CITY OF YORK COUNCIL

Notice of a public meeting of
Health Overview & Scrutiny Committee

To:	Councillors Funnell (Chair), Doughty (Vice-Chair), Riches, Hodgson, Fraser, Richardson and Cuthbertson
Date:	Wednesday, 16 January 2013
Time:	5.30 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 interests not included on the Register of Interests
- any prejudicial interests or
- any disclosable pecuniary interests

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

2. Minutes (Pages 5 - 10)

To approve and sign the minutes of the meeting held on 11 December 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 **Tuesday 15 January 2013** at **5:00 pm**.

4. Safeguarding Vulnerable Adults Assurance Report (Pages 11 - 42)

This report provides an update on the Safeguarding Vulnerable Adults activity and improvement work within the City.

5. Quality Monitoring-Residential, Nursing & Homecare Services (Pages 43 - 56)

This report provides Members with an overview of the processes in place to monitor the quality of services delivered by providers of Residential/Nursing Care and Homecare in York. It also provides them with a summary of the current performance of providers against CQC Standards and the Council's own standards for performance and quality.

6. Verbal Update from Chair-Proposed Changes to Children's Cardiac Services

The Chair of the Committee will give a verbal update to Members on the proposed changes to Children's Cardiac Services.

7. Work Plan 2012-13 (Pages 57 - 58)

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

8. Urgent Business

Any other business which the Chair considers urgent.

<u>Democracy Officer:</u>

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

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

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

Contact details are set out above

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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. Member of York NHS Foundation Teaching Trust.
Councillor Fraser	Retired Member of UNISON and Unite (TGWU/ACTS sections).
Councillor Funnell	Member of the General Pharmaceutical Council Trustee of York CVS
Councillor Hodgson	Previously worked at York Hospital Member of UNISON
Councillor Richardson	Frequent user of Yorkshire Ambulance Service Member of Haxby Medical Centre Niece works as a staff district nurse for NHS North Yorkshire and York.
Councillor Riches	Council appointee to the governing body of York Hospital Member of UNITE

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City of York Council — Committee Minutes

MEETING	HEALTH OVERVIEW & SCRUTINY COMMITTEE
DATE	11 DECEMBER 2012
PRESENT	COUNCILLORS FUNNELL (CHAIR), DOUGHTY (VICE-CHAIR), RICHES, HODGSON, FRASER, RICHARDSON AND CUTHBERTSON

40. DECLARATIONS OF INTEREST

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

Councillor Fraser declared a personal interest in the general business on the agenda as a retired member of UNISON and Unite (TGWU/ACTS sections).

Councillor Funnell declared a personal interest in Agenda Item 4 (Report from NHS North Yorkshire & York- Merger of GP Surgeries) as a patient at one of the surgeries mentioned in the report. One of the surgeries was situated in her ward, and so she also declared a personal interest as a Ward Member

Councillors Hodgson, Riches and Richardson also declared a personal interest in Agenda Item 4 as they were patients at a Priory Medical Group surgery. In Councillor Richardson’s case, his partner was a patient at one of the surgeries mentioned.

No other interests were declared.

41. MINUTES

RESOLVED: That the minutes of the Health Overview and Scrutiny Committee held on 24 October 2012 be approved and signed by the Chair as a correct record subject to the following amendment;

Minute Item 36: *[That a further **£24 million** still needed to be achieved through efficiency savings in order to cover the deficit, and that KPMG had been brought in to look at how this figure could be achieved and whether it was viable.]*

42. PUBLIC PARTICIPATION

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

43. REPORT FROM NHS NORTH YORKSHIRE & YORK- MERGER OF GP SURGERIES

Members received a paper which provided a briefing on the engagement process undertaken by the practices of Priory Medical Group Surgery and Abbey Medical Group Surgery to merge their surgeries.

Members made a number of comments and asked questions in response to the paper such as;

- In some areas of the city there seemed to be a lack of information about the merger, for example some patients of the affected surgeries did not receive letters informing them of the proposals.
- That opportunities to get more public involvement in the process, such as through patient consultation groups had been scarce due to venue and time changes.
- Were Members contacted directly about the merger?
- That the benefits of the merger had not been clearly shown to patients.

Representatives from the Priory Medical Group and Abbey Medical Group attended the meeting and answered questions from Members. They noted that Members had not been contacted directly to share their views on the merger. They explained this was because the co-ordinator of the consultation process had left her post.

The Chair then allowed for questions and comments to be taken from the floor.

Questions asked included the following;

- Whether the merger would influence commissioning of services in the future?
- Would the merger lead to a trend to create a very small number of powerful businesses involved in providing health care?
- Would the advent of seven day working for GP surgeries arrive sooner rather than later?
- With a larger number of GPs close to retirement would more nurses be hired to work in the surgeries?

Members were informed that the two companies employed specialist nurses, and that they would replace like for like in relation to GPs. They added that through the merger, workloads for GPs would increase but with specialist nurses also providing treatment and care it was hoped that GPs would have more spare time to focus on other aspects of care.

Members were encouraged that some patient consultation had taken place, but that GPs needed to promote further patient involvement in relation to the developments. It was suggested that as both groups represented and treated a significant percentage of the population that some issues still needed to be resolved for example about data sharing. Members thought that it would be valuable if a further report on progress could be presented to the Committee at a future meeting, especially as the newly merged They were also keen that any future report included information on how the newly merged surgeries were working with the Out of Hours Service and how data was shared with them.

RESOLVED: (i) That the paper be noted.

(ii) That a further progress report be considered by the Committee at a future meeting.

REASON: To inform the Committee of the proposed merger between Priory and Abbey Medical Group Surgeries.

44. UPDATE ON YORKSHIRE AMBULANCE SERVICE PATIENT TRANSPORT SERVICES

Members received a written and verbal report which updated them on the number of complaints received by Yorkshire Ambulance Service NHS Trust (YAS) during the period 1 April 2012 to 31 March 2012 compared to the number received from 1 April 2012 to date.

Questions from Members to YAS representatives included;

- Could a breakdown of compliments/complaints be provided to show how many of these were received by email or in the post? i.e. if a majority of these were received by email this would highlight that leaflets within emergency vehicles were not being picked up by patients.
- That service response time was not included in the figures shown in the report. What measures had been implemented to improve current figures?

Members were informed that there was not a specific breakdown relating to the origin of complaints, but that the service could look at this. In relation to service response times, it was noted that YAS had a performance system which notified their staff if a patient had been waiting for more than an hour for transport. They were also investigating having vehicles that could take two wheelchairs for a better use of resources.

Some Members congratulated the service on the figures which showed a reduction in complaints and suggested that there was not a need for the Committee to consider future updates on performance.

The Chair allowed for a further question from the floor which related to the impact that obesity had on patient transport. It was reported that YAS had to buy new bariatric vehicles and that they needed to have a risk assessment before they could be used. It was also noted that wheelchairs contributed to the weight that a vehicle could carry and that ramps were more likely to be used than a lift.

RESOLVED: That the written and verbal report be noted.

REASON: In order to keep the Committee informed of the performance of Yorkshire Ambulance Service's Patient Transport Services.

45. SCOPING REPORT- REVIEW INTO COMMUNITY MENTAL HEALTH SERVICES IN CARE OF YOUNG PEOPLE

Members received a report which presented the work undertaken to date by the Task Group who were reviewing Community Mental Health Services in the Care of Young People.

It asked them to choose between two options;

Option 1: To agree to the remit and key objectives for the review as highlighted in the Officer's report.

Option 2: To amend the remit and key objectives for the review.

Some Members felt that a larger number of Primary School Headteachers should be involved in the review, as there would be a larger variation on how schools were dealing with the issues raised by the Task Group.

RESOLVED: That Option 1, to agree the remit set out in Paragraph 5 of the Officer's report be approved.

REASON: To enable the Task Group to commence this review.

46. WORK PLAN

Members considered the Committee's updated work plan for the municipal year 2013.

Discussion on the work plan took place regarding the item about the North Yorkshire Review, which was due to be considered by the Committee at their January meeting. It was suggested that this item be moved back in the plan to be considered at the Committee's meeting in February 2013, due to further data, the KPMG report and other information being made available following a NHS North Yorkshire and York Board meeting.

RESOLVED: That the following changes be made to the Committee’s work plan[1];

(i) That a progress report on the Merger of GP’s surgeries be added to the work plan.

(ii) That the Update on the North Yorkshire Review be moved to be considered in February 2013.

REASON: In order to keep the Committee’s work plan up to date.

Action Required

1. To update the Committee's Work Plan. TW

Councillor C Funnell, Chair

[The meeting started at 5.05 pm and finished at 6.00 pm].

Agenda Item 4

Health Overview and Scrutiny Committee 16 January 2013

Report of the Assistant Director Assessment and Safeguarding

Safeguarding Vulnerable Adults Assurance

Summary

1. This report provides an update on the Safeguarding Vulnerable Adults activity and improvement work within the City.

Background

2. Health Overview and Scrutiny Committee received a report in June 2012 providing assurance of the Council's governance and operational arrangements for safeguarding vulnerable adults. The Committee asked for a further update on performance and improvement plans.

3. 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'.*

4. Annex A provides a summary of the progress on actions identified in the June 2012 report.

5. Annex B provides the most recent performance report for the City of York Council's Safeguarding Team. It does not include all of the measures included in the Performance Report annexed to the June report, as these are provided an annual basis. Some new indicators are still in development.

6. Annex C provides a National Adult Social Care Intelligence Service comparison for York's 2011-12 performance data, which was not available in June 2012.

Analysis

Improvement and development work

7. This report is based on a six month update, and as such much of the work in the Action Plan is 'work in progress'. Progress is being made in most areas. Work has been completed in respect of :
    - Widening the Safeguarding Board membership to include representation from the Voluntary Sector.
    - Understanding the low number of referrals reported from health settings. This has been identified as being a data capture and reporting issue which is now being addressed.
    - Improving feedback arrangements for customers who have experienced a safeguarding investigation. One small survey has now been undertaken and we will routinely ask a sample of people who have been through a Safeguarding episode about their experiences
    - Implementing new internal operational procedures for City of York Council. These are now in place and providing a more consistent response.

8. Work to understand the higher numbers of referrals for people with Learning Disabilities has not yet started, but this appears to be a national pattern. The benchmarking information from the National Adult Social Care Intelligence Service shows York had a slightly lower percentage of referrals for people with a Learning Disability than the National and Comparator Authorities.

9. In addition to the previously reported planned work, a local review of the implications of the reviews of Winterbourne View has been initiated. Working with the Valuing People Partnership Board the review will look at the procedures for ensuring that vulnerable people placed out of area for care or treatment are robust and safe. Local independent hospitals will also be involved in the work to ensure that deprivation of liberty, restraint, and good care and support planning are effective and safe. A first meeting is planned for mid January, with an expectation that the work should be completed by June.

<u>Performance and activity</u>

10. We have seen increasing numbers of alerts to the Safeguarding Team this year. New indicators on the timeliness of assessments and decision making were available for the first time (retrospectively) in December 2012. The increasing number of alerts has impacted on the percentage of assessments completed within the expected timeframe. The Team have been continuing to screen and prioritise all alerts, to ensure that urgent matters are dealt with promptly.

11. New indicators, including the number of Protection Plans agreed, are still in development but are expected to be available soon.

12. Based on the NASCIS report, compared to other Councils in 2011-12, York:

    - had a significantly lower level or repeat referrals than then England or Comparator Authority averages (5% compared to 15% and 17%). Repeat referrals may indicate that safeguarding measures previously put in place are not working.
    - had a higher proportion of substantiated investigations than the England and Comparator averages, and a lower proportion of not determined or inconclusive outcomes.
    - Had a lower number of protections plans agreed. This had already been picked up and is an area for improvement.

Council Plan

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

Implications

Financial

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

Human Resources (HR*)*

15. There are no HR implications.

Equalities

16. Safeguarding activity is important to all protected communities of interest. There are no new specific equality issues identified at this point, but the annual performance information will be analysed for equality implications.

