Notice of a public meeting of

Health and Adult Social Care Policy and Scrutiny Committee

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

Date: Tuesday, 21 July 2015

Time: 5.30 pm

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

A G E N D A

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 - 8)
To approve and sign the minutes of the meeting held on 10 June 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 **Monday 20 July 2015** at **5:00 pm**.

Filming, Recording or Webcasting Meetings
Please note this meeting may be filmed and webcast and that includes any registered public speakers, who have given their permission. This broadcast can be viewed at: http://www.york.gov.uk/webcasts.

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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: https://www.york.gov.uk/downloads/file/6453/protocol_for_webcasting_filming_and_recording_council_meetingspdf

4. Attendance of the Executive Member for Health and Adult Social Care- Priorities and Challenges for 2015/16
The Executive Member for Health and Adult Social Care will present a verbal report on her priorities and challenges for 2015/16.

5. Safeguarding Vulnerable Adults Annual Assurance
(Pages 9 - 82)
This update report outlines the actions taken to further improve the arrangements in place to ensure that City of York Council is able to discharge its responsibilities to keep vulnerable adults within the City protected from violence and abuse, whilst maintaining their independence and well-being. It also includes the presentation of the Safeguarding Adults Board Annual Report 2014-2015.

6. Healthwatch Report on Wheelchair Services
(Pages 83 - 144)
The purpose of this report from Healthwatch is to help understand people's experiences of using wheelchair services in York. Attached as an annex to the report, is a response from the provider and repair service company of the wheelchair service.

7. Scoping Report on Public Health Grant Spending
(Pages 145 - 158)
This report gives a brief background to legal conditions relating to use of the Public Health Grant, and the actual expenditure of the Grant since transition of Public Health into the Council when the Council took on Public Health responsibilities.

8. Verbal Update on Progress of Changes to Direct Payments
The Committee will receive a verbal update on the progress of changes to Direct Payments.

9. Work Plan 2015-2016 including potential scrutiny reviews
(Pages 159 - 160)
Members are asked to consider the Committee's work plan for the municipal year.

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

Democracy Officer:

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

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

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

Contact details are set out above

This information can be provided in your own language.

我們也用您們的語言提供這個信息 **(Cantonese)**

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

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

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

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

☎ **(01904) 551550**

Agenda Item 1

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Agenda item 1: Declarations of interest.

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

Councillor S Barnes	Works for Leeds North Clinical Commissioning Group
Councillor Cannon	Current patient at York Hospital and Member of Health and Wellbeing Board
Councillor Craghill	Member of Health and Wellbeing Board
Councillor Doughty	Member of York NHS Foundation Teaching Trust.
Councillor Douglas (Substitute)	Council appointee to Leeds and York NHS Partnership Trust.
Councillor Richardson	Niece is a district nurse. Undergoing treatment at Leeds Pain Unit and York Sleep Clinic.

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City of York Council	Committee Minutes
Meeting	Health and Adult Social Care Policy and Scrutiny Committee
Date	10 June 2015
Present	Councillors Doughty (Chair), Cuthbertson (Vice-Chair), S Barnes, Cannon, Craghill and Warters
Apologies	Councillor Richardson

The Chair welcomed all new Members to the Committee.

1. 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.

A number of Members declared standing personal interests in the remit of the Committee;

Councillor S Barnes' personal interest was due to his employment by Leeds North Clinical Commissioning Group, as they were responsible for commissioning mental health services in Leeds.

Councillor Cannon's was as a current patient at York Hospital and as a member of the Health and Wellbeing Board.

Councillor Craghill was as a member of the Health and Wellbeing Board.

Councillor Doughty confirmed his standing personal interest as a member of York NHS Foundation Teaching Trust.

No other interests were declared.

2. Minutes

In relation to the minutes, the Chair asked when data would be made available in relation to annual health checks for people with learning disabilities.

The Acting Director of Public Health confirmed that this data was likely to be reported in time for the September committee.

Resolved: That the minutes of the meeting of the Health Overview and Scrutiny Committee held on 25 March 2015 be signed and approved by the Chair as a correct record.

3. Public Participation

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

Marije Davidson from York Independent Living Network and Lives Unlimited spoke regarding Agenda Item 6 (Direct Payments Terms and Conditions).

She raised a number of points in relation as to whether Members should be asked to review the policy, these included;

- That the terms and conditions currently stated that payments would be paid into a Cashplus account and individuals must make transactions from it. However, further communication said 'no individuals would be required to have a Cashplus account if they do not want it'.
- The letter to people with direct payments proposed that the Council would make payments for statutory maternity pay, statutory paternity pay and statutory sick pay instead of individuals doing it through their normal payroll systems. Individuals have employer obligations and this must be reflected in the Terms and Conditions and the Policy.
- Individuals would only be allowed to accrue 4 weeks or one month funding – the Council was not clear about that, there was a promise last year it would remain at 8 weeks, and it was not part of the policy approved by the Cabinet in December, so where was the authority for that change?

She acknowledged that Council Officers had addressed some of the issues raised in a previous letter(which was included within the agenda pack). However, it did not address issues where Terms and Conditions needed to be amended and she therefore felt this needed to be done and urged the Committee to choose Option 2 in the report.

4. Arrangements for Overview and Scrutiny in York

Members received a report which highlighted the Council's arrangements for the overview and scrutiny function and resources available for its support, along with the current terms of reference for the Health & Adult Social Care Policy & Scrutiny Committee.

The Scrutiny Officer explained that alongside possible changes to the terms of reference of each of the scrutiny committees there was also the possibility that the future scheduled meeting dates would change.

In respect of how much preparation Members needed for scrutiny work on the committee, the Scrutiny Officer stated that he would circulate a guide on Health Scrutiny. The Acting Director of Public Health suggested to Members that they might wish as a scrutiny topic, to examine how the Public Health Grant to Local Government was spent.

Resolved: That the report and remits of the Committee be noted.

Reason: To inform Members of scrutiny arrangements.

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

Members received a report on Leeds and York Partnership NHS Trust's progress against a Care Quality Commission (CQC) Action Plan following an inspection of the Trust.

Jill Copeland and Antony Deery from the Trust attended to present the report. Members were informed that;

- Refurbishments at Bootham Park Hospital were running behind schedule.
- Acomb Garth had problems and was mixed sex accommodation but these concerns were being managed.
- There was a wait for a new hospital for mental health in York.
- The Trust's complaints procedure had been reviewed.

- Staff morale levels had improved.

In response to Members' questions it was reported that funding for the hospital would be from central Government, and the Trust would ensure the action plan's delivery even if they happened not be the provider of mental health services.

The Director of Adult Social Care commented that he supported the improvements that had been made by the Trust.

Resolved: That the report be noted.

Reason: So that the Committee is kept up to date with the Trust's performance against the CQC's standards.

6. Direct Payments Terms and Conditions

Members received a report which detailed the Council's approach to direct payments to adult social care customers. They had also received a representation via email from York Independent Living Network and Lives Unlimited following publication of the agenda. The Chair requested that this be added to the minutes and it was added as an annex.

Discussion of the report took place following the Public Participation item.

The Chair asked Officers if the Council could continue to use the current system legally. Officers confirmed that this could leave Council more open to challenge in regards to the ability to audit the money used for direct payments. A Member asked if Officers felt comfortable about whether sufficient amounts of consultation had taken place on the terms and conditions. In response, it was noted that what was proposed was not a change in service and assurances had been given in regards to money, for example for short breaks not being counted.

Discussion took place over the Direct Payments terms and conditions.

In response to a comment from a Member about whether encouraging people to have Cashplus accounts for their care was purely for audit means, Officers responded that they encouraged this for transparency and easy manageability.

However, they confirmed that those that did not want to have a Cashplus account did not have to have to receive payment this way.

Referring to a disadvantage of Option 2 mentioned in the Officer's report, one Member asked, what would be the risk of Members approving Option 2. Officers responded that in their opinion it would not allow for the expansion of Direct Payments and therefore not give customers management of their money. However, they admitted that the public engagement over the changes to Direct Payments had been not been sufficient.

In addition, Councillor Stuart Barnes suggested that as the proposed changes to Direct Payments had not been perceived as a service change by service users, Members could themselves provide some criteria and guidelines to Officers what they deemed to be service changes. He added that the Committee could develop some guidelines for Officers. The Chair agreed with the suggestion and urged those Members who felt confident to so, to circulate their ideas via email

Members proposed Option 2 in the Officer's report and suggested some additional wording to include additional engagement with organisations like York Independent Living Network and Lives Unlimited. They suggested that Officers would write to service users to inform them once they had made all changes. A verbal update from Finance on the terms and conditions would also be given at the July committee.

Resolved: That Option 2 is chosen and the terms and conditions under which direct payments are provided remain but are reviewed again, further amendments are considered in conjunction with stakeholders and a further report is made.

Reason: It will allow Members the chance to review the changes made to Council policy following further consultation.

7. Work Plan

Members considered the Committee's Draft Work Plan for the upcoming municipal year.

The Manager from Healthwatch York was in attendance at the meeting and informed the Committee that the data they were currently gathering on the wheelchair service, which was contracted out by Vale of York Clinical Commissioning Group (VOYCCG), could be presented to the Committee in July.

Discussion took place including mention of whether the Committee could get an update on systems resilience ahead of the winter from the CCG and future scrutiny topics could include IAPTs, Pain Management, and Personalisation.

Following further discussion the following was agreed;

- For Health and Wellbeing Board Update reports to be biannual.
- For a scoping report to be written on the Public Health Grant spending and outcomes for the July meeting of the Committee.
- That a report in relation to annual health checks for people with learning disabilities be presented to the September meeting.
- That a report on health systems resilience be prepared for the September meeting.

Resolved: That the work plan be noted with the above detailed changes made.

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

Councillor Doughty, Chair
[The meeting started at 5.35 pm and finished at 7.25 pm].

Health & Adult Social Care Policy & Scrutiny Committee

21 July 2015

Report of the Assistant Director Adult Social Care

Safeguarding Vulnerable Adults Annual Assurance

Summary

1. This update report outlines the actions taken to further improve the arrangements in place to ensure that City of York Council is able to discharge its responsibilities to keep vulnerable adults within the City protected from violence and abuse, whilst maintaining their independence and well-being. It includes the presentation of the Safeguarding Adults Board Annual Report 2014-2015 (Annex 1).

2. Health Overview and Scrutiny are asked to accept assurance that arrangements for safeguarding adults and the improvements made over the year are satisfactory and effective.

3. Previous Safeguarding Adults responsibilities were been defined in ‘No Secrets’ (Department of Health 2002) and ‘Safeguarding Adults’ (Department of Health 2005). In 2005 the Association of Directors of Adults Social Services produced guidance and standards for the delivery of Safeguarding responses.

4. These guidance documents have been superseded in April 2015 by the Care Act 2014. This report covers activity to make our safeguarding adults activity compliant with the Care Act.

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

   - Make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom

   - Set up a Safeguarding Adults Board

- Arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review (SAR) where the adult has 'substantial difficulty' in being involved in the process and where there is no other suitable person to represent and support them

- Co-operate with each of its relevant partners in order to protect the adult. In their turn each relevant partner must also co-operate with the local authority.

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

    - has needs for care and support (whether or not the local authority is meeting any of those needs) and;

    - is experiencing, or at risk of, abuse or neglect; and

    - as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

7. The Six key principles contained within the Care Act which underpin all safeguarding work are:

    - Empowerment – "I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens"

    - Prevention – "I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help"

    - Proportionality – "I am sure that the professionals will work for my best interest, as I see them and will only get involved as much as needed"

    - Protection – "I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want and to which I am able"

- Partnership – “I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together to get the best result for me”

- Accountability – “I understand the role of everyone involved in my life”

Analysis

8. CYC has made taken the necessary action to make its safeguarding arrangements compliant with the duties imposed by the care act.

9. The Safeguarding Board has the necessary statutory membership including Healthwatch and a written constitution and memorandum. Links with other boards particularly Children’s Safeguarding continue to be strengthened. All members have satisfactorily completed a regionally agreed assurance framework which has been accepted by the board and is being repeated for a 6 monthly update.

10. A Care Act Advocacy Service has been commissioned and has been running since April. This is being used to support vulnerable adults who have substantial difficulties. Work is ongoing to ensure that this service is fully utilised for all who need it

11. Veritau audited adult safeguarding arrangements with a focus on care act implementation. Their completed audit is attached at Annex 2. The auditors were substantially assured by the Safeguarding Adults arrangements.

12. The actions the auditors identified as needing to take place were the improvement of the website and the move to an electronic system for delivering the deprivation of liberty safeguards case management.

13. Deprivation of liberty safeguards are now managed through a paperless system. The web content on the CYC website and connect to support websites have been improved. A new safeguarding adults’ website is planned with a delivery date of 1 January 2016

14. The Safeguarding Board has adopted policy and procedures for adult safeguarding across York, North Yorkshire and West Yorkshire. This has been made possible due to the consistency provided by the statutory guidance to the Care Act.

It ensures that key partners such as the police, ambulance service and NHS organisations who work across a large geographical footprint can work to a consistent set of procedures.

Work is ongoing to draft additional practice guidance into these policies to embed emerging best practice.

15. **Safeguarding Adults Board Annual Report**

The Safeguarding Adults Board (SAB) Annual Report describes the key aspects of the work of the board over the past year.

Making Safeguarding Personal.

Good progress has been made on this agenda and the work has moved on to supporting people who lack the mental capacity to decide how they are safeguarded to influence these decisions through independent representation.

Self Assessment from Partners

Formal assurance has been sought from board partners using a regional self assessment tool. Assurance on the ability of members to safeguard adults was good and areas for future work were highlighted. These areas include.

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

Care Act

A subgroup of the Safeguarding Adults Board has successfully overseen the transition to the Care Act legislative framework. Details of this are within the annual report. This work has culminated in the substantial assurance given by internal auditors.

Performance

The performance framework used nationally is the Safeguarding Adults Return (SAR). This has a greater focus on individual outcomes than previous the previous abuse of vulnerable adults' framework (AVA).

A key performance area is the effectiveness of interventions in reducing the risk to people as a result of enquiries. The annual report details the performance in this area. There is good recording of these outcomes which show the effectiveness of interventions for most people we work with. Once national and regional comparisons are available benchmarking will take place to influence future actions.

Workforce Development

There has been increased workforce development activity over the year. This has been to support Care Act implementation, strengthen our response to deprivation of liberty demands and to make progress against agendas including self neglect. Training courses continue to be highly rated by participants.

Strategic Plan

Progress against this plan is reviewed at each SAB and the annual report details the progress made against the key areas

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

Serious Case Reviews

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

Council Plan

16. The proposals within this report relate to the Council Plan priority to ensure those who are most vulnerable are protected. They support the A focus on frontline services, ensuring all residents, particularly the least advantaged, can access reliable services and community facilities.

Implications

Financial

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

Human Resources (HR*)*

18. There are no HR implications.

Equalities

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

Legal

20. There are no legal implications.

Crime and Disorder

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

Information Technology (IT)

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

Property

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

Risk Management

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

Recommendations

25. **Recommendation 1**

The Health and Adult Social Care Policy and Scrutiny Committee note the report and take assurance that arrangements for safeguarding adults and the improvements made over the year are satisfactory and effective.

26. **Recommendation 2**

The Health and Adult Social Care Policy and Scrutiny Committee consider the further updates it requires regarding adult safeguarding.

Reason: To keep the Committee assured of the arrangements for Adult safeguarding within the city.

Contact Details:

Author:

Michael Melvin
Interim Assistant Director,
Adult Social Care

Annexes
Annex 1 – Safeguarding Adults Board Annual Report 2014/15

Annex 2 – Adult Safeguarding Internal Audit Report 2014/15

Abbreviations

AVA – Abuse of Vulnerable Adults
CYC – City if York Council
HR – Human Resources
IT – Information Technology
NHS – National Health Service
SAB – Safeguarding Adults Board
SAR – Safeguarding Adults Return

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Annex 1

Safeguarding Adults Board

Annual Report 2014/15

Annex 1

CONTENTS

(*=represented by The Retreat at the SAB)

1. Introduction by the Chair of the Safeguarding Adults Board (SAB)

I am very pleased to introduce this Annual Report, having first taken up my appointment on 1 April 2013. I would comment that those readers who saw the 2013 Report will find much which is new in this one, including a formal input from each organisation represented at the SAB.

One of my roles has been to establish productive relationships with the organisations which are represented at the SAB and to ensure that we are working to a shared agenda with the right people around the table. That agenda has been dominated this year by our preparations for the implementation of the Care Act 2014, of which safeguarding is one small but vital part. There are some 500 pages of Statutory Guidance on implementation of the Act, though the SAB has only had to concentrate on the fifty pages in Chapter 14!

We became a statutory body on 1 April 2015, on a par for the first time with the Children's Board and we believe that we are on track to deliver assurance to the citizens of York that everything which should be in place either is or is in the process of being implemented.

In order to progress our thinking we established a Board sub-group of key members and together we have spent the past few months clarifying and agreeing our constitution, membership, memorandum of understanding for each member and much more besides, including multi-agency procedures. We have also thought carefully about the size of the Board and have developed a clear and shared view that increasing its size and complexity in response to the Act would almost certainly be a mistake.

As a result the current Board has sixteen members drawn from twelve key organisations operating in the City of York. They can be seen in Appendix 1 and include City of York Council, Healthwatch York, the Independent Care Group, Leeds & York Partnerships NHS Foundation Trust, NHS England, NHS Vale of York Clinical Commissioning Group, North Yorkshire Police, Stockton Hall, The Retreat, York CVS, York Teaching Hospitals NHS Foundation Trust and York & North Yorkshire Partnership Commissioning Unit.

It is our intention to ensure that senior representation from the housing sector will be added imminently to the SAB, but we do not anticipate any further changes in the short to medium term. Further, and given the level of organisational turbulence which has affected NHS organisations in particular during the past three years, I am particularly grateful for the level of engagement we have achieved with them, and also with voluntary sector and private sector hospitals treating NHS patients.

I am pleased to say that York is fully engaged in the national pilot of "Making Safeguarding Personal" (MSP), the new approach which underpins the Care Act 2014 and which requires that the individual exercises as much choice and control as possible in determining and achieving the outcomes they want from safeguarding enquiries, rather than having passively to accept safeguarding being "done" to them by the Local Council and its staff. Section 3 of this Report contains two anonymised

case studies which briefly illustrate how MSP differs from more traditional approaches.

One of the requirements of the Care Act is that the SAB Annual Report must contain details of any Safeguarding Adults Reviews (SARs) which have been conducted when an adult dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the individual. The findings of SARs must be included, as must actions taken or intended in relation to those findings. I can confirm that there have been no SARs during 2014/15. However, there have been two deaths where a lesser level of enquiry known as Lessons Learned has been initiated, and there are some details of the cases in Section 8 of this Report. They do illustrate the challenging nature of safeguarding work and the complexities of supporting individuals in particular circumstances.

The SAB does have a separate website which was generally recognised as not fit for purpose, as Internal Audit concluded (see Section 4) and at the time of writing it is in the process of migrating to the City of York corporate one. When that process has been completed, citizens of the city will hopefully be reassured by the information they can glean about the SAB and its work.

It may also be reassuring to know that every SAB meeting starts with reflecting in confidence on a particular case involving a real individual, to ensure that the Board never forgets that it is vulnerable people who are always the focus of its work. Our meeting minutes are always published on our website once they have been approved by the subsequent SAB meeting. There are four SAB meetings a year at West Offices, though because of the sensitive and confidential nature of much of our work they are not open to public scrutiny like Council Cabinet meetings, for example. That is not unique to York but common across the country.

I trust that you will be interested, informed and also reassured by the contents of this Report. Thank you for reading it.

Kevin McAleese CBE

Independent Chair, City of York Safeguarding Adults Board

2. The Board's Work and its Philosophy

York Safeguarding Adults Board (SAB) oversees and leads adult safeguarding across the city in order that individuals and agencies contribute effectively to the prevention of abuse and neglect. It is a multi-agency board whose role is to plan strategically and ensure the safety of vulnerable adults within the City of York Council's geographical area. It has been in existence since November 2008 and has a strong focus on partnership working. The work of the Board includes the safety of individuals in local health services, local care and support services and prisons and approved premises

A list of board members in attached in Annex 1.

3. Work Undertaken in 2014/2015

Making Safeguarding Personal

This year saw the second phase of York's implementation of Making Safeguarding Personal. Making Safeguarding Personal is the national approach now embedded in the Care Act 2014 which ensures that the individual exercises as much choice and control as possible in determining and achieving the outcomes they want from safeguarding enquiries.

City of York Council and its partners on the Board worked with a cohort of 30 people who did not have the mental capacity to make decisions about how they wanted to be safeguarded against abuse or neglect where there was an allegation that abuse or neglect had taken place.

By engaging with independent advocacy at an early stage, those professionals involved in helping to safeguard the adult at risk were able to understand what these individuals wanted from a safeguarding intervention. In the majority of cases the people lacking capacity were able to achieve the outcomes they wanted.

Making Safeguarding Personal (MSP) has become an embedded philosophy throughout City of York Council's safeguarding adults work. The two case studies below illustrate how this has worked:

Case Study 1- Jane

Jane has physical disabilities and lives in a nursing home .She told her social worker that a friend had taken money from her. Taking an MSP approach, the social worker talked to Jane about the options she had and what she wanted to happen. Jane wanted to be able to talk to her friend, get her money back, maintain the friendship, and have support should she find that there were difficulties in the relationship in the future.

The social worker helped Jane and her friend to have a discussion about the missing money through mediation meetings. Her friend apologised and gave Jane her money back. Jane managed to maintain the relationship in the knowledge that she would

have the support of a social worker to help resolve future issues if she needed it. Had a traditional investigation into theft from a vulnerable adult been launched, Jane may have been in a position where she was being asked to pursue an allegation against her friend which may not have given her the outcome she wanted.

Case Study 2- Brian

Brian is 85 and receives a direct payment so that he can be supported with care needs related to his physical frailty and memory problems. His family do not live locally but have supported him by finding him a carer who lives in his home. Brian was not very happy with the service he was getting, felt that the carer was prioritising other jobs and interests had neglected him. His family thought that Brian's view might be to do with his cognitive problems and felt the carer was doing a good job.

Taking an MSP approach, the social worker talked to Brian who, although thankful for his family's help, wanted to make different arrangements for his care. He was not interested in pursuing an allegation against the carer. The social worker supported him to understand what the options were and how he might go about considering them, helping him to gain the mental capacity to make choices about his care and support. The social worker also helped him to explain to the family what he wanted.

Following a short stay in a respite care home Brian has ended his contract with his previous carer and has gone on to choose a different support package.

Self-assessment

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

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

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

4. Care Act Implementation

The SAB established a subgroup with key members of the Board to ensure a successful transition to its statutory status. In addition, a number of specific activities were undertaken in preparation.

Policies and Procedures

In preparation for the introduction of the Care Act 2014, the City of York SAB has developed its constitution, memorandum of understanding and register of interests

for its members. These documents give clarity and underpin the important statutory work of the Board. The SAB has also developed local policies for undertaking safeguarding adults reviews and lessons learned. These policies have ensured that the Board has a robust process in place for carrying out a review where an adult with care and support needs has suffered serious neglect or abuse and there is reasonable cause for concern about how the SAB, members of it or other persons with relevant functions worked together to safeguard the adult.

The multi-agency policy and procedures were updated at the start of 2014 and work continues in redrafting these to promote best practice in light of the Care Act.

Information, Advice and Guidance

This year has seen an improved offer to the public in terms of information and advice to help safeguard adults from abuse as this has become a statutory duty under the care act. The Connect to Support portal has been re-launched with improved content on 'keeping people safe.' This now also includes advice and guidance on domestic violence, bogus traders, online safety and community safety information from the police, in addition to how to report neglect and abuse.

www.connecttosupport.org

Partnership with the community

A series of workshops were run in January and March 2015 prior to the implementation of the Care Act for community groups, the voluntary sector and independent providers. Feedback from these events demonstrated that they have provided a valuable forum to help those working with adults at risk in the community understand their roles and the support they can expect from City of York Council and the SAB and signposted them to the series of resources which will help them implement the new approaches.

www.scie.org.uk/care-act-2014/safeguarding-adults

Winterbourne Concordat

City of York Council, the Partnership Commissioning Unit and the Vale of York Clinical Commissioning Group have worked together to identify vulnerable people from York who are placed out of the area for whom a move back to the York area may be the best way to enable then to be safe and enjoy the highest quality of life possible.

Over the past year, seven individuals have been helped to move back to York and plans are in place to make arrangements for accommodation and support for another fifteen people. For people who are remaining living out of York additional safeguards have been put in place to ensure that their support and treatment is reviewed and the Mental Capacity Act and its safeguards are followed.

Internal Audit

As part of the preparation for implementation of the Care Act, the internal audit service conducted an investigation into the readiness of adults safeguarding arrangements. The purpose of this audit was to provide assurance to City of York management that procedures and controls within the system had ensured that:

• The Safeguarding Board was moved onto a statutory footing
• A policy was introduced in relation to serious case reviews
• Relationships with partners and the new duties to co-operate over the supply of information were implemented
• There is a suitable system in place for processing Deprivation of Liberty cases
• There were sufficient resources to complete the increased number Deprivation of Liberty cases

The audit did not include procedures for Statutory Local Authority Deprivation of Liberty cases.

