performance of the following service plan areas through regular performance monitoring reports

- School Improvement & Staff Development
- Children and Families
- Partnerships & Early Intervention
- Resource Management
- Lifelong Learning
- Youth Services
- School Place Planning
- Play Policy
- Leisure
- Tourism
- City Centre Management, Markets & Events
- Arts and Culture
- Heritage
- Parks

9. Communities & Environment Policy & Scrutiny Committee

This Committee is responsible for monitoring the performance of the following service plan areas through regular performance monitoring reports:

- Flood Protection
- Smarter York
- Waste Management
- Street Environment
- Housing Landlord (HRA)
- Housing General
- Taxi Licensing
- Trading Standards
- Licensing Policy & Enforcement
- Licensing & Bereavement
- Registrar
- Safer City
- Emergency Planning
- Domestic Violence
- Safer Neighbourhoods
- Anti-social Behaviour
- Youth Offending
- Environmental Health
- Alcohol & Drugs Action
- Food Hygiene
- Animal Welfare

10. In addition, the Communities & Environment Policy & Scrutiny Committee is also responsible for the discharge of the functions conferred on the Council by sections 19 & 20 of the Police & Justice Act 2006, in relation to the scrutiny of community safety issues, the Police and the work of the local Crime and Disorder Reduction Partnership (known in York as the Safer York Partnership), made up of the following community safety partners:

- The Local Authority
- The Police Force
- The Police Authority
- The Fire and Rescue Authority
- The Primary Care Trust

11. Health & Adult Social Care Policy & Scrutiny Committee

This Committee is responsible for monitoring the performance of the following service plan areas through regular performance monitoring reports

- Public Health
- Services for Carers
- Adult Safeguarding
- Assessment & Personalisation
- Older People, Mental Health & Respite
- Commissioning & Partnerships

12. In addition, the Health & Adult Social Care Policy & Scrutiny Committee is also responsible for:

- (a) The discharge of the health and scrutiny functions conferred on the Council by the Local Government Act 2000
- (b) Undertaking all of the Council's statutory functions in accordance with Section 7 of the Health and Social Care Act 2001, NHS Reformed & Health Care Professional Act 2002, and section 244 of the National Health Service Act 2006 and associated regulations, including appointing members, from within the membership of the Committee, to any joint Overview and Scrutiny Committees with other local authorities, as directed under the National Health Service Act 2006.
- (c) Reviewing and scrutinising the impact of the services and policies of key partners on the health of the City's population
- (d) Reviewing arrangements made by the Council and local NHS bodies for public health within the City
- (e) Making reports and recommendations to the local NHS body or other local providers of services and to evaluate and review the effectiveness of its reports and recommendations
- (f) Delegating functions of scrutiny of health to another Local Authority Committee
- (g) Reporting to the Secretary of State of Health when:
 - i. Concerned that consultation on substantial variation or development of service has been inadequate
 - ii. It considers that the proposals are not in the interests of the health service

Standing Policy & Scrutiny Committees - Common Functions

13. In exercising the powers of an Overview and Scrutiny Committee under section 21 of the Local Government Act 2000, the four Policy & Scrutiny Committees shown above have the following common functions:
 - Maintain an annual work programme and ensure the efficient use of resources.
 - Assist in the development and review relevant policies and advise the Executive about the proposed Policy Framework as it relates to their service plan areas
 - Review any issue that it considers appropriate or consider any matter referred to it by the Executive, CSMC or Council and report back to the body that referred the matter.

- Identify aspects of the Council's operation and delivery of services, and/or those of the relevant Council's statutory partners, suitable for an efficiency review.
- Carry out efficiency reviews or set up a Task Group from within their membership to conduct a review on their behalf.
- Scrutinise issues identified from the Executive's Forward Plan, prior to a decision being made.
- Receive Executive Member reports relating to their portfolio, associated priorities & service performance.
- Scrutinise the services provided to residents of York by other service providers, as appropriate.
- Comment on the annual budget proposals and elements of the Corporate Strategy.
- Make final or interim recommendations to the Executive and/or Council
- Report any final or interim recommendations to CSMC, if requested
- Monitor the Council's financial performance during the year.
- Monitor progress on the relevant Council Priorities and advise on potential future priorities.
- Support the achievement of the relevant 'Local Area Agreement' priority targets

Work Planning

14. Each of the four Policy & Scrutiny Committees will produce and maintain an annual work plan. This will appear on the agenda for each meeting, and will show the different stages of any ongoing reviews and the scheduled dates for receiving the following:
 - Performance and Finance Monitoring Reports
 - Reports from Local Strategic Partners
 - Updates from Executive Members
 - Updates on the implementation of recommendations arising from previous scrutiny reviews.

Council Plan 2011/2015

15. The Policy & Scrutiny Committees are designed to be cross-cutting across Directorates and in carrying out its remit, may undertake work that supports one or more on the Council's Strategic Priorities. The Council's Corporate Strategy for 2011-15 contained the following priorities:

- Create Jobs & Grow the Economy
- Get York Moving
- Build Strong Communities
- Protect Vulnerable People
- Protect the Environment

16. In addition, CSMC and each of the Policy & Scrutiny Committees are responsible for ensuring their work promotes inclusiveness and sustainability.

Working Effectively as a Scrutiny Member

17. The vast majority of Scrutiny Committee meetings are held in public, as with all other formal meetings of Committees upon which elected Councillors sit. For such public meetings, agenda and reports must be published 5 clear working days in advance of the meeting itself. This allows time for the public to engage with the issues being discussed and for them to attend or speak at the meeting, as they wish. These formal meetings are an important part of the scrutiny function, publicly being seen to examine and question plans, policies and actions.

18. Members of the Policy & Scrutiny Committees can:

- Meet on a regular basis
- Prepare for meetings and visits by reading briefing papers and preparing any questions for witnesses
- Formulate and agree an annual work plan for their Committee, in consultation with the relevant Scrutiny Officer
- Discuss and decide on the remit and scope of each scrutiny review they undertake
- Contribute to discussions as community representatives but without a political agenda
- Develop each review through constructive debate
- Participate as fully in Scrutiny reviews as their time commitments will allow – e.g. by attending site visits and taking part in smaller task groups
- Make recommendations based on their deliberations and information received
- Take ownership of their final reports and any recommendations, and work with the Scrutiny Officer on their production
- Monitor Scrutiny recommendations approved by the Executive to see how they are being implemented

- Identify items on the Executive Forward Plan for potential consideration by the Committee
- Treat officers, witnesses and other members with respect and consideration.

19. Chairs of Policy & Scrutiny Committees - in addition to their member role, each Chair is will:

- Provide leadership and direction at meetings and in terms of managing the progress of scrutiny work;
- Attend Chair's Briefing meetings with the Scrutiny Officer, Vice Chair and other officers as appropriate, to discuss how meetings will run and to manage the business
- Work with the Scrutiny Officer and senior officers to ensure an effective exchange of information, at all times
- Support Officers in setting realistic timescales scrutiny reviews, taking into account existing workload, resources and related pressures
- Ensure everyone gets the opportunity to contribute at meetings and their views are heard and considered
- Ensure that officers and witnesses are properly introduced at meetings and are always treated with respect and consideration, as set out in the Witness Charter
- Work with the Scrutiny Officer on the production of any final review reports, as appropriate
- Present the Committee's review final reports and recommendations to the Executive

20. Vice Chairs perform the Chair's role in their absence.

21. Statutory Voting Co-optees

- Are required for the Learning & Culture Policy & Scrutiny Committee, to represent parents and religious groups in relation to educational activity;
- Participate fully within the Scrutiny work as a member of the Committee (see member's role) and vote on issues within their educational remit;
- Provide advice and information to the Committee based on their specific skill, knowledge or expertise;

- Are not required to attend meetings which have no educational aspect.

22. Non-Statutory and Non-Voting Co-optees

- Can be invited by a Committee to provide advice and information based on their specific skill, knowledge or expertise, either on a permanent basis or for the duration of a review.
- Participate as a member of the Committee would do, but cannot take part in a vote if one is held during a meeting.

Officer Roles Supporting Policy & Scrutiny Committees

23. The work of the Policy & Scrutiny Committees is supported by officers in a number of ways:

24. The Scrutiny Services Team

- Facilitate and support CSMC and the Policy & Scrutiny Committees, and organise events and meetings
- Support CSMC in reviewing and improving the Scrutiny function
- Work with individual Committees to develop their annual work plans, and with CSMC to co-ordinate the overall scrutiny function
- Provide independent and impartial advice to Councillors
- Carry out research and gather information as directed by the Committees
- Provide a link between the Committees, senior officers of the council and external witnesses, inviting them to meetings and supporting them throughout the scrutiny process to ensure an effective exchange of information
- Liaise and consult with residents, partnerships and other external parties on behalf of the Committees
- Draft final reports in close consultation with the Chairs of the Committees
- Forward reports and agenda items to the appropriate Democracy Officer on time so these can be published
- Stay up to date with new developments in Scrutiny legislation and implement changes as necessary

25. Lead Officers

- Each Committee has a designated Lead Officer responsible for 'championing' scrutiny within their Directorates and ensuring Scrutiny Officers receive appropriate technical support and information for scrutiny reviews/reports within agreed timescales.
- Lead Officers will attend Chair's Briefings and the Committee meetings.
- Relevant technical officers will also support scrutiny and Scrutiny Officers in providing Scrutiny Committees with technical reports and information and in attending meetings to advise Members.

26. Democracy Officers

- Provide constitutional advice at scrutiny meetings or to Scrutiny Officers and councillors when required
- Timetable meetings in consultation with Committee members
- Book meeting rooms and cancel bookings when necessary
- Receive reports and compile agenda for meetings, publish and circulate within the legal deadlines
- Write Minutes of policy & scrutiny meetings, consult with the Scrutiny Officer afterwards and get Minutes signed off by the Chair of the Committee
- Provide a registration facility for members of the public wishing to speak at scrutiny meetings

Consultation

27. This report is for information only - no specific consultation has taken place on this report.

Implications & Risk Management

28. There are no known Legal, HR, Finance, Equalities, Crime & Disorder, Property or other implications associated with the recommendation in this report.
29. There are no known risks, associated with the recommendation in this report.

Recommendations

30. Members are asked note the contents of this report and the specific remits of the individual Policy & Scrutiny Committees.

Reason: To inform Members of scrutiny arrangements

Contact Details

Author:

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Scrutiny Officer
Ext. 2063

Chief Officer Responsible for the report:

Andrew Docherty
Assistant Director, Governance & ICT
Ext 1004

**Report
Approved**



Date 17 April 2015

Wards Affected:

All



For further information please contact the author of the report

Background Papers: N/A

Abbreviations:

CSMC- Corporate and Scrutiny Management Committee

HR- Human Resources

IT & T- Information Technology & Telecommunications

HRA- Housing Revenue Account

NHS- National Health Service

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Update Report on Progress against CQC Action Plan

The Trust was inspected between 29 September and 5 October 2014 as part of the Care Quality Commission's (CQC) comprehensive inspection programme. The inspection team looked at the Trust as a whole and in more detail at 11 core services including inpatient mental health wards and community-based mental health, crisis response and learning disability services.

Leeds and York Partnership NHS Foundation Trust was given an overall rating of "requires improvement" (see summary table below).

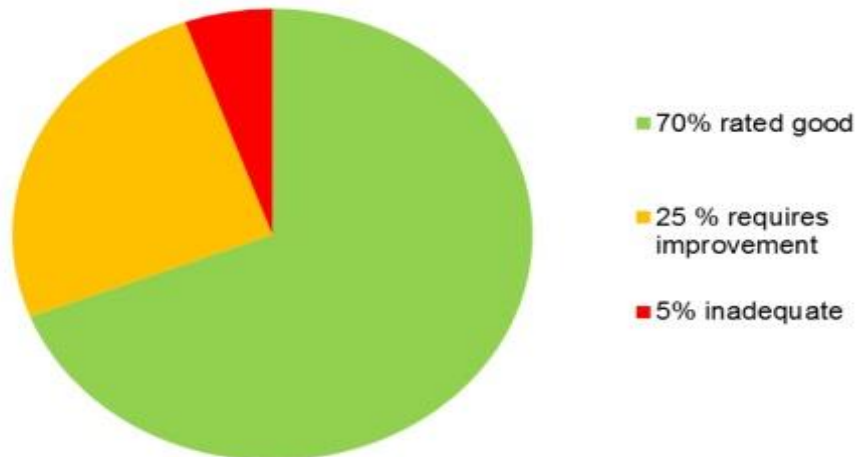
Five Key Questions	Overall Rating for Leeds and York partnership NHS Foundation Trust
Are services safe?	Requires Improvement
Are services effective?	Requires Improvement
Are services caring?	Good
Are services responsive?	Requires Improvement
Are services well led?	Requires Improvement
Overall	Requires Improvement

The CQC found many areas of good practice and received many positive comments about care from service users and carers. This included care for women with personality disorders at Clifton House in York.

There were a smaller number of areas where they identified issues with the quality of the service, these included the safety and suitability of the environment where care was being delivered, the level of staffing available at all times to meet the needs of patients and the level of training that staff had received.

It is important to note that 70% of the areas rated by CQC were judged to be 'Good', 25% as 'Requires Improvement' and 5% as 'Inadequate'. The latter specifically relates to older peoples services in York and all of the actions, for which the Trust has direct responsibility, have now been completed. Further details are provided below.

Proportionality of ratings across services



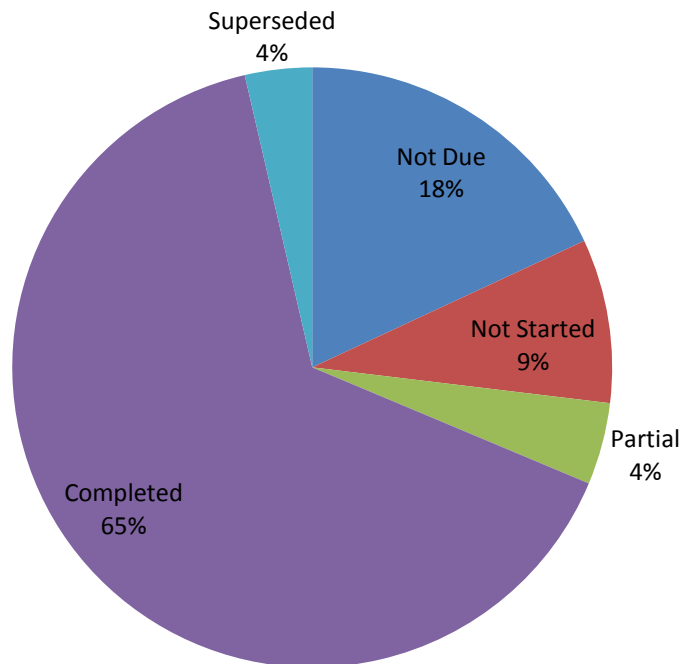
At Provider level, the Trust received five “compliance actions”. These are issues that require immediate attention to address essential standards of quality and safety. They included the following:

- Safety and suitability of premises
- Systems for identifying, handling and responding to complaints
- Ensuring staff receive appropriate training, supervision and appraisals
- Ensuring there are enough suitably qualified, skilled and experienced staff at all times to meet patients’ needs
- Eliminating mixed sex accommodation

Action Plan Development and Monitoring

In response to the CQC’s immediate findings the Trust completed a Responsive Action Plan. Following receipt of the CQC’s final reports in January 2015, a comprehensive action plan, addressing all of the ‘Must and Should Dos’ and areas of implied concern was developed and submitted to CQC in order to ensure that all improvements are embedded into practice. The Action Plan is monitored and updated fortnightly through the Trust’s CQC Fundamental Standards Group, which is chaired by the Director of Nursing. Due to adopting this managed process we are achieving good compliance against our action plan with 65% of the plan now complete.

Progress against CQC improvement plan



27% of actions in the plan are not due to have started yet (9%) or have started, but are not due to complete yet (18%). A further 4% of actions were commenced but have since being superseded.

The following presents a brief précis of achievement against the improvement plan:

Safety and Suitability of Premises and Eliminating Mixed Sex Accommodation

In response to the inspection findings a further environmental risk assessment was undertaken and immediate actions were taken to mitigate risks. A schedule of works has been agreed to support improvements at Bootham Park Hospital (BPH), and this remains on track. Ward 6 (Older People's Assessment Unit) BPH will transfer to Cherry Tree Court following completion of refurbishment works at Cherry Tree Court by the end of June 2015.

