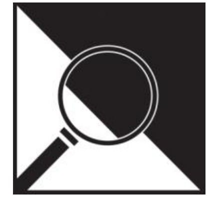
CITY OF YORK COUNCIL



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

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

Date: Wednesday, 19 April 2017

Time: 5.30 pm

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

AGENDA

1. Declarations of Interest (Pages 1 - 2)
At this point in the meeting, Members are asked to declare:

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

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

2. Minutes (Pages 3 - 20)
To approve and sign the minutes of the meetings held on 27 February and 29 March 2017.

3. Public Participation
At this point in the meeting, members of the public who have registered their wish to speak regarding an item on the agenda or an issue within the Committee's remit can do so. The deadline for registering is **Tuesday 18 April 2017** at **5:00 pm**.

Filming, Recording or Webcasting Meetings
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4. **Delivering Home First: Re-Providing Archways Intermediate Care Unit Update Report** (Pages 21 - 32)
This report identifies the background to the decision to close Archways Intermediate Care unit and to reinvest the resources into an expanded range of community services.

5. **City of York Council Adult Safeguarding Peer Challenge Report** (Pages 33 - 90)

This report presents the results of the first Adult Safeguarding Peer Challenge at the Council, which took place in January 2017.

6. **Work Plan** (Pages 91 - 94)
Members are asked to consider the Committee's work plan for the rest of the municipal year.

7. **Urgent Business**
Any other business which the Chair considers urgent under the Local Government Act 1972.

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)**

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Health and Adult Social Care Policy and Scrutiny Committee

Agenda item 1: Declarations of interest.

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

Councillor S Barnes	Works for Leeds North Clinical Commissioning Group
Councillor Craghill	Member of Health and Wellbeing Board
Councillor Doughty	Member of York NHS Foundation Teaching Trust.
Councillor Richardson	Niece is a district nurse. Ongoing treatment at York Pain clinic and ongoing treatment for knee operation.

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City of York Council	Committee Minutes
Meeting	Health and Adult Social Care Policy and Scrutiny Committee
Date	27 February 2017
Present	Councillors Doughty (Chair), *Cullwick (Vice-Chair)*, S Barnes, Craghill and Richardson
Apologies	Councillors Derbyshire

58. Declarations of Interest

Members were asked to declare, at this point in the meeting, any personal interests, not included on the Register of Interests, or any prejudicial or disclosable pecuniary interests that they might have had in respect of business on the agenda. None were declared.

59. Minutes

Resolved: That the minutes of the Health and Adult Social Care Policy and Scrutiny Committee held on 30 January 2017 be approved and then signed by the Chair as a correct record.

60. Public Participation

It was reported that there had been three registered speakers under the Council's Public Participation Scheme.

Sue Snelgrove from Mental Health Action York spoke in regards to Agenda Item 6 (Developing a new mental health hospital for the Vale of York) about the reduction in specialist mental health facilities in the city. She commented on how the Vale of York used to have 8 units and 121 inpatient beds for elderly people. With the redevelopment of the Peppermill Court, which specialised in treating challenging behaviours in men, she wondered where the service users who previously had used these facilities had ended up. She felt that the proposed service could not replace skilled medical care.

Two speakers spoke in regards to Agenda Item 7 (Update Report on Implementation of Recommendations from Bootham Park Hospital Scrutiny Review):

Ann Weerakcoon, also represented Mental Health Action York and informed Members of the group's concerns over the closure of Bootham Park Hospital. The main concerns related to the movement of service users away from York, which they felt increased distress and risk, why the repairs were not carried out.They also felt that the CQC's written response to the Committee was lacking in responsibility.

Joanne Lazenby was concerned that the closure of Bootham Park Hospital suggested that profits were being put before patients, while querying the land value of Bootham Park Hospital itself.

61. 2016/17 Third Quarter Finance & Performance Monitoring Report - Health & Adult Social Care

Members received a report which analysed the latest performance for 2016/17 and forecasted the financial outturn position by reference to the service plans and budgets for the relevant services falling under the responsibility of the Corporate Director of Health, Housing & Adult Social Care and the Director of Public Health.

The Finance Manager, Adults, Children and Education and the Assistant Director Adult Social Care presented the report and were in attendance to answer Members' questions.

Members were informed that the Care Act Reserve had been created by underspends from previous years and had been built up over four years. This money had now gone into the Adult Social Care grant. The largest spend in the Adult Social Care grant was the Assessment Care Management team.

Questions from Members to Officers related to;

- Why the Better Care Fund was not included in projections.
- The pilot to speed up Delayed Discharges
- Which vacancies were held prior to the public health restructure?
- The suitability of a zero tolerance approach to suicide as an STP approach

It was reported that the BCF was not included in the projections as budget discussions were continuing with the Clinical Commissioning Group (CCG). CCG data on schemes would be included within CYC's

data. Members expressed concern that the public would not know who was funding what scheme.
Work to speed up discharges took place with York Hospital and focused on an acute pathway. This allowed for a 32% reduction in *delayed* discharges. [as amended at the Health and Adult Social Care Policy and Scrutiny Committee on 29 March 2017]
However, there still remained issues in delayed transfers from mental health facilities.

The posts that had been held vacant in Public Health were an Assistant Director and a Suicide Prevention post. Work was underway to arrange a tariff cost for Out of Area treatment with Yorkshire and Humber.

The Director of Public Health commented that through the Suicide Safer City status and the Suicide Surveillance Group, relatives could be supported and lessons learnt. There was an intention to develop a Suicide Prevention Strategy for the city and this would be put on the Council's Forward Plan.

The Chair thanked the Finance Manager, Adults, Children and Education and the Assistant Director Adult Social Care.

Resolved: That the report be received and noted.

Reason: To update the Committee on the latest financial and performance position for 2016/17.

62. Yorkshire Ambulance Service Inspection Cover Report

Members received a report and Powerpoint Presentation which provided them with details of the Care Quality Commission's (CQC) findings following its inspection of the Yorkshire Ambulance Service NHS Trust (YAS).

The Chair congratulated YAS on their good inspection and improvement that had been made since the last CQC inspection.

Karen Warner, Deputy Director of Quality and Nursing and Mark Inman, Locality Director, Emergency Operations were in attendance to introduce the report and answer any questions.

One Member asked what York could improve on in regards to other areas of the Yorkshire Ambulance area.

Improvement was needed in the better use of volunteers, and the opportunity to work together across the area. In addition, ongoing work with hospitals to send urgent care practitioners out to homes instead of sending patients to Accident &Emergency departments.

The Director of Public Health requested that YAS share information on falls prevention and alcohol with the Health and Wellbeing Board for further discussion. They confirmed that they would discuss this with the Scrutiny Officer, or attend themselves.

In regards to the role played by CYC in delivering and developing volunteers for YAS, it was reported that they could encourage people to become first responders or help with Patient Transport and help train, give kit or fit defibrillators.

The Chair thanked the YAS representatives for their attendance.

Resolved: (i) That the information provided in the annexes to the report be noted.

(ii) That the Trust be congratulated on the work it has been undertaken to raise its rating from Requires Improvement to Good.

(iii) That the Trust be encouraged to sustain the improvements that have been made.

Reason: (i) To keep the Committee up to date with the work of the Trust.

(ii) To recognise the improvements made by YAS.

(iii) To ensure residents of York and the wider Yorkshire region receive the best possible emergency and healthcare services.

63. Developing a new mental health hospital for the Vale of York: Public Consultation Outcome Report

Members received a report which included information from the formal public consultation into the creation of a new mental health hospital for the Vale of York.

In attendance to present the report and answer Members' questions were Ruth Hill, Director of Operations for York and Selby, Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) Martin Dale, Project Manager, (TEWV) and Elaine Wyllie, Interim Executive Director of Joint Commissioning, Vale of York Clinical Commissioning Group (CCG).

Members were informed that the new mental health hospital would also be the central point for a Section 136 assessment suite and a base for an adults crisis home liaison team.

It was reported that during the consultation for the new mental health hospital the main concern raised had been the number of beds, particularly with an ageing population, and if community services were robust enough to cope with a proposed reduction in beds.

It was noted that the CCG Governing Body would meet again in March to receive an options appraisal, and in April to receive an update on progression of the business case.

The Chair commented that in his appraisal of the report it appeared there was a favouring of using the Bootham Park Hospital site for the new Mental Health Hospital. He wondered whether the concerns raised by the public speakers in regards to the adequacy of community services following the reduction in bed numbers could be answered.

In regards to the level of current community services, the Director of Operations for York and Selby, Tees, Esk and Wear Valley NHS Foundation Trust informed Members that she was aware that crisis liaison teams were working with patients who would previously need to have been admitted into hospital. Members were informed that TEWV were considering increasing bed numbers and whether the gender mix was correct. Consideration would be given to the optimum size for more beds and more space. In response to a Member's question, it was confirmed that no patients would be treated out of area.

In regards to the building constraints, such as flooding and land costs, TEWV confirmed that this had been discussed with planners. In addition, any solutions would need to be Disability Discrimination Act (DDA) compliant.

Members asked if the weighting criteria, with comments, for each proposed hospital site would be shared with the Committee. It was

confirmed that a business case document would be made available but further details would need to be clarified before being released to Members. It was felt that the hospital should be deliverable.

The Chair thanked Ruth Hill, Martin Dale and Elaine Wyllie for their report.

Resolved: That the report be received and noted.

Reason: So that Members are kept informed on the details of the formal public consultation into the creation of a new mental health hospital for the Vale of York.

64. Update Report on Implementation of Recommendations from the Bootham Park Hospital Scrutiny Review

Members received a report which provided them with an update on the implementation of recommendations from the previously completed scrutiny review into the closure of Bootham Park Hospital (BPH).

The Chair shared his thoughts with the Committee about the lessons that had been learnt following the scrutiny review. He felt that all organisations wanted to blame one another, and avoid responsibility.

The Scrutiny Officer informed the Committee that the action plan which had been produced by NHS England following the Lessons Learnt Review, which had been agreed by all partner organisations involved in the review, would be available to Members at the next Health and Adult Social Care Policy and Scrutiny Committee.

Discussion took place in regards to whether Members should sign off the recommendations as completed or whether they should continue to receive updates.

Some Members questioned the response to the recommendation to NHS England to name the nominated person to be responsible for sustained improvements to mental health in the city as the Accountable Officer from the Vale of York CCG.

Following further discussion it was suggested that Members might wish to request and see sight of the joint working protocol when they received the action plan.

Resolved: (i) That the report be noted and that all recommendations from the Bootham Park Hospital

Scrutiny Review that have been fully implemented be signed off as completed.

(ii) That Members have sight of the joint working protocol within the updated action plan.

Reason: To complete this scrutiny review.

65. Work Plan

Consideration was given to the Committee's work plan for the rest of the municipal year.

Discussion took place on the presentation of a strategic overview of mental health services in the city to Members. The Director of Public Health informed the Committee that the Health and Wellbeing Board would appoint a lead to be shared between two named people, Phil Mettam, the Vale of York CCG Accountable Officer, and Martin Farran, CYC's Corporate Director of Health, Housing & Adult Social Care, to take responsibility for mental health needs and that they could report to Members.

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

- That the Public Health Grant Spending Scrutiny Review Draft Final Report be received at the March meeting.

- NHS England present the updated action plan following the Lessons Learnt Review into the closure of Bootham Park Hospital at the March meeting.

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

Cllr P Doughty, Chair
[The meeting started at 5.30 pm and finished at 8.00 pm].

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City of York Council | Committee Minutes

Meeting	Health and Adult Social Care Policy and Scrutiny Committee
Date	29 March 2017
Present	Councillors Doughty (Chair), Cullwick (Vice-Chair), S Barnes, Craghill, Richardson and Looker (Substitute for Councillor Derbyshire)
Apologies	Councillor Derbyshire

66. Declarations of Interest

Members were invited to declare at this point in the meeting, any personal interests, not included on the Register of Interests, or any or prejudicial interests or disclosable pecuniary interests that they might have had in respect of business on the agenda. None were declared.

67. Minutes

The Chair requested that the following amendments be made to the minutes dated 27 February 2017:

- Councillor Cullwick be added to the list of Members present.
- Under minute item 61 the line *'This allowed for a 32% reduction in discharges'* should read *'This allowed for a 32% reduction in delayed discharges'.*

Resolved: That the minutes of the last meeting held on 27 February 2017 be amended as above and brought back to the next meeting for approval.

68. Public Participation

It was reported that there had been two registrations to speak at the meeting under the Council's Public Participation Scheme on the following item:

6) Council Motion-Access to NHS Services

Dr Shaun O'Connell, Joint Medical Director of Vale of York CCG.

Paula Evans, GP at York Medical Group.

Both speakers were invited by the Chair to address the Committee under the relevant item and to take part in discussion of the report.

69. Bootham Park Hospital: Update of Action Plans following NHS England Review

Members considered a report which provided them with an update on the action plans of partner organisations following the NHS England Reflections, Learning and Assurance Report into the Transfer of Services between Leeds & York Partnership NHS Foundation Trust and Tees, Esk and Wear Valleys NHS Foundation Trust following the closure of Bootham Park Hospital.

The Director of Nursing, NHS England (North) presented the report and was in attendance to answer Member questions. She clarified that the action plan resulting from the review had been monitored over a period of 12 months and all actions were now complete, with the exception of the three listed on page 15 of the agenda, which were on track to be complete by April 2017.