Key Findings:

Following the introduction of the Care Act 2014 considerable amounts of work have been put into ensuring that Safeguarding Adults processes in York are robust and fit for purpose. In addition the council has been suitably responsive to the significant additional demands in relation to Deprivation of Liberty cases following on from the Supreme Court judgement.

The Safeguarding Board has developed a constitution and memorandum of understanding between all members to ensure that the statutory board and its members comply with the duties placed upon them by the Care Act, and has developed an assurance framework which has been completed by all members. This enables the partnership to have an overview of how well members are undertaking their Safeguarding Adult responsibilities and respond accordingly.

The council has a policy for serious case reviews which enables a methodology of lessons learned which can be applied to cases which would not reach the threshold. This is being used to enable the partnership to gain learning from incidents which would otherwise not take place.

The council has and continues to review and adjust their Safeguarding Adults board in response to the developing guidance and information available regarding the requirements of the Care Act, and approved a policy in relation to serious case reviews. Development of the working relationships between partner organisations on the board has been undertaken. The council has participated in regional and national programmes and developed their process around Making Safeguarding Personal principles, a key part of the Care Act.

The main issue raised in the audit is that procedures for processing Deprivation of Liberty cases are heavily reliant on manual inputs, including identifying cases due for review. This is time consuming and there is a greater risk of review dates not being identified, especially given the large increase in the amount of Deprivation of Liberty cases. There is the potential for greater use of IT systems to support the staff and make the processes more robust for the increased number of cases.

The other findings of the audit related to the future development of the Safeguarding Adults board and improvement to the information available on the internet in relation to Safeguarding Adults in York.

Overall Conclusions

It was found that the arrangements for managing risk were good with few weaknesses identified. An effective control environment is in operation, but there is scope for further improvement in the areas identified. Our overall opinion of the controls within the system at the time of the audit was that they provided Substantial Assurance.

Work is already under way to address the remaining issues raised in the audit.

5. Performance and activity information

Alerts and Referrals during the year April 2014 – March 2015:

Alerts

The Safeguarding Adults Return is the national set of performance indicators which City of York Council use to report on their performance on safeguarding adults. **City of York Council received a total of 1058 alerts in this period**. An alert is recorded when the council is informed about a concern that a vulnerable adult may be at risk of abuse or neglect. This figure is an increase from 912 alerts in the previous year. All alerts trigger an assessment from City of York Council aimed at reducing the risk for the adult at risk and preventing further harm. Where the council is unable to resolve the concerns at this stage a referral is made for further investigation

Referrals

Following this assessment, **294 individual adults at risk were referred for further investigations** into the alleged abuse.

Tables 1, 2 and 3 below show the breakdown by age, gender and ethnicity. These figures show a far higher proportion of investigations into abuse of women at risk.

75%of adults at risk where an investigation was undertaken were previously known to the Council Social Services.

Tables 4, 5 and 6 show the nature of risk and the type of support the adult at risk needs. Because some people have more than one safeguarding investigation and are at risk from multiple types of abuse, the figures in these tables total more than the 294 adults at risk.

While the highest categorised source of risk remains people at risk in their own home from people known to them, residential and nursing care homes continue to be a

growing area where the council investigates allegations of abuse. In 2014-2015 the council investigated 91 allegations in care homes compared to 79 the previous year.

The highest support need for people is physical support. This includes older people with frailty who also have cognitive problems including dementia.

Outcomes

All the tables below are drawn from the national dataset the Council is required to submit nationally. Table 7 and 8 show the outcomes reached for safeguarding investigations concluded within 2014-2015. The total numbers in these tables include investigations that were completed by 31st March 2015

This year has seen more allegations of abuse being fully substantiated with 92 in 2014-2015 compared to 70 the previous year.

A total of 121 allegations were either partially or fully substantiated during 2014-2015

Action was taken to reduce the risk following 255 investigations and in 233 instances the risk to the individual was reduced or removed.

Adults at risk with safeguarding investigations by age:

Table 1	Number of individuals by age					
Classification	18-64	65-74	75-84	85-94	95+	Age Unknown
Already known	73	30	46	61	9	0
Previously unknown	43	4	12	9	3	4

By Gender:

Table 2	Number of Individuals by gender		
Classification	Male	Female	Gender Unknown
Already known	83	136	0
Previously unknown	21	52	2

By Ethnicity:

Table 3	Number of individuals by ethnicity					
Classification	White	Mixed / Multiple	Asian / Asian British	Black / African / Caribbean / Black British	Other Ethnic Group	No Data
Already known	212	0	1	1	0	4
Previously unknown	60	0	1	2	0	11

By Support Reason:

Table 4	Number of individuals by primary support reason						
Classification	Physical Support	Sensory Support	Support with Memory & Cognition	Learning Disability Support	Mental Health Support	Social Support	No Support Reason
Already known	159	6	2	36	37	43	15
Previously unknown	8	3	1	4	15	3	45

By Source of Risk

Table 5	Source of risk		
Type of risk	Social Care Support	Other - Known to Individual	Other - Unknown to Individual
Physical	29	44	1
Sexual	4	21	2
Psychological and Emotional	23	30	1
Financial and Material	13	49	6
Neglect and Omission	84	15	3
Discriminatory	1	1	0
Institutional	2	0	0

By Location of Risk

Table 6	Source of risk		
Location of risk	Social Care Support	Other - Known to Individual	Other - Unknown to Individual
Care Home	77	13	1
Hospital	20	19	2
Own Home	33	99	5
Community Service	17	6	1
Other	9	23	4

Actions Taken and Results

Table 7	Source of risk		
Action and Result	Social Care Support	Other - Known to Individual	Other - Unknown to Individual
No Action Taken	33	39	2
Action taken and risk remains	1	21	0
Action taken and risk reduced	56	75	7
Action taken and risk removed	66	25	4

Outcome Reached

Table 8	Source of risk		
Conclusion	Social Care Support	Other - Known to Individual	Other - Unknown to Individual
Fully Substantiated	52	37	3
Partially Substantiat	9	20	0
Inconclusive	46	49	6
Not Substantiated	49	30	3
Investigation Ceased	0	24	1

6. Training

Developments

2014/2015 has seen significant developments by City of York Council Workforce Development Unit in the field of adult safeguarding. The prospectus including all safeguarding training can be found at www.yorkworkforcedevelopment.org.uk

- Training for care homes and hospitals to carry out their function as managing authority for deprivation of liberty safeguards has been extended from a half to a full day course in light of the increased need to use these safeguards.

- Train the trainer has been developed with six Safeguarding sessions delivered and one Mental Capacity Act session. Trainers have fed back twice yearly to monitor the success of this approach. This will increase to quarterly in 2015/2016.

- A Safeguarding learning needs analysis has been sent out to gain further detail on the learning and development needs of the Adults Safeguarding Board. This is based on the requirements of the Care Act and national competencies.

- New updated E-Learing safeguarding and MCA modules have been commissioned from Kwango.

- A new course on working with self-neglect has been commissioned and is available.

- In order to measure the impact of training workforce development unit have piloted an approach of contacting delegates 6 months after their training had taken place to ask more detailed questions about the impact the training has had on their day to day practice. This approach will be further refined in 2015/16.

- Safeguarding and the Care Act training sessions have been delivered as part of the implementation of the statutory safeguarding responsibilities that come with the Act.

The Training Offer 2014/15

During 2014/15 our Safeguarding and Mental Capacity Act training was provided by Community Links. Below shows a breakdown of courses that took place over 2014/15 and the number of course run.

Safeguarding

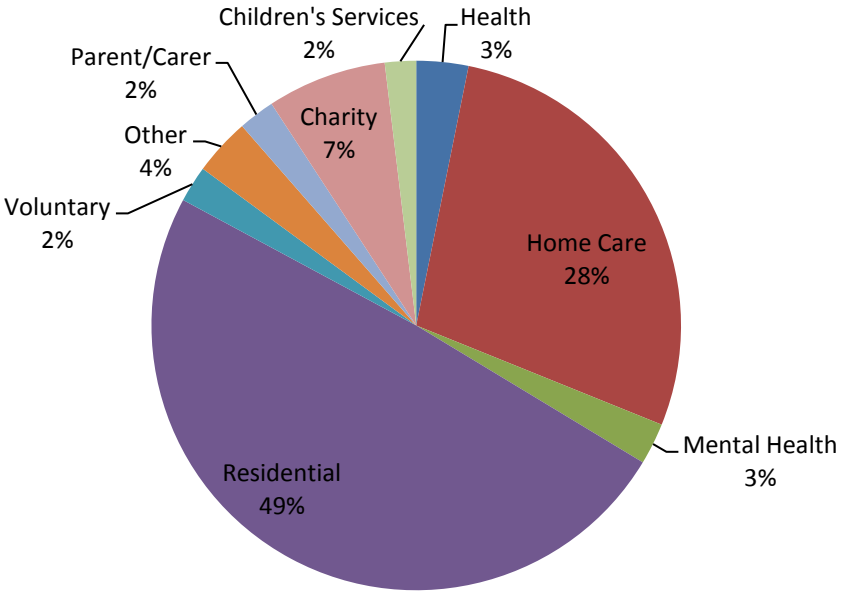
Level of Training	Number of Sessions
Safeguarding Level 1	9
Safeguarding Level 2	5

Safeguarding Level 3	2
Safeguarding Level 4	2
Safeguarding Train the Trainer	3

Mental Capacity Act

Level of Training	Number of Sessions
Mental Capacity Act Awareness Level 1	7
Mental Capacity Assessment and Best Interest Decision Making for Practitioners Level 2	3
Deprivation of Liberty (DoLS) Roles and Responsibilities for Managing Authorities (Care homes and hospitals) (Level 3)	2
Mental Capacity Act Complex Decision Making for Practitioner and Managers (Level 4)	2
Mental Capacity Act Train the Trainer	1

Analysis of CYC External Partner Attendees



Training Evaluations

The safeguarding training provided through City of York Council continues to be well regarded by those attending, with a high proportion of good and excellent ratings as shown below.

Safeguarding

Course	Feedback comments	Poor	Satisfactory	Good	Excellent
Safeguarding Level 1	529	0	0	108	421
Safeguarding Level 2	213	0	3	56	154
Safeguarding Level 3	75	0	0	25	50
Safeguarding Level 4	12	0	0	3	9
Safeguarding Train the Trainer	76	0	0	19	76

Mental Capacity Act

Course	Feedback comments	Poor	Satisfactory	Good	Excellent
MCA level 1	316	2	3	80	231
MCA level2	56	0	1	26	29
MCA level 3	23	0	0	6	17
MCA level 4	43	0	1	13	39
MCA train the trainer	53	0	1	13	39
MCA case law	20	0	0	7	13

Care Act Safeguarding

Course	Feedback comments	Poor	Satisfactory	Good	Excellent
Care Act Implications for Safeguarding	172	0	6	71	95

7. Strategic Plan for 2014/2017 and Actions Achieved

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

A. Make sure safeguarding is embedded in corporate and service strategies across all partners
B. Ensure good partnership working
C. Focus on prevention of abuse

D. Respond to people based on the Personalisation approach, and with a clear focus on outcomes

Appendix 3 shows the progress which has been made against each of the themes during 2014/15.

8. Serious Case Reviews and Lessons Learned

There were no Serious Case Reviews needed to be conducted during 2014/15.

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

Briefing Paper on the case of "Tracy"

The Incident and the lead up to it:

Tracy was born in 1978 and had a long history of mental health issues complicated by substance misuse and suspected domestic abuse and sexual exploitation. Tracy didn't readily engage with services and had moved repeatedly between York and London in the months before her death.

Tracy was taken by 999 ambulance to the Emergency Department of York Hospital on 17 October 2013 following self-harm resulting in lacerations to her arms, legs and neck. She had an open wound to the neck caused by self-harm using glass, and was under the influence of alcohol and possibly other substances.

Following clinical review the patient was admitted to the High Dependency Unit overnight and then transferred to the Short Stay Ward the following morning. Because of her agitated state Tracy was admitted to a side room of the Ward with an en-suite toilet, with checks being made to ensure that there were no items in the room which might be used for self-harm purposes. Approximately two hours after transfer she was found hanging from the cistern toilet chain. CPR was commenced but was found to be futile and the patient was pronounced dead 25 minutes later.

The subsequent Coroner's Inquest recorded an Open verdict.

Briefing Paper on the case of "Daniel"

The Incident and the lead up to it:

6th November 2014 at 11:30 – the LYPFT Crisis and Access Service (CAS) contacted the North Yorkshire Police Control Room at Fulford Police Station following reports that Daniel had jumped off a high wall near the centre of York. Witnesses saw him walking unsteadily along an elevated platform in the centre of York. He was seen to climb over the railings, then lean back and let go of the railings and fall approximately 40 feet to the floor. He was taken to York District Hospital but could not be resuscitated and death was confirmed at 12:57. A note expressing his intention to take his own life was found in his pocket.

Daniel had a job and was receiving counselling support there. He was well supported by his employer throughout this period. He had a history of engaging reasonably well with mental health services and was frequently open about his suicidal thoughts and plans to act them out. In the period leading up to his death Daniel had made several suicide attempts where he was found to be carrying a suicide note and was the subject of a number of welfare checks.

To date there has not been a Coroner's Inquest on this case.

Because of the timing of the two briefing papers the enquiries and actions they generated will be reported to the Board in June 2015 and so will feature in the next Annual Report.

9. New Strategic Plan for 2016 onwards

One of the consequences of the Care Act 2014 is that Safeguarding Adults Boards have to establish a Strategic Plan "*having consulted both the local Healthwatch organisation and having engaged with the local community*". Neither of these were done when the 2014/17 Plan was established, nor was there any requirement to do so.

The Board is clear that a different method needs to be employed to ensure that its new Plan is fully compliant with Care Act 2014 requirements. As a result the Board has commissioned York Healthwatch to develop an engagement strategy with the local community in York, which will feed directly into the new Strategic Plan which will be in place by April 2016.

10. Contributions from individual member organisations:

Annex 1: Members of City of York Safeguarding Adults Board, March 2015

	Name	Title	Organisation	Address
1	**Sian Balsom**	Healthwatch Manager	**Healthwatch York**	Priory Street Centre, 15, Priory Street, York YO1 6ET
2	**Lindsay Britton**	Head of Safeguarding (Adults & Children),	**Leeds & York Partnerships NHS Foundation Trust**	2150 Century Way, Thorpe Park**, Leeds**, West Yorkshire, LS15 8ZB
3	**Bruce Bradshaw**		**NHS England, NY and Humber Area Team**	Unit 3, Alpha Court, Monks Cross, York, YO32 9WN
4	**Det Supt Nigel Costello**	Police lead on Vulnerable Adults	**North Yorkshire Police**	Newby Wiske Hall, Newby Wiske, Northallerton, DL7 9HA
5	**Cllr Linsay Cunningham**	Cabinet lead for Health	**City of York Council (CYC)**	West Offices, Station Rise YORK YO1 6GA
6	**Guy Van Dichele**	Director of Adult Services	**CYC**	West Offices, Station Rise, York YO1 6GA
7	**Beverley Geary**	Chief Nurse	**York Teaching Hospital NHS Foundation Trust**	Wiggington Road, York YO31 8HE
8	**David Heywood**	Social Work Manager	**Stockton Hall**	The Village, Stockton-on-the-Forest, YORK YO32 9UN
9	**Kevin McAleese CBE**	Independent Chair, York Safeguarding Adults Board		c/o West Offices, Station Rise, York, YO1 6GA
10	**Michael Melvin**	Acting Assistant Director	**CYC**	West Offices, Station Rise, YORK YO1 6GA
11	**Melanie McQueen**	Deputy Chief Executive	**York CVS**	Priory Street Centre, 15, Priory Street, York YO1 6ET
12	**Christine Pearson**	Deputy Designated Nurse, Safeguarding Adults	**NHS Vale of York CCG**	West Offices, Station Rise, YORK YO1 6GA
13	**Janet Probert**	Director of Partnership Commissioning	**Partnership Commissioning Unit (PCU)**	Sovereign House, Kettlestring Lane, Clifton Moor, York YO30 4GQ
14	**Maggie Scott**	Director of Operations	**The Retreat**	Heslington Road, York, YO10 5BN
15	**Steve Wilcox**	Designated Professional for Adult Safeguarding	**PCU**	Sovereign House, Kettlestring Lane, Clifton Moor, York YO30 4GQ
16	**Keren Wilson**	Chief Executive	**Independent Care Group**	10 North Park Road, Harrogate, HG1 5PG

Annex 1

ANNEX 2: City of York Safeguarding Adults Board

Membership and Attendance 2014/15

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

Organisation	Designation	June 2014	Sep 2014	Dec 2014	March 2015	Nominated representative or substitute
	Independent Chair	Y	Y	Y	Y	100%
City of York Council	Director of Health & Well-being	Y	Y	NA	NA	100%
	Director of Adult Social Care	NA	Y	Y	A	67%
	Assistant Director , Adult Assessment and Safeguarding	Y	Y	Y	Y	100%
	Safeguarding Service Manager	Y	NA	NA	NA	100%
	Cabinet Member for Health, Housing and Adult Social Services	Y	Y	Y	A	75%
Healthwatch York	Manager	Y	Y	Y	Y	100%
Independent Care Group	Chief Executive	Y	Y	Y	Y	100%
Leeds and York Partnership NHS Foundation Trust	Lead Clinician for Safeguarding Adults	A	Y	A	Y	50%
NHS England, North Yorkshire and Humber Area Team	Director of Nursing & Quality	Y	A	A	Y	50%
North Yorkshire Police	DCI, Protecting Vulnerable People Unit	A	Y	Y	Y	75%
Partnership Commissioning Unit (PCU)	Director of Partnership Commissioning	Y	A	Y	Y	75%
	Designated Professional for Adult Safeguarding	A	Y	Y	Y	75%
The Retreat	Director of Operations	Y	Y	Y	Y	100%
Stockton Hall	Social Work Manager	Y	Y	Y	Y	100%
Vale of York CCG	Executive Nurse	Y	A	Y	Y	75%
York & North Yorkshire Probation Trust	Area Manager (Public Protection)	Y	NA	NA	NA	100%
York CVS	Partnerships Manager	NA	Y	A	Y	66%

Annex 1

Organisation	Designation	June 2014	Sep 2014	Dec 2014	March 2015	Nominated representative or substitute
York Teaching Hospital NHS Foundation Trust	Chief Nurse	Y	Y	Y	Y	100%
Overall Board attendance		**88%**	**82%**	**82%**	**88%**	

Chair's comments on Board attendance:

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

However, there are inevitably operational pressures on individuals as well as annual leaves to be allowed for, given that the SAB only meets four times a year. In the ideal world the thirteen partners would each have achieved 100% attendance records. During 2014/15 a total of seven of them did just that and I hope we will increase that number significantly during 2015/16.

I am grateful to the senior representatives of each organisation listed in Appendix 1 who have given so much time, energy and commitment to the work of the Board.

Annex 3: 2014/2017 Strategic Plan and Action Plan Outcomes for 2014/15

Objective	Action		Timescale for completion	Lead	Outcomes
A	**A. Make sure safeguarding is embedded in corporate and service strategies across all partners.**				
A1	Ensure key strategic plans evidence that adult safeguarding is a priority and is being addressed.	Partners to identify key strategies and include in annual reports to Boards	**March 2015**	**All**	Partners to confirm this is being addressed
A2	Ensure a robust interface with Community Safety Plans	Engage with Domestic Violence strategy Board. Improve information sharing on Domestic Abuse Engage with Community Safety Board regarding Hate Crime, safe	**March 2015 March 2016**	**Chair and CYC safeguarding Lead**	**Both are now members of the Board. Chairs report includes feedback. CYC lead officer met on 27 May and further guidance has**
B	**Ensure good partnership working**				
B1	Ensure that all partners are signed up to, and working in line with Multi agency procedures and practice. **Procedures' to be reviewed for Care Act readiness**	Annual check for changes and updates Full review every 3 years Seminar/event for voluntary sector groups Development day to consider thresholds and demand	**December 14, 15 16 December 16 March 15 March 15**	**All CYC CYC and Voluntary sector Chair**	**CYC Audit will look at care act readiness. CYC Audit is underway and includes cooperation with partners. Update will come June 2015 Development day held Nov 2014 Care Act compliant**
C	**Focus on prevention of abuse**				
C1	Raise awareness and empower community to keep people safe	Review of Adult Safeguarding Adults website Annual radio or Press interview/article on Adult Safeguarding Develop information for the community Ensure housing and support providers, drug and alcohol service, A&E can access	**March 15 Annual March 15 Annual review of training attendance**	**CYC Chair CYC CYC**	**Website under review March 2015**

Annex 1

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

Annex 1

Individual Board Member organisation's contribution to the 2014/2015 SAB Annual Report.

Garrow House

Garrow House

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

Further to the e-learning, all staff at Garrow House, clinical or otherwise, undertake face-to-face internal training using materials provided from head office (and that all Turning Point employees are required to undertake) that is facilitated either by the unit's safeguarding lead, or by members of Turning Point's 'risk and assurance' team. This training builds upon the e-learning training, re-capping the 'awareness' issues already touched upon, and adding a focus on the mechanics of the safeguarding policy, namely alerts and referrals. This training takes place as part of the induction process, and is then refreshed yearly. At the time of writing 89% of staff have completed this training within the last year.

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

Regarding evidence of impact: I as the safeguarding lead do notice that new starting support workers, nurses and other staff seem more confident of flagging up issues and making alerts about issues for which they are unsure of or cautious about. Furthermore the training is quite good at drilling into staff the procedure, in a very clear manner, for how alerts may become referrals, which in turn may become investigations etc, and of their role as frontline staff within that process.

April to June 2014: three alerts. Two of historical sexual abuse, both referred to CYCAST and police informed, one of lending/borrowing of personal items inappropriately with peers.

July to September 2014: two alerts. First of patient borrowing of money from a peer, some suspicion of financial abuse. Referral to CYCAST made. Second of historical

sexual assault: Referral to CYCAST and police informed.

October to December 2014: two alerts. First, threat of violence from one patient towards another peer. Referral to CYCAST made. Second, visit from family member alleged to have abused patient as a child thirty years ago.

January to March 2015: two alerts. Both historical allegations of sexual abuse. Referrals to CYCAST and police informed.

Analysis: nine alerts over the course of the full year, with seven referrals to CYCAST. Averaged out this is less than one a month. Six of the nine alerts pertained to historical allegations of sexual abuse, where no ongoing substantive risk of harm was present. However, were of the opinion that generally, unless the allegations have been made before and we know that for certain, a referral should go in to CYCAST in such cases as good practice.

Two alerts pertained to inter-peer borrowing of small amounts of money; these were relatively trivial incidents that were dealt with within the service.

There was only one incident that actually encompassed some significant contemporary risk to a known individual. This was dealt with quickly by transferring the PATCH onto another unit.

New database system of recording safeguarding alerts and referrals that is clearer and stores all details of alerts/referrals (both historic and present) in one place for ease of access.

Review of safeguarding polices in light of Care Act 2014.

Annex 1

Individual Board Member organisation's contribution to the 2014/2015 SAB Annual Report.

Healthwatch York

Enter & View / Community Champion volunteers trained to Level 1
13 through 3 internal training sessions
2 through CYC WDU session at Haxby Hall

Staff members
1 accessed Level 1 Train the Trainer through CYC WDU
3 received Level 1 alerter training through internal training sessions

Also attended – Safeguarding and the Care Act session provided by City of York Council, and the Care Act Legal Framework for Managers. These were very informative.

Benefits
Volunteers reported increased awareness and understanding of what to look for. They are now more confident discussing concerns below safeguarding levels with staff at provider organisations, and have stated that they would flag safeguarding issues if required.

We have not raised any safeguarding alerts this year.

Annex 1

Individual Board Member organisation's contribution to the 2014/2015 SAB Annual Report.

1. Independent Care Group (ICG)

We are the representative body for independent care providers in York and North Yorkshire.

ICG keeps its members informed on all matters connected to Safeguarding including Safeguarding training and Mental Capacity Act which is offered at no charge from CYC. It keeps members informed of DBS news.
ICG gives information on Safeguarding training and how to access it on its website.

Annex 1

Leeds and York Partnership NHS
NHS Foundation Trust

Partner Agency Annual Safeguarding Report 2014/15

LYPFT contribution to the Effectiveness of Safeguarding arrangements in Leeds

Partner Agency: Leeds and York Partnership NHS Foundation Trust

Report Author: Lindsay Britton/Richard Hattersley- Head of Safeguarding

1.0 Executive Summary

In 2014 our Executive Lead and lead for adult safeguarding moved to new positions in new areas. This presented an opportunity for some creative thinking around the safeguarding structure in order to respond to increasing pressures, and resulted in a creation of a Head of Safeguarding for adults and children. This relieves some of the pressure on the new Executive Lead Anthony Deery and allows for greater cohesion of the safeguarding agenda in the Trust. We have strengthened our governance arrangements with the appointment of a none executive director for safeguarding and a multi agency safeguarding committee.

