Notice of meeting of

Health Overview & Scrutiny Committee

To: Councillors Funnell (Chair), Riches, Boyce, Hodgson, Doughty (Vice-Chair), Richardson and Cuthbertson

Date: Tuesday, 26 June 2012

Time: 5.00 pm

Venue: The Guildhall, York

A G E N D A

1. **Declarations of Interest** (Pages 3 - 4)
   At this point in the meeting, Members are asked to declare any personal or prejudicial interests they may have in the business on this agenda. A list of general personal interests previously declared is attached.

2. **Minutes** (Pages 5 - 14)
   To approve and sign the minutes of the meeting held on 8 May 2012.

3. **Public Participation**
   At this point in the meeting, members of the public who have registered their wish to speak regarding an item on the agenda or an issue within the Committee's remit can do so. The deadline for registering is **Monday 25 June 2012** at **5:00 pm**.

4. Update on Quality Indicators from the Carer's Review (Pages 15 - 16)

As part of the Committee's ongoing monitoring of the recommendations arising from the previously held Carer's Review, Members had asked for regular updates from NHS North Yorkshire & York on Quality Indicators being monitored. The report attached at this agenda item is the latest available update.

5. Local HealthWatch York: Progress Update (Pages 17 - 22)

This report updates Members on the progression from LINks (Local Involvement Neworks) to Local HealthWatch by April 2013.

6. Update Report from Yorkshire Ambulance Service on Complaints Received (Pages 23 - 26)

This report provides Members with information on the number of complaints received into Yorkshire Ambulance Service (YAS) as a year-end position.

7. Review of Services for Homeless Patients at Monkgate Health Centre (Pages 27 - 58)

This report informs Members about a proposed change to the current delivery of the Personal Medical Service (PMS) Homeless Service in York.

8. Safeguarding Vulnerable Adults Assurance (Pages 59 - 78)

This report outlines the arrangements in place to ensure that City of York Council is able to discharge its responsibilities to keep vulnerable adults within the City protected from violence and abuse, whilst maintaining their independence and well-being. Members are asked to consider whether the Council can be assured that these arrangements are satisfactory and effective.

9. Work Plan 2012-13 and list of Scrutiny Topics proposed at the Scrutiny Work Planning Event held on 2 May 2012 (Pages 79 - 84)

Members are asked to consider the Committee's work plan for 2012-2013 and to note the proposed scrutiny topics arising from the scrutiny work planning event held on 2 May 2012. Briefing notes on these topics will be available at the July meeting of this Committee to assist Members in making a decision on which of these topics, if any, they would like to review during this municipal year.

10. Urgent Business

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

Democracy Officer:

Name: Judith Betts
Contact Details:

- Telephone – (01904) 551078
- Email – 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
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Contact details are set out above

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Agenda Annex

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- ensure that what you want to say speak relates to an item of business on the agenda or an issue which the committee has power to consider (speak to the Democracy Officer for advice on this);
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Further information about what's being discussed at this meeting
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Scrutiny Committees

The purpose of all scrutiny and ad-hoc scrutiny committees appointed by the Council is to:

- Monitor the performance and effectiveness of services;
- Review existing policies and assist in the development of new ones, as necessary; and
- Monitor best value continuous service improvement plans

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Agenda Item 1

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Agenda item 1: Declarations of interest.

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

Councillor Doughty	Volunteers for York and District Mind and partner also works for this charity.
Councillor Funnell	Member of the General Pharmaceutical Council Member of York LINks Pharmacy Group Trustee of York CVS
Councillor Hodgson	Previously worked at York Hospital

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City of York Council Committee Minutes

MEETING	HEALTH OVERVIEW & SCRUTINY COMMITTEE
DATE	8 MAY 2012
PRESENT	COUNCILLORS FUNNELL (CHAIR), BOYCE, CUTHBERTSON, DOUGHTY (VICE-CHAIR), FITZPATRICK, HODGSON AND RICHARDSON(EXCEPT MINUTE ITEMS 58-62)
IN ATTENDANCE	ANNA WALTERS-HALLIDAY (NHS NORTH YORKSHIRE AND YORK) JAMES CRICK (NHS NORTH YORKSHIRE AND YORK) ALAN ROSE (YORK TEACHING HOSPITAL NHS FOUNDATION TRUST) PAT SLOSS (NHS NORTH YORKSHIRE AND YORK) HELEN MACKMAN (LEAD GOVERNOR, YORK HOSPITAL GOVERNORS) ANNE LEONARD (DEFEND OUR NHS YORK) BETH HURRELL (DEFEND OUR NHS YORK) GWEN VERAGE (DEFEND OUR NHS YORK) CATHERINE SURTEES (YORK COUNCIL FOR VOLUNTARY SERVICES (CVS)) JOHN BURGESS (YORK MENTAL HEALTH FORUM) SALLY HUTCHINSON (AGE UK & YORK OLDER PEOPLE'S FORUM)

JOHN YATES (YORK OLDER PEOPLE'S ASSEMBLY)

GEORGE WOOD (YORK OLDER PEOPLE'S ASSEMBLY)

LESLEY PRATT (YORK LOCAL INVOLVEMENT NETWORKS (LINKS))

CAROL PACK (YORK LINKS-NORTH BANK FORUM)

JANET PAWELEC (YORKSHIRE AMBULANCE SERVICE NHS TRUST)

PAUL MURPHY (CITY OF YORK COUNCIL)

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58. DECLARATIONS OF INTEREST

Members were invited to declare at this point in the meeting any personal or prejudicial interests, other those listed on the standing declarations of interests attached to the agenda, that they might have had in the business on the agenda.

Councillor Doughty declared a personal non prejudicial interest in the remit of the Committee as a member of York NHS Foundation Teaching Trust and asked that this be added to the list of standing declarations.

Councillor Fitzpatrick declared a personal non prejudicial interest in Agenda Item 7 (York's Joint Strategic Needs Assessment 2012) as she had contributed to the JSNA.

Councillor Boyce requested that her standing declaration that her Mother was in receipt of Care Services be deleted.

Councillor Funnell also requested that her standing declaration that she was a member of York LINks Pharmacy Group be deleted.

No other interests were declared.

59. MINUTES

RESOLVED: That the minutes of the meeting of the Health Overview and Scrutiny Committee held on 14 March 2012 be approved and signed by the Chair as a correct record.

60. PUBLIC PARTICIPATION

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

However, the Chair did allow a speaker to make representations during the Public Participation item.

Sally Hutchinson from Age UK and York Older People's Forum shared her concern about cuts to Mental Health day services for Older People in York with the Committee. She informed them that users of the Cherry Tree House Unit had to move out of the present building and that the search had begun to find a suitable alternative venue. It was not clear if funding for the unit would be retained after February 2013. She felt that social support was a medical issue, and therefore funding should not be cut.

61. BRIEFING ON NHS 111 SERVICE

Members received a briefing on the new nationally mandated NHS 111 service.

During the briefing Members were informed that;

- The 111 service would replace NHS Direct
- That the service would be available nationally from April 2013
- That a local service directory would exist to identify the service needed by the patient, and that the responsibility for maintaining this would rest with the providers of the service.
- That it was felt that the maintenance of the directory, rather than the infrastructure itself would determine the success of the 111 service.

- That the service would allow for information reports and statistics to be collected in order to inform clinical plans and strategies.
- That a patient capacity feature would be installed in the system, to allow for direction of the patients to other hospitals if the nearest one was full.
- That the patient would not receive a callback from the call handlers, but would be dealt with immediately.
- That if a call handler received a complicated case it would be immediately handed over to a clinician.

Members asked a number of questions about the new system including;

- How would the call staff be trained?
- How much resource gathering would take place through the system?
- How long would it take for the 111 number to become immediately recognisable to the public?
- How would the system deal with social care complexities?

Some Officers felt that the question about social care was particularly pertinent, in that although a fraction of the calls that call handlers were likely to receive would relate to the social care system, they would still need to know where to direct users to social care services in the Local Authority.

In response to the questions asked, the representative from NHS North Yorkshire and York, informed the Committee that; call handlers would have 60 hours of training before they took calls, that they would be significantly tested and that a clinician would be directly available to take over from the call handler if they did not feel confident in dealing with a caller's query.

Some Members felt that the system would not be flexible enough to deal with caller's needs, in that the call handlers would possibly work from a script and the outcome of what service could be provided would be computer generated.

In response to a question about how flexible the system would be in answering patient queries, it was noted that if appropriate, the call handler could direct the caller on to a more appropriate pathway.

The Chair felt that a further update on the progress in the implementation of the NHS 111 service was needed at a future meeting of the Committee.

RESOLVED: (i) That the briefing be noted.

(ii) That a further update on the NHS 111 service be received by the Committee at a future meeting.

REASON: In order to keep the Committee informed of the progress of the NHS 111 system.

62. LOCAL HEALTHWATCH: PROGRESS UPDATE

Members received a report which updated them on the progression from LINks (Local Involvement Networks) to Local HealthWatch by April 2013.

