



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

(please note that as of Annual Council on 25 May 2017 this committee will operate as Health, Housing & Adult Social Care Policy & Scrutiny Committee)

- To:** Councillors Doughty (Chair), Cullwick (Vice-Chair), Derbyshire, S Barnes, Craghill and Richardson
- Date:** Wednesday, 31 May 2017
- Time:** 5.30 pm
- Venue:** The Snow Room - Ground Floor, West Offices (G035)

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 interestswhich they may have in respect of business on this agenda.
- 2. Minutes (Pages 3 - 8)**
To approve and sign the minutes of the meeting held on 19 April 2017.
- 3. Public Participation**
At this point in the meeting members of the public who have registered to speak can do so. The deadline for registering is **5.00pm on Tuesday 30 May 2017**. Members of the public can speak on agenda items or matters within the remit of the Committee. To register to speak please contact the Democracy Officer responsible for the meeting, on the details at the foot of the agenda.

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The Council's protocol on Webcasting, Filming & Recording of Meetings ensures that these practices are carried out in a manner both respectful to the conduct of the meeting and all those present. It can be viewed at: http://www.york.gov.uk/download/downloads/id/11406/protocol_for_webcasting_filming_and_recording_of_council_meetings_20160809.pdf

- 4. Review of Winter 2016/17 (Pages 9 - 22)**
This presentation details how York Teaching Hospital NHS Foundation Trust handled pressures on the service during the winter months 2016/17.
- 5. Healthwatch York: Performance Monitoring Six Monthly Review (Pages 23 - 36)**
This report sets out the performance of Healthwatch over the past six months.
- 6. City of York Council Adult Safeguarding Peer Challenge Action Plan (Pages 37 - 50)**
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, which took place in January 2017. This report contains details of the review and the CYC Safeguarding Adults Peer Review Action Plan.

7. Work Plan (Pages 51 - 52)

Members are asked to consider the Committee's draft work plan for the municipal year.

8. Urgent Business

Any other business which the Chair considers urgent under the Local Government Act 1972.

Democracy Officer:

Name- Laura Clark

Contact Details -

- Telephone – (01904) 554538
- E-mail – Laura.Clark@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 میا کی جاسکتی ہیں۔ (Urdu)

 **(01904) 551550**

Health and Adult Social Care Policy and Scrutiny Committee

Agenda item 1: Declarations of interest.

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

Councillor S Barnes Works for Leeds North Clinical Commissioning Group

Councillor Craghill Member of Health and Wellbeing Board

Councillor Doughty Member of York NHS Foundation Teaching Trust.

Councillor 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	19 April 2017
Present	Councillors Doughty (Chair), Cullwick (Vice-Chair), Derbyshire, S Barnes and Craghill
Apologies	Councillor Richardson
In Attendance	Councillor Cannon

75. 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 prejudicial interests or disclosable pecuniary interests that they might have in the business on the agenda. No interests were declared.

76. Minutes

Resolved: That, following discussion, the minutes of the Health and Adult Social Care Policy and Scrutiny Committee held on 27 February and 29 March 2017 be approved and signed by the Chair as a correct record

77. Public Participation

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

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

Members received a report which identified the background to the decision to close the Archways Intermediate Care Unit and reinvest resources into an expanded range of community services. It provided an update on the success of measures planned and implemented.

Mike Proctor, Deputy Chief Executive of York Teaching Hospital NHS Foundation Trust and Steve Reed, Head of Strategy for Out of Hospital Services were in attendance to present the report and answer Members questions.

Members were given some background on the community services that were being provided following the closure of Archways. These included a Community Response Team (CRT), Community Discharge Liaison Team (CDLT), Advanced Clinical Practitioners and Outreach Pharmacists. Staff from the Archways Unit were either redeployed into other units and additional staff were recruited to work in the CRT.

They informed Members that as a result of the work of the CDLT, and the closure of Archways they had been able to support an additional 129 patients than in the previous year. They had planned that the expanded CRT team from January- March 2017 would be able to support 430 people as opposed to 360 people previously supported at home. 422 people had been admitted into inpatient beds, but this was 40 fewer admissions than previously and showed that those people who went to Archways were now going to other units. In addition more people were receiving care at home.

Further information was given on the how the Community Response Team would work alongside other teams such as voluntary sector services, Reablement and Physiotherapy services from York Hospital. It was noted that the CRT would be based in the Archways building, which would allow for an integrated space to deal with referrals.

The Deputy Chief Executive admitted that the Hospital had not carried out consultation on the closure of the Unit to the best of its ability.

In response to a Member's question it was confirmed that patients who had been discharged from Archways into the Community Response Team would be monitored on the outcomes of their care and if they would recommend the service to others. It was noted that the rehabilitation period between community units and home based care was different and that rehabilitation was quicker at home.

The resilience of the system was brought up by a Member as the measures were introduced in winter time when travel to other units out of the area could be difficult due to the weather. It was also highlighted that with home based care, staff could have difficulty with travel.

The Deputy Chief Executive felt that although it there had been mild weather, it had been the toughest winter for the NHS. He felt that the hospital were in a better position for no longer having Archways and that more work could be undertaken to expand community services to prevent hospital admissions.

Further discussion took place over regarding financing the community services contract. Members were informed that it cost £1.5m to run Archways and that £1.2m had been spent on the community services contract. This meant 20% of the money available for community services had been spent elsewhere by the CCG.

However, it was acknowledged by the Deputy Chief Executive that it was the decision of the Clinical Commissioning Group to divide this portion of the money and given their financial difficulties he was unsure as to whether £300,000 of funding would go into the Community Contract.

Members expressed their disappointment that they had previously been provided with different information.

One Member questioned whether it was up to the commissioner of community services (NHS Vale of York CCG) to provide a 20% cut in services, particularly given that they had previously informed the Committee that the money from the sale of Archways would be reinvested and the provider (York Hospital NHS Foundation Trust) was unaware of the location of the money.

Members asked that a request for an answer to this question be made to NHS Vale of York CCG.

Members also requested an email update on figures in the community service provision. It was confirmed that an emailed report could be produced in six months time.

Resolved: (i) That the report be received and noted.

(ii) That a letter be written to NHS Vale of York Clinical Commissioning Group (CCG) to explain where they had invested their share of the Community Contract money.

(iii) That an email update report including figures on community services provision be circulated to Members in six months' time.¹

Reason: To keep Members updated on the progress of actions taken following the closure of Archways Intermediate Care Unit.

Action Required

1. Write letter to NHS Vale of York CCG SE
informing them of the Committee's request

79. City of York Council Adult Safeguarding Peer Challenge Report

Consideration was given to a report which presented the results of the first City of York Council Adult Safeguarding Peer Challenge which took place in January 2017.

Members questions related to the following;

- How far could safeguarding services be provided through the voluntary and community sector?
- Early discharges which increased the needs of patients in the community-who were balancing the resources needed for the increased needs?
- The provision for affordable housing.

In response it was noted that the provision of safeguarding services through the voluntary and community sector was at an early stage, and it was crucial to ensure that engagement from partners on the Health and Wellbeing Board and the CCG were engaged.

Members were informed that data of people after reablement was currently being analysed as to whether early discharge allowed them to become more independent.

It was noted that affordable housing was a key issue in social care in regards to mental health and wellbeing, but also to the workforce. Members were informed that housing strategies were being reviewed to ensure their urgency and deliverability.

Resolved: That the report be considered and accepted.

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.

Resolved: That the contribution to adult safeguarding made by our frontline staff and partners, our broader stakeholders, including service users, carers and scrutiny Members be recognised.

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

80. Work Plan

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

A request had been received from the Chair of the Health and Wellbeing Board to present the Annual Report of the Health and Wellbeing Board at the June meeting, as it related to the end of the municipal year. The Health and Wellbeing Board Six Monthly Update Report would then be received in December.

It was noted that following Full Council that the Committee would also be responsible for monitoring the performance of the Housing portfolio.

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

- A report including figures on community service provision in light of the closure of Archways Intermediate Care Unit in six months time via email.
- The Annual Report of the Health and Wellbeing Board be considered be at June and December's meetings.

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

Councillor P Doughty, Chair

[The meeting started at 5.30 pm and finished at 7.10 pm].