We have actively contributed to the emergence of the new font door safeguarding hub and are working with the multiagency team to share information around adult mental health to protect victims of domestic abuse.

LYPFT submitted its' Savile report in line with other NHS organisations for publication by the Department of Health in Feburary 2015. We are working through our internal and nationally driven recommendations.

The major challenge for the LYPFT safeguarding adults team is to respond to the Care Act 2014. We aim to actively respond to the Leeds, York and North Yorkshire safeguarding board's recommendations on the implementation of the Care Act. But also to work proactively to ensure the Care Act is fully understood and implemented by staff in the Trust, to better safeguard adults who may be at risk whilst in our care.

The Trust has aimed to maintain a low threshold for raising safeguarding concerns and actively works to develop a robust understanding amongst its staff base for safeguarding intervention. This has been reflected in a strong partnership with Adult Social care partners over the years.

Work is underway to embed an understanding of 'Making Safeguarding Personal' within the Trust, to put the service user at the centre of the safeguarding process.

2.0 Introduction

The Trust Safeguarding team have dealt with significant numbers of advice calls from staff over the year, this is evidenced in a detailed data base from which a qualitative and quantitative report is presented to the Trust Wide Safeguarding Committee. Documentation around this has been refined as a result of an audit earlier this year.

The Trustwide Safeguarding Committee is now well developed and has representation from partner agencies thus ensuring transparency of practice.

We work closely with our partner agencies across the locality to ensure we fulfil our child protection, adult protection and domestic abuse responsibilities. Our Head of Safeguarding is the lead for PREVENT.

LYPFT have a safeguarding structure comprising strategic oversight by the Director of Nursing, a Head of Safeguarding for adults and children, Named Doctors for safeguarding adults and children and 2 Deputy Named Nurses/trainers and 2 safeguarding adult practitioners. We are looking to recruit a trainer,a deputy Head of Safeguarding and another adult safeguarding specialist, a business case has been approved.

3.0 Effectiveness of Safeguarding Arrangements

- Safeguarding Performance
  - Summary and analysis of quantitative data
  - Summary and analysis of qualitative data

- Quality of safeguarding practice
- Attendance and engagement in the Safeguarding Health Action Group including shared lessons learned and audit findings.
- Active engagement in the LSAB performance and quality sub group.
- Active engagement in the YSAB Sub group.

- Safeguarding is represented at Trust Incident Review Group.

- Findings from Internal Reviews

- Findings from External Inspections and Reviews

- Summary analysis of the effectiveness of safeguarding arrangements
  - Strengths
  - Areas for improvement

- Summary of lessons learnt, actions taken and impact on practice / multi-agency working / outcomes for C&YP.

Work throughout 2014/15

- The need to improve on the consistency of staff recording has been identified in an audit of paris (clinical electronic notes) in relation to the LYPFT safeguarding data base.
- A designated safeguarding section has been embedded into the clinical recording system and guidance has been broadly circulated to staff with guidance as to how to use.
- Improved incident reporting via implementation of a DATIX risk management system. The safeguarding adult practitioners have an overview of this system where safeguarding has been noted as a need on the risk form.
- Development of a robust recording system dealing with safeguarding queries to LYPFT safeguarding staff which will mean the service user records are updated with the relevant information and recommendations.
- Better monitoring of compliance for mandatory safeguarding training via the Oracle Learning Management data system.
- A non executive director allocated to safeguarding.
- A new Executive Lead as member of the SAB.
- New performance reporting for Trust Safeguarding Committee.
- We included a mandatory mental capacity act element to our safeguarding training following a CQC inspection recommendation from November 2014.
- A data report is shared with ASC at the end of the financial year detailing cases investigated and coordinated for 2014-15.

Audit

- We have complied with the actions from an internal audit by an external company and shared via our safeguarding committee.
- We audited against how our staff act on safeguarding adults advice and are progressing these actions

Projected work through 2015

- April 2015 brought the formal introduction of the Care Act. For the LYPFT this has brought a change to how cases at a defined level of

risk previously investigated within the Trust, are now to be sent directly to ASC as lead agency. Work is underway to ensure all staff have updated clear guidelines for raising a concern, and partner agencies (ASC) have strong lines of communication with the (LYPFT) Safeguarding Adults advisors with which to make enquiries within the Trust as directed by Adult Social Care.

- Adopt and link in all policy and practice in line with the Care Act 2014. Including making Safeguarding training compliant with the Care Act.
- To work with the Health Community via health Action groups and time limited project groups to better understand and implement the Care Act. For example to better understand the concept of self neglect as it is described in the Act and its implications for mental health services.
- Improve the links between the DATIX incident reporting system and the identification of safeguarding issues via a central safeguarding team email address.
- Embed 'Making Safeguarding Personal' into the work of the Safeguarding Adult team, ensuring all cases subject to enquiry are based on the outcomes wanted by the adult at risk and that those wishes inform what interventions are taken.
- Implement the Savile recommendations relevant to our organisation.
- Ratify a prevent policy.
- The LYPFT safeguarding team have contributed full IMR reports to 8 Domestic Violence Reviews since 2014. A number of such reports will be completed and published during 2015, the team will be ensure full engagement with this process and implement any lessons leant fully.
- Widen our training offer to include specialist sessions on supervision and domestic violence.
- Health Wrap PREVENT training is being rolled across the Trust, dates are now available for booking to December 15. Basic PREVENT awareness is covered in the Safeguarding Level 2 training.
- There is a need to Train more Health Wrap PREVENT trainers and ensure all areas of the Trust are covered giving good access to staff for this training.
- To develop a bespoke training pack (level 3) for senior clinical staff across the Trust to better enable senior clinical staff to provide safeguarding supervision and guidance within their clinical teams and settings.
- Safeguarding Adult training and mental Capacity training were delivered together during 2014. However it has now been agreed that Mental Capacity Act training will be delivered in a stand alone module to avoid any confusion to staff and to give enough time to be able to better deliver this training.
- Work with Safer Leeds to provide ongoing support and strengthen the Front door safeguarding hub.
- To ensure representation at the Domestic Violence safeguarding Hub (Leeds) on a daily basis where resource allows.

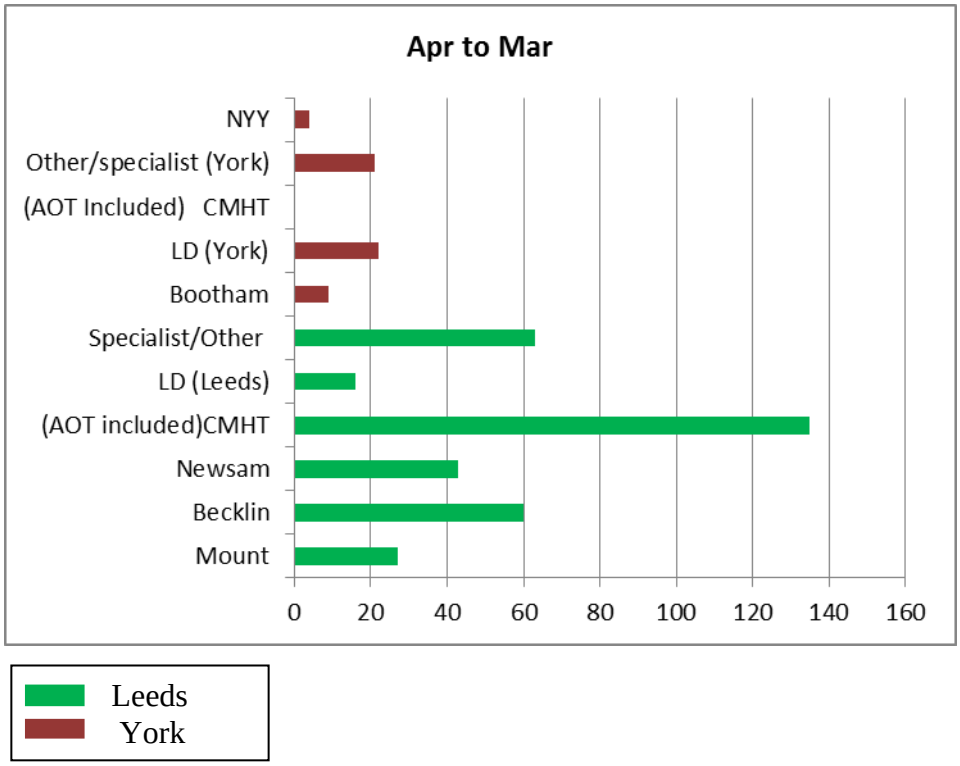
Audit

- HR audit against staff compliance with safer recruitment
- MCA/Dols- how do we know staff practice in accordance with procedures?
- Prevent- staff awareness.

Review areas for audit within safeguarding Adult practice consider a repeat of the 2014 case note audit.

- Safeguarding Performance

Safeguarding Adults Referrals and Advice
April 2014 – Mar 2015 (cumulative annual)



- Learning from complaints and compliments

We have a PALS (Patient advice and liaison service) which deals with our enquiries and a complaint lead. Any safeguarding issues would be drawn to the attention of the safeguarding team.

We evaluate training, take comments on board and make changes accordingly.

We have an internal incident reporting system which aims to pick up serious issues or incidents. These are shared with the team and progressed with relevant actions. This has been transferred to a new more effective DATIX system.

We have begun to bring good practice cases to our safeguarding committee to look at the quality of learning from these as well as addressing failings and concerns.

4.0 Responding to emerging issues

- The LYPFT safeguarding team aim to be fully compliant with the Care Act in 2015. Training has been updated and work is underway with partners within ASC to agree a clear pathway for staff to raise concerns via Social Services contact centre. This involves a change in pathway for staff within Leeds clinical services a plan is in place to provide information and support to staff in reporting concerns.

- The challenge for the LYPFT for 2015 is to ensure a continued low threshold for safeguarding advice being rung through to the team for advice (currently evidenced by the safeguarding data base) whist ensuring that the Trust is fully compliant with the Care Act. The Trust Safeguarding team will retain a strong presence within the Trust, it is envisaged that significant numbers of advice calls will be taken by the team, though all Safeguarding concerns raised to an enquiry will be reported to ASC as lead agency.

- A CQC issue raised in a recent review was that York clinical areas had some confusion regarding how to refer or raise an alert (cause an enquiry to be made). A Trust Wide website 'banner' has advertised City of York safeguarding team number. This will be further reviewed at the point where commissioning arrangements are clear for the York and North Yorkshire region.

- A Safeguarding Adult training Plan has been developed to include a stepped approach to training from level 1 (on line) 2 face to face and 3 face to face enhanced training for senior clinicians who may be involved in supporting the safeguarding process.

- A Communication on the Trust website has been sent to all staff regarding PREVENT training. This is now being booked onto and will be monitored as to numbers of staff having completed this training. In the event of numbers not reaching a reasonable and agreed threshold of staff having completed the training by October 2015 then a plan will be formulated to increase take up.

- The Safeguarding Adults practitioners attend CHANNEL meetings and include PREVENT enquiries on the safeguarding data base.

- Bespoke Safeguarding Adult training is currently being planned for

Dementia services in York if successful this can be offered to other clinical services.

- Mental capacity Training is being led by the Mental Health Legislation Team. The Safeguarding Adults practitioners are working closely with the MHLT to ensure all staff are aware of and compliant with the 'Cheshire West' ruling. In 2014-15 a Mental Capacity module was added to the level 2 safeguarding adult training though this is to be split in July 15 to ensure clarity of message and ensure all clinical staff have access to such training.

- The Safeguarding team have begum to develop a protocol for making safeguarding personal, agreeing to use the Adult Social care form given to service users to identify what the individual wants as an outcome in the process. This will be monitored in 2015 to ensure compliance with the MSP model.

- Domestic violence support remains a priority in 2015, with the start of the DV Hub the team are committed to a daily input and will continue to work with staff to consider DV as an issue to consider in assessment an treatment for our service users.

- The team will continue to engage with 'Claire's Law' panel through 2015.

5.0 Partnership Working

Our Executive Lead, Director of Nursing is now the LSCB board member and Head of Safeguarding is deputy. We have consistent representatives for the learning and developments, policies and procedures, performance management and CSE sub committees.

We are beginning to collate our compliance with board attendance within our performance reporting.

We have agreed a shared process for a member of the team to represent at the front door safeguarding hub for 2 hours on a daily basis. It is envisaged this will be a significant role for 2015 and should be seen as a good practice example of how the LYPFT is committed to partnership working in line with the Care Act 2014. Strong links are in place across LYPFT and ASC safeguarding teams this has been enhanced by the employment of a second safeguarding practitioner in 2014.

6.0 Workforce Development

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

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

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

Training Evaluation

Questions are rated on a scale of 1 to 5.

Leeds Training – Nov 14 to March 15

Overall rating are as follows:
5= 75.1%
4= 18.8%
3= 6.1%
2= 0%
1= 0%

York Training – Nov 14 to March 15

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

The evaluation was based on a number of measures from suitability of venue to content.

The evaluation process was begun in November 2014.

7.0 Summary of achievements in 2014/15 and emerging themes

Partnership working with Social Service colleagues to implement the Care Act 2014.

Updated training plan for safeguarding Adults level 1/2/3 training model. Contribution to front door safeguarding hub.

Significant resource contribution to safeguarding DV Hub and MARAC. Governance arrangements.

Audit completion.

Performance reporting, the Safeguarding Team provide a comprehensive report to the Trust Wide Safeguarding Committee.

Joined up working with front door and data collection and analysis on our multiagency contribution.

Full representation at SAB meetings.

Strengthen the Trust Wide safeguarding Committee to increase the quality of reporting and continue to maintain the open nature of the group with representation from key partner agencies and Senior clinical staff representing Trust wide services.

A move to unify and build on the strengths of the Safeguarding Adult and Child teams into a strong Safeguarding Unit for the Trust.

8.0 Challenges for 2015/16

Effective recruitment to address shortfalls in training provision and the growth of safeguarding role in Domestic Violence reviews, HR processes and advice calls.

To continue to be responsive to the increasing safeguarding agenda.

To continue to raise awareness of safeguarding within the Trust and health Community in Leeds and York.

Improve outcome measuring and performance reporting to reflect trends.

To ensure safeguarding strengthen links with risk reporting and has clear pathways for reporting to include clear guidelines for reporting to LYPFT risk/CQC/ASC and CCG partners.

Notes
There will be a maximum word count in the document of 3,000 words.

Please can signed off Partner Reports be sent to LSCB BU by ***Thursday 4 June 2015***

Lindsay Britton, Head of Safeguarding

Annex 1

NHS England Yorkshire & the Humber contribution to Local Safeguarding Adult and Children Boards Annual Report 2014-15

The overall responsibilities of NHS England in relation to safeguarding

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

NHS England responsibilities in relation to direct commissioned services

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

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

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

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

Sharing learning from safeguarding reports

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

Training programme for general practice

Designated safeguarding professionals are jointly accountable to Clinical Commissioning Groups and NHS England. They have overseen the provision of level 3 training for primary

care medical services. Training sessions have been provided on a locality basis rather than to individual practices. The main source of training for other primary care independent contractors has been via e-learning training packages.

Assurance of safeguarding practice

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

Standard Operating Procedure: Safeguarding Incidents

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

Annex 1

Individual Board Member organisation's contribution to the 2014/2015 SAB Annual Report.

NHS Partnership Commissioning Unit

Commissioning services on behalf of:
NHS Hambleton Richmondshire and Whitby CCG
NHS Harrogate and Rural District CCG
NHS Scarborough and Ryedale CCG
NHS Vale of York CCG

The PCU is a relatively small unit and all staff place a high priority on keeping up to date their mandatory training. Adult Safeguarding is also central to the work of the PCU and its focus on monitoring and maintaining the quality and performance of NHS providers so that apart from 100% compliance on level 1 training we can report a healthy engagement with safeguarding from our colleagues in other functions in our day-to-day work.

The PCU Safeguarding Adults Team provides advice and guidance to all NHS and private sector providers in the VoY CCG catchment area and work collaboratively with the City of York Safeguarding Team. These are the figures for York cases in 2014-15 where the PCU have been the lead investigative agency:

- Number of new alerts received – **17**
- Number of investigations required for the above alerts – **14**
- Number of new low level concerns opened – **4**
- Number of cases opened pre 1st April 2014 but closed during the period 1st April 14 – 31st March 15 – **5**
- Number of cases (opened and) closed during the period – **15**

Safeguarding Adults PCU
In August 2014 the Designated Professional for Adult Safeguarding took up post at the PCU. The workload and outputs of the partially newly recruited team was reviewed and a programme of development was initiated. The main focus of this was to focus the work of the team onto a specific safeguarding function rather than quality and performance and safeguarding. Of course quality and performance are still integral to ensuring services are safe but the team needed to change emphasis in order to properly respond to serious safeguarding concerns and fulfil their role as main partners in multi-agency safeguarding.

Whilst the performance of providers will always be a central focus, along with the services funded by Continuing Health Care (CHC), the team's central focus is to ensure the CCGs and the services they commission and monitor are properly connected to the prevention and response initiatives that address the whole safeguarding agenda; ie the types of abuse that occur in the homes and communities of the populations the CCGs serve as well as the hospitals and care homes. Team developments in these areas and on-going improvements to information sharing and support and liaison with partner agencies has led to the team and its safeguarding work gaining a higher profile across the health economy.

The Vale of York CCG now has a Link Safeguarding Officer at the PCU and in January appointed its own Deputy Designated Nurse Safeguarding Adults. This ensures good knowledge of the localities and their services and allows for effective relationships to develop with key CCG staff. If a major safeguarding issue arises the team can also act flexibly to ensure resources are focused on the area of need. Effective team building and team working is key to this and two development days took place in late 2014 culminating in a new strategic approach and revised operating procedure.

In response to a spate of recent reports on investigations into institutional failures to protect the vulnerable in society; Operation Yew Tree, Winterbourne, Mid-Staffs and Rotherham. The PCU Safeguarding Team have ensured that their on-going service development is in accordance with national drivers influencing clinical and safeguarding practice. The Care Act (2014) which becomes statute on 1st April 2015 has also influenced team development and their new operating procedures reflect the language and frameworks within the Act.

There is now a joint action plan on Winterbourne between the different agencies, in place to address key objectives, this is monitored via a multi-agency approach with representation from the lead stakeholders in this area, and covers both the Local Authorities. The action plan is currently monitored via the two SABs.

Suicide Prevention

North Yorkshire County Council, City of York Council and Partners have produced this suicide prevention implementation plan in response to the government's Preventing suicide in England a cross-government outcomes strategy to save lives (2012) and the subsequent Preventing suicide in England: one year on first annual report on the cross-government outcomes strategy to save lives (2014). Suicide prevention has also been identified through the Safeguarding Adults Board and the Safeguarding Children's Board.

We are at the point of appointing to the above post which will be funded on a multi-agency basis between North Yorkshire County Council, Public Health and the Police, the post will be hosted by the Partnership Commissioning Unit (PCU). The post holder will be accountable to and line managed by the Designated Professional for Adult Safeguarding at the PCU although operationally they will be part of the Public Health senior team working with the Director of Public Health to deliver the Local Authority's vision, goals and core values in relation to suicide prevention. The post holder will be instrumental on delivering on actions within the North Yorkshire Suicide Prevention

Implementation Plan.

MCA/DoLS

The PCU Safeguarding Team bid successfully for NHSEngland funding to develop the awareness of the legal framework around the Mental Capacity Act (2005) The Year 1 programme (2013-14)raised the profile of MCA/DoLS with CCG leads and managers engaging key staff with the complexities, risks and legal requirements of the legislation. Year 2 of the project will provide front line staff with tools, materials and training in order to understand how to operate safely within the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) legal framework.

The 'Cheshire West' Supreme Court Judgement has brought MCA/DoLS into focus with the interpretation of what constitutes continuous supervision. This has placed the Local Authority and Court of Protection under some pressure as hospitals and care homes have a legal responsibility to apply for a DoL if someone is subject to 'continuous supervision' what, when and how to do this remains very challenging for front line staff.

The PCU Safeguarding Lead issued guidance to GPs and care homes on the special considerations when issuing death certificates when someone has died whilst subject to a deprivation of liberty.

Contributions to CoY SAB

The Designated Professional for Adult Safeguarding for City of York CCG at the PCU is the Chair of the Safeguarding Adults Review Group (formerly known as the Serious Case Review Group) Two cases have been submitted and subject to the Lessons Learned Review process.

Annex 1

Individual Board Member organisation's contribution to 2014/2015 SAB Annual Report.

North Yorkshire Police

Training regarding Safeguarding Adults is built into all of NYP's initial training programmes in a number of different ways for new PC'S , SC'S and PCSO's. All Police Constables and all new recruits (PC, PCSO, SC) complete a Vulnerability Training Package. The aim of the training is to ensure that Police Officers and PCSOs understand their responsibilities and duty of care to vulnerable people and the actions that must be taken to reduce identified risk. The package looks at vulnerability in relation to adults with factors such as alcohol and drugs and age.

Vulnerable Risk Assessment Training focuses on identifying those individuals that are Vulnerable and at risk in local communities, how to complete the Vulnerable Risk Assessment and what referrals need to be made and to whom.

WRAP (Workshop to Raise Awareness of Prevent) has been rolled out to all existing PCSO's and is to be rolled out to Police Officers and Special Constables this year. This assists officers to identify those that may be at risk of radicalisation because of vulnerability.

All new staff are required to complete the online learning package pertaining to Mental Health and Vulnerability and PC and SC courses follow this up by scenario based lessons and discussion on recognising and responding appropriately to adults as risk.

NYP's SC's have all had training on Human Trafficking and responding to people who have Autistic Spectrum Disorder.

North Yorkshire Police has changed the Control Strategy to have more of a focus upon cross-cutting themes such as victim vulnerability. As part of this intelligence structure a number of problem profiles have been reviewed including Missing and Absent, Prostitution and Modern Slavery / Human Trafficking.

NYP has undertaken a review and re-published its Safeguarding Adults procedure in light of changes to legislation within the Care Act.

The force has produced a Domestic Abuse Action Plan. This is available via the NYP website and has been developed using ACPO guidance and incorporating recommendations from HMIC. NYP is also leading on the alignment of performance data relating to domestic abuse across a number of partner agencies.

The Domestic Violence Disclosure Scheme (DVDS), also referred to as "Clare's Law", started in York and North Yorkshire in March 2014 as part of the national rollout**.** This was followed by the successful implementation of Domestic Violence Protection Notices (DVPN) / Domestic Violence Protection Orders (DVPO) at the end of June 2014.

Following research into victim needs, the Police and Crime Commissioner has commissioned and implemented a Victim Services Unit to help the most at risk and vulnerable people. Through the new services, more victims of domestic and sexual abuse, as well as those who have suffered as a result of serious crime, receive help from an independent adviser. The advisers provide the emotional and practical support that victims need to cope with what has happened and get back to normal as soon as possible.

The force has produced a number of safeguarding bulletins which are circulated forcewide. Topics which have been included within these publications have included safe use of the internet, grooming and sextortion.

NYP has an established Hate Crime Working Group and have recently held a multi-agency workshop.” We Stand Together” is a police-led campaign to show that we (and others) stand united against hate crime.

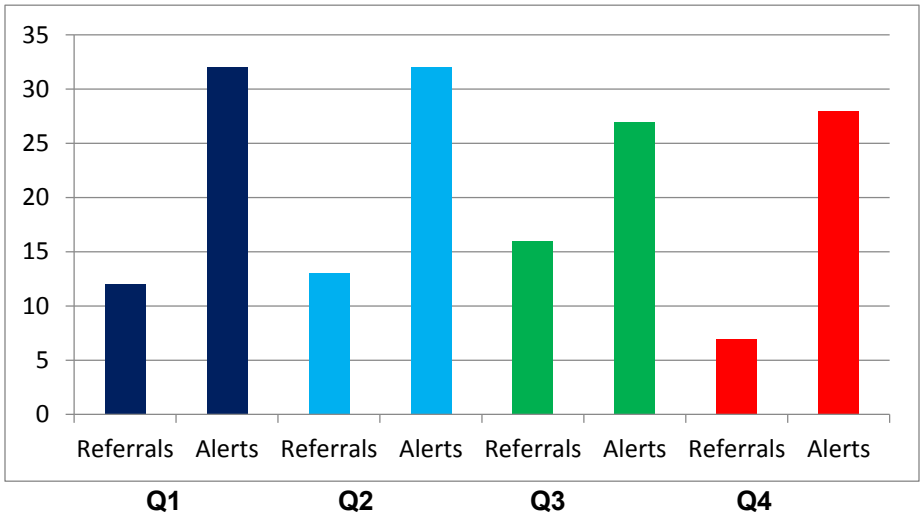
Annex 1

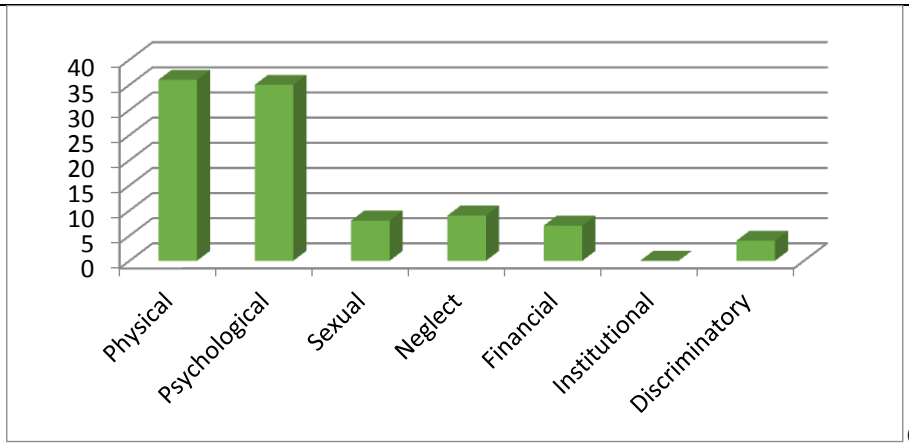
Individual Board Member organisation's contribution to the 2014/2015 SAB Annual Report.