Officers updated the Committee on the progress of the commissioning process. It was noted that the final service specification was currently being produced, and that it would be commented on by the Shadow Health and Wellbeing Board before being signed off by the Cabinet Member. After this process a tender for a host for HealthWatch would be launched, and it was hoped that this provider would be confirmed by November. Members were also informed that the contract for NHS Complaints Advocacy would be put out as a separate tender.

Some Members asked questions about the level of challenge to the commissioning process and how the existing LINk service would continue effectively with a reduced budget during 2012-13.

The Committee was informed that it was felt that the level of challenge to commissioning was low, as the public consultation had been very thorough. In relation to reduced funding, it was noted that funding for the LINk steering group would not be cut, and that York LINk was still supported by a dedicated staffing team.

Discussion between Members and Officers related to the following issues;

- The level of influence and power that HealthWatch would have as a champion for patients, service users, and the public in the city.
- Whether HealthWatch, if it also delivered other services, would be able to act independently.
- That lay representation needed to be involved in the procurement process of the two parts of HealthWatch.

It was noted that Local HealthWatch would have the power to make referrals about serious concerns to HealthWatch England and the Care Quality Commission, who would investigate case reviews.

Officers also informed the Committee that Local Health Watch York would be a distinct standalone entity.

It was also reported that HealthWatch was one of several methods whereby patients and members of the public could share their opinions on Health and Social Care. Others included Patient Engagement Forums and York Hospital Trust Membership.

Members felt that that lay representation was crucial in the development of the progression of the new HealthWatch arrangements.

RESOLVED: That the report be noted and a further update be provided at the next meeting of the Committee

REASON: To oversee the transition from LINks to HealthWatch is identified as a priority in the Health Overview and Scrutiny Work Plan.

63. TRANSFER OF PUBLIC HEALTH RESPONSIBILITIES

Members received a report from the Director of Communities and Neighbourhoods and the Associate Director of Public Health which set out the plan for the transition of public health responsibilities from NHS North Yorkshire and York to City of York Council.

The Director of Communities and Neighbourhoods attended the meeting along with the Associate Director of Public Health. The Director informed the Committee that she saw the importance of Public Health issues as wide reaching, in that it could affect other areas such as housing in the city.

Further information was provided to Members on the governance arrangements and it was reported that some staff from the Primary Care Trust would be seconded over to work within the Council. Also, it was noted that areas such as Health Protection would now be the responsibility of the Local Authority. Additionally, the responsibility of commissioning some services would now fall under the Council's remit from the NHS, such as the provision of school nursing services.

Discussion between Members about the new arrangements included concerns about;

- How this would be managed with smaller budgets?
- Would existing services change, end or be replaced by new ones?
- Whether differing levels of life expectancy in wards in the city would be monitored and the results would be use to inform the provision of services to these areas?

RESOLVED: That the report be noted and a further update be added to the Committee's work plan for a future meeting.

REASON: To keep the Health Overview & Scrutiny Committee updated on the transition of public health responsibilities to City of York Council.

64. YORK'S JOINT STRATEGIC NEEDS ASSESSMENT 2012

Members considered a report which provided them with an overview of the process involved in producing York's third Joint Strategic Needs Assessment (JSNA) and the main findings and recommendations.

Officers gave a summary of what the JSNA was and what it sought to do, namely to give a picture of the health and wellbeing needs of the population in York, and in strategic terms

to steer the Shadow Health and Wellbeing Board towards setting their priorities for the city.

It was reported that the JSNA was an objective document, not a strategy in itself and that its general conclusion was that people in York currently experience positive health outcomes. However, Officers reported that it had been challenging collecting data about specific groups of people in the city, and that as a result they had to admit that they did not know the health outcomes for all the city.

Members received a verbal presentation on the JSNA, which outlined the various priorities that were deemed to be necessary to tackle.

Discussion between Officers and Members took place about mental health issues for York residents, which they felt had been missing from the JSNA recommendations. Comments that were raised by Members in relation to the recommendations on mental health included;

- That there was a lack of data on the number of the population in the city that were affected by mental health issues, and that without funded research this could lead to mental health being sidelined.
- That although recommendation 22 suggested linking children and adults mental health agendas, that learning disability groups were left out of consideration.
- That recommendation 23, which highlighted the need to take account of loneliness in the ageing population did not highlight what commissioning would be taken to meet this need.

A comment was also raised that the JSNA did not take into account older single people, or those with mobility problems.

RESOLVED: That the report be noted.

REASON: To keep the Health Overview & Scrutiny Committee updated on the content of the Joint Strategic Needs Assessment.

65. WORK PLAN 2011-12

Members considered a report which presented them with the Committee's work plan for 2012.

Discussion took place around the use of the new NHS 111 service for non-emergency calls. It was felt that more information was needed on this, and a further report was requested.

Members also requested further information about Public Health, Officers responded that they would bring old pamphlets relating to Public Health in the city to the next meeting of the Committee.

RESOLVED:

(i) That the report be noted.

(ii) That further reports be added to the Committee's work plan on the following;

- the implementation of the 111 service
- a further update on Local Health Watch York Procurement Process
- a further update on the Public Health Transition Plan

Councillor C Funnell, Chair
[The meeting started at 5.05 pm and finished at 7.05 pm].

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Update for York OSC re: Carers

The Committee would be interested to know if *the Quality & Outcomes Framework (QOF) organisational Indicators – Practice Management (D), Management 9 - 'The practice has a protocol for the identification of carers and a mechanism for the referral of carers for social services assessment'* is monitored so that feedback can be given about the situation concerning GP practices in York; and if GP practices are aware of the information in the 'Supporting Carers Action guide 2011' produced by the Royal College of GPs and the Princess Royal Trust for Carers.

As stated in the previous report, all GP practices except one have signed up to deliver this QOF indicator.

A summary document has been produced and will be discussed with the Vale of York CCG as to the best approach to ensure all GP practices are aware of it.

A – that health commissioners and providers ensure that there is greater consistency around how carers are identified and once identified their needs addressed. This would need to include:
Ai – training in carer awareness for all health professionals and allied staff

NHS NYY commission the York Carers Centre to work with health services to raise awareness of carers issues.

Training has been delivered to practice staff in York.

Aii – that the hospital looks at extending the innovative approaches they have been piloting and embedding these into standard practices for all admissions and discharges

As stated in previous reports - carers issues have been included in the standards for admissions and discharge. It is up to each acute trust to develop their own policies in line with these standards.

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Health Overview and Scrutiny Committee **26th June 2012**
Report of the Head of Neighbourhood Management
Local HealthWatch York: Progress Update

Summary

1. To update the Health OSC on the progression from LINks (Local Involvement Networks) to Local HealthWatch by April 2013.

Background

2. Subject to parliamentary approval, Local HealthWatch will be the local consumer champion for patients, service users and the public. It will have an important role in championing the local consumer voice, not least through its seat on the Health and Wellbeing board.

3. On 4th January 2012 the Department of Health (DoH) announced that local authorities are now not required to provide Local HealthWatch functions until 1st April 2013, 6 months later than had originally been anticipated.

4. The new date for establishing Local HealthWatch in April 2013 will support the need to align this more closely to the establishment of other new local bodies such as Health and Well Being Boards. The extension will also support preparations for the implementation of HealthWatch England (which will still be established in October 2012) to provide the leadership and support to Local HealthWatch organisations.

Existing York LINk Arrangements in 2012/13

5. North Bank Forum for Voluntary Organisations, the current LINk Host, have accepted a 12-month contract variation agreement (to March 2013), with a specific focus on preparing for, and managing the transition from LINks to Local HealthWatch.

6. Due to CYC budgetary pressures the Host contract for 2012-13 has been reduced by approximately 20% in line with cuts to voluntary sector budgets across CYC. However, it should be emphasised that the LINk Host (North Bank Forum) still have a dedicated staffing complement of three officers to support the LINk during the forthcoming financial year. Their level of budget provision for training and support to York LINk members remains at the same level as in previous years.

7. A recent meeting held between LINk Steering Group representatives, the Host organisation and CYC established a series of positive steps moving forwards. LINk representatives emphasised that the work and achievements of the LINk must not be lost in the transition to HealthWatch.

8. There was also a positive discussion at the meeting about the York LINk work programme for the 2012-13 financial year, which is set down in an annex to the contract variation between CYC and North Bank Forum.

9. York LINk will continue with its "business as usual" approach in relation to matters brought up by members of the public and capturing these within PACE reports. The LINk also agreed to take note of any new Scrutiny topics agreed by Health OSC to see if they could add value to them.

Commissioning Process – Proposed Timescales

10. Although the new deadline gives an additional six months before the launch of Local HealthWatch it is recommended that the procurement process should begin in time to allow a managed handover. It is suggested that the tender process for HealthWatch is launched by August 2012 at the latest, and that a contract is ideally awarded by November 2012. The successor body will have time to work alongside the current LINk in order to manage the handover process, secure premises, recruit / train staff and undertake marketing and promotional activity.

11. At the Health and Wellbeing Board (HWB) meeting in December 2011 it was suggested that a draft HealthWatch Service specification was produced by February 2012. Given the extended timescales, a revised timetable is suggested as follows.