This will facilitate improvement works within the remaining Wards at Bootham Park Hospital, and these works are also on schedule for completion at the end of September 2015.

Meadowfields and Worsley Court, both older people's inpatient units, were judged by CQC to be non-compliant with the Department of

Health's Eliminating Mixed Sex Accommodation (EMSA) and the Mental Health Act Code of Practice (MHACoP) on privacy and dignity. Following a proposal submitted by the Trust to the Vale of York CCG in January 2015, both of these units provide single sex accommodation and are therefore fully compliant with EMSA guidance and MHACoP.

The CQC also identified a similar issue at Acomb Garth, however, this unit needs to remain a service for both women and men and consequently an improvement plan has been agreed between the Trust, VoY CCG and NHS Property Services (the 'Landlord') to address the safety and suitability issues. The work is on target for completion in August 2015 and in the meantime the Trust is managing the risk operationally.

The CQC also raised concerns about the suitability of the premises at Lime Trees, which at the time of the inspection provided inpatient Child and Adolescent Mental Health Services (CAMHS). In December 2014 Lime Trees was reprovided to a newly refurbished unit at Mill Lodge, York, which has also created additional capacity for young people who require inpatient care.

Systems for Identifying, Handling and Responding to Complaints

The Trust has reviewed its complaints procedure immediately following the inspection. This has led to a revised complaints policy and procedure and an investment in the infrastructure for complaints management. Additional training has been provided to operational staff in respect of complaints handling and a new Complaints Manager has been recruited to oversee all of the improvements.

In addition to this the Trust has improved its follow-up with complainants to check if they are satisfied with the outcome.

Ensuring staff receive appropriate training, supervision and appraisals

The CQC found that the trust was (a) not meeting its own training targets in respect of statutory and mandatory training; and (b) not including some important areas as mandatory training e.g. Mental Capacity Act. The Trust has developed and is currently rolling out a revised statutory and mandatory training programme, that includes Mental Health Act and Mental Capacity Act training, including Gillick Competency assessment for CAMHS staff. The Trust submitted revised timeline trajectories to CQC which they have accepted as part of our Action Plan.

To support the delivery of the mental health legislation training the Trust has developed a Mental Health Legislation Operational Committee, to ensure that there are robust processes in place for embedding quality standards throughout our services in York and North Yorkshire.

We continue to progress an action plan to reach 90% compliance with all other mandatory training by July 2015.

There has been strong progress made on attaining our target of 90% staff with a current appraisal by July 2015.

Ensuring there are enough suitably qualified, skilled and experienced staff at all times to meet patients' needs.

These concerns related to the Older People's services in York. Staffing and Skill Mix have been reviewed at Worsley Court, Peppermill Court, Meadowfields and Ward 6, Bootham Park Hospital. Older peoples services are now benefiting from increased provision of Occupational Therapy and Physiotherapy. An Advanced Nurse Practitioner for Dementia Care is now in post to provide additional clinical leadership into older people's services.

The staffing at Field View, a low secure forensic service, was reviewed immediately, and a registered nurse is now on duty 24 hours 7 days a week.

Medical cover has been reviewed, and a business case for additional resources has been supported by the Executive Team.

Conclusions

Leeds and York Partnerships NHS Foundation Trust has introduced a CQC Fundamental Standards Group to lead delivery of its CQC Improvement Plan. The effectiveness of this approach can be demonstrated by the fact that 96% of all actions remain either completed or due for completion by the agreed date. 65% of the Improvement plan has already been achieved.

The full detail can be found within the detailed action plans which are enclosed with this report.

This paper serves to demonstrate the commitment of the Trust to make all the necessary improvements to bring us into compliance with all of the essential standards, and provide assurance to the Scrutiny Committee of the work undertaken.

Abbreviations

BPH – Bootham Park Hospital

CAMHS – Child and Adolescent Mental Health Service

CCG – Clinical Commissioning Group

CQC – Care Quality Commission

EMSA – Eliminating Mixed Sex Accommodation

MHACoP – Mental Health Act Code of Practice

VoY CCG – Vale of York Clinical Commissioning Group

YORK CARE GROUP ACTION PLAN

Actions at 21 May 2015

Report	Page ref	Category	Importance	Recommendation	Location and or service	Action ref	Agreed Action	Responsible Director	Responsible Manager/s	Action supported by	Due Date	Latest Progress update	STATUS	Update
Provider level report	18 & 46	Compliance action	High	The trust must ensure that their facilities and premises are appropriate for the services being delivered at Bootham hospital and Yorkshire centre for psychological medicine	Bootham	P1d	Ward 6 (Elderly Assessment Unit) will relocate to Cherry Trees	Dawn Hanwell	Mark Powell	David Furness	30-Jun-15	On target	NOT YET DUE	Update received on 15 May from NHS Property Services reporting that programme of works on track to complete within timescale notified to CQC
	P1e					Ward 6 will then be modified so that it is safe to accept patients.	Dawn Hanwell	Mark Powell	David Furness	30-Sep-15	On target	NOT YET DUE		
	P1f					Patient from Ward 1 (Female Acute) will transfer on a temporary basis to the modified Ward 6.	Dawn Hanwell	Mark Powell	David Furness	31-Aug-15	On target	NOT YET DUE		
	P1g					Ward 1 will then be modified so that it is safe to accept patients. Work will be completed by September 2015.	Dawn Hanwell	Mark Powell	David Furness	30-Sep-15	On target	NOT YET DUE		
	P1h					Patients from Ward 6 will return to the modified Ward 1.	Dawn Hanwell	Mark Powell	David Furness	30-Sep-15	On target	NOT YET DUE		
	P1i					Patients from Ward 2 (Male Acute) will then transfer to the modified Ward 6 in September 2015.	Dawn Hanwell	Mark Powell	David Furness	30-Sep-15	On target	NOT YET DUE		
Provider level report	19	Must do	High	At Peppermill Court, Worsley Court, Meadowfields and ward 6 at Bootham Park hospital the provider must ensure there are sufficient skilled staff at all times to meet the treatment and care needs of patients.	Peppermill Court Meadowfields Worsley Court Bootham wrd 6	P2a	Additional medical input in place	Jill Copeland	Wendy Quinn	Neil McAdam	-	complete	Complete	Confirmed as complete by Lynn Parkinson and in Responsive Action Plan. Completed - Deputy COO confirmed required actions have been done
	P2b					Carry out a review regarding further medical input needed and sign off the recommendations.	Jill Copeland	Wendy Quinn	Neil McAdam	23-Jan-15	complete	Complete		
Provider level report	19 & 47	Compliance action	High	The provider must ensure it adheres to the guidelines for mixed sex wards under the MHA Code of Practice at Meadowfields, Worsley Court, ward 6 at Bootham Park hospital and Acomb Garth.	Bootham wrd 6 Meadowfields Worsley Court Acomb Garth	P3a	Ward 6 (Elderly Assessment Unit) will relocate to Cherry Trees 1	Dawn Hanwell	Mark Powell	David Furness Wendy Quinn	30-Jun-15	On target	NOT YET DUE	Update received on 15 May from NHS Property Services reporting that programme of works on track to complete within timescale notified to CQC Covers O4 Action covers items P11b. Advised as completed by Dawn Hanwell meeting 7/5/15. Andrew Jackson Advised as complete by Dawn Hanwell - meeting 7/5/15. Andrew Jackson. Update received on 15 May from NHS Property Services reporting that programme of works on track to complete within timescale notified to CQC
	P3b					Now single sex units	-	-	-	-	complete	Complete		
	P3c					Regarding the building works: scope and design	Develop	Dawn Hanwell	Dawn Hanwell	Mark Powell	25-Mar-15	complete	Complete	
	P3d					Detailed design		Dawn Hanwell	Dawn Hanwell	Mark Powell	30-Apr-15	complete	Complete	
	P3e					Tender work package		Dawn Hanwell	Dawn Hanwell	Mark Powell	05-Jun-15	On target	NOT YET DUE	
	P3f					Appoint & Contract		Dawn Hanwell	Dawn Hanwell	Mark Powell	19-Jun-15	On target	NOT YET DUE	
	P3g					Complete work		Dawn Hanwell	Dawn Hanwell	Mark Powell	24-Aug-15	On target	NOT YET DUE	
Provider level report	19	Must do	High	At Worsley Court the trust must ensure that there are no delays in the administration of patients medication.	Worsley Court	P4a	Immediate action taken in terms of ensuring there are no delays in administering medication	Jill Copeland	Wendy Quinn	Neil McAdam Claire MacDiarmid Richard Mellor	-	complete	Complete	
	P4b					Longer term action is being developed regarding ensuring evidence of review.	Jill Copeland	Wendy Quinn	Neil McAdam Claire MacDiarmid Richard Mellor	15-Mar-15	complete	Complete		
Provider level report	19	Must do (Compliance at service level)	High	The provider must ensure consent to care and treatment is obtained in line with legislation and guidance including the Mental Capacity Act 2005.	Bootham Wd 2	P10a	The Deputy Chief Operating Officer will devise a standardised approach regarding review data, implementation and ensure working.	Anthony Deery	Lynn Parkinson	Alison Kenyon Wendy Quinn	16-Mar-15	Partial	partial	Actions will be completed on 4 June 2015 when the approach will be signed off at the operational group meeting. Update from Lynn Parkinson - meeting with AJ 15/5/15 Actions will be completed on 4 June 2015 when the approach will be signed off at the operational group meeting. Update from Lynn Parkinson - meeting with AJ 15/5/15
	P10b					Establish trust wide group around issues concerning consent and wider MH legislation.	Anthony Deery	Lynn Parkinson	Alison Kenyon Wendy Quinn	28-Feb-15	complete	Complete		
	P10c					The Mental Health Legislation Committee will sign off and approve the plan referred to above.	Anthony Deery	Lynn Parkinson	Alison Kenyon Wendy Quinn	21-Mar-15	partial	partial		
	P10d					Immediate reminder to be drafted and sent to all relevant regarding this and other issues raised by the CQC reports.	Anthony Deery	Anthony Deery	-	27-Jan-15	complete	Complete		
Provider level report	19	Must do (Compliance at service level)	High	The provider must take action to ensure rehabilitation wards are both adequately and safely maintained.	Acomb Garth	P11a	In response to the findings an environmental risk assessment was undertaken and immediate actions were taken to mitigate any obvious risks.	Dawn Hanwell	David Furness	Oliver Holdsworth	-		Complete	confirmed by Dawn Hanwell - meeting 7/5/15. Andrew Jackson confirmed by Dawn Hanwell - meeting 7/5/15. Andrew Jackson Update received on 15 May from NHS Property Services reporting that programme of works on track to complete within timescale notified to CQC
	P11b					Regarding the building works: scope and design	Develop	Dawn Hanwell	Dawn Hanwell	Mark Powell	25-Mar-15	complete	Complete	
	P11c					Detailed design		Dawn Hanwell	Dawn Hanwell	Mark Powell	30-Apr-15	complete	Complete	
	P11d					Tender work package		Dawn Hanwell	Dawn Hanwell	Mark Powell	05-Jun-15	On target	NOT YET DUE	
	P11e					Appoint & Contract		Dawn Hanwell	Dawn Hanwell	Mark Powell	19-Jun-15	On target	NOT YET DUE	
	P11f					Complete work		Dawn Hanwell	Dawn Hanwell	Mark Powell	24-Aug-15	On target	NOT YET DUE	
Provider level report	19	Must do (Compliance at service level)	High	The provider must ensure care records, at Acomb Gables, are kept up to date.	Acomb Garth	P12a	Immediate 1. Immediate review of care record documentation completed and improvements made	Jill Copeland	Wendy Quinn	Neil McAdam Steve Dawson	-		Complete	Confirmed as complete by the deputy COO at a meeting on 15/5/15
	P12b					Weekly care record documentation checklist developed (adapted from Bootham Park Hospital inpatient ward checklist). To be carried out by a Band 6 Nurse and reported to, and reviewed by the Matron and Assistant Director of Nursing. Frequency to be reviewed at the end of one month's completed checklist.	Jill Copeland	Wendy Quinn	Neil McAdam Steve Dawson	31-Mar-15	complete	Complete		

					P12c	A multidisciplinary task and finish group commenced to review case documentation and consider the new approach adopted in the Leeds Recovery Centre which may better support the recovery pathway in the York and North Yorkshire services	Jill Copeland	Wendy Quinn	Neil McAdam Steve Dawson	30-Jun-15			NOT YET DUE	
Provider level report	19	Must do	High	The provider must ensure that adequate medical cover is available, both within and out of working hours that meets the needs of the patients across the trust.	Rehabilitation services York CUES	P19a	Responsive action plan - details immediate response	Jill Copeland	Lynn Parkinson	0	-	Complete	Complete	Reviewed in Rehab - view is that it is sufficient
						P19b	Clarify current arrangements for provision of primary care access.	Jill Copeland	Lynn Parkinson	Steve Wright Guy Brookes Barry Wright	27-Jan-15	complete	Complete	York - WQ set up meeting regarding GP AK to check on Leeds arrangements
						P19c	Formal report into CQC Essential Standards group all services	Jill Copeland	Lynn Parkinson	Alison Kenyon Andy Weir Wendy Quinn Steve Wright Guy Brookes Barry Wright	15-Mar-15	complete	Complete	Reports have been made from all care groups - confirmed by the Deputy COO on 15/5/15.
Provider level report	19-20	Should do action	Medium	At Peppermill Court, Meadowfields, Worsley Court, The Mount and Bootham Park Hospital ward 6 the provider should ensure the environment is reviewed to ensure staff have clear lines of sight throughout the wards to ensure patients safety.	Peppermill Court Meadowfields Worsley Court Bootham wd 6	P23a	Completed a ligature risk assessment of all inpatient wards across the Trust	Jill Copeland	Lynn Parkinson	Anthony Deery Alison Kenyon Andy Weir Wendy Quinn	-	complete	Complete	
						P23b	Produced a revised Ligature Risk Assessment Procedure.	Anthony Deery	Salli Midgeley	0	-	complete	Complete	
						P23c	Commissioned an external Patient Safety consultant to undertake a wider environmental risk assessment of all inpatient wards in Leeds.	Jill Copeland	Lynn Parkinson	Anthony Deery Alison Kenyon Andy Weir Wendy Quinn	30/04/2015	complete	Complete	Line of sight assessments are now carried out - confirmed by the Deputy COO - 15/5/15
						P23d	Scheduled a programme of environmental risk assessment training to staff.	Jill Copeland	Lynn Parkinson	Anthony Deery Alison Kenyon Wendy Quinn Andy Weir	30/04/2015	Partial	partial	The Associate Director will receive training from a trained member of staff from Leeds during week commencing 25 May 2015. The Associate Director will cascade this training to other key staff at York.
Provider level report	19-20	Should do action	Medium	At Peppermill Court the trust should ensure that there are clear arrangements in place to provide patients with the appropriate physical health monitoring and treatment.	Peppermill Court	P24	Develop a system to deliver physical health monitoring and treatment	Jill Copeland	Wendy Quinn	Neil McAdam Claire MacDiarmid	18-Mar-15	complete	Complete	#####
Provider level report	19-20	Should do action	Medium	At Peppermill Court, and Worsley Court staff should follow the trust policy in regards to the recording of restraint.	Peppermill Court Worsley	P25	Ensure staff have read, understand and follow Trust procedures for recording restraint	Jill Copeland	Wendy Quinn	Neil McAdam Claire MacDiarmid	18-Mar-15	complete	Complete	#####
Provider level report	19-20	Should do action	Medium	At Peppermill Court, Meadowfields, Worsley Court, the trust should ensure they continue to implement the 'Quality improvement plan for the community unit elderly services (CUES)' and provide CQC with a monthly update of the progress	Worsley Peppermill Court Meadowfields	P26	Continue with the improvement plan New QUIP will be finalised - end date for this action	Jill Copeland	Lynn Parkinson	Wendy Quinn	27-Feb-15	complete	Complete	See WQ's response. Now complete LP supplied Quip. AJ 21/4/15.
Provider level report	19-20	Should do action	Medium	The provider should review the processes for checking emergency equipment at the crisis and access service - Bootham Park Hospital, York and the rehabilitation wards across the trust.	CAS Bootham Rehabilitation Services	P31a	Set up a review audit to check compliance with policy and ensure evidence of checks is present	Jill Copeland	Wendy Quinn	Adrian Ellsworth Sharron Spendelow	31-Mar-15	Complete	Complete	#####
						P31b	Set up a review audit to check compliance with policy and ensure evidence of checks is present	Jill Copeland	Lynn Parkinson	Sharron Spendelow Wendy Quinn Neil McAdam Alison Kenyon Judith Barnes	31-Mar-15	Complete	Complete	Judith Barnes 2/4/15.
Provider level report	19-20	Should do action	Medium	The provider should review the provision of dedicated medical input into the services of the crisis and access service - Bootham Park Hospital, York.	CAS Bootham Park	P32	Carry out the review and identify possibility of dedicated medical input	Jill Copeland	Wendy Quinn	Adrian Ellsworth	-	complete	Complete	#####
Provider level report	19-20	Should do action	Medium	The provider should take action to ensure Millside and Acomb Garth have a system in place to support the physical health needs of patients and incorporate the information within the care planning. Evidence of physical health assessments on admission and continuous monitoring need to be recorded within the care plan.	Acomb Garth	P38b	Develop a system or apply a pre-existing system from another unit. Remind staff that care documents need to include evidence and outcomes of physical health monitoring at admission and continually during a service user's stay in the service.	Jill Copeland	Lynn Parkinson	Wendy Quinn Neil McAdam	31-Mar-15	Partial	partial	The process and pathway has been developed and rolling out this programme will commence on 1 June 2015 and will have been completed by 30 June 2015.
Provider level report	19-20	Should do action	Medium	The provider should make information available to patients and families regarding the complaints policy and procedure. This information should be displayed on notice boards throughout the wards and in public areas	Acomb Garth	P41b	Ensure up to date information is made available at this unit.	Jill Copeland	Wendy Quinn	Neil McAdam	27-Feb-15	done	Complete	Posters and cards were sent to these units w/c 11/5/15
Crisis Teams and Health Based Places of Safety	12	Should do action	Medium	The provider should review the processes for checking emergency equipment and fridge temperatures at the CAS at the Becklin Centre, Leeds.	CAS Bootham	CT4b	Set up a review audit to check compliance with policy and ensure evidence of checks is present	Jill Copeland	Lynn Parkinson	Sharron Spendelow Wendy Quinn Neil McAdam Alison Kenyon Judith Barnes	31-Mar-15	complete	Complete	#####
Crisis Teams and Health Based Places of Safety	12	Should do action	Medium	The provider should review the provision of dedicated medical input into all teams within the Crisis and Access Service (CAS) at Bootham Park Hospital, York.	CAS Bootham	CT5	Carry out a review of medical input into the York CAS team.	Jill Copeland	Wendy Quinn	Adrian Ellsworth	00/01/1900		Complete	see P32
Crisis Teams and Health Based Places of Safety	12	Should do action	Medium	The provider should review the local audit programmes and provide evidence of how shortfalls had been identified and learning had been implemented from audits.	CAS Bootham	CT6b	The clinical audit action plan will also be presented and discussed at the Care Group Clinical Audit Group with any cross cutting actions and lessons learned being presented and implemented at the Care Group Clinical Governance Council. All these meetings are minuted to provide the necessary evidence	Jill Copeland	Wendy Quinn	Adrian Ellsworth	30/04/2015	Partial	partial	A mechanism is now in place for this to come to governance meetings. Learning and lessons from clinical audits is on the Care Group's June Clinical Governance meeting.
Crisis Teams and Health Based Places of Safety	12	Should do		The provider should review systems for informing people how to raise concerns and		CT7a	A review of written materials (leaflets, posters) and information that will be made available on the Trust website.	Anthony Deery	Melanie Hird	0	00/01/1900	Complete	Complete	See P33. New (ratified) procedural document. New leaflet and poster. Screen shot from website. Trust wide email about new procedure. Mel Hird 29/4/15.