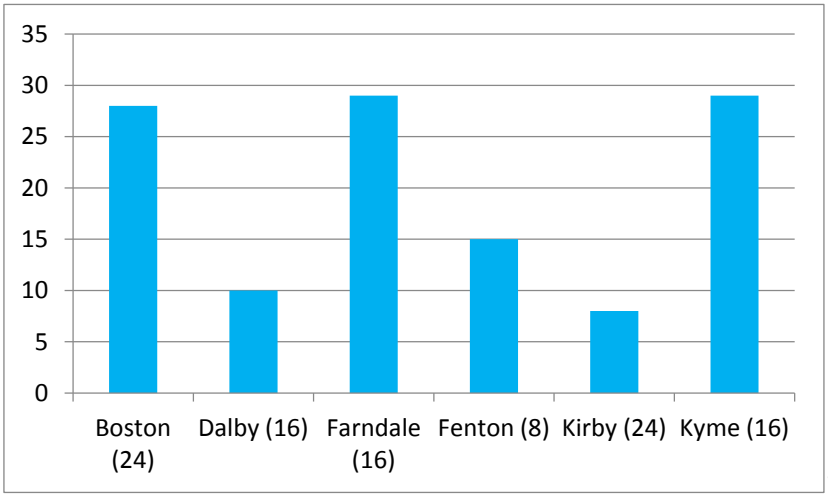
Stockton Hall Hospital

Partnerships in care

All newly recruited members of staff receive level 1 safeguarding adults' awareness training during the induction course. Furthermore, there is a standard for clinical and non-clinical staff to attend annual statutory/mandatory safeguarding training. The compliance for the year was 83.4%. Non-clinical staff members are provided with safeguarding training to address their specific needs; these sessions are delivered on a quarterly basis in order to ensure full compliance. Senior managers and clinicians have had the opportunity to attend Level 3 safeguarding investigator training which is delivered by Community Links on behalf of City of York Council. Two internal Level 3 safeguarding investigator training sessions, provided by an external facilitator, were attended by 20 senior clinical and management staff, bringing the total number of staff trained to 41. The expectation is that all senior staff will participate in Level 3 training every three years.







The hospital's Safeguarding Lead provides regular verbal feedback from the Board to the monthly Senior Management Team meetings. Written reports are provided, as required. A quarterly report, including data and analysis, is completed for the organisation.

The organisation and the hospital policies have been amended to incorporate changes from the Care Act 2014. This has included the development of a revised Safeguarding Adults presentation for Statutory/Induction training purposes. A presentation has also been developed to summarise the key points of the Care Act regarding safeguarding practices to be used at clinical governance meetings.

The government's PREVENT strategy is being supported through a training programme to ensure that all qualified clinical staff are trained within 12 months.

The agenda for Patient Safety Meetings has been reviewed to include a requirement to allocate link workers for the alleged victim and the person alleged to have caused harm in order to elicit their views in making safeguarding personal.

An audit of the incident recording systems identified a lack of synergy with safeguarding. An action plan has been developed in order to improve safeguarding documentation across the hospital. The Referrals and Clinical Governance Meetings have been utilised to address the key issues regarding recording safeguarding activities. The Out of Hours Safeguarding Protocol is being amended accordingly.

Ongoing participation in the Safeguarding Implementation Group, with the other independent hospitals, has included a review of the changes being implemented for the Disclosure and Barring Service. Referrals have been actively considered following safeguarding investigations into alleged staff misconduct. The organisation's Legal Department has issued guidance in that regard.

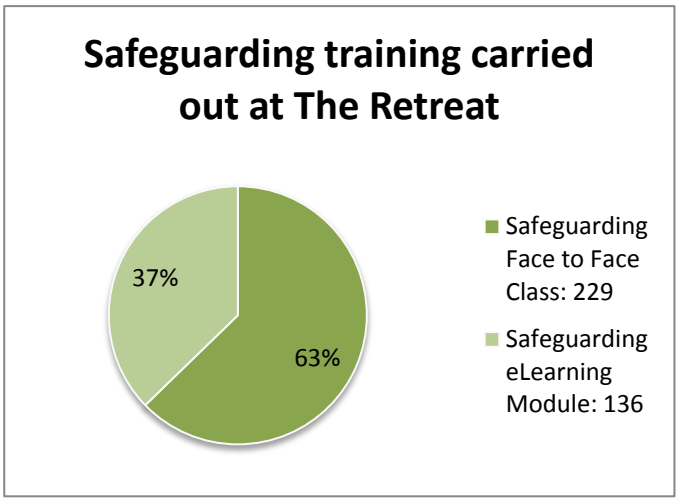
Safeguarding Adults alerts are now being discussed daily at SMT briefings and weekly at Referrals Meetings, thus improving organisational responses following the raising of a concern.

Annex 1

The Retreat Yearly Safeguarding Report (2014/2015)

1. Safeguarding training

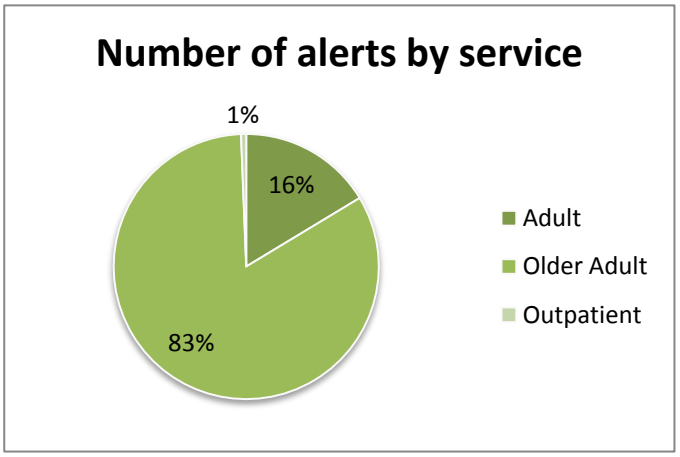
Adult Safeguarding Level 1 (Alerter) Training Compliance for the hospital (inc. Bank) was 100%, the refresher training compliance is: 272 compliant (79%), 71 non-compliant (21%). The safeguarding training level 1 is delivered face to face and as an eLearning module.
Adult Safeguarding Level 2 (Responder) and Level 3 (Investigator) Training Compliance for the hospital was 100%. Adult Safeguarding Level 4 (Chair) Training Compliance for Hospital was 75%, due to problems with accessing the training at WDU.



The impact of the new safeguarding training (revised at the beginning of 2014) has been positive. The rate of reporting low level incidents has improved; also the levels of understanding and confidence have increased among the frontline staff.

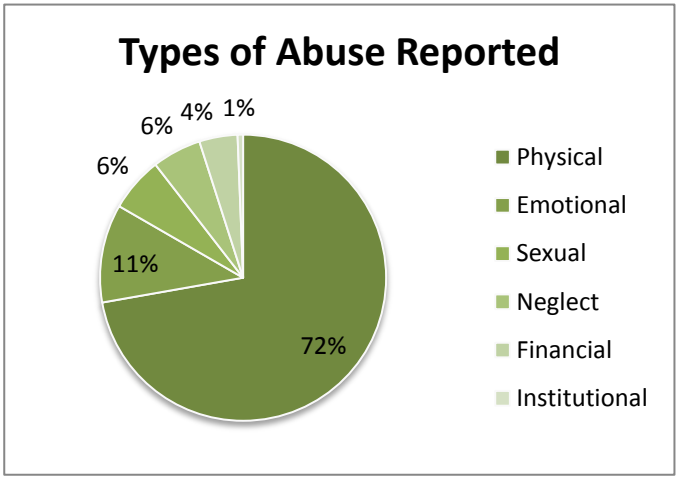
2. Safeguarding alerts and responses

The number of reported safeguarding alerts has been on the rise over the last 3 years: 62 in 2012, 85 in 2013 and 159 in 2014. The number of alerts received is much higher than the previous year (increase of 87%) and as mentioned before this can be associated with an improvement in reporting.

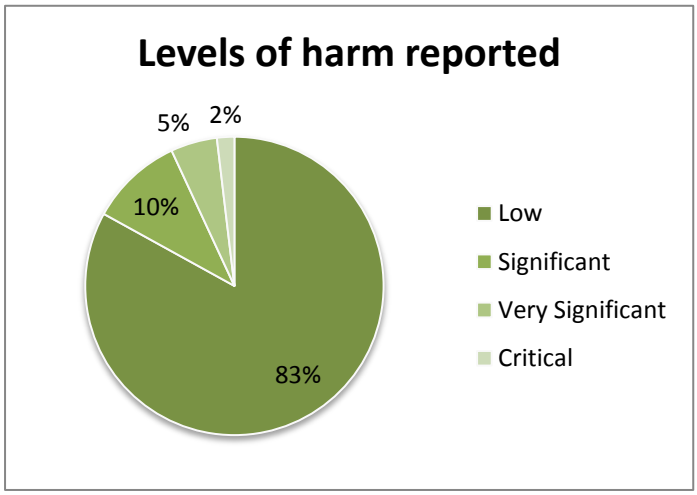


The number of alerts which were later referred to the City of York Council Safeguarding Team and Care Quality Commission did not change much over the last few years: 39 in 2012, 39 in 2013 and 32 in 2014. The number of the referred alerts did not go up with the increase of the alerts.

The new average for the quarter is 38 alerts, in comparison with 21 in the previous year (increase of 85%). The average number of referred alerts per quarter was 8 (9 in previous year), which has been a stable number for the last two years.



The significant majority of alerts: 132 (83%) were submitted within older adult services in comparison to 26 (16%) reported on adult units and 1 (1%) in outpatient service. However when it comes to the referred alerts the figures present a different picture: 72% of cases were from older adult, 28% were from adult services. Further analysis shows that 17% of all alerts submitted within older adults are referred, while in adult services this figure is higher (33%).



The cases of physical abuse account for the majority of all of the alerts: 117; emotional abuse was reported in 18 cases, sexual in 10, neglect in 9, financial in 7 and institutional in 1 case. There were no incidents of exploitation.

The incidents of physical abuse (primarily patient on patient assaults) have more than doubled in comparison to the previous year; however the sexual abuse cases have reduced by almost half. A notable increase of neglect allegations has been noted in comparison to 2013.

Person alleged to cause harm (PATCH) was in 118 cases a current patient of The Retreat, in 22 cases allegations were made against staff, and in 19 cases the PATCH was identified as external which includes family members, friends and ex-patients.

The level of harm in 132 cases was described as low, 16 were described as significant, 8 were very significant and 3 were critical.

Out of 159 alerts 156 met the safeguarding criteria and were either investigated or reviewed by the social work department; 3 alerts (2%) did not meet the criteria, but were still recorded within The Retreat's internal safeguarding database. It is justified to say that the alerts are being made appropriately.

In 119 cases the allegations were proved, in 24 cases they were disproved and in 13 cases the social workers were not able to determine the outcome; 3 investigations (all external) are still pending.

The social work department has improved its own system of monitoring data, which has helped to analyse the safeguarding within the organisation and determine current trends.

The regular safeguarding review meetings which involved practitioners from across the hospital helped to identify other factors e.g. environment, which have had an effect on safeguarding.

3. Achievements in relation to safeguarding

The Retreat's aim in 2014 was to enhance people's involvement, choice and control in the safeguarding process. We have worked with people who use services to ascertain what outcome they want when a safeguarding alert is raised. Our procedure includes the implementation of a safeguarding link role. The safeguarding link role ensures that the adult at risk and PATCH, (where they are also an adult at risk), are fully involved in the safeguarding process. We have developed leaflets for the adult at risk and the PATCH to explain the safeguarding process and the other areas of support that are available to them for example advocacy.

We have rolled out a training programme for people who use our services, to educate them about the safeguarding process. Our aim is to make safeguarding personal, a process that is done with and not to the people who use our services. We have found that the process has become more empowering and that the individual service users are at the centre of the process.

Annex 1

Individual Board Member organisation's contribution to the 2014/2015 SAB Annual Report.

York CVS

Two York CVS's Independent Living Scheme staff members attended Safeguarding level one alerter training as a refresher.

One Adult Safeguarding Alert made by York CVS's Independent Living Scheme.

- We reviewed our organisational Safeguarding Vulnerable Adults Policy In December 2014 and presented this at our internal managers meeting.
- We are actively promoting safeguarding best practice and learning through our Voluntary Sector Forums (older people & long term conditions, learning disabilities, mental health and children, young people and families).
- The Safeguarding Adults Board Chair is presenting the Annual SAB return to the Voluntary Sector Forums.
- We attended the Safeguarding Adults and Children's Board Development Days and completed the annual self assessment documentation.
- York CVS maintained attendance at the Safeguarding Adults and Children's Boards.

Annex 1

Individual Board Member organisation's contribution to the 2014/2015 SAB Annual Report.

YORK HOUSE

A neurobehavioural service for acquired brain injury

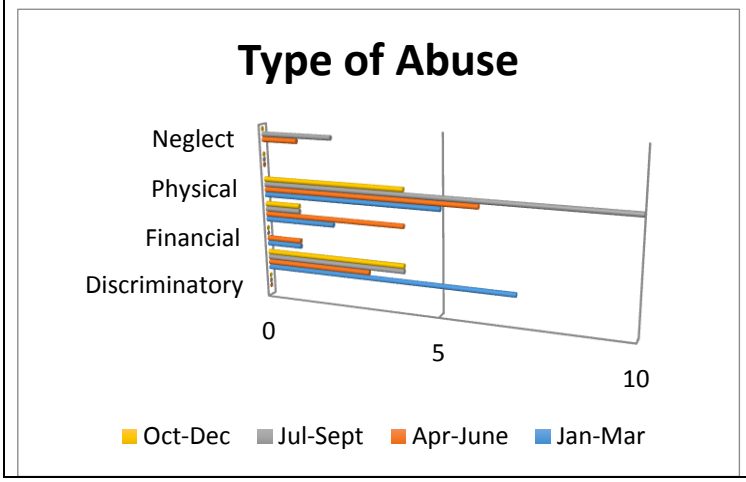
1. The following information shows the number of staff who have completed the SOVA training at York House between April 2014 and March 2015:

Total Staff - 201

Training	Contract (136)	Bank (65)
SOVA	110	17
Training	Contract (%)	Bank (%)
SOVA	81	26

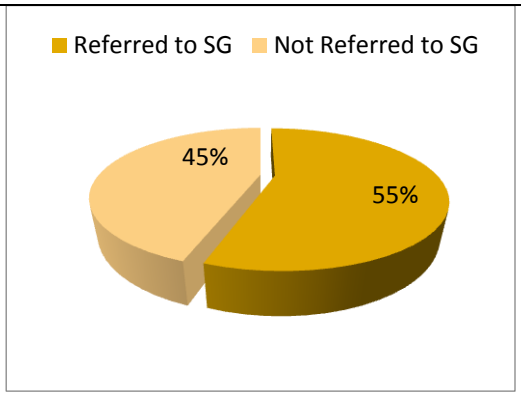
All staff are required to complete a week long comprehensive induction training prior to any shifts being completed, this includes Safeguarding training. All staff must then repeat this training yearly in the 3 day mandatory training program.

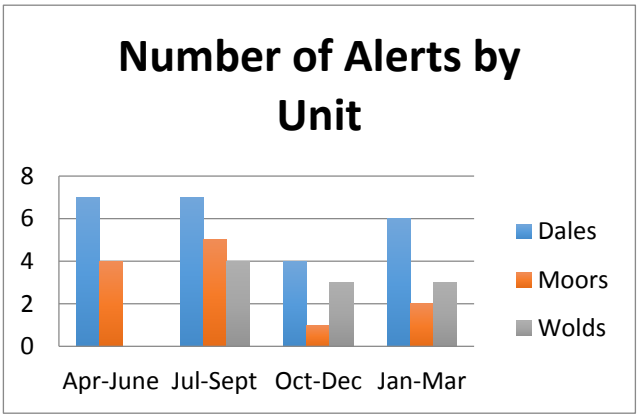
Those staff responsible for overall safeguarding at York House have also completed further training on Level 2,3 and 4 run by City of York Council. Training on the care act implications for safeguarding has also been attended by a member of the governance team at York House and the safeguarding lead which will impact on the induction and mandatory training following April 2015.



The types of abuse reported and dealt with at York House from April 2014-March 2015 are shown in the graph opposite. There have been no incidents of institutional or discriminatory abuse in this period. The most common type of abuse identified in this time frame was physical abuse.

There was 45% of safeguarding cases that were not sent to City of York Council (CYC) for further safeguarding intervention due to it being dealt with in-house through management of risks, protection plans or support measures being implemented. Some of these cases may have been discussed with the safeguarding team to reach the decision not to refer and all are discussed between the York House safeguarding sub-committee. 55% of the cases were referred to CYC, these have now all been closed with all internal and/or external investigations completed.





The alerts by unit tend to follow the same trend throughout the year, with the majority of alerts being from the Dales unit at York House.
This is the assessment unit were all new admissions (excluding females) are generally admitted. The population as a whole is as a result often more challenging and behaviours more unpredictable. As a result staffing levels are higher to ensure adequate support and management. The Moors unit of York House is a slower stream rehabilitation unit and so care plans are more established and service user's behaviors more stable in comparison.
The Wolds unit of York House is intensive long term care needs with a focus on quality of life, however the long term effects of brain injury from this client group and mix of service users can lead to safeguarding issues following conflict.

York House are using the new Disclosure and Barring service, with all new recruits and renewals of CRB's due being dealt with under the new system. This is significantly reducing the time taken to complete checks.

Safeguarding information specifically developed in conjunction with Speech and Language therapists has been produced for our service users including posters for all 3 units. We are now looking at updating this in line the introduction of the Care Act.

Those staff with overall safeguarding responsibilities at York House are continuing to seek out external training and attend the level 2 upwards training delivered by CYC.

York Teaching Hospital NHS
NHS Foundation Trust

Safeguarding Adults Annual Report 2014/2015

Training and awareness raising

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

The Safeguarding Adults Team are all trained to level 3, conducting multi agency investigations and level 4, chairing multi agency case conferences having accessed external training.

There were concerns regarding take –up figures and as a result and with the help of the learning hub these figures are on the increase. To ensure more accessibility the Level 2 training, previous a full day has been transferred to an e-learning package. This will be in place from April 2015.

In addition in light of Cheshire West specific areas of high risk have been targeted for one-off training sessions and a bespoke Prevent training package has been developed and subject to Corporate Learning and Development Director approval will become part of the Statutory Mandatory Programme from April 2015.

In addition the Trust Safeguarding Adults team began in January a monthly “Ward Wander” programme which involves our team visiting departments/wards/units to offer support, tutorials and on the spot review of patient issues.

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

Safeguarding Adults Training Figures 2014/2015
Level 1 1714
Level 2 309
Level 3 1
Level 4 1

Safeguarding Adult Referral/alerts analysis

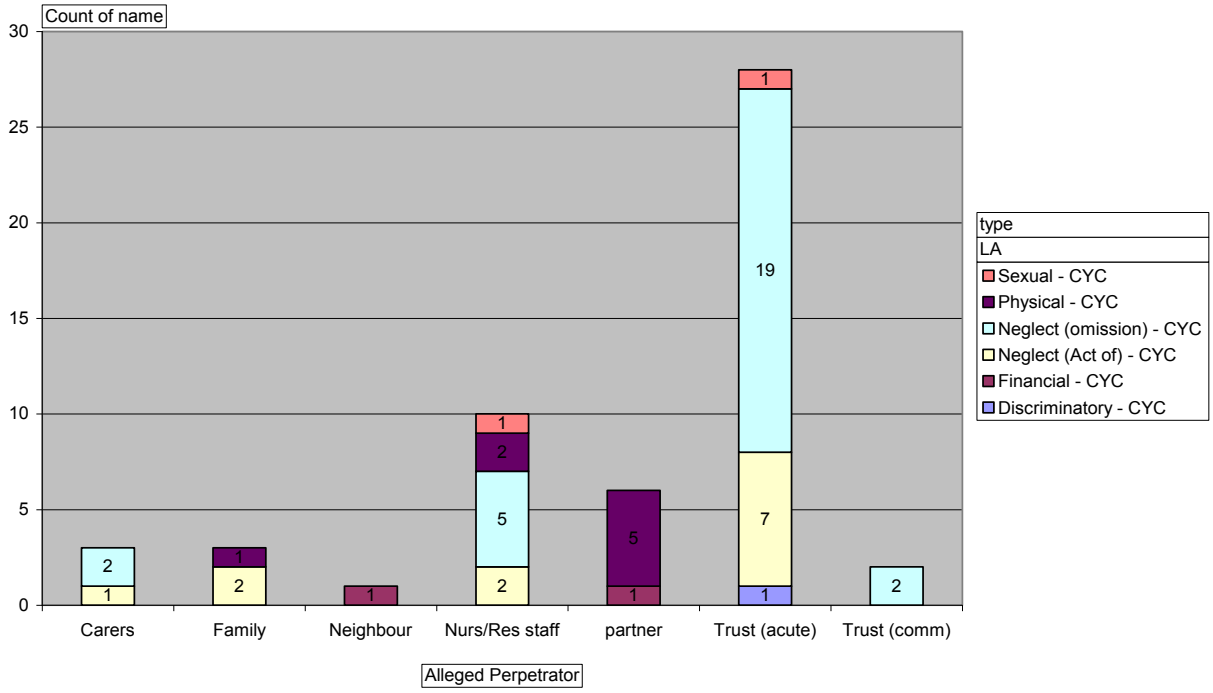
There were 146 Safeguarding Adults alerts received in 2014/2015. This figure relates to **all** alerts referred through the Safeguarding Adults Team raised either **against** or **by** the Trust.

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

Of the 146, 53 were where City of York Council (CYC) was the lead Local Authority.

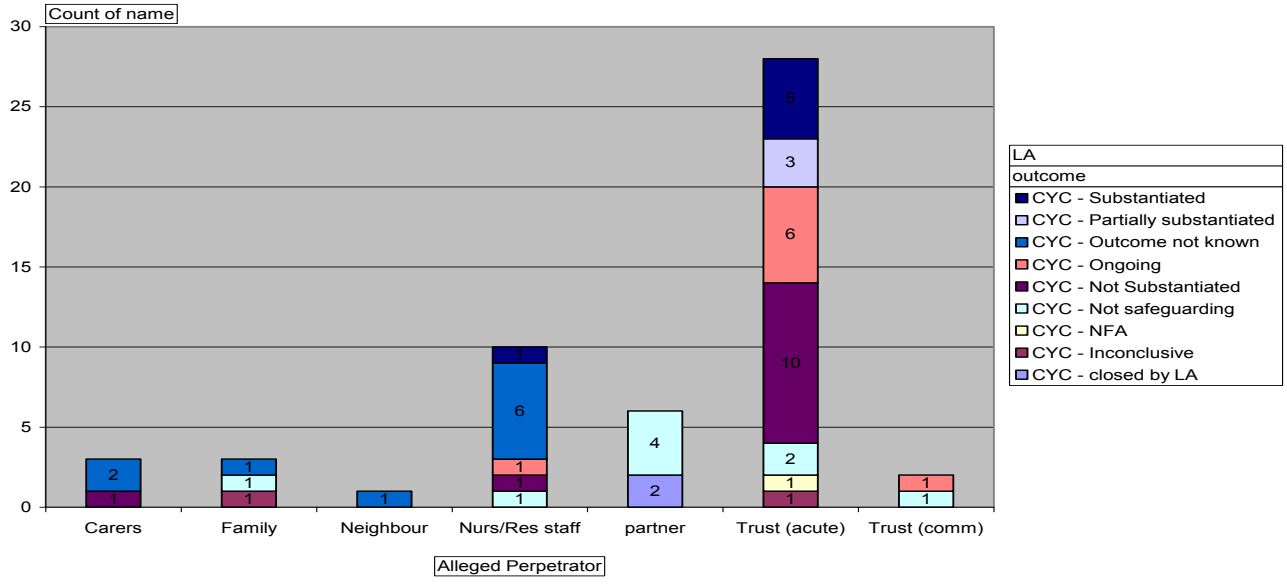
The following data relates only to alerts involving CYC Safeguarding Adults Team. Data is available for other local authorities the Trust serves.