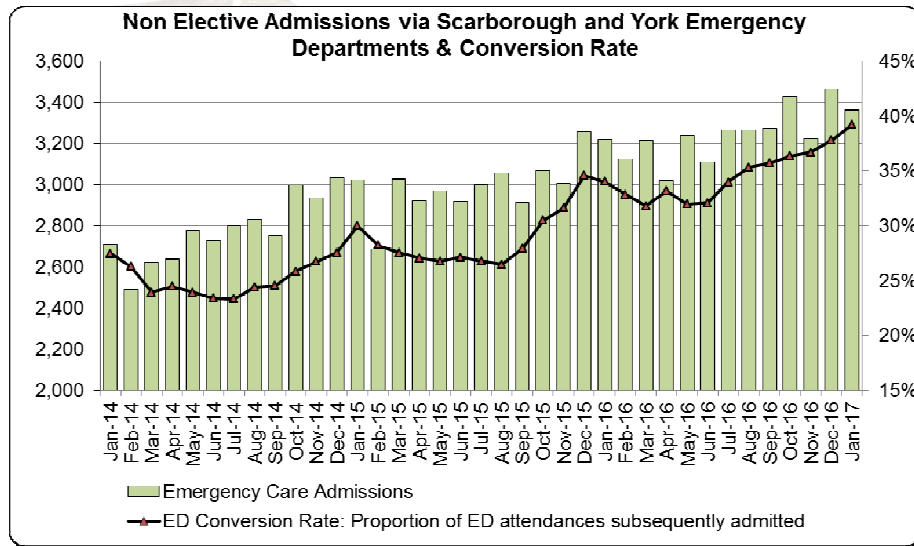
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Review of Winter 2016/17

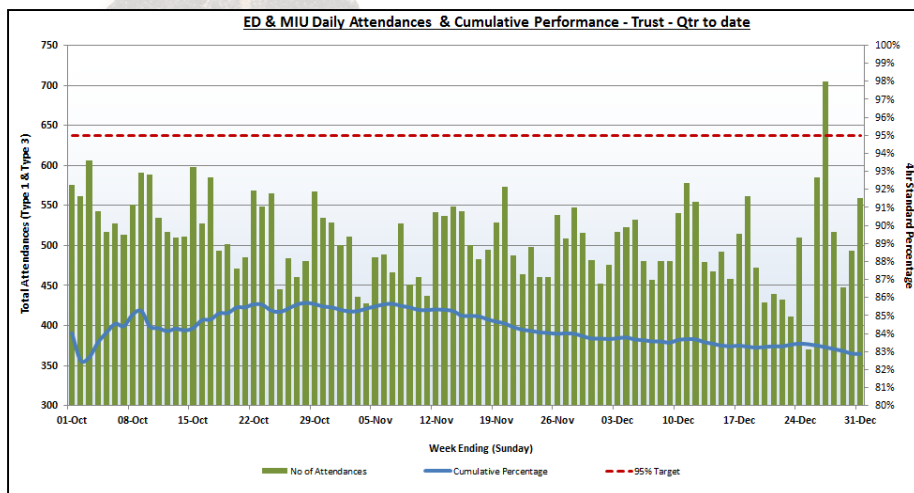
April 2017



Operational Context – approaching Winter



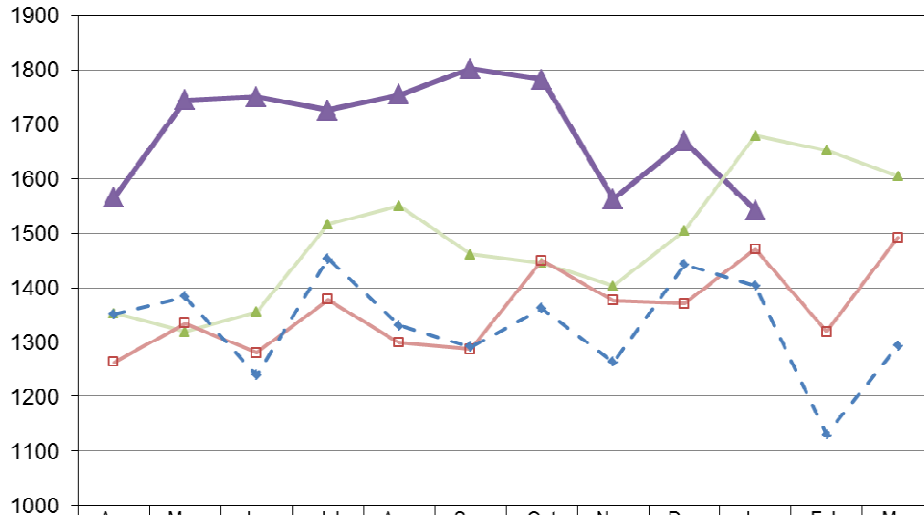
Q3 ECS performance



- Background of high bed occupancy and increased non-elective demand
- RTT pressure due to theatre staffing vacancies during the summer
- Bed modelling work identified a shortfall in the configuration of beds at Scarborough General Hospital, equivalent to one ward
- Escalation of issues to A&E Delivery Board – recognised limited assurance that system would be able to maintain performance standards.
- Strategic decision not to delay implementation of Assessment Units in order to support winter
- CQUIN to close Archways by end December and replace with community provision

Adult non elective admissions have risen **8%** (YTD) compared to 2015/16

Non Elective Admissions - Medicine including Cardiology

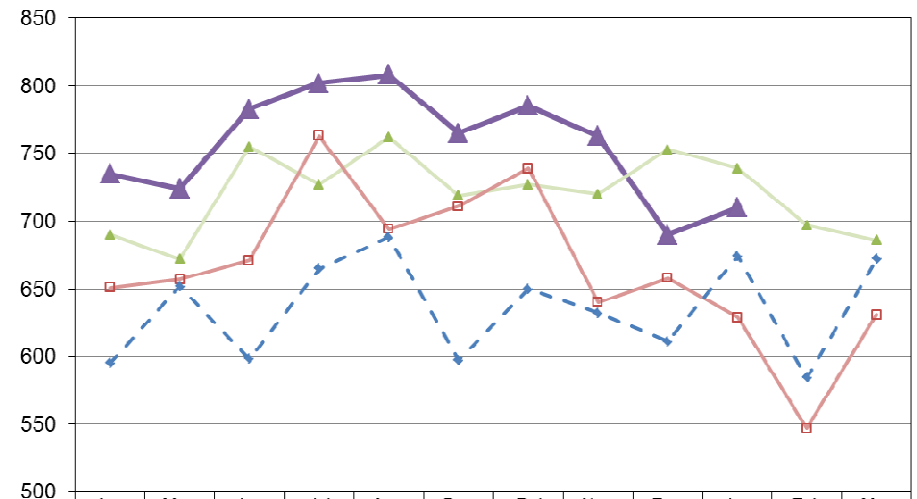


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2016/17	1555	1745	1750	1726	1754	1802	1783	1563	1669	1542		
2015/16	1353	1319	1355	1516	1550	1461	1445	1403	1505	1679	1653	1605
2014/15	1263	1334	1280	1378	1299	1287	1450	1376	1371	1471	1319	1492
2013/14	1351	1383	1239	1453	1330	1291	1362	1263	1443	1404	1130	1293

Gen & Acute Medicine **+16%** with those admitted via GP **+19%** YTD.

General Surgery & Urology **+4%** YTD
 Paediatrics **+14%** YTD
 Elderly **+6%** YTD

Non Elective Admissions - General Surgery & Urology



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2016/17	735	724	783	802	808	765	785	763	690	710		
2015/16	690	672	755	727	762	719	727	720	753	739	697	686
2014/15	651	657	671	763	694	711	739	640	658	629	547	631
2013/14	595	652	598	665	688	597	650	632	611	674	584	672

Winter Pressure 2017-18

- Nationally one of the most challenging winters, with lowest national performance against ECS since reporting began in 2004 at 85.1% in January 2017
- Mild climate with no extreme cold, snow or flooding
- Surge pressures over from Christmas Day to the New Year (footfall increase of 14% +522; ambulance increase 9% +123, compared to same period 2015-16)
- High patient acuity across both sites
- Staff sickness, in particular on bank holidays limiting options for additional cover
- Impact of Flu at both sites – flu cohort ward end of Jan
- System pressure across local and national providers reduced ability to divert

Aims and Objectives of the Winter Plan

Ensure the Trust maintains effective service delivery throughout the Winter period