	action	Medium	Informing people how to raise concerns and complaints at the CAS team at the Becklin Centre, Leeds.	CAS Bootham	CT7b	Information on how to complain to be displayed in all ward/public access areas. The Trust's Communications team will ensure teams receive any updates to information to be displayed.	Anthony Deery	Melanie Hird	Oliver Tipper	00/01/1900	Complete	Complete	New leaflet and poster. Copy of letter to all service managers with instructions on how to display. Copy of customer-facing process summary. Mel Hird. 29/4/15.
Community based mental health services for adults of Working Age	Area for improvement	Medium	The trust should ensure that staff receive mandatory training and appraisals as per trust policy.	Community services	C4a	Compulsory Training The Associate Directors have given a clear undertaking to meet this revised deadline to have at least 90% of their staff compliant with compulsory training targets	Susan Tyler	Andy Weir Alison Kenyon Wendy Quinn	David Gaunt	30-Jun-15		NOT YET DUE	
C4b					Appraisals: Staff will receive communication material clarifying key issues regarding appraisals from February 2015. This will cover how appraisals are reported and why carrying out appraisals are important.	Susan Tyler	Maria Warner	David Gaunt	28-Feb-15	Complete	Complete	Confirmed as complete and as linked items at the CQC FS Group 24/3/15	
C4c					Appraisals: Aa poster campaign will run signposting staff to resources available to support appraisal, this will include guidance & training.	Susan Tyler	Maria Warner	David Gaunt	31-Mar-15	Complete	Complete	Confirmed as complete and as linked items at the CQC FS Group 24/3/15	
Wards for older people with mental health problems	Must do	High	At Peppermill Court, Worsley Court, Meadowfields and Ward 6 Bootham Park hospital the trust must ensure there are sufficient skilled staff at all times to meet the treatment and care needs of the patients.	Worsley Peppermill Court Meadowfields Bootham wd 6	O3	Review staffing and increase to meet standard complement required	Jill Copeland	Lynn Parkinson	Wendy Quinn Steve Wright	30-Apr-15	complete	Complete	
Wards for older people with mental health problems	Must do	High	The trust must ensure it adheres to the guidelines for mixed sex wards under the MHA Code of Practice (Chapter 16.9), at Meadowfields, Worsley Court and ward 6 Bootham Park Hospital.	Worsley Meadowfields Bootham wd 6	O4a	Now single sex units	Dawn Hanwell	Mark Powell	David Furness	-	complete	Complete	
O4b					Now single sex units	Dawn Hanwell	Mark Powell	Wendy Quinn David Furness	-	complete	Complete		
O4c					Ward 6 (Elderly Assessment Unit) will relocate to Cherry Trees i	Dawn Hanwell	Mark Powell	David Furness Wendy Quinn	30-Jun-15		NOT YET DUE		
Wards for older people with mental health problems	Compliance action	High	At Worsley Court the trust must ensure that there no delays to the administration of patients medication.	Worsley	O5a	A review of patient medications by the medical, nursing and pharmacy staff.	Jill Copeland	Wendy Quinn	Claire MacDiarmid	0	complete	Complete	see P4
O5b					A review of the administration times taking into account clinical need and the personal preferences of patients, particularly around the time they get up.	Jill Copeland	Wendy Quinn	Claire MacDiarmid	0	complete	Complete		
O5c					Medicine rounds are now required to be completed within the two hour administration period as indicated in the Trust's Medicines Code.	Jill Copeland	Wendy Quinn	Claire MacDiarmid	0	complete	Complete		
O5d					The development of a Medicines Competency framework for Health Support Workers to assist the Registered Nurse with administration of dietetic drinks. Peppermill Court will trial this work initially with Band 3 HCA's with a proposed start date of 1.4.15.	Anthony Deery	0	0	01-Apr-15	complete	Complete	Certified complete by AD - AJ 21/4/15.	
Wards for older people with mental health problems	Should do action	Medium	At Peppermill Court the trust should ensure there are clear arrangements in place to provide patients with the appropriate physical health monitoring and treatment	Peppermill Court	O6	Develop a system to deliver physical health monitoring and treatment	Jill Copeland	Wendy Quinn	Neil McAdam Claire MacDiarmid	31-Mar-15	complete	Complete	#####
Wards for older people with mental health problems	Should do action	Medium	At Peppermill Court, and Worsley Court staff should follow the trust policy in regards to the recording of restraint.	Peppermill Court Worsley	O7	Ensure staff have read, understand and follow Trust procedures for recording restraint	Jill Copeland	Wendy Quinn	Neil McAdam Claire MacDiarmid	31-May		Complete	See P25. Date updated by Clare MacDiarmid
Wards for older people with mental health problems	Should do action	Medium	At Peppermill Court, Meadowfields, Worsley Court, the trust should ensure they continue to implement the Quality improvement plan for the Community unit elderly services (CUES) and provide CQC with a monthly update of the progress	Worsley Peppermill Court Meadowfields	O8	Continue with the improvement plan	Jill Copeland	Lynn Parkinson	Steve Wright Wendy Quinn	16-Apr-15	partial	Complete	The QUIP is on the next Quality Committee agenda - there needs to be a discussion about the extent it features in future meetings.
Wards for older people with mental health problems	Should do action	Medium	At Peppermill Court, Meadowfields, Worsley Court, The Mount and Bootham Park Hospital ward 6 the provider should ensure the environment is reviewed to ensure staff have clear lines of sight throughout the wards to ensure patients safety	Worsley Peppermill Court Meadowfields Bootham wd 6	O9	Set up a system of environmental reviews and improve line of sight on these units	Jill Copeland	Wendy Quinn	Neil McAdam Claire MacDiarmid	31-May-15		NOT YET DUE	see P22. The work currently being carried out by Wendy Beresford will be extended into York services and this issue will be a part of the specified work. Updated by Wendy Quinn.
Long stay/rehabilitation mental health wards for working age adults	Compliance Action	High	The provider must take action to ensure premises are both adequately and safely maintained. Acomb Garth is in need of maintenance, there was plaster falling off the walls and it was in need of refurbishment.	Acomb Garth	R1a	In response to the findings an environmental risk assessment was undertaken and immediate actions were taken to mitigate any obvious risks.	Dawn Hanwell	David Furness	Oliver Holdsworth	-	complete	Complete	In response to the findings an environmental risk assessment was undertaken and immediate actions were taken to mitigate any obvious risks.
R1b					Regarding the building works: Develop scope and design	Dawn Hanwell	Dawn Hanwell	Mark Powell	25-Mar-15	complete	Complete	Advised as complete by Dawn Hanwell meeting 7/5/15. Andrew Jackson.	
R1c					Detailed design	Dawn Hanwell	Dawn Hanwell	Mark Powell	30-Apr-15	complete	Complete	Advised as complete by Dawn Hanwell meeting 7/5/15. Andrew Jackson.	
R1d					Tender work package	Dawn Hanwell	Dawn Hanwell	Mark Powell	05-Jun-15	On target	NOT YET DUE	Update received on 15 May from NHS Property Services reporting that programme of works on track to complete within timescale notified to CQC	
R1e					Appoint & Contract	Dawn Hanwell	Dawn Hanwell	Mark Powell	19-Jun-15	On target	NOT YET DUE		
R1f					Complete work	Dawn Hanwell	Dawn Hanwell	Mark Powell	24-Aug-15	On target	NOT YET DUE		
Long stay/rehabilitation mental health wards for working age adults	Must do	High	The provider must ensure that the requirements relating to separate facilities for men and women, according to paragraph 16.9 of the Mental Health Act Code of Practice, and	Acomb Garth	R3a	Develop an action plan to ensure Acomb Garth becomes compliant with this aspect of the code of practice. Regarding the building works: Develop scope and design	Dawn Hanwell	Dawn Hanwell	Mark Powell	25-Mar-15	complete	complete	

			of the mental health services of recovery and national guidance regarding the provision of same sex accommodation, are adhered to.		R3b Detailed design	Dawn Hanwell	Dawn Hanwell	Mark Powell	30-Apr-15	complete	complete		
					R3c Tender work package	Dawn Hanwell	Dawn Hanwell	Mark Powell	05-Jun-15	on target	NOT YET DUE	Update received on 15 May from NHS Property Services reporting that programme of works on track to complete within timescale notified to CQC see P12	
					R3d Appoint & Contract	Dawn Hanwell	Dawn Hanwell	Mark Powell	19-Jun-15	on target	NOT YET DUE		
					R3e Complete work	Dawn Hanwell	Dawn Hanwell	Mark Powell	24-Aug-15	on target	NOT YET DUE		
Long stay/rehabilitation mental health wards for working age adults	10	Compliance Action		Acomb Garth	R4a Immediate review of care record documentation completed and improvements made – complete.	Jill Copeland	Wendy Quinn	Neil McAdam	-	Complete	Complete		
			The provider must ensure care records, at Acomb Gables, are kept up to date - we reviewed and saw evidence of the care documentation not being maintained. In some files "my recovery pathway" and "recovery star" was blank. We could not see evidence of patients' physical health needs being managed within the care plan documentation.	Acomb Garth	R4b Weekly care record documentation checklist developed (adapted from Bootham Park Hospital inpatient ward checklist). To be carried out by a Band 6 Nurse and reported to, and reviewed by the Matron and Assistant Director of Nursing. Frequency to be reviewed at the end of one month's completed checklist. To be completed by the end of March 2015.	Jill Copeland	Wendy Quinn	Neil McAdam	31/03/2015		Complete	Advised as complete by Lynn Parkinson – meeting with AJ 15/5/15	
				Acomb Garth	R4c A multidisciplinary task and finish group commenced to review case documentation and consider the new approach adopted in the Leeds Recovery Centre which may better support the recovery pathway in the York and North Yorkshire services. To be completed by the end of June 2015.	Jill Copeland	Wendy Quinn	Neil McAdam	30/06/2015		00/01/1900	NOT YET DUE	
Long stay/rehabilitation mental health wards for working age adults	10	Should do action	The provider should take action to ensure Millside and Acomb Garth have a system in place to support that the physical health needs of patients and incorporate the information within the care planning. Evidence of physical health assessments on admission and continuous monitoring need to be recorded within the care file.	Acomb Garth	R6 Develop a system or apply a pre-existing system from another unit. Remind staff that care documents need to include evidence and outcomes of physical health monitoring at admission and continually during a service user's stay in the service.	Jill Copeland	Lynn Parkinson	Judith Barnes, Steve Dawson	30-Apr-15		complete	Complete	#####
Long stay/rehabilitation mental health wards for working age adults	10	Should do action	The provider should make information available to patients and families regarding the complaints policy and procedure. This information should be displayed on notice boards throughout the wards.	Acomb Garth	R7 Ensure up to date information is made available at these units.	Jill Copeland	Lynn Parkinson	Wendy Quinn Neil McAdam Alison Kenyon Judith Barnes	30-Apr-15		partial	Complete	Posters and cards were sent to these units w/c 11/5/15
Acute admission wards and psychiatric intensive care units	10	Compliance Action	The trust must ensure their facilities and premises are appropriate for the services being delivered.	Bootham Park	A1 a Ward 6 (Elderly Assessment Unit) will relocate to Cherry Trees i	Dawn Hanwell	Mark Powell	David Furness	30-Jun-15	on target		NOT YET DUE	Update received on 15 May from NHS Property Services reporting that programme of works on track to complete within timescale notified to CQC
				Bootham Park	A1 b Ward 6 will then be modified so that it is safe to accept patients.	Dawn Hanwell	Mark Powell	David Furness	30-Sep-15	on target		NOT YET DUE	
				Bootham Park	A1c Patient from Ward 1 (Female Acute) will transfer on a temporary basis to the modified Ward 6 . Ward 1 will then be modified so that it is safe to accept patients. Work will be completed by September 2015.	Dawn Hanwell	Mark Powell	David Furness	31-Aug-15	on target		NOT YET DUE	
				Bootham Park	A1d Patients from Ward 6 will return to the modified Ward 1.	Dawn Hanwell	Mark Powell	David Furness	30-Sep-15	on target		NOT YET DUE	
				Bootham Park	A1e Patients from Ward 2 (Male Acute) will then transfer to the modified Ward 6 in September 2015.	Dawn Hanwell	Mark Powell	David Furness	30-Sep-15	on target		NOT YET DUE	
				Bootham Park	A1f	Dawn Hanwell	Mark Powell	David Furness	30-Sep-15	on target		NOT YET DUE	