Type and alleged perpetrator (CYC) 2014/2015



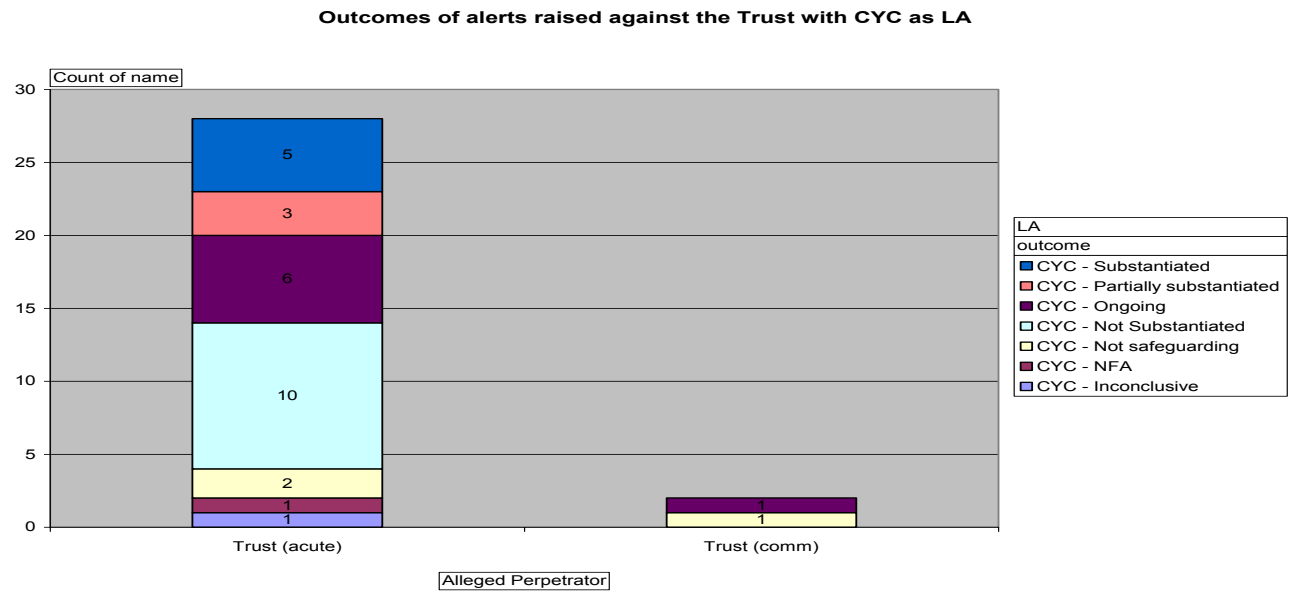
Outcomes for all alerts (both raised by and against the Trust)

Outcomes - All Alerts (against and raised by the Trust) 2014/2015



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

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



Achievements during 2014

1) Resources

The Safeguarding Adults Team consist of:

- ☐ Head of Safeguarding
- ☐ Lead Nurse for Safeguarding Adults
- ☐ 2 x specialist nurse to support staff with the Safeguarding Adults agenda which includes Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS)
- ☐ 1 x Learning Disability Liaison Nurse
- ☐ 1 x Learning Disability assistant (Scarborough acute only)

This robust structure, established in 2014, further indicates the commitment the Trust is making towards Safeguarding Adults in our care.

2) Policies and Procedure

Trust policies and procedures include the following:

- ☐ Safeguarding Adults Policy and Procedures (based on Multi- Agency Policy and Procedures) This has been amended provisionally in light of the Care Act but is awaiting final multi agency guidance before complete review.
- ☐ Therapeutic Restrictions Guidance
- ☐ Mental Capacity Act Guidance
- ☐ Deprivation of Liberty Safeguards (DoLS) Guidance
- ☐ Learning Disability Specification

Where appropriate these have been reviewed to include changes from National legislation. A Draft Prevent Policy has been circulated for approval and will be published from April 2015.

3) Learning from Safeguarding Adults Investigations

Thanks to Senior Management support and commitment, the profile of the Safeguarding Adults Team within the Trust has raised considerably. Reports are requested at Board level for progress and concerns raised through the team are reported weekly to the Trust Quality and Safety meeting to ensure high level awareness of concerns.

These measures have greatly improved the commitment to learning from Safeguarding Adults Investigations and as a result Safeguarding Adult Action plans have been the basis for work streams to improve the care delivered. For example:

- ☐ Awareness of need for robust documentation following documentation audit
- ☐ Task and Finish group to develop policies, training and risk management tools to support staff care for patients with Mental ill-health.
- ☐ Close liaison, training and policy development with the Head of Security in respect of vulnerable adults requiring the support of security
- ☐ Matron involvement in delivering actions arising from Safeguarding Adults Investigations.
- ☐ Review of Exclusion Policy
- ☐ Specific Awareness raising Tutorials for staff involved in Safeguarding Adults Investigation.

Nicola Cowley - Lead Nurse for Safeguarding Adults

Approved by Beverley Geary - Chief Nurse

April 2015

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Veritau
Assurance Services for the Public Sector

Adult Safeguarding

City of York Council

Internal Audit Report 2014/15

Business Unit: Adult Social Services
Responsible Officer: Acting Assistant Director: Adult Commissioning, Provision & Modernisation
Service Manager: Acting Service Manager Mental Capacity Act & DoLs
Date Issued: 13 May 2015
Status: Final
Reference: 11602/001

	P1	P2	P3
Actions	**0**	**1**	**3**
Overall Audit Opinion	Substantial Assurance		

Summary and Overall Conclusions

Introduction

The Care Act became law in April 2014 and sets out Safeguarding responsibilities in relation to Adults as a statutory responsibility for the first time. It requires Local authorities to be responsible for establishing and running Safeguarding Adults Boards.

Councils with social care responsibilities will be responsible for making enquires where it suspects that an adult in its area

(a) has needs for care and support (whether or not the authority is meeting any of those needs),

(b) is experiencing, or is at risk of, abuse or neglect, and

(c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it. In addition, a recent Supreme Court judgement is expected to significantly increase the number of Deprivation of Liberty cases that the council will have to be involved in.

Objectives and Scope of the Audit

The purpose of this audit was to provide assurance to management that procedures and controls within the system have ensured that:

- The Safeguarding Board is moved onto a statutory footing
- A policy is introduced in relation to serious case reviews
- Relationships with partners and the new duties to co-operate over the supply of information are implemented
- There is a suitable system in place for processing Deprivation of Liberty cases
- There are sufficient resources to complete the increased number Deprivation of Liberty cases

The audit did not include procedures for Statutory Local Authority Deprivation of Liberty cases.

Key Findings

Following the introduction of the Care Act 2014 considerable amounts of work have been put into ensuring that Safeguarding Adults processes in York are robust and fit for purpose. In addition the council has been suitably responsive to the significant additional demands in relation to Deprivation of Liberty cases following on from the Supreme Court judgement.

The Safeguarding Board has developed a constitution and memorandum of understanding between all members to ensure that the statutory board and its members comply with the duties placed upon them by the Care Act, and has developed an assurance framework which has been completed by all members. This enables the partnership to have an overview of how well members are undertaking their Safeguarding Adult responsibilities and respond accordingly.

The council has a policy for serious case reviews which enables a methodology of lessons learned which can be applied to cases which would not reach the threshold. This is being used to enable the partnership to gain learning from incidents which would otherwise not take place

The council has and continues to review and adjust their Safeguarding Adults board in response to the developing guidance and information available regarding the requirements of the Care Act, and approved a policy in relation to serious case reviews. Development of the working relationships between partner organisations on the board has been undertaken. The council has participated in regional and national programmes and developed their process around Making Safeguarding Personal principles, a key part of the Care Act

The main issue raised in the audit is that procedures for processing Deprivation of Liberty cases are heavily reliant on manual inputs, including identifying cases due for review. This is time consuming and there is a greater risk of review dates not being identified, especially given the large increase in the amount of Deprivation of Liberty cases. There is the potential for greater use of IT systems to support the staff and make the processes more robust for the increased number of cases.

The other findings of the audit related to the future development of the Safeguarding Adults board and improvement to the information available on the internet in relation to Safeguarding Adults in York.

Overall Conclusions

It was found that the arrangements for managing risk were good with few weaknesses identified. An effective control environment is in operation, but there is scope for further improvement in the areas identified. Our overall opinion of the controls within the system at the time of the audit was that they provided Substantial Assurance.

1 Process Automation

Issue/Control Weakness	Risk
The Deprivation of Liberty (DoL) process could benefit from increased system support	Staff resources may not be used efficiently, and important dates could be missed

Findings

There are a significant number of forms to be completed across the Deprivation of Liberty assessment process, which is completed by manual input. A DoL assessment only lasts a year, and therefore must be reviewed on an annual basis. Currently all cases are managed manually with spreadsheets to track the progress of the cases and dates for reviews. The manual nature of the process requires significant staff time and means that there is no electronic back up, such as automated reports or reminders to ensure that important dates are not missed, the risk of which has increased due to the vast increased in DoL cases.

Introducing some automation into the process could save staff time and build additional safeguards into the process.

There are now a new set of forms available, which will reduce the number of forms to be completed for each case.

Agreed Action 1.1

A new set of streamlined forms will be introduced and automated within Frameworki, (the electronic case record), triggering the necessary reviews.

Priority	2
Responsible Officer	Acting Group Manager/ MCA DoLS Lead Professional
Timescale	August 2015

2 Adult Safeguarding Board website

Issue/Control Weakness	Risk
The Adult safeguarding website is out of date	The website does not serve the purpose of providing the people of York with information relating to safeguarding adults

Findings

The council has a Safeguarding Adults website, www.safeguardingadultsyork.org.uk separate from the main council website. Information relating to recent meetings of the Safeguarding Adults Board was not available on the website, with the most recent available being September and December 2013 despite quarterly meetings being held.

There has been a difficulty in keeping the website up to date, and it may well be beneficial for the service to consider what arrangements for making up to date Safeguarding Adults information more easily available on the internet, including whether the Safeguarding Adults website could be brought onto the main council website without losing the prominence of the information. This would also boost the amount of Safeguarding Adults information available on the main council site.

Agreed Action 2.1

The decision has now been made to move to the CYC website.

Better information advice and guidance for safeguarding placed on connect to support (Adult social care's advice information and guidance web portal). All information on safeguarding website has been reviewed. Refreshed public facing information has been agreed.

Priority	3
Responsible Officer	Interim Assistant Director
Timescale	May 2015

3 Future development

Issue/Control Weakness	Risk
There are potential areas for future development for the arrangements for Safeguarding Adults	The authority may not build on work completed and fully comply with the best practice set out in the Care Act 2014

Findings

There is a current multi agency policy in place that covers procedures for inter agency working. In addition, the board recently undertook some work on the thresholds at which organisations contact the other organisations involved in the safeguarding board.

It cannot be expected that new and reinforced procedures that were discussed by the board in late 2014 and developed in response to the Care Act 2014 would be fully embedded by the point of the audit, and the board is continuing to respond to developing information relating to the Care Act. The organisations that work together in safeguarding cases were in the process of developing a Quality Assurance framework, for which there is also national guidance, that should allow the board to assess the effectiveness of the arrangements within the organisations, and identify issues that occur,

The Care Act 2014 requires that there is a clear understanding between partners when other organisations need to be notified or involved and what role they have. Under the Care Act Safeguarding Adults Boards have a responsibility to assist, such as by establishing roles, how organisations will be held to account and identifying mechanisms for monitoring and reviewing the implementation and impact of policies.

It is suggested that there is potential for the Adult Safeguarding Board to further develop its procedures in relation to integrating the strategic plans of the board into the operational procedures of the service, and future plans could include reference to this.

Agreed Action 3.1

Safeguarding procedures have been redrafted in line with care act regulations and emerging policies from other SABs. These need to be consulted and agreed upon and implemented

Priority	3
Responsible Officer	Approved Social Worker
Timescale	April 2015

Agreed Action 3.2

Healthwatch have been commissioned to support the development of a co-produced public facing strategic plan embodying care act principles from 2016 onwards

Priority	3
Responsible Officer	Interim Assistant Director
Timescale	April 2016

Audit Opinions and Priorities for Actions

Audit Opinions
Audit work is based on sampling transactions to test the operation of systems. It cannot guarantee the elimination of fraud or error. Our opinion is based on the risks we identify at the time of the audit. Our overall audit opinion is based on 5 grades of opinion, as set out below.

Opinion	Assessment of internal control
High Assurance	Overall, very good management of risk. An effective control environment appears to be in operation.
Substantial Assurance	Overall, good management of risk with few weaknesses identified. An effective control environment is in operation but there is scope for further improvement in the areas identified.
Reasonable Assurance	Overall, satisfactory management of risk with a number of weaknesses identified. An acceptable control environment is in operation but there are a number of improvements that could be made.
Limited Assurance	Overall, poor management of risk with significant control weaknesses in key areas and major improvements required before an effective control environment will be in operation.
No Assurance	Overall, there is a fundamental failure in control and risks are not being effectively managed. A number of key areas require substantial improvement to protect the system from error and abuse.

Priorities for Actions	
Priority 1	A fundamental system weakness, which presents unacceptable risk to the system objectives and requires urgent attention by management.
Priority 2	A significant system weakness, whose impact or frequency presents risks to the system objectives, which needs to be addressed by management.
Priority 3	The system objectives are not exposed to significant risk, but the issue merits attention by management.

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Wheelchair Services in York:

Learning from People's Experiences

May 2015

Contents

Acknowledgements

This work has been a partnership between Healthwatch York, York Independent Living Network, York Inspirational Kids, and CANDI. Healthwatch York wish to thank them for helping bring together people's voices. We hope we make sure you are heard.

We must also thank everyone who took time to share their story with us. As one carer movingly told us "My life is complicated. I am too busy to be here. But if I'm not, who will be?" We are very grateful to every person who makes difficult choices to be able to speak to us.

Finally, we must acknowledge Kieren Hussell, currently a student at York St John University. He wrote this report for us, and contributed not just his time but his energy, enthusiasm and desire to help people into putting this report together. It was great having you with us, Kieren. Thank you.

York's wheelchair service - learning from people's experiences

Introduction

People use wheelchairs for many different reasons. Wheelchairs should be enabling and mobilising, like cars or bicycles. They are a piece of equipment to aid everyday living.

Wheelchairs constantly need to be adapted to comfortably accommodate their users. This is because, as we all do, wheelchair users change over time. Some have fluctuating or degenerative conditions that impact on their posture or weight. Children who use wheelchairs grow. These changes can lead to individuals becoming uncomfortable in their chairs.

If a wheelchair user spends long period of time in an ill fitting chair then there may be serious health risks, including posture-related complications like poor breathing or dysphasia, falls, pressure sores, and several other conditions (Wicky & Zanni, 2007[i]).

The purpose of this report is to help understand people's experiences of using wheelchair services in York. It sets out the national picture for wheelchair services. It also explains what people who use wheelchairs and their carers have told us. It highlights both the issues they have faced, and their positive experiences. It aims to make clear that the way we provide wheelchair services in York is a vital issue as getting it right can have a huge impact on people's lives.

The NHS website[ii] states:

> "Many wheelchair services have a waiting list for assessment appointments, so you may have to wait several weeks after being referred to have an assessment."

This shows that the NHS nationally is aware of the long waiting times for assessment appointments. However due to the long waiting list for the

Wheelchair Centre in York, people can be waiting for months at a time. In one case, extracted from the focus group transcript (Appendix 1), a wheelchair user had to wait 8 months to be assessed.

The NHS Website also explains the importance of having a wheelchair that fits the specific needs of the individual. It places particular importance on accommodating the growth needs of children. It encourages the user to contact their wheelchair service in order to be re-assessed. However many users have done this and have been waiting months at a time. This puts their child at risk of harm.

The issues with wheelchair services have been recognised at national level. A summit was held on the 27th November 2014 to discuss the way changes could be brought around within wheelchair services as a whole. Recommendations included a campaign that would help raise the profile of wheelchair services and help all those involved with wheelchair services to work collectively to make permanent positive change. The summit also outlined the changes that NHS England is undertaking. This includes the formation of The Wheelchair Leadership Alliance. This brings together representatives of all key stakeholder groups to lead a collective effort in response to this challenge.

The Wheelchair Leadership Alliance completed their own research into national wheelchair service quality and have revealed some interesting statistics[iii]: Roughly 1.2 million people, the equivalent to 2% of England's population, are wheelchair users. Of these 1.2 million wheelchair users, 70% have to wait for more than three months for their new chairs. 30% have to wait over 6 months. 15%, which equals out to one hundred and eighty thousand people have to wait for a year or over. This is one hundred and eighty thousand people that have to wait a year before they get the equipment that could be vital for their mental and physical health.

Although there are no official statistics for wheelchair users in York, there is an estimated figure of 3,785 people (Perry, 2015[iv]). This means that potentially 3,785 people are at risk of health complications if they do not have access to good wheelchair services. A poor fitting wheelchair can have severe negative physical and mental effects on wheelchair users as highlighted nationally;

“This girl was in severe pain, severe discomfort and this was the only seating that she had and she was expected to sit in this all day, every day, yet this wasn’t regarded as an urgent referral for priority seating.”

-Kate Hallet, Senior Mobility Therapist, Whizz-Kidz[v]

There are wider financial ramifications to consider too. Up to half of all people who use a wheelchair will develop a pressure ulcer at some point during their life caused, in part, by ill-fitting or ill-equipped chairs. The cost of treating the worst cases of a pressure ulcer can be as much as 16 total hip replacements. Incorrect equipment is being supplied as well as long delays in supplying the right equipment. This all costs money. For every 182 wheelchair users not able to work, the benefits bill can increase by up to £1 million. However when in work the positive economic contribution can be up to £4.7 million. By making longer term investments to prevent pressure ulcers and other related issues, money will be saved in the long run. [vi]

There has been more interest in wheelchair services in general around England and more research into improvements are being conducted by groups such as The Wheelchair Leadership Alliance, NHS England and the six wheelchair services improvement work streams. Although improvements are trying to be brought forwards by these groups, York is still in need of these improvements within the wheelchair service as there are people in York who spoke with us during this survey work. They believe that they are risking their health by having ill-fitting chairs or incorrect parts. However recommendations have been made in other sectors that have encouraged improvements to be made.

In order to try and help the wheelchair service in York improve, a range of possible recommendations that could be used to resolve these issues have also been suggested to help York’s service provide a more efficient process for wheelchair users.

Why is Healthwatch York looking at the wheelchair service?

Healthwatch York was asked to look at this issue following the Health Overview and Scrutiny Committee (HOSC) meeting on Wednesday the 18th of February, 2015. A member of the public, with first hand experience of using the Wheelchair centre registered to speak and voiced concerns about wheelchair services in York. Healthwatch York was asked to find out more about people's experiences of the wheelchair service in York and feed this back to the HOSC. Healthwatch York had already been alerted to concerns about wheelchair services in York via comments on social media sites, mainly facebook. These highlighted issues such as waiting times for re-assessment and delivery of new chairs;

"Would be great if they understood that having a wheelchair is essential for my daughters health and well being, that's why it can be so frustrating when there are delays and lack of communication"

"Months in total to get a chair, ring everyday to argue"

"My child was assessed by York Wheelchair centre, October 2014, told 3-6 weeks, phoned last week, December 2014, was told another 6-8 weeks due to it just being put in the beginning of December."

However people also had positive things to say about the staff such as:

"Can't fault the staff and the lady who measured our daughter. ☹ funding sucks."

"Their hands are tied. They were very helpful in providing a buggy loan in between a new chair being provided for our son."

"Staff are fab; feel a bit sorry for them really"

Healthwatch York also spoke with a parent of a wheelchair user. She contacted us about a collective group of parents who all felt unhappy with the service that was provided. We made contact with this group to publicise our planned work following the HOSC meeting.

What we did to find out more

We used a range of methods to gather information about wheelchair users experiences of the service in York. We spoke with a relatively small sample, with we believe just over 30 individuals sharing their experiences. However, these included a range of wheelchair users including those with more complex requirements.

The first of these were focus groups on the 20th of April at West Offices (See Appendix 1 for the transcript of the focus group). At these meetings anyone with experiences of the wheelchair service, including those who are wheelchair users themselves or those who care for someone who is a wheelchair user, could come and give feedback about their individual experiences when using Wheelchair Services in York.

These focus groups were promoted by using a leaflet (Appendix 2) that was distributed around York by Healthwatch York volunteers and partner organisations for Healthwatch York. The Wheelchair Centre was aware of these focus groups. They were informed they were welcome to attend as observers, but felt this might inhibit discussion.

In the first focus group 10 wheelchair users attended. 4 members of Healthwatch York facilitated discussion and took notes on the wheelchair user's detailed experiences of wheelchair services.

Those who attended the focus group were first asked about the process of referral to the wheelchair centre, which prompted both positive and negative accounts of people experiences. Other key areas that were focussed on were positives of their experiences, the feeling of personalisation of their wheelchair and how they felt about follow ups of the Wheelchair Centre.

The second focus group was attended by representatives of Vale of York Clinical Commissioning Group, (VOYCCG) and York Older People's Assembly (YOPA).

Another way that wheelchair user's experiences of the wheelchair service in York were collected was through the use of a survey carried out by Healthwatch York. This survey sought to find out people's experiences when using the Wheelchair Centre in York (Appendix 4).

The questions were both closed and open ended so participants could give a more detailed account of their experience.

This survey was shared with a range of partners including;

- York Wheelchair Centre
- York Inspirational Kids
- York Independent Living Network
- CANDI
- York Older People's Assembly
- The Voluntary and Community Sector Reference Group for organisations working with older people and people with long term conditions, and;
- NHS Vale of York Clinical Commissioning Group (CCG).

NHS Vale of York CCG also kindly distributed it to all local care homes.

We also had a one to one conversation with the parent of a child who has complex health issues. Although the wheelchair user couldn't attend herself, her parent and carer outlined them on her behalf (See Appendix 5 for the full account of her wheelchair experience).

All participants were reassured that their feedback would be given anonymously.

What we found out

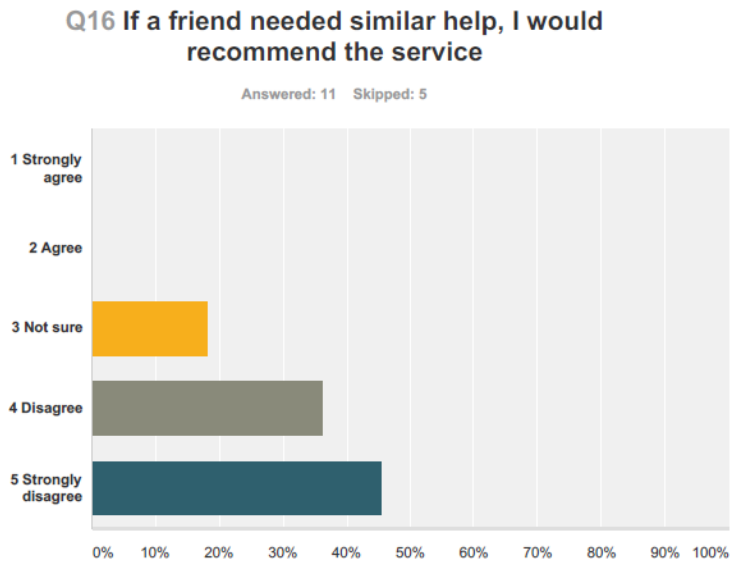
The survey responses mostly provided feedback on the Wheelchair Centre, and the common themes were identified.

- The main issue that was immediately apparent was the long waiting times in between chairs. Those who seemed especially frustrated with the service were those with children who used wheelchairs, as their health is more at risk due to their changing needs.
- Staff members are perceived as working their hardest to help, but are limited in what they can do by funding. However staff still find ways to help even with lack of funding, such as providing a buggy loan in the long waiting times between new chairs being provided.

Responses from a few key questions have been identified with the survey. Responses shown below highlight some of the important issues within the service:

Figure 1 shows the percentage of participants who agreed with the statement “If a friend needed similar help, I would recommend the service”. None agreed with the statement, and over 80% either disagreed or strongly disagreed with the statement, showing that the majority of participants think that the service is so poor that they would not recommend it.