In response to Member questions the Director of Nursing stated:

- The Care Quality Commission (CQC) were not involved in operational decision making, however they did acknowledge that the specialist report should have been made available.
- In terms of lesson learnt, there was a clear need for improved communication and an awareness that NHS England should have been involved earlier. There were things that all agencies could have done better, and would improve upon going forward.
- NHS England would be more aware of issues like this one in future as quality information was now received in a more structured format and monitored by a Quality Surveillance Group. There would also be the ability to put in place Single Item Surveillance Groups to consider one specific item e.g. mental health services.

The Scrutiny Officer clarified to members that all of the Bootham Park Scrutiny Review recommendations had been

signed off at the previous meeting, with the exception of the protocol, which could now be signed off having seen the action plan.

Resolved: That Members agree to sign off the remaining recommendations of the Bootham Park Scrutiny Review as being implemented.

Reason: To complete this scrutiny review.

70. Vale of York Clinical Commissioning Group Operational Plan 2017-19 and Medium Term Financial Strategy

Members considered two Vale of York Clinical Commissioning Group (CCG) reports - the Operational Plan 2017-19 and the Medium Term Financial Strategy.

The Accountable Officer for the Vale of York CCG, the CCG Head of Planning and Assurance and the Chief Financial Officer were in attendance to present the report and answer questions from Members.

The Accountable Officer gave a comprehensive background to the reports and explained that the plans represented how the CCG would work to balance care outcomes with the need to address a forecast £44.1 million deficit in the coming year.

The Chief Financial Officer stated that the medium term financial plan was evidence based and aligned with the Operational Plan. There was a need for the CCG to show a 1% improvement, despite the challenge of receiving 11% less per head to provide services, due to the comparatively healthy population in York.

There followed a lengthy discussion with Members, during which some of the following points were made by CCG Officers:

- The CCG was a statutory body with a duty to live within the resources it was allocated. Many people had raised concerns about cuts to services. In answer to this the CCG wanted to make clear that, whilst the allocation York received made producing these plans extremely challenging, the financial plan being put forward had been highlighted as ‘best practice’ in other areas of the country.
- The production of these plans had been in full consultation with NHS England.

- Reductions in cost were not the same as cuts to services. The plans were considering different ways of care being delivered in order to try and bring costs back in line with the CCG's allocation. This did not mean cutting services.
- This strategy was the first stage of proposals, both plans still needed approval. The process would continue with the same level of transparency that had been seen so far. The reports were a starting point and the CCG was working closely with York Teaching Hospital NHS Foundation Trust to consider how the plans would be delivered.
- There were plans for events to consult with residents (6-8 events) and the CCG would make sure that plans were accessible and made clear.
- Benchmarking data had been used as a starting point but due weight was always given to the local context of that information. It was important to use this for signposting and to consider what was happening from a patient point of view. The CCG was completing work with York Medical Group in this area.
- Private providers had been used to deliver care that the NHS did not have the capacity to provide. The CCG had received additional funding to reduce backlogs in certain areas.

The Chair thanked CCG Officers for their attendance and ongoing work.

Resolved: Members considered, and commented upon, the Operational Plan and Medium Term Financial Strategy.

Reason: To continue to inform members of the progress of the CCG Operational Plan and Financial Strategy.

71. Public Health Services Commissioned by NHS England – Vaccinations, Immunisations and Screening

Members received a report which focused specifically on the screening, vaccination and immunisation responsibilities of the local authority.

The Director of Public Health was in attendance to present the report and answer questions from Members. She explained that the report gave an oversight of the uptake of programmes and helped indentify areas for improvement. Some points to note were:

- The uptake of seasonal flu vaccinations for those under 65 and eligible was still lower than hoped for.
- Improvements in Chlamydia screening and detection were due in part to the work which had been done on partner notification.
- HIV early diagnosis was crucial in managing the illness and good treatment outcomes.

Members were asked to take up any offer of screening and/or vaccination and to act as advocates within their communities to help improve take up.

Resolved: That;

i. the report be received and its content noted
ii. Members agree to act as advocates for the early detection of cancer though supporting and promotion of the national screening programmes and to support the uptake of immunisations and vaccinations where appropriate.

Reason: To assure the Committee that the health protection arrangements meet the needs of the local population.

72. Council Motion - Access to NHS Services

Members considered a report which responded to the Council motion on Access to NHS Services, which was passed at the Council meeting on 15 December 2016, when the Executive was asked to commission the Director of Public health to assess the impact of this policy, including health inequalities, and report back to the Health & Adult Social Care Policy & Scrutiny Committee. The report also updated the Committee on subsequent discussions with the Vale of York Clinical Commissioning Group (CCG).

The two speakers who had registered under public participation were invited to speak on this item and to address Member questions:

Dr Shaun O'Connell, Joint Medical Director of Vale of York CCG, who was also co-author of the report being considered, spoke on the obesity epidemic, and the financial impact this was having on already severely overstretched budgets. He

clarified that any delay to operations would be temporary but explained that improvements to an unhealthy lifestyle would significantly improve the chances of success for each procedure and speed up recovery times. He also stated that the greatest impact on an unhealthy lifestyle was intervention from a GP.

Paula Evans, GP at York Medical Group, stated that her patients were predominantly from Westfield ward, one of the most deprived areas of the City. Levels of childhood obesity and smoking were higher and patients were far more likely to access health care at a young age. Whilst York was considered a relatively healthy population this was not reflected in areas like Westfield and there were high instances of diabetes, high blood pressure and use of painkillers for weight related aches and pains.

During discussion between Members, the Director of Public Health and the two speakers, the following points were raised:

- There was a need to be more preventative and less reactive.
- A Public Health and Wellbeing Service had been set up with funds from the decommissioning of GP 'wellbeing' services. However, there were currently 8 Wellbeing Officers covering the whole City which meant they were extremely overstretched.
- In terms of delays to procedures, GP's would make a record of lifestyle advice given to patients and the time from that initial intervention would count if they were subsequently referred for surgery.
- The new Integrated Assessment Tool which was being used in Council decision making did include public health. However, a discrete Health Impact Assessment during the decision making process was an aspiration.
- Whilst there were other things which posed a threat to public health e.g. alcohol, smoking and obesity were considered two of the most significant problems in terms of preventable impact.
- There were clear exemptions to the policy and these were recorded to ensure that nobody was unfairly disadvantaged.
- At the time of implementation around 50 'delay' letters were being sent out per week. This was now down to around 30 per week.

- Whilst the NHS were looking closely at CCG's who were rationing services, they understood the rationale behind the VoY policy and considered it to be robust.

Resolved: Members recommend to Executive that;

I. the Executive Member for Adult Social Care and Health review her decision on the level of support for smokers and in particular the provision of free Nicotine Replacement Therapy for smokers and funding for Varenicline (Champix) stop smoking medication.

II. the Council set itself an ambition to increase prevention spending and integrate preventive action into all decision making to tackle inequalities utilising a "Health in all Policies" approach.

III. the Council, through the Health and Adult Social Care Policy and Scrutiny Committee, and the Health and Wellbeing Board, hold the leaders across the health and care system to account for looking beyond the interests of their own organisations and driving forward improvement in health and wellbeing outcomes for the citizens of York, leading a cultural change to a health and care system in which different organisations work together to narrow the gap in inequalities across the City.

IV. the Council, together with its partner organisations, be required to establish innovative ways of tackling inequalities within existing resources, working in partnership with communities using a coproduction approach.

Reason: To respond to the Council Motion on Access to NHS Services.

Action Required

Report to Executive with Committee recommendations.	SS

73. Public Health Grant Spending Draft Final Report

Members considered a report which provided them with information gathered in support of the scrutiny review into Public Health Grant Spending, together with the review analysis and draft recommendations.

The Director of Public Health presented the report and was in attendance to answer Member questions. She reiterated that York had a substantial deficit and expressed the view that money was not currently being spent in the areas it should be in order to be most effective.

In response to questions from Members she stated:

- Some Section 106 money was made available to Public Health and there was clear guidance as to how this should be used e.g. sports facilities.
- In terms of the Council having the ability to fulfil the recommendations it was important to remember that, by prioritising this important area of work, there would be long term public health benefits.
- A Student Health Needs Assessment was being undertaken and was expected to be taken to the Health and Wellbeing Board in May. There was particular concern over the mental health of the student population.

Resolved: That Members agree to the draft review recommendations.

Reason: To conclude the work on this review in line with scrutiny procedures and protocols thereby enabling this report to be presented to a future meeting of the Executive.

74. Work Plan 2016/17

Consideration was given to the Committee’s work plan for the rest of the municipal year.

Resolved: That the work plan be noted subject to the following amendments:

- The Annual Report of Health & Wellbeing Board due in April had been delayed.

- Hospital update report on Winter Experience – be deferred until May
- A scoping report be prepared for the May meeting on the potential of establishing a Task Group to engage with the CCG on the delivery of their financial recovery and operational plans.

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

Councillor Doughty, Chair
[The meeting started at 5.30 pm and finished at 8.35 pm].

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York Teaching Hospital NHS
NHS Foundation Trust

Health and Adult Social Care Policy and Scrutiny Committee – 19 April 2017

Delivering Home First: Re-Providing Archways Intermediate Care Unit Update Report

This paper was requested by the Health and Adult Social care Policy and Scrutiny Committee following a discussion regarding the closure of Archways Intermediate Care Unit at its meeting held in September 2016.

The paper identifies the background to the decision to close Archways Intermediate Care unit and reinvest the resources into an expanded range of community services. The proposal also identified the need to maintain and deliver some of the in-patient functions delivered at Archways by distributing those function to other in-patient community units. Data is presented to clarify the impact of the closure and the success of the measures planned and implemented.

Michael Proctor, Deputy Chief Executive of York Foundation Trust will be attending the Committee to present the report and answer questions.

Recommendation

The Health and Adult Social Care Policy and Scrutiny Committee are asked to note and discuss this report.

York Teaching Hospital NHS
NHS Foundation Trust

Health and Adult Social Care Policy and Scrutiny Committee – 19 April 2017

Delivering Home First: Re-Providing Archways Intermediate Care Unit Update Report

1. Introduction and Background

Archways Intermediate Care Unit consisted of 22 beds (arranged over two floors) and was based at Clarendon Court, York (this represented 2% of York Teaching Hospital NHS Foundation Trust (YFT) bed stock). Typically, 350 patients were managed via the unit annually, of which 270 of these were over 75 years old. It was established over twelve years ago as an intermediate care unit; typically providing short term rehabilitation and support to adults who need a period of rehabilitation, recovery or reablement after a stay in hospital or because of 'a crisis' which means that they can't remain at home (or their usual place of residence).

YFT has, over the last twelve months, participated in the national Emergency Care Improvement Programme (ECIP). The ECIP aims to support local health and social care systems to review and improve the way that emergency care services are delivered. As part of this programme, the national ECIP team have undertaken audits across all YFT community units. This audit work determined that many of the patients being managed at Archways could, in fact, be supported at home if alternative services were available. In addition, emerging national evidence suggests that elderly patients suffer from the harmful effects of deconditioning relatively quickly, following admission into a hospital bed. After 24 hours, muscle power reduces by 2-5% and circulating volume by up to 5%. At 7 days, this has deteriorated even further with a reduction in muscle power of 5-10% and circulating volume of up to 20%. In many cases this isn't reversible. Therefore, minimising hospital stays (or avoiding admission altogether) is essential.

On this basis, a plan was developed to close Archways and reinvest the resources released into an expanded range of community services. This meant that only those patients who cannot be managed at home (or in their usual place of residence) with support are admitted into an inpatient bed. This proposal to enhance and re-provide these services form part of the Vale of York CCG and YFTs out of hospital strategy that sets out an ambition to deliver care closer to home.

However, for some patients remaining at home with support may not be clinically appropriate and for these people 'bed based' intermediate care remains available at other community units such as either Whitecross Court [23 beds] or St Helen's [20 beds] rehabilitation units. These units are located on Huntington Road and Tadcaster Road respectively. Admission to these units is based on individual clinical need.

This approach is consistent with the learning from conversations that the Vale of York CCG has held with the public about 'what good care or services looks like'. People have told them that they would prefer to be supported at home by coordinated health and social care services that are tailored to meet their own individual needs. When asked, the local community has told us that they want to tell their story once and they want to receive treatment and care at home, in their own familiar surroundings.

Reinvesting the resources released from closing Archways into community based services is providing an alternative for those people/patients who do not need to be in a hospital bed. The services previously delivered from Archways are being provided through an expanded York Community Response Team and other appropriate support services enabling a greater number of patients to be supported at home by nursing, therapy and social care assessments, rehabilitation support and treatment.

These services include:

- Expanded Community Response Team (CRT) - allied health professionals, nurses and generic support workers who work as part of a multidisciplinary team providing nursing, therapy and social care interventions;
- Community Discharge Liaison Service – ensuring that people receive the most appropriate community service appropriate to their level of need;
- Advanced Clinical Practitioners – providing enhanced assessment, diagnosis and treatment of people in their own homes;
- An Outreach Pharmacy Service – providing support in managing multiple medicines following discharge from hospital.

2. Actions to Date

The closure of Archways inpatient unit was successfully completed, as planned, on the 19 December 2016.

The York Community Response Team (CRT) was expanded by 50% to ensure that an additional 350 patients each year can be safely managed at home and that an equivalent number of step-up patients (patients admitted to Archways directly from home which averaged 3 per month) can be

accommodated and managed at home by the CRT. The expanded CRT has also extended their hours of service from 8pm to 10pm (365 days a year).

Importantly, all Archways staff have been redeployed within other YFT services. As expected, recruitment to the expanded CRT was challenging for some posts, however, all posts in the expanded team have now been appointed to.

From 19 December 2016, 70% of the planned additional capacity was in place, allowing the team to support 15 additional patients at home (at any one time). From the end of January 2017 the team were able to support an additional 22 patients at home (as planned).