Report	Page ref	Specialist & Learning Disability Services - York				Actions as at 21 May 2015								
		Category	Importance	Recommendation	Location and or service	Action ref	Agreed Action	Responsible Director	Responsible Manager/s	Action supported by	Due Date	Latest Progress update	STATUS	Update
Provider level report	19	Must do	High	The provider must ensure that there is sufficient nursing cover and sufficiently trained and supported staff at Field View whilst this location continues to care and treat detained and restricted patients and be registered for regulated activity 'Assessment and Treatment under the Mental Health Act', including ensuring staff have access to up-to date trust information and policies.	Field View	P5	Review nursing establishment - now a qualified nurse on duty from Nov 2014	Jill Copeland	Andy Weir	Beverley Hunter	-	complete	Complete	Certified complete in responsive action plan November 2014
Provider level report	19			Must do (Compliance at service level)	High	The provider must ensure consent to care and treatment is obtained in line with legislation and guidance including the Mental Capacity Act 2005.	Forensic Services	P10a	The Deputy Chief Operating Officer will devise a standardised approach regarding review data, implementation and ensure working.	Anthony Deery	Lynn Parkinson	Alison Kenyon Wendy Quinn	16-Mar-15	Partial
	P10b	Establish trust wide group around issues concerning consent and wider MH legislation.	Anthony Deery					Lynn Parkinson	Alison Kenyon Wendy Quinn	28-Feb-15	complete	Complete		
	P10c	The Mental Health Legislation Committee will sign off and approve the plan referred to above.	Anthony Deery					Lynn Parkinson	Alison Kenyon Wendy Quinn	21-Mar-15	partial	partial	Actions will be completed on 4 June 2015 when the approach will be signed off at the operational group meeting. Update from Lynn Parkinson - meeting with AJ 15/5/15	
	P10d	Immediate reminder to be drafted and sent to all relevant regarding this and other issues raised by the CQC reports.	Anthony Deery					Anthony Deery	-	27-Jan-15	complete	Complete		
Provider level report	19 & P46	Compliance action	High	The provider must take action to ensure children and young people who require inpatient care are cared for in an appropriate environment	Lime Trees	P14a	The inpatient services at Lime trees has moved to a new location, Mill Lodge.	Dawn Hanwell	Mark Powell	Andy Weir David Furness	15-Dec-14		Complete	Need to complete residual risk work at Mill Lodge- David Furness and Andy Weir responsible for informing when this is done
						P14b	There are some items of residual work connected to the move. These are scheduled with the contractor and are set to be completed - These items of work are being risk managed until all residual works are completed	Dawn Hanwell	Mark Powell	Andy Weir David Furness	31-May-15		NOT YET DUE	
Provider level report	19	Must do (Compliance at service level)	High	The provider must take action to ensure that all medication charts, observation records and records of Gillick competency and mental capacity assessments are always fully documented.	Lime Trees	P18a	Immediate review of care record documentation completed and improvements made	Jill Copeland	Andy Weir	Carol Redmond	00-Jan-00	complete	Complete	
						P18b	Immediate review of care record documentation completed and improvements made - complete.	Jill Copeland	Andy Weir	Carol Redmond	00-Jan-00	complete	Complete	
						P18c	Weekly care record documentation checklist developed (adapted from Bootham Park Hospital inpatient ward checklist). To be carried out by a Band 6 Nurse and reported to, and reviewed by the Matron and Assistant Director of Nursing. Frequency to be reviewed at the end of one month's completed checklist.	Jill Copeland	Andy Weir	Carol Redmond	31-Mar-15	Complete	Complete	Significant progress has been made, we will continue to monitor and review at the end of May 2015. Carol Redmond.
						P18d	The Unit will link into the multidisciplinary task and finish group in York to review case documentation and consider the new approach.	Jill Copeland	Andy Weir	Carol Redmond	30-Jun-15		NOT YET DUE	
						P18e	Gillick Competency to be a bespoke component of Mental Capacity Act training for staff in the child and adolescent service.	Anthony Deery	Melanie Hird	Gill Walton	24-Apr-15	superseded	superseded	P18e is superseded with P18e1.

					P18e1	Gillick Competency to be a bespoke component of Mental Capacity Act training for staff in the child and adolescent service.	Anthony Deery	Melanie Hird	Gill Walton	31-May-15	complete	Complete		
					P18f	Ensure Gillick Competency is part of the induction of staff to the children and young people's service	Jill Copeland	Andy Weir	Carol Redmond	30-Jan-15	superseded	superseded	This action has been superseded by P18f2 as the date changed from 30th Jan '15 to 30th Apr '15. Instructed by AJ 8th Apr '15.	
					P18f2	CAMHS have reviewed induction and made refinements to include competency and capacity assessment instructions.	Jill Copeland	Andy Weir	Carol Redmond	30-Apr-15	complete	complete	Confirmed as complete by the Deputy COO -15/5/15	
Provider level report	19-20	Should do action	Medium	The provider should address identified environmental issues including within the seclusion rooms and ensure that patients on Riverfields ward are afforded further dignity by improved screening into the bedrooms which overlook the staff and visitor car park.	Clifton site regarding seclusion	P28a	Agree with Estates and NHS P - how we assess and manage identified issues relating to seclusion rooms. Monitor o/s works re forensic governance process	Dawn Hanwell	David Furness		27-Feb-15	partial	partial	Clarification regarding the scope of this work is being sought. AW to comment?
					Riverfields regarding patient dignity	P28b	Assessment and develop a plan regarding mitigating this	Dawn Hanwell	David Furness		30-Apr-15	partial	partial	Work is on going to identify the most effective window screening to manage the issue of dignity.
Provider level report	19-20	Should do action	Medium	The provider should ensure that clinicians and staff within low secure services adhere to the MHA and MHA Code of Practice to ensure that: o staff are aware patient mail can only be withheld in very limited circumstances; o there is improved recording of consent and capacity to consent decisions for treatment for mental disorder;	Forensic Service wide	P30a	Formally remind staff -	Jill Copeland	Andy Weir	Beverley Hunter	27-Feb-15	complete	Complete	Mail completed
						P30b	Consider specific training/ refresher training delivered by the MH Act team	Jill Copeland	Andy Weir	Beverley Hunter Gill Walton	00-Jan-00	Complete	Complete	Andy Weir has considered this and believes that the scheduled MH legislation training will meet the needs of staff
						P30c	This action is covered under LP action on overarching consent working group (P10a)	Jill Copeland	Lynn Parkinson		16-Mar-15	Partial	partial	Actions will be completed on 4 June 2015 when the approach will be signed off at the operational group meeting. Update from Lynn Parkinson - meeting with AJ 15/5/15
Provider level report	19-20	Should do action	Medium	The provider should ensure all unit staff are aware of where all resuscitation equipment and accessories are located on Lime Trees	Lime Trees	P34	Ensure this is covered in local induction for all staff including temporary. This will apply when staff start work in unit and evidence they understand where resuscitation equipment is stored will be obtained.	Jill Copeland	Andy Weir	Carol Redmond	27-Feb-15	complete	complete	Confirmed by the Associate Director to the Deputy COO - 15/5/15
Provider level report	19-20	Should do action	Medium	The provider should carry out a risk assessment in relation to the free standing wardrobes within young people's bedrooms on Lime Trees.	Lime Trees	P35	New unit has fitted bedroom furniture and hence no free standing wardrobes - done.	Jill Copeland	Andy Weir	Carol Redmond	-	complete	Complete	completed with move
Provider level report	19-20	Should do action	Medium	The provider should take steps to ensure that independent scrutiny of Mental Health Act documentation takes places in a timely manner at Lime Trees	Lime Trees	P36	Set up a system whereby the MH Act team review. GW to visit Mill Lodge and remind.	Anthony Deery	Melanie Hird	Gill Walton	14-Apr-15	complete	Complete	#####
Provider level report	19-20	Should do action	Medium	The provider should review the information technology requirements of the NDCAMH service; this is because whilst the service was making good use of the technology they had been provided with, staff using the equipment said the systems could be slow and were not always cost effective for communicating using sign language.	National Deaf CAMHS service	P42	Evaluate current technology and discuss with staff any improvements that may be required. Develop a specification for additional or improved technology.	Dawn Hanwell	Heather Cook	Tim Richardson	30-Jun-15		NOT YET DUE	
Child and adolescent mental health services - inpatient	12					CA1a	The inpatient services at Lime trees has moved to a new location, Mill Lodge.	Dawn Hanwell	Mark Powell	Andy Weir David Furness	15-Dec-14	complete	Complete	Mill lodge operational 15/12/14

		Must do	High	The provider must take action to ensure children and young people who required inpatient care are cared for in an appropriate environment	Lime Trees	CA1b	There are some items of residual work connected to the move. These are scheduled with the contractor and are set to be completed . These items of work are being risk managed until all residual works are completed	Dawn Hanwell	Mark Powell	Andy Weir David Furness	31-May-15		NOT YET DUE	
Child and adolescent mental health services - inpatient	12 & 30	Compliance action	High	The provider must take action to ensure that all staff receive their mandatory training	Lime Trees	CA2	Compulsory Training The Associate Directors have given a clear undertaking to meet this revised deadline to have at least 90% of their staff compliant with compulsory training targets	Jill Copeland	Andy Weir	Carol Redmond Maria Warner David Gaunt	30/06/2015		NOT YET DUE	
Child and adolescent mental health services - inpatient	12	Must do	High	The provider must take steps to ensure all appropriate staff receive training in relation to the Mental Capacity Act and Mental Health Act	Lime Trees	CA3a	Mental health legislation training will be included in the induction for staff joining the Trust if their role demands it.	Anthony Deery	Melanie Hird	Susan Tyler David Gaunt Gill Walton	01-Aug-15		NOT YET DUE	
						CA3b	The draft training programme and proposed monitoring arrangements will be submitted to the Executive Team by 10 March 2015 by the Director of Nursing	Anthony Deery	Melanie Hird	0	10-Mar-15	complete	complete	ET agreed that they did not need to see this proposal as long as the medical Director and CDs were content and the proposal was signed off by the MHL Committee.
						CA3c	The agreed training programme and monitoring arrangements will be ratified by the Mental Health Legislation Committee in March 2015	Anthony Deery	Melanie Hird	0	31-Mar-15	complete	Complete	#####
						CA3d	The anticipated trajectory to achieve 90% training across the Trust 30 June 2015	Anthony Deery	Melanie Hird	David Gaunt	30-Jun-15		NOT YET DUE	
Child and adolescent mental health services - inpatient	12 & 30	Compliance action	High	The provider must take action to ensure that all records, including medication charts, observation records and records of Gillick competency and mental capacity assessments which are carried out, are always completed and fully documented	Lime Trees	CA4a	Immediate review of care record documentation completed and improvements made	Jill Copeland	Andy Weir	Carol Redmond	00-Jan-00	complete	Complete	See P17. Confirmed by Andy Weir.
						CA4b	Immediate review of care record documentation completed and improvements made – complete.	Jill Copeland	Andy Weir	Carol Redmond	00-Jan-00	complete	Complete	confirmed by Andy Weir.
						CA4c	Weekly care record documentation checklist developed (adapted from Bootham Park Hospital inpatient ward checklist). To be carried out by a Band 6 Nurse and reported to, and reviewed by the Matron and Assistant Director of Nursing. Frequency to be reviewed at the end of one month's completed checklist.	Jill Copeland	Andy Weir	Carol Redmond	31-Mar-15	complete	Complete	These weekly audits have been taking place and the band 6 assistant ward managers have been reporting on them to the ward manager and I. Updated by Carol Redmond in an e-mail to AJ 1/4/15
						CA4d	The Unit will link into the multidisciplinary task and finish group in York to review case documentation and consider the new approach.	Jill Copeland	Andy Weir	Carol Redmond	30-Jun-15		NOT YET DUE	
						CA4e	Gillick Competency to be a bespoke component of Mental Capacity Act training for staff in the child and adolescent service.	Anthony Deery	Melanie Hird	Gill walton	31-May-15	complete	Complete	Confirmed as complete with evidence supplied by the Head of Clinical Governance
						CA4f	CAMHS have reviewed induction and made refinements to include competency and capacity assessment instructions	Jill Copeland	Andy Weir	Carol Redmond	30-Apr-15	complete	Complete	Certified complete by the Deputy COO on 15/5/15

Child and adolescent mental health services - inpatient	13	Should do action	Medium	The provider should ensure all unit staff are aware of where all resuscitation equipment and accessories are located	Lime Trees	CA5	Management will create a notice regarding the location of all medical equipment and also include this issue in local inductions for all staff including bank and agency.	Jill Copeland	Andy Weir	Carol Redmond	30-Apr-15		NOT YET DUE	
Child and adolescent mental health services - inpatient	13	Should do action	Medium	The provider should carry out a risk assessment in relation to the free standing wardrobes within young people's bedrooms	Lime Trees	CA6	New unit has fitted bedroom furniture and hence no free standing wardrobes - done.	Jill Copeland	Andy Weir	Carol Redmond		complete	Complete	completed but see p34
Child and adolescent mental health services - inpatient	13	Should do action	Medium	The provider should take steps to ensure that independent scrutiny of Mental Health Act documentation takes places in a timely manner	Lime Trees	CA7	Set up a system whereby the MH Act team review	Anthony Deery	Gill Walton		14-Apr-15		NOT YET DUE	#####
Forensic/secure services	38	Compliance action	High	The systems for identifying, handling and responding to complaints made by service users were not effective.	Forensics Service wide	F1a	A review of the Trust's Complaints policy and procedure including o Improved investigator allocation process o Named contacts o Severity assessments o Tailored complaint resolution timelines o New 'locally managed' process	Anthony Deery	Melanie Hird		00 Jan 00	complete	Complete	Per Anthony Deery in meeting 19/3/15 with AJ
						F1b	A review of written materials (leaflets, posters) and information that will be made available on the Trust website.	Anthony Deery	Melanie Hird		00 Jan 00	complete	Complete	Per Anthony Deery in meeting 19/3/15 with AJ
						F1c	Information on how to complain to be displayed in all ward/public access areas. The Trust's Communications team will ensure teams receive any updates to information to be displayed.	Anthony Deery	Melanie Hird	Oliver Tipper	00 Jan 00	complete	Complete	Per Anthony Deery in meeting 19/3/15 with AJ
						F1d	Ensure information on how to provide feedback is easily accessible in patient and public accessible areas and on the Trust website.	Anthony Deery	Melanie Hird	Oliver Tipper	00 Jan 00	complete	Complete	Per Anthony Deery in meeting 19/3/15 with AJ
						F1e	Review the content of internal training and work with Leeds Independent Health Complaints Advocacy Service to offer training for complaints investigators	Anthony Deery	Melanie Hird		00 Jan 00	complete	Complete	Per Anthony Deery in meeting 19/3/15 with AJ
						F1f	Allocation of additional resource to the central Complaints team. This will provide; o senior support to deliver complaints training and embed the new policy and procedure to provide an enhanced response to complainants. o additional business support and performance management functions	Anthony Deery	Melanie Hird		00 Jan 00	complete	Complete	Per Anthony Deery in meeting 19/3/15 with AJ
						F1g	Review the Trust's telephone feedback process to increase participation in Customer Satisfaction Questionnaires (to promote learning from complainant experiences	Anthony Deery	Melanie Hird		00 Jan 00	complete	Complete	Per Anthony Deery in meeting 19/3/15 with AJ