Figure 1:

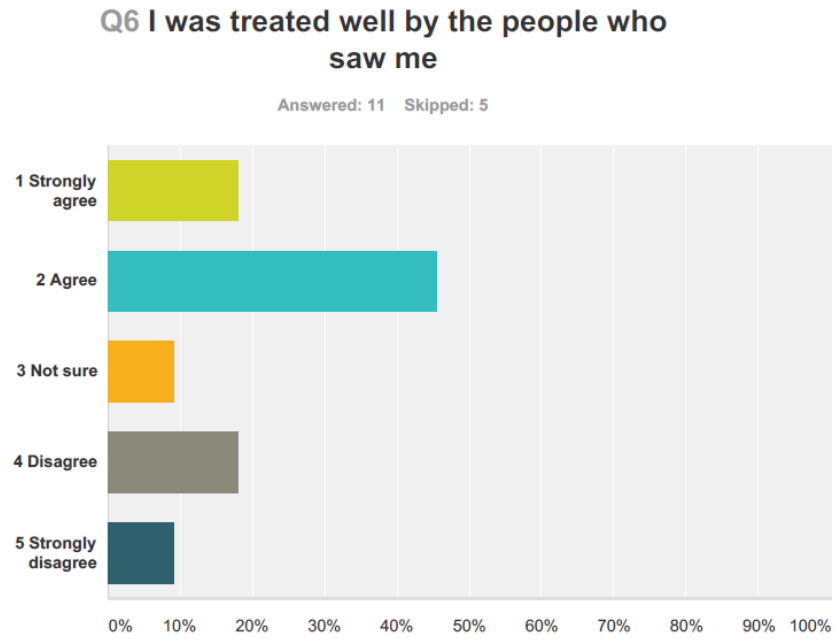


Answer Choices	Responses	
1 Strongly agree	0.00%	0
2 Agree	0.00%	0
3 Not sure	18.18%	2
4 Disagree	36.36%	4
5 Strongly disagree	45.45%	5
Total		11

#	Comments	Date
1	Too time consuming if they need a chair straight away.	4/29/2015 12:35 PM
2	I certainly would NOT recommend the service - it isn't a service anymore.	4/27/2015 5:56 PM

Figure 2 shows how participants felt they were treated by those who saw them. While only around 27% felt they had not been treated well, 63.63% agreed with the statement, showing that the majority felt they were treated well by the staff that saw them.

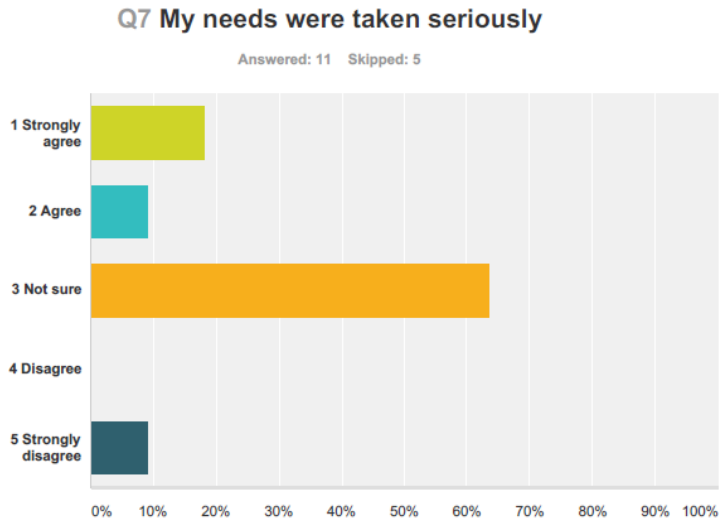
Figure 2:



Answer Choices	Responses	
1 Strongly agree	18.18%	2
2 Agree	45.45%	5
3 Not sure	9.09%	1
4 Disagree	18.18%	2
5 Strongly disagree	9.09%	1
Total		11

Figure 3 show whether participants thought that their needs were taken seriously. 63% weren't sure if their needs were taken seriously or not. Only 27% agreed that there needs were taken seriously. This shows that the participants who use the service are not being reassured that their needs are being taken seriously.

Figure 3:



Answer Choices	Responses	
1 Strongly agree	18.18%	2
2 Agree	9.09%	1
3 Not sure	63.64%	7
4 Disagree	0.00%	0
5 Strongly disagree	9.09%	1
Total		11

#	Comments	Date
1	The whole process is time consuming and there is no sense of urgency event though if you don't get sorted your body and way of life will deteriorate	4/29/2015 12:08 PM
2	If our needs had been taken seriously, we might have ended up with the chair we need and not the one the wheelchair service "want us to have."	4/27/2015 4:19 PM

The focus groups also identified similar common themes to the surveys, as well as other issues which included;

- The waiting times for new chairs was again brought up, with added stress on children and those with degenerative conditions who spend most of their time in their chairs.
- Poor equipment such as seats, were also an issue as they have reportedly led to health complications such as pressure sores, fatigue, forced bed rest and mental health issues (specifically depression).
- With Ross Care now handling all the repairs, many people's experiences has found them less efficient than when the repairs were carried out by the Wheelchair Centre.
- Although it was agreed in the focus groups that the staff were trying their best, it was suggested that they are restricted so much in what they can do due to a faulty system that didn't allow them to work at their best.

There have also been issues raised by wheelchair users relating to specific areas of York. These were brought to the attention of Healthwatch York during a volunteer monthly meeting, where feedback was given that had been left by members of public to specific volunteers. Electrical powered chairs have to be charged for periods of time before they can be used. This is the also the case for hoists in disabled bathrooms to help wheelchair users manoeuvre themselves within the bathroom. However in the same building within York Library, not only was the wheelchair that was offered for hire not charged, but nor was the hoist in the bathroom. This meant that the wheelchair users in the library had to charge these themselves before using them, which should not be their responsibility.

Finally the one to one with a parent of a wheelchair user was also used to illustrate an individual's experience (Pseudonym used).
The issues raised here were similar to those raised in the focus groups and the surveys, with the biggest concern being the waiting time between new chairs and/equipment for repairs. However there were

more specific negative feelings that were expressed in this one to one, such as “Emily’s” feelings about her wheelchair and her disability:

“When my chair works, I don’t feel disabled. At the moment, I’ve never felt so disabled in my life. It’s because of pain, posture. I hate being disabled at the moment because of my wheelchair.”

It’s clear to see how the right wheelchair can have a major impact on the lives of wheelchair users. For some, they can be in them for most, if not all, of the day, every day. Therefore, as well be a serious health risk, an ill-fitting wheelchair can add stress as well, whereas an efficient wheelchair can have a positive impact on wheelchair users lives.

Issues associated with the current repair provider (Ross Care)

The repair service in York was recently tendered. This means Ross Care now complete all repairs. It is believed that the aim of the tender was to improve the service for wheelchair users. However this has had the opposite effect. Many users feel that the service in both companies has now become less efficient. The key messages about this service were taken from the focus groups. The majority of issues associated with the repair system were new, but there was also a feeling some older issues have become exaggerated due to the new provider. These issues included:

- Less responsive and less proactive call outs with only repairs that had been documented previously being completed, ignoring maintenance repairs that had occurred between the documented repair needed and the callout.
- A belief that there is reduced capacity within the Wheelchair Centre, the original provider of wheelchair repair service in York, leading to an increase in the already long waiting times for new wheelchairs or equipment. The Wheelchair Centre state that there has not been a reduction in the capacity of the Wheelchair Assessment Service.
- A belief that there is reduced flexibility of repair appointments that wheelchair users can make. Individuals reported that call outs can now only be to home, whereas previously they could be called out to work as well. The Wheelchair Centre state that call outs can be made to work, or in the case of a child, to school
- A limitation in accessing the correct stock parts needed for repairs.
- Communication between the two services providers is seen as poor, which has led to feelings of frustration among wheelchair users. The Wheelchair Centre and Ross Care state that they both have access to the same computerised record system, BEST, so this should not be the case.

All of those who attended the focus groups agreed that they preferred it when the repair service was still in York.

Issues associated with the wheelchair service

There are issues that seem to be apparent about the wheelchair service in York that have been ongoing even before Ross Care started handling all repairs. Although, with reported poor communication between the two, some ongoing issues appear to have recently deteriorated. (The key messages from wheelchair group can be found in the appendices.)

- It is clear that lengthy waiting times have always been an issue. However, waiting times have been further increased. People using the service believe this is due to reduced capacity at the wheelchair service provider in York following the change to the repair service
- Many focus group attendees were specifically worried about the waiting times for children. Because of the long waiting times to order new chairs or replacement parts for repairs the child has often grown so much that more equipment is already needed. Strong concerns were also raised about the health of the children that were struggling with their out of date chairs as they were too small for them to function properly which would leave the child at risk.
- Delayed communication between the Wheelchair Centre and wheelchair users was an issue that has had a number of impacts; along with the long waiting times, lack of communication has left wheelchair users feeling neglected and frustrated. People felt that better communication would also help the service assess if any equipments needed replacement parts or any other maintenance before a call out.
- Many staff in the Wheelchair Centre were found to be positive and as helpful as they could be, particularly Mike Edwards. However, staffing arrangements make it increasingly difficult to communicate with wheelchair users who had already given information about what they needed to another member of staff.
- People felt that the Wheelchair Centre does not reflect the move to personalisation. Wheelchair users feel frustrated that they have to research new options themselves. They are told what they are allowed to have without the opportunity to explore other options. There was a specific frustration around the restrictions applied to

determining who is eligible for an electric wheelchair, without a wider consideration of the long term impact on health, independence and economic wellbeing.

- A specific concern was raised about the range of suppliers the Centre uses. Some people stated that more cost effective options are available using a wider range of suppliers.

Conclusion

The majority of respondents with experience of York's wheelchair service feel improvements can be made. Excluding the common theme of the staff in the service trying to do the best that they can, and treating those that use the service with care and respect, the rest of the experiences that most people shared were negative, for a variety of reasons.

Within the survey, Healthwatch York asked how much people agreed with the following statement:

"If a friend needed similar help, I would recommend the service"

11 people responded. 5 individuals skipped the question, having provided details of their experiences earlier in the survey. 0% agreed with the statement, 18.18% weren't sure, 36.36% disagreed and 45.45% strongly disagreed with this statement. These answers clearly demonstrate high levels of dissatisfaction with wheelchair services locally amongst respondents. This contrasts with the Friends and Family test feedback gathered by the Wheelchair Centre throughout 2014, where a majority responded positively.

In the NHS standard contract for complex disability equipment: environmental controls, section 2 (aims and objectives of service) a number of aims and objectives are outlined including:

• To participate with the provision of other EAT (Environment Action Teams) such as communication aids, powered wheelchair controls and other equipment of daily living, where this is appropriate.

• To collaborate with other clinical services and social agencies to optimise patient's wellbeing.

• To ensure that patients and carers are well informed on the use of the equipment that has been loaned to them.

• To adapt equipment provision to meet the changing needs of the patient.

• To provide the service in an independent, unbiased, cost effective and accountable way.

• To ensure all staff within the service are trained to an adequate and relevant level of competency, including awareness of technological developments

It is clear from the responses we received that a number of people in York believe that our wheelchair service does not meet these aims. Wheelchair users have a right to a service which doesn't put their health at risk because of the delayed times between re-assessment and getting a new chair fitted.

In 2011 a paper by the National Wheelchair Managers Forum[vii] was released in response to documents published by the All Party Parliamentary Group (APPG) for Paediatric Wheelchair Reform. The APPG recommended extending patient choice by implementing a system called Any Qualified Provider (AQP). The National Wheelchair Managers Forum paper expressed concerns about the impact of further fragmenting of wheelchair services. These concerns are reflected in people's experiences locally, who feel that the splitting of the service into assessment and repairs has had a negative impact on them. The service also had concerns about AQP further fragmenting the wheelchair services. They were relieved when AQP was not implemented locally for wheelchair services by NHS North Yorkshire & York Primary Care Trust.

This research shows that the wheelchair users in York are not alone in the area of having to complete their own research to find new developments and other options that are available to them. However whereas steps have been taken to improve the wheelchair users access to other options and new developments, York is still in need of this to improve its wheelchair service.

Recommendations can be made based on the information that Healthwatch York has obtained. When wheelchair users that were part of the survey group were asked;

"If you could change one thing about this service what would it be?"

A range of answers were given including;

"We wish the service was full time with more staff. Less waiting times especially to update our wheelchair. An annual or biannual review of needs would be very helpful"

"To be able to convince the decision-makers who have changed the way this service operates that things need re-thinking"

"The time it takes from referral to getting the equipment"

"They listen to you as the carer as they are the people who know the needs of the wheelchair user, they live with the problem 24/7 the staff do not"

These answers show a section of what the wheelchair users feel should be the highest priority of improvements that are needed within York's wheelchair service. These can be edited into realistic suggestions that could be considered for improving these areas of service.

In March 2010 an "Enter & View" visit was conducted by York LINk (predecessor of Healthwatch York) to discover more about the issues that had been reported related to wheelchairs. The main conclusion of the report outlined that the Wheelchair Centre was well run and with only a few small adjustments could provide an excellent service. Some of the recommendations were similar to the ones that are still relevant now, such as developing newsletter highlighting local news as well as new options and developments and the need to improve communication between client and customer.

However since 2010, new issues have become apparent that may need to be prioritised above issues that are still outstanding. This includes some of the recommendations outlined below that can have serious health complications if they are not resolved.

Recommendations

Recommendation	Recommended to
Review ideas to increase the sense of belonging among wheelchair users. When people feel more informed, they are more likely to be satisfied with the changes that are occurring. In order to increase the sense of belonging, many wheelchair users suggested options that they think could be applied. These include: • Provide wheelchair users with regular follow ups to ensure that equipment was still needed and fit for purpose. 'MOT's' or annual checks were favourite ideas of the focus groups. • Develop a newsletter highlighting local news as well as new options and developments. • Develop a service user group which can be used to help design, deliver and review services, and share new developments, as well as providing peer support. This should link with existing peer support networks such as CANDI, York Independent Living Network, and York Inspirational Kids	NHS Vale of York Clinical Commissioning Group.
Review the eligibility criteria for electric wheelchairs, Consider in particular conditions such as ME / CFS and MS.	NHS Vale of York Clinical Commissioning Group.
Review methods to improve communication between the 2 providers to improve access to relevant information, increasing call out efficiency and productivity,	NHS Vale of York Clinical Commissioning Group.
Consider encouraging staff to have more of a say in how wheelchair services in York are run. This may allow them to perform at their best without being as limited by what they can do, and help build better relationships with the wheelchair users.	NHS Vale of York Clinical Commissioning Group.

Consider implementing a system that would allow staff to prioritise children or those with degenerative conditions, to allow for their continually changing needs.	NHS Vale of York Clinical Commissioning Group.
Longer term, consider reviewing the pathway for wheelchair service provision, working alongside existing service users. This should also consider the changes to Community Services through the transformation agenda, the impact of personal health budgets for people with long term conditions, and the impact of separating out the wheelchair repair service from the contract to provide wheelchairs.	NHS Vale of York Clinical Commissioning Group.

Appendices

Appendix 1 – Focus group meeting transcript from the 20th of April.

Wheelchair services Focus Group 20.04.15

For the purpose of confidentiality only the genders of people will remain in the transcript, identified by M for male or F for female.

Attendees
2 Healthwatch staff
2 Healthwatch volunteers
10 people who use, or support someone who uses, the Centre

Introduction
It was explained to the group why Healthwatch has been asked to look into people's experiences following questions to the Health Overview and Scrutiny Committee. All feedback will be used in a report to the committee.
The importance to have a contact group was emphasised by a member of the focus group as it was said it was very difficult to make a difference alone.

The process of referral to the wheelchair centre
M - has been done in 2 different ways.
1 self referral when feel chair, usually due to seat, doesn't meet needs. Ring the centre, say need to be seen to discuss options.
2 referral by health professional, usually a physio or GP.
F – Straight forward referrals for car controls.
F – Easy to get to the wheelchair centre.
F – Hard to get through on the phone. Staff are part time. There is not someone there all the time. You have to leave a message. Usually takes a week. Sorting a cushion out, it took a while to speak to someone. To get a new chair takes 8-12 months. It takes 8 months to get assessed. Need to get an assessment. They are very nice people, but the system is against them. It feels like wheelchair services are not a high priority locally. It's run on a shoestring.
F – Repairs have moved to Leeds. Have rung them and they do come out. Repairs through Ross Care are okay.
F – are there now 3 strands – repairs, in Leeds, adjustments here in York, and new chairs, which are also here?

M – getting past the receptionist at the Wheelchair Centre is a challenge. Has been 8 months to get a first assessment. From then, with complex seating, it can be another year.
M – I've been waiting about 4 years. Referred about my car initially. Couldn't easily get my wheelchair over my shoulder due to damage to the shoulder. Since first needing a wheelchair in 1982 I have never had an NHS chair. Always bought my own. Wish I had again. Vycare cushions – took 2 years to get a cushion. Wheelchair chap came from Gerald Simmonds. Don't get on with the chair. Mike Edwards had to make the chair better. Used to have an Etac chair. It's been a long process and it's still not right now. It's been a horrible experience. Because of the weakness in arms, really struggle with it. It is important that people from the Wheelchair Centre see how you live, how your house is set up. My house is designed for smooth transfers. But the wheelchair wasn't right to fit with everything else.
Bought EasyMotion wheels. These were £1,000 cheaper through a site run by a fellow wheelchair user than from Gerald Simmonds. They are a very expensive option. These wheels have made it possible for me to do more, got me out and about. **(Staff Member)** at the Wheelchair Centre says you can only have a manual or a power chair. If you can use your arms you are not allowed a power chair. If you can self propel you have to. There are no questions about the extent of this.
F – person I work with who has ME is not allowed a power chair but has issues with fatigue, so Wheelchair Centre is not supportive of her needs.
M – damage to shoulders may be due to overdoing things in the manual wheelchair. Rehab is all about sport, pushing limbs too far, and can mean you up with less mobility overall.
F – none of this (things like the EasyMotion wheels) comes out through the Wheelchair Centre. They don't encourage you to think of new options. They don't keep up to date with developments.
F – for people who use wheelchairs, they are like your shoes. But you are not allowed e.g. outdoor and indoor shoes, just 1 chair for everything.
M – is a lot about money. But we use expensive chairs. Need to be more discriminating. Need to help people explore options.
F – not that knowledgeable about different conditions and variations within conditions
M – With degenerative conditions your needs will change within 2 years, so you need regular seating assessments. Due to the lengthy wait for equipment, by the time you get your seat it's no good for you. So you never get a seat that works. Was the same as a child – in 2 years you have grown and the chair is no good. At University in Newcastle, the

service was much better. If you needed adjustments these happened quickly. Other NHS services do things at a similar speed to the Priory Centre (a private provider).
F – It is not the norm to have to wait 8 months. York is out of line with other areas.
F – staffing has reduced, it's now a part time service. People are only available at certain times
M – at the wheelchair centre, I don't think I've ever seen another wheelchair user there. There is never anyone else waiting.
M – lots of staff at reception area. Physio contact reception to contact service user to check that appointment is okay who then contact physio to confirm or have to rearrange if not okay. Not very slick.
F – we've never been offered a home visit. Repair people do come to the home though. And Mike Edwards is very good.
M – most of the staff are good. The building capacity is there, with 2 assessment rooms and a waiting room. But the staffing isn't. We are told that the amount of OTs is not sufficient. But if this is true, has this been flagged up to commissioners to highlight the problems this is causing and say we need OTs, technicians etc. Never seen both rooms at the centre in use. Last time I called they could not say how long I would wait as 1 consultant was off on long term sick.
F – lost half their work with the change to contracting and the repair side gone, but this hasn't created extra capacity. What happened there?
M – Commissioning complexity, with the involvement of Harrogate Foundation Trust in a York based service is unhelpful.
F – GPs don't know where to advise you to go, or what you are entitled to. Is the service waiting time as long as it is to encourage those who can afford to will go private, saving the NHS money? That's what it feels like.
M – a lot of people who use wheelchairs are going to be hard to reach to allow Health OSC and the CCG to hear their views. Those in homes, those in special education, will be experiencing the same things and need to be heard too.
F – if you have the wrong chair cushion you will get pressure sores. You can end up in hospital.
M – you have to live with pain. You're in seating that pushes you round the NHS system. Properly fitted wheelchairs could stop so many other health challenges.
F – you are often in your wheelchair from getting up in the morning to going to bed. It is vital that your chair is right.
F – if you were in work for only 8 hours a day in a poor fitting chair, health and safety law means you'd need to do something about it. But

for wheelchair users in a chair you are in from dawn till dusk there isn't the same sense of urgency.
F – you are lucky if you can transfer.
F – you can't afford to wait if your chair isn't right.
F – We've had issues with cushions, the wrong ones supplied, too thick, too thin, and then you are back to the start with fixing the problem. Pressure sores have such a serious impact on ability to live.
M – must be something majorly wrong if these challenges are happening. Would like to see extra funding – gone on too long. They need to work with wheelchair users.
F – outsourcing repairs is non-sensical. Often have punctures, splits etc. When the service was based in York, I used to ring up and say, for example, "My caster is jammed, can I bob in?" I would get it mended in half an hour. Now there are no spare nuts and bolts. The Wheelchair Centre don't do any repairs. They don't carry stock, tools or equipment.
M – all mechanical stuff now with Ross Care. I've had 3 callouts. The first one, the engineer came out and said "Oh right, one of those is it? They didn't tell me what sort of chair it is, I've got nothing in my bag for that." When the service changed, the Wheelchair Centre does not appear to have supplied any details about which chairs people have to the new provider. 2nd callout, there was a seating problem. Rosscare came out to mend the chair, but wasn't clear what triggered the callout. Asked what they were mending and was told they had brought a fluid pack. Engineer came and said he wasn't sure what the pack was supposed to do so he'd send a physio. I still have the pack but it has never been fitted.
3rd time – didn't come for the morning appointment as booked. I had an afternoon meeting so had to cancel the callout.
F – Now that it is two separate services it is more difficult. There used to be regular staff, who knew you and your chair. It was Jim or whoever. They used to be proactive – if they came to do your castor but spotted that the brake was going, they'd tackle that within the same visit. Now, they are only able to do what's on their job sheet. If you spot something else during their visit you still have to put another job in as they are not allowed to sort it. Before, they used to be proud of their work, and get to know you. They could use their initiative.
F – they no longer know you and your equipment. So they come out and say "Oh, it's the wrong size."
F – they don't have any information about your chair. But the Wheelchair Centre has reams and reams of it. The systems don't talk to each other. The service in York doesn't talk to the service in Leeds, and vice versa.

F – appreciate there are no universal fittings, so difficult to carry everything. Services are limited on stock.
F – straw poll, which is better – old repair system or new?
Unanimous vote – all thought it was better before the change.
M – Rosscare have an enormous contract across most of the North.
F – much more restrictive set up for people who work. They won't give you a time. Before they would say we'll be with you during a particular hour slot, or would call and say "Go to work, we're running late so we'll meet up with you there." Now it feels like you are not a priority.
F – people don't see wheelchair use as a health issue. But it is. If you slip up you end up in hospital. If you get sores you end up in hospital. It feels like a tired system, not a 21st Century one. It feels like you are not a priority. But anybody can end up in a wheelchair.
M – feels like they see this just as something that enables you to go out. They forget about health and safety. Failure to get this right can have very serious consequences, but it is not treated as something that carries significant health risks. It's not the same as getting a repair from BT, it's a health isssue
F – there are mental health implications too.
F – You need to go out and interact with people. But it's more than that – a wheelchair is an essential tool to help you live. It feels like at the moment they are doing you a favour giving you a wheelchair.
M – had a problem in London. Ended up getting very expensive health rehab. This can happen, and has significant costs attached.
M – how do we persuade the CCG to address this? How do we demonstrate the impact of properly funding this? E.g. reduction in mental ill health, pressure sores. What are the cost savings of getting this right?
M – how do our costs compare with Nordic countries? How do we measure the wider societal impact? For example, being able to work because you are not in pain, not having to take bed rest etc.
F – 1 woman was waiting for a seatbelt last year. She fell 3 times in the bathroom. On one of these occasions, she fell and got covered in bleach. She ended up with bad bleach burns all over her body, causing significant pain and needing substantial treatment. But she's still waiting for her seatbelt.
M – I had a problem with a cushion not being velcroed. I had an accident in the toilet where my leg got stuck. I ended up bleeding. At that point they came out for a home visit, in response to a list of all the faults with the chair.
F – home visits would be ideal – to understand how I get in my car, how our garage works, where my sink is. They are not making good use of

the existing location at the wheelchair centre. Can the space be better used?
F – they do have bits and pieces.
F – I tried this chair there and it worked for me. They also replaced my cushion when it was lost whilst on holiday free of charge.
M – there are no problems with stock or cushions where they are standard items. They have a big warehouse. But there are more challenges where requests are more complicated. There are certain skills that the current team don't have, such as moulded seats and autoblock. A specialist then has to come out. It usually requires several visits to do what's needed. If lots of people need these then it is no wonder it takes so long.
There is a clinic at special schools once a week, but for wheelchair users in mainstream schools it's not so easy and everything takes longer.

Good things
F – good staff who try their best, but get the feeling they're a bit low too. It's just the waiting. No nuances in the system for how complicated your chair is. They are under pressure.
M – when it came to the home visit they were very helpful.
M – it's the system not the people. I remember that they gave me a seat to go abroad. They do try. It's because of wider issues. The time it takes to get seating from the initial call, not just the consultation, is so long. That's the problem. It feels like the problem sits higher than the Wheelchair Centre staff.
F – I don't feel that the Wheelchair Centre staff have been involved in the changes. People using the service have not been engaged in decisions. When the repairs service moved I just received a very factual letter –3-4 weeks notice, if that, that the service has been changed. There was no chance for any discussion.
F – I got a letter saying repairs are now in Leeds. I think the service should be somewhere we can get to. People like things local and accessible.
M – there's a wider issue. There is a lack of London style cabs in York – Fleetways does have them but only 3. So you need a van to get to the centre. There's a card in London that allows wheelchair users to go anywhere for £3 in a taxi. But there's nothing like that in York, so getting to the Wheelchair Centre is a nightmare for me.
York generally has issues with accessibility – lighting, pavement condition. I like what has been done in King's Square. It's very accessible. It proves what can be done. The level access is beautifully done.