The Discharge Liaison Team are in place to:

1. Facilitate acute hospital transfer/discharge into community inpatient beds;
2. Proactively ‘pull’ patients into community services;
3. Work with partner organisations and families to facilitate discharge from community wards.

As part of the reconfiguration, the criteria for admission to White Cross Court and St Helens Rehabilitation Units has also been expanded to take a wider range of patients. Additionally, White Cross Court is now able to admit patients directly from the community and the Emergency Department. The Community Discharge Liaison Team has in fact been shortlisted for the National Health Service Journal ‘Value in Healthcare’ awards.

The Advanced Clinical Practitioners (ACP) provides clinical support and advice to the CRT and liaises directly with GPs as needed.

The ACPs attend multi-disciplinary team meetings to identify any concerns the team may have regarding the on-going health/progress of CRT patients, and initiate early clinical review/intervention of individuals as required. The ACPs are able to prevent admission to hospital where appropriate and provide early assessment at home.

The Outreach Pharmacist carries out clinical medication reviews that aim to improve safety and compliance with taking medicines as well as increasing people’s ability to manage their own conditions and minimise waste. They do this through the assessment of people’s own medicines and the review of repeat prescriptions.

The main aim of both the ACP and outreach pharmacy role is to allow patients to be cared for at home and to avoid admissions or prevent re-admissions to hospital (where appropriate).

3. Impact

Charts 1 and 2 show the total number of referrals to the Community Response Team and the split between patients who have ‘stepped up’ from the community and those who ‘stepped down’ from hospital. Chart 1 shows progress against the planned increase in referrals to CRT. As a result of the expected shortfall in capacity whilst recruitment was completed, additional therapist support was allocated to the CRT throughout January 2017 to mitigate the impact.

Chart 1: Number of referrals into York CRT

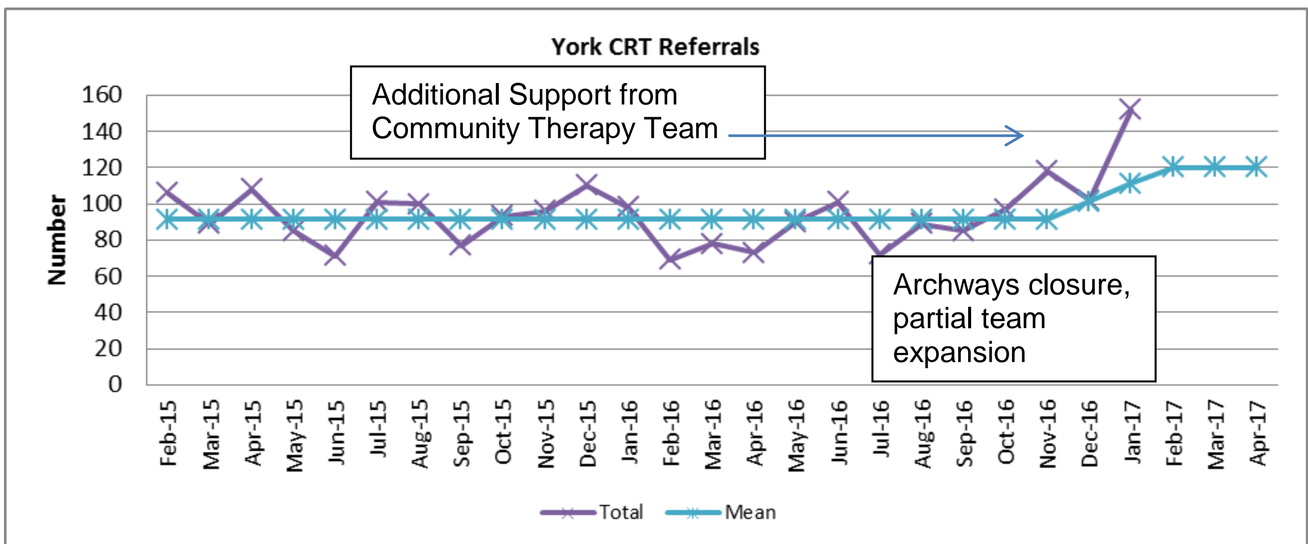

Chart 1 demonstrates that the team have exceeded the increased number of referrals that were planned from November 2016 onwards.

Chart 2 : % Split between step up /step down referrals

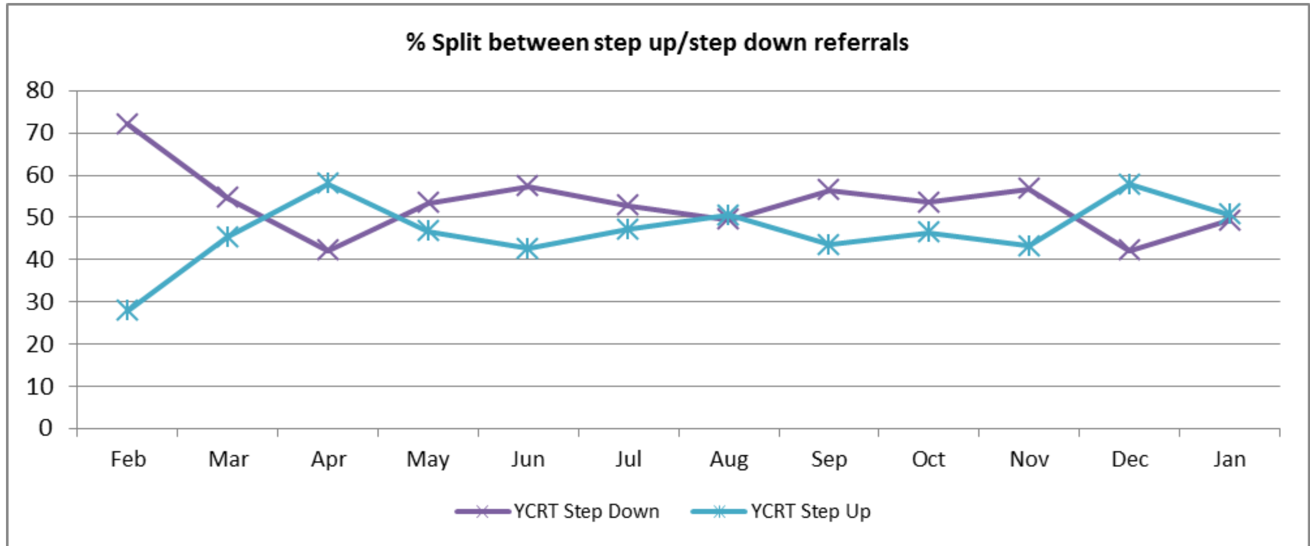

Chart 2 demonstrates that there has been an increase in the proportion of referrals for people 'stepping up' from the community (potentially avoiding the need for an acute hospital admission).

Chart 3 shows the actual number of 'step up' referrals to the CRT against the planned increase of 4 additional step up referrals per month. Chart 4 shows the admissions to Whitecross Court and St Helen's Rehabilitation Units, split by step up and step down referrals.

Chart 3: Step up patients referred to York CRT

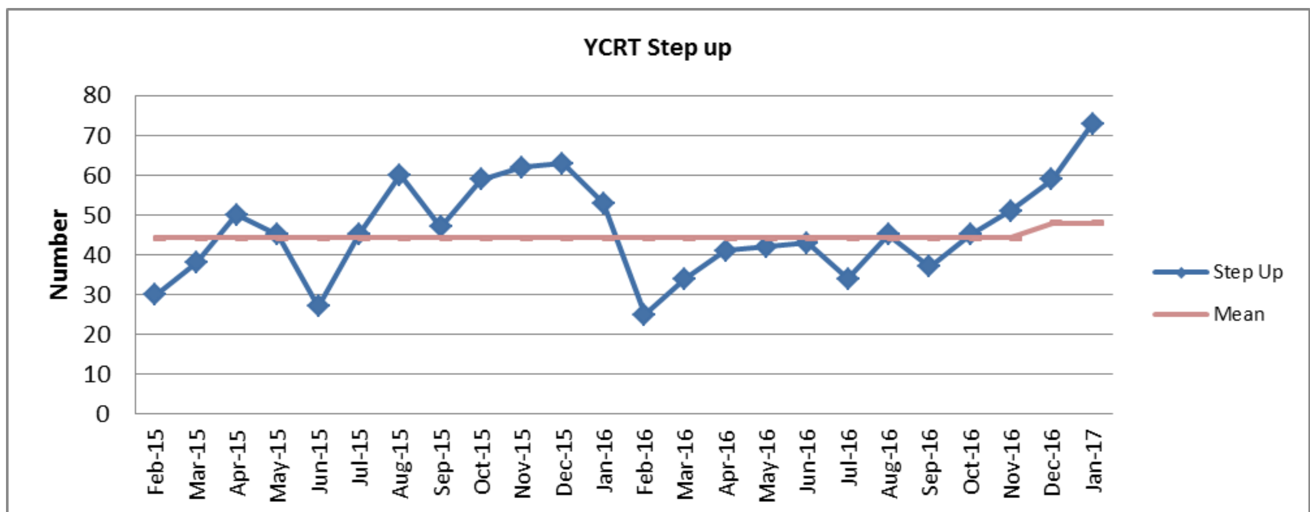

Chart 3 demonstrates that the number of step up admissions has exceeded the planned increase from December 2016 onwards.

Chart 4: Step up admissions to Whitecross Court

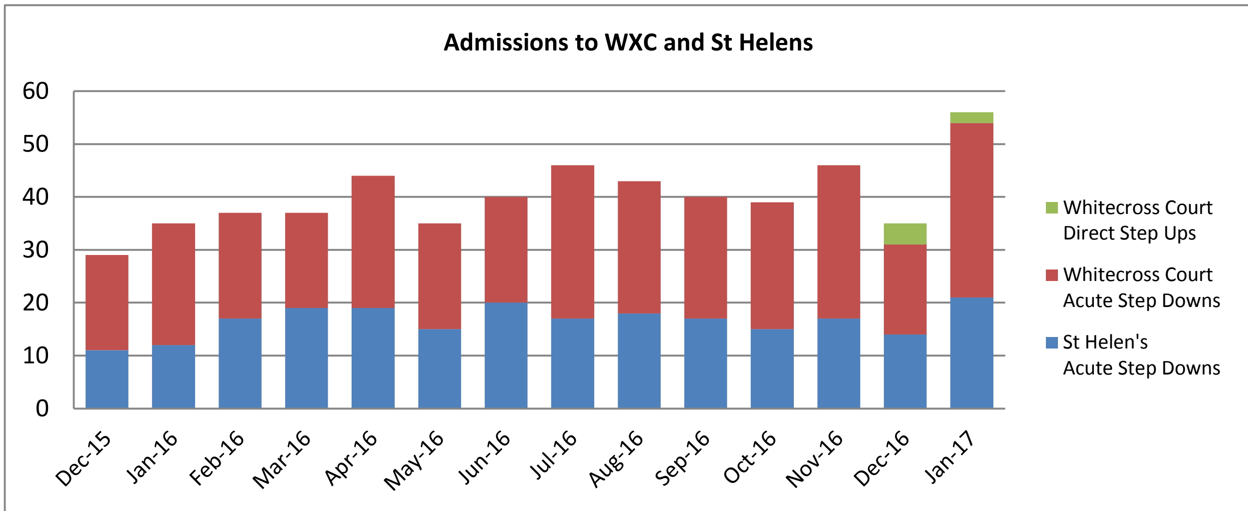

Chart 4 demonstrates that Whitecross Court has also provided capacity for patients who required a direct admission into a community inpatient bed.

Chart 5 shows the monthly referrals to the CRT from the Emergency Department (including the Rapid Assessment Team Service (RATS) that works within the department).

Chart 5: Monthly referrals to York and Selby CRTs from ED/RATS

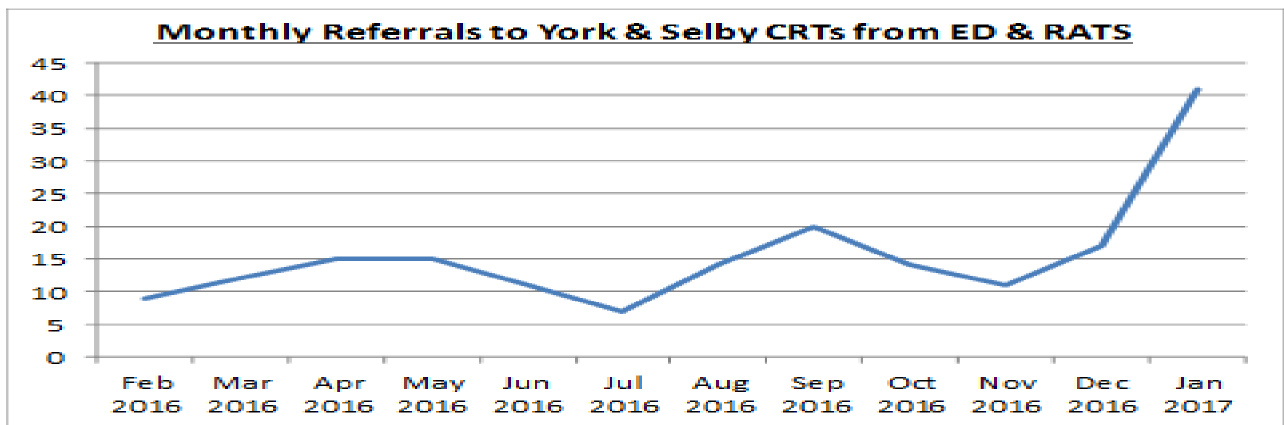

Chart 5 demonstrates the increase in referrals from the Emergency Department directly into the CRT, (potentially avoiding the need for an inpatient admission to an acute or community bed).