Maximise use of hospital and out of hospital services

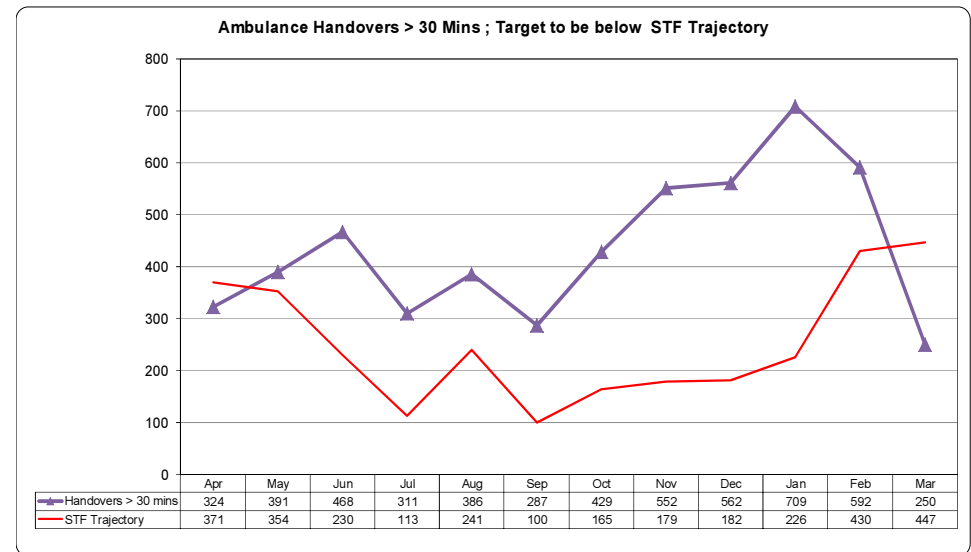
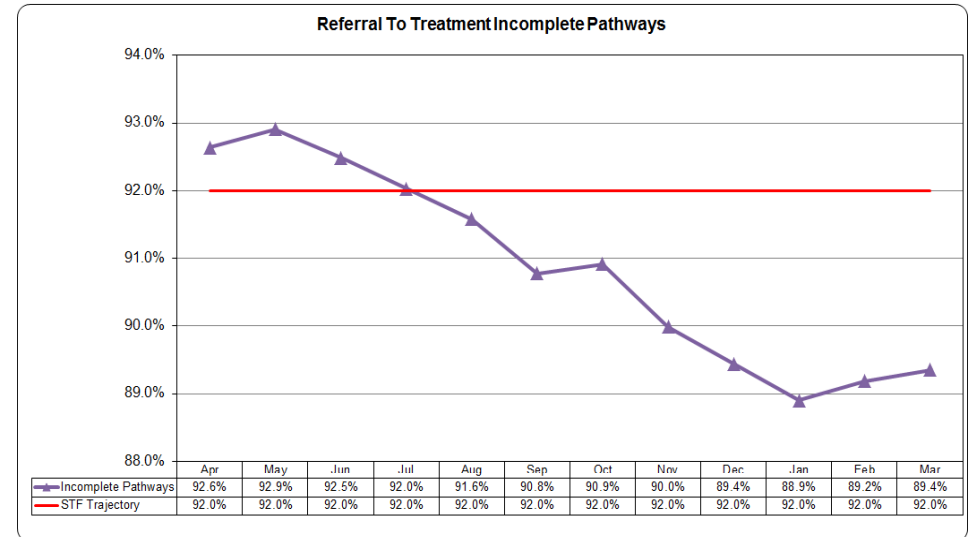
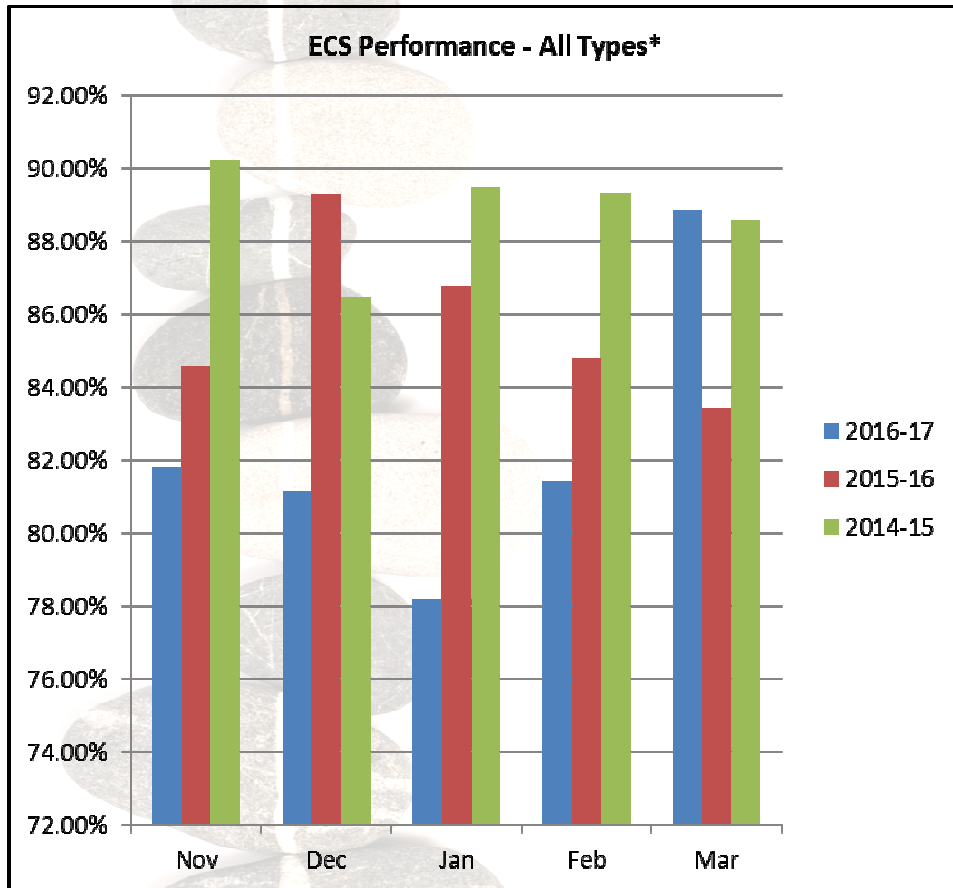
Ensure there is a clear plan, communicated to all relevant staff

Continue to run an effective elective surgical service

Support the achievement of the STP trajectories

Support the achievement of the STP trajectories

The Emergency Care Standard (4hour waits), Ambulance Handover and Referral to Treatment Times did not meet the expected trajectories. Diagnostic targets were maintained and Cancer 62 day treatment performance saw some improvement through to January.

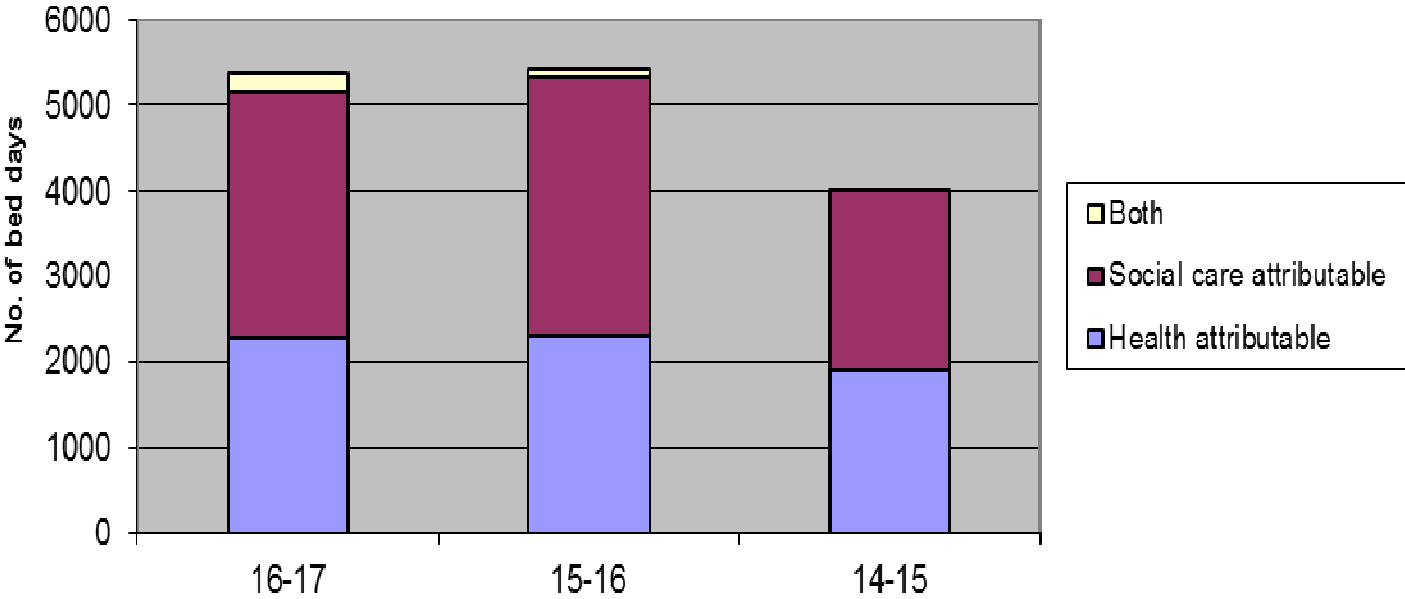


Maximise use of hospital and out of hospital services








- High bed occupancy and outliers on both acute sites; however target of bed occupancy of 80% on Christmas Eve was met.
- Some patients experienced long waits, for ambulance handovers and within Emergency Departments
- Objective to improve utilisation of discharge lounge was achieved on both acute sites
- Reduction in bed days lost of delayed transfers of care compared to winter 2015-16, although remain high
- Due to staff sickness and unplanned escalation, additional staffing over and above that identified in the winter plan was implemented with a significant rise in bank and agency staff
- Community Response Teams saw a significant increase in referrals and were able to support a greater proportion of patients at home
- Overall LoS decreased slightly from 6.1 last winter to 5.9, however this is largely accounted for by the 17% increase in 0 length of stay due to use of the assessment units

Maximise use of hospital and out of hospital services

Delayed Transfer of Care (Nov-Feb)