F – things are improving for wheelchair users in York, I just wish the Wheelchair Centre would keep up.

Personalisation – where is the Wheelchair Centre on the personalisation journey?
F – they try and tell you there is no choice where your needs are more complex. Because manufacturers change models, the Wheelchair Centre don't seem to appreciate the difference these small changes can make to being able to use existing equipment. For example, I have a hoist, which cost thousands of pounds. Small changes to wheelchair design, an inch here or there, can mean that the chair won't work with my hoist. It must be possible to adapt chairs to continue to meet the specification of the hoist.
Recently I was told that solid tyres were my only option. But they are really uncomfortable. The centre didn't take my condition into account. I was told I couldn't have other tyres on that chair. I checked the website, found them, and emailed the wheelchair centre. There is a small cost saving in providing solid tyres as there are no punctures. But there are massive health implications, as they do not absorb shock, increasing damage to bones, worsening a bad back, etc.
M – I had to remodel my house due to a chair. There's no joined up thinking. I was going to have a particular type of chair but I realised it wouldn't fit in my vehicle as it would be too high. Need better understanding of how you live to understand best options.
F – assessment doesn't start with you, where you live, your lifestyle, your vehicle, if you work. It's not for them to decide what you should have.

Follow up
F – there is none. Once you've got the wheelchair, that's it.
F – would be good if the centre called once a year to check how things are.
F – you don't 'belong' to the service. They leave you to it.
M – if they had annual or six monthly check ups, you'd already be in the system. Rather than waiting to get into the system.
F – should be like dentists, a fall-back position with routine follow ups.
F – some people do get better, may have a wheelchair they no longer use, so could free up stock too.
F – you do feel like a nuisance when you try to access the service because something has gone wrong
F – yes, because you usually refer yourself

M – asking for a seat. Thought letters from physios, consultants etc, would move things forward as they used to. But this doesn't seem to be working now. There is still no appointment but I've been chasing since January. I don't feel they have a clear grasp on it. They don't seem to know how long their waiting list is
F – it feels like the centre is slowly disappearing.
F – there should definitely be something like an MOT.
M – Some people face difficulties in communicating. How are we reviewing their experience of the wheelchair centre, making sure they are not living in pain and discomfort? Without regular reviews we will only address issues once there is clearly a problem, for example a pressure sore develops, by which time it's too late.
F – when they changed make and model and there were issues with the hoist, Mike Edwards got an Invercare rep to come and see the hoist, check the dimensions. He got authorisation to move bits around. It was all to do with the rope and the balance. Rep came out, understood the problem. It was Mike's suggestion. He's Assessment Manager and he's very good.
F – the main issues are that we want the Wheelchair Centre open for longer hours, properly funded and staffed, with a drop-in repair centre. Currently I feel that the service has gone backwards.
M – I would like to work with them, to improve things. We can explain the challenges, and help explore solutions.

There was widespread agreement that ongoing involvement of a group of people using the services could help improve things going forward.

Appendix 2 – Flyer advertising the focus group on the 20th of April.

healthwatch York

Tell us what you think!
Wheelchair Services in York

Come along and tell us what you think about the wheelchair centre in York. We are holding two listening events to find out more about your experiences. Your feedback will be presented at the Health Overview & Scrutiny Committee at City of York Council in June;

Monday 20th April 2015, 2-4.00pm & 5.30-7.30pm

Both meetings are in the King John Room at West Offices, Station Rise, York, YO1 6GA

Please let us know if you plan to come along. Please also let us know if you have any support or access requirements we should be aware of.

Tel: 01904 621133 or email healthwatch@yorkcvs.org.uk

Can't attend? Share your views at https://www.surveymonkey.com/s/YorkWheelchair
Contact us for a paper copy. Call or drop in to 15 Priory Street, York, YO1 6ET

CITY OF YORK COUNCIL

York Independent Living Network

Appendix 3- Key messages from the focus group

Key messages from the wheelchair service focus groups held on **April 20th 2015**

1. Most people report that waiting times for new chairs are too long. This is particularly true for children and young people, whose bodies are still growing, and for people with complex needs and people with degenerative conditions who spend a lot of time in their chairs. It takes time to get through to speak with someone, then takes time to get an assessment, and then there are further long waiting times for new chairs.

2. A number of people with complex seating needs stated that ongoing problems with poor seating were resulting in health complications. These include pressure sores, fatigue, forced bed rest, and mental health issues, particularly depression.

3. Splitting out the service, with Ross Care now handling all repairs, has had a detrimental impact in a number of ways:

- Less responsive / proactive repair service where they will only manage the repair on their worksheet, not any other problems which have presented since
- Reduced capacity within the Wheelchair Centre overall resulting in increased waiting times
- Communication problems between the two services
- Reduced flexibility of repair appointments with only morning or afternoon slots available to your home (previously could get them at work too)
- Reduced access to stock parts through both aspects of the services

All attendees at the focus group stated they preferred it when the repairs service was still in York.

4. People have questions and concerns around whether the facilities are being used to best effect. There is the perception all staff are part time, there are not enough staff, and people using the service report usually being the only person there except the staff.

5. Staff at the Wheelchair Centre were perceived to be trying their best within an inadequate system. Many reported how lovely the staff were. Particularly singled out for praise was Mike Edwards.

6. Engagement and communication with people who use the service has been poor. There is no service user group, nor do they feel actively engaged with when changes have been made.

7. There was a strong feeling that the centre does not reflect the move to personalisation. Options are restricted, people reported having to do their own research to find out about new developments or equipment, and are told what they are allowed to have. There was particular concern around the restrictions on being provided with an electric wheelchair. If you are able to move a chair around at home using your arms you do not seem to be eligible for an electric wheelchair. People with ME / CFS and MS have all reported that this impacts on their ability to live a normal life.

8. Many users feel that the service would greatly improve if people felt a sense of belonging, and that there was regular follow up, as you'd expect in other health services like dentists and opticians. Frequently mooted was the idea of an MOT or annual check, to make sure equipment was still needed and fit for purpose. Other ideas included a user group, and newsletters highlighting local news and developments in wheelchair technology.

Appendix 4- Survey used.

Wheelchair services in York

Introduction

Healthwatch York aims to put you at the heart of health and social care services in our city. We want to gather feedback from as many people as possible. By getting feedback on your experiences we can see

We have been asked by City of York Council's Health Overview and Scrutiny Committee to look at wheelchair services. Have you or a member of your family used wheelchair services what is working well and what needs to be improved in York within the past 2 years? If so, we'd love to hear more about your experiences, both good and bad.

Our survey is anonymous and we will not publish any information to identify you. The findings of our survey will be presented to the Health Overview & Scrutiny Committee - this committee is responsible for overseeing how well health and care are being delivered in York.

Thank you for taking part in our survey. Together we can make York better!

1. Are you:

- ☐ A young person under 18 who uses wheelchair services?
- ☐ A parent or carer of a young person between 11 and 18 years old who uses wheelchair services?
- ☐ An adult who uses wheelchair services
- ☐ An adult who cares for someone who uses wheelchair services
- ☐ A young carer for someone who uses wheelchair services

Other (pleases specify): ☐

Note for carers:

All questions are written as if you are the person using the service. For carers please read them as saying "or the person you care for".

2. When did you access the wheelchair service?

- ☐ Within the past 6 months
- ☐ Within the past year
- ☐ Within the past 18 months
- ☐ Within the past 2 years
- ☐ Over 2 years ago

3. How easy was it to get help from the wheelchair service?

4. What has your experience of the wheelchair service been like?

5. Please read the following statements and tell us whether you agree with them or not:

a. I feel that the people who have seen me listened to me:

- ☐ Strongly agree
- ☐ Agree
- ☐ Not sure
- ☐ Disagree
- ☐ Strongly disagree

Comments:

b. I was treated well by the people who saw me:

- ☐ Strongly agree
- ☐ Agree
- ☐ Not sure
- ☐ Disagree
- ☐ Strongly disagree

Comments:

c. My needs were taken seriously:

- ☐ Strongly agree
- ☐ Agree
- ☐ Not sure
- ☐ Disagree
- ☐ Strongly disagree

Comments:

d. I feel that the people in the Wheelchair Centre understand my needs:

- ☐ Strongly agree
- ☐ Agree
- ☐ Not sure
- ☐ Disagree
- ☐ Strongly disagree

Comments:

e. I have been given enough explanation about getting the right chair or equipment:

- ☐ Strongly agree
- ☐ Agree
- ☐ Not sure
- ☐ Disagree
- ☐ Strongly disagree

Comments:

f. I have been kept informed about when my chair will be ready:

- ☐ Strongly agree
- ☐ Agree
- ☐ Not sure
- ☐ Disagree
- ☐ Strongly disagree

Comments:

g. I am involved in making decisions about my options:

- ☐ Strongly agree
- ☐ Agree
- ☐ Not sure
- ☐ Disagree
- ☐ Strongly disagree

Comments:

h. The facilities at the Wheelchair Centre are comfortable:

- ☐ Strongly agree
- ☐ Agree
- ☐ Not sure
- ☐ Disagree
- ☐ Strongly disagree

Comments:

i. I have been given enough explanation about getting the right chair or equipment:

- ☐ Strongly agree
- ☐ Agree
- ☐ Not sure
- ☐ Disagree
- ☐ Strongly disagree

Comments:

j. The appointments are usually at a convenient time:

- ☐ Strongly agree
- ☐ Agree
- ☐ Not sure
- ☐ Disagree
- ☐ Strongly disagree

Comments:

k. I am able to rearrange appointments to suit me and my family life:

- ☐ Strongly agree
- ☐ Agree
- ☐ Not sure
- ☐ Disagree
- ☐ Strongly disagree

Comments:

l. It is easy to get to the place where the appointments are:

- ☐ Strongly agree
- ☐ Agree
- ☐ Not sure
- ☐ Disagree
- ☐ Strongly disagree

Comments:

m. If a friend needed similar help, I would recommend the service:

- ☐ Strongly agree
- ☐ Agree
- ☐ Not sure
- ☐ Disagree
- ☐ Strongly disagree

Comments:

n. Overall the help I received has been good:

- ☐ Strongly agree
- ☐ Agree
- ☐ Not sure
- ☐ Disagree
- ☐ Strongly disagree

Comments:

o. The service has made a positive difference to me:

- ☐ Strongly agree
- ☐ Agree
- ☐ Not sure
- ☐ Disagree
- ☐ Strongly disagree

Comments:

p. I feel I have the right equipment for me:

- ☐ Strongly agree
- ☐ Agree
- ☐ Not sure
- ☐ Disagree
- ☐ Strongly disagree

Comments:

6. If you could change one thing about this service what would it be?

7. How long did you have to wait from first asking for support to getting your wheelchair?

8. If you had been able to get help earlier, would this have helped?

☐ Yes ☐ No

Comments:

9. Were you given any information to support you in future? For example, what to do if your needs change or there are any problems with your chair?

10. Do you have any other comments you would like to make?

Please return this survey to;

Healthwatch York

15 Priory Street

York YO1 6ET

This can be sent free of charge by writing Freepost RTEG-BLES-RRYJ before the address. If you can use a stamp, this helps us save money for other Healthwatch York activities.

If you would prefer to complete this survey online please go to;

https://www.surveymonkey.com/s/YorkWheelchair

About you – Monitoring information

You do not need to answer any of the following questions, but it helps us if you do.

11. Please tell us the first half of your postcode: ☐

12. Your age: ☐ 0-18 ☐19-25 ☐ 26-35 ☐ 36-50

☐ 51-60 ☐ 61-70 ☐ 71-80 ☐ 80+

13. Do you consider yourself to be a disabled person?: ☐ Yes ☐ No

14. How would you describe your gender?: ☐

15. How would you describe your ethnicity?: ☐

16. How would you describe your sexual orientation?: ☐

17. How did you hear about this survey?:

18. Are you happy for us to use your comments within our report?:

Would you like to be kept informed about Healthwatch York news and activities through our quarterly newsletter? If yes, please leave your preferred contact details – either email or postal address:

Appendix 5- 1 to 1 with parent

Karen, parent to Emily. (Names changed for anonymity)

Emily can't be here. Emily has complex health issues and mild learning difficulties. Her chair is her way to the world. So not being able to have the right chair is having a huge impact on her ability to live a full life. Emily says "she is unable to live her life to her full potential because of not having the correct support and seating system." She experiences physical pain constantly, and this brings with it mental health challenges. Emily needs a complex chair with a seating system.
One of the main issues is a lack of a review system. If you are complex you need a review process. There has to be a better system than the current one. There also needs to be better local access to a seating specialist. The staff do their best but are they trying to be everything to everybody?
Emily is 24. Over the years, the workload seems to have got worse. It's always been bad but now it is worse than ever.
The computer needs a review system.
The service has to look at people as individuals. The service has to be personalised and able to support people with more complex, more challenging requirements.
The answer seems to be, we can give you a voucher. Emily is used to using a power wheelchair only in safe spaces, like college and at home. She uses a manual wheelchair when out and about. She is now looking at replacing both chairs. The voucher system puts all the emphasis back on the family to research things.
The Wheelchair Centre won't interchange parts on wheelchairs either. Things might be better with a seat from one firm and a back from another, but the Wheelchair Centre won't allow it. But if we pay outside of the system no one will take responsibility for maintenance.
What we need is a regional seating specialist.
Appointments – you have to wait 3 months. Then you go along and share what you've found. When you ask what the Wheelchair Centre have found the answer is nothing.
3 years on, still in the same chair they wanted to replace 3 years ago. The Wheelchair Centre keeps trying to make it right, with bits of foam. Emily said "It's not scrapheap challenge, but that's how it feels." The family are given the bits and sent away to fiddle with them rather than having them actively fitted at the centre itself.
The problems with the chair are affecting Emily's independence. She says "What would I do if you aren't here?" She can't move on with carers

as they can't get her positioned comfortably. Due to discomfort she needs to have bed rest every 2 hours. This restricts her, and the family's, ability to undertake any activities.
Emily is experiencing back pain. She has complex posture but thinks the chair is making this worse. She said "It feels like I'm on a treadmill sat in my chair."
"Life is hard enough, but it feels like this is leading to depression. If this is the future I can't leave home."
The Wheelchair Centre is not listening to what she needs. She is worried that staff don't have the same knowledge her parents do.
"I feel like a child again. I'm reliant on you as you are the only one who can get me right. I feel like the Ugly Sisters with Cinderella's slipper."
How does this fit with personalisation? It's not a fit for purpose solution.
"I want to be going out with my PAs but I can't take my ill fitting shoes off and swap them for comfy trainers. I have to go to bed."
"How do we support people with communication problems?" If it's this bad for people who can communicate, what difficulties are those that can't experiencing?

"What is the long term impact of not being properly supported?" The Wheelchair Centre want to mould the seat to her shape, but she wants to be able to maintain her posture and body shape as much as possible, to prevent further long term health problems. She believes that if we get this right, she will have a better quality of life, maintaining health not making it worse.

Services must enable you to maintain dignity and quality of life. It's not just about the money, it's about thinking for solutions. We've got to be more creative. The service has to move on, it must be modernised. There is a need to look at workload, to manage more complex cases. It feels like we are losing years of life. Specialists can see what is right for you. So we need reviews for these cases. Something like an annual check.

What about service and maintenance? It's not a proper service. You can't afford your chair to breakdown. Rosscare is in Leeds, which is so difficult. There is nowhere to get a minor repair. It's a difficult process.

There needs to be a fast track for people who cannot manage without a chair. It needs proper planning, you need to have plans in place for how to manage without a chair. There's no MOT system, your chair is not tested.

We have to chase the wheelchair centre. No one has looked at the chair for a long time. There's no consistency. It feels like the centre is very disorganised. It doesn't feel like there is a system. Are the staff struggling with the workload? Lack of a can-do attitude. Would like to see staff questioning the situation. If there are not enough resources to meet needs then something needs to be done.

Lost 2 months just to go and try something again.

Karen - I have used one of those mesh chair inserts you can buy for £1, for lumber support. It is helping. I pointed this out to the centre, but nothing is forthcoming from them. It feels like they can only come up with solutions they've had before. I don't feel that they are aware of the latest developments and models. The system needs to change. I don't have the energy to come here today but if none of us speak up it won't change.

Emily – "I dread going to the centre, I'm always disappointed. How much longer will I just sit in a chair?"

Karen and Emily have friends who are parents of life-limited children. And they are not prioritised. This is awful. Where life expectancy is short, the least we can do is make sure they have suitable chairs for the time they are with us, living life with dignity and comfort.

Emily – "When my chair works, I don't feel disabled. At the moment, I've never felt so disabled in my life. It's because of pain, posture. I hate being disabled at the moment because of my wheelchair.

Quote from Karen – this affects her confidence. She doesn't have the right chair to help her live.

There have also been issues raised by wheelchair users relating to specific areas of York. Electrical powered chairs have to be charged for periods of time before they can be used. This is the also the case for hoists in disabled bathrooms to help wheelchair users manoeuvre themselves within the bathroom. However in the same building within York Library, not only was the wheelchair that was offered for hire not charged, but nor was the hoist in the bathroom. This meant that the wheelchair users in the library had to charge these themselves before using them, which should not be their responsibility.

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[iii] http://www.bhta.net/content/baroness-tanni-grey-thompson-heads-new-campaign-aimed-securing-better-deal-wheelchair-users
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E mail: healthwatch@yorkcvs.org.uk

Twitter: @healthwatchyork

Facebook: Like us on Facebook

Web: www.healthwatchyork.co.uk

York CVS

Healthwatch York is a project at York CVS. York CVS works with voluntary, community and social enterprise organisations in York. York CVS aims to help these groups do their best for their communities, and people who take part in their activities or use their services.

This report

This report is available to download from the Healthwatch York website: www.healthwatchyork.co.uk

Paper copies are available from the Healthwatch York office
If you would like this report in any other format, please contact the Healthwatch York office

Annex 1

Harrogate and District NHS
NHS Foundation Trust

WHEELCHAIR SERVICES

Response to Healthwatch York report June 2015

Overview:

Both the Wheelchair service provided by Harrogate and District NHS Foundation Trust (HDFT) and the repair service that is sub contracted to Ross Care welcome the work undertaken by Healthwatch York and the opportunity to comment on the report that has been produced.

Both the wheelchair service and Ross Care are committed to working together to ensuring a high standard of Service and addressing issues identified by the users.

Wheelchair provision has been somewhat a “Cinderella service” within the NHS and the HDFT Service welcomes the increasing national profile of wheelchair Services and users.

The changing structure of commissioning of services from PCTs to CCG’s along with uncertainty over the commissioning responsibilities for “Specialist” wheelchairs –should this be local or national? Has not assisted development of specifications and services in the past, but the climate for discussions with CCG now appears to be much better that at any time in the past with previous commissioning arrangements. There have been discussions over wheelchair services and the development of the service specification both with HaRD CCG as lead commissioner for Wheelchairs across North Yorkshire and with VoY CCG for their own locally.

Comments on report.

We appreciate that the wheelchair users that contributed to this piece of work have genuine concerns over the provision of service, it was essential to the work of Healthwatch that these individuals contributed to it in an anonymous way, however the service would like to start our response by saying that if there are specific concerns over provision or repairs that we would like to know about these and are more than happy to meet with individuals to resolve any issues.

While this report focused on York Wheelchair Service, it should be stated that the service provided by HDFT is a North Yorkshire wide service provided from 4 centres across the county. With services such as wheelchairs that are relatively small in numbers of staff compared with many other areas of Health there are advantages in this set up as it enables learning and peer support between the staff, some economies of scale and better business continuity in the case of staff illness or other potential disruption in service. In addition there is some provision for Vale of York CCG patients to receive their wheelchair service from one of the other centres, for example in Ryedale Practices they may have provision from the Scarborough centre.

From the comments made there was a feeling that there was more representation at these meetings from parents with Children using wheelchairs than older people, this may be incorrect, but it may be useful to clarify this as it will assist in looking at areas of most concern.

In reading the report there are many areas where the service agrees with the comments, but there are others that the service feels are misperceptions or generalisations drawn from the comments of a small percentage of users.

In order to give a response the service has grouped our comments into some board areas.

Communications

We are pleased with the positive comments about individual staff, and always work hard to engage with users over the options available for their NHS provision. However both the Wheelchair service and the repair service are always striving to communicate better with users.

There was concern expressed about communication between the Wheelchair Service and Repair service, it should be clarified that both services have access to the same computerised system (BEST) and that referrals, orders, specifications, repair issues are shared by this system. In addition messages between the Wheelchair centre and repair service are communicated via this system, in addition regular communication by phone around individual users.

The service is keen to receive feedback and has done various surveys over the years, in 2014 it piloted using the “Friends and Family” format, taking a random sample of users each quarter and asking for feedback,

while the sample is still relatively small the results from the last year are as follows.

We asked: How likely are you to recommend our service to friends or family if they needed similar care?

	Extremely Likely	Likely	Neither	Unlikely	Extremely Unlikely	Don't Know
Jan 2014	12	3	0	0	0	1
April 2014	3	3	2	0	0	
July 2014	9	0	0	0	0	1
Oct 2014	8	2	0	0	0	
Total 2014	**32**	**8**	**2**	**0**	**0**	**2**

As can be seen form above majority responded in a positive way with nobody saying unlikely or extremely unlikely.

In addition at the last review meetings with Ross Care we decided that we needed to have better feedback specifically on the repair service. The proposal therefore is for a customer survey card to be given out for each repair conducted in the period July/August to November in the North Yorkshire area. A key part of the survey is the final question - Is there anything we could do to make our service better? Please tell us!

The principle of this has been agreed in the Contract Review meeting with Ross Care, the format will be maintained to enable us to compare results on a like for like basis on previous surveys done in Scarborough, Harrogate and Hambleton. This is also the format that has been agreed with all other wheelchair centres. The Service is more than happy to share this information with Healthwatch York when completed.

In the work undertaken with Healthwatch York there was no mention of HDFT web site and the lack of information on this about wheelchair services, we feel that we should point out that this is an area that we have identified as a weakness and as a Trust are in the process of developing a more modern web site with much more detailed information on individual services, sending newsletters out by post to all users would

be difficult and expensive but putting better information on our web site could be accessed by many more individuals.

In addition this will give the opportunity to users to give feedback via electronic means, clearly this will need to be promoted the current survey monkey questionnaire on our current web site has had very few responses to date.

On an individual basis staff always aim to discuss with users the options that are available to them as users and engage with them over any choices that need to be made.

The wheelchair service and repair service has looked at ways of developing a service user group, this would need to represent the views of all types of users across North Yorkshire, as such because of the geography it was felt that a virtual groups would be better with communication and consultation via e-mail, while this is in early stages of development the service would welcome more users to join this as it can assist in helping design, deliver and review services.

Ross believe it would be helpful to all concerned if a fuller view than simply that of a straw poll could be obtained of the repair service.

Repairs

Prior to October 2013 the repair service in York was provided in House and to the rest of the North Yorkshire Service by a sub contracted service. The contract for the service for the rest of North Yorkshire was due for renewal as such HDFT felt it logical to ensure equity of provision and went out to Tender for the whole service.

While it has been reported that at least one of the 10 people who took part in this review, used the drop in service at York Wheelchair centre, this was usually by prior arrangements i.e. “I have a problem can I bring my wheelchair down?” and was rarely used, the facility for this was continued after the new service started, with engineers at York wheelchair centre at specific times of the week but was stopped after a couple of months as there were no requests in the period for users to drop in.

In going out to tender the aim was to produce an improved service with increased opening hours for repairs of 8.30 to 17.30 Monday to Friday and Emergency out of hour’s service 7.00 to 23.00 365 days a year.

The in house service only operated Monday to Friday, with no service weekends or bank holidays. As such a breakdown after 5PM on the Friday before a bank Holiday would previously not been dealt with until the following Tuesday.

For information the out of hour's emergency service has been accessed 73 times since October 2013

In addition while the individual engineers in York were very accommodating the service was vulnerable to peaks and troughs of demand and cover for annual leave etc. was difficult. Utilising the Ross Service centre in Leeds allows access to over 25 team members, this increased capacity allows for the running of the 'Out of Hours' service and the maintenance of the high level of service year round with the ability to respond to holidays, sickness and any activity peaks.

Feed back to the service, indicated that as a general rule, users preferred the repair service to come to them, than to have to bring wheelchair into the centre. To clarify repairs are carried out at users home or if more convenient at their place of work or in the case of children in School. However if a user requested that they brought there wheelchair into the York centre this can still be accommodated.

The speed of responses is all detailed within the specification. Repairs require a 2 day response for attending and completing a repair. An appointment will be agreed with the Service User on an AM/PM basis. The tender specified a 95% level of performance Ross Care as part of their tender submission added value by increasing the required level of performance from 95% to 97%, this highlighted their commitment to exceeding expectations and delivering continuous improvement. The performance for repairs over the last year is 99.4%. We also respond to emergency repairs where Ross Care contact the Service User within 1 hour and then again attend or complete within 1 working day.