The Discharge Liaison Team provides a single point of triage into community inpatient beds. This enables better overall utilisation of the community resources and enables flow across the system. The following charts (6-8) show the utilisation of the community resources.

Chart 6: Total number of admissions to community inpatient beds

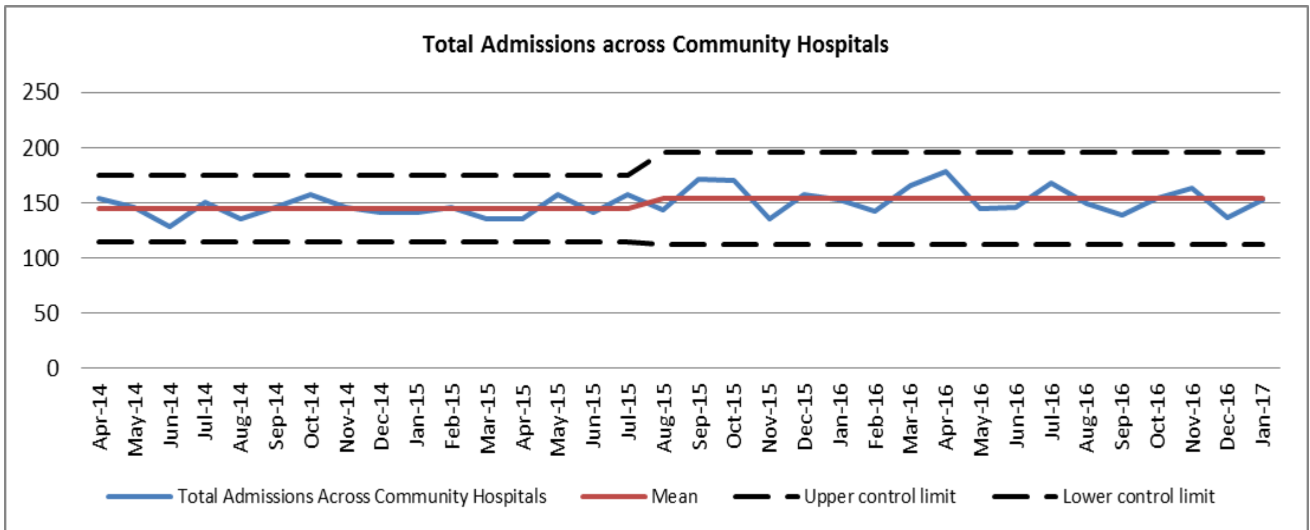

Chart 6 demonstrates that, despite the reduction of 22 beds as a result of the Archways closure, there was no reduction in the number of admissions (a reduction was anticipated) during January 2017.

Chart 7: Percentage of beds occupied within the community units

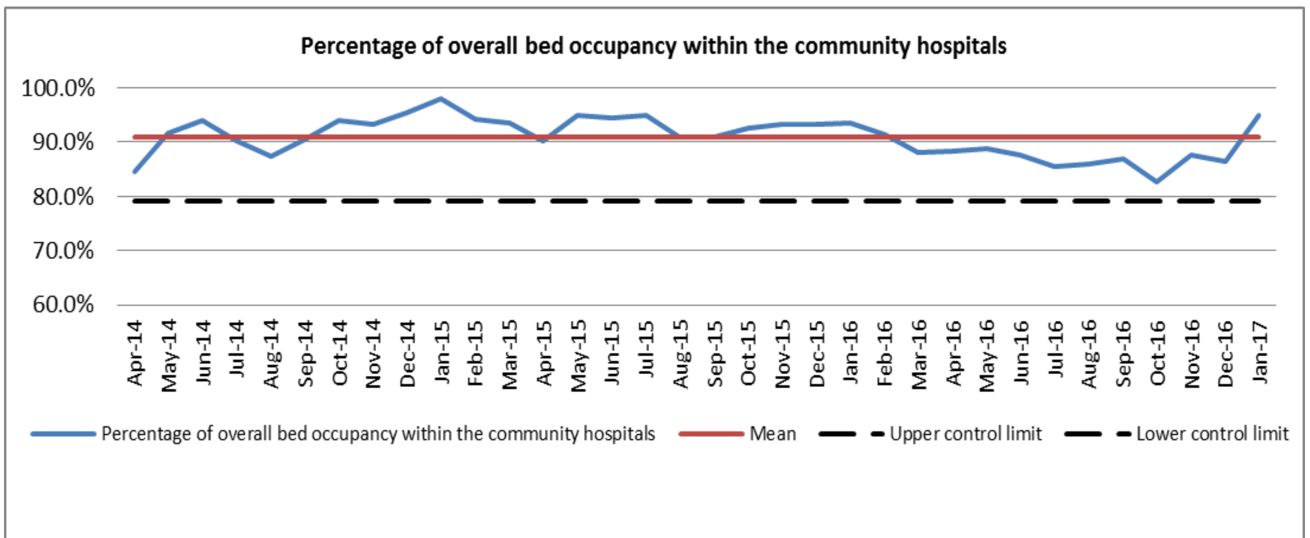

Chart 7 demonstrates an increase in bed occupancy levels in community hospitals in January 2017.

Chart 8: Average length of stay across community hospitals/units

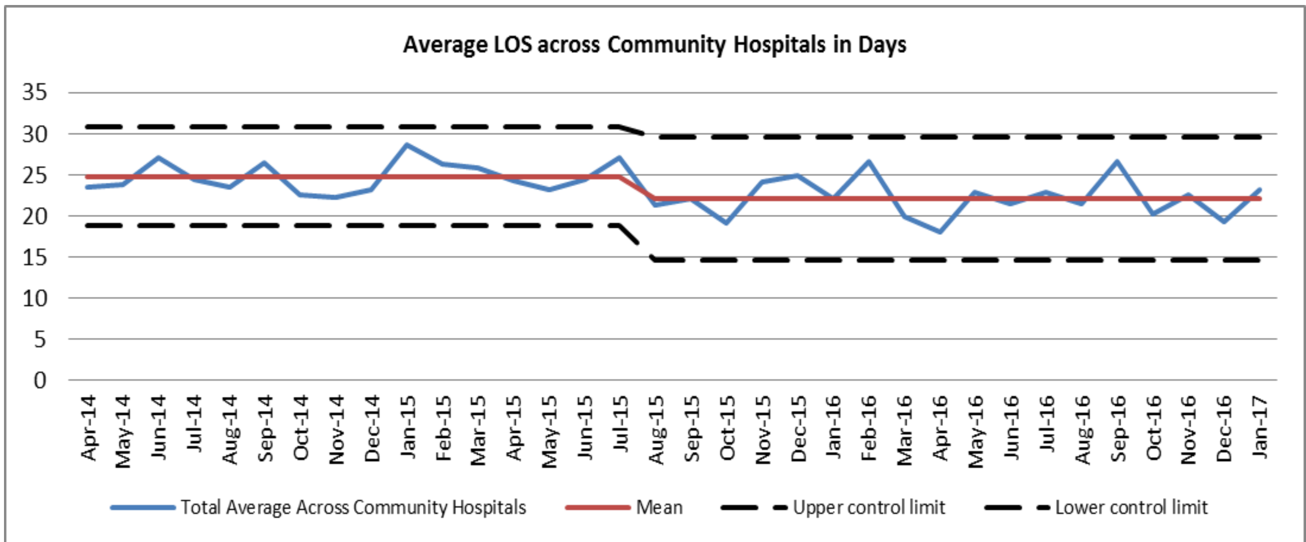

Chart 8 demonstrates that the average length of stay has continued to remain static following the trial of the Discharge Liaison Team which commenced in August 2015.

Chart 9 shows the monthly number of referrals to the Advanced Clinical Practitioners.

Chart 9 Referrals to the Advanced Clinical Practitioners

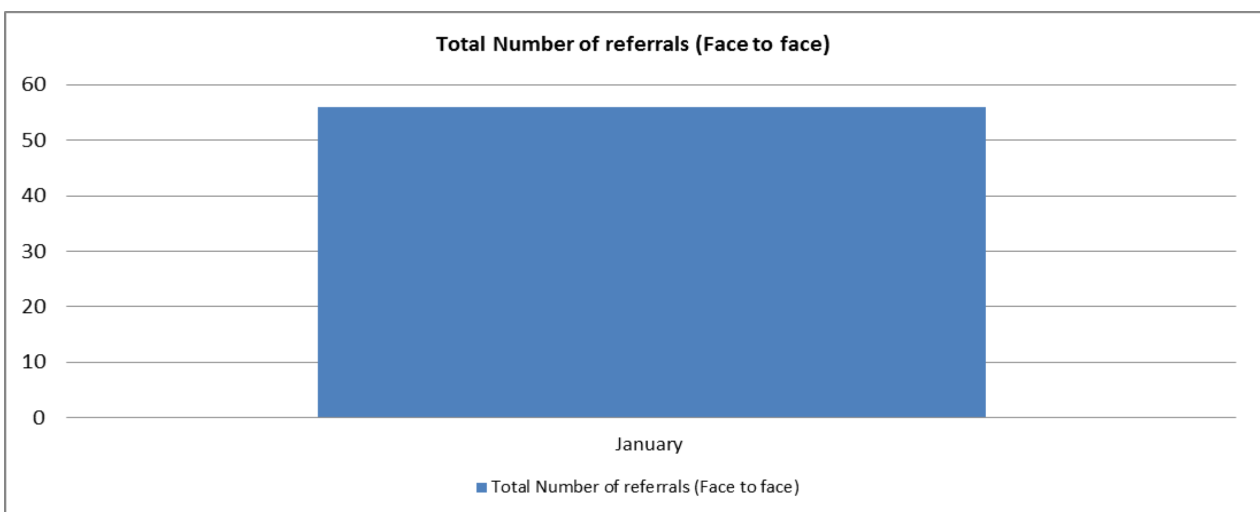

Chart 9 demonstrates that 56 referrals were received by the ACPs in January 2017.

Table 1 provides a comparison of intermediate care activity across YFT between January 2016 and January 2017.

Table 1: January 2016/17 activity comparison

Service	Jan 16 activity	Jan 17 activity	Comments
York CRT	98 referrals	152 referrals	York CRT managed an additional 54 patients at home compared to the equivalent month last year
All CRTs	205 referrals	334 referrals	Overall CRTs managed an additional 129 patients at home compared to the equivalent month last year
Community Inpatient Units	153 admissions	153 admissions	Managed the same of number of admissions with 22 fewer beds
Total community intermediate care (CRT + IPU)	358	487	Overall an additional 129 patients were managed by community intermediate care services in January compared to the equivalent month last year

Table 1 demonstrates that overall in January 2017, an additional 129 patients were supported by community intermediate care services when compared to the same month in 2016.

The project group continues to monitor activity on a weekly basis to ensure that referral growth meets the planned rates, and to take corrective action if there is divergence from this.

4. Case Studies

Case studies 1 and 2 provide real examples of how the ACPs have been able to react promptly to manage and assess patients in their own homes. Case study 1 identifies a patient who was able to be assessed and managed appropriately at home and as a result of this an admission to hospital was avoided. Case study 2 demonstrates a patient who was promptly assessed and triaged to the most appropriate service to manage their care needs.

Case Study 1: (ACPs)

Situation: CRT asked an ACP to urgently assess an 86year old lady (Mrs A) who lived alone and who was complaining of chest pain.

Background: The warden was present and was staying with Mrs A until the ACP arrived.

Assessment: On arrival she looked well but was complaining of chest pain radiating to her jaw. The warden was concerned and wanted to dial 999. Mrs A looked well in herself, was mobilising and her observations were all within normal ranges.

Recommendation: Following a full examination, Mrs A was diagnosed with heartburn (which was treated). She had a painful jaw as a result of her arthritis (which was treated) She was very anxious but felt reassured and was able to remain at home.

Without the input of the ACP, Mrs A would have been taken to hospital by an emergency ambulance.

Case Study 2: (ACPs)

Situation: A 91 year old lady (Mrs B) was discharged home from hospital with CRT support. An ACP was asked to review Mrs B as CRT had concerns that she had not been well since discharge; her shortness of breath was worsening and she had abdominal pain.

Background: Mrs B was originally admitted to York Hospital with loin pain and a urinary tract infection.

Assessment: The ACP visited Mrs B and assessed the problem as an acute abdominal problem with a potential bowel obstruction.

Recommendation: The ACP was able to re-admit the lady directly to the Surgical Assessment Unit at York Hospital for further investigation and on-going management.

This ACP intervention avoided a GP visit or Emergency Department attendance and allowed Mrs B prompt access to the care she needed.

Case Study 3: Outreach Pharmacist

Situation: The Outreach Pharmacist was asked to review Mrs C's medication as she required four visits daily by the CRT to administer eye drops.

Background: Mrs C had been prescribed lubricating eye drops following an ophthalmic procedure at YFT. She has dexterity problems and lacks the strength to use the drop dispenser.

Assessment: The Pharmacist switched to an alternative product that fitted a different type of dispenser that Mrs C was able to use.

Recommendation: The Pharmacist prescribed alternative eye drops, collected the prescription and delivered it to Mrs C's home (and assessed her ability to use them with the dispensing device). He was also able to provide further advice and support and followed up with a telephone call the following day.

The patient was able to use the device and is confident to self-administer her medication.

This pharmacist intervention enabled Mrs C to self-care and prevented the need for four visits per day from the CRT.

5. Conclusion

The Archways Intermediate Care Unit was successfully closed as planned on the 19 December 2016. Alternative services were implemented and the latest performance data has demonstrated that activity has exceeded planned activity assumptions.