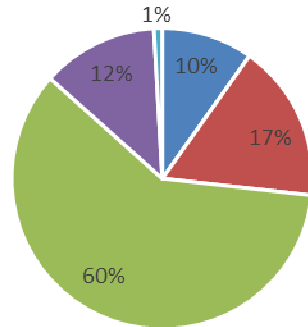
Continue to run an effective elective surgical service

November - February	Overall surgical activity compared to 2015-16	Proportion of day case work compared to 2015-16
Trust	0.6% increase 	4.4% increase 
Scarborough	3% decrease 	1.9% increase 
York	1.96% increase 	=
Bridlington	7.1% increase 	13.2% increase 

- Short notice cancellations due to bed pressures were significantly higher than 2015-16 with 528 compared to 337 total short notice cancellations Oct 15- Feb 16
- £1.567m improvement in income generation from elective and non-elective activity compared to 2015-16

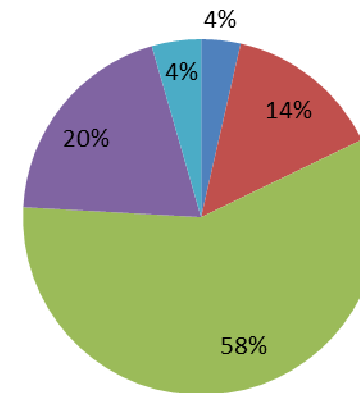
Staff views

Compared to last winter, how well do you think we managed elective patients?



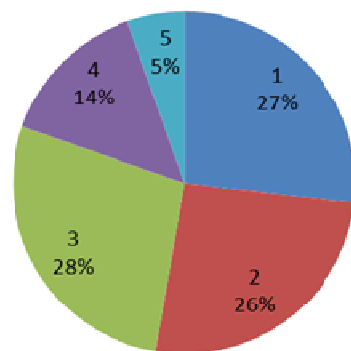
- A lot worse than last year
- A bit worse than last year
- About the same as last year
- A bit better than last year
- A lot better than last year

How do you think the additional staff cover made a difference to patient care compared to last year?



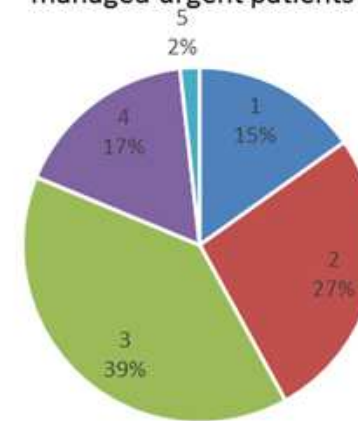
- A lot worse than last year
- A bit worse than last year
- About the same as last year
- A bit more than last year
- A lot more than last year

How well was the winter plan shared and communicated?



1 = not very well
5 = very well

Compared to last year, how well do you think we managed urgent patients?



1 = not very well
5 = very well

Headlines from Winter 2016/17

Back drop of mounting pressure through increasing non-electives and high bed occupancy

Challenging performance position coming into winter for ECS, RTT and Cancer







Surge pressures and high acuity in presenting patients, combined with high staff sickness levels over the bank holiday period impacted severely on ambulance handover and waiting times

Discharge processes and Delayed Discharges hindered hospital flow

Maintained electives and urgent cases through maximising Bridlington and York sites

Dedication and quality of care from staff

Overview – Trust

Measure	Summary
ED Attendances (decrease related to UCCs) (Nov, Dec, Jan, Feb, Mar)	6% decrease 
Non Elective Admissions (excl Paediatrics & Maternity) (YTD end Mar)	7% increase 
ED Attend to admit conversion rate (Oct – Mar)	5% increase 
Bed occupancy (March 2017 Vs March 2016)	Scarborough 94.25% (2017) 94.77% (2016) 
	York 92.5% (2017) 91.5% (2016) 
Delayed transfers (Acute) (Oct – Mar)	5.3% decrease Lost bed days: 5,763 (2017) 6,086 (2016) 

Learning for Winter 2016/17

**Discharge
focus: SAFER,
supported by 7
day working**

**Embed and extend
Assessment
capacity on both
sites**

**Maximise out of
hospital and
community capacity
to support acute
discharge**

**System winter
and surge
planning**

**Maximise
Bridlington and day
case surgery at
East Coast**

**Improvements to
timing of plan and
communication**

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Healthwatch York: Performance Monitoring - Six Monthly Review

Name of Provider	York CVS
Service Provided	Healthwatch York
Contract Start Date (Service Commencement Date)	01 April 2015
Contract Finish Date (Expiry Date)	31 March 2017

The aims of the performance monitoring / six monthly review process are to:

- *Review the achievements of the Service in delivering the agreed outcomes*
- *Consider how the Service might be developed going forward*
- *Identify how beneficiary needs are being delivered*
- *Establish that the Service is being managed in accordance with the Agreement*

The information contained in this report will be used as a basis for the Annual Service Review, in conjunction with that information provided on a regular basis during each year of the Term. Six monthly performance monitoring reports will include a mixture of qualitative and quantitative data to ensure that the process is not simply a mechanistic one, but feeds into a continuous cycle of improved performance. Six monthly reports will be presented to Performance Management Group meetings on dates to be agreed. In addition, a six monthly performance management meeting will be held between representatives of the Council and Healthwatch York. The performance management group meetings will:

- *Agree additional Key Performance Indicators that will constitute six monthly performance summaries*
- *Set annual milestones for each Key Performance Indicator as appropriate*
- *Receive six monthly performance summaries, define any gaps in performance and discuss how these might be rectified.*

In addition to the six monthly reporting process it is proposed that 360 degree feedback on Healthwatch York activity is invited from all key stakeholders annually.

Signature on behalf of Provider		
Signature Siân Balsom	Name Siân Balsom	Date 18/05/17

SECTION 1: Service Provided (Quarterly Updates) 01/10/16-31/03/17
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What have been the main focus areas of Healthwatch York during the last six months?

Qtr 3

- We published the results of our Antenatal and Postnatal Services survey and presented it at the Health and Wellbeing Board meeting in November
- We welcomed a new member to our Leadership Group in the role of Student and Young People's Lead as part of our ongoing work to strengthen this group's governance role
- We launched a survey looking at Unity Health's appointment system, receiving 782 responses, following concerns raised by one of our volunteers
- We supported Tees Esk and Wear Valleys NHS Foundation Trust and NHS Vale of York Clinical Commissioning Group's engagement activities regarding the formal consultation on a new mental health hospital for York

Qtr 4

- We launched our workplan survey, helping us to identify what we should be working on in 2017
- The second edition of the guide to mental health and wellbeing in York was published in January, with all printing costs met by Tees Esk and Wear Valleys NHS Foundation Trust
- We attended Unity Health's Patient Participation Group to share the findings of our survey looking at the introduction of the online triage and appointment system
- We presented 3 reports to the Health and Wellbeing Board meeting on 8th March – Making York work for people with dementia; Continuing Healthcare; Support for Adults with ADHD
- We welcomed a marketing and communications lead to our Leadership Group as part of our ongoing work to strengthen this group's governance role

Key Performance Indicators to include:

- *The impact of Healthwatch activity on community / commissioners / service providers – including progress towards Public Engagement Reports, involvement in key strategic meetings.*
- *Feedback mechanisms used by Healthwatch to inform participants and the wider public on the outcomes of the issues covered by Healthwatch.*

- *Communication and Reach - evidence of public, patient, carer and user-group engagement with / participation in Healthwatch*
- *Financial / Spend monitoring*
- *e.g. The number, frequency and type of methods used by the Host to engage with individuals, organisations and groups. (captured in quarterly Information and Signposting Reports)*
- *The outcomes of any visit to Health and Social Care premises in York.*

Impact of Activity / Public Engagement Reports

Impact of activity: NHS Vale of York CCG has put together a 'You Said, We Did' document. This details 34 outcomes from our work supporting a wheelchair and community equipment forum. Sadly, our involvement with the forum came to an end following the meeting in April 2017 as the funding for this from NHS Vale of York Clinical Commissioning Group ceased. However, we are very proud of the work that was done through the life of this arrangement. The forum will continue to meet quarterly, supported by Victoria Hirst at the CCG, and we are confident she will do an excellent job. One of our volunteers will continue to attend the meeting to keep us updated.

York Teaching Hospital NHS Foundation Trust has confirmed that the results of our survey on antenatal services were in line with their own findings. As a result of this work they have decided to reinstate face to face antenatal classes.

Following our report on the closure of Archways the Health and Wellbeing Board members committed to using a co-production approach to all future major service change in York. To support them in doing this, we have been working with Joe Micheli at City of York Council to draft a co-production strategy. This can be found here: <http://www.healthwatchyork.co.uk/wp-content/uploads/2014/06/Coproduction-a-Strategy.pdf>

We hope to present this to the Health and Wellbeing Board soon, before formal consultation. We welcome robust feedback – it's aimed at starting a conversation rather than being a finished document.