As a summary the contract performance for York for Jan 15 to March 15 sits at 99.4%, this is a slight increase on the previous 3 months (99.3%). This high level of performance is consistent over the other 3 areas where the last 3 months performance has been Scarborough 100%, Harrogate 98.9% and Hambleton 100%.

Where possible repairs are carried out on the first visit, referred to as First time fix (FTF) but on occasions the engineer needs to return or the chair needs to be taken away back to a work shop to be repaired.

First Time fix performance for York for the 3 months up to 31.3.15 was 90.1% - just over the Ross Care target of 90%.

This compared to Scarborough 90.8%, Harrogate 92.5% and Hambleton 90.2%. The service is reassured by this consistent high level of performance from Ross Care over the 4 areas.

Ross Care work within the spirit of the specification so for all jobs the culture is to plan a visit as soon as possibly convenient for the Service User – this means, in reality for most jobs, the visit is completed well within the time detailed in the specification. Although an AM/PM time slot is detailed Ross Care work to give all Service Users the most convenient time – our Engineers call prior to visit to confirm timings and also call if there has been a delay with a job that then may knock on to arrival times for future jobs.

Concern was expressed about availability of spares

Ross Care vans carry comprehensive spare parts stock – this is replenished on a daily basis from stores. This list reflects the requirement in the specification as a minimum and is added to if required.

Ross Care as a business holds 6000 separate lines – this adds up to 190,983 items and a value of nearly £800,000. In Leeds alone these figures are 2,125 lines, 44,672 items with a value of £151,157. Ross Care believe one vital component to delivering first time fixes to a high level is to invest in stock. This is an on-going process and improvements are made by analysing FTF reports and liaising with service RE’s to ensure we buy in parts for new chairs or parts that are becoming more frequently required.

Ross Care purchased agreed stock from the York repair service on the commencement of the contract – the value of this was £26,505. There was some slight reduction in the spare parts held prior to transfer, but Ross Care are holding significantly more spares now than previously was available to York in House Service.

However it is not possible to hold all spares for all chairs, in particular as there are many variations even with in one model from one manufacturer, as such there will be occasions when a part is not available or where the part taken to the repair does not fit, but where this does occur, with any delay in repairs due to parts being ordered Ross

will communicate with the service user to ensure they are updated with waiting time for parts or any future unexpected delays.

MOT or annual checks

Planned Preventative Maintenance (PPM's) are carried on power chairs within the contractual time.

These are a safety check but if repair work is identified then the Engineers will either complete using van stocks or a repair work order will be generated to ensure parts are sourced and the repair completed in a timely manner. This a basic requirement for all engineers across all Ross Care contracts.

With self-propelled chairs there is currently no annual check, if anything does go wrong with a chair it need to be repaired at the time and there is little that would be picked up at an annual, this is in line with National Practice. In addition any changed to an individual's needs should be addressed at the time these occur, as such apart from PPM & safety checks on powered chairs the need for a review is left with the user to implement.

The service could provide an annual check of user needs and any repairs but this would require considerable additional resources and would need to be part of the commissioned service.

Delays in Provision

The service prioritises referrals both on the needs of the individual and if they already have a chair.

On occasions, in particular where the requirements of an individual are complex, it may take a number of assessments or visits to assess need and decide on best options for both chair and seating provision.

It is correct that there can be delays this is mainly due to the availability of funding and the requirement to work to budget. The service would welcome the opportunity to discuss with commissioners this and other service specification issues.

Once the chair has been ordered and delivered from the manufacturer. The specification requires Ross Care to deliver 95% of chairs within 5 working days. The performance on deliveries of new chairs sits at 98.7% for the past 12 months.

General issues about provision

There are a number of comments about range of equipment, availability of new developments, availability of powered wheelchairs to more users etc.

There was a feeling in the report that the wheelchair staff are not up to date with latest developments in the wheelchair provision, and that users need to research what is available themselves.

The technical development of wheelchairs has accelerated in recent years, but not all of this is available on the NHS, the staff are aware of what is available, but can only advise and give individuals choices if it is not available free.

The service has already been in communication with the commissioners about the range of equipment available and believes that there needs to be some detailed work to specify what should be available on the NHS and what is down to personal choice.

The demands on service have increased significantly and as well as the concerns that have been raised by the individuals participating with Healthwatch York review there are a number of other areas of high demand that have not been mentioned for example provision of bariatric chairs and tilting powered chairs that the service has highlighted as areas of increasing demand along with the specialist seating, easy motion wheels, powered wheelchairs for increased range of users and specialised buggy's for children.

In conclusion

The wheelchair service and Ross Care, welcomes the comments contained in this report

Where there are specific issues around specific users the service would suggest that they contact us so these can be investigated and resolved.

With reference to the Friends and Family question The service feels that there is a significant difference between the response of the 10 or so users that responded to Healthwatch and while not a huge number, the 44 who responded to the service against a similar question.

The use of this with in the service was piloted in 2014 and it is suggested that this is continued and expanded to get a larger sample of users across all sites.

Likewise the service has already got a planned review of users experience with the repair service this year.

As reported there have already been discussions with the CCG about the specification of the service and this report gives some good information to feed into that process, around the range of wheelchairs and equipment available, the choices to individuals and the needs of users.

Finally there are a number of comments around the difficulties users have in accessing various buildings and services in York and both the restrictions that being a wheelchair user brings but also that having a wheelchair enables an individual with a disability to access much more that they would be able to without such a provision, as such there are other messages and learning in this report that may be of value to share with other providers of service such as council.

Robin Hull

General Manager

Harrogate and District NHS Trust

25/06/2015

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Health & Adult Social Care Policy & Scrutiny Committee **21 July 2015**

Report from the Acting Director of Public Health

Report into use of the Public Health Grant 2013 to 2015

Summary

1. This report gives a brief background to legal conditions relating to use of the Public Health Grant, and the actual expenditure of the Grant since transition of Public Health into the Council when the Council took on Public Health responsibilities.

Background

2. In 2013 many responsibilities for Public Health were transferred from the NHS to local authorities with implementation of the Health and Social Care Act 2012. A proportion of the money which had previously been spent by Primary Care Trusts was given to (top tier and unitary) local authorities, in the form of the Public Health Grant.

3. A local government circular in January 2013 set the amounts of funding and detailed how the Public Health Grant should be used: "The public health grant is being provided to give local authorities the funding needed to discharge their new public health responsibilities. It is vital that these funds are used to:

- improve significantly the health and wellbeing of local populations
- carry out health protection functions delegated from the Secretary of State
- reduce health inequalities across the life course, including within hard to reach groups

- ensure the provision of population healthcare advice[1].

4. And added: In giving funding for public health to local authorities, it remains important that funds are only spent on activities whose main or primary purpose is to improve the health and wellbeing of local populations (including restoring or protecting their health where appropriate) and reducing health inequalities."

5. End-of year reporting

   Each authority was instructed to prepare a return setting out how the grant had been spent using the existing Revenue Outturn (RO) form on which Finance Departments report on their spend to central government (Department of Communities and Local Government, and shared with Public Health England). A list of the lines of expenditure into which the spend is categorised on the next page.

6. Local authority Chief Executives are required to return a statement confirming that the grant has been used in line with the conditions.

7. York's allocation of the Public Health Grant is very low, due to historical under investment on prevention in York and North Yorkshire; we receive £30 per head. The allocation recommended by the national Advisory Committee on Resource Allocation for York is £42 per head.

8. Members may be aware that in June 2015 the Chancellor announced that the Public Health Grant to local authorities in England would be cut by £200 million in year. We have yet to be informed of how this cut will be distributed. We hope that it will be clawed back from the local authorities which did not spend the full Public Health Grant allocation in the previous year, rather than local authorities such as York which did spend it all.

Categories for reporting local authority public health spend

9. ***Prescribed functions:***

   1) Sexual health services - STI testing and treatment
   2) Sexual health services – Contraception
   3) NHS Health Check programme

[1] RING-FENCED PUBLIC HEALTH GRANT Local Authority Circular LAC(DH)(2013)1, Gateway Reference 18552

4) Local authority role in health protection
5) Public health advice
6) National Child Measurement Programme

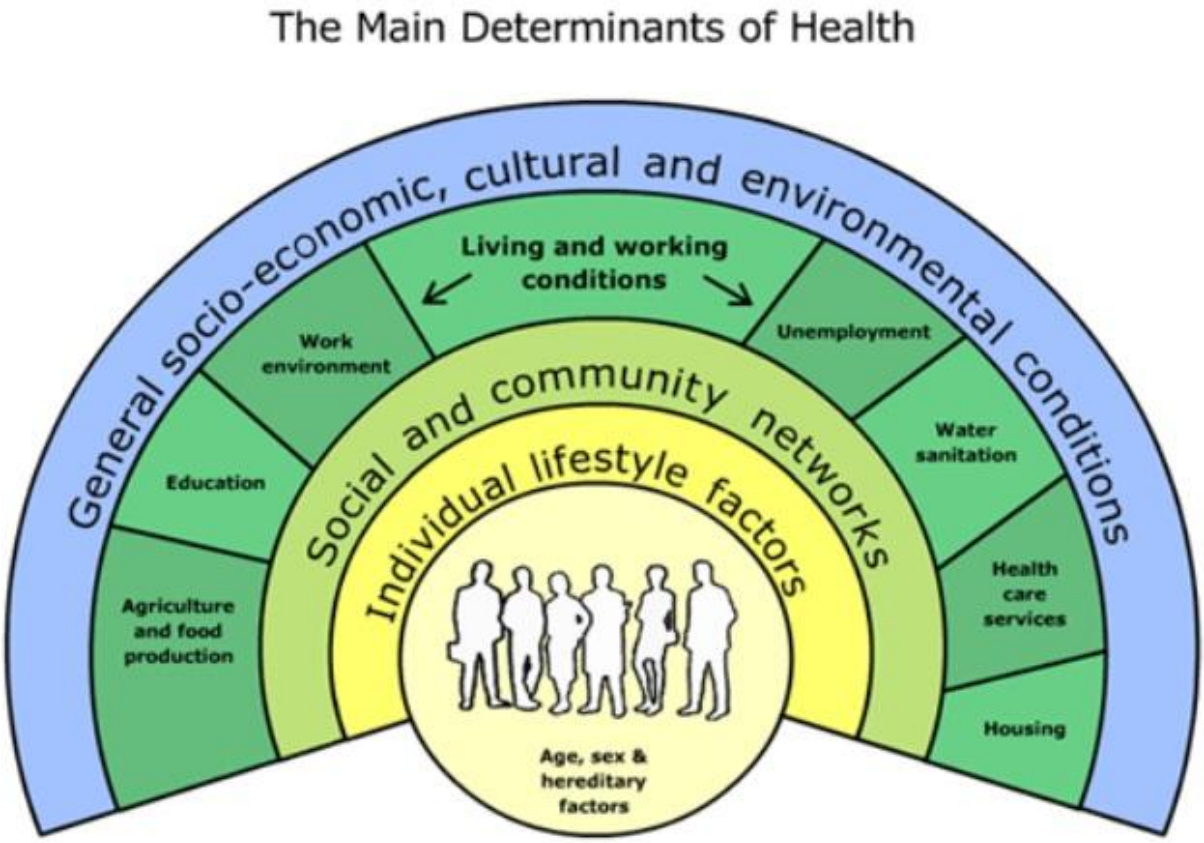
Non-prescribed functions:

7) Sexual health services - Advice, prevention and promotion
8) Obesity – adults
9) Obesity - children
10) Physical activity – adults
11) Physical activity - children
12) Drug misuse - adults
13) Alcohol misuse - adults
14) Substance misuse (drugs and alcohol) - youth services
15) Stop smoking services and interventions
16) Wider tobacco control
17) Children 5-19 public health programmes
18) Miscellaneous, which includes:

- Non-mandatory elements of the NHS Health Check programme
- Nutrition initiatives
- Health at work
- Programmes to prevent accidents
- Public mental health
- General prevention activities
- Community safety, violence prevention & social exclusion
- Dental public health
- Fluoridation
- Local authority role in surveillance and control of infectious disease
- Information and intelligence
- Any public health spend on environmental hazards protection
- Local initiatives to reduce excess deaths from seasonal mortality
- Population level interventions to prevent birth defects (supporting role)

Wider determinants

10. Clearly many of the non-prescribed functions are very wide and somewhat vague, and there is a judgement call to the extent that work on the wider determinants of health could be considered an appropriate use of Public Health Grant which was transferred from the NHS. The diagram below, originally produced by Dahlgren and Whitehead has been used for many years in Public Health to summarise the wider determinants – starting on the outside with general socio-economic, cultural and environmental conditions, which probably covers every conceivable thing on which the Council might spend money.



11. The City of York Council Public Health expenditure for 13/14, 14/15 and budget for 15/16 are attached in Annexes 1, 2 and 3. The Director of Public Health will initiate the discussion and be able to explain and answer Members questions.

12. To quote a recent Local Government Association report: “The health regulator Monitor published a report, Closing the NHS funding gap, which said investment in public health along with greater innovation in clinical care was the key to helping keep the NHS sustainable in the long-term. But with money so tight surely this is just wishful thinking? Not so, according to the Association of Directors of Public Health. The organisation has argued that the ring-fenced public health budget should not been seen as the totality of the money available for prevention. Instead, as everything from social care and transport to housing and leisure can have an impact the entire local government spend should be seen as a public health resource”[2].

Consultation

13. No consultation has been undertaken on this scoping report**.**

Options

14. Members may wish to consider whether this report gives sufficient information for them to scrutinise or they wish for further investigation to be undertaken.

    a. Option 1 – consider the contents of this report sufficient for their deliberation

    b. Option 2 – undertake/ commission an in-depth scrutiny of expenditure on Public Health Grant, with benchmarking against other local authorities

    c. Option 3 - undertake/commission a review of expenditure by wider partners (including the NHS) on Public Health, prevention (of ill health) and health improvement (as opposed to treatment of conditions and provision of care)

Analysis

15. The advantage of Option 1 is that it requires no further work by Members or Officers; it could be decided to take this option now and reconsider when planning next year’s programme.

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[2] Money well spent? Assessing the cost effectiveness and return on investment of public health interventions. Local Government Association 2013

Option 2 will require Member and Officer time and resource and the Committee will need to consider the opportunity cost of choosing to do this over other potential reviews. However the advantage is that it could help inform resource allocation, or indicate which areas need budget protection if the Health and Wellbeing of the population is to be maximised within the available resource envelope of the Public Health Grant. Option 3 has the advantage of drawing in the wider partners who should be investing in Public Health and seeing to what extent that is happening. The disadvantage is that it will rely on the cooperation of the organisations and will present methodological challenges in drawing the line between prevention and treatment fall, when in theory many consultations with GPs and other healthcare professionals will involve an element of both.

Council Plan

16. The Council's Plan 2011-15 predates transition of Public Health responsibilities to the local authority, and therefore the work describes does not fit particularly well into the priorities, as protecting vulnerable people is too narrow, unless one considers us all vulnerable to developing poor health through negative wider determinants. The Heath and Wellbeing Strategy guides use of the Public Health Grant.

Implications

17. **Financial** This report is scrutinising financial information.

- **Human Resources (HR)** There are no HR implications.
- **Equalities** – A more in-depth investigation could involve a Health Equity Audit to explore the extent to which people with protected characteristics are being served by the current resource allocation.
- **Legal** – There are no legal implications of this report.
- **Crime and Disorder** – Spend on crime and disorder is one of the considerations in this report.
- **Information Technology (IT)** There are no IT implications.
- **Property –** There are no property implications**.**
- **Other**

Risk Management

18. There are no known risks associated with this report.

Recommendations

19. Members are asked to consider:

Option 1 – consider the contents of this report sufficient for their deliberation, and do no further scrutiny of the Public Health Grant.

Recommendation: The DPH does not recommend this option.

Reason: It would miss the opportunity to provide information which could influence future CYC decisions.

Option 2 – undertake/ commission an in-depth scrutiny of expenditure on Public Health Grant, with benchmarking against other local authorities.

Recommendation: The DPH recommends this option.

Reason: It is feasible and would provide very useful information to inform resource allocation decisions.

Option 3 - undertake/commission a review of expenditure by wider partners (including the NHS) on Public Health, prevention (of ill health) and health improvement (as opposed to treatment of conditions and provision of care).

Recommendation: The DPH does not recommend this option.

Reason: Although it would provide the health and social care economy with rich information, it will be a methodological challenge, and will require considerable effort to get partner buy-in and cooperation of staff at lower management level to understand the motivation and provide data. It is an admirable aspiration, but is complex and the information resulting may not affect resource allocation decisions across the organisations due to other imperatives.

Contact Details

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Report Approved	X	**Date**	16/07/15

Wards Affected: **All** X

For further information please contact the author of the report

Annexes

Annex 1 - Public Health Service 13/14 Actual Expenditure
Annex 2 - Public Health Service 14/15 Actual Expenditure
Annex 3 - Public Health Budget 15/16

	2013/14 Actual		
	Expenditure	Income	Net
	£	£	£
Funded by Public Health Grant			
Sexual Health			
STI Testing & Treatment	1,398,367		1,398,367
Contraception	1,008,145		1,008,145
Advice, prevention & promotion	42,621		42,621
	2,449,133	0	2,449,133
Children's 0-19 Public Health Programmes			
School Nursing	591,704		591,704
National Child Measurement Programme	6,196		6,196
Other	0		0
	597,900	0	597,900
Substance Misuse			
Drug misuse - adults	1,982,214	-218,847	1,763,367
Alcohol misuse - adults	451,498	-102,426	349,072
Substance misuse younger people	170,000	-28,000	142,000
	2,603,712	-349,273	2,254,439
Smoking & Tobacco			
Smoking Cessation	292,793		292,793
Tobacco Control	0		0
	292,793	0	292,793
Dental Public Health	43,603		43,603
NHS Health Check Programme	113,656		113,656
Suicide Prevention	0		0
Health Protection	0		0
Contributions to other Council Services			
Adult Social Care MH Services	105,388		105,388
Voluntary Sector Preventative Contracts	166,000		166,000
Air Quality work	0		0
	271,388	0	271,388
Staffing	695,142	-51,221	643,921
Contribution to Health Impact Assessment	0		0
Public Health Grant	0	-6,666,833	-6,666,833
Total Funded by Public Health Grant	**7,067,327**	**-7,067,327**	**0**
Other Funding (General Fund & Sports Grants)			
Staffing	33,021		33,021
Recharges	184,770		184,770
Sports & Active Leisure			
Physical Activity Adults	724,503	-337,546	386,957
Physical Activity Children	31,356	-30	31,326
	755,859	-337,576	418,283
Total Funded by Other Sources	**973,650**	**-337,576**	**636,074**
Total Public Health Service Spend	**8,040,977**	**-7,404,903**	**636,074**

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Public Health Service
2014/15 Actuals

Annex 2

	2014/15 Actual		
	Expenditure £	Income £	Net £
Funded by Public Health Grant			
Sexual Health			
STI Testing & Treatment	1,583,651		1,583,651
Contraception	932,195		932,195
Advice, prevention & promotion	41,524		41,524
	2,557,370	0	2,557,370
Children's 0-19 Public Health Programmes			
School Nursing	591,704		591,704
National Child Measurement Programme	6,196		6,196
Other	41,921		41,921
	639,821	0	639,821
Substance Misuse			
Drug misuse - adults	2,103,182	-131,421	1,971,761
Alcohol misuse - adults	243,608	-25,000	218,608
Substance misuse younger people	170,000	-28,000	142,000
	2,516,790	-184,421	2,332,369
Smoking & Tobacco			
Smoking Cessation	243,815		243,815
Tobacco Control	30,000		30,000
	273,815	0	273,815
Dental Public Health	43,604		43,604
NHS Health Check Programme	142,706		142,706
Suicide Prevention	0		0
Health Protection	0		0
Contributions to other Council Services			
Adult Social Care MH Services	250,000		250,000
Voluntary Sector Preventative Contracts	166,000		166,000
Air Quality work	0		0
	416,000	0	416,000
Staffing	797,690	-41,233	756,457
Contribution to Health Impact Assessment	0		0
Other			
- recharges	242,420		242,420
- Housing Officer	0		0
	242,420	0	242,420
Public Health Grant	0	-7,304,800	-7,304,800
Total Funded by Public Health Grant	**7,630,216**	**-7,530,454**	**99,762**
Other Funding (General Fund & Sports Grants)			
Staffing	28,149		28,149
Sports & Active Leisure			
Physical Activity Adults	769,589	-425,240	344,349
Physical Activity Children	44,159	-27,475	16,684
	813,748	-452,715	361,033
Total Funded by Other Sources	**841,897**	**-452,715**	**389,182**
Total Public Health Service Spend	**8,472,113**	**-7,983,169**	**488,944**

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Public Health Service
2015/16 Budget

Annex 3

	2015/16 Expenditure £	Income £	Total £
Funded by Public Health Grant			
Sexual Health			
Integrated Sexual Health Service	1,125,000		1,125,000
STI Testing & Treatment	389,860		389,860
Contraception	504,930		504,930
Advice, prevention & promotion	10,900		10,900
	2,030,690	0	2,030,690
Children's 0-19 Public Health Programmes			
School Nursing	591,700		591,700
National Child Measurement Programme	6,200		6,200
Health Visiting	901,000		901,000
	1,498,900	0	1,498,900
Substance Misuse			
Drug misuse - adults	2,031,390	-76,410	1,954,980
Alcohol misuse - adults	437,350		437,350
Substance misuse younger people	170,000	-28,000	142,000
	2,638,740	-104,410	2,534,330
Smoking & Tobacco			
Smoking Cessation	311,000		311,000
Tobacco Control	30,000		30,000
	341,000	0	341,000
Dental Public Health	43,600		43,600
NHS Health Check Programme	145,000		145,000
Suicide Prevention	8,500		8,500
Health Protection	12,150		12,150
Contributions to other Council Services			
Adult Social Care MH Services	250,000		250,000
Voluntary Sector Preventative Contracts	166,000		166,000
Air Quality work	50,000		50,000
	466,000	0	466,000
Staffing	927,230	-41,020	886,210
Contribution to Health Impact Assessment	10,000		10,000
Other			
- recharges	242,420		242,420
- Housing Officer	2,000		2,000
	244,420	0	244,420
Public Health Grant	0	-8,220,800	-8,220,800
Total Funded by Public Health Grant	**8,366,230**	**-8,366,230**	**0**
Other Funding (General Fund & Sports Grants)			
Staffing	40,110		40,110
Sports & Active Leisure			
Physical Activity Adults	571,960	-295,660	276,300
Physical Activity Children	51,980	-27,850	24,130
	623,940	-323,510	300,430
Total Funded by General Fund / Other Grants	**664,050**	**-323,510**	**340,540**
Total Budget per Finance Ledger	**9,030,280**	**-8,689,740**	**340,540**

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

Meeting Date	Work Programme
10 June 2015	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	1. Attendance of the Executive Member for Health and Adult Social Care – Priorities and Challenges for 2015/16 2. Safeguarding Vulnerable Adults Annual Assurance Report 3. Healthwatch report on Wheelchair Services 4. Scoping report on public health grant spending 5. Verbal update on progress of changes to direct payments 6. Work Plan 2015-16 including potential scrutiny reviews.
16 September 2015	1. Health and Wellbeing six-monthly Update Report 2. Be Independent Year End Position Statement and 1st Qtr Monitoring Report 3. End of year Finance & Performance Monitoring Report 4. 1st Quarter Finance and Performance Monitoring Report. 5. CQC Inspection Report – York Teaching Hospitals NHS Foundation Trust (deferred from July). 6. Annual report from the Chief Executive at York Teaching Hospital NHS Foundation Trust. 7. Annual Report from the Chief Executive of Yorkshire Ambulance Service. 8. Tees, Esk & Wear Valley Foundation Trust and CCG re: managing the transition of Mental Health & learning disability services from LYPFT. 9. CCG update report on health systems resilience 10. Update report on changes to direct payments

	11. Report on GP health checks for people with learning disabilities 12. Work Plan 2015-16
20 October 2015	1. Six-Monthly Quality Monitoring Report – Residential, Nursing and Homecare Services. 2. Annual Carers' Strategy Report (Frances Perry, slipped from September) 3. Work Plan 2015-16
24 November 2015	1. Be Independent 2nd Qtr Monitoring Report 2. Healthwatch six-monthly Performance update report 3. 2nd Quarter Finance and Performance Monitoring Report 4. Work Plan 2015-16
22 December 2015	1. Work Plan 2015-16
26 January 2016	1. Safeguarding Vulnerable Adults Six-monthly Assurance Report 2. Work Plan 2015-16
23 February 2016	1. 3rd Quarter Finance and Performance Monitoring Report 2. Work Plan 2015-16
23 March 2016	1. Health and Wellbeing six-monthly Update Report 2. Be Independent 3rd Qtr Monitoring Report 3. Work Plan 2015-16
26 April 2016	1. Six-Monthly Quality Monitoring Report – Residential, Nursing and Homecare Services. 2. Healthwatch six-monthly performance update report 3. Work Plan 2015-16

June 2016: Be Independent End of Year Position