Legal

17. There are no legal implications.

Crime and Disorder

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

Information Technology (IT)

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

Property

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

Risk Management

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

Recommendation

22. No specific recommendation is made, as this is an update report for information.

Contact Details:

Author:
Kathy Clark
Assistant Director
Assessment and
Safeguarding
Adults, Children and
Education
554045

Wards Affected: **All** √

For further information please contact the author of the report

Annexes:

Annex A: Safeguarding Action Plan City of York Council 2012-13
Annex B: CYC Safeguarding Performance information 2012-13
Annex C: National Adult Social Care Intelligence Service: Abuse of Vulnerable Adults 2011-12 Comparator Report (Online only)

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ANNEX A

Safeguarding Action Plan City of York Council 2012-13

ACTION	PROGRESS Jan 2013
Widen Safeguarding Board membership to include representation from the Voluntary Sector.	√ **Achieved** Nominee from Voluntary sector identified. Initial briefing session held.
Ensure links to Strategic Boards for Health and Wellbeing and Community Safety are maintained and developed.	**In progress**
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.	**In Progress** Health and social care commissioners are sharing information on quality. Four joint visits to care homes planned.
Introduce the national competency framework for relevant staff.	**In progress** Competency framework shared with all agencies and multi agency training group reviewing the implications
Explore and understand the number of referrals from health settings with health colleagues in both NHS and independent sector.	√ **Achieved** Low number of referrals health settings is due to the way the performance data is collected at the Council. This is now being addressed
Work with Drug and Alcohol Commissioners to develop awareness of Safeguarding procedures in Drug and Alcohol services	**In Progress** Identifying drug and alcohol providers who should access the safeguarding Alerter and Referrer training

Improve performance on the number of Protection Plans agreed with customers.	**In progress** Performance measure developed to allow monitoring through regular performance clinics
Continue to develop understanding of York Safeguarding issues, including relatively high referrals for those with Learning Disabilities	**Not yet started**
Improve feedback arrangements for customers who have experienced a safeguarding investigation to inform policy and procedures reviews.	√ **Achieved** Follow up questionnaires developed and in place
Maintain and improve information for York residents on Safeguarding	**In progress**
Implement new operational procedures for City of York Council to ensure consistent practice with Multi Agency procedures.	√ **Achieved** New internal procedures implemented November 2012
Ensure that those customers using Direct Payments are supported to protect themselves from abuse by participating in national research.	**In progress** Research underway
Monitor more closely the decisions where alerts are not responded to as a referral with an investigation.	**In progress** New procedures include review by Safeguarding Manager

ANNEX B

CYC Safeguarding Performance information 2012-13

	Year end 11-12	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Number of safeguarding alerts	738 (61 pcm)	79	72	54	84	86	71	87	95				
% of initial assessments being sent for comment within 2 days of alert	NEW	70.67	62.77	56.83	53.54	52.32	54.97	54.04	54.26				
% of initial assessments which are responded to by the manager within 1 and 2 days	NEW	92.00	91.24	92.35	92.52	93.81	92.67	91.03	87.92				
Number of adults at risk with key information missing	In development												

The number of protection plans completed	In development												
The number of assessments completed for a partner agency	In development												

National Adult Social Care Intelligence Service (NASCIS)
0845 300 6016
enquiries@ic.nhs.uk
http://nascis.ic.nhs.uk

NHS
The Information Centre
for health and social care

NASCIS007
Abuse of Vulnerable Adults 2011-12 Comparator Report

York (219)

This report is based on the initial submission of AVA data which is not yet publicly available. It is intended for INTERNAL use only for management information in line with the terms and conditions set out on the NASCIS website

Restricted Statistics - published 27th July 2012

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NASCIS007 Abuse of Vulnerable Adults (AVA) 2011-12 Comparator Report

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Chart 05 – Completed referrals as a percentage of all referrals, 2011-12

Chart 06 – Percentage of all referrals where key information about the vulnerable adult was incomplete, 2011-12

Chart 07 – Percentage of referrals where vulnerable person was known to CASSR at time of referral, 2011-12

Chart 08 – Self, friends or family referrers as a percentage of all referrers, 2011-12

Chart 09 – Distribution of referral sources, 2011-12

Chart 10 – Distribution of location the alleged abuse took place, 2011-12

Table 11 – Relationship to alleged perpetrator shown as a percentage of all relationships recorded, 2011-12

Chart 12 – Distribution of the relationship between alleged perpetrator who is social care staff and the vulnerable adult, 2011-12

Chart 13 – Acceptance of protection plan, 2011-12

Chart 14 – Distribution of case outcome / conclusion, 2011-12

Chart 15 – Comparison of outcomes data: Percentage of completed referrals that were not substantiated with percentage where victim outcome was No Further Action and percentage where a protection plan was offered, 2011-12

Chart 16 – Percentage of completed referrals where the outcome was recorded as Other for the victim or Not Known for the perpetrator, 2011-12

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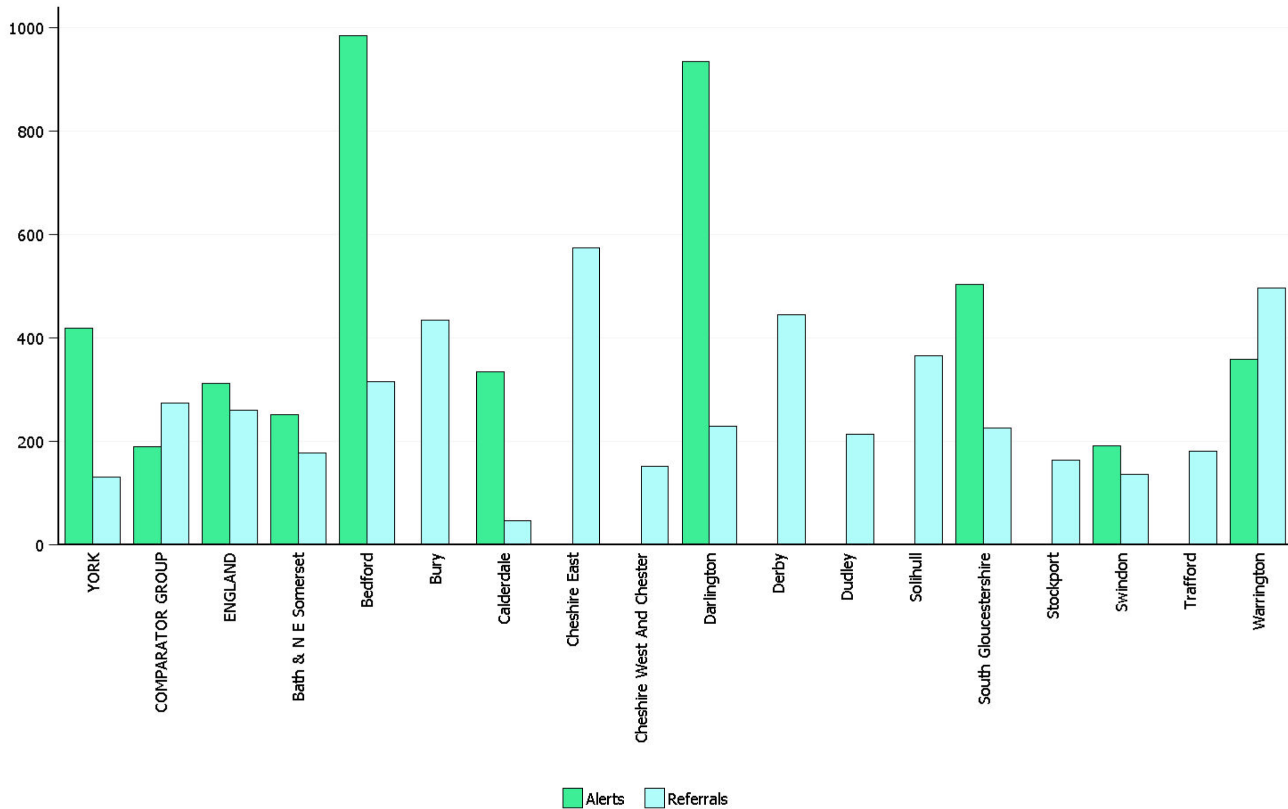
York (219)

Chart 01 – Number of alerts and referrals per 100,000 population, 2011-12



Source: AVA Table 1

Restricted Statistics. Data for 2011-12 is based on raw, unvalidated information. Comparator group councils are based on the CIPFA Statistical Nearest Neighbours (post April 2009) model with the default variables selected.

Not all councils record data on alerts, for those which do, it is not necessary for every referral to be preceded by an alert.

A large difference in the number of alerts and referrals may indicate a good awareness among professionals and the community of safeguarding procedures. However it may also indicate issues with Safeguarding thresholds.

The England data for referrals includes referrals for those councils who do not record alerts.

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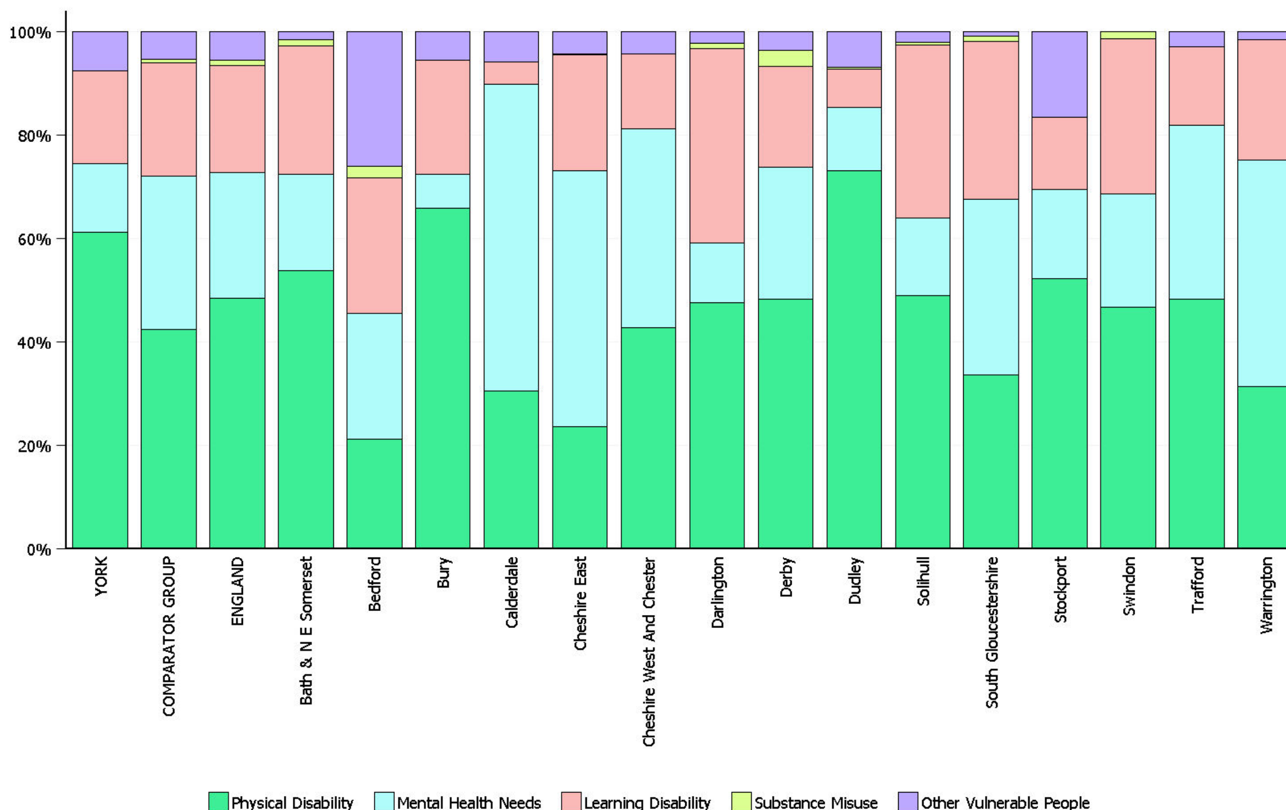
Chart 02 – Primary Client Type of adults referred to safeguarding, 2011-12



Source: AVA Table 1

Restricted Statistics. Data for 2011-12 is based on raw, unvalidated information. Comparator group councils are based on the CIPFA Statistical Nearest Neighbours (post April 2009) model with the default variables selected.