Public Engagement Reports

We published 4 reports during the final 6 months of financial year 2016/17. These can be found here:

Antenatal and Postnatal Services in York - <http://www.healthwatchyork.co.uk/wp-content/uploads/2014/06/HWY-Antenatal-Report-FINAL.pdf>

Continuing Healthcare - <http://www.healthwatchyork.co.uk/wp-content/uploads/2014/06/Continuing-Healthcare-A-HWY-Report.pdf>

Making York work for people with dementia - <http://www.healthwatchyork.co.uk/wp-content/uploads/2014/06/Making-York-work-for-people-with-dementia-A-HWY-Report.pdf>

Support for adults with ADHD - <http://www.healthwatchyork.co.uk/wp-content/uploads/2014/06/Support-for-Adults-with-ADHD-A-HWY-Report.pdf>

Dentistry has been chosen by the public as the subject for our next report. To make sure this is as useful as possible, we will be working with City of York Council colleagues in Public Health and Children's Services to understand what information they would most like us to explore. However, there was also significant public interest in exploring the experiences of those living with chronic fatigue syndrome / Myalgic Encephalomyelitis and for looking at post illness poverty, so we will be considering ways to explore these topics too if capacity permits.

Macmillan Cancer Research have approached us, wanting to use our article on Sustainability and Transformation Plans (STPs) (now Partnerships) with patients, to help explain what STPs are all about

Key strategic meetings

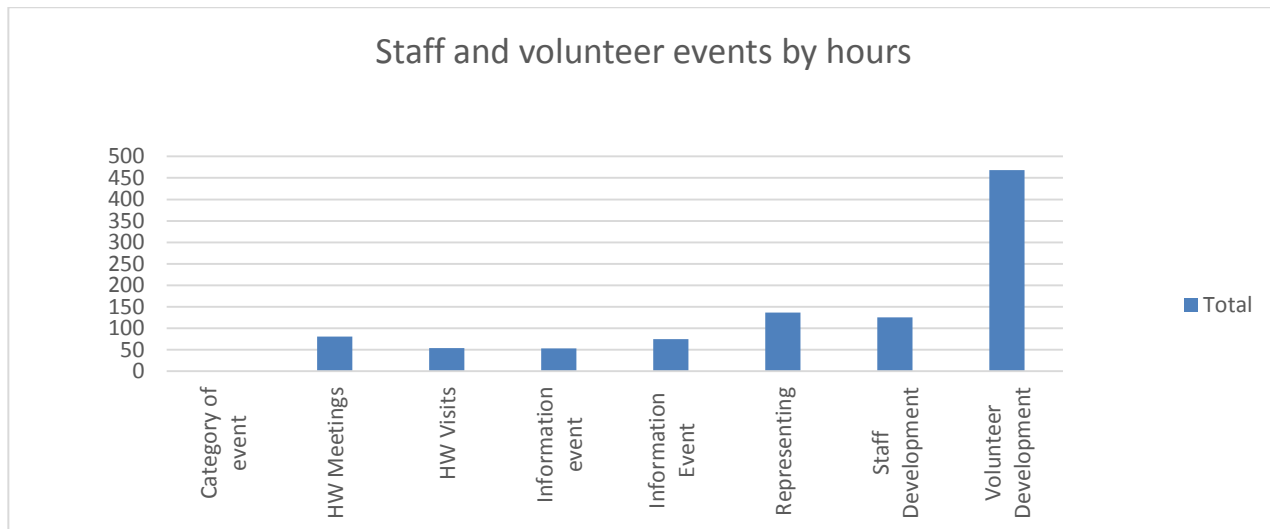
Following a governance review, NHS Vale of York CCG asked Healthwatch York to step off their governing body meetings. We received feedback from a number of individuals who were concerned about this decision. These included:

- Man phoned concerned about the CCG's Governing Body. He understands HWY has stepped down and wants to understand why. He is worried about a lack of representation of what matters to people at this meeting, and within the CCG as a whole. He feels their information is "100 pages of jargon, most of it impenetrable. This organisation doesn't look after people, doesn't inform them. We need proper interaction with people who are passionate about health and social care and with voluntary organisations."
- Man provided feedback at Governing Body meeting. He wanted to know who will now represent the voice of patients. He stated this felt like a backward step in terms of transparency and openness, and answering to the general public.

We clarified at our Assembly meeting in February that the CCG confirmed they value our role, our working in partnership with them, and our support in developing engagement activities. They are seeking to establish better ways of holding conversations than through the formal board meeting process. We will continue to work pro-actively with the CCG to explore ways of improving engagement and encourage the co-production of services with our community.

Communication, Engagement & Reach

Staff and volunteer hours by meeting type



For more details regarding our engagement work, we are happy to share our engagement calendar, giving details of all events we have held and participated in.

During strategic meetings, both Healthwatch York staff and volunteer representatives complete Reps Reports. These, along with information about Healthwatch York activity, and wider health and care issues form a monthly bulletin for partners and volunteers which is also publicly available. For more details on these bulletins (monthly excluding December) please follow these links;

<http://www.healthwatchyork.co.uk/wp-content/uploads/2014/10/October-bulletin.pdf>
<http://www.healthwatchyork.co.uk/wp-content/uploads/2014/10/November-bulletin.pdf>
<http://www.healthwatchyork.co.uk/wp-content/uploads/2014/10/January-2017-bulletin1.pdf>
<http://www.healthwatchyork.co.uk/wp-content/uploads/2014/10/Healthwatch-York-February-2017-bulletin.pdf>
<http://www.healthwatchyork.co.uk/wp-content/uploads/2014/10/Healthwatch-York-March-bulletin.pdf>

Outcomes of visits to Health and Social Care premises in York

Our care home visits contributed to and enhanced 7 City of York Council care home reports, having engaged with 29 residents in total.

Readability Work

Our readability volunteers have an interest in supporting local providers and commissioners to improve their patient information. Over this half year we have reviewed 23 documents, 20 for York Teaching Hospital, 2 for City of York Council and 1 for NHS Vale of York Clinical Commissioning Group.

Partner Programme

We have 39 voluntary and community sector organisations who are signed up as Healthwatch York partners, and 2 pharmacy partner organisations. We invite our partners to our quarterly assembly, to get involved in conversations about what is

happening locally in health and social care. We also work closely with them to progress our work plan reports. For example, we worked with Kyra when completing our Antenatal and Postnatal Services report. We also attended YREN's workshop running a session exploring opportunities for them to increase engagement with health and care services. We continue to encourage partners from under-represented groups.

Volunteers

At the end of March 2017 we had 44 volunteers covering a range of volunteer roles. These include Representatives, Community Champions, Enter & View, Care Home Assessor, Research, Marketing and Communications, Readability Panel, Office Support and Leadership Group members.

We are taking a brief pause from active volunteer recruitment to allow us to focus on interviewing, inducting and training recent recruits. Since April, we have already interviewed 4, have 1 interview lined up, and have 7 applications pending.

Engagement

Community engagement has taken place at a variety of events throughout the city.

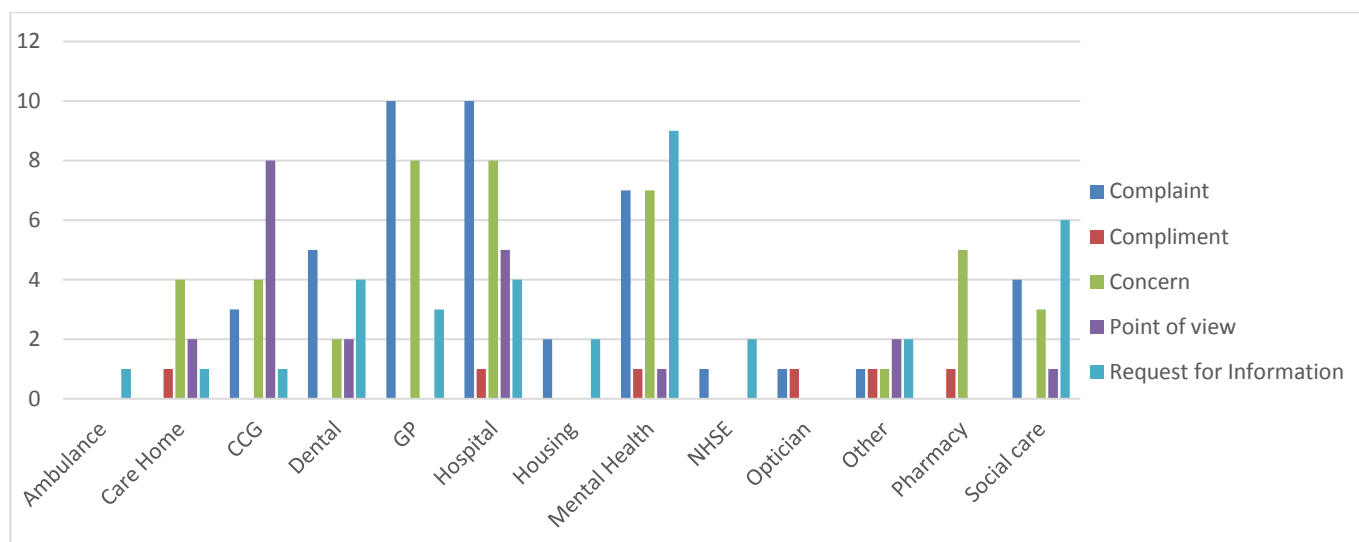
We have maintained our regular outreach activity, with monthly drop-ins at Lidgett Grove, St Sampsons, Sainsbury's Monks Cross, Spurriergate Centre and Café Nelli. This means our volunteers have established a presence within community venues, becoming a familiar, welcome presence. We have also established new regular outreach events at Fulford Church and Oaken Grove Community Café, and more recently regular outreach at West Offices, which has proved popular with the public and volunteer alike.