					F1h	<ul style="list-style-type: none"> • Improve recording and reporting of complaints and outcomes: <ul style="list-style-type: none"> o Implement the new Datix Web system for recording and monitoring complaints. o Improve reporting to facilitate better thematic analysis 	Anthony Deery	Melanie Hird		00 Jan 00	complete	Complete	Per Anthony Deery in meeting 19/3/15 with AJ	
Forensic/secure services	⁹	Must do	High	The trust must ensure that there is sufficient nursing cover and sufficiently trained and supported staff at Field View whilst this location continues to care and treat detained and restricted patients and be registered for regulated activity 'Assessment and Treatment under the Mental Health Act', including ensuring staff have access to up-to date trust information and policies.	Field View	F2	Ensure a qualified member of staff is on duty and staff have access to current Trust policies and procedures. Explore registration issues with the Ministry of Justice.	Jill Copeland	Andy Weir	Beverley Hunter		complete	Complete	
Forensic/secure services	⁹	Should do action	Medium	The trust should continue to address staff vacancy rates and sickness levels and improve the monitoring of its impact on patient care by measuring care and treatment which has been cancelled or curtailed (leave of absence, one to one nursing sessions, activities, access to fresh air).	Service wide	F3	Ensure local and care group governance meetings consider this issue. Set up a monitoring system as recommended by CQC and report into governance meetings.	Jill Copeland	Andy Weir	Beverley Hunter	30-Apr-15	complete	Complete	Confirmed by the Associate Director to the Deputy COO - 15/5/15
Forensic/secure services	⁹	Should do action	Medium	The trust should address identified environmental issues including within the seclusion rooms, continue to address the identified ligature risks across low secure services and ensure that patients on Riverfields ward are afforded further dignity by improved screening into the bedrooms which overlook the staff and visitor car park.	Clifton site regarding seclusion	F4a	Agree with Estates and NHS P - how we assess and manage identified issues relating to seclusion rooms.	Dawn Hanwell	David Furness		27-Feb-15	partial	Partial	Work is on going to identify the most effective window screening to manage the issue of dignity.
					Service wide regarding ligature risks	F4b	Completed a ligature risk assessment of all inpatient wards across the Trust	Jill Copeland	Lynn Parkinson	Anthony Deery Alison Kenyon Andy Weir Wendy Quinn	30-Apr-15	Partial	Partial	Requires confirmation from AW
					Riverfields regarding patient dignity	F4c	Produced a revised Ligature Risk Assessment Procedure.	Anthony Deery	Salli Midgeley		-	complete	Complete	
Forensic/secure services	⁹	Should do action	Medium	The trust should ensure that clinicians and staff adhere to the MHA and MHA Code of Practice to ensure that: <ul style="list-style-type: none"> • staff are aware patient mail can only be withheld in very limited circumstances; • there is improved recording of consent and capacity to consent decisions for treatment for mental disorder; 	Forensics Service wide	F6a	Formally remind staff -	Jill Copeland	Andy Weir	Beverley Hunter	27-Feb-15	complete	Complete	
						F6b	Consider specific training/ refresher training delivered by the MH Act team	Jill Copeland	Andy Weir	Beverley Hunter Gill Walton	00-Jan-00	complete	Complete	
						F6c	This action is covered under LP action on overarching consent working group (P10a)	Jill Copeland	Lynn Parkinson		16-Mar-15	Partial	Partial	Actions will be completed on 4 June 2015 when the approach will be signed off at the operational group meeting. Update from Lynn Parkinson - meeting with AJ 15/5/15
Child and adolescent mental health services – Community based services	¹¹	Should do action	Medium	The provider should review the information technology requirements of the NDCAMH service; this is because whilst the service was making good use of the technology they had been provided with, staff using the equipment said the systems could be slow and were not always cost effective for communicating using sign language.	National Deaf CAMHS service	F7	Evaluate current technology and discuss with staff any improvements that may be required. Develop a specification for additional or improved technology.	Dawn Hanwell	Heather Cook	Tim Richardson	30-Jun-15		NOT YET DUE	



Health & Adult Social Care Policy & Scrutiny Committee**10 June 2015**

Report from the Director of Adult Social Care

Direct Payments Terms and Conditions**Summary**

1. This report details the City of York Council's approach to direct payments to adult social care customers in its work to make these easy to use and transparent. It includes CYC's response to concerns raised by York Independent Living Network (YILN) and Lives Unlimited (LU) about changes in terms and conditions, the use of cashplus accounts and the need for customers receiving direct payments to have a separate individual account to hold the payment.
2. Cashplus is an individual account for the direct payment holder which they receive their direct payment into and make payments through the use of a debit card.
3. Following the concerns raised by YILN and LU, further communication has been provided to YILN and LU by the Director of Adult Social Care on 2 April 2015 to explain the reasons for changes and give the following assurances:
 - No individual will be required to have a cashplus account if they do not want it.
 - All individuals will be able to exercise choice about how they manage their direct payment.
 - The only condition that the council will impose is that individuals keep their direct payment in a separate account.
 - If individuals decide to use an organisation to help them manage their direct payment, that organisation will be required to maintain an individual account for them.

4. Members are requested to acknowledge the report and be assured that the approach taken by City of York Council supports choice, control and transparency.

Background

5. The Care Act 2014 puts direct payments to adult social care customers on a statutory footing. In order to ensure best practice and compliance with the legislation, City of York Council have ensured that the terms and conditions under which direct payments are offered align with the principles of the care act and the regulations and guidance that underpin this.
6. Terms and conditions were issued to direct payment customers on 9 March 2015 by the Interim Assistant Director for Adult Social Care. This followed a number of consultation meetings and events which have informed how direct payments are delivered in the city, including the use of cashplus accounts.

Consultation

7. CYC engaged in specific consultation with the Citizens` Advice Bureau, Age UK, the Carers` Centre and YILN regarding direct payments. In December 2013 there was a meeting between Kathy Clark, Ralph Edwards, David Walker, and York Independent Living Network. Further, in November 2014, Ralph Edwards and Sharon Calline had a follow up meeting to discuss ongoing concerns and take back any positive or negative feedback to the card supplier. The first meeting focused on the implementation of cashplus accounts for the receipt of direct payments.
8. CYC made press releases about direct payments published on its website. The first was on 27 August 2013. On 9 December 2014 there was a press release advising that cabinet was going to be discussing direct payments when it met on 16 December 2014. There were no responses to any of this consultation.

Options

9. Option 1
The terms and conditions under which direct payments are provided by CYC remain and assurance is taken by members on the basis of this report that the approach supports choice control and transparency.

Option2

In order to remain compliant with Care Act 2014 the terms and conditions under which direct payments are provided remain but are reviewed again, further amendments are considered and a further report is made to the Health Overview and Scrutiny Committee.

Analysis

10. This section should present an appraisal of the advantages and disadvantages of each option.

Option 1

The terms and conditions under which direct payments are provided by CYC remain and assurance is taken by Members on the basis of this report that the approach supports choice control and transparency.

11. The main objectives for the council in meeting its duties regarding direct payments is to ensure that it does so by promoting “control over day to day life” which is one of the wellbeing principles of the Care Act 2014.
12. CYC wants the individual to have full control over the management of their direct payment. Individuals can only achieve this control if there is absolute transparency around the direct payment i.e. individuals need to know how much their direct payment is, how that sum is arrived at and how much they have at any particular time. For many individuals this is not achievable at the moment because the organisation they use to manage the direct payment does not have separate accounts for individual customers.
13. CYC have been mindful of the concerns raised by YILN, LU and a number of individual customers and carers who have raised concerns about the new terms and conditions. On investigating these concerns and reviewing CYCs approach reassurances have been given as detailed in section 1.
14. Advantages of Option 1.
 - CYC is compliant with the Care Act 2014 and its associated guidance.
 - Customers have greater control over the management of the direct payment.
 - There is a greater transparency in the money received and how this is spent to meet people’s outcomes.

- The system is easier to use and customers will not have to send in paper returns to the council detailing how they have spent their direct payment.
- Customers will continue to have a choice as to how they receive a direct payment while CYC is able to offer a system which offers customer control and transparency.

15. Disadvantages of Option 1

There are no disadvantages to Option 1.

16. Option 2

In order to remain compliant with Care Act 2014 the terms and conditions under which direct payments are provided remain but are reviewed again, further amendments are considered and a further report is made to the Health Overview and Scrutiny Committee.

17. Advantages of Option 2

There is a further opportunity for customer carers and other stakeholders to engage in shaping the councils approach to direct payments.

18. Disadvantages of Option 2

- The Council is already moving to a position where all customers have access to an individual account specifically for holding only their direct payment and this should not be put at risk.
- The Council is already implementing compliance with Care Act 2014, its guidance and best practice.
- The burden of submitting paper receipts and the additional burden on both the customer and council of such processes continues.
- Engagement and consultation have taken place to inform the approach to the use of individual accounts.

Council Plan

19. The proposals are part of the Council's objectives of supporting vulnerable people as part of the Council Plan 2011-2015 and the move towards greater personalisation, choice and control.

Implications

20. **Financial:** The proposals give greater transparency over the use of public money and enable the council to be aware if money is unused and enable intervention to ensure that it is used to meet customers needs or reclaimed.

Human Resources (HR): None

Equalities: An equalities impact assessment has been completed, please see attachment

Legal: The council is able to impose the condition of use of a separate individual account by virtue of Regulation 4(1) of The Care and Support (Direct Payments) Regulations 2014. The condition is a proportionate response to the duty imposed on the council to promote control for individuals in need of care and support. It is also necessary in order for the council to be able to comply with its own audit procedures and to ensure effective use of public money as directed in paragraph 12.24 of the Guidance to the Care Act 2014

Crime and Disorder: None

Information Technology (IT): None

Property: None

Other: None

Risk Management

21. There are no known risks associated with the recommendation below.

Recommendations

22. The recommendation to Members is Option 1. The terms and conditions under which direct payments are provided by CYC remain and assurance is taken by members on the basis of this report that the approach supports choice control and transparency.

Reasons

- CYC is compliant with the Care Act 2014 and its associated guidance.

- Customers have greater control over the management of the direct payment.
- There is a greater transparency in the money received and how this is spent to meet people's outcomes.
- The system is easier to use and customers will not have to send in paper returns to the council detailing how they have spent their direct payment.
- Customers will continue to have a choice as to how they receive a direct payment while CYC is able to offer a system which offers customer control and transparency.

Contact Details

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Chief Officer Responsible for the report:

Guy Van Dichele
Director of Adult Social Care

**Report
Approved**

Date 28/5/15

Wards Affected:

All

For further information please contact the author of the report

Annexes

Annex 1 – York Independent Living Network and Lives Unlimited letter

Annex 2 – Direct Payments letter

Annex 3 – Equalities Impact Assessment

Annex 4 – EIA Pre-payment Cards

Annex 5 – Direct Payment Amended Terms and Conditions

Abbreviations

APS- Advanced Payment Solutions Limited

ATM-Automated Teller Machine

CIA- Community Impact Assessment

COLIN- Council Online

CYC- City of York Council

DP- Direct Payment

EIA- Equality Impact Assessment

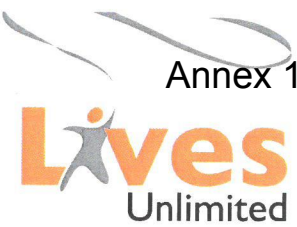
HR- Human Resources

LU- Lives Unlimited

NI- National Insurance

YILN- York Independent Living Network

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Guy van Dichele
 Director Adult Social Services (Acting)
 Health and Wellbeing Directorate
 City of York Council
 West Offices
 Sstation Rise
 York YO1 6GA

23 March 2015

Dear Guy van Dichele,

York Independent Living Network (YILN) and Lives Unlimited are disabled people and family-led organisations in York. We are writing on behalf of holders of individual budgets/personal budgets and their families in response to the introduction of a new policy covering direct payments, and the changes in Terms and Conditions. On 9 March the City of York Council ('the Council') wrote to direct payments users informing them of the new policy and the changes in terms of conditions, to enter into force from 1 April 2015.

As outlined in this letter, we believe that the changes are in breach of legislation, and we urge the Council to suspend the policy and the changes to Terms and Conditions **immediately**.

We were astonished by the letter as we weren't aware that the Council was reviewing the direct payments policy and procedures and we haven't seen evidence of consultation, and haven't been invited to take part. It is extremely disappointing that these changes were made without any consultation, especially after we had made plain our desire to engage with the Council on implementing the Care Act 2014.¹ We also refer our event with disabled people and family carers, 'The Care Act and You' on 12 February, where Cabinet Councillor Linsay Cunningham spoke but disappointingly only one Council officer² attended, and they were not from Adult Social Services.

The letter, especially given its tight timescale and the lack of advance warning, has caused considerable stress and anxiety for many disabled people and family carers in York.

The Council's letter sets out the key changes but it did not include the policy and we were not able to find a copy on the Council's website. If the Council introduces a new policy that frames the obligations of direct payments users and the local authority, then individuals should be able to see this policy. Surely this is a core principle of our democratic society; individuals cannot be expected to be bound by the new policy if they have not been able to access the full content, and for this reason alone the changes must be halted.

In the letter, the key changes are set out as follows:

- Customers will have direct payments paid into Cashplus accounts
- Money that is available for regular expenditure will only be allowed to accrue for one month rather than 8 weeks
- The City of York Council will hold all money that is currently held in accounts for redundancy provision, and will make payments for statutory maternity, paternity and sick pay.

¹ Letters d.d. 15 December 2014 and 8 February 2015; meetings d.d. 26 January and 23 February 2015; email d.d. 25 February 2015

² Jessica Haslam (Children's Services)

We organised a meeting on 20 March, where disabled people and family carers talked about the letter and the implications of the changes.

1. Compliance with the Care Act 2014

The Care Act 2014 brings together social care legislation from the past 100 years and modernises the duties on local authorities. Central to the Care Act 2014 is the principle that local authorities must promote the wellbeing of disabled people and carers when they make a decision about their care and support. Wellbeing includes “control by the individual over day-to-day life (including over care and support, or support, provided to the individual and the way in which it is provided)” (s. 1 (2)(d)).

The Care and Support Statutory Guidance³ states that the intention behind direct payments is to encourage greater autonomy, flexibility and innovation (see for example, 12.24).

The letter states that the Council has undertaken a review of policies and procedures to ensure compliance with the Care Act 2014. Please could you explain:

- 1.1 If current practice was not compliant with the Care Act 2014, why not?
- 1.2 How do the changes relate to the Care Act 2014 and associated regulations and guidance?
- 1.3 Which specific provisions in the Care Act 2014 mandate the changes you are making to the policy and the Terms and Conditions?

2. Consultation/impact assessment

We are not aware that the Council has consulted about the new policy or the changes to Terms and Conditions, or that they have carried out an impact assessment. This is likely to be in breach of the law.

The Care Act 2014 strengthens the duty on local authorities to involve individuals, particularly in the assessment of needs and care and support planning. This builds on the public sector Equality Duty (s. 149 Equality Act 2010). The Equality Duty requires public authorities to have due regard to the need to eliminate unlawful discrimination and harassment, to advance equality of opportunity and to foster good relations.

The principles underpinning ‘due regard’ include the requirement to exercise the duty “in substance, with rigour and with an open mind in such a way that it influences the final decision.” It is also considered good practice to keep an accurate record showing how they have considered the duty and relevant questions.⁴ Case law in relation to community care requires local authorities to provide guidance and conduct proper consultation before making changes.⁵

Without consultation or proper impact assessment, the Council cannot have been able to get the evidence base they need to make good decisions.

- 2.1 What, if any, consultation has the Council had; please could you provide names of people/organisations and dates; and what the findings from the consultation are?

³ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366104/43380_23902777_Care_Act_Book.pdf

⁴ R. (Brown) v. Secretary of State for Work and Pensions [2008] EWHC 3158

⁵ See R (W and others) v Birmingham City Council [2011] EWHC 1147 (Admin), May 19, 2011; JM & NT, R (on the application of) v Isle of Wight Council [2011] EWHC 2911 (Admin) (11 November 2011)

2.2 Please could you provide a copy of the impact assessment, including the impact on equality of opportunity, choice and autonomy of disabled people?

The letter does not explain what the Council aims to achieve apart from compliance with the Care Act 2014. In the consultation we would expect the Council to set out the objectives of the new policy and changes to Terms and Conditions; and their rationale. For instance, if the intention is to make savings, then we would like to know what savings the Council expects to make. If the objective is to improve monitoring, then we would like to hear what the problems are with the current monitoring arrangements and what other alternatives the Council has considered.

2.3 What are the aims of the changes?

2.4 What is the rationale of the changes to the policy and Terms and Conditions?

2.5 What alternatives has the Council considered?

3. Terms and Conditions

The Council presumes individuals' consent to the Terms and Conditions, and it does not explain what individuals should do if they do not agree. We believe it is usual practice to seek agreement when changing Terms and Conditions or, at the very least, offer individuals an opportunity to challenge if they do not agree with the changes.

3.1 What is the legal basis for presuming consent to changes to Terms and Conditions?

3.2 What is the procedure to follow if individuals disagree with the changes?

3.3 What happens to the direct payments if individuals disagree with the Terms and Conditions?

4. Timely information and guidance

The letter was sent with less than three weeks' notice of the changes; most people received it around 12 or 13 March. It is unreasonable to expect disabled people and family carers to adapt to the changes within such a short time. This is of immense concern because many disabled people who use direct payments are more likely to have difficulties accessing and processing information, understanding the implications, and they will need more time to adapt to the changes.

It is extremely concerning that the phone number on the letter is not answering when called, or that care managers do not seem to be able to answer queries. This is causing anxiety and stress and it is affecting individuals' ability to plan ahead.