This chart is based on referrals data only.

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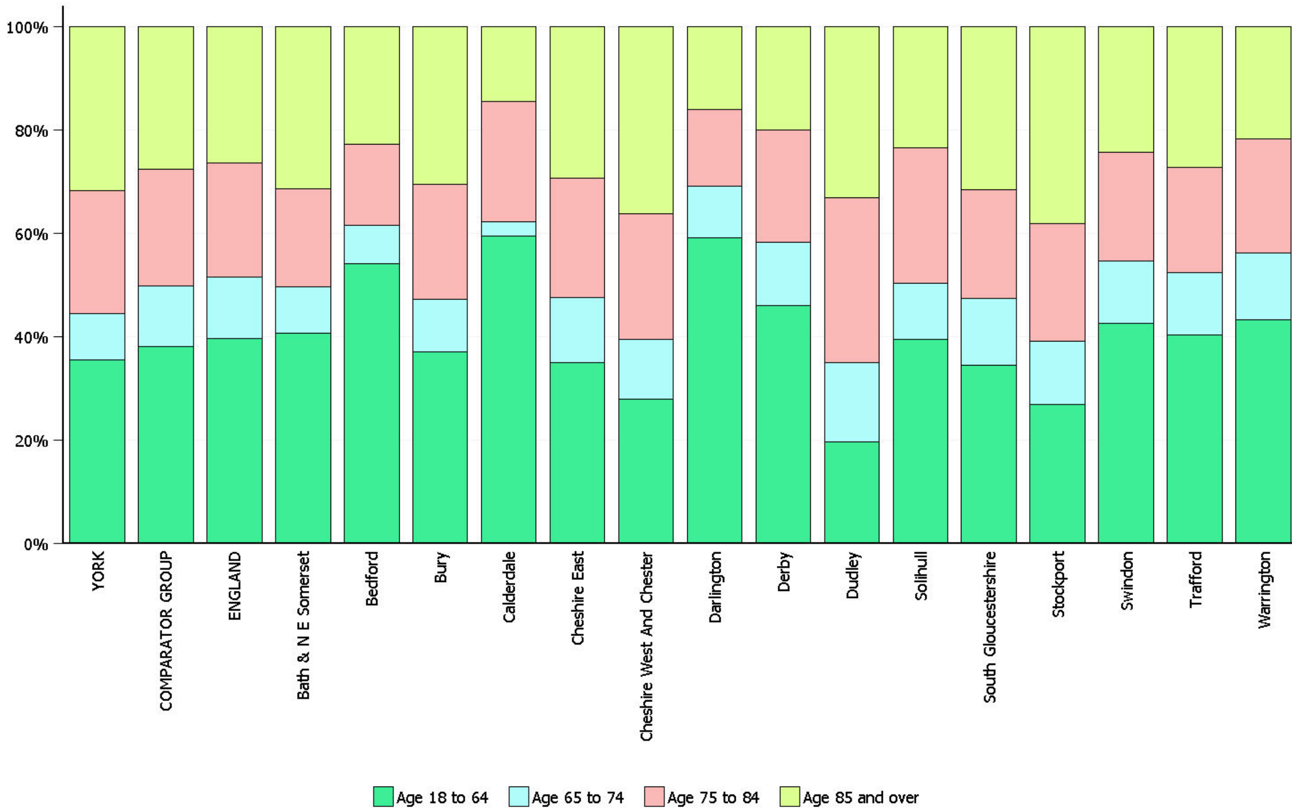
Chart 03 – Age group of adults referred to safeguarding, 2011-12



Source: AVA Table 1

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This chart is based on referrals data only.

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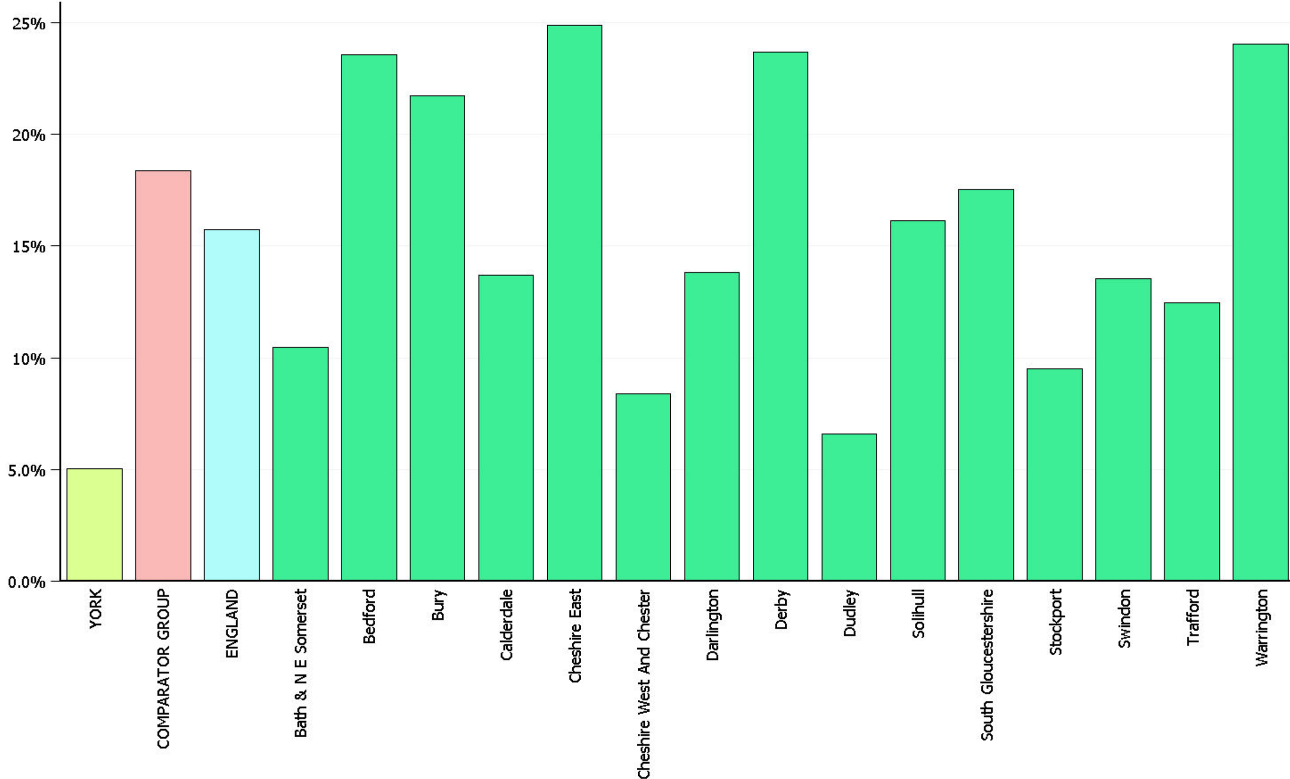
Chart 04 - Repeat referrals as a percentage of all referrals, 2011-12



Source: AVA Table 1

Restricted Statistics. Data for 2011-12 is based on raw, unvalidated information. Comparator group councils are based on the CIPFA Statistical Nearest Neighbours (post April 2009) model with the default variables selected

Repeat referrals is an in-year count of repeats about the same vulnerable adult during the current collection period. A high figure may indicate that safeguarding measures previously put in place are not working.

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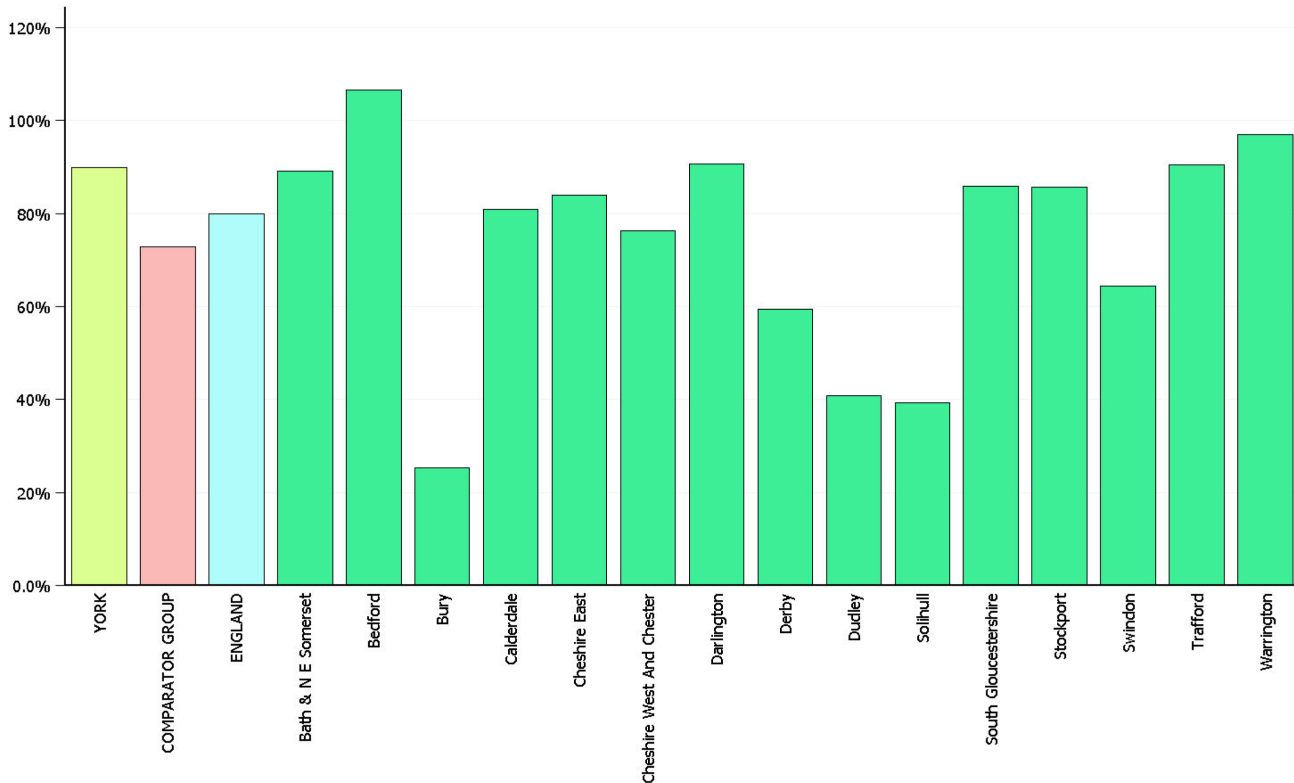
Chart 05 - Completed referrals as a percentage of all referrals, 2011-12



Source: AVA Table 1

Restricted Statistics. Data for 2011-12 is based on raw, unvalidated information. Comparator group councils are based on the CIPFA Statistical Nearest Neighbours (post April 2009) model with the default variables selected

Completed referrals is an in-year count of referrals completed in the reporting period, some of which may have been counted as a referral in the previous reporting period therefore the number of completed referrals can be higher or lower than the number of referrals.

If the percentage is comparatively low this may indicate difficulties in decision making or hold-ups in the process to complete referrals.