We have sent out 2 quarterly magazines – Autumn and Winter - produced and distributed by post to 666 individuals and organisations in total (326 Autumn, 340 Winter) and by email to 844 organisations and individuals for the Autumn magazine, 1003 for Winter, as well as being available through our website, and distributed at our information stands at community venues.

@healthwatchyork had 1,920 followers as at 31 March 2017, continuing a steady increase. Over the 6 months from October to March we gained 52,200 twitter impressions, 161 retweets, 121 link clicks and 120 likes. Our most popular tweets were about CQC information on online GP services, National Safeguarding Week, and the updated Mental Health and Wellbeing Guide.

Logging issues

We logged 147 issues – this is slightly higher than usual. We are using a new Customer Relationship Management system to record these, which splits issues out where more than one organisation or type of feedback is involved which accounts for this increase.



Key themes from the reported issues

Waiting times

This included:

- concerns over quoted 5 month waiting times for sharps bin collections
- waiting over a year for a wheelchair
- 2 people reported waiting over 2 years for an NHS dentist
- parent waiting over 2 years for ADHD assessment of their child
- long waiting lists for CAMHS diagnosis, services and support

Availability

These included:

- being told no appointments available for over 3 weeks for a GP-requested prescription review
- lack of suitable carer assessments and respite support for parent carers
- delays receiving follow up appointments following surgery
- no bed available for GP wanting to admit patient to hospital
- unable to get urgent GP appointment for emergency prescription

Barriers

These included:

- request for dentist to email prescriptions which was refused
- poor physical access to premises particularly for those using mobility aids
- availability of car parking spaces at health premises
- staff not listening to people's concerns
- attitudes of GP receptionists
- refusal of BSL interpreter at opticians

Quality of care

Compliments for excellent care:

- a care home providing excellent care after a hospital stay for a stroke
- a pharmacy phoning through to their distributor to get information on when a drug might be available
- a mental health service providing holistic support for the whole family
- praise for an optician and ophthalmology services working together on a Saturday morning to support an individual experiencing eye problems, we also received concern about poor care.

We also received concern about poor care. These included:

- problems with service co-ordination leaving people potentially without access to medication
- ADHD assessment completed in a classroom from behind the child
- lack of meaningful support and activity for person experiencing mental ill health
- district nurse withdrawing home visits to an isolated woman as she'd been taken out twice in 7 months by a local voluntary group
- deterioration of physical health and lack of support to maintain it whilst in hospital, leading to significant problems with prosthetic limb

Funding & charges

This included

- questions over whether a dentist should be able to charge upfront for treatment which would not begin for 2 months
- requirement for individuals to top up care home fees after previous home closed despite reassurances funding was available
- anxiety over family having sufficient funding to provide for long term care needs
- poor record keeping by various health professionals leading to challenges with securing Disability Living Allowance for a child with significant health problems

Service change

This included

- the relocation of a GP service and concerns over transport to the new site
- changes to availability of urgent GP appointments at particular sites
- stopping the online counselling service
- 2 individuals concerned over the proposed CCG reduction in orthopaedic surgery, 1 requests that additional alternatives such as acupuncture and osteopathy are offered and anticipates an increase in those using the pain clinic, the other was a family member of someone refused surgery (since challenged following advice and offered an assessment)

- a pharmacy refusing to provide blister packs “as they’ve got too much on”, insisting they use another provider. The new pharmacy will only deliver when the blister pack is due, meaning the person has to wait for other medication. This includes medication that prevents them from passing out

Signposting and advice

We continue to record signposting activity through the issues log where this is received in the office.

To give an example of the sorts of signposting we do, here’s what we did in October:

- We provided copies of York Advocacy’s NHS Complaints Packs to two individuals wanting to make a complaint. 1 about York Hospital, the other about Limetrees.
- We made a referral to York Advocacy for an individual whose health issues were being exacerbated by housing problems.
- We received a complaint about provision of interpreters at an optician. Rather than signpost to NHS England, we asked and received permission to share the details of the complaint with NHS England copying in the person affected.
- We signposted an individual to Vale of York CCG’s Patient Relations team. They had waited over 1 year for a wheelchair, receiving one only when needed to get to chemotherapy appointments, which arrived with the wrong cushion. The woman could not get an answer from the wheelchair service (this coincided with the change to the contract)
- We provided a copy of Age UK York’s trades directory to a woman in need of a gas engineer
- We provided details of GP services and a copy of our mental health and wellbeing guide to a man whose son with depression had recently moved into the area
- We posted a copy of the mental health hospital consultation document out to a woman who had read about it in our magazine and wanted to share her views
- We sent information on dementia services and useful reading to a woman enquiring about information and support available in York
- We made a referral to Crossroads Care for a man needing half a day’s care support for his wife
- We received an enquiry about the availability of volunteers to support people with low level needs

We also keep a full log of all signposting contact through community activities and events, much of which is through our Community Champion volunteers. Even through the quieter winter months they have been at events attended by over 2260 people, speaking with 551 individuals.

We continue to share details of the “Big 5” signposting agencies (First Call 50+, Family Information Service, York CAB, York Carers Centre, York Advocacy), 340 copies of our major publications (the Directory, Mental Health Guide, Magazine and our leaflets), and 76 other leaflets covering mental health, dementia, older people’s services, caring, young people and public health.

We continue to find that both our Directory and our guide to mental health and wellbeing are very popular. We understand these are being used by a number of GP practices, pharmacies, and City of York Council staff, schools, and other voluntary groups to signpost customers to support.

We are also working on a guide to dementia support services as part of our JRF funded project working with people living with dementia.

Strategic Impact

What future improvements or developments do you expect/hope to implement in the next six months?

- We are working with Joe Micheli and Jo Baker to host an event for National Co-production Week on 5th July, provisionally titled People & Place: York Goes Global, aimed at increasing local awareness and interest in co-production approaches
- We will develop a new regular outreach drop-in at Whitworth’s Pharmacy in Tang Hall and explore further outreach opportunities in partnership with Explore York
- We will publish our guide to dementia support in York
- We will launch our dental survey
- We will be working with our student volunteers to improve awareness of and engagement with Healthwatch York amongst our student population
- We will be supporting 2 groups of students to develop campaigns looking at what people want to see from health and social care integration

Barriers

We have been working with City of York Council officers around the monitoring of action taken against recommendations made within our reports. As we are a small Healthwatch with limited capacity to follow up on reports once published, the lack of a clear process has been a barrier to understanding the impact of our work. It has been suggested that where updates are not forthcoming, we add this information into our routine reporting to the Health & Adult Social Care Policy & Scrutiny Committee, where potential actions to take can be considered.

The ongoing increase in meetings happening outside of York, either across the Vale of York area or the wider Humber Coast and Vale (HCV) Sustainability and Transformation Partnership (STP) footprint, has had a significant impact on our capacity. Whilst we are committed to engaging with STP work, there are 5 workstreams over and above the locality work for each CCG area plus a Comms and Engagement

meeting. There are also newly emerging structures such as the HCV Cancer Alliance, and HCV Maternity Group which we have so far not engaged with though we are publicising these opportunities through our website and bulletin.

SECTION 2: Staff training and development / Healthwatch Volunteers			
<i>Details of all training courses undertaken in the last six months:</i>			
Course title	No's Of Staff / volunteers Attended	Refresher	
		Yes	No
• Volunteer Induction	3V		✓
• Enter & View	1V		✓
• Disability Awareness Training	3V		✓
• Care home assessor training	1V		✓
• PLACE training	9V (plus 2 from South Tees)	n/a	
• Dementia Friends Awareness session	2S	✓1	✓1
• Safetalk	5S		
• Volunteer Development Day	15V	n/a	
• Staff Development Day	5S	n/a	
• Civi Training	2S		✓
• Civi Camp	2S	✓	
• Civi training follow up	3S	✓	
• Level 1 Safeguarding training	1S	✓	

Carol Pack, Information Officer, has led on our information work, including our quarterly magazine and our monthly volunteer and partner bulletin. This involves significant amounts of work to very tight deadlines. Carol also leads our Care Home Assessor programme, including training volunteers and accompanying them on their first visits. She has established quarterly meetings for this role, increasing information sharing, and helping resolve any issues or concerns volunteers have. In addition over this period she has delivered a further half day Enter & View training session for Healthwatch North Yorkshire volunteers. Carol was also heavily involved in the second edition of the guide to mental health and wellbeing in York.