To make matters worse, people who do not have their direct payments paid into a Cashplus account will receive further information about the change after this has implemented; this cannot be justifiable.

The easy read letter did not have a signature, so that individuals who received the easy read letter did not know who in the Council wrote the letter.

4.1 Please could the Council explain why they believe it is justified to introduce the changes at such short notice, without prior warning?

4.2 Why is the Council unable to provide further information about the transfer to Cashplus accounts before the implementation date?

The information provided in the letter is woefully inadequate. It leaves open many questions, for instance:

- 4.3 How will the Council deal with one-off purchases or irregular payments? Will direct payments users be given this money to be kept in their accounts without the four weeks' contingency?
- 4.4 Why has the Council decided that money towards short breaks will be "accounted for separately" and what does it mean in practice?
- 4.5 What mechanisms are in place to ensure that employers can access redundancy pay and other statutory pay timely and effectively, and with minimum disruption and distress, in order to meet their obligations?

5. Individual circumstances

The letter states that the Council will consider individual requests to keep existing arrangements if these provide the same level of service as a Cashplus account and because of particular circumstances.

- 5.1 What is the procedure in relation to making individual requests to keep existing arrangements?
- 5.2 Will the Council liaise with care managers, social workers and reviewing officers about individual circumstances, for example if holding only 4 weeks' contingency will cause hardship or difficulty?
- 5.3 What criteria will apply to the decision-making?
- 5.4 Will the Council provide guidance about 'particular circumstances'?
- 5.5 What estimate has the Council made of the number of individuals who may request to keep existing arrangements; and how many of these may be permitted to do so?

6. Cashplus accounts

The Council requires direct payments users to hold the money in a Cashplus account. We believe that this is a breach of the Care Act 2014.

Article 3 of the Terms and Conditions states that the City of York Council will open the account and retain ownership of the account. Article 4 states that money will be paid into this account, and all payments will be made from this account. Article 15 authorises the Council to reclaim surplus money directly from the Cashplus account, with advance notice of 14 days.

However, section 33 (5) of the Care Act gives local authorities the power to require repayment of the whole or part of a direct payment in certain circumstances; we believe that this implies that the Council cannot own or control the account in which direct payments are held.

Furthermore, the Statutory Guidance states that local authorities must not prescribe the way direct payments are held, and gives the example that "pre-paid cards" can be a good option for some people using direct payments, but must not be used to constrain choice or be only available for use with a restricted list of providers." (11.36).

In October 2013, the Council required some direct payments users to use Cashplus accounts (without consultation). Since then, York Independent Living and Lives Unlimited have repeatedly

flagged up difficulties with the Cashplus accounts which have not been addressed.⁶ For instance, as well as issues with administration, there are problems with voice recognition and contacting the administrator. Some disabled people are no longer able to manage their direct payments themselves and have to rely on a family member or others, thus reducing autonomy and independence. We also believe that this is in breach of disability discrimination law, as the service places disabled people at a substantial disadvantage.

It appears to us that the imposition of the Cashplus account contravenes the Care Act regulations and the Guidance.

- 6.1 What legal ground does the Council have for mandating Cashplus accounts to individuals?
- 6.2 Has the Council made an assessment of the likelihood of indirect discrimination, discrimination arising from disability and failure to make reasonable adjustments?
- 6.3 What is the Council doing to address the many difficulties individuals experience with Cashplus accounts?

7. Contingency of 4 weeks instead of 8

Direct payment users will be allowed up to 4 weeks money as contingency for regular payments. This makes a Personal Budget inflexible; a month is too short a time to allow for financial planning for one-off large, planned or irregular payments, or unforeseen needs. People are feeling their care packages are becoming more restrictive and they are losing choice and control.⁷ This is against the spirit of personalisation or the Care Act.

Additionally, it creates particular difficulties for many individuals, for instance because they have fluctuating conditions which may mean, for example, that plans have to be cancelled with limited time or opportunity to make other arrangements. The lack of flexibility will come at the cost of more creative, empowering and fulfilling solutions which should be at the heart of making personal budgets work effectively. Further, many individuals get invoiced after 4 weeks' of service, as is usual practice for many employers. For example, the City of York Council frequently invoices two months late for the use of their hydro pool.

The easy read letter states that "Your money will no longer be able to sit in your account for 8 weeks. This will change to 1 month." This is confusing as it implies that the money will first go to the individual's account and then the other 4 weeks may sit somewhere else.

- 7.1 What happens to the money after it has been in the account for 4 weeks? Will the Council take it back?
- 7.2 What reasons did the Council have to reduce the 'float' from 8 to 4 weeks?
- 7.3 What assessment has the Council made of the impact of the 4 weeks' float on individuals?
- 7.4 Are there any circumstances in which the Council will continue to allow 8 weeks' float?
- 7.5 What steps is the Council taking to avoid negative impact on individuals' ability to manage direct payments?

⁶ See YILN's letter d.d. 1 October 2013; Lives Unlimited's note for the meeting of 5 December 2013; Council's response d.d. 13 December 2013; notes d.d. meeting with Council on 4 November 2014

⁷ Meeting of disabled people and family carers on 20 March 2015, at St Aelred's Community Centre

8 Employers' liabilities – redundancy payments

The new policy changes the way individuals manage their direct payments and discharge their responsibilities as employers, for instance by reducing the amount of payments and the requirement to pay from the Cashplus account.

8.1 What assessment has the Council made of the risks this potentially creates for individuals who employ personal assistants (PAs)?

The Council will reclaim money that is paid to cover redundancy costs; and that they will now pay redundancy costs and other statutory pay upon request and after provision of supplementary documentation. The letter states that this was agreed as "part of its budget process" in February 2014. However at the same time the Council said the 8 weeks' contingency would continue.⁸ Furthermore the Council hasn't explained how this would work in practice.

We have serious concerns about this interference with the individual employers' liabilities. The Statutory Guidance states that "if the person meets needs by directly employing someone, they will be responsible for all costs of employment including redundancy payments." (12.29) It further states that "The local authority must ensure that the direct payment is sufficient to meet these costs" (12.29); and advises that "Whatever arrangements are made it is important that the local authority and direct payment holder are both clear as to their responsibilities in this regard to avoid any disputes at a sensitive time for family and carers." (12.31).

We believe that this means that the individual employer should hold the money.

8.2 Can the Council explain how their measures are proportionate and how they will ensure that individuals can meet their obligations effectively?

8.3 Is the Council able to provide guarantees that they will indemnify the individual if redundancy liabilities occur?

9 Monitoring

Art. 4 of the Care and Support (Direct Payments) Regulations 2014⁹ allow local authorities to subject direct payments to conditions, but they may not require information more frequently and in more detail than is reasonably required, and only to ascertain that making direct payments is an appropriate way to meet the needs in questions, or the conditions upon which is made are complied with.

The Statutory Guidance advises that reporting requirements must not place a disproportionate burden upon the individual and monitoring must be proportionate to the needs to be met and the care package. It suggests that monitoring could be reduced if there have been no issues with the individual for a longer period of time. (12.24).

However the Terms and Conditions state that the Council will have full access to all information and that they can suspend the account at any time (Art. 3); that they have the right to request monitoring information and/or receipts for expenditure as and when required (Art. 14); and that they can reclaim surplus money at any time, with 14 days advance notice (15).

⁸ Email from Group Manager (Assessment and Safeguarding Adults) to Lives Unlimited d.d. 27 March 2014

⁹ <http://www.legislation.gov.uk/uksi/2014/2871/regulation/4/made>

Without any further conditions or criteria, we believe that this is in breach of the Care and Support (Direct Payments) regulations. The Council does not have the power to access any information, only where it meets the criteria set out in Article 4. Furthermore, it raises issues around privacy, and could create a disproportionate burden on individuals. It raises significant concerns in terms of having the security of the direct payment money to pay people to support individuals and the possibility of not meeting legal responsibilities as an employer if this were to occur.

The care and support assessment and planning process should enable the Council to agree a package that meets the needs of individuals and, alongside the provision of information, training and (peer) support, will ensure that direct payments are used to realise intended outcomes.

9.1 What legal ground does the Council have to be able to impose these requirements?

9.2 What safeguards are in place to ensure that the Council does not use these powers in a way that breaches individuals' human rights and places a disproportionate burden on individuals?

9 Right to Independent Living

The UN Convention on the Rights of Persons with Disabilities was ratified by the UK Government in July 2009. It recognises that we are all equal. It states that disabled people should have access to a wide range of support services including personal assistance to prevent isolation and support inclusion.

The Convention sends out an important message that disabled people have the right to make their own decisions, and should be treated with fairness, dignity and respect. It also enshrines the principle 'Nothing About Us, Without Us', so that we are full and equal partners in decisions that affect us directly.

Unfortunately, we have to conclude that on this occasion the City of York Council has shown blatant disregard to disabled people and family carers who live in York.

In our meeting with Jen Re on 23 February and our subsequent email of 26 February we have said that "A key issue for us is about building trust and effective processes that enable all parties - disabled people, family carers, people with lived experiences and CYC representatives - to work together, embracing the full range of everyone's skills and experiences to achieve equality and well informed, high quality services."

For our part, we still want to make this happen because care and support is such a vital matter for disabled people and their families, but the Council needs to play their part too.

We urge you to suspend the policy and the changes immediately and to conduct a full, transparent review, with meaningful involvement of disabled people, family carers and their organisations.

Please reply to this letter within 7 days from the date shown on this letter.

Yours sincerely,



Marije Davidson, Chair, York Independent Living Network, admin@yiln.org.uk

Alison Cowen, Director, Lives Unlimited (York) CIC, info@livesunlimited.org.uk

CC Kersten England, Chief Executive, City of York Council
Michael Melvin, Interim Assistant Director – Adult Social Care
Sharon Calline, Income Services Manager at City of York Council
Cllr Linsay Cunningham, Cabinet Member for Health & Community Engagement
Health Overview and Scrutiny Committee
Sir Hugh Bayley MP for York Central
Julian Sturdy MP for York Outer

About us

York Independent Living Network (YILN) is a disabled people-led organisation that enables and empowers disabled people to have our voices heard, influence the services we receive and make the most out of life. Charity no. 1160573 www.yiln.org.uk

Lives Unlimited cic is a family and user led group of people, who are actively working towards enabling disabled people and older people in the York area to have more control over their lives, be included as equal citizens and enjoy the same choices and opportunities as anyone else in their community. www.livesunlimited.org.uk

15 Priory Street, York YO1 6ET



2nd April 2015

Marije Davidson
Chair
York Independent Living Network
15 Priory Street
York, YO1 6ET

Adult Social Care
West Offices
Station Rise.
York
YO1 6GA

Dear Marije Davidson

Thank you for your letter of 23 March 2015.

I shall respond to the issues you raise in the order in which they are set out in your letter.

1.1. If current practice was not compliant with the Care Act 2014, why not?

The Care Act 2014 (“**Care Act**”) does not come in to force until 1 April 2015 and indeed some parts do not become law until 1 April 2016. Accordingly, there is no requirement on local authorities to be Care Act compliant until that piece of legislation becomes law. I can confirm, however, that CYC has spent the months leading up to the commencement date preparing for implementation.

1.2. How do the changes relate to the Care Act and associated regulations and guidance?

Although CYC has offered direct payments for some time, the Care Act mandates them for the first time in certain circumstances. Paragraph 12.2 of the Guidance refers to direct payments being the Government’s preferred mechanism for personalised care and support; *“they provide independence, choice and control by*

enabling people to commission their own care and support to meet their eligible needs.”

1.3 Which specific provisions in the Care Act 2014 mandate the changes you are making to the policy and the terms and conditions?

Sections 31 to 33 of the Care Act 2014 set out local authorities' duties in respect of direct payments. CYC's policy regarding direct payments has been formulated in preparation for the Care Act 2014 and having particular regard to these sections and also to the Care and Support (Direct Payments) Regulations 2014 (the "**Regulations**"). Accordingly, as there has been no previous statutory responsibility to provide direct payments, CYC had no written policy relating to them. However, a new policy has been formulated in anticipation of the new duties in respect of direct payments and I enclose a copy for your information. As for the legal basis upon which the changes to the terms and conditions have been made, Regulation 4 of the Regulations referred to above permits local authorities to make a direct payment subject to conditions. The only new condition that is being imposed is that direct payments must be held in individual accounts for reasons of transparency and control. I shall expand on this in response to further questions.

2.1. What, if any consultation has the council had; please could you provide names of people /organizations and dates; and what the findings from the consultation are?

I can confirm that CYC engaged in specific consultation with the Citizens' Advice Bureau, Age UK and the Carers' Centre. In addition, there has been consultation with your organisation. In December 2013 there was a meeting between Kathy Clar, Ralph Edwards, David Walker, and York Independent Living Network. Further, in November 2014 Ralph Edwards and Sharon Calline had a follow up meeting to discuss ongoing concerns and take back any positive or negative feedback to the card supplier. The first meeting focused on the implementation of cashplus accounts for the receipt of direct payments.

Also, CYC made press releases about direct payments which were published on its website. The first was on 27 August 2013. On 9 December 2014 there was a press release advising that cabinet was going to be discussing direct payments when it met on 16 December 2014.

There were no responses to any of this consultation.

2.2. Please could you provide a copy of the impact assessment, including the impact on equality, choice and autonomy of disabled people?

I enclose a copy of the initial impact assessment that was completed on 25 May 2011 and the final assessment that was completed on 12 August 2013.

2.3 What are the aims of the changes?

Owing to the new duties imposed on local authorities around direct payments, CYC is expecting there to be a considerable increase in the number of people deciding to receive a direct payment, especially from 1 April 2016 when the cost capping provisions become law. The council has, therefore, taken the opportunity to review the way in which it deals with direct payments, both to ensure that it is compliant with the Care Act from 1 April 2015 and also to ensure that its methods promote independence and control as outlined in the Guidance (paragraph 12.2).

One of the main objectives for the council in meeting its duties regarding direct payments is to ensure that it does so by promoting “*control over day to day life*” which is, of course, one of the wellbeing principles. CYC wants the individual to have full control over the management of their direct payment. Individuals can only achieve this control if there is absolute transparency around the direct payment ie individuals need to know how much their direct payment is, how that sum is arrived at and how much they have at any particular time. For many individuals this is not achievable at the moment because the organisation they use to manage the direct payment does not have separate accounts for individual customers.

2.5 What alternatives has the council considered?

As set out above the council is keen to promote the individual having control over their direct payment. If an individual would like to receive a direct payment in an alternative way to the council's preferred option ie cashplus accounts, then the council will consider it and would see it as helping to fulfill its obligations around creating diversity in the market place.

3.1 What is the legal basis for presuming consent to changes to terms and conditions?

There has been consultation regarding the proposed changes to which no responses were received. The new terms and conditions are much fairer to the individual in that they promote greater control. All references to the Independent Living Scheme have been removed which helps to promote individuals' choice around organisations they might want to support them and ultimately, the new terms and conditions ensure compliance with the Care Act and reflect the relationship between the individual and the council.

3.2 What is the procedure to follow if individuals disagree with the changes?

If an individual does not agree the terms and conditions they will be encouraged to discuss their concerns with their social worker to see if there is anything that can be done to assist the individual.

3.3 What happens to the direct payments if individuals disagree with the terms and conditions?

Ultimately, if the individual, after discussions with their social worker, does not agree with the terms and conditions, then the council will not make a direct payment and will discuss alternative options with the individual.

4.1 Please could the council explain why they believe it is justified to introduce the changes at such short notice, without prior warning?

First, it is not the case that there was no prior warning. I refer to my response to question 2.1 above. Regarding the short notice to

customers, there were plans in place to send the letter to customers in January 2015. However, owing to unexpected extended sick leave, these plans were delayed and for that, the council apologises.

4.2 Why is the council unable to provide further information about the transfer to Cashplus accounts before the implementation date?

For those individuals who are not already using Cashplus accounts and who decide to use them, there will be no change until September 2015 which affords the council plenty of time to have discussions with individuals about the change. CYC is planning to send individuals further information next month. I apologise for the fact that the letter sent to customers was not clear in this regard.

4.3 How will the council deal with one-off purchases or irregular payments? Will direct payments users be given this money to be kept in their accounts without the four weeks' contingency?

There will be no change to the way these are dealt with currently. There are three types payment that can make up a direct payment. There is the weekly payment to meet the costs of regular care; there is the irregular payment for needs that are predicted eg respite care, increased support over school holidays and there is the one off payment for unexpected needs. These will remain the same.