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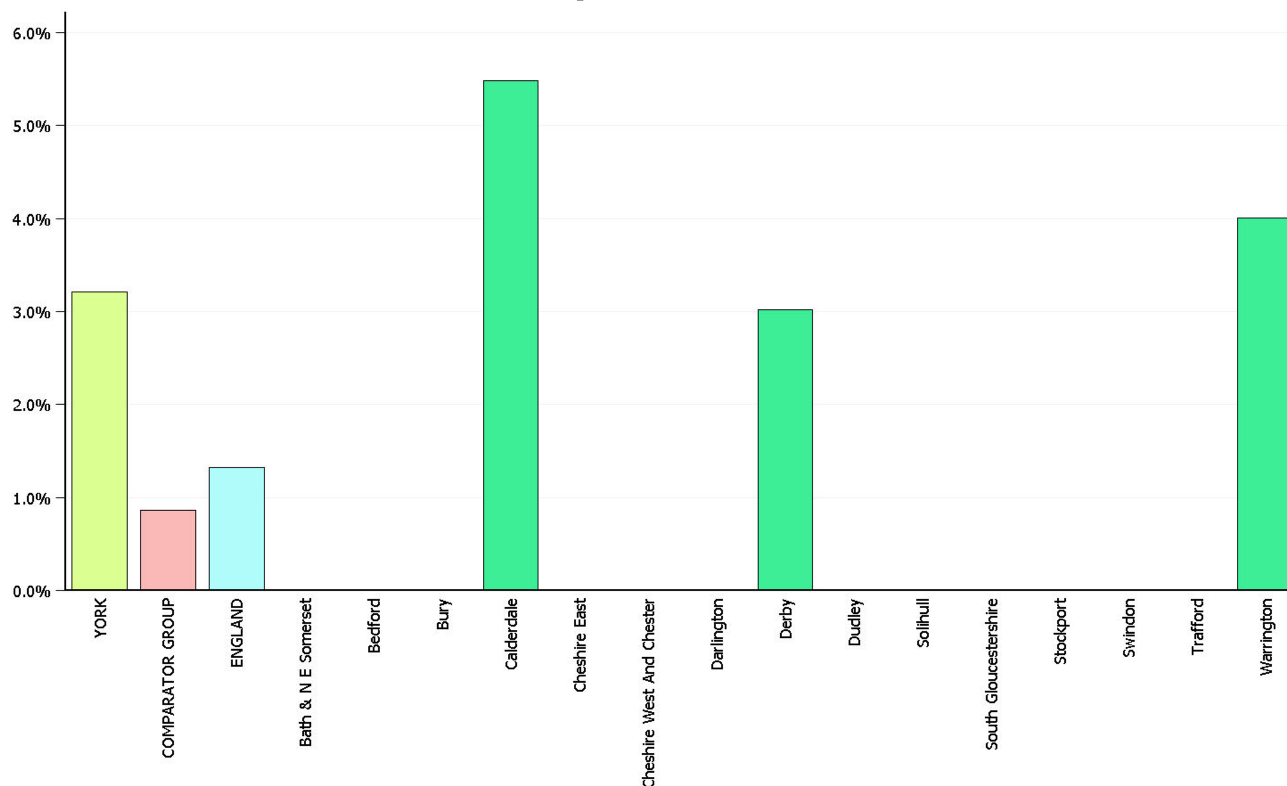
Chart 06 – Percentage of all referrals where key information about the vulnerable adult was incomplete, 2011-12



Source: AVA Table 1

Restricted Statistics. Data for 2011-12 is based on raw, unvalidated information. Comparator group councils are based on the CIPFA Statistical Nearest Neighbours (post April 2009) model with the default variables selected

Referrals where at least one of age, gender or primary client type of the vulnerable adult is not known are recorded under the "unknowns" line in AVA Table 1.

If this value is comparatively high this may indicate recording or systems issues at initial points of contact.

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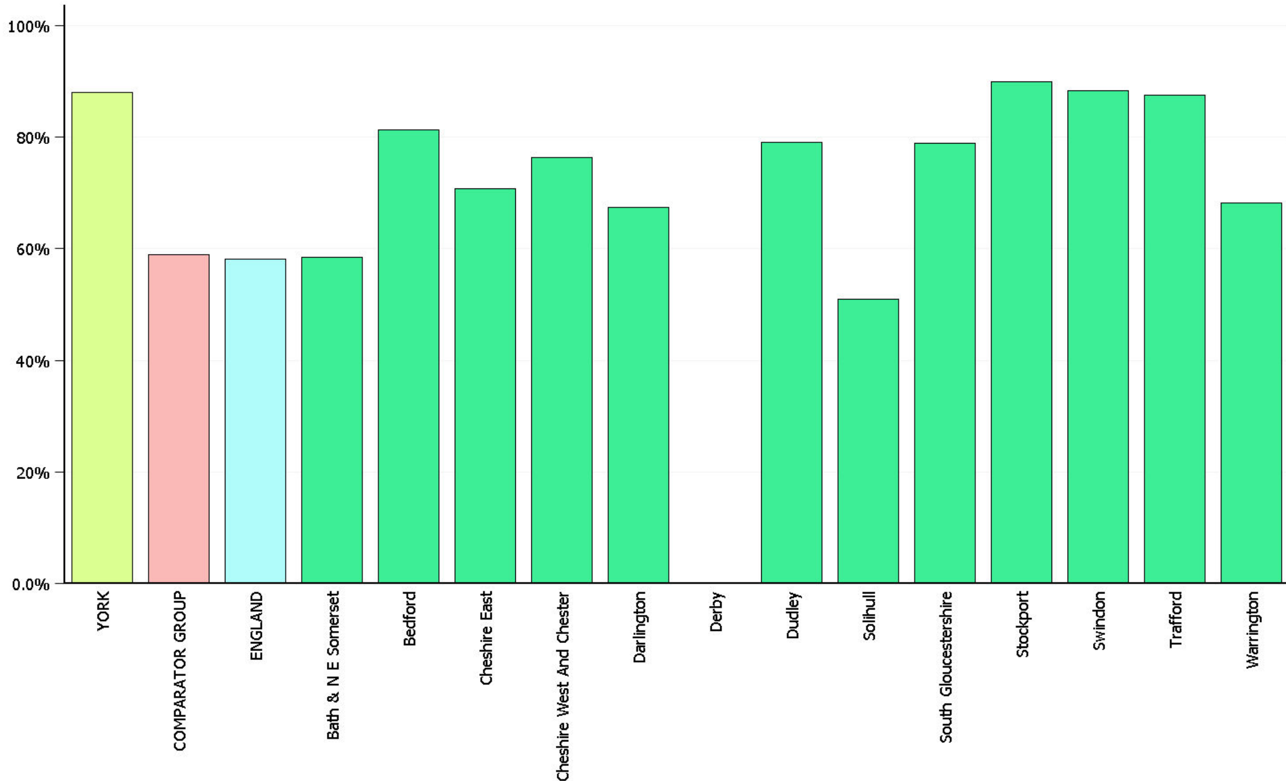
Chart 07 – Percentage of referrals where vulnerable adult was known to CASSR at time of referral, 2011-12



Source: AVA Table 1

Restricted Statistics. Data for 2011-12 is based on raw, unvalidated information. Comparator group councils are based on the CIPFA Statistical Nearest Neighbours (post April 2009) model with the default variables selected

A large range of percentages across the comparator group may indicate poor interpretation of the AVA requirements for this measure.

If interpretation is found to be correct and the percentage is close to 100% this may indicate that safeguarding practises are not reaching those who are not already known to social services.

The England data in this chart is based on data submitted by 139 councils.

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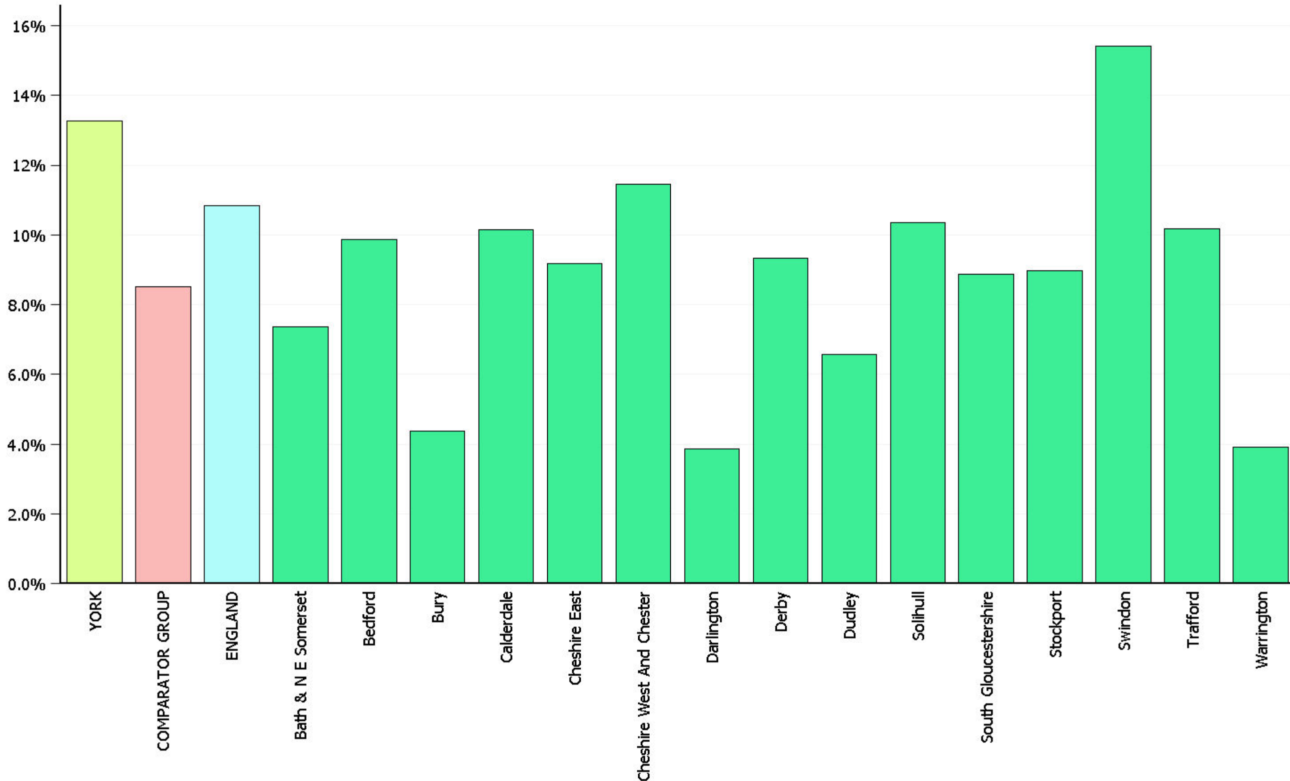
Chart 08 – Self, friends or family referrers as a percentage of all referrers, 2011-12



Source: AVA Table 3

Restricted Statistics. Data for 2011-12 is based on raw, unvalidated information. Comparator group councils are based on the CIPFA Statistical Nearest Neighbours (post April 2009) model with the default variables selected

Higher percentages may be a good indication that safeguarding awareness is good in the community and routes for reporting concerns are known.