June:	Final Service Specification developed
	CYC Portfolio holder to agree final service specification.
	HWB Briefed re Final Service Specification Headlines
July:	Announcement of intent to tender – to stimulate the market and encourage collaborative approaches
July:	Supplier Day Event Held
July - August:	Tender launched
Nov:	Successful HealthWatch provider announced (The full contract will commence April 2013, but the provider will initiate some transitional work beforehand to ensure a smooth handover.)

Further Points to Note

12. It was clear from the York HealthWatch consultation event in December 2011 that there was broad agreement around some aspects of the overall shape / scope of HealthWatch. Feedback from the consultation events has directly informed the content of the Service Specification.

13. It has been agreed by the Health and Wellbeing Board that two lots are procured - Local HealthWatch and NHS Complaints Advocacy. This may result in two separate providers or may allow a single provider to compete for, and hold both contracts. Alternatively, the delivery of NHS Complaints Advocacy services could be more closely connected to the wider advocacy provision in the City through this approach.

14. In respect of Complaints Advocacy, detailed discussions were held with other Councils in Yorkshire and the Humber to consider a joint procurement exercise. Rather than this approach it has been agreed to ensure regional co-ordination by developing

similar specifications / timescales to ensure regional synergy (rather than a combined regional contract).

15. Further guidance is due to be issued imminently by the DoH around the structure / constitution of Local HealthWatches, and the types of delivery models that are permissible. In lieu of this guidance being issued CYC officers are working towards the production of a service specification / tender process which will allow a variety of delivery models to be brought forward.

16. The overarching outcomes and objectives within the service specification will closely align with those contained within York's forthcoming Health and Wellbeing Strategy and the wider community engagement processes of CYC.

Options

17. This report is for information only, there are no specific options for members to decide upon.

Analysis

18. Please see above.

Council Plan 2011/2015

19. The establishment of Local HealthWatch in York will make a direct contribution to the following specific outcomes listed in the draft City of York Council Plan:
    - Improved volunteering infrastructure in place to support increasing numbers of residents to give up their time for the benefit of the community
    - Increased participation of the voluntary sector, mutuals and not-for-profit organisations in the delivery of service provision

Implications

20. **Financial -** Local HealthWatch will be financed through three separate strands of funding as follows:

    - Existing government funding to Local Authorities to support the current LINks function will be rolled forward into HealthWatch.

- Monies provided for the current 'signposting element' of PCT PALS teams will be transferred across to local authority budgets from April 2013.
- Monies for NHS Complaints Advocacy will be transferred to local authorities in April 2013.

21. It should be noted that while an indicative sum of money will be provided to City of York Council under each of the above headings, none of these monies will be ringfenced i.e. they will be paid to City of York Council as part of various Adult Social Care formula grants. The definitive amount of monies transferring from NHS PALS and Complaints Advocacy budgets to local authorities has yet to be confirmed.

22. City of York Council has the discretion allocate all these monies to Local HealthWatch, or allocate some of the funding to other health and social care priorities.

23. **Human Resources (HR)** - There are no human resource implications

24. **Equalities** - Establishing a successful Local HealthWatch in York will enable the targeting of support towards activities which contribute towards all the equality outcomes set out in the draft Council Plan. It will be a requirement of the successful organisation(s) delivering Local HealthWatch to demonstrate and evidence their commitment to equal opportunities in the work of their organisations, in line with the Equalities Act 2010.

25. **Legal** - There are no legal implications

26. **Crime and Disorder -** There are no crime and disorder implications

27. **Information Technology (IT) -** There are no information technology implications

28. **Property -** There are no property implications

29. **Other** -There are no other implications

Risk Management

30. There are risks of challenge to the validity of City of York Council's procurement and commissioning process if a HealthWatch contract is let without full and proper consultation with City wide partners. The thorough consultation processes that will be followed through the HealthWatch Pathfinder process will mitigate this risk.

Recommendations

25. Members are asked to note the report and the latest progress towards establishing HealthWatch. A further update will be provided at the next Health OSC meeting.

    Reason: To oversee the transition from LINKs to HealthWatch is identified as a priority in the Health Overview and Scrutiny Work Plan.

Contact Details

Author:	**Chief Officer Responsible for the report:**
Adam Gray Senior Partnership Support Officer (VCS) Office of the Chief Executive Tel. 551053	**Kate Bowers** Head of Neighbourhood Management
Report Approved ✓	**Date** 07.06.2012

Specialist Implications Officer(s) n/a

Wards Affected: **All** X

For further information please contact the author of the report

Yorkshire Ambulance Service NHS
NHS Trust

Update Summary on Ambulance Service Complaints

1. PURPOSE/AIM

1.1 The purpose of this report is to provide information on the number of complaints received into Yorkshire Ambulance Service (YAS) as a year-end position.

2. COMPLAINTS/CONCERNS UPDATE

2.1 The number of complaints and concerns received in 2011/12 are summarised below.

National Ambulance Benchmarking - Complaints

	2010/2011	2011/2012				2011/2012
	Full year	Q1	Q2	Q3	Q4	Full Year
No. Complaints received	67	17	24	20	21	82
No. Concerns received	1552	375	367	363	464	1569
No. Compliments received	793	198	194	181	144	717

	Subject Breakdown by Speciality (EXC Compliments)			
	Emergency Care	Patient Transport Services	Out of Hours	Total
Attitude and/or Conduct	111	73	N/A	184
Aspects of Clinical Care	202	63	N/A	265
Driving and Sirens	48	21	N/A	69
Response	270	699	N/A	969
Call Management	40	32	N/A	72
Other	24	53	N/A	77
Activity	686097	957041		1643138
Complaints v Activity (%)	0.10%	0.10%		0.20%

2.2 The Emergency Service received 695 complaints/concerns during 2011/12 which equates to 0.1% of the activity for this service.

2.3 The Patient Transport Service (PTS) received 941 concerns/ complaints during 2011/12 which equates to 0.1% of the activity for this service.

2.4 There was an increase in the number of complaints/concerns from 2010/11 to 2011/12 of 2.0%.

2.5 The previous comment at the December 2011 meeting regarding YAS details being available in the telephone directory/yellow pages has been noted. The Corporate Communications team is aware of this request and is currently reviewing where YAS contact details are published.

2.6 On 9th December 2011 all PTS managers were issued with laminated posters to display on all PTS vehicles detailing how a patient could contact YAS to report a concern, complaint or compliment.

3. FUTURE CHANGES

3.1 From April 2011, YAS is now being benchmarked with other ambulance services against nationally agreed reporting criteria.

3.2 The annual report 'Data on Written Complaints 2011-12' published by the NHS Information Centre will be available at the end of August 2012.

3.3 The nationally agreed reporting criteria has only been agreed between Ambulance Services and therefore may differ with other NHS Trusts.

4. SUMMARY

4.1 YAS views receiving complaints as not always a negative, as it gives us the opportunity to learn about how our service is perceived and experienced so that we can learn lessons and where necessary, make changes.

4.2 There are a number of ways which an individual can contact YAS to raise a concern/complaint and include telephone to the Patient Services Team (with the option to leave a message on an answerphone out of office hours), email and online via the patient survey. YAS are able to communicate in braille or can provide translation on request.

4.3 YAS is actively seeking the views of its Service Users and is currently displaying posters on vehicles and in Emergency Departments encouraging patients to provide feedback via our online survey. YAS is also retrospectively contacting patients who have used the Emergency Service and using the feedback to identify service improvements required.

Helen Hugill
Service and Quality Improvement Manager

June 2012

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NHS
North Yorkshire and York

REPORT TO:	**York Overview and Scrutiny Committee**
REPORT FROM:	**John Keith, Head of Primary Care Governance**
REPORT DATE:	**12 June 2012**
REPORT STATUS:	**Draft**
Ref	
REPORT SUBJECT:	**Re-provision of the Travellers and Homeless Medical Service**

PURPOSE

The purpose of this report is to provide information to the York Overview and Scrutiny Committee about a proposed change to the current delivery of the Personal Medical Service (PMS) Homeless Service in York.

BACKGROUND

The York Homeless Service was set up in April 2000 as a PMS contracted service with the aim to 'reduce health inequalities by providing effective, accessible and responsive primary health care services to homeless or traveller clients who are not registered with a local GP or who have difficulty accessing health care services'.

The service has evolved to deliver care to patients who are homeless within the York area, but deals particularly with homeless patients who in addition experience chaotic lifestyles and have problems with drugs, alcohol and mental health problems.

Historically the service was managed under the Provider part of NHS North Yorkshire and York. At the time community services were transferred to other providers under the Transforming Community Services (TCS) agenda, the PMS homeless service was put out to tender.

POSITIVE ABOUT DISABLED PEOPLE

MINDFUL EMPLOYER

An initial bid by a GP practice in York to host the service failed to progress and therefore the service in 2011/12 transferred as an interim measure to the Primary Care Directorate of NHS NYY.