6. Recommendation

The Health and Adult Social Care Policy and Scrutiny Committee are asked to note and discuss this report.

Health and Adult Social Care Policy and Scrutiny Committee

19 April 2017

Report of the Assistant Director Adult Social Care

City of York Council Adult Safeguarding Peer Challenge Report

Summary

1. City of York Council requested that the Yorkshire and Humber Association of Directors of Adult Social Services (ADASS) undertake an Adult Safeguarding Peer Challenge at the Council and with partners, and agreed that this should take place in January 2017.

2. In requesting the challenge CYC sought an external view on the robustness of safeguarding arrangements plus the direction of travel that York was undertaking in the transforming of adult social care, and how York might improve outcomes for people using services, as well as a view on the future sustainability of the health and social care system.

3. The report is attached at Appendix 1 and highlights many of the strengths in CYC, the Health, Housing & Adult Social Care (HHASC) directorate and across its partnerships. It also provides useful analysis as to where further work may be required to ensure that these strengths are built on and services continue to improve.

4. The Peer Challenge reflected that CYC had a stable and committed senior management who are driving transformation of services based on a clear vision that is recognised by the council and partners. The peer team heard from staff who had a “can do” attitude, with a sense of collective optimism in delivering the vision. The peer team found good evidence of personalised approaches, commenting that “Making Safeguarding Personal” ran through York’s social care practice like a stick of rock. York’s front line staff were described as ‘amazing!’ and recognised as highly committed.

5. However despite the relatively new stability in the management team the Peer Challenge noted anxiety amongst staff about the likely changes and impact upon continuity.

6. The peer team found that CYC had strong partnerships both ambitious and lean. This raised questions as to whether the right resourcing was always in place to enable the effective delivery of our ambition.

7. The Peer Challenge found the need to further develop our high performing workforce and help them to make best use of York's community and voluntary sector assets.

8. The Peer Challenge team presented a summary of their findings to CYC and partners on the final day of the review, this is attached as appendix 2.

9. Following the receipt of the final Peer Challenge report on 17 March. The Directorate has begun to develop an action plan based on the recommendations in the report, under the headings of the Local Government Association (LGA) Adult Safeguarding Improvement Tool. Once this action plan has been agreed through the Health Housing and Adult Social Care Directorate Team, this will be shared with the committee.

Background

10. Peer Challenge is a national model which has been adopted by the Yorkshire and Humber region as means by which local authorities work together to improve quality and performance in adult social care. The challenge is designed to help an authority and its partners assess current achievements, areas for development and capacity to change. The Peer Challenge is not an inspection. It offers a supportive approach, undertaken by friends – albeit 'critical friends'. It aims to help an organisation identify its current strengths; to build upon and identify what it needs to improve.

11. The CYC challenge had a focus on safeguarding adults, with particular emphasis on the statutory responsibilities in the Care Act (2014) and its guidance which promotes a more personalised approach. As such this approach which focuses on outcomes, risk enablement and personal strengths is a key component in developing a new operating model in adult social care.

12. CYC Health and Adult Social Care Policy and Scrutiny Committee receive a bi-annual assurance report in relation to adult safeguarding. This Peer Challenge recognised the Council (and partners) proactive approach particularly in respect of the role of scrutiny, plus the overall strengths in performance in this area as well as the developing approach to its broader range of duties and responsibilities.

Consultation

13. The Peer Challenge report and its recommendations were informed by engagement with customers, carers, partners and staff. Actions resulting from this will be used to further develop our approach to engagement, partnership and coproduction.

Options

14. Members are asked to note the Peer Challenge report

15. Members are asked to recognise the positive contribution to adult safeguarding made by our frontline staff and partners, our broader stakeholders including service users, carers and Scrutiny Members.

Analysis

16. The Council has statutory responsibilities for Safeguarding Adults. The Peer Challenge has provided valuable insight into how CYC and partners meet the statutory requirements to safeguarding adults at risk of abuse and develop a more personalised community focused operating model.

17. CYC officers recognise the Peer Challenge feedback as a relatively accurate picture both in terms of strengths and areas of risk. The issues identified in the Peer Challenge will help inform scrutiny from Members through this committee.

18. The Peer Challenge recognises the excellent work being done to support adults with care and support needs and safeguard them from abuse and highlights the need for this to be celebrated.

Council Plan

19. The Peer Challenge supports the work to deliver the Council Plan, focussing on improving front line services and being a Council that listens to residents.

Implications

20. **Financial**
The Peer Challenge report highlights the need to consider how we ensure sufficient resourcing of our ambitious change programme.

21. **Human Resources (HR)**

The Peer Challenge report highlights the need to consider our workforce planning and role and service redesign.

22. **Equalities**

No new implications

23. **Legal**

No new implications

24. **Crime and Disorder**

No new implications

25. **Information Technology (IT)**

No new implications

26. **Property**

No new implications

Risk Management

27. The Peer Challenge report provides an accurate reflection of Adult Social Care in York. There is a clear vision as to how we support our customers. York has great assets in its staff and communities and we are working to bring these together to create better outcomes for customers.

Conclusions

28. The Peer Challenge has delivered the brief that was set as it has identified the key achievements and strengths in York's approach to adult social care plus areas for potential development. There is confirmation that York is on the cusp of making further significant transformational change to more personalised approach based on the

strengths and assets of our communities and recommends us to continue to achieve this direction of travel.

Recommendations

29. (i) On the basis of the analysis above, Members are recommended to accept and consider the report and request updates on actions taken

Reason:

To provide further scrutiny to support CYC and partners in improving outcomes for people with care and support needs and developing the sustainability of the health and social care system.

(ii) To recognise the positive contribution to adult safeguarding made by our frontline staff and partners, our broader stakeholders, including service users, carers and scrutiny Members.

Reason:

The contribution made by front line staff and partners is highlighted by the Peer Challenge as is the need to celebrate our success

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Report Approved ✓ **Date** 03/04/2016

Wards Affected: **All** ✓

For further information please contact the author of the report

Appendices:
Appendix 1: Peer Review report
Appendix 2: Peer Review final presentation

Abbreviations
ADASS – Association of Directors of Adult Social Services
HHASC – Health, Housing & Adult Social Care

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Appendix 1

City of York Council
Adults Safeguarding
Peer Challenge Report

January 2017

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Executive Summary

City of York Council requested that the Yorkshire and Humber ADASS undertake an Adult Safeguarding Peer Challenge at the Council and with partners. The work was commissioned by Martin Farran, Corporate Director of Health, Housing and Adult Social Care who was the client for this work. He was seeking an external view on the direction of travel that York was undertaking in the transforming of adult social care, and how York might improve outcomes for people using services, as well as a view on how the future sustainability of the health and social care system could be promoted. The Council intends to use the findings of this peer challenge as a marker on its improvement journey. The specific scope of the work was:

- An external view of direction of travel and progress made to transform adult social care in York
- Recognition of the journey towards implementation of MSP and scope for improvement
- Confirmation and challenge of the self assessment and how York might
    - Further improve health and well being outcomes for individuals
    - Promote the future sustainability of the health and social care system

The City of York Council (CYC) has a new senior management team following a five year period where senior appointments were transient or interim. A newly appointed Chief Executive Officer and the current Corporate Director of Health, Housing and Adult Social Care appointed in 2015, have established a stable and committed senior management who are driving transformation of services based on a vision that is recognised by the council and partners.

The peer team heard from staff that had a “can do” attitude, there is a sense of collective optimism in delivering the vision. There is evidence of good monitoring, support and improvement practice in place underpinned by a shared understanding of good quality of care and a focus on prevention.

The peer team thought that Making Safeguarding Personal (MSP) were principles that ran through York’s social care practice like a stick of rock. MSP is transforming the work around the city and the work of social care appears to be bespoke to individuals and this was evidenced by good case examples. The Safeguarding Board understand the importance of talking through a case, and this demonstrates a learning organisation from the bottom up and top down

York’s front line staff are amazing! There are good levels of motivation and a sense that people are communicating and supporting each other very well.

Although there is now a stable management team in place, the legacy of the senior team instability is still an issue for some service managers and front line staff, many of whom have worked in York for many years. We heard levels of anxiety around how long the current Director would remain in York and whether “*new structures*” would bring further change.

Front line staff and middle managers have weathered the storm of frequent leadership changes and feel supported by each other. Staff welcome the stability that the new director has brought and expressed a desire for "the review" to take place so that they understand what the final shape of the service will be.

Safeguarding Board arrangements, including the critical role of the Council's safeguarding service, is at risk of being underfunded "*There's no fat on it*" Arrangements to service the Board are lean and more capacity is needed. However, key partners are extremely committed and show a huge amount of resourcefulness and creativity. It is invidious to single partners out, but the leadership shown by the Police and by Healthwatch are worthy of particular note. The Peer Review Team were envious of the strength of many local partnership arrangements.

There is no doubt that staff and social workers have worked hard to keep people safe and independent, and a shift towards a personalised approach is starting to take hold. However, there is an anxiety in staff that as York moves to a personalised, preventative approach, that the infrastructure of services needed in communities to support people in new ways is not available. The Peer Review Team did not think this anxiety was well-founded: York is clearly a city with a huge number of community organisations and local assets. However staff concerns highlight the need for proactive workforce development to support them in working differently and engaging with the new opportunities that are emerging.

York should be proud of the enormous strength there is with your staff, your partners and your physical assets in delivering excellent services. York really does feel at a potential turning point in beginning to harness these considerable advantages to the benefit of local citizens, even in the context of limited financial resources.

The report is includes detailed comment across the headings of the Local Government Association (LGA) Adult Safeguarding Improvement Tool, and incorporates recommendations in response to the scoping questions within the standards, to help City of York Council, the SAB and partners to continue to build upon its existing firm foundations, develop and improve at pace.

Report
Background

1. City of York Council (CYC) requested that the Yorkshire and Humber ADASS undertake an Adult Safeguarding Peer Challenge with the Council and its partners. The review used the LGA Adult Safeguarding Improvement Tool and a LGA Associate to manage the Challenge Process. The work was commissioned by Martin Farran, Corporate Director of Health, Housing and Adult Social Care, who was the client for this work. He was seeking an external view on the direction of travel that York was undertaking in the transforming of adult social care, and how York might improve outcomes for people using services, as well as a view on how the future sustainability of the health and social care system could be promoted. The Council intends to use the findings of this peer challenge as a marker on its improvement journey. The specific scope of the work was:

   - An external view of direction of travel and progress made to transform adult social care in York
   - Recognition of the progress made in relation to the implementation of MSP along with the potential for improvement
   - Confirmation and challenge of the self assessment and how York might
     - Further improve health and well being outcomes for individuals
     - Promote the future sustainability of the health and social care system

2. A peer challenge is designed to help an authority and its partners assess current achievements, areas for development and capacity to change. The peer challenge is not an inspection. Instead it offers a supportive approach, undertaken by friends – albeit 'critical friends'. It aims to help an organisation identify its current strengths, as much as what it needs to improve. But it should also provide it with a basis for further improvement.

3. The benchmark for this peer challenge was the Adult Safeguarding Improvement Tool, March 2015. The Standards for Adult Safeguarding are at (Appendix 1). These were used as headings in the feedback along with feedback on the scoping questions outlined above. The key themes of the challenge were:

   - Outcomes for, and the experiences of, people who use services
   - Leadership, Strategy and Working Together
   - Commissioning, Service Delivery and Effective Practice
   - Performance and Resource Management

4. The members of the Peer Challenge Team were:

- **Phil Holmes,** Director of Adult Services, Sheffield Council
- **Cllr Marilyn Greenwood,** AHSC Scrutiny Chair, Calderdale Council
- **Shona McFarlane,** Deputy Director, Leeds City Council

- **Liz Walton, Designated Nurse,** Safeguarding, NHS Salford, CCG
- **Richard Cumbers,** Assistant City Manager, Hull City Council
- **Venita Kanwar,** LGA Associate

Assisted by

- **Margaret Rosser,** Directorate Improvement Manager, Calderdale Council
- **Sarah Carlisle,** Safeguarding Partnership Manager, Kirklees Council
- **Dave Roddis,** Yorkshire and Humber ADASS

5. The team was on-site from 23rd – 25th January 2017. The programme for the on-site phase included activities designed to enable members of the team to meet and talk to a range of internal and external stakeholders. These activities included:

    - interviews and discussions with councillors, officers and partners
    - focus groups with managers, practitioners, frontline staff and people using services / carers
    - reading documents provided by the Council, including a self-assessment of progress, strengths and areas for improvement
    - A comprehensive audit of a select number of case files

6. The peer challenge team would like to thank staff, people using services, carers, partners, commissioned providers and councillors for their open and constructive responses during the challenge process. The team was made welcome and would in particular like to thank Martin Farran Corporate Director of Health, Housing and Adult Social Care and Melanie Hopewell Executive Support Officer and Carolyn Ford Inspection and Planning Manager for their invaluable assistance in planning and undertaking this review.

7. Our feedback presentation to the Council on the last day of the challenge gave an overview of the key messages. This report builds on the initial findings and gives a detailed account of the challenge.

8. The Care Act (2014) provides the statutory framework and guidance for adult safeguarding. This defines an ‘adult at risk’ as ‘a person who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself or unable to protect him or herself against significant harm or exploitation’. The previous Government published a review of No Secrets with the following key messages for safeguarding:
    - safeguarding must be empowering (listening to the victim’s voice)
    - everyone must help empower individuals so they can retain control and make their choices
    - safeguarding adults is not like child protection – vulnerable adults need to be able to make informed choices
    - participation / representation of people who lack capacity and the use of the Mental Capacity Act are important.