This may also indicate that local strategies around empowerment and putting the vulnerable adult at the centre of the process are progressing positively

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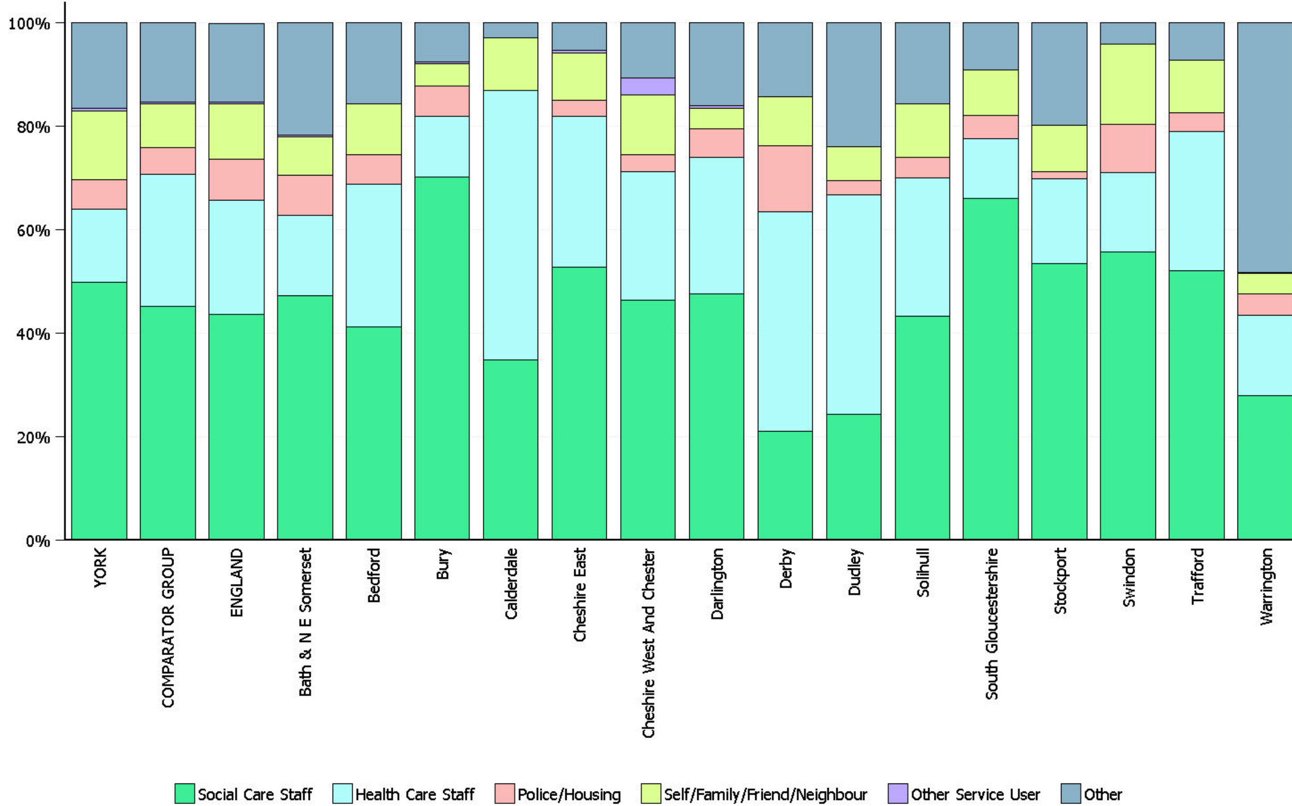
Chart 09 – Distribution of referral sources, 2011-12



Source: AVA Table 3

Restricted Statistics. Data for 2011-12 is based on raw, unvalidated information. Comparator group councils are based on the CIPFA Statistical Nearest Neighbours (post April 2009) model with the default variables selected.

Other includes cases where referrer was recorded as CQC or Education/Training/Workplace as well as those recorded as "Other".

A significant percentage of referrals from police/housing and from health staff may indicate good partnership working.

A low percentage of referrals from Social Care staff may be cause for concern about whether social care assessments and reviews are picking up safeguarding issues.

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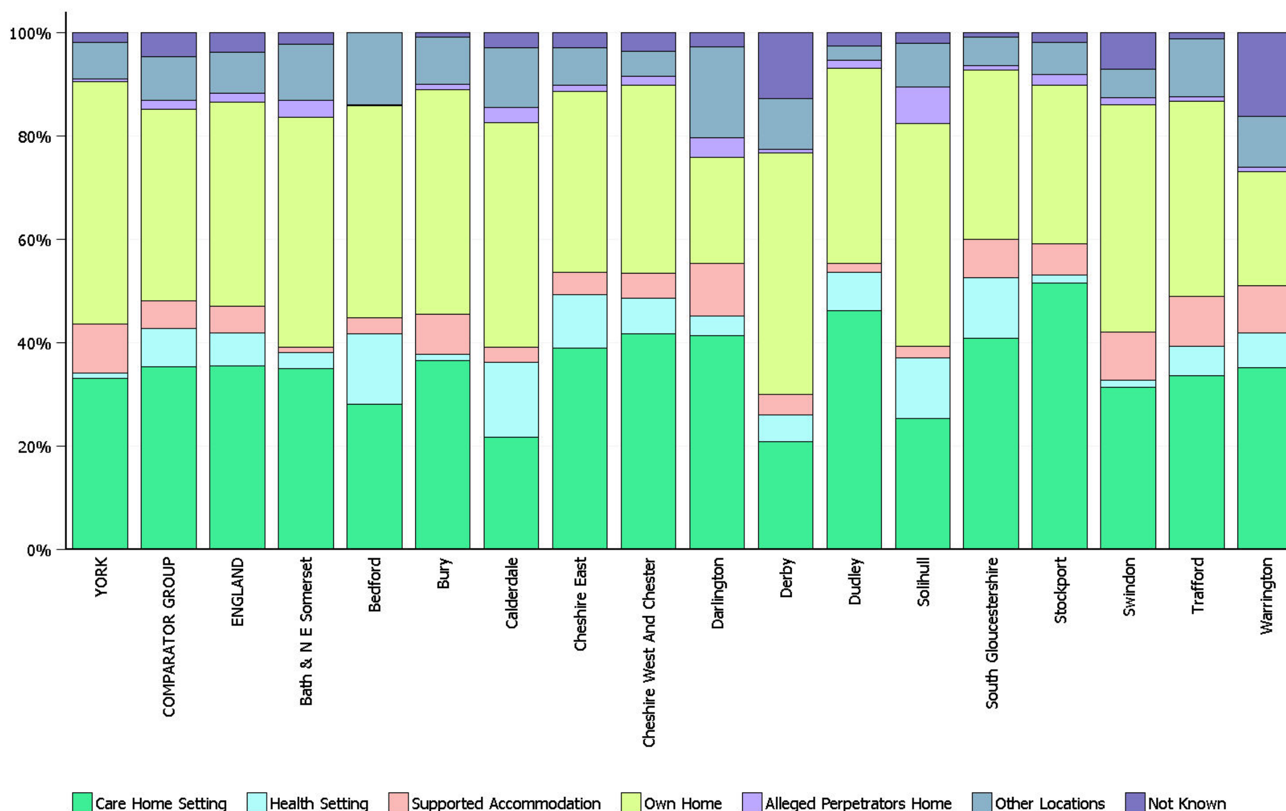
Chart 10 – Distribution of location the alleged abuse took place, 2011-12



Source: AVA Table 5A

Restricted Statistics. Data for 2011-12 is based on raw, unvalidated information. Comparator group councils are based on the CIPFA Statistical Nearest Neighbours (post April 2009) model with the default variables selected.

Care Home Setting includeds both permanent and temporary placements in care or nursing homes. Health Setting includes acute and community hospitals, mental health inpatient settings and "other" health settings.

Other Locations include day centre/services, public place, education/training/workplace establishments and those recorded as "other".

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Table 11 – Relationship to alleged perpetrator shown as percentage of all relationships recorded, 2011-12

	Partner	Other family member	Health Care Worker	Volunteer / Befriender	Social Care Staff	Other professional	Other Vulnerable Adult	Neighbour / Friend	Stranger	Not Known	Other
YORK	6%	18%	2%	0%	35%	0%	13%	5%	2%	9%	9%
COMPARATOR GROUP	6%	15%	5%	0%	26%	3%	12%	5%	2%	15%	10%
ENGLAND	6%	16%	5%	0%	28%	3%	13%	6%	2%	14%	8%
Bath & N E Somerset	7%	25%	2%	0%	29%	0%	8%	11%	2%	8%	7%
Bedford	9%	13%	9%	0%	35%	2%	10%	7%	5%	8%	2%
Bury	8%	18%	1%	0%	37%	1%	7%	2%	4%	8%	14%
Calderdale	6%	28%	6%	1%	20%	1%	1%	12%	3%	19%	3%
Cheshire East	6%	14%	4%	0%	26%	1%	18%	4%	0%	20%	6%
Cheshire West And Chester	9%	19%	7%	0%	27%	2%	13%	4%	1%	13%	5%
Darlington	2%	13%	2%	3%	53%	1%	9%	7%	1%	4%	5%
Derby	9%	19%	2%	0%	6%	12%	7%	8%	3%	18%	16%
Dudley	3%	16%	7%	0%	23%	3%	5%	2%	0%	32%	8%
Solihull	4%	19%	8%	0%	26%	5%	0%	5%	1%	15%	18%
South Gloucestershire	8%	12%	11%	0%	38%	0%	19%	5%	2%	4%	1%
Stockport	4%	16%	3%	0%	42%	2%	10%	3%	1%	9%	11%
Swindon	15%	17%	0%	0%	28%	0%	14%	16%	1%	9%	0%
Trafford	4%	10%	8%	0%	46%	2%	10%	6%	3%	4%	8%
Warrington	3%	8%	10%	0%	7%	3%	26%	3%	0%	24%	16%

Source: AVA Table 6A

Restricted Statistics. Data for 2011-12 is based on raw, unvalidated information. Comparator group councils are based on the CIPFA Statistical Nearest Neighbours (post April 2009) model with the default variables selected

A comparatively large percentage of relationships recorded as unknown may be a cause of concern.

Any relationships for which the percentage differs significantly from the other comparator councils and England may raise questions about whether adequate safeguarding processes are present in related locations.

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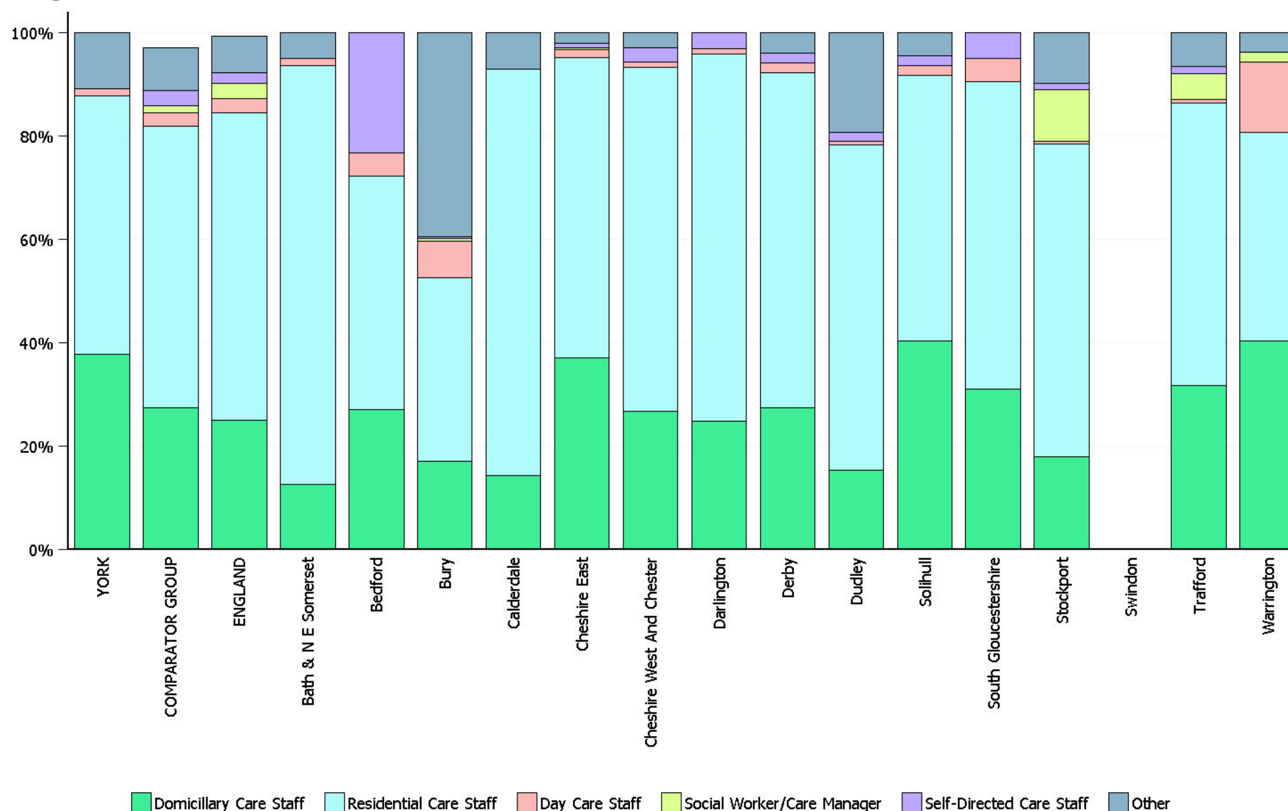
Chart 12 – Distribution of the relationship between the alleged perpetrator who is social care staff and the vulnerable adult, 2011-12



Source: AVA Table 6A

Restricted Statistics. Data for 2011-12 is based on raw, unvalidated information. Comparator group councils are based on the CIPFA Statistical Nearest Neighbours (post April 2009) model with the default variables selected.