During the time the Primary Care Directorate has managed the service, there has been a full service review to determine if the service in its current form is safe, effective and meeting the needs of the population.

The outcome of this review found that whilst the service did deliver the health care needs to its registered population, there are a number of short falls, particularly in relation to the resilience of the current service delivery model.

The most recent guidance provided by the Department of Health suggest that services for the traveller or homeless population is most appropriately provided through a combination of outreach, nurse-led clinics and registration within a primary medical GP services.

To reduce social exclusion, it was therefore proposed that the NHS commissions a more supportive and flexible service within the community, rather than a specialist provider with the aim to tackle marginalisation of travellers and homeless people.

NHS North Yorkshire and York undertook a service review, considering three possible models of care:

1. The service to be tendered to a General Practice to deliver the full service.

2. To separately commission the specialist clinical input for patients with drug or alcohol misuse from the current team of two nurses working from within the mental health services currently aligned with the PMS service; and in addition commission ‘enhanced’ general medical care from General Practice, which would support through a ‘local enhanced service’ to deliver general medical services tailored to better meet the needs of the homeless / travellers community.

3. To decommission any bespoke service for the homeless or travellers but to better signpost patients to A&E and the Walk-in Centre services and to local GP surgeries for their registration.

Following discussion with the Vale of York Clinical Commissioning Group the preferred option was to commission the service as described in option two above.

This choice was informed by a number of assessments of the current service including:

- An impact assessment of the service in relation to the current stakeholders of the service, which looked at what impact any potential change would have on the delivery of their services. (Appendix 1)

- An equity and diversity impact assessment of any change to the service. (Appendix 2)

- A review of the registered patient population of the service looking at the top 10% of attendees of the service, which has looked at how often they attend, and for what reason, and what is their primary health care issue (Appendix 3)

- A patient survey which has gathered the opinions from the current patient population. (Appendix 4)

A copy of these reports are attached in the form of Appendices.

ACTION

The York Overview and Scrutiny Committee are asked to note the process undertaken to date by NHS North Yorkshire and York to review the travellers and homeless service in York.

The York Overview and Scrutiny Committee are invited to comment on the findings and on the conclusion that the PCT will:

- Commission the specialist clinical input for patients with drug or alcohol misuse from the current team of two nurses working from within the mental health services currently aligned with the PMS service;

and

- Commission ‘enhanced’ general medical care from General practice, which would support through a ‘local enhanced service’ to deliver general medical services tailored to better meet the needs of the homeless / travellers community.

Appendix One

REPORT TO:	**York Overview and Scrutiny Committee**
REPORT FROM:	**John Keith, Head of Primary Care Governance**
REPORT DATE:	**12 June 2012**
REPORT STATUS:	**Draft**
Ref	
REPORT SUBJECT:	**Re-provision of the Travellers and Homeless Medical Service - Impact Assessment**

PURPOSE

The purpose of this report is to provide information to the York Overview and Scrutiny Committee about a proposed change to the current delivery of the PMS Homeless Service in York.

BACKGROUND

NHS North Yorkshire and York undertook a service review, considering three possible models of care:

1. The service to be tendered to a General Practice to deliver the full service.

2. To separately commission the specialist clinical input for patients with drug or alcohol misuse from the current team of two nurses working from within the mental health services currently aligned with the PMS service; and in addition commission 'enhanced' general medical care from General Practice, which would support through a 'local enhanced service' to deliver general medical services tailored to better meet the needs of the homeless / travellers community.

3. To decommission any bespoke service for the homeless or travellers but to better signpost patients to A&E and the Walk-in Centre services and to local GP surgeries for their registration.

As it is envisaged that this would have some impact on the current stakeholders who currently either access the service or refer in to the service, an impact assessment was undertaken to look at four main areas:

1. What service is provided to patients by the Stakeholder?
2. How does the Stakeholder relate to the homeless service?
3. What would be the perceived impact of the new service delivery model have on the Stakeholders service?
4. What other things does the Stakeholder think should be considered to enable more patients to access a Homeless service?

The different stakeholders that were approached as part of this assessment were:

- The Salvation Army
- The Probation Service in York
- The Homeless and Travellers Hostel based in Ordnance Lane York
- The Substance Misuse Liaison Service
- Foundation UK based in York
- The Arclight Centre in York
- The Peasholme Centre in York
- The Assertive Outreach Team (AOT) in York
- The Independent Domestic Abuse Service (IDAS) service in York

A semi structured interview was held with each stakeholder and comments collated

(see table below)

Stakeholder	What is the service that the Stakeholder providers for the	Which part of the Homeless service does the Stakeholder access	What would be the perceived impact a new service delivery model have on the Stakeholders service	What other things does the Stakeholder think should be considered to enable more patients to access a Homeless service.
The Salvation Army	This service currently runs a drop-in service for the Homeless people in the City of York area; they also are the Crisis intervention team for the City of York. They work in collaboration with the PMS Homeless service.	Currently when patients present at the service they will refer to the PMS homeless service if / when a GP is required. The service also contacts the PMS homeless service for advice for the on-going management of the patients.	The service suggested that it would not have any major impacts on the service they currently provide to the Homeless population if the delivery is as describe in option two.	They stated that they would see a benefit if the service was available from GP practices in different areas of the city.

Stakeholder	What is the service that the Stakeholder providers for the	Which part of the Homeless service does the Stakeholder access	What would be the perceived impact a new service delivery model have on the Stakeholders service	What other things does the Stakeholder think should be considered to enable more patients to access a Homeless service.
			The biggest potential issue would be for the Patients if they were to be excluded or barred from the GP practices for poor / violent behaviour.	
The Probation Service	This service currently gives supervision to people who are newly released from Prison	The service currently has links to the PMS homeless service for the Homeless patients that are registered with them.	The service expressed a concern about the continuation of the Mental health services that work in-conjunction with the PMS homeless service,	Good communication during the Transitional period, so the service is not lost. To have a single point of access to the service.

Stakeholder	What is the service that the Stakeholder providers for the	Which part of the Homeless service does the Stakeholder access	What would be the perceived impact a new service delivery model have on the Stakeholders service	What other things does the Stakeholder think should be considered to enable more patients to access a Homeless service.
		The service currently refers their clients to the PMS Homeless service for their health care needs; they also meet via a shared care arrangement to discuss the patients.	if the PMS homeless service was no longer functioning as a discrete unit.	
The Homeless and Travellers Hostel based in Ordnance Lane	This service is currently a Hostel for the Homeless population in the City of York area; they also link in to the traveller population.	Most of the clients of the service are registered with the PMS Homeless service to receive their health care needs.	The service suggested that there could still be a problem with the Travellers population accessing the GP surgeries for their healthcare,	The service felt that the aspect of the “drop-in” was good for the current patient population.

Stakeholder	What is the service that the Stakeholder providers for the	Which part of the Homeless service does the Stakeholder access	What would be the perceived impact a new service delivery model have on the Stakeholders service	What other things does the Stakeholder think should be considered to enable more patients to access a Homeless service.
		The service refers to the PMS service, but does also refer patients to the local GP practice, but has experienced problems with this in the Past. The service also links in to the local Health Visitor service.	due to lack of relationship between them and the practice.	They felt that there is a need to have good communication with a single point of contact. They did feel that any change to the service could increase the stress for the patients.

Stakeholder	What is the service that the Stakeholder providers for the	Which part of the Homeless service does the Stakeholder access	What would be the perceived impact a new service delivery model have on the Stakeholders service	What other things does the Stakeholder think should be considered to enable more patients to access a Homeless service.
The Peasholme Centre	This service is a resettlement service for the Homeless population of the York area. The service is a 22 bed unit and supports the people until they move on to other housing projects.	This service currently refers their clients to the PMS homeless service for their GP care, and sometimes host clinics ran by some of the Healthcare professionals in the PMS Homeless service.	The service suggested that the new delivery plan could have some impact on the method the patients are currently referred for their health care.	Communication needs to be maintained. If any clinics to be held in the building to consider that space is limited. To still have a method of direct referral to the Mental Health services.

Stakeholder	What is the service that the Stakeholder providers for the	Which part of the Homeless service does the Stakeholder access	What would be the perceived impact a new service delivery model have on the Stakeholders service	What other things does the Stakeholder think should be considered to enable more patients to access a Homeless service.
			They did see the current service as a key link to obtaining Mental health service for the patients in their care, and suggested that this could alter if patients placed in standard GP.	To have directly responsible people in the GP practices concerned. To have a briefing to the different agencies concerned.
The Assertive Outreach Team (AOT)	This service works with the Homeless population, mainly with mental health problems, also the patients with the most complex problems / needs, a	This service links in with the PMS homeless service to support the patients with any of their current issues.	The service did raise an issue about the current level of continuity of care the patients currently get,	To ensure that the level of communication is maintained.