The Care Act has put safeguarding adults on a statutory footing. Safeguarding remains a complex area of work and case law continues to test the basis on which it is undertaken.

Leadership, Strategy and Working Together

Strengths

- Newly established, highly motivated executive team
- Very highly regarded independent safeguarding chair
- Highly regarded Cabinet member who brings "can do" focus and experience of delivery
- The Chief Executive, Members, The Director of Adults Social Care and his senior management team are committed to "Prevent Reduce Delay" and this ethos permeates throughout adult social care
- There is a very well represented Safeguarding Board with evidence of good relationships with partners, with opportunities to develop further.
- Good leadership from key partners including the Third Sector, Police and GPs

Areas for consideration

- The many senior management changes in recent years have caused apprehension
- The executive team has a clear vision, but lots of work is needed to get everybody on board
- Staff would like more contact with senior officers
- We welcome the council's commitment to consider the restructure of scrutiny panels, to enable closer working between members and officers
- We understand the significant challenges that the CCG faces

"If anyone can do it, York can"

Chief Executive

9. The last eighteen months has seen City of York Council (CYC) appoint a new senior management team following a five year period where senior appointments were transient or interim. At the top of the structure is a newly appointed Chief Executive Officer. The current Corporate Director of Health, Housing and Adult Social Care who has been in post since 2015, and together they have established a stable and committed senior management which is driving transformation of services based on a vision that is recognised by the directorate and partners. The mantra of "Prevent, Reduce, Delay " is embedded and was frequently heard by the peer team.

10. The chair of the Safeguarding Adults Board was widely praised by members, partners, officers and staff for his commitment and passion for safeguarding people and his leadership of the Board. The Chair is effective and challenging and is committed to delivering improvement based on the evidence presented to the Board, for example the work delivered on suicide prevention in collaboration with the universities. Comments in relation to the Chair were "*He lives "Making Safeguarding Personal" and his passion comes through*". He is commissioning a theatre company to bring the Making Safeguarding Personal message and roll it out further. To ensure that partners are working in the same way he is asking

them to provide , in addition to their safeguarding data, examples of what they are doing to embed MSP. The Board we heard is well structured, and the Chair "*provides tough challenges when needed, but is otherwise supportive*".

11. The Safeguarding Board is well represented with a range of committed partners, and all representatives are at the appropriate level of seniority within their own organisation. There are clear terms of reference for the Board, setting out accountabilities, and a strong constitution outlining roles and responsibilities, and conduct of members

12. The cabinet member demonstrated her commitment to safeguarding both adults and children, and provides a bridge between the two directorates as a previous chair of the Children's Safeguarding Board. Links too with the Health and Wellbeing Board are well developed as the cabinet member is also the Chair of this Board. The peer team heard that there is strong leadership from the Cabinet Member, "*she does the difficult stuff really really well*". The commitment to the social care agenda and wealth of experience of the cabinet member provides a solid foundation for political leadership.

13. Opposition councillors also spoke of a shared commitment to delivering transformation in social care based on Prevent, Reduce, Delay and spoke of good cross party working arrangements.

14. There is good leadership from partners for safeguarding, with a very strong and vibrant third sector delivering services in partnership with the council, the police as part of the Vulnerability Assessment Team (VAT) located in the council offices and therefore accessible and involved in discussions with care staff and the safeguarding team. The peer team heard that there were GP leads in all practices and that GP's worked collaboratively within multi-practices where they were co-located with social care staff within localites, delivering a strong primary care, preventative function.

15. Although there is now a stable management team in place, the legacy of the senior team instability is still an issue for some service managers and front line staff, many of whom have worked in York for up to 15 years. We heard levels of anxiety around how long the current Director would remain in York and whether "*new structures*" would bring further change.

16. Staff were pleased that the senior management team were expressing a clear vision for adult social care, but some wondered what "*the inverted triangle meant in practice*". The inverted triangle of the prevention model, is still to be embedded for some at the front line. We were told about the vision "*not everyone has internalised it although everyone has heard it*" Embedding the vision at the front line is something that could form part of the newly appointed Principal Social Worker's role (PSW).

17. Staff spoke to the peer team about the need to understand how the vision could become a reality in practice (as mentioned above in paragraph 17) and further understand the direction of travel. There was a suggestion that the Director and Senior Managers should "*walk the floor and have informal conversations*" with staff, and they said that this is something they would value. It felt to the peer team that the pace of change is fast and that a lot has happened in the last year. While senior managers understand perfectly how Reduce, Prevent, Delay

should work, there is still a cohort of staff that do not fully understand the range in services provided outside of the council, and who may still have a very traditional approach to delivering social care. The senior management team are already considering ways in which their vision can be translated into practice for all staff. Although there is evidence (for example via regular roadshows) that the DASS and senior management team have already sought to increase their accessibility, it is unsurprising that there remains further appetite for this from staff.

18. The peer team heard that Scrutiny was being reviewed to set out more clearly the roles of officers and members, with a clear framework of standards accompanying this. The peer team welcomed the review and believe it will lead to improved challenge and Scrutiny that will ultimately improve both services and outcomes for people, and will demonstrate an ongoing commitment to improvement in the council.

19. The peer team understood the significant financial challenges experienced by the CCG (Clinical Commissioning Group). It was regrettable that the team did not have significant contact with the CCG in the course of the Peer Review to explore further if and how this affected their ability to be a strong safeguarding partner at both strategic and operational levels. However it did seem clear that financial insecurity was hampering longer term planning, potentially in ways that would cost local organisations more (for example by not getting a strong grip on local intermediate care services). While these concerns existed, the Council and other partners expressed empathy and trust in the individuals working within the CCG at present, and were determined that the overall partnership was supportive of individual members..

Commissioning, service delivery and effective practice

Strengths

- Partners work well on safeguarding and quality in residential and nursing care although there are concerns about CHC
- Local authority commissioners have a "can do" approach
- Links between social work, safeguarding and commissioning are strong and further opportunities have been identified
- "Triaging" of safeguarding referrals has assisted community teams to target their response and has improved ownership of safeguarding
- Recent improvements to reablement and front door have had a positive impact
- Front line staff have weathered the storm of frequent leadership changes
- Front line staff are supporting each other really well
- Evidence of some good management practice at all levels

Areas for Consideration

- York needs to satisfy itself about the capacity, coverage and focus of advocacy services
- Some service users, carers and partners did not know how to access support when they had concerns
- Concerns about some practice that is quite traditional and needs to move to become more strength-based and less preoccupied with outputs. The focus on risk enablement and outcomes will address this.
- Vision on early intervention and prevention is clear, but more to do to align partnership activity and ensure there is capacity to deliver this.

"The jigsaw pieces are there: we're just not sure how they fit together"

Managers workshop

20. The Local Authority (LA) and the Care Quality Commission (CQC) work well together to ensure quality and safety of residential care. There is evidence of good monitoring, support and improvement practice in place where the joint understanding of having good quality of care provides a preventative function. For example, the development of a joint action plan which providers are expected to submit to the funding and contracting partners as well as CQC enables a single view of quality improvement and gives the provider one clear plan to work against rather than having separate action plans. Intelligence Meetings take place in which managers share reports and take a co-ordinated approach to suspensions and there is a joint approach to action plans where there are high risks resulting in joint visits and follow up. Healthwatch also contribute to this through their 'Enter and View' visits where the Healthwatch volunteers speak to residents, a report is provided both to the council and to CQC, which has added value and reduced the burden on inspection. This has

increased to visibility to Healthwatch in care homes and provides another route through which people can raise concerns, and have their voice heard.

21. There were concerns expressed about the approach that the CCG was taking with regard to NHS Continuing Healthcare (CHC). CCG staff engaged within this function were not always accessible when it came to exercising leadership around quality or safeguarding concerns with registered providers. This was felt to link with significant funding restrictions in relation to actual use of CHC. The Peer Review Team were unable to get sufficient access to the CCG to be able to triangulate this.

22. We saw evidence of a “can do” approach from commissioners particularly, and a culture of “glass half full” across the directorate which is commendable.

23. Safeguarding leads recognised the need for stronger links into commissioning and contract management and are working to develop these. Staff demonstrate self awareness and understand where improvements need to be made.

24. We heard that there was an effective “triaging” of safeguarding referrals which assisted community teams to target their response and has improved ownership across the services. Safeguarding staff were confident in their decision making and felt well led and enabled to make decisions by their managers. Safeguarding staff articulated that part of their role was to be supportive, advisory and specialist within the directorate. Social care staff we spoke with valued the role of the safeguarding team, and understood their own role in safeguarding people.

25. The increased use of supported discharge, reablement and “diverting” people at front door is having a positive impact. There were examples of positive leadership within the service itself that had a significant impact across the whole system.

26. The PSW has plans to support developing practice including using action learning sets. The PSW role is a new position in York’s adult social care service and the peer team believe the PSW function will assist the directorate in embedding the vision, values and skills required for the service as it continues the transformation journey.

27. Front line staff and middle managers have weathered the storm of frequent leadership changes and feel supported by each other. Staff welcome the stability that the new director has brought and expressed a desire for “the review” to take place so that they understand what the final shape of the service will be.

28. There was a strong emphasis on workforce development, with a senior management focus on an integrated approach across strategy, vision and service development. Peers were told that further consideration is to be given to HR and Recruitment staff undertaking safeguarding training, and for social workers to have a better understanding of budget and financial requirements and procedures.

29. The peer team heard that Advocacy Services have been through a recommissioning process and we felt that there was a need for City of York to

be confident that the Advocacy Service was robust and resourced to deliver. Advocacy Services are unclear about thresholds for safeguarding and the urgency of the referrals they receive. In particular they expressed concern about the length of the referral form they were required to complete for the Safeguarding Team.

30. Some health partners were unsure who to contact for advice and in particular advice around crisis services. Health professionals requested an improved dialogue and information provided to them when their patients have been subjected to a safeguarding process. The peer team felt that a more stable staff team would help with this.

31. There were some concerns expressed by health partners that early discharges from hospital resulted in increasing needs in the community. This requires a balance of resources

32. The peer team heard that providers thought that LA staff were too paternalistic and risk averse. City of York's focus on risk enablement and an outcomes focus will begin to address this specific concern. The peer team were told of a low take up of Direct Payments (DP), and that the market for DP required further development. The peer team thought that the new care management culture was moving towards a culture of using direct payment supported by a workforce strategy that would be supportive of Personal Assistants.

33. The vision on prevention and early intervention is clear, however, as stated earlier, there is a need to embed the approach in council staff's day to day working, along with embedding the vision with all partners including the NHS. City of York should consider the opportunity now to deliver the strategy face to face with all staff.

34. Staff relying on commissioned services will need support through Local Area Coordination (LAC) (and other initiatives to become fully aware of and part of the city. Currently social workers are expressing that they feel that there are too few services available within the city – the new approach of LAC will enable there to be a clear link between the city's assets and its citizens. In order for social workers to be able to build on these links and ensure that they also support citizens to develop their strengths and assets, some accessible tools including simple guides to accessing and unlocking community resources plus clear directories at a micro-local level would be useful.

35. Front line assessment and care management staff felt that the success or failure of Direct Payment (DP) packages was solely their responsibility – more joined up work with commissioning services around DP support and the provider market would help alleviate this perception.

Case File Audit

The Case File Audit process completed in this adult social care peer challenge follows the methodology outlined in the LGA Guidance Manual for Adult Safeguarding Peer Challenges. The cases considered represented a mix of ages and included adults with mental health problems, people with learning and physical disabilities. A total of twenty-eight case record reference numbers were made available to the peer challenge team and fourteen were randomly selected, two from each category. The feedback given here is based on the files the peer challenge team have read and seen.

Strengths

- Practice was evidently person centred; there is clear evidence in all cases that the person is included in the safeguarding process and their wishes are central to the work that is carried out.
- Recording was comprehensive, with a clear record of activity and outcomes. There was less focus on analysis and judgement Initial decisions are timely.
- When managers record their views and decisions, they do this in a clear and unambiguous way and bring clarity to the safeguarding process.
- There was evidence of good partnership working with the police, community and housing services and third sector organisations including advocacy support providers

Areas for Consideration

- In complex cases, there may be a need to reflect on the 'bigger picture' through the use of planning meetings earlier in the process to gather the wider view and plan a proportionate and more timely approach
- There is a need to consider the interface between safeguarding and ongoing social work support especially where the case holding worker is out of area as one case seen would have benefited from a more strategic view including holding the provider to account
- Risks are addressed well but a more comprehensive approach undertaken earlier in the process may be beneficial. for example in a case involving domestic violence, a response through domestic violence services following a risk assessment would have been beneficial
- There would be some benefit in looking at thresholds for safeguarding intervention.
- There may be scope for ensuring that all front line social workers are refreshed in the area of legal literacy

36. Fourteen case files were provided and audited in line with the following criterial in order to assess the quality of safeguarding practice:

- That the views of the adult at risk and their desired outcomes were sought and recorded
- That the principles of the Mental Capacity Act were applied
- That the rationale for decision making was clearly recorded, and there was evidence of management oversight

- That where needed there was multi-agency involvement, and clear protection plans were put in place to manage risk
- That processes were completed within required timescales.

37. The reviewers found evidence to suggest that the adult at risk and family members and carers were involved in safeguarding investigations. Initial decisions and responses to concerns raised were prompt and that appropriate safeguards were put in place to manage any immediate risk identified.

38. The audit evidenced the majority of cases were underpinned by good practice with front line staff engaging with the adult and working alongside them to reduce risk.