As social care staff accounts for a significant proportion of relationship data this has been broken down further into different categories of social care staff which includes both council and independent staff.

Any relationships for which the percentage differs significantly from the other comparator councils and England may provide evidence to support further targeting and training.

There may be cases where a council has provided the total number of perpetrators which were social care staff but have not broken this down into type of social care staff, therefore appearing as a blank in this chart.

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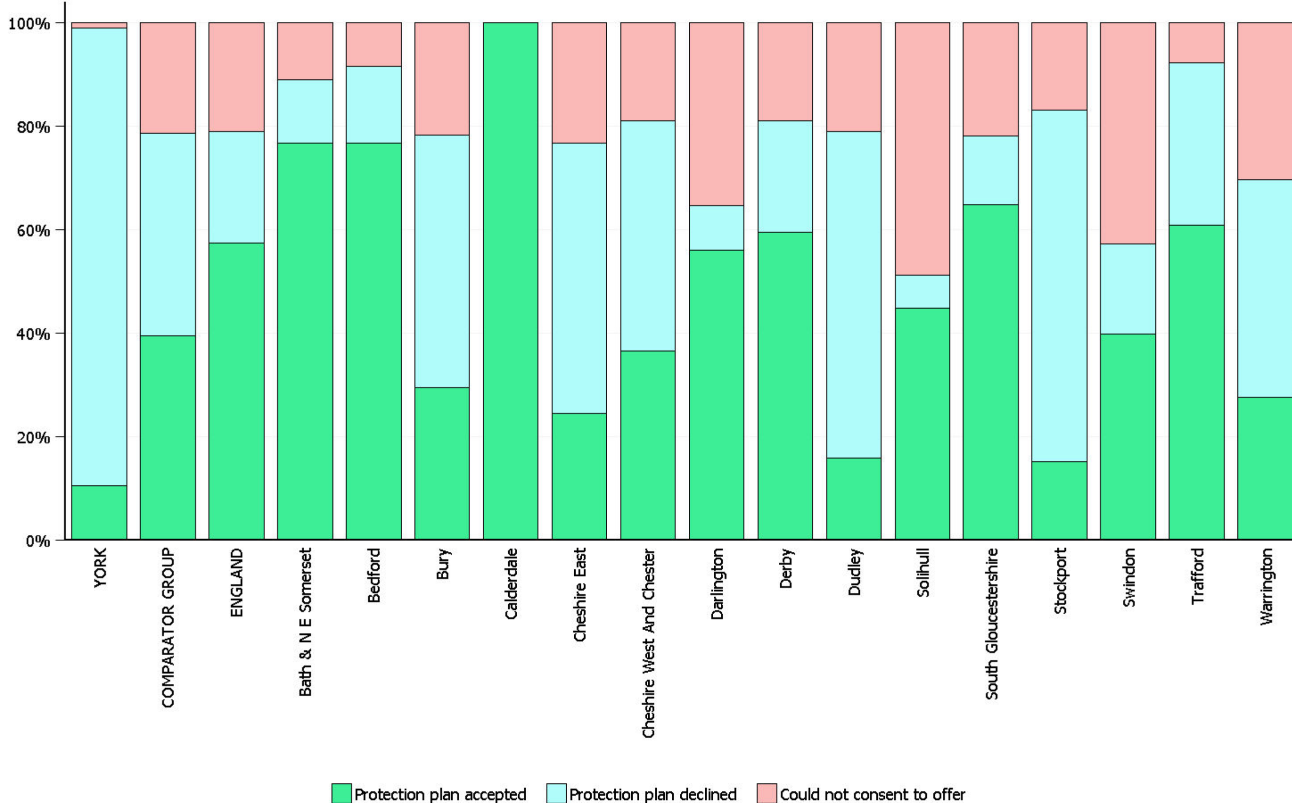
Chart 13 – Acceptance of protection plan, 2011-12



Source: AVA Table 8c

Restricted Statistics. Data for 2011-12 is based on raw, unvalidated information. Comparator group councils are based on the CIPFA Statistical Nearest Neighbours (post April 2009) model with the default variables selected.

A large percentage of protection plans being declined may raise concerns about whether the vulnerable adult is being effectively engaged with during the safeguarding process.

The England data in this chart is based on data submitted by 146 councils.

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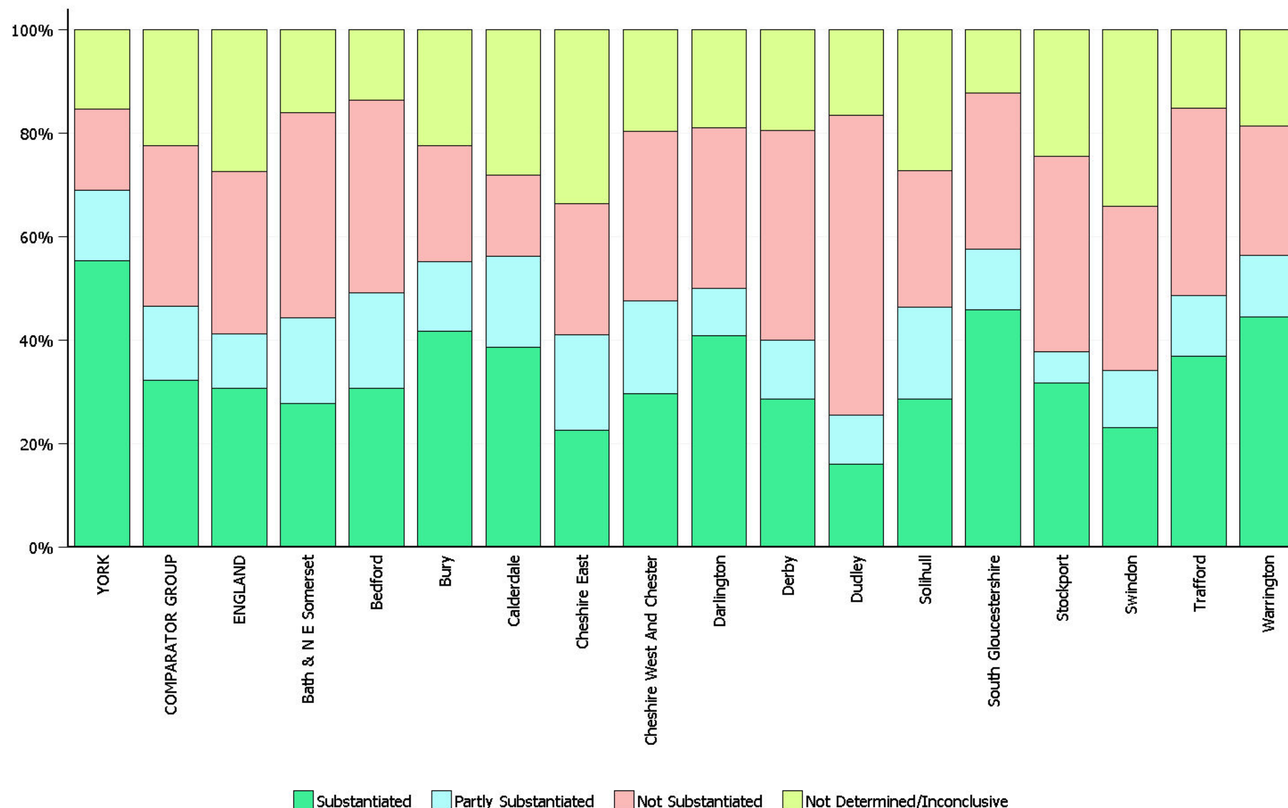
Chart 14 – Distribution of case outcome/conclusion 2011-12



Source: AVA Table 7A

Restricted Statistics. Data for 2011-12 is based on raw, unvalidated information. Comparator group councils are based on the CIPFA Statistical Nearest Neighbours (post April 2009) model with the default variables selected.

Large percentages of Not Determined/Inconclusive outcomes or Not Substantiated outcomes may indicate issues with safeguarding investigation and decision making processes.

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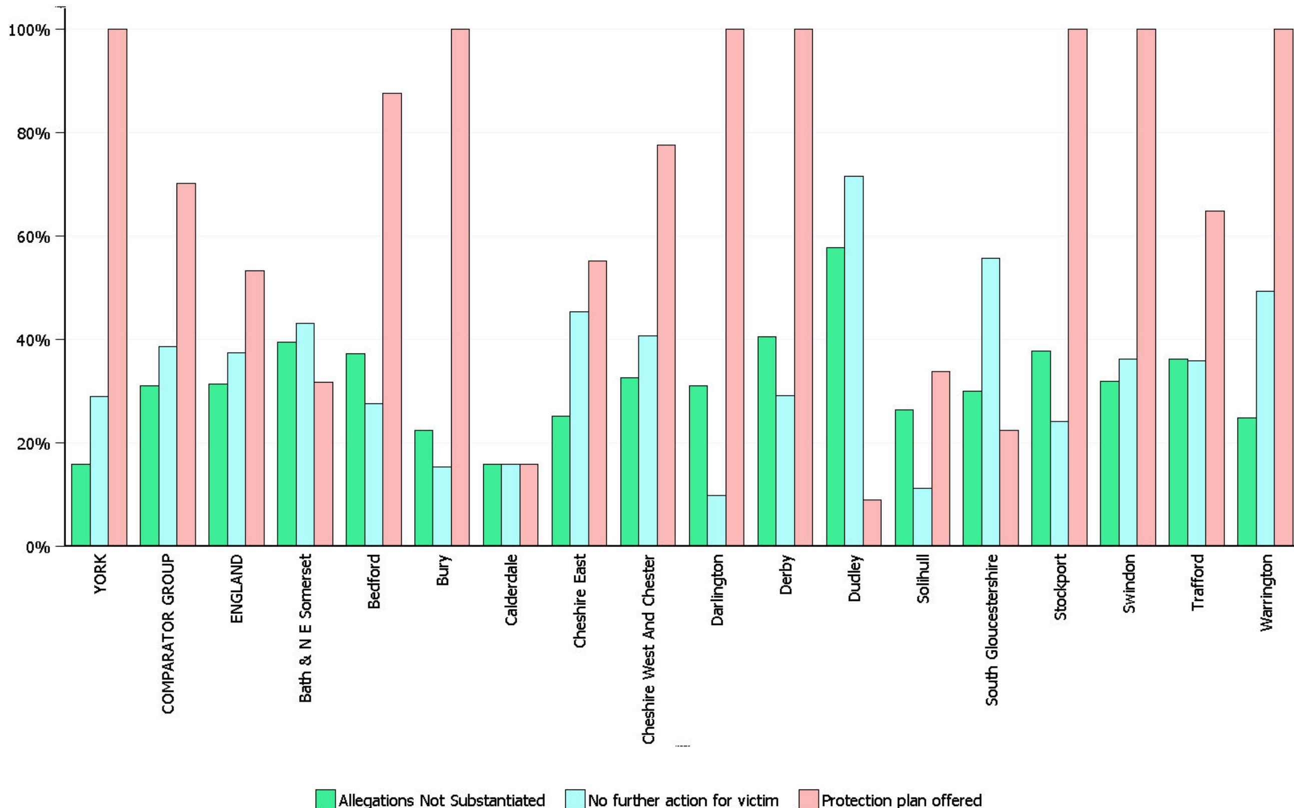
Chart 15 – Comparison of outcomes data: Percentage of completed referrals that were Not substantiated with percentage where victim outcome was No Further Action and percentage where a protection plan was offered, 2011-12



Source: AVA Table 7A, AVA Table 8A, AVA Table 8C & AVA Table 1

Restricted Statistics. Data for 2011-12 is based on raw, unvalidated information.Comparator group councils are based on the CIPFA Statistical Nearest Neighbours (post April 2009) model with the default variables selected.