Stakeholder	What is the service that the Stakeholder providers for the	Which part of the Homeless service does the Stakeholder access	What would be the perceived impact a new service delivery model have on the Stakeholders service	What other things does the Stakeholder think should be considered to enable more patients to access a Homeless service.
	lot of the patients have problems with access to services.	There is also a lot of joint working between the two services.	and if this is still to be continued with the new delivery plans. They also raised concerns that it may not be seen as a “one stop” shop. There also needs to be flexibility built in to the delivery plan.	
The Independent Domestic Abuse Service (IDAS)	This service supports people with complex needs for stability	The service current works with the PMS homeless service to ensure that the clients have access to medical services such as a GP.	The service could not foresee any major issues resulting from the proposed service delivery plan.	The service felt it is useful to have a named GP in the practice as a point of contact.

Stakeholder	What is the service that the Stakeholder providers for the	Which part of the Homeless service does the Stakeholder access	What would be the perceived impact a new service delivery model have on the Stakeholders service	What other things does the Stakeholder think should be considered to enable more patients to access a Homeless service.
	The main people the service works with are people who are experiencing domestic violence. The service normally receives about 1000 referrals a year, of which they work with about 50% of these.			The service felt that a communication program would be required between all staff and other organisations.

Appendix Two

Full equalities impact assessment

Department:	**Primary Care / Medical Directorate**	Piece of work being assessed:	**PMS Homeless Service**

Aims of this piece of work: **To re-commission the current service**

Name of lead person:	**Dr David Geddes Medical Director and Director of primary Care**	Other partners/stakeholders involved:	• The Salvation Army • The Probation Service in York • The Homeless and Travellers Hostel based in Ordnance Lane York • The Substance Misuse Liaison service • Foundation UK based in York • The Arclight Centre in York • The Peasholme Centre in York • The Assertive Outreach Team (AOT) in York • The Independent Domestic Abuse Service (IDAS) service in York

Date of assessment: **23 April 2012**

Who is intended to benefit from this piece of work? **The registered patients with the PMS for Travellers and Homeless, plus other potential homeless people based in the York area.**

Single Equality Scheme strand	**An impact assessment completed which looked at the impact any change in the service delivery may have with the current stakeholders.**	**Is there likely to be a differential impact?**
Gender (incl Gender reassignment, pregnancy and breastfeeding)	At present there is no expected impact on the service delivery with regards to all aspects to Gender.	No
Race	At present, there is no expected impact on the service delivery with regards to all aspects to Race.	No
Disability	At present, there is no expected impact on the service delivery with regards to all aspects to Disability.	No

Sexual orientation	At present, there is no expected impact on the service delivery with regards to all aspects to the sexual orientation of the patients.	No
Age	At present, there is no expected impact on the service delivery with regards to all aspects to the age of the patients.	No
Religion/belief	At present, there is no expected impact on the service delivery with regards to all aspects to Religion or belief.	No
Human Rights	It is not envisaged that this piece of work adversely impact on anyone's human rights	No
Marriage and Civil Partnership	It is not envisaged that this piece of work likely to discriminate on the grounds of marriage and civil partnership.	

Appendix Three

NHS
North Yorkshire and York

REPORT TO:	**York Overview and Scrutiny Committee**
REPORT FROM:	**John Keith, Head of Primary Care Governance**
REPORT DATE:	**12 June 2012**
REPORT STATUS:	**Draft**
Ref	
REPORT SUBJECT:	**Analysis of profile of patients at the PMS Homeless Service**

PURPOSE

The purpose of this report is to provide information to the York Overview and Scrutiny Committee about a proposed change to the current delivery of the PMS Homeless Service in York.

BACKGROUND

The York Homeless Service was set up in April 2000 as a personal medical service (PMS) contracted service with the aim to 'reduce health inequalities by providing effective, accessible and responsive primary health care services to homeless or Traveller clients who are not registered with a local GP or who have difficulty accessing health care services'

The service has evolved to deliver care to patients who are homeless within the York area, but deals particularly with homeless patients who in addition experience chaotic lifestyles and have problems with drugs, alcohol and mental health problems.

The current registered patient list has remained relatively stable and was analysed to look at the total attendances over the last year. The service currently has 201 patients registered of which a total of 168 patients attended the service between the dates of June 2011 and May 2012. During this time, there were a total of 7153 attendances, which give an average of 28.5 attendances per day between the GP, Practice Nurse, the Drug and Alcohol Nurse and the Dual Diagnosis nurse, or on average 7 attendances per practitioner per day.

The demographics for the registered population are as follows:

Age Groups	**0-9**	**10-19**	**20-29**	**30-39**	**40-49**	**50-59**	**60-69**	**70-79**	**80-89**	**90-99**	**100+**
Males	1	2	22	47	48	27	4	2	0	0	0
Females	0	2	12	15	12	5	4	0	0	1	0

Seventeen patients (8% of the registered population) attended 2194 times within the year, equating to about 30% of the total attendances for the service in the year.

Each of the high user patients have an average of 95 attendances for the year with a range between 95 to 202. A lot of these patients had evidence of multiple attendances on the same day with some of the patients attending for up to 4 appointments in the same day.

The patient's demographics of the extremely high user group is:

Age – range between 22 to 52 with an average age of 36 years.
Sex – there was 9 females and 8 males

The patients were attending for various different long term medical conditions, the main being:

Long Term Condition	**No of Patients**
Coronary Heart Disease	3
Diabetes	2
Chronic Obstructive Pulmonary Disease	4
Asthma	22
Mental Health	24

Appendix Four

General Practice Assessment Questionnaire*

Eight surveys were completed out of over 200 registered patients.

Q1	Very helpful	Fairly helpful	Not very helpful	Not at all helpful	Don't know
How helpful do you find the receptionists at your GP practice?	8/8				

Q2	Very easy	Fairly easy	Not very easy	Not at all easy	Don't know/ Haven't tried
How easy is it to get through to someone at your GP practice on the phone?	2/8	1/8	2/8		3/8

Q3	Very easy	Fairly easy	Not very easy	Not at all easy	Don't know/ Haven't tried
How easy is it to speak to a doctor or nurse on the phone at your GP practice?	2/8	3/8			3/8

Q4	Yes	No	Don't know/ Haven't tried
If you need to see a GP urgently, can you normally get seen on the same day?	5/8	1/8	2/8

Q5	Important	Not Important
How important is it that you be able to book appointments ahead of time in your practice?	7/8	1/8

Q6	Very easy	Fairly easy	Not very easy	Not at all easy	Don't know/ Haven't tried
How easy is it to book ahead in your practice?	3/8	4/8			1/8

Q7	In person	By phone	Online	Doesn't apply
How do you normally book your appointments at your practice?(tick all that apply)	5	2		1

Q8	In person	By phone	Online	Doesn't apply
Which of the following methods would you prefer to use to book appointments at you practice? (tick all that apply)	6	3		1

Q9	Same day or next day	2-4 days	5 days or more	I don't usually need to be seen quickly	Don't know/ Haven't tried
How quickly do you usually get seen by a particular doctor?	5/8	2/8		1/8	

Q10	Excellent	Very good	Good	Fair	Poor	Very poor	N/A
How do you rate this?	5/8	2/8	1/8				

Q11	Same day or next day	2-4 days	5 days or more	I don't usually need to be seen quickly	Don't know/ Haven't tried
How quickly do you usually get seen by any doctor?	4/8	2/8			2/8

Q12	Excellent	Very good	Good	Fair	Poor	Very poor	N/A
How do you rate this?	6/8	1/8	1/8				

Q13	Less than 5 minutes	5-10 minutes	11-20 minutes	21-30 minutes	More than 30 minutes	There was no set time for my consultation
How long did you have to wait for your latest consultation to start?		4/8	1/8	3/8	1/8	

Q14	Excellent	Very good	Good	Fair	Poor	Very poor	N/A
How do you rate this?	2/8	3/8		2/8	1/8		

Q15	Yes (go to Q17)	No	Don't know
Is your GP practice currently open at times that are convenient to you?	8/8		

Q16	Before 8am	At lunchtime	After 6.30pm	On a Saturday	On a Sunday	None of these
Which of the following additional opening hours would make it easier for you to see or speak to someone?						