Helen Patching, Project Support Officer, provides administrative support for volunteer meetings, and our quarterly assembly. She leads the Readability programme, sending out documents to volunteers and collating responses. She held our first meeting for readability volunteers in October. She also provides administrative support around the care home assessment programme.

Barbara Hilton, Project & Volunteer Development Officer, retired from the team. Although her official retirement date was the end of April, she was effectively away from the office by the end of March. Barbara led on volunteer recruitment, support for community champions, and our partner programme. We wish her all the best on her retirement and will miss her greatly. Plans to replace her are in progress.

Siân Balsom, Manager, attends a wide range of strategic meetings, maintaining the Healthwatch presence at Health and Wellbeing Board and other partnership boards within the City of York area. She has also attended a number of meetings about the Sustainability and Transformation Plans for Humber Coast and Vale, having become the Healthwatch representative on the HCV STP Partnership Board.

Carole Money, Project Support Officer has set up and facilitates a Community Equipment and Wheelchair Forum. It has met monthly throughout this period. Carole is also involved with the Healthwatch England CIVI CRM database system. She is working to help us develop our use of the system to cover all aspects of our work.

John Clark, our Chair, has continued to chair our Leadership Group meetings, creating a helpful and supportive environment within which to discuss the challenges of delivering a successful Healthwatch. He also chairs our Assembly meetings, ensuring volunteers, partners and key stakeholders have opportunity to debate key issues in health and social care, and raise matters of concern or interest.

Staff Support	
<i>How often are staff meetings held?</i>	We have recently implemented monthly team catch ups, to help us better plan and co-ordinate our work. In addition, we have held development days for the staff and volunteers this half year. We also attend the weekly York CVS start the week meetings.
<i>How often do staff receive supervision from a senior?</i>	At least every 8-12 weeks.
<i>How often are staff formally appraised?</i>	We have completed annual appraisals in the past, and are currently reviewing our systems.
<i>Number of staff appraised in last period:</i>	0
Complaints/Commendations about Healthwatch York	
<i>How many informal complaints have been received?</i>	0
<i>How many formal complaints have been received?</i>	0
SECTION 3: Additional Comments	
<i>Please list any additional details/comments/recommendations that you wish to make.</i>	

Draft finances (full year)

	CYC only	Total
Staff costs (salaries & expenses)	£63,819.00	£75565.46
Volunteer expenses	£ 886.21	£2336.21
Local Administration	£22,200.00	£24,500.00
Other	£18,376.05	£21940.33
Total	£105,281.26	£124,342

Please note these figures are unconfirmed, and may be subject to change.

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Health & Adult Social Care Policy & Scrutiny
Committee

31 May 2017

Report of the Assistant Director, Adult Social Care

City of York Council Adult Safeguarding Peer Challenge Action Plan

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 plans to support the future sustainability of the health and social care system.
3. The report from the peer challenge team previously received by the Health & Adult Social Care Policy & Scrutiny Committee highlighted the many of the strengths in CYC, the Health, Housing & Adult Social Care (HHASC) directorate and across its partnerships. It also provided useful analysis as to where further work may be required to ensure that these strengths are built on to support services to 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 and were impressed by their “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 relative stability in the management team the Peer Challenge noted this is new, plus an anxiety amongst staff about the likely changes and how this may impact upon continuity.
6. The peer team found that CYC had strong partnerships and was lean and ambitious. This highlighted the need to ensure the right resourcing is in place to enable the effective delivery of our ambition, and in particular to support the transformation.
7. The Peer Challenge suggested the need to continue to further develop our high performing workforce and help them to make best use of York's community and voluntary sector assets.
8. Following the receipt of the final Peer Challenge report on 17 March the directorate developed an action plan based on the recommendations in the report, under the themes of the Local Government Association (LGA) Adult Safeguarding Improvement Tool, as used by the peer challenge team. The action plan is attached as appendix 1.
9. The action plan has been developed with a focus on outcomes, linking the key issues highlighted by the peer challenge to activity intended to improve the lives of many of our most vulnerable customers.
10. The Peer Challenge provided confirmation about the direction of travel CYC is taking in adult social care. As such many of the recommendations made by the peer challenge are already in place and several are part of the 'Future Focus' – our transformation programme which is developing the future operating model programme
11. While the Peer Challenge highlighted many strengths, the directorate recognise that there can be no complacency and that further work is needed to realise our ambitions for high quality, person centred support in the current challenging environment.
12. The Action Plan is owned by HHASC Directorate Management Team, who act as the programme board and receive regular updates as to the progress made on its implementation

Background

13. 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.

14. 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 the new Future Focus operating model in adult social care.
15. 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

16. The Peer Challenge report, its recommendations and action plan are 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

17. Members are asked to note the action plan and the work in progress to implement the learning from the peer challenge.
18. Members are asked to consider receiving further information and reports on progress of the ‘Future Focus Operating Model’

Analysis

19. 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.

CYC officers recognise the Peer Challenge feedback as a relatively accurate picture both in terms of strengths and areas of risk and have developed an action plan to address the issues identified on this basis.

20. The Peer Challenge Action Plan is developed around the following key themes of
 - Leadership, Strategy and Working Together
 - Commissioning Service Delivery and Practice
 - Performance and Resource Management
 - Outcomes

21. The action plan aims to build on the strong leadership around vision to ensure that this translates into real change in front line services and customer outcomes. The plan shows that the senior directorate team will continue to be a visible and committed resource during this period of change. Actions are in place to ensure that success of our frontline staff is celebrated. The plan also reflects the peer challenge view that we need to ensure our resources are well coordinated.

22. The action plan refers to the 'Future Focus' transformation programme, which is now underway. This programme seeks to ensure that staff focus their efforts on not just fixing the social care issues presented, but act early to prevent need, and always seek to ensure that their intervention leaves the customer more resilient. A key feature of the approach is to support customers to use their strengths assets skills and knowledge and those of their family and community.

Council Plan

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

Implications

24. Financial

No New implications.

25. Human Resources (HR)

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

26. Equalities

No new implications. It highlights the importance of the transformation plan, focusing on those in greatest need, but also ensuring an offer by working with our communities to all vulnerable adults.

27. Legal

No new implications

28. Crime and Disorder

No new implications

29. Information Technology (IT)

No new implications

30. Property

No new implications

Risk Management

31. 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 the action plan demonstrates how we are working to bring these together to create better outcomes for customers. The biggest mitigation of future risks, particularly in respect of the impact of demographic growth based increases in demand, is the commitment to our transformation programme.

Conclusions

32. The Peer Challenge has given encouragement to continue with further significant transformational change to a more personalised approach based on the strengths and assets of our communities. The action plan and in particular our 'Future Focus' programme will continue to drive this direction of travel.

Recommendations

33. On the basis of the analysis above, members are recommended to accept and consider the report and request updates on actions taken particularly in relation to the 'Future Focus' programme

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.

Contact Details

Author:

Michael Melvin
Assistant Director
Tel: (01904) 554155
michael.melvin@york.gov.uk

Chief Officer Responsible for the report:

Martin Farran
Director
Tel: (01904) 554045

Report Approved Date 17/05/2017

Wards Affected:

All

For further information please contact the author of the report

Appendices:

Appendix 1: Safeguarding Adults Peer Review Action Plan

Abbreviations

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

City of York Council HHASC – Safeguarding Adults Peer Challenge Action Plan May 2017

Peer Challenge Theme	Customer Outcome	Activity	Responsible officer/workstream	Measure	Date
Leadership Strategy Working Together	Front line staff translate the vision of 'prevent reduce delay manage differently (PRDM)' to support customers to remain independent.	Workforce Development Activity under Future Focus operating model	Programme Manager- Future Focus Operating Model	Completed Workforce elements of operating model programme Improved performance against PRD indicators	Ongoing- 2 year programme From April 2017
Leadership Strategy Working Together	Increased contact with senior Management team provides greater confidence to front line staff to deliver change.	Ongoing Open door Assistant Director sessions Programme of workshops for 'future focus' operating model attended by senior managers Programme of Team Visits	Directorate Management Team	Completed Workshops – senior management attendance Feedback from open door sessions	In Place and Ongoing
Leadership Strategy Working Together	Scrutiny process is used as an enabler for improving customer outcomes	Officer- Member briefings/de brief pre/post scrutiny	ASC Assistant Directors/Director	Improved Scrutiny Process.	Ongoing

City of York Council HHASC – Safeguarding Adults Peer Challenge Action Plan May 2017

Peer Challenge Theme	Customer Outcome	Activity	Responsible officer/workstream	Measure	Date
Leadership Strategy Working Together	Customers experience increasing quality services as good practice is celebrated	Review and put in place improved means of recognising success of ASC staff Use of Customer feedback in staff Comms.	DMT	More success is recognised	In Place
Commissioning Service Delivery and Practice	Use of advocacy within the safeguarding process enables more personalised outcomes	Review access to and use of advocacy in the safeguarding adults process	Head of Safeguarding Adults Head of Commissioning-ASC	Safeguarding Adults collection measures related to advocacy and customer outcomes	August 2017
Commissioning Service Delivery and Practice	Easy access to safeguarding support enables quicker support to those who need it most	Implementation of triage tool for safeguarding adults.	Head of Safeguarding Adults	Triage in place. ASCOF outcome-people feel safer.	August 2017