It is expected that the percentage of referrals where the allegations where not substantiated will be similar to the percentage where the victim outcome is No Further Action.

It is also expected that where cases are not substantiated a protection plan would not be necessarily be offered.

The England data where the victim outcome was No Further Action is based on 151 councils and protection plan data is based on 146 councils.

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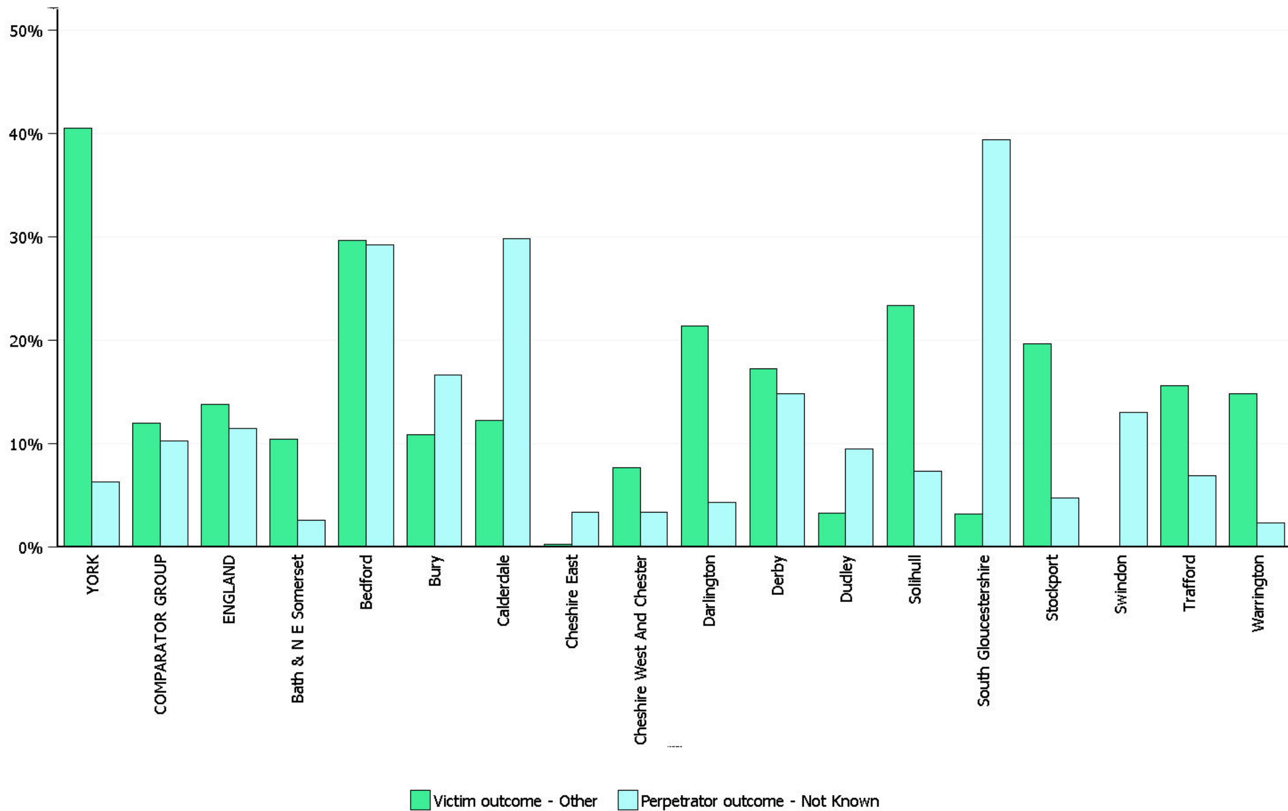
Chart 16 – Percentage of completed referrals where the outcome was recorded as Other for the victim or Not Known for the perpetrator, 2011-12



Source: AVA Table 8A, AVA Table 9 & AVA Table 1

Restricted Statistics. Data for 2011-12 is based on raw, unvalidated information.Comparator group councils are based on the CIPFA Statistical Nearest Neighbours (post April 2009) model with the default variables selected.

Overuse of these categories is discouraged as it does not provide meaningful information, therefore high percentages in comparison to comparator councils and England may raise queries about recording practices.

The England data for completed referrals where the outcome for the victim was Other is based on 151 councils. The England data where the perpetrator outcome was Not Known is based on 151 councils.

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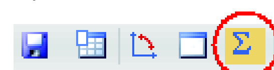
Appendix 1: Data sources and guidance

The charts and tables featured in this report are listed in the table below, with sources for the numerators and denominators and how to find them in the On-Line Analytical Processer (OLAP) on NASCIS. To access the OLAP tool, visit the NASCIS website http://nascis.ic.nhs.uk

To obtain data using the OLAP tool, where the *total* of a dimension is required, ensure that totals are displayed by selecting the view totals button at top left.



In some cases in this report, you can obtain the percentages by using the % distribution measure within the OLAP. In these instances, the denominator is superfluous, however if you would like to review the figures, the denominator can be determined.

For further guidance on using OLAP, please consult the OLAP user guidance http://nascis.ic.nhs.uk/Portal/OLAPGuidance.pdf

Chart	Numerator(s)	Denominator(s)
Chart 01 Number of alerts and referrals per 100,000 population	**AVA return:** 1. Table 1, line 34, column 3 2. Table 1, line 34, column 6 **OLAP:** 1. AVA Table 1 Alerts – Year dimension; Per 100,000 population measure 2. AVA Table 1 Referrals –Year dimension; Per 100,000 population measure	**Population data:** 1. ONS mid-year population estimates 2. (numerator/population estimate) x 100,000) **OLAP:** 1. Per 10k and Per 100k population measures are available on OLAP. ONS mid-year population estimates are not available in OLAP. Please contact info@statistics.gov.uk to request this data from ONS.
Chart 02 Primary Client Type of adults referred to safeguarding	**AVA return:** 1. Table 1, sum of lines 1, 9, 17, 25, column 6 2. Table 1, sum of lines 3, 11, 19, 27, column 6 3. Table 1, sum of lines 5, 13, 21, 29, column 6 4. Table 1, sum of lines 6, 14, 22, 30, column 6 5. Table 1, sum of lines 7, 15, 23, 31, column 6 **OLAP:** 1. AVA Table 1 Referrals – Age band & Client Type dimension: Age 18-64, 65-74, 75-84, 85 and over, expanded to client types	**AVA return:** 1. Table 1, line 33, column 6 **OLAP:** 1. AVA Table 1 Referrals – Age band & Client Type dimension: Age 18 and over, 18+ excluding unknown

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Chart 03 Age group of adults referred to safeguarding	**AVA return:** 1. Table 1, line 8, column 6 2. Table 1, line 16, column 6 3. Table 1, line 24, column 6 4. Table 1, line 32, column 6 **OLAP:** 1. AVA Table 1 Referrals – Age band & Client Type dimension: Age 18-64, 65-74, 75-84, 85 and over, Totals	**AVA return:** 1. Table 1, line 33, column 6 **OLAP:** 1. AVA Table 1 Referrals – Age band & Client Type dimension: Age 18 and over, 18+ excluding unknown
Chart 04 Repeat referrals as a percentage of all referrals	**AVA return:** 1. Table 1, line 34, column 9 **OLAP:** 1. AVA Table 1 Referrals – Repeat Referrals dimension; % distribution measure	**AVA return:** 1. Table 1, line 34, column 6 **OLAP:** 1. AVA Table 1 Referrals – Year dimension
Chart 05 Completed referrals as a percentage of all referrals	**AVA return:** 1. Table 1, line 34, column 12 **OLAP:** 1. AVA Table 1 Completed Referrals – Year dimension	**AVA return:** 1. Table 1, line 34, column 6 **OLAP:** 1. AVA Table 1 Referrals – Year dimension
Chart 06 Percentage of all referrals where key information about the vulnerable adult was incomplete	**AVA return:** 1. Table 1, line 34, column 6 *MINUS* 2. Table 1, line 33, column 6 **OLAP:** 1. AVA Table 1 Referrals – Year dimension 2. AVA Table 1 Referrals – Age band & Client Type dimension: Age 18 and over, 18+ excluding unknown	**AVA return:** 1. Table 1, line 34, column 6 **OLAP:** 1. AVA Table 1 Referrals – Year dimension
Chart 07 Percentage of all referrals the vulnerable adult was known to the CASSR at time of referral	**AVA return:** 1. Table 1, line 36, column 6 **OLAP:** 1. AVA Table 1 Referrals – Age band & Client Type dimension: Age 18 and over, 18+ Including Unknown, of which Known to CASSR at time of alert/referral; % distribution measure	**AVA return:** 1. Table 1, line 34, column 6 **OLAP:** 1. AVA Table 1 Referrals – Year dimension
Chart 08 Self, friends or family referrers as a percentage of all referrers	**AVA return:** 1. Table 3, sum of lines 12, 13, 14, column 8 **OLAP:** 1. AVA Table 3 – Source of Referral dimension: Self Referral, Family Member, Friend/neighbour; % distribution measure	**AVA return:** 1. Table 3, line 21, column 8 **OLAP:** 1. AVA Table 3 – Year dimension

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<table>
<tr><td>Chart 09
Distribution of referral sources</td><td>AVA return:
1. Table 3, line 1, column 8
2. Table 3, line 8, column 8
3. Table 3, line 15, column 8
4. Table 3 sum of lines 12, 13,14, column 8
5. Table 3 sum of lines 16, 18, 20, column 8
6. Table 3 sum of lines 17 & 19, column 8

OLAP:
1. AVA Table 3 – Source of Referral dimension; % distribution measure</td><td>AVA return:
1. Table 3, line 21, column 8

OLAP:
1. AVA Table 3 – Year dimension</td></tr>
<tr><td>Chart 10
Distribution of location the alleged abuse took place</td><td>AVA Return:
1. Table 5A, line 1, column 5
2. Table 5A, sum of lines 2-5, column 5
3. Table 5A, line 6, column 5
4. Table 5A, sum of lines 7-10, column 5
5. Table 5A, line 11, column 5
6. Table 5A, sum of lines 12-15, column 5
7. Table 5A, line 16, column 5

OLAP:
1. AVA Table 5A – Location of Alleged Abuse dimension; % distribution measure</td><td>AVA return:
1. Table 5A, line 17, column 5

OLAP:
1. AVA Table 5A – Year dimension</td></tr>
<tr><td>Table 11
Relationship to alleged perpetrator shown as a percentage of all relationships recorded</td><td>AVA return:
1. Table 6A line 1, column 9
2. Table 6A line 2, column 9
3. Table 6A line 3, column 9
4. Table 6A line 4, column 9
5. Table 6A line 5, column 9
6. Table 6A line 12, column 9
7. Table 6A line 13, column 9
8. Table 6A line 14, column 9
9. Table 6A line 15, column 9
10. Table 6A line 16, column 9
11. Table 6A line 17, column 9

OLAP:
1. AVA Table 6A – Relationship of the Alleged perpetrator dimension; % distribution measure</td><td>AVA return:
1. Table 6A line 18, column 9