Q17	Yes (go to Q19)	No	There is only one doctor at my surgery (go to Q19)
Is there a particular GP you usually prefer to see or speak to?	7/8	1/8	

Q18	Always of almost always	A lot of the time	Some of the time	Never or almost never	Not tried at this GP practice
How often do you see or speak to the GP you prefer?	6/8	1/8	1/8		

How good was the last GP you saw at each of the following? (if you haven't seen a GP in your practice in the last 6 months, please go to Q25)

Q19-23	Very good	Good	Fair	Poor	Very Poor	N/A
Giving you enough time	4/8	4/8				
Listening to you	8/8					
Explaining tests and treatments	7/8	1/8				
Involving you in decisions about your care	7/8		1/8			
Treating you with care and concern	7/8	1/8				

Q24	Yes, definitely	Yes, to some extent	No, not at all	Don't know/can't say
Did you have confidence and trust in the GP you saw or spoke to?	7/8	1/8		

How good was the last nurse you saw at each of the following? (if you haven't seen a nurse in your practice in the last 6 months, please go to Q31)

Q25-29	Very good	Good	Fair	Poor	Very Poor	N/A
Giving you enough time	6/8	2/8				
Listening to you	7/8	1/8				
Explaining tests and treatments	7/8	1/8				
Involving you in decisions about your care	7/8	2/8				
Treating you with care and concern	7/8		1/8			

Q30	Yes, definitely	Yes, to some extent	No, not at all	Don't know/can't say
Did you have confidence and trust in the GP you saw or spoke to?	8/8			

Thinking about the care you get from your doctors and nurses overall, how well does the practice help you to:

Q31-33	Very well	Unsure	Not very well	Does not apply
Understanding your health problems	8/8			
Cope with your health problems	8/8			
Keep yourself healthy	6/8	2/8		

Q34	Excellent	Very good	Good	Fair	Poor	Very poor
Overall, how would you describe your experience of your GP surgery?	5/8	3/8				

Q35	Yes, definitely	Yes, probably	No, probably not	No, definitely not	Don't know
Would you recommend your GP surgery to someone who has just moved to your local area?	7/8	1/8			

Q36	Male	Female
Are you?	6/8	2/8

Q37	Under 16	16-44	45-64	65-74	75 or over
How old are you		5	3		

Q38	Yes	No	Don't know
Do you have a long standing health condition?	8		

Q39	White	Black/Black British	Asian/Asian British	Mixed	Chinese	Other ethnic group
What is your ethnic group?	8					

Q40	Employed	Un-employed	Full time-education	Long term sickness	Looking after home /family	Retired	Other
Which of the following best describes you?		3		3	1		1

Finally, please add any other comments you would like to make about your GP practice:

They are very helpful and understanding.

Summary

Although very few patients completed the survey, overall the practice scored very highly on the questions that related to patient satisfaction with healthcare and access (Q19 to Q35).

**The following limitations should be taken into consideration if utilising this data for decision making purposes:*

The survey is designed to enable general practices to benchmark themselves against national and local scores. This information was not available when analysing the data above and does not provide a benchmark for this service.

GPAQ creators recommend a minimum of 50 responses for a reasonable level of data reliability.

This survey was designed for general practice rather than a PMS practice and while eliciting responses relating to the choice of GP etc. which are not relevant, the survey did not capture feedback on the specialist services provided.

PMS Service Focus Group

Date: 1 June 2012

Number of Attendees: 4 Males

Questions and Response Summary-

1. What do you like about the PMS Service?

All patients present agreed that the PMS service is different from previous experiences at both the probation service and at other GP surgeries (one patient present was registered prior to moving into a hostel and told that he was now 'out of area') in that they are more tolerant and spend much more time listening to get to the root of the problem. They were also not made to feel guilty for missing an appointment like at other surgeries. It was through the PMS Service that one patient was finally diagnosed with a mental health issue after years of being 'bounced between services' and this diagnosis was a turning point in his road to recovery. All the patients present had struggled with addiction and felt that in the past their addictions had been addressed but that their other health problems had been ignored. Having their addictions and their long term health problems addressed at the same time by staff that had knowledge and experience was very important to them.

All the patients felt that Dr. Boffa and their nurse Nicky, the dual diagnosis nurse, and their involvement in their individual cases had prevented relapses by being available at short notice and by checking in with them personally if they missed an appointment. One patient found in the past that another GP surgery had just provided repeat prescriptions over the phone and was not able to tell that he was becoming progressively unwell which ultimately led to a relapse. All of the patients felt that the service had at one time prevented a relapse or hospitalisation. The patients themselves said that they realised the PMS Service must be expensive to run but that it must cost less than repeated hospitalisations. They also said when they relapsed they were more likely to lose their hostel place, become homeless and be more likely to become engaged in crime which they also felt had negative cost/social implications.

2. What would you do differently?
All the patients felt that they would often have to wait a long time to be seen at the drop in clinic but felt this was because there were a lot of patients and too few staff.

3. Are there any health care needs that this service doesn't meet?
It was felt that it would be nice to have a dentistry service but on the whole Dr. Boffa was very good at referring them elsewhere quickly when they needed additional services.

4. Is the service easy to access? Would it be better located somewhere else?
One patient said it would be nice to have an additional service in Acomb but all agreed that it was best placed centrally at Monkgate.

5. What would you have done if this service was not available?
"I would have been lost. I would not have registered with a GP. When I was unwell in the past I always ended up in A&E."

"Before my mental health problems were diagnosed here I just ended up in prison."

"A regular GP had too much structure and no consistency. I had to see who was available and nobody knew me or what my problems were."
"Without Nicky I wouldn't be here anymore."

Health Overview and Scrutiny Committee 26 June 2012

Report of the Assistant Director Assessment and Safeguarding

Safeguarding Vulnerable Adults Assurance

Summary

1. This report outlines the arrangements in place to ensure that City of York Council is able to discharge its responsibilities to keep vulnerable adults within the City protected from violence and abuse, whilst maintaining their independence and well-being. Health Overview and Scrutiny are asked to consider whether the Council can be assured that these arrangements are satisfactory and effective.

Background

2. Safeguarding Adults responsibilities are defined in 'No Secrets' (Department of Health 2002) and 'Safeguarding Adults' (Department of Health 2005). The guidance relates to the multi-agency responses made to a person aged 18 years or over: *'who is or may be in need of community care services by reason of mental or other disability, age or illness and is or maybe unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'.*

3. The Council has responsibilities as the Lead Agency for the partnership response within the city including the operation of the multi agency Safeguarding Adults Board, and as a service provider and commissioner.

4. Responsibilities include both ensuring that anyone who may be at risk of abuse is protected and supported, and to reduce the likelihood of abuse of vulnerable adults within the community.

5. In 2005 the Association of Directors of Adults Social Services produced guidance and standards for the delivery of Safeguarding responses. These standards have been used as the framework for the assurance information provided within Annex A.

6. One of the standards requires partner agencies to assure themselves of the safeguarding arrangements within their organisation on an annual basis. This report is intended to enable that to happen within the Council. Other partner organisations will report through their own governance arrangements.

7. Operational safeguarding practice is guided by the Multi Agency Safeguarding policy and procedures, which together with a Quick Guide, are available at http://www.safeguardingadultsyork.org.uk/index.php?option=com_content&view=article&catid=36&id=48&Itemid=67

8. Last year (2011-12) the Council recorded 690 'Alerts', where someone had concerns about potential abuse of a vulnerable person , of which 211 were considered to be 'Referrals' which required investigation.

9. Annex B provides the Performance Report on Safeguarding Vulnerable Adults activity, submitted to the Safeguarding Board in June 2012.

Options

10. **Option 1** Health Overview and Scrutiny Committee could identify areas where they believe further assurance is needed for the Council to be confident that it is undertaking its responsibilities on Safeguarding Vulnerable Adults satisfactorily.

11. **Option 2** Health Overview and Scrutiny Committee could confirm they are satisfied with the arrangements for Safeguarding Vulnerable Adults with the planned improvements already identified and part of the Boards Strategic plan and Council Service plans.

Analysis

12. The areas identified for action and improvement, through the Assurance Framework and the Performance Report are listed below. They will be reflected in the Safeguarding Board's work plan for 2012-13:

- Widen Safeguarding Board membership to include representation from the Voluntary Sector.
- Ensure links to Strategic Boards for Health and Wellbeing and Community Safety are maintained and developed.
- Reduce the need for safeguarding investigations about challenging behaviour in residential settings through improved quality of care, shared intelligence with health commissioners and support to care providers to manage challenging behaviour.
- Introduce the national competency framework for relevant staff.
- Explore and understand the number of referrals from health settings with health colleagues in both NHS and independent sector.
- Work with Drug and Alcohol Commissioners to develop awareness of Safeguarding procedures in Drug and Alcohol services
- Improve performance on the number of Protection Plans agreed with customers.
- Continue to develop understanding of York Safeguarding issues, including relatively high referrals for those with Learning Disabilities

13. The following actions are additionally already contained within the Service Plan for Adults Assessment and Safeguarding Service.

- Improve feedback arrangements for customers who have experienced a safeguarding investigation to inform policy and procedures reviews.
- Maintain and improve information for York residents on Safeguarding.
- Implement new operational procedures for City of York Council to ensure consistent practice with Multi Agency procedures.

- Ensure that those customers using Direct Payments are supported to protect themselves from abuse by participating in national research.
- Monitor more closely the decisions where alerts are not responded to as a referral with an investigation.

Council Plan

14. The proposals within this report relate to the Council Plan priority to ensure those who are most vulnerable are protected.

Implications

Financial

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

Human Resources (HR*)*

16. There are no HR implications.

Equalities

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

18. The Safeguarding Board has agreed this needs further work to understand the nature of the risks for this customer group, and preventive action that may be required.

Legal

19. There are no legal implications.

Crime and Disorder

20. All of the issues and actions relating to Safeguarding Vulnerable Adults contribute to the Safer Communities agenda.

Information Technology (IT)

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

Property

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

Risk Management

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

Recommendation

24. No specific recommendation is made, as the purpose of this report is to allow Health Overview and Scrutiny to determine if they are assured of the arrangements for Adult Safeguarding within the Council.