39. Case files in all cases demonstrated that capacity had been assessed and recorded. Case files were comprehensive.

40. Reviewers thought that in 2 of the cases the investigations were disproportionate in terms of the response and resource allocation and in least one case there was no evidence of significant harm. This resulted in a thorough piece of work that could have been handled through the relevant agencies policies and did not require a safeguarding response. As noted above, while there was feedback that the 'triage' process was working well, and that community teams were receiving positive referrals from the safeguarding team , some work on thresholds and consideration to the plan at the start of the process may prove beneficial, which has been recognised internally. However there were no cases where the individual had been left at risk of harm.

Performance & Resource Management

Strengths

- Staff have a real “can do” attitude
- Key partners have recruited and invested in the preventative model
- Strong change programme across area teams
- Advice and information strategy in place
- The Board receives regular reports about performance
- Soft intelligence is being used practically
- There is a lot of time spent learning on case studies
- New care management system has potential
- The resource allocation system has been simplified
- Adult social care budget is managed very well

Areas for consideration

- Safeguarding team needs more stability and workforce planning
- A struggle to recruit keyworkers in the city
- Review needs to happen in ASC
- A risk of duplication in preventative services
- Data for the Safeguarding Board comes largely from the local authority
- Homecare staff – quality is viewed as having deteriorated
- Staff need more support with MOSAIC
- Quarterly DoLs Board needs to be implemented

“There’s no fat on it”

Safeguarding Manager

41. The peer team heard from staff that had a “can do” attitude, like their commissioning colleagues mentioned in paragraph 22, there is a sense of collective optimism in delivering the vision.

42. Key partners have recruited and invested in a preventative model the police partners have two safeguarding managers to ensure representation at subgroups. Housing we heard, have invested in several prevention roles with further proposals to increase housing support officer rations. Public health are developing a wellbeing service, joining up key low level health interventions, and children’s services have recruited six project officers focussed on transitions.

43. There is a strong programme of change around local area teams having a focus on developing and embedding self-evaluation.

44. There is an advice and information strategy in place with a massive opportunity for quick wins. Front line staff were in general only looking for simple and practical solutions and a bridge needs to be built between the strong aspirations of the strategy and pragmatic delivery on the ground.

45. The Board receives regular reports that inspire key decisions. An example of this is the analysis reported on number of increased suicides amongst the student population, which caused great alarm and concern. The board acting on this has put in place a suicide prevention officer with clear links to the newly recruited Head of Safeguarding, and there is a financial commitment to provide training to staff around self-harm.

46. The peer team also heard about the forthcoming survey of older people, being carried out in collaboration with the third sector to find out what levels of support is required by people to prevent them coming into social care services. This will inform future service provision focused on prevention and provided by the third sector with support from adult social care. York is committed to identifying vulnerable adults requiring support, and we heard of the commitment to identify those older people, who may be isolated and who may not currently be in receipt of care or understand how to navigate the care system. The peer team thought that your preventative support initiatives such as "*Tea and a talk*" involving volunteer university students, was an innovative way of bringing communities together and providing support.

47. Soft intelligence is being used proactively with effective links and regular communications between CQC, Commissioners and Safeguarding officers on safeguarding concerns and alerts.

48. The peer team were impressed to hear about the sharing of case studies at the Board. Several senior officers commented to us about the importance of sharing information about where things went well (both in terms of safeguarding adults and also with regard to an evaluation by all members of the safeguarding board meeting at every meeting). This was regarded as equally important as sharing lessons learned when things did not go as planned. Officers told the team " *The chair has adopted a very powerful approach of starting the meeting with a story. This sets the tone of the meeting and reminds you of why you are there…the atmosphere in the room creates a safe space*"

49. The peer team heard that the Resource Allocation System had been simplified. The language used in the new IT system challenges assessors and reviewers to think and write in the first person when updating or inputting records. This use of language can help facilitate a more solution based approach to work, leading to better outcomes and a more personalised service.

50. The peer team were impressed that the social care budget had been balanced last year and was only projecting an overspend of £300K this year. This is an enviable position to be in.

51. The peer team felt that the safeguarding team needed more stability. There are high levels of expected maternity absence in the team and high agency staffing. Improving workforce planning would improve the stability of the team.

52. The peer team heard from several officers of the difficulties around recruitment of key care staff, and there were concerns about the low level of applicants for advertised posts. There are plans in place to recruit more widely using "Community Care" as a vehicle. York is an expensive place to live, family homes are priced on average at £250K, with cheaper accommodation taken up by the student population of approximately 22,000. The lack of affordable housing is having an impact on attracting keyworkers into public services. We have been informed of plans to address this with future planning permission in brownfield sites in the city centre to focus on affordable property and homes that provide independent living facilities.

53. The peer team sensed that staff, particularly at the front line were eager for the pending review of services to commence. This would enable them to see how the final staffing structures would be configured and enable key posts to be recruited to. This would enable staff to finally have the sense of stability they have spoken to the peer team about on several occasions.

54. There is a risk of duplication in some of City of York's prevention services, we felt that Public Health links could be stronger, and that more could be done across the council to raise the profile of what officers in Public Health were doing in terms of prevention. The Public Health team spoke of a soft launch for their new wellbeing service and there may be potential that the service could go under the radar of other teams such as housing and children's who are developing similar services. This could increase the risk of duplication and result in a disjointed approach.

55. The peer team head of some concerns about the quality of home care provision, this is a national trend and not unique to York and has been noted by strategic commissioners. .Due to The costs of living and high presence of retail employment in the city of York, it is noted that the ability to recruit good home care workers is more difficult than in previous years. Providers stated that "*it is the one thing that keeps them awake at night despite their efforts to improve training and induction within their services*". There is no quick solution to this problem. We understand however that Healthwatch are undertaking a home care survey to understand user perception, which will be helpful in understanding some of the issues in the quality and effectiveness of the service.

56. Staff felt that the IT system was not working for them just yet and that they needed more support and training to be able to get the most from MOSAIC. This appears to have an impact when staff are on duty.

57. The peer team heard that a quarterly DoLs Board was to be implemented. This will result in improved oversight and monitoring of this activity. York has been managing its DoLs demands effectively which has resulted in a 'bottleneck' on authorisations. There is agreement to hold a panel which will quality assure and check residents' safety during the authorisation process. The panel will also monitor the conditions that are set under the Dols authorisation process and the use and effectiveness of RPR's (Relevant Person's Representatives). This will further strengthen what seems to be a good process.

58. The Safeguarding Board in the peer team's opinion, at risk of being underfunded, in relation to the infrastructure required to ensure robust analysis and prompt timely decision-making. "*There's no fat on it*" Board arrangements are lean and more capacity is needed.

Outcomes.

Strengths

- MSP is actively sponsored by the Safeguarding Board
- MSP is talked about proactively by staff who ae proud of treating people as individuals within the safeguarding process
- Council staff and partner organisations can provide excellent case examples showing how this approach works well
- The use of case examples to drive learning and improvement from Board level downwards demonstrates active commitment to better outcomes
- The Board has shown commitment to use evidence to drive tangible improvements, e.g. in suicide prevention

Areas for Consideration

- Service user and carer workshops did not work well and did not feel like they drew on a strong tradition of co-production: is there more work that needs to be done on this area?
- The shift to an outcomes focus will be more effective if there is identified resource to monitor and evaluate this, perhaps on a "Plan, Do, Study, Act" basis
- There is anxiety from some front line staff and managers about a shift to a more personalised, outcome focused approach because "the services aren't there"

"York is the Local Authority that we're in contact with that will talk to us most about Making Safeguarding Personal"

National Partner

59. The peer team thought that Making Safeguarding Personal (MSP) ran through York like a stick of rock. MSP is transforming the work around the city and our interviews with officers and partners has revealed that the work of social care appears to be bespoke to individuals and this was evidenced by good case examples. The Safeguarding Board understand the importance of talking through a case, and this demonstrates a learning organisation from the bottom up and top down.

60. .Boards can be talking shops, however in York this is not the case, your successes are evidenced in the way that the Board has pushed the agenda around suicide prevention. Follow through on information sharing is evident

61. The peer team on this occasion had difficulties meeting with service users and carers. The peer team pose a very mild challenge to the council in its approach to engagement of service users and co-production. Do York's adult care services feel confident in their engagement with service users and in their engagement networks, and are you doing it alongside service users? The peer team felt it to be important that City of York obtains feedback from individuals that demonstrate that people understand what safeguarding is. When individuals have been through the safeguarding process they should be invited to feedback on what the process was like for them – with support if necessary – and have an understanding of the fact that they actually have been through a safeguarding. In this way it might be possible to pick up if any issues still remain in terms of safeguarding for the particular individual

62. The peer team felt that York was delivering a lot of services on very limited resources, and we had a sense that some of your change processes needed to be knitted together more. The team thought that Children's Services were slightly ahead of Adults Services in doing this. Big changes require investment in capacity to change for example there is a gap in the investment on training for MOSAIC. Resourcing is important.

63. There is no doubt that staff and social workers have worked hard to keep people safe and independent, and a shift towards a personalised approach to working is evident. However, there is an anxiety in staff that as York moves to a personalised, preventative approach, there is a perception that the infrastructure of services needed in communities to support people is not apparent. The example of homecare services needing improvement means that staff have to be supported to navigate elsewhere to look for support at home services. The peer team thought that staff did not have sufficient information about community services to enable them to select from the very large menu of provision that is provided by the third sector. Staff requested the development of one comprehensive database of information and support.

Prospect for improvement

Strengths

- There is now strong and stable high level leadership
- Front line staff don't know how good they are!
- There is a cross-cutting vision across the whole Council that is founded on shared principles
- There is focused commitment from key partners who share this vision
- York is a city with a huge number of assets

Areas for Consideration

- Staff need to see some wins on the board to develop confidence that we are moving from talking to doing
- York is amazingly lean, but risks not making the most of opportunities without adequate change management capacity
- York needs to work across geographical boundaries with NHS and other partners: tension in relation to maintaining local focus while servicing STP and other planning processes
- Many partners are strong but others are significantly challenged and this inhibits the progress that can be made

64. There is no doubt that there is a strong and stable leadership team in place. There is still trust to be built with staff, especially when staff feel that actions and plans set out three years ago have still to be delivered and developed. For example, The peer team heard that there had been a lot of work done with In Control and a plan had been developed for personalisation. However we were told that the plan had not been followed through, leaving staff feeling concerned that the new initiatives may conclude in the same way. We also heard from staff who had been acting up into roles for over 3 years, who felt that a strategic review would give them long term security and a greater ability to focus on the day job.

65. City of York's front line staff are amazing! There is extremely good levels of motivation and a sense that people are communicating and supporting each other very well. This is helped by the fortunate layout of the West Office building, with colleagues and partners situated across the building.

66. Your vision is shared across the service, across the council and with partners. You are all chanting the mantra of Reduce, Delay, Prevent! You are all on the same page.

67. Your engagement with primary care, GP's and Police in particular is commendable. Police partners have asked to join the Health and Wellbeing Board, demonstrating commitment to the wellbeing agenda of the city.

68. City of York has great assets, the third sector is buoyant, engaged, diverse and committed to working in partnership with the Directorate.

69. The Board are delivering, but staff need to see and understand some of the successes, and view the work of the Board as conduit of delivery rather than a producer of strategies.

70. Adult social care is working to an extremely lean structure and in order to make and sustain your transformation of services, there needs to be thought given to increasing the level of resourcing support for the directorate to be able to deliver the vision.

71. York is a small city, and in reaching out to the geography of the Sustainability and Transformation Plan footprints, and health providers and the CCG, York needs to remain strong and act from a position of strength. The peer team is aware that the challenges of the CCG is affecting the ability to carry out collective planning but York has some excellent partners and your Acute Trust is stable.

72. The peer team felt that City of York should not spend time concerned with weaknesses in the system, but should focus on the enormous strength there is with your partners in delivering excellent preventative services to your population

Adult Safeguarding resources

1. **LGA Adult Safeguarding resources web page**
http://www.local.gov.uk/web/guest/search/-/journal_content/56/10180/3877757/ARTICLE

2. **Safeguarding Adults Board resources** including the Independent Chairs Network, Governance arrangements of SABs and a framework to support improving effectiveness of SABs
http://www.local.gov.uk/web/guest/search/-/journal_content/56/10180/5650175/ARTICLE

3. **LGA Adult Safeguarding Knowledge Hub Community of Practice** – contains relevant documents and discussion threads
https://knowledgehub.local.gov.uk/home

4. **LGA Report on Learning from Adult Safeguarding Peer Challenge**
http://www.local.gov.uk/web/guest/search/-/journal_content/56/10180/4036117/ARTICLE

5. **Making links between adult safeguarding and domestic abuse**
http://www.local.gov.uk/web/guest/search/-/journal_content/56/10180/3973526/ARTICLE

6. **Making Safeguarding Personal Guide 2014** – the guide is intended to support councils and their partners to develop outcomes-focused, person-centred safeguarding practice.
http://www.local.gov.uk/web/guest/publications/-/journal_content/56/10180/6098641/PUBLICATION

7. **Social Care Institute for Excellence (SCIE)** website pages on safeguarding.
http://www.scie.org.uk/adults/safeguarding/index.asp

8. **Adult Safeguarding Improvement Tool**
http://www.local.gov.uk/documents/10180/6869714/Adult+safeguarding+improvement+tool.pdf/dd2f25ff-8532-41c1-85ed-b0bcbb2c9cfa

Contact details

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For more information on adults peer challenges and peer reviews or the work of the Local Government Association please see the website http://www.local.gov.uk/peer-challenges/-/journal_content/56/10180/3511083/ARTICLE

Appendix 1 – Standards for Adult Safeguarding Improvement Tool, March 2015

Overview
There are four key themes for the standards, with a number of sub-headings as follows:

Themes	**Outcomes for, and the experiences of, people who use services**	**Leadership, Strategy and Working Together**	**Commissioning, Service Delivery and Effective Practice**	**Performance and Resource Management**
Elements	**1. Outcomes** **2. People's experiences of safeguarding** This theme looks at what difference to outcomes for people there has been in relation to Adult Safeguarding and the quality of experience of people who have used the services provided	**3 Collective Leadership** **4.Strategy** **5 Local Safeguarding Board** This theme looks at: • the overall vision for Adult Safeguarding • the strategy that is used to achieve that vision • how this is led • the role and performance of the Local Safeguarding Board • how all partners work together to ensure high quality services and outcomes	**6. Commissioning** **7. Service Delivery and effective practice** This theme looks the role of commissioning in shaping services, and the effectiveness of service delivery and practice in securing better outcomes for people	**8. Performance and resource management** This theme looks at how the performance and resources of the service, including its people, are managed

Local Government Association

directors of adass adult social services Yorkshire & Humberside

City of York Council Adults Safeguarding Peer Challenge

Feedback presentation

25th January 2017

Key quote: commitment to learning

"The Local Authority's doors are much wider open than they used to be"

National partner

directors of adass adult social services Yorkshire & Humberside

Who we are

- Thank you for having us!
- **Phil Holmes**, Director of Adult Services, Sheffield Council
- **Cllr Marilyn Greenwood,** AHSC Scrutiny Chair, Calderdale Council
- **Shona McFarlane,** Deputy Director, Leeds City Council
- **Liz Walton**, Designated Nurse, Safeguarding, NHS Salford, CCG
- **Richard Cumbers,** Assistant City Manager, Hull City Council
- **Venita Kanwar**, LGA Associate

Assisted by

- **Margaret Rosser,** Directorate Improvement Manager, Calderdale Council
- **Sarah Carlisle**, Safeguarding Partnership Manager, Kirklees Council
- **Dave Roddis,** Yorkshire and Humber ADASS

directors of adass adult social services Yorkshire & Humberside

What we are here to do:

- Sector Led Improvement Peer Challenge process
- Not an inspection – invited in as ‘critical friends’
- Non-attributable information collection
- Recommendations based on triangulation of what we’ve read, heard and seen
- How we will feed back
  - Strengths
  - Areas for further consideration
- Next steps

directors of adass adult social services Yorkshire & Humberside

What you have asked us for

- An external view of direction of travel and progress made to transform adult social care in York
- Recognition of the journey towards implementation of MSP and scope for improvement
- Confirmation and challenge of the self assessment and how York might
  - Further improve health and well being outcomes for individuals
  - Promote the future sustainability of the health and social care system

Key quote: leadership

"If anyone can do it, York can"

Chief Executive

Leadership, Strategy and Working Together

directors of adass adult social services Yorkshire & Humberside

Strengths

- Newly established, highly motivated executive team
- Very highly regarded independent safeguarding chair
- Highly regarded Cabinet member
- The Chief Executive, Members, The Director of Adults Social Care and his senior management team are committed to “Prevent Reduce Delay”
- There is a very well represented Safeguarding Board with evidence of good relationships with partners, with opportunities to develop further.
- Good leadership from key partners including the Third Sector, Police and GPs

Leadership, Strategy and Working Together

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adult social services
Yorkshire & Humberside

Areas for Consideration

- The executive team has a clear vision, but this needs to be filtered down to all staff
- Staff would like more contact with senior officers
- We welcome the council's commitment to consider the restructure of scrutiny panels, to enable closer working between members and officers
- The many senior management changes in recent years have caused apprehension

Key quote: commissioning, service delivery, effective practice

"The jigsaw pieces are there: we're just not sure how they fit together"

Managers workshop

Commissioning, service delivery effective practice

directors of adass adult social services
Yorkshire & Humberside

Strengths

- Partners work well on safeguarding and quality in residential care
- Local authority commissioners have a "can do" approach
- Links between social work, safeguarding and commissioning are strong and further opportunities have been identified
- "Triaging" of safeguarding referrals has assisted community teams to target their response and has improved ownership of safeguarding
- Recent improvements to reablement and front door have had a positive impact

Commissioning, service delivery and effective practice

Strengths (continued)

- Front line staff have weathered the storm of frequent leadership changes
- Front line staff are supporting each other really well
- Evidence of some good management practice at all levels

Commissioning, service delivery effective practice

directors of adass adult social services Yorkshire & Humberside

Areas for Consideration

- York needs to satisfy itself about the capacity, coverage and focus of advocacy services
- Some service users, carers and partners did not know how to access support when they had concerns
- Concerns about some practice that appears paternalistic and risk averse. The focus on risk enablement and outcomes will address this.
- Vision on early intervention and prevention is clear, is there the capacity for all partners to deliver this?

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Case File Audit

Strengths

- Practice was evidently person centred; there is evidence that the person is included in the safeguarding process and their wishes are central to the work that is carried out .
- Recording seemed comprehensive, with a clear record of activity and outcomes. There was less focus on analysis and judgement Initial decisions are timely.
- When managers record their views and decisions, they do this in a clear and unambiguous way and bring clarity to the safeguarding process.
- There was evidence of good partnership working with the police, community and housing services and third sector organisations including advocacy support providers

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Case File Audit

Areas for Consideration

- In complex cases, there may be a need to reflect on the 'bigger picture' through the use of planning meetings earlier in the process to gather the wider view and plan a proportionate and more timely approach
- There is a need to consider the interface between safeguarding and ongoing social work support especially where the case holding worker is out of area as one case seen would have benefited from a more strategic view including holding the provider to account
- Risks are addressed , a more comprehensive approach undertaken earlier in the process may be beneficial – in one case, the individual's needs had been met through a coordinated approach but the risk of violence to his family was addressed in only a limited way. A response through domestic violence services following a risk assessment would have been beneficial.
- There were occasions where the safeguarding process was used to achieve a positive outcome, but the issue was not evidently a safeguarding one
- Legal literacy could be improved as in one case a DoLS was suggested in an area where a DoLS would not have been appropriate

Key quote: Performance and Resource Management

“There’s no fat on it”

Safeguarding Manager

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Performance & Resource Management

Strengths

- Staff have a real “can do” attitude
- Key partners have recruited and invested in the preventative model
- Strong change programme across area teams
- Advice and information strategy in place
- The Board receives regular reports about performance
- Soft intelligence is being used practically
- There is a lot of time spent learning on case studies

Performance & Resource Management

Strengths (continued)

- New care management system has potential
- The resource allocation system has been simplified
- Adult social care budget is managed very well

Performance & Resource Management

Areas for Consideration

- Safeguarding team needs more stability and workforce planning
- A struggle to recruit keyworkers in the city
- Restructure needs to happen in ASC
- A risk of duplication in preventative services
- Data for the Safeguarding Board comes largely from the local authority
- Homecare staff – quality is viewed as having deteriorated
- Staff need more support with MOSAIC
- Quarterly DoLs Board needs to be implemented

Key quote: Outcomes

"York is the Local Authority that we're in contact with that will talk to us most about Making Safeguarding Personal"

National partner

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Outcomes

Strengths

- MSP is actively sponsored by the Safeguarding Board
- MSP is talked about proactively by staff who ae proud of treating people as individuals within the safeguarding process
- Council staff and partner organisations can provide excellent case examples showing how this approach works well
- The use of case examples to drive learning and improvement from Board level downwards demonstrates active commitment to better outcomes
- The Board has shown commitment to use evidence to drive tangible improvements, e.g. in suicide prevention

Outcomes

Areas for Consideration

- Service user and carer workshops did not work that well: is there more work that needs to be done on co-production?
- The shift to an outcomes focus will be more effective if there is identified resource to monitor and evaluate this, perhaps on a "Plan, Do, Study, Act" basis
- There is anxiety from some front line staff and managers about a shift to a more personalised, outcome focused approach because "the services aren't there"

Prospects for improvement

Strengths

- There is now strong and stable high level leadership
- Front line staff don’t know how good they are!
- There is a cross-cutting vision across the whole Council that is founded on shared principles
- There is focused commitment from key partners who share this vision
- York is a city with a huge number of assets

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Prospects for improvement

Areas for Consideration

- Staff need to see some wins on the board to develop confidence that we are moving from talking to doing
- York is amazingly lean, but risks not making the most of opportunities without adequate change management capacity
- York needs to work across geographical boundaries with NHS and other partners: tension in relation to maintaining local focus while servicing STP and other planning processes
- Many partners are strong but others are significantly challenged and this inhibits the progress that can be made

Adults resources

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LGA Adult Safeguarding resources web page

http://www.local.gov.uk/web/guest/search/-/journal_content/56/10180/3877757/ARTICLE

Safeguarding Adults Board resources including the Independent Chairs Network, Governance arrangements of SABs and a framework to support improving effectiveness of SABs

http://www.local.gov.uk/web/guest/search/-/journal_content/56/10180/5650175/ARTICLE

LGA Adult Safeguarding Knowledge Hub Community of Practice – contains relevant documents and discussion threads

https://knowledgehub.local.gov.uk/home

LGA Report on Learning from Adult Safeguarding Peer Challenge

http://www.local.gov.uk/web/guest/search/-/journal_content/56/10180/4036117/ARTICLE

Making links between adult safeguarding and domestic abuse

http://www.local.gov.uk/web/guest/search/-/journal_content/56/10180/3973526/ARTICLE

Making Safeguarding Personal Guide 2014 – the guide is intended to support councils and their partners to develop outcomes-focused, person-centred safeguarding practice.

http://www.local.gov.uk/web/guest/publications/-/journal_content/56/10180/6098641/PUBLICATION

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Your reflections and questions

directors of adass adult social services
Yorkshire & Humberside

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www.local.gov.uk/peer-challenge

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

Meeting Date	Work Programme
Wednesday 22 June 2016 @ 5.30pm	1. Attendance of Executive Member for Health and Adult Social Care to explain her challenges and priorities for the municipal year 2. Be Independent End of Year Position 3. Verbal update on Bootham Park Hospital Scrutiny Review 4. Work Plan 2016/17
Tues 19 July @ 4pm	1. End of Year Finance & Performance Monitoring Report 2. TEWV report on consultation for proposed new mental health hospital for York. 3. Safeguarding Vulnerable Adults Annual Assurance report 4. Position report on Healthy Child Service Board 5. Pre-decision Report on Re-procurement of Substance Misuse Treatment and Recovery Services 6. Work Plan 2016/17
Wed 28 Sept @ 5.30pm	1. Health & Wellbeing Board six-monthly update report 2. 1st Quarter Finance & Performance Monitoring Report 3. Report on change of services at Archways Intermediate Care Unit 4. Update report on CCG turnaround and recovery plans 5. Bootham Park Hospital Draft Final Report. 6. Work Plan 2016/17

Tues 18 Oct @ 5.30pm	1. Annual Report of the Chief Executive of York Teaching Hospitals NHS Foundation Trust. 2. Further update on actions against York Hospital Action Plan. 3. Tees, Esk and Wear NHS Foundation Trust – One Year On in York 4. Work Plan 2016/17 **Circulated Reports** 5. Front Street / Beech Grove GP Practice Mergers 6. Re-procurement of community services and wheelchair services.
Wed 30 Nov @ 5.30pm	1. Healthwatch six-monthly Performance Update report 2. 2nd Quarter Finance & Performance Monitoring Report 3. Briefing Report on Ambulance Cover in York. 4. Update Report on STP 5. Further Update report on CCG turnaround and recovery plans. 6. Work Plan 2016/17 **Circulated Reports** 7. Update Report on Archways and Home-Based Care 8. Update Report on Winter Pressures
Tues 20 Dec @ 5.30pm	1. Update Report on Elderly Persons' Homes 2. Six-monthly Quality Monitoring Report – Residential, Nursing and Homecare Services.

	3. Be Independent six-monthly update report 4. Draft report on new Joint Health & Wellbeing Strategy 5. Healthwatch York six-monthly Performance Update Report (deferred from November) 6. Work Plan
Mon 30 Jan 2017 @ 5.30pm	1. Safeguarding Vulnerable Adults Six-Monthly Assurance Report 2. Update Report on Healthy Child Service 3. Update Report on CCG Improvement Plan including: • Delayed Transfer Of Care • Continuing Health Care • Partnership Commissioning Unit 4. Work Plan 2016/17
Mon 27 Feb 2017 @ 5.30pm	1. 3rd Quarter Finance & Performance Monitoring Report 2. Yorkshire Ambulance Service CQC Inspection report 3. TEWV / CCG report on outcome of consultation for new mental health hospital 4. Update on implementation of recommendations from Bootham Park Hospital Scrutiny Review 5. Work Plan 2016/17
Wed 29 March 2017 @ 5.30pm	1. Update Report on NHS England Transfer of Services Action Plans 2. Further Update Report on CCG finance and recovery plan 3. Update Report Public health Services commissioned by NHS England – vaccinations, immunisations and screening 4. Council Motion – Access to NHS Services 5. Public Health Spending Scrutiny Review Draft Final Report 6. Work Plan 2016/17

Wed 19 April 2017 @ 5.30pm	1. Development of community services in light of Archways closure 2. Safeguarding Adults Board Peer review report 3. Work Plan 2016/17
Wed 31 May 2017 @ 5.30pm	1. Annual report of Health & Wellbeing Board 2. Hospital update report on winter experience 3. Safeguarding Adults Board Action Plan. 4. Healthwatch six-monthly Performance Update report. 5. CCG Task Group Scoping report 6. Draft work Plan 2017/18

June: Six-monthly Quality Monitoring Report – Residential, Nursing and Homecare Services
July: Be Independent end of year position