City of York Council HHASC – Safeguarding Adults Peer Challenge Action Plan May 2017

Peer Challenge Theme	Customer Outcome	Activity	Responsible officer/workstream	Measure	Date
Commissioning Service Delivery and Practice	Customers are supported better through a greater focus on risk enablement and outcomes	Training on Risk enablement Business and system redesign to support focus on outcomes	Operating model programme manager	More staff trained in enabling approaches to risk	Ongoing 2 year programme from April 2017
Commissioning Service Delivery and Practice	Customers are supported to be independent by the successful implementation of 'PRDM' programmes	Review the capacity of within ASC to deliver its programme of transformational work at the necessary pace	DMT- Operating Model Board	Right Resource is agreed to support change	Ongoing
Commissioning Service Delivery and Practice	Customers are supported to be independent for longer by prevention activity that is clearly aligned with partners	Early Intervention projects are clearly aligned and risk of duplication avoided	ASC Head of Early Intervention	ASC Early Intervention Programmes are aligned with partners activities.	May 2017

City of York Council HHASC – Safeguarding Adults Peer Challenge Action Plan May 2017

Peer Challenge Theme	Customer Outcome	Activity	Responsible officer/workstream	Measure	Date
Commissioning Service Delivery and Practice	Customers receive high quality provision through better leadership and commissioning of registered providers and improved working between health and Social Care	<ul style="list-style-type: none"> Reviewing the approach use and relationships around services associated Continuing Health Care. 	Head of Service Adult Social Care	Improved CHC process- NHSi performance data	September 2017
		<ul style="list-style-type: none"> Review links between Safeguarding and Commissioning & Contract management. 	Head of Safeguarding Adults	Revised Process in Place	October 2017
		<ul style="list-style-type: none"> Improve personalised approaches including use of Direct Payments 	Operating Model	Customer Feedback ASCOF measures	Ongoing 2 year programme from April 2017

City of York Council HHASC – Safeguarding Adults Peer Challenge Action Plan May 2017

Peer Challenge Theme	Customer Outcome	Activity	Responsible officer/workstream	Measure	Date
Commissioning Service Delivery and Practice	Customers receive high quality provision and information through better information and links in internal services.	Workforce development, HR and recruitment staff to undergo Safeguarding Training.	Workforce Development Unit.	Staff completing mandatory safeguarding training	January 2018
Commissioning Service Deliver and Practice	Customers are supported to maintain independence through ASC advice and guidance accessible tools and guides, directories	Information and Advice Strategy and Action Plan	Head of Early Intervention and Prevention.	Advice and Information Action Plan Complete	
File Audit	Customers are supported to manage risk in a personalised way	Review local guidance to ensure early involvement of partners in planning meetings, adoption of MSP principles into all social work practice, best use of non s42 routes to managing risk	Head of Safeguarding Adults	Updated guidance to staff	October 2017
File Audit	High Level of Practitioner knowledge is used to support customers and safeguard their rights.	Review training around legal literacy	WDU	Revised training offer for legal literacy	In place-ongoing

City of York Council HHASC – Safeguarding Adults Peer Challenge Action Plan May 2017

Peer Challenge Theme	Customer Outcome	Activity	Responsible officer/workstream	Measure	Date
Performance and Resource Management	Customers at risk of abuse or neglect are enabled to manage risk through access to a stable cohort of safeguarding specialists	Workforce Planning for Safeguarding Team	Head of Safeguarding	Updates Service Plan for Safeguarding Team	In place
Performance and Resource Management	Customers outcomes are met through access the sufficient number of key workers required to meet their needs	Workforce Planning for wider health and social care system	City Wide Workforce Group-DASS chair	City Wide Agreed strategy to ensure continuing availability of key workers	Ongoing
Performance and Resource Management	Customers experience high quality joined up support from across the safeguarding adult board partners to help them manage risk	Improved data from is submitted partners to the safeguarding adults board on performance and assurance	SAB –chair of performance sub group	Multi agency Performance And Assurance matrix is used to deliver better information to the SAB	In place
Performance and Resource Management	Customers are supported by high quality home care staff	Commissioning Teams undertake activity to maintain and improve the quality of home care staff	Head of Commissioning Adult Social Care	CYC Quality Framework CQC ratings	In place

City of York Council HHASC – Safeguarding Adults Peer Challenge Action Plan May 2017

Peer Challenge Theme	Customer Outcome	Activity	Responsible officer/workstream	Measure	Date
Performance and Resource Management	Customers are supported to remain independent by staff with the right tools.	Mosaic system is supported and designed to enable staff to follow prdm	Operating model Programme Manager	Deployment of system design and maintenance resource	Ongoing 2 year programme from April 2017
Performance and Resource Management	Customers have their human rights safeguarded	Deprivation of Liberty Safeguards process is reviewed to included DoLS Board	Head of Safeguarding Adults	Revised process is in place	In place
Performance and Resource Management	Customers are safeguarded by a high functioning SAB	Review capacity and support to SAB	DASS/ AD	Agreed support to SAB	July 2017
Outcomes	Customers are involved in developing services	Develop carer and customer engagement and coproductive approach in asc	Head of Early Intervention and Prevention	Engagement and coproduction strategy in place	

City of York Council HHASC – Safeguarding Adults Peer Challenge Action Plan May 2017

Peer Challenge Theme	Customer Outcome	Activity	Responsible officer/workstream	Measure	Date
Outcomes	Customers are supported by ASC staff operating to best locally developed practice models	Consider how to dedicated Resource to process that supports a outcome focus can be deployed	Operating Model Programme Manager	Agreed resourcing of operating model change programme	In Place
Outcomes	All Customers are supported to access community assets by knowledgeable ASC staff	Build Connections from front line ASC services and managers to community assets	Programme Manager Operating Model	Up to date easily accessible information available to and used by frontline staff	Ongoing 2 year Programme from April 2017

Health, Housing & Adult Social Care Policy & Scrutiny Committee

Draft Work Plan 2017-18

20 June 2017	<ol style="list-style-type: none"> 1. Attendance of Executive Member for Housing & Safer Neighbourhoods 2. Attendance of Executive Member for Health & Adult Social Care 3. Annual report of HWBB 4. Six-monthly Quality Monitoring Report – residential, nursing and homecare services 5. CCG Task Group Scoping Report 6. Work Plan 2017/18
25 July 2017	<ol style="list-style-type: none"> 1. End of Year Finance & Performance Report 2. New Mental Health Hospital Update – decision on preferred site and configuration of beds. 3. Introduction to Safer York Partnership and new Community Safety Plan. 4. Safeguarding Vulnerable Adults Annual Assurance report 5. Be Independent end of year position 6. Update Report on Housing & Planning Bill 7. Work Plan 2017/18
13 September 2017	<ol style="list-style-type: none"> 1. 1st Quarter Finance & Monitoring Report 2. Work Plan 2017/18
3 October 2017	<ol style="list-style-type: none"> 1. Community Safety Plan - Partner Bi-annual Updates: CYC (Safer York Partnership, AVANTE), North Yorkshire Police & Probation Service 2. Review of Allocations Policy & Choice-based Lettings 3. Work Plan 2017/18
15 November 2017	<ol style="list-style-type: none"> 1. Healthwatch six-monthly performance update 2. Community Safety Plan - Partner Bi-annual Updates: North Yorkshire Fire & Rescue & Lifeline 3. Work Plan 2017/18

12 December 2017	<ol style="list-style-type: none"> 1. HWBB six-monthly update report 2. 2nd Quarter Finance & Monitoring Report 3. Six-monthly Quality Monitoring Report – residential, nursing and homecare 4. Work Plan 2017/18
15 January 2018	<ol style="list-style-type: none"> 1. Be Independent six-monthly update report 2. Homeless Strategy 3. Housing Registrations Scrutiny Review – Implementation Update 4. Safeguarding Vulnerable Adults six-monthly assurance report 5. Work Plan 2017/18
19 February 2018	<ol style="list-style-type: none"> 1. 3rd Quarter Finance & Performance Monitoring Report 2. New Mental Health Hospital Update – full business case for new build. 3. Work Plan 2017/18
26 March 2018	<ol style="list-style-type: none"> 1. Work Plan 2017/18
23 April 2018	<ol style="list-style-type: none"> 1. Community Safety Plan - Partner Bi-annual Updates: CYC, North Yorkshire Police & Probation Service 2. Work Plan 2017/18
23 May 2018	<ol style="list-style-type: none"> 1. Healthwatch six-monthly performance update 2. Community Safety Plan - Partner Bi-annual Updates: North Yorkshire Fire & Rescue & Lifeline 3. Work Plan 2017/18