4.4 Why has the council decided that money towards short breaks will be accounted for separately and what does it mean in practice?

This simply means that money for short break will be paid to the individual as such eg as an irregular or one off payment.

This is simply to ensure transparency and accountability and to ensure that money for a short break is not subsumed within the regular weekly payments and cannot be clawed back as surplus money, unless that money is not used within the budget period.

4.5 What mechanisms are in place to ensure that employers can access redundancy pay and other statutory pay timely and effectively and with minimum disruptions and distress in order to meet their obligations?

The Council is taking further advice on this matter and a response will follow.

5.1 What is the procedure in relation to making individual requests to keep existing arrangements?

If an individual would like to maintain the arrangements they already have in place, they should have discussions with that organisation and ask it to liaise with the council. CYC would prefer the organisation to use cashplus accounts but would be satisfied with other mechanisms, provided they promote accountability, transparency and control. In effect, this means that the council will require individual accounts to be maintained for each individual, which the individual can access should they wish to do so.

5.2 Will the council liaise with care managers, social workers and reviewing officers about individual circumstances, for example if holding 4 week's contingency will cause hardship?

I can confirm that discussions would take place as you suggest. However, it is unlikely that there would be any hardship as individuals will still have irregular and one off payments as they always have.

5.3 What criteria will apply to the decision making?

There will be no set criteria around this issue so as not to fetter discretion. Decisions will be made on a case by case basis.

5.4 Will the council provide guidance about particular circumstances?

There will be no guidance around this issue for the reason set out in 5.3 above.

5.5 What estimate has the council made of the number of individuals who may request to keep existing arrangements and how many of these will be permitted to do so?

There are 200 individuals who do not have cashplus accounts. If any of these individuals wish to keep their existing arrangements that will be permitted provided the organisation that manages the direct payment has a separate account for each individual, to which the individual has access.

6.1 What legal ground does the council have for mandating Cashplus accounts to individuals?

The council is not mandating that individuals have cashplus accounts. CYC is simply requiring direct payments to be held in individual accounts in the interests of transparency, control and accountability. CYC is permitted to make this a condition of receiving a direct payment pursuant to Regulation 4(1) of The Care and Support (Direct Payments) Regulations 2014.

6.2 Has the council made an assessment of the likelihood of indirect discrimination, discrimination arising from disability and failure to make reasonable adjustments?

I have enclosed copies of the impact assessments with this letter as referred to in my response to question 2.2 above.

CYC considers that its requirement for direct payments to be held in an individual account, whether that is a cashplus account or other method, is less discriminating than the existing system. This is because the existing system of ILS holding a single account for all its customers affords individuals no control. They are not able to ascertain at any point in time how much money is currently being held for them and how that sum of money is arrived at. This system falls short of what is being expected of councils in complying with the wellbeing principles set out in the section 1 of the Act in that it offers no real control to the individual.

6.3 What is the council doing to address the many difficulties individuals experience with Cashplus accounts?

I am not sure what you mean by “many difficulties”. In the last eleven months CYC has had only one reported problem. This concerned a voice recognition system that was not compatible with the cashplus account. Discussions took place speedily and the problem was remedied by the supplier to the satisfaction of the individual. Experience to date is that once the system is set up, individuals find it very easy to use. However, should there be any difficulties, social workers will either visit individuals or telephone them to provide help and support.

7.1 What happens to the money after it has been in the account for 4 weeks? Will the council take it back?

For auditing purposes, CYC will be required to reconcile individuals' accounts every six months (bi-monthly for this first six months for customers receiving direct payments for the first time). In practice, therefore, there will only be two opportunities each year for any surplus monies to be removed from individuals' accounts. There will be no hardship to the individual because only the weekly payments will be clawed back if there is more than a four week contingency being held. Any irregular payment or one off payment will not be clawed back.

7.2 What reasons did the council have to reduce the float from 8 to 4 weeks?

There is no reason for the individual to have more than four weeks' float in their account and there is no benefit to the individual in having any more than this. This is because there is no expectation that the individual will have to accumulate money to pay for contingencies. In addition, the individual will still be able to receive irregular and one-off payments.

7.3 What assessment had the council made of the impact of the 4 week's float on individuals?

There will be no adverse impact on the individual as a result of the change. This is because the council makes the direct payment monthly in advance and the individual will pay carers in arrears. Further as set out in my response to 7.1, reconciliation will only take place twice per year.

7.4 Are there any circumstances in which the council will continue to allow 8 weeks' float?

If there is a valid reason why the individual needs an eight week float then this will be permitted. An example that springs to mind is if the individual has been unable to pay a carer because the carer is sick and has not presented their timesheets. In such circumstances, monies over the four week float would not be removed from the account.

7.5 What steps is the council taking to avoid negative impact on individual's ability to manage direct payments?

It is not envisaged that there will be any negative impact on individuals' ability to manage direct payments. Rather the new system improves upon the old one in that it allows individuals real control over their direct payment in a way that is simply not possible under the old method owing to the lack of individual accounts.

8.1 What assessment has the council made of the risks this potentially creates for individuals who employ personal assistants?

The Council is taking further advice on this matter and a response will follow.

8.2 Can the council explain how their measures are proportionate and how they will ensure that individuals can meet their obligations effectively?

The Council is taking further advice on this matter and a response will follow.

8.3 Is the council able to provide guarantees that they will indemnify the individual if redundancy liabilities occur?

The Council is taking further advice on this matter and a response will follow.

9.1 What legal ground does the council have to be able to impose these requirements?

CYC takes the view that the arrangements with the cashplus account actually place less burden on the individual in terms of monitoring. Under the existing system, individuals are required to send in spread sheets outlining all transactions together with receipts. This frequently involves individuals sending in copies of their bank statements containing personal information because their direct payments are not kept in a separate account. This is far more intrusive than the system that CYC favours ie cashplus accounts. With a cashplus account the individual will not be asked to send in spreadsheets and receipts; rather council employees will be able to log into the cashplus account for audit purposes and will be able to contact the individual if there are any issues that need clarification. There is no invasion of privacy, especially when compared to the current system as the only money in the account is the direct payment; nor is there any disproportionate burden on individuals as you suggest.

9.2 What safeguards are in place to ensure that the council does not use these powers in a way that breaches individuals' human rights and places a disproportionate burden on individuals?

There will be no infringement of individuals' human rights. The council will only have access to information that it currently has the right to request from individuals.

The burden on individuals will be less than it is at the moment as they will simply be required to answer any queries that are apparent from the account rather than having to send in documentation as outlined in my response to question 9.1 above.

I hope the answers to your individual questions help to alleviate some of the concerns you had about what the council is proposing. I do not agree to suspend the policy and changes as you request in order to review the policy because the council has already consulted regarding the changes.

Further, as I hope you will now agree, individuals are being supported to exercise greater control over their direct payments in accordance with the wellbeing principles set out in the Care Act. No individual will be required to have a cashplus account if they do not want it. All individuals will be able to exercise choice about how they manage their direct payment. The only condition that the council will impose is that individuals keep their direct payment in a separate account. If individuals decide to use an organisation to help them manage their direct payment, that organisation will be required to maintain an individual account for them. The council is able to impose this condition by virtue of Regulation 4(1) of The Care and Support (Direct Payments) Regulations 2014. The condition is a proportionate response to the duty imposed on the council to promote control for individuals in need of care and support. It is also necessary in order for the council to be able to comply with its own audit procedures and to ensure effective use of public money as directed in paragraph 12.24 of the Guidance. I am happy to discuss the issue of direct payments further with you .

Your Sincerely



Guy van Dichele
Director of Adult Social Services

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Name of service area / function:		Lead officer for this EIA:	
Prepaid Cards		Name: David Walker Phone Number: 01904 552261 Job Title: Head of Financial Procedures	
Describe the service area / function:			
<p>This is a pilot project aimed at implementing a solution that will provide customers with a Prepaid debit card regardless of financial status and history, and requires no bank account. It is been piloted to help the council provide wider community access to income channels especially for those customers who have no bank accounts. The key objectives are to:</p> <ul style="list-style-type: none"> • provide wider community access to income and payment opportunities; • offer choice and minimise exclusion; • protect tax payers interests by minimising administration; • improve customer access to modern payment options including on-line purchasing; • support local business by removing costly cash and cheques; • support the financial inclusion agenda. 			
How will you carry out this EIA?			
This is a desktop review.			
EIA start date:	EIA finish date:	Date EIA reviewed:	EIA signed off by:

Initial “desktop” 25 May 2011	Initial “desktop” 25 May 2011	Annually	
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Considerations	Issues	What evidence do you have to support this?	Groups affected. Race, Disability, Gender, Age, Sexual Orientation or Religion.
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	<p>During the detailed EIA we will think about the impact of the allpay Prepaid solution on the 6 strands and list the things already done (positives), things we don't do (gaps) and things that might cause people from the 6 strands a problem (issues) eg</p> <ul style="list-style-type: none"> • Does the eligibility criteria disadvantage certain groups, even unintentionally? • Is access (physical or communicative) denied to or harder for some groups? • Does one group experiences poorer quality of treatment compared to another? • Will the proposed solution have a positive impact on the 6 strands? • Does the proposed solution conflict with any of our legal equalities duties? 	<p>As we identify positives, gaps and issues during the detailed EIA and consultation we will need to ensure this is recorded here eg</p> <ul style="list-style-type: none"> • local, national or regional research or data • complaints or customer comments • results of surveys (yours or others if relevant) • comments or feedback from frontline staff • articles in local or national media • equalities legislation • previous consultation or focus groups • guidance on the intranet • issues identified in government policy • profile of York • existing service business plans • satisfaction or service take-up data 	
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Buildings / location	The solution provides greater access to customers in buying services and products including online procurement.	Customers or their representative already visit locations where supplies or products are procured the Prepaid card will also allow for on-line procurement including home delivery .	The solution applies to all groups covered by the EIA.
Information and Communication	<p>All pilot customers are to be communicated with before commencement this may include:</p> <ul style="list-style-type: none"> • Face to Face • Written communication • allpay communication 	As this is a pilot customers will be contacted about taking part on a voluntary basis and will be provided with full support from both the council and allpay.	This may include all groups.

Appropriateness of service	<p>The solution is a Prepaid card that operates in the same way as a bank debit card. It is in use in several Local Authorities in the UK.</p> <p>It provides greater access for customers especially where they have no bank account and have been unable to transact electronically.</p>	<p>The solution requires administration of funds applied to the card and appropriate separation of duties.</p>	<p>The solution applies to all groups covered by the EIA</p>
Opening Hours	<p>The solution provides for 24/7 access to services and products through online as well as retail outlets</p>	<p>Information on how to use this solution is included on service literature, on bills and on the council website.</p>	<p>The solution applies to businesses in York and worldwide.</p>
Costs / charges	<p>The costs associated in using this solution are met by the council in most instances however customers will be charged a £1 transaction fee for withdrawing cash from a free ATM. Where a customer chooses to use a fee charging ATM this charge will apply on top of the providers fee.</p>	<p>Information on how to use this solution is included on service literature, on bills and on the council website.</p>	<p>This ensures that that no group is affected financially by this solution</p>

Consultation / user involvement	<p>The has been subject to internal consultation with pilot Directorates and relevant managers.</p> <p>More formal consultation and customer feedback will take place during the pilot.</p>	<p>Briefing papers to the relevant DMT's.</p> <p>Formal feedback and consultation will be undertaken during the pilot. This information will be fed back to the relevant officers and management teams for consideration before any broader roll out of the solution</p>	<p>The policy applies to residents and all groups.</p> <p>This may include all groups.</p>
Performance management	<p>Implementation of a formal performance management procedure to measure the success of the pilot solution.</p>	<p>There will be regular performance monitoring of the pilot and this will form part of the feedback to relevant officers and management teams at the end of the pilot</p>	<p>This may include all groups.</p>
Service Planning	<p>The pilot and its outcomes will allow managers across the council to consider this solution in terms of their own services and service planning .</p>	<p>The solution would be evidenced within Directorate service plans</p>	<p>This may include all groups.</p>

Consultation

The intention over the next six months is to pilot the solution in the Adults area in relation to personal budgets and Court of Protection customers.

Feedback from the pilot and consultation will be reflected in next years EIA

During the detailed EIA we will need to consider

- Who to consult with
- The method(s) of consultation
- How to make our consultation accessible
- How to use the results
- How to feedback to consultees

ACTIONS	Considerations	Objective	Action	Success

Summary	
Key issues	1. Need to implement effectively with customers
	2. Need to receive and understand customer feedback
	3. Need to see and understand broader uses corporately
	4. Need to develop a robust business case for solution

	5.
Key actions.	1. Identify positives, gaps and issues for each of the consideration sections during the detailed EIA and consultation
	2. Improve links between solution and service objectives and priorities
	3. Put EIA into easy read/plain English
	4. Undertake meaningful consultation with staff and customers using the Engagement Strategy toolkit, and staff reference group etc
	5.

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Community Impact Assessment Form (CIA)

The council's vision is to promote **equal life outcomes¹ for everyone** living, working and visiting York, through inclusive design in everything the council does. This is to ensure that no-one is unintentionally excluded in York because of specific personal characteristics. In the council, we call these characteristics "Communities of Interest or Identity" – "Cols" for short.

To help realise the vision, council officers are required by Cabinet to assess the impact of council policies, processes and behaviours on customers and staff from the Communities.

This process was previously called Equality Impact Assessment (EIA). To stress the importance of assessing the impact of everything we do on people from the Communities, starting June 2012, we have renamed the process Community Impact Assessment (CIA).

The assessment **should be done at the development stage** of any policy, review, project, service change etc, **before any decision is taken**. It should also be done every time there are changes to policies and practices, **before the changes are finally agreed** by decision makers.

In addition, the Equality Act 2010 came into force on the 1st October 2010. Under the Act the council has a legal duty to show that our policies, practices etc further the aims below:

- Actively and proactively eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- Advance equality of opportunity between people who share an identity and those who do not
- Foster good relations between people who share an identity and those who do not.

¹ In health, safety and security, personal freedom and choice, housing, education and lifelong learning, jobs and leisure activities and the infrastructure that supports these outcomes.

In completing **Community Impact Assessments (CIAs)** officers are also required to state how what they are assessing meets and contributes to these aims.

1	Name and Job Title of person completing assessment	Ralph Edwards Group Manager Adults Assessment nad Safeguarding
2	Name of service, policy, function or criteria being assessed	Pre payment Card for Direct Payments
3	What are the main objectives or aims of the service/policy/function/criteria?	Enable people to manage their own personal social carte budget
4	Date	12 /08/13

Stage 1: Initial Screening

5	<p>What evidence is available to suggest that the proposed service, policy, function or criteria could have a negative or positive effect on quality of life outcomes² for people (both staff and customers) from the communities? Document the source of evidence in the columns below. You can find evidence via:</p> <ul style="list-style-type: none"> • Data from the Business Intelligence Hub - http://colin.york.gov.uk/beSupported/business_intelligence_hub/ • Council Consultation and Engagement Calendar – contact Sophie Gibson, 551022. • Council consultation - http://colin.york.gov.uk/beSupported/inhouse_services/research_consultation/ • Workplace Wellbeing Survey – contact the Health and Safety team for more info – 554131. CaN results are here: http://colin.york.gov.uk/beConnected/about_CYC/structure/CAN/can_healthwellbeing_results/ • Staff Equalities Reference Group – See feedback reports here - http://colin.york.gov.uk/beSupported/equalities_inclusion/SERG/ • Equality Advisory Group (a customer group) - http://democracy.york.gov.uk/mgCommitteeDetails.aspx?ID=445
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² See appendix 1

<ul style="list-style-type: none"> EIA Fairs Feedback Newsletters - http://colin.york.gov.uk/beSupported/equalities_inclusion/EIAs/consultation_feedback/ Previous EIAs – see annual EIA lists - http://colin.york.gov.uk/beSupported/equalities_inclusion/EIAs/ 				
Community of Interest/Identity	Source of evidence that there is or is likely to be a negative or positive impact:			
	Staff		Customers/Public	
	Positive	Negative	Positive	Negative
Race				
Religion / Spirituality /Belief				
Gender				
Disability			Will simplify administration of a Direct Payment Inclusion for customers that would normally struggle to secure banking facilities	Will need to change back account
Sexual Orientation				

Age			Will simplify administration of a Direct Payment Inclusion for customers that would normally struggle to secure banking facilities	Will need to change back account
Pregnancy/maternity				
Gender Reassignment				
Marriage and Civil Partnership				
Carers of older and disabled people			Will simplify administration of a Direct Payment Inclusion for customers that would normally struggle to secure banking facilities	Will need to change back account

If there is **no** evidence the service/policy/function will affect **any of the communities**, please proceed to section 9.