Contact Details:

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Adults, Children and Education
554045

Wards Affected: **All** √

For further information please contact the author of the report

Background Papers:

Safeguarding Adults: A National Framework of Standards for good practice and outcomes in adult protection work

Association of Directors of Adult Social Services 2005

Annexes:

Annex A: Adult Safeguarding Assurance Questions

Annex B: Safeguarding Performance Report 2011-12

Annex A Adult Safeguarding - Assurance questions

Requirements	Evidence of arrangements in place	Improvements planned
Clear and identifiable lead for Safeguarding Adults at senior level	Director of Adults Children and Education is a member of Safeguarding Adults Board. Assistant Director Assessment and Safeguarding holds operational and strategic lead for adults safeguarding agenda	
Multi agency partnership with all statutory agencies represented, with Terms of Reference	Safeguarding Adults Board meets quarterly. Terms of Reference agreed. Membership includes Cabinet Member for Health Housing and Adult Social Care, Assistant Director Adults Assessment and Safeguarding, health commissioners, NHS and Independent health providers, Police, Fire, and Independent Care Group. CYC representatives have 100% attendance over the past year	Voluntary Sector Representation to be added to the Board Membership

Clear links with Local Strategic Partnership	The link to the Safer York partnership is weak In future it is expected that the Safeguarding Board will also need to develop links to the new Health and Well Being Board	A Strategic Priority for the Board 2012 -13 is to develop links with new Health and Well Being Board and its associated groups, and improve links to Community Safety arrangements
Appropriate support and co-ordination in place for Safeguarding Adults Partnership	Gill Collinson appointed as Independent Chair 2011 for 2 year term, joint funded by CYC, PCT and Police. Administrative support provided by the Director's PA Assistant Director Assessment and Safeguarding and Group and Service Manager support the Board	
Multi Agency policy and procedures and strategic plan in place and regularly reviewed Serious Case protocol in place	Mufti Agency policy and procedures available on York Safeguarding Adults website (www.safeguardingadultsyork.org.uk) Reviewed during the year and new protocol agreed to clarify the Lead agency responsibilities of the Council in respect of Safeguarding referrals from partner organisations. All are now referred to the Council for formal decision, advice and support on response needed.	

	This is in place and available on the website (link above)	
Annual review of partners progress by Partnership	Assurance Framework this year. Annual report 2011-12 in progress will include reports from all partners. This report and any recommendations from HOSC will be the CYC report	
Consultation arrangements with service users on policy and procedures	Limited at present	Feedback arrangements for customers who have experienced safeguarding in development and part of 2012-13 service plan for Assessment and Safeguarding Service
Active promotion of Safeguarding within the community and links to crime prevention and MAPPA (Multi Agency Protection Panel Arrangements)	Dedicated website www.safeguardingadultsyork.org.uk with information for residents and professionals – content reviewed early 2012. Safeguarding board engagement in raising awareness about bogus callers – promoting use of door hangers.	Improved web based customer information planned for later in the Summer – My Life My Choice Independent Chair of Safeguarding Board will be meeting with Chair of Safer York Board to review joint priorities and agendas

	Safeguarding Manager is a member of MAPPA Panel	
Internal safeguarding policy and procedures regularly reviewed and in line with multi agency procedures	Findings and learning from complaints and Ombudsman's Report during 2011 indicated some discrepancies between practice and multi agency procedures. Internal procedures reviewed 2012 to address these issues and reflect changing practice with new dedicated Safeguarding Team	Implement new City of York internal procedures
Clear management arrangements in place to respond to safeguarding concerns	New dedicated Safeguarding team in place since November 2011. Accountable through Service Manager and Group Manager to Assistant Director assessment and Safeguarding. All alerts are assessed by Safeguarding Service Manager. All investigations are undertaken by care Managers from the Safeguarding Team. Investigations are planned and overseen, on a rota basis, by service managers from across adult social care.	

Policy and procedures to reduce the risk of safeguarding and abuse incidents	Policies and procedures are in place regarding: Serious incidents, accidents health and safety, challenging or violent behaviour, personal and intimate care, moving and handling, control and restraint medication, handling customers' money, risk assessment and management. Similar procedures are required of commissioned services as part of service specifications	Opportunities for sharing intelligence on quality assurance in residential and nursing care between health and social care will be developed. Safeguarding Board has identified training and support around managing challenging behaviour in residential care homes as a priority for Workforce development and commissioners
Criminal Record Bureau (CRB) and Protection of Vulnerable Adults (POVA) checks undertaken on relevant staff and volunteers, professional registration monitored and staff code of conduct setting standards of expected behaviour	HR undertakes CRB and POVA checks for staff on employment and provide reminders for updating checks. POVA notifications and GSCC reports are made by the Safeguarding manager where agreed through Safeguarding Conferences.	Professional registration to be reviewed through supervision and annual appraisals by line managers.

Workforce development and training strategy in pace and staff undertaking required safeguarding training	Framework for training is based on the roles of alerter, referrer, investigator, and conference chair. CYC ACE Workforce Development Unit have developed Strategy and programme for all partners New training provider secured 2012	National Competency framework under consideration by all partners
Support and advice available to customers using Direct payments to employ their own staff	Direct payment customers offered one off payment to undertake CRB checks. Support available from ILS (Independent living Scheme) on employment good practice	York will be part of a national research project looking at Safeguarding and Personalisation agendas in three local authorities
Safeguarding requirements of contracted providers clear and monitored	Integral part of specification, including policies and procedures to prevent abuse. Commissioners and contract team informed of alerts /referrals involving commissioned providers with joint investigations where quality of care concerns. Repeat concerns addressed through contract monitoring and improvement plan requirements.	

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Safeguarding Adults Performance Report

April 2011 – March 2012

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Introduction:

1. This is the performance report of adults safeguarding activity in City of York Council for the year ending March 2012. Previous performance reports have reported on activity between October and September (2009 -10 and 2010 -11). This report will bring the reporting in line with other performance reports for the Council. It does however mean that equivalent year on year trends will not always be available within this report.

SECTION 1. : Information about the victim and their circumstances

Number of alerts and referrals

	Alerts	**Referrals**	**Repeat referrals**	**Completed referrals**
Under 65	225	75	4	61
Over 65	465	136	7	129
Total	**690**	**211**	**11**	**190**

In 2010-11 we received 429 alerts, so this year has seen a 61% increase in the number of alerts.

In previous years we have not monitored the number of alerts which became referals needing investigation.

The number of referrals probably gives a stronger indication of the level of safeguarding risk within the community for vulnerable adults.

Data from the Information Centre for 2010-11 shows that our rate of alerts per 100,000 population was roughly the same as the England average. Last year the average number of referrals for England was similar to the number of alerts. Our lower number of referrals may indicate a good awareness among professionals or it may indicate issues with Safeguarding thresholds.

The highest number of alerts and referrals continue to be recieved regarding people over 85. Of the 690 alerts 242 (35%) concerned people over 85.

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Ethnicity

	Alerts		**Referrals**		**Repeat referrals**		**Completed referrals**	
	Under 65	Over 65	Under 65	Over 65	Under 65	Over 65	Under 65	Over 65
White British	183	384	65	114	4	5	57	106
White Irish	5	0	2	0	0	0	1	0
Gypsy/Roma	0	0	0	0	0	0	0	0
Other White	8	43	3	14	0	0	2	14
White and Black Caribbean	0	0	0	0	0	0	0	0
White and Asian	0	0	0	0	0	0	0	0
Other mixed background	0	0	0	0	0	0	0	0
Indian	0	9	0	3	0	2	0	3
Pakistani	0	0	0	0	0	0	0	0
Bangladeshi	0	0	0	0	0	0	0	0
Other Asian	0	1	0	0	0	0	0	0
Caribbean	0	0	0	0	0	0	0	0
African	0	0	0	0	0	0	0	0
Other Black background	0	0	0	0	0	0	0	0
Chinese	1	0	0	0	0	0	0	0
Other ethnic group	1	0	0	0	0	0	0	0
Refused	2	0	0	0	0	0	0	0
Not yet obtained	19	27	3	5	0	0	1	6

York's population is changing rapidly, with an estimated 11% of the population now likely to be from minority communities. This is an area the Safeguarding Board agreed we need to monitor.

Population numbers for minority communities in York continue to be lower in the older age groups, who are more likely to be the subject of safeguarding alerts and referrals. It is estimated there were 3 people over 85 of mixed ethnicity in 2010, 11 people of Asian origian over 85, 6 of Chinese origin and no Black or Black

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British over 85 (Projecting Older People Population Information System)
http://www.poppi.org.uk/index.php?&PHPSESSID=mjcf3l8dt6gk3177f3vn73jhr0&arealD=8301&np=1 (accessed 20/5/12).

Based on these age sensitive population figures Safeguarding activity in York is still broadly in line with our diverse communities.