If there **is** evidence the service/policy/function will affect **one or more of the communities**, continue to Stage 2, Full Impact Assessment.

Stage 2: Full Impact Assessment

6 How could different communities be affected by the proposed or reviewed service/policy/function/criteria? Record negative and positive effects below. **Expand the boxes** to take up as much room as you need. See the [2 EIA Guidance documents](#) on Colin for help about effects to consider.

A1	Public/customers – positive effects	<ul style="list-style-type: none"> • Greater convenience – accepted at any location where the MasterCard acceptance mark is displayed. • Access to funds – with overnight or immediate loading of cards the claimant has ready access to funds. • Payments can be set up to anyone with a bank account, either on line or over the phone • Financially inclusive – available to all regardless of financial circumstance. • Manageable – claimant can only spend what is allocated on the card. On-line access to their card balance and transaction history. • Safe – safer than carrying cash • Secure – payments authorised with a PIN. • Can be used for setting up direct debits • Reduces information needed by the Council
A2	Public/customers – negative effects	Limits cash transactions Will need to change back account
B1	Staff – positive effects	
B2	Staff – negative effects	

7	<p>Can any negative effects be justified? For example:</p> <ul style="list-style-type: none"> ▪ As a proportionate means to achieve a legitimate aim ▪ In support of improving community cohesion ▪ To comply with other legislation or enforcement duties ▪ Taking positive action to address imbalances or under-representation ▪ Because of evidence-based need to target a particular community or group e.g. younger/older people. <p>NB. Lack of financial resources alone is NOT justification!</p>						
<p>Limiting cash transactions will improve monitoring and audit of use of Council funds for DPs</p>							
8	<p>What changes will you make to the service/policy/function/criteria as result of information in parts 5 & 6 above?</p>						
<p>None</p>							
9	<p>What arrangements will you put in place to monitor impact, positive and negative, of the proposed service/policy/function/criteria on individuals from the communities?</p>						
<p>[fill this in even if you don't currently have any negative issues to deal with] Will review usage, any exceptions and comments after 6 months. If successful will consider roll out to current DP users</p>							
10	<p>List below actions you will take to address any unjustified impact and promote equality of outcome (as in appendix 1) for staff, customers and the public from the communities. The action could relate to:</p> <ul style="list-style-type: none"> ▪ Procedures ▪ Service delivery ▪ Training ▪ Improvement projects 						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Action</th> <th style="width: 20%;">Lead</th> <th style="width: 20%;">When by?</th> </tr> </thead> <tbody> <tr> <td data-bbox="135 1870 986 2024">Advice needed on transfer to new accounts</td> <td data-bbox="986 1870 1204 2024">S Calline</td> <td data-bbox="1204 1870 1460 2024">Oct 13</td> </tr> </tbody> </table>		Action	Lead	When by?	Advice needed on transfer to new accounts	S Calline	Oct 13
Action	Lead	When by?					
Advice needed on transfer to new accounts	S Calline	Oct 13					

11	Date CIA completed	
Author: Position: Date:		
12	Signed off by	
I am satisfied that this service/policy/function has been successfully impact assessed. Name: Kathy Clark Position (Head of Service and above) : Assistant Director Assessment and Safeguarding Date: 15/08/13		
Please send the completed signed off document to equalities@york.gov.uk . It will be published on COLIN as well as on the council website.		

Appendix 1 - Quality of Life Indicators (also known as “the 10 dimensions of equality”)

Think about the positive and negative impact in these areas:

- Access to services and employment
- Longevity, including avoiding premature mortality.
- Physical security, including freedom from violence and physical and sexual abuse.
- Health, including both well-being and access to high quality healthcare.
- Education, including both being able to be creative, to acquire skills and qualifications and having access to training and life-long learning.
- Standard of living, including being able to live with independence and security; and covering nutrition, clothing, housing, warmth, utilities, social services and transport.
- Productive and valued activities, such as access to employment, a positive experience in the workplace, work/life balance, and being able to care for others.
- Individual, family and social life, including self-development, having independence and equality in relationships and marriage.
- Participation, influence and voice, including participation in decision-making and democratic life.
- Identity, expression and self-respect, including freedom of belief and religion.
- Legal security, including equality and non-discrimination before the law and equal treatment within the criminal justice system.

Indicators from: The Equalities Review 2007 and the Equality Framework for Local Government.

Health & Wellbeing
Directorate



West Offices
Station Rise
York
YO1 6GA

Tel: 01904 55

Fax: 01904 55

Date:

Ref:

Ask

for:

Tel:

Dear ,

Re: Direct Payment – Amendments to Terms and Conditions

City of York Council has recently undertaken a review of policies and procedures to ensure compliance with the Care Act 2014.

The council will be introducing a new policy covering direct payments from 1st April 2015. This policy sets out the terms by which direct payments will be offered, and used by customers.

The council has taken the opportunity to update the terms and conditions under which it makes direct payments available, and will be effective to all new and existing customers from 1st April 2015.

There are three key changes that the revised terms and conditions implement:

- 1) That customers will have direct payments paid into Cashplus accounts;
- 2) That money that is available for regular expenditure will only be allowed to accrue for one month rather than 8 weeks;
- 3) That City of York Council will hold all money that is currently held in accounts for redundancy provision, and will make payments for statutory maternity pay, statutory paternity pay and statutory sick pay.

A copy of the revised Terms and Conditions are attached and should be kept with your copy of the direct payment agreement (DP1) for reference.

How will these changes affect you?

If you already have your direct payment paid into a Cashplus account then you will not be affected by this change. If you have your direct payment paid to an organisation or managed account provider then you will receive further information about this change after April.

The current terms and conditions allow for 8 weeks money to be built up as 'contingency' where you receive a regular payment. The change means that this amount will reduce to the equivalent of one month's payment, to cover outstanding bills. If you receive money towards short breaks to be taken throughout the year, this will be accounted for separately.

If you employ your own staff, then a small proportion of the money you are paid is to cover redundancy costs. The council decided in February 2014 as part of its budget process that this money should be managed by the council.

It is proposed that all redundancy money held within direct payment account is returned to the council before 31st March 2015. The terms and conditions set out that redundancy costs, statutory sick pay (SSP), statutory maternity pay (SMP) and statutory paternity payment (SPP) will be paid to you upon request, where accompanied with supporting documentation. If your account is administered by the ILS, then we will contact them to identify how much money they hold for you to cover redundancy costs, and reclaim it back from them.

The Income Services Team will be responsible for the administration of these statutory payments. The Income Services Team can be contacted as follows:

Phone: 01904 554684

e-mail: cbssincomeservices@york.gov.uk

Post: 3rd Floor, West Offices, Station Rise, YORK YO1 6GA

Please contact the Income Services Team if you have any queries about this letter.

Yours sincerely

Terms & Conditions relating to all Direct Payment Agreements

TERMS AND CONDITIONS

1. I agree that I will use my Direct Payment (DP) to meet the outcomes, agreed in my support plan. I agree to repay all or part of the DP if City of York Council (CYC) is satisfied that it has not been used appropriately, or in accordance with this agreement and current Direct Payment legislation.

2. I understand that I can nominate someone to administer the direct payment on my behalf – this person is known as a ‘nominated person’. If I decide to receive a DP and I have a legally appointed representative, that person can request and manage a DP on my behalf – this person is known as an ‘Authorised Person’. I understand that should I, or an appointed or nominated person lose the capacity to manage my direct payment, that the council will review the situation and may cease to make payment, in preference for commissioning services on my behalf.

3. CYC will pay DP's into Cashplus Accounts administered by Advanced Payment Solutions Limited (APS). CYC will open the account and retain ownership of the account and debit card issued to assist in operating that account. CYC retains full rights under the Data Protection Act 2003 to access all data relating to the account, as well as load, suspend, cancel or withdraw access to the account. Any such action may be done without prior notice where the account appears to be compromised or is being used for illegitimate or fraudulent means. This is to protect the interests of me and/or CYC. Fees incurred for the use of the account that are passed by APS (such as transaction processing costs) will be met by CYC. CYC will not incur any charges relating to additional costs levied by merchants at the point of sale, or costs relating to the use of telephone banking on the account.

4. Money paid to me under the terms of this agreement will be paid into the Cashplus account and all transactions must take place from this account.

5. I agree that it is my responsibility to make arrangements (with help if necessary) to secure appropriate goods or services that meet my

outcomes. I agree to comply with all legal requirements that may arise in making such arrangements.

6. I agree to inform CYC if I am to receive a payment from a third party (e.g. NHS Continuing Healthcare) to assist in the purchase of goods and services. Any money received from a third party must be accounted for separately and details of payments made, plus associated expenditure must be provided to the Council as and when required for reconciliation purposes.

7. I have been informed of the support and assistance available to me in the operation of the DP.

8. Where I am responsible for employing my own staff I agree to take out Employers and Public Liability Insurance, including Indemnity to Principal and to supply policy documentation to the council if requested to do so, in line with payments made by the Council as part of this agreement.

9. I understand that, if in the opinion of CYC the service provider is either unable or unfit to provide an adequate service, then CYC has the right to require that I change the person or organisation providing those services. I understand that CYC has the right to stop my DP if the service purchased is considered unsuitable for meeting my outcomes.

10. In the event that the care and support arrangements I have made break down, whether in an emergency or not, CYC will support me in the arrangement of alternative services.

11. I agree not to use my DP to purchase care and support services from a Family Member residing in the same household as me, without the express consent of CYC. Family Members can only be paid for administration costs related to the management of the direct payment where this has been specifically agreed.

12. I understand that where I am employing my own staff it is a requirement to have these staff checked by the Disclosure and Barring Service.

13. I understand that CYC may increase or decrease the amount of the

DP in line with my assessed needs. CYC will review my care and support needs and the amount of the DP within the first six months of the DP being made and then at intervals not exceeding twelve months. CYC will notify me of any changes made to the DP in writing.

14. I agree to provide CYC with monitoring information and/or receipts for expenditure as and when required. I will return any information requested within 14 days.

15. I understand that monitoring information will be used by CYC to reconcile the DP account in order to recover any overpaid or unused monies. Surplus money identified will be reclaimed directly from the Cashplus account. CYC will issue an invoice as notification of the amount to be reclaimed 14 days in advance.

16. Where the DP is provided as a regular payment. These payments will be made in advance every month starting on the date shown in the 'Details of Payments' section and then on the first of the month. I understand that the amount paid will be minus any assessed contribution.

17. I agree that I will pay my assessed contribution (if applicable) into my Cashplus account on a weekly or on a monthly basis. I understand that my contribution may change if my financial circumstances change, or my contribution is reassessed, and I will be notified of any change in writing. I agree to notify CYC if there is any change to my financial circumstances.

18. If I am unable to receive the service provided, for example if I am admitted to hospital, CYC may suspend the DP. However, CYC will carefully consider what contractual responsibilities I have when determining whether to suspend the payment. Reasonable notice will be given if payments are to be suspended.

19. Funds may accrue in the DP account; however at no time should these exceed the equivalent of 4 weeks DP, plus money to cover outstanding invoices or wages (including tax and NI), employees' holiday pay and insurance. In the event of my death, CYC will carefully consider what contractual responsibilities I have when determining the balance to be repaid.

20. I understand that if I employ my own staff that I must maintain records relating to the amount of redundancy pay I may have to pay in the event of my employees being made redundant. CYC will hold redundancy money in a separate fund: redundancy payments required will be paid upon request, supported by my records.

21. I agree that both CYC and I have the right to terminate this agreement by giving the other party four weeks notice in writing. In addition, in exceptional cases, CYC may decide to discontinue DPs without giving notice e.g. if an Authorised Person is not acting in my best interests. I have been advised of the exceptional circumstances in which this might occur.

DEFINITION OF TERMS USED

Assessment - The assessment of the Recipient's needs under the Care Act 2014, Sections 31 to 33, Mental Health Act Section 117 (2C) and Care and Support (Direct Payments) Regulations 2014.

Authorised Person – Someone authorised under the Mental Capacity Act 2005 to make decisions about the adult's needs for care and support; or a person who CYC and a person who is authorised under the Mental Capacity Act 2005 agree is a suitable person to receive the DP; or, if there is no person authorised under the Mental Capacity Act 2005, a person who CYC considers is a suitable person to whom to make the DP.

Cashplus Account – The designated bank account 'lite' for use by the customer, an authorised or nominated person, into which payments will be made for the purpose of this agreement.

Family Member – Spouse or civil partner or a person living with the person in need of care and support as if spouse or civil partner, or the following people who live in the same household as the person requiring care and support: parent, parent-in-law, son or daughter, son-in-law or daughter-in-law, stepson or stepdaughter, brother or sister, aunt or uncle or grandparent, or the spouse or partner of any of these.

Direct Payment (DP) - The payments to be made by CYC to enable the Recipient to arrange care and support to meet their needs.

Financial Assessment – The annual assessment of your personal finances to determine how much you can afford to contribute towards the cost of your care.

I – refers to the customer, authorised or nominated person managing the direct payment on behalf of the customer.

Nominated person - Someone who agrees to manage a direct payment on behalf of the customer with care and support needs, with the customers' full agreement.

Payment - The sum of money which is determined by CYC as representative of the cost of meeting care and support needs at the date of the Agreement and as then revised from time to time either as part of the on-going processes of the Support Plan or as provided for in this Agreement.

Support Plan – The document agreed by CYC (CYC) and the Recipient following a Needs Assessment, which has identified those needs CYC have agreed to meet, and how they will be met

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Health & Adult Social Care Policy & Scrutiny Committee Draft Work Plan 2015-16

Meeting Date	Work Programme
10 June 2015	<ol style="list-style-type: none"> 1. Introductory Report including ideas on Potential Topics for Review in this Municipal Year. 2. LYPFT Report on Progress of Action Plan in relation to CQC inspection 3. Update Report on Changes to Direct Payments 4. Draft Work Plan 2015/16
21 July 2015	<ol style="list-style-type: none"> 1. Attendance of the Cabinet Member for Health and Adult Social Care – Priorities and Challenges for 2015/16 2. End of Year Finance & Performance Monitoring Report 3. CQC Inspection Report – York Teaching Hospitals NHS Foundation Trust – TBC 4. Annual Report on Carers’ Strategy 5. Safeguarding Vulnerable Adults Annual Assurance Report 6. Work Plan 2015-16
16 September 2015	<ol style="list-style-type: none"> 1. Be Independent Year End Position Statement and 1st Qtr Monitoring Report 2. Health & Wellbeing Board Update Report 3. 1st Quarter Finance and Performance Monitoring Report. 4. Annual report from the Chief Executive at York Teaching Hospital NHS Foundation Trust. 5. Annual Report from the Chief Executive of Yorkshire Ambulance Service. 6. Work Plan 2015-16
20 October 2015	<ol style="list-style-type: none"> 1. Six-Monthly Quality Monitoring Report – Residential, Nursing and Homecare Services. 2. Healthwatch six-monthly performance update report 3. Work Plan 2015-16

24 November 2015	<ol style="list-style-type: none"> 1. Be Independent 2nd Qtr Monitoring Report 2. Health & Wellbeing Board Update Report 3. 2nd Quarter Finance and Performance Monitoring Report 4. Work Plan 2015-16
22 December 2015	<ol style="list-style-type: none"> 1. Health & Wellbeing Board Update Report 2. Work Plan 2015-16
26 January 2016	<ol style="list-style-type: none"> 1. Safeguarding Vulnerable Adults Six-monthly Assurance Report 2. Work Plan 2015-16
23 February 2016	<ol style="list-style-type: none"> 1. Health & Wellbeing Board Update Report 2. 3rd Quarter Finance and Performance Monitoring Report 3. Work Plan 2015-16
23 March 2016	<ol style="list-style-type: none"> 1. Be Independent 3rd Qtr Monitoring Report 2. Work Plan 2015-16
26 April 2016	<ol style="list-style-type: none"> 1. Health & Wellbeing Board Update Report 2. Six-Monthly Quality Monitoring Report – Residential, Nursing and Homecare Services. 3. Healthwatch six-monthly performance update report 4. Work Plan 2015-16

June 2016: Be Independent End of Year Position