Source of referral by customer groups

	Under 65					Over 65	Total
	Physical disability and sensory impairment	Mental health needs	Learning Disability	Substance misuse	Other		
Social care staff	12	1	21	0	2	69	105
Of which:							
Domiciliary Care	3	0	4	0	0	18	25
Residential Care	2	0	2	0	2	36	42
Day Support	1	0	4	0	0	2	7
Care Manager	2	1	1	0	0	7	11
Self Directed Support staff	1	0	0	0	0	0	1
Other	3	0	10	0	0	6	19
Health staff	2	7	3	0	0	18	30
Of which:							
Primary and community	1	2	2	0	0	8	13
Secondary	0	0	0	0	0	6	6
Mental Health	1	5	1	0	0	4	11
Self	1	0	0	0	0	2	3
Family	1	0	3	0	0	19	23
Friend or neighbour	0	0	0	0	0	2	2
Other service user	0	0	0	0	0	1	1
CQC	1	0	2	0	0	3	6
Housing	3	0	0	0	0	0	3
Education/Training/Work	2	0	1	0	0	0	3
Police	1	1	1	0	0	3	6
Other	2	0	6	0	2	16	26
Total	**25**	**9**	**37**	**0**	**4**	**136**	**211**

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Family members are making increasing numbers of safeguarding referals. CYC continues to receive relatively low numbers of alerts from the wider community including education, training, workplace, friends and neighbours. No referrals have been received again this year in respect of people with substance misuse related needs, and this is now subject to joint consideration with the Council's Drug and Alcohol commissioners.

Nature of Abuse

Nature of abuse	Under 65	Over 65	Total
Physical	33	57	90
Sexual	9	4	13
Emotional/Psychological	31	32	63
Financial	18	25	43
Neglect	13	57	70
Discrimination	2	0	2
Institutional	5	7	12

Table 6: Location of Abuse

	18 - 64	65-74	75-84	85	Total
Own home	31	14	28	26	99
Care Home - residential	6	4	7	15	32
Care home nursing	1	1	12	18	32
Care homes temporary	0	0	3	3	6
Alleged perpetrators home	1	0	0	0	1
Mental health inpatient setting	1	0	0	1	2
Acute hospital	0	0	0	0	0
Other health setting	0	0	0	0	0
Supported Accommodation	20	0	0	0	20
Day Service	2	0	0	0	2

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Public Place	7	0	0	0	7
Education/ Training/Work	1	0	0	0	1
Other	3	0	0	0	1
Not Known	2	0	0	2	4
Total	**75**	**19**	**50**	**67**	**211**

The low number of referals in health settings may reflect the previous arrangements whereby each agency was required to respond to their own referrals. This may change this year with the new protocol whereby all referrals are overseen intially by the Council's new Safeguarding Team.

Section 2. : Information about the alleged abuser

Relationship of Alleged Perpetrator to Victim

	18-64	65-74	74-84	85+	Total
Partner	5	4	3	1	13
Other family member	11	6	8	13	38
Health care worker	2	0	0	3	5
Volunteer/befriender	0	0	0	0	0
Social Care staff Of which:	19	7	19	29	74
Domiciliary Care Staff	7	3	7	11	28
Residential Care staff	5	4	12	16	37
Day support staff	0	0	0	1	1
Care Management	0	0	0	0	0
Self Directed Support staff	0	0	0	0	0
Other	7	0	0	1	8
Other professional	0	0	0	0	0
Other vulnerable adult	12	0	8	8	28
Neighbour/friend	6	1	1	2	10
Stranger	3	0	1	1	5
Not known	7	1	9	2	19
Other	10	0	1	8	19
Total	**75**	**19**	**50**	**67**	211

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Professionals accounted for 35% of the total alleged perpetrators, a slight increase on last year. Alleged abuse within the family has decreased this year, but the number of other vulnerable people alleged to be the perpetrator has increased from 1% in 2010 -11 to 13% last year.

Section 3: Outcomes following safeguarding investigation

This data set is taken from cases that have been through an investigation and have been concluded. It does not take account of safeguarding issues alerted to CYC which have been dealt with at an earlier (assessment) stage in the process.

The number of cases reaching a conclusion has risen to 190 (90%) of referrals.

Substantiated Abuse

		Substantiated	Part substantiated	Not substantiated	Not determined inconclusive
18-64	Phys Dis, and Sensory Impairment	12	4	2	2
	Mental Health	5	1	0	2
	Learning Disability	18	5	6	3
	Substance Misuse	0	0	0	0
	Other	1	0	0	0
Over 65	65-74	5	3	2	4
	75-84	26	6	11	6
	0ver 85	38	7	9	12
Total		**105**	**26**	**30**	**29**

Outcomes for the Abused Person

A total of 55 referrals ended in No Further Action (28%) in 2011-12. This was a reduction from the previous year of 44% and is in line with the number of unsubstantiated or not determined outcomes.

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Outcomes for Alleged Perpetrators

For 2011 -12, following investigations CYC took no further action against 63% of perpetrators. This is in line with the previous year. Whilst this is a higher percentage than the number of unsubstantiated or undetermined outcomes, it is not expected that action would necessarily be taken against all alleged perpetrators.

Acceptance of Protection Plan

Only 10% of Protection Plans were signed off as accepted by the customer last year, which must give rise to concerns. At worst this is an indication that we do not have Protection Plans in place. Alternatively it indicates we are not documenting the completion of the safeguarding process adequately, or that we are not engaging the vulnerable adult sufficiently in the safeguarding process. This has to be addressed during the coming year.

Section 4: Conclusions

The number of alerts and referrals continue to grow within the City, but with lower referrals than the England average. We need to ensure our training and awareness programmes continue to raise understanding of safeguarding and the process to follow where there are concerns. We will monitor more closely the decisions taken not to respond to alerts.

It will be helpful to consider with health colleagues how best to understand the low level of referrals within health settings, including whether there is any work that should be undertaken with PALS/Complaints staff.

We need to work with our drug and alcohol commissioners to make sure there is a shared understanding of safeguarding within drug and alcohol services.

With a continuing high level of alleged perpetrators in care homes we intend to support preventive work in care homes to improve the quality of care in homes to reduce the need for safeguarding interventions.

We need to understand why so few Protection Plans are signed as agreed by customers, and increase the numbers that are agreed.

Draft Health Overview & Scrutiny Committee Work Plan 2012/2013

Meeting Date	Work Programme
26 June 2012	1. Update on Quality Indicators (Carer's Review) 2. Health Watch Procurement Monitoring Report 3. Update from Yorkshire Ambulance Service on Complaints Received 4. Review of Services for Homeless Patients at Monkgate Health Centre 5. Safeguarding Assurance report 6. Workplan for 2012-13 and list of Scrutiny Topics Proposed at the Scrutiny Work Planning Event held on 2nd May 2012
23 July 2012	1. Year End CYC Finance & Performance Monitoring Report 2. Attendance of the Cabinet Member for Health, Housing & Adult Social Services 3. Health Watch Procurement Monitoring Report 4. *Possible* Final Report of the 'End of Life Care' Scrutiny Review 5. Update Report – Establishing York's Health & Wellbeing Board 6. Workplan for 2012-13 and Briefing Notes on Proposed Scrutiny Topics from the Scrutiny Work Planning Event held on 2nd May 2012

12 September 2012	1. First Quarter CYC Finance & Performance Monitoring Report 2. Health Watch Procurement Monitoring Report 3. Update on the implementation of outstanding recommendations arising from the Carer's Scrutiny Review 4. Progress Report on the Major Trauma Network 5. Update on changes to the Urgent Care Unit at York Hospital 6. Workplan for 2012-13
24th October 2012	1. Health Watch Procurement Monitoring Report 2. Update on the Public Health Transition Plan 3. Workplan for 2012-13
19th December 2012	1. Health Watch Procurement Monitoring Report 2. Second Quarter CYC Finance & Performance Monitoring Report 3. Update on the Carer's Strategy 4. Update on Implementation of the NHS 111 Service 5. Workplan for 2012-13
16th January 2013	1. Health Watch Procurement Monitoring Report 2. Workplan for 2012-13
20th February 2013	1. Health Watch Procurement Monitoring Report 2. Workplan for 2012-13

13th March 2013	1. Health Watch Procurement Monitoring Report 2. Third Quarter CYC Finance & Performance Monitoring Report 3. Workplan for 2012-13
24th April 2013	1. Health Watch Procurement Monitoring Report 2. Workplan for 2012-13

Items to add to the 2012/2013 Work Plan

Date TBC:

Changing Role of the Health Overview & Scrutiny Committee (Autumn)

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List of Potential Scrutiny Topics

1. Personalisation Agenda (focus tbc)

2. Community Mental Health Services in care of adolescents (particularly boys)

In addition to this at a meeting between Councillor Crisp and Equalities Action Group representatives held on 1st May 2012 the following were identified as potential topics for the Health Overview and Scrutiny Committee to consider:

1. Concerns about long waiting lists for access to talking therapies. A concern shared by the new mental health provider but they advise that they are constrained by the availability of funding

2. The Leeds Mental Health Trust has asked Age UK to take on day services for older mental health service users as they are cutting back. York Older People's Assembly thought this would have a massive impact on people and their carers.

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