OLAP:
1. AVA Table 6A – Year dimension</td></tr>
</table>

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Chart 12 Distribution of the relationship between the alleged perpetrator who is social care staff and the vulnerable adult	**AVA return:** 1. Table 6A line 6, column 9 2. Table 6A line 7, column 9 3. Table 6A line 8, column 9 4. Table 6A line 9, column 9 5. Table 6A line 10, column 9 6. Table 6A line 11, column 9 **OLAP:** 1. AVA Table 6A – Relationship of the Alleged perpetrator dimension: Social Care staff, of which Domiciliary Care Staff, of which Residential Care Staff, of which Day Care Staff, of which Social Worker/Care Manager, of which Self-Directed Care Staff, of which Other	**AVA return:** 1. Table 6A line 5, column 9 **OLAP:** 1. AVA Table 6A – Relationship of the Alleged perpetrator dimension: Social Care staff Total
Chart 13 Acceptance of protection plan	**AVA return:** 1. Table 8C, lines 1-3, column 10 **OLAP:** 1. AVA Table 8 – Outcome of Completed Referral dimension: Number of completed referrals where Protection Plan Offered, Protection Plan accepted, Protection plan declined, Could not consent to offer	**AVA return:** 1. Table AVA 8C, line 4, column 10 **OLAP:** 1. AVA Table 8 – Outcome of Completed Referral: Number of completed referrals where Protection Plan Offered Total
Chart 14 Distribution of case outcome/conclusion	**AVA return:** 1. Table 7A, line 10, columns 1-4 **OLAP:** 1. AVA Table 7 – Case Conclusion Status dimension; % distribution measure	**AVA return:** 1. Table 7A, line 10, sum of columns 1-4 **OLAP:** 1. AVA Table 7 – Year dimension
Chart 15 Comparison of outcomes data: Percentage of completed referrals that were not substantiated, percentage where victim outcome was 'no further action' and percentage where a protection plan was offered	**AVA return:** 1. Table 7A, line 10, column 3 2. Table 8A, line 16, column 10 3. Table 8C, line 4, column 10 **OLAP:** 1. AVA Table 7 – Case Conclusion Status dimension: Not substantiated 2. AVA Table 8 – Outcome of Completed Referral dimension: No further action, Number of completed referrals where Protection Plan Offered	**AVA return:** 1. Table 7A, line 10, columns 1-4 2. Table 1, line 33, column 12 3. Table 1, line 33, column 12 **OLAP:** 1. AVA Table 7 – Case Conclusion Status dimension total 2. AVA Table 1 Completed Referrals – Age band & Client Type dimension: Age 18 and over, 18+ excluding unknown
Chart 16 Percentage of completed referrals where the outcome was recorded as 'Other' for the victim or 'Not Known' for the perpetrator	**AVA return:** 1. Table 8A, line 15, column 10 2. Table 9, line 18 column 10 **OLAP:** 1. AVA Table 8 – Outcome of Completed Referral dimension: Other 2. AVA Table 9 – Outcome of Completed Referral - Alleged Perpetrator dimension: Not Known	**AVA return:** 1. Table 1, line 33, column 12 **OLAP:** 1. AVA Table 1 Completed Referrals – Age band & Client Type dimension: Age 18 and over, 18+ excluding unknown

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Health Overview Scrutiny Committee **16th January 2013**

Report of the Commissioning & Contracts Manager, Adults Commissioning, Modernisation & Provision (ACE).

Quality Monitoring of Residential, Nursing & Homecare Services.

Summary

1. This report provides Members of HOSC with an overview of the processes in place to monitor the quality of services delivered by providers of Residential/Nursing Care and Homecare in York. Services are regulated and monitored by the Care Quality Commission. The Council also undertakes additional monitoring and quality assurance evaluation, which is undertaken by the Contracts and Quality Monitoring officers within the Adults Commissioning Team.

2. The report also provides Members with a summary of the current performance of providers against CQC Standards and the Council's own standards for performance and quality.

Background

3. All services are regulated by the Care Quality Commission (CQC) and as the regulator it carries out annual inspection visits and follow-up visits (announced/unannounced) where applicable. All reports are within the public domain and CQC have a range of enforcement options open to them should Quality and Standards fall below required expectations.

4. The Adults Commissioning Team work closely with CQC in the sharing of concerns and information relating to provision but the Council also adopts its own monitoring process. The standards that it sets are high and providers are expected to achieve compliance in all aspects. Should performance fall below the level that is acceptable, a provider will be placed on an enhanced monitoring

plan or an improvement plan. This can also lead to placements being suspended until quality and performance improves.

5. The monitoring approach to both areas is set out below. The Council also adopts a similar approach to the Quality management of its own in-house Elderly Persons Homes and Homecare Services and from January 2013, all aspects of Quality monitoring within the sector will be part of the Adults Commissioning Team to ensure a consistent approach.

Residential, Nursing & Homecare Services - Monitoring

Residential & Nursing Care;

6. The Council adopts a consistent and significant degree of contract monitoring across all the services it commissions. Taking information from several areas it enables the Council to monitor performance and quality of the services it purchases and ensure successful outcomes and quality for the people whom receive services.

As part of its approach to monitoring the Council;

- Conducts Quality Monitoring and Audit reviews of Services involving Customers and Relatives
- An analysis of any complaints/concerns made by Individuals/Carers and an analysis of issues raised by Care Managers.
- Analysis of any Safeguarding Referrals made.
- Close liaison and discussion with the Care Quality Commission regarding standards and quality.
- Sharing of information on Quality, Standards and Performance with Health Colleagues
- Undertakes Joint visits where required with Health.
- Analysis of performance against standards set within service contracts.

What happens if a Provider does not meet required standards?

Feedback on performance is always shared with providers, and issues are addressed in business and review meetings. Progress on these issues are followed up at subsequent meetings. If a Provider over a period of time fails to meet the requirements set by the Council then it will be placed on an enhanced monitoring or

Improvement Plan and given specific timescales to achieve the desired improvement. Any Provider placed on an improvement plan would be subjected to enhanced monitoring during the period that the plan is in place. Where improvements are not delivered contractual remedies will be considered and applied, with appropriate risk management plans developed.

Homecare;

7. Again the Council adopts a consistent and significant degree of contract monitoring across all the homecare services it commissions. Taking information from several areas it enables the Council to monitor the performance and quality of the services it purchases, to ensure successful outcomes and quality for the people whom receive these services.

As part of its approach to monitoring the Council;

- Conducts a quarterly survey of 25% of all individuals whom are using home care services, this captures their views on the quality of the services they receive, the timings of visits and if they are being treated with dignity and respect. Surveys are also carried out on all services provided by Council Carers.
- Quarterly analysis of any complaints/concerns made by Individuals/Carers and an analysis of issues raised by Care Managers.
- Analysis of any Safeguarding Referrals made.
- Analysis of information provided by partners through their “Home Care Monitoring Systems” where active. This includes details of all late/missed calls, numbers of carers visiting people, times of call in line with individuals requirements and actual service delivery.
- Quarterly Business Meetings, Six Monthly Reviews and an Annual Review.
- Analysis of performance against standards set within service contracts.
- Copies of Provider Surveys and reviews of complaints and compliments log.

What happens if a Provider does not meet required standards?

Feedback on performance is always shared with providers, and issues are addressed in the regular business meetings and review meetings. Progress on these issues is followed at subsequent

meetings. If a Provider over a period of time fails to meet the requirements set by the Council then it will be placed on an enhanced monitoring plan or Improvement Plan and given specific timescales to achieve the desired improvement. Any Provider placed on an improvement plan would be subjected to enhanced monitoring processes during the period that the plan is in place. Where improvements are not delivered contractual remedies will be considered and applied, with appropriate risk management plans developed.

8. Within both areas of provision, individuals in receipt of services and their carers if they have any concerns or wish to complain are asked to contact the provider in the first instance to try and resolve the matter. Most concerns are addressed at this stage without the Customer having to contact the Council. They can however contact the Council direct (their Care Manager or the Monitoring team) who will then work with the provider to address the concerns.

9. A customer can also contact the Council and complain directly through the Council's Complaints Policy which would be investigated in line with the Council's policy. The commissioning team are always advised of complaints even if they are not the investigating officers and the team would work with care management colleagues to seek a suitable resolution.

Quality Standards in York.

Residential & Nursing Care

10. There are currently 44 Registered Care Homes within York. These include services provided by the Council. The table below shows a summary of the number of homes meeting all the specified outcome areas as designated by CQC and reported within inspection reports.

11. CQC Essential Standards fall into 5 areas which have a number of outcome areas within. A full list of outcomes is attached at Anne A of this report.

The key areas are:

- Standards of treating people with respect and involving them in their care
- Standards of providing care, treatment and support that meets peoples needs

- Standards of caring for peoples safely and protecting them from harm
- Standards of staffing
- Standards of quality and suitability of management

	Compliance (from most recently published report)				
Residential and Nursing care	Standards of treating people with respect and involving them in their care	Standards of providing care, treatment and support that meets peoples needs	Standards of caring for people safely and protecting them from harm	Standards of staffing	Standards of quality and suitability of management
Number of homes meeting all outcomes in standards group (X of 44)	**44**	**42**	**40**	**43**	**44**
Number of homes with improvements required in at least one outcome in standards group	**0**	**1**	**4**	**1**	**0**
Number of homes where CQC have taken enforcement action on at least one outcome in standards group	**0**	**1**	**0**	**0**	**0**
Outcomes requiring improvement		**4**	**7**	**13**	
			7		
			9		
			7		
			10		
Outcomes resulting in enforcement action		**4**			

12. In total, there are 4 Homes which currently have compliance issues listed against them.
Two homes have one improvement action, One home has two improvement actions and One Home has three improvement and one enforcement actions . All the information from CQC is within the public domain and customers can also access details regarding inspection reports from the Council's website.

13. Members should note that one nursing home that was inspected recently resulted in a formal warning/enforcement notice stating that they must make urgent improvements to standard of care. The home failed in three outcome areas and the Council is supporting the home to take the action that it needs to improve its services and comply with statutory regulations and best practice. The home has agreed an action plan with CQC and the Council is using this as an improvement plan and monitoring as such.

14. There are 3 further homes classed as non-compliant, no homes are currently on improvement plans but all are currently subject to close monitoring arrangements. It is likely that one home may be placed on an improvement plan in the near future.

15. It should be noted that there is one additional provider recently inspected where CQC issued no compliance requirements, it does however continue to be monitored by the Council through an existing improvement plan.

16. As part of developing its on-going approach to monitoring services. Officers have been working closely with Health colleagues within the Infection Prevention & Control Nursing Service and are undertaking a pilot of 4 joint visits to share experiences and learning about monitoring of provision. The visits will be evaluated and as a result a joint approach to aspects of monitoring may become part of standard processes.

Home Care

17. There are 38 providers registered to provide Domiciliary Care in York. These are a varied range of providers including Council Framework providers, in house services, organisations specialising in Supported Living and small businesses. Out of the 38, 12 Home care providers are on the Council's framework for providing services directly under contract to the Council.

18. Members should also note that there have been a few new organisations developing in York of late and a number of these 8 have not been inspected by CQC to date or have had a change in circumstances meaning previous inspections are now not listed.

19. There are 8 specialist organisations which provide a number of supported living services to the Council. Members should note that

whilst these are registered as domiciliary care support, the Council also has significant monitoring processes in place as part of its commissioned services to monitor and directly contract these services.

20. The main Council monitoring is obviously focused on the providers who are commissioned to provide services directly to the Council. Providers on the Council framework at present provide approximately 6000 hours of services per week to around 820 customers. Of the 12 providers on the Council's three tiered framework, only one provider has compliance actions from CQC. This provider is also on an action plan with the Council and by mutual agreement is not accepting any new customers onto services. Council officers are working very closely with both the provider and CQC and significant progress has been made with the organisation in meeting the outcomes of the plan put in place by the Council.

21. The table below identifies the position in relation to the current inspection reports detailed by CQC, the Essential Standards and Outcomes are as detailed earlier within this report.

	Compliance (from most recently published report)				
Home Care	Standards of treating people with respect and involving them in their care	Standards of providing care, treatment and support that meets peoples needs	Standards of caring for people safely and protecting them from harm	Standards of staffing	Standards of quality and suitability of management
Number of Providers meeting all outcomes in standards group (8 Providers awaiting inspection)	**30**	**30**	**29**	**28**	**29**
Number of Providers with improvements required in at least one outcome in standards group	**0**	**0**	**1**	**2**	**1**
Number of Providers where CQC have taken enforcement action on at least one outcome in standards group	**0**	**0**	**0**	**0**	**0**
Outcomes requiring improvement			**7**	**14**	**21**
				14	

22. Members should note that there is one provider who is non compliant in three of the areas detailed above and that this is a framework provider. Alongside this the other non compliant provider (one area) is not on one of the Council framework contracts.

23. There are also three providers who are on enhanced monitoring arrangements from the Council, none are on formal improvement plans and improvements have been made which should hopefully move providers back onto standard monitoring in the immediate future.

Analysis

24. This report informs Members both of the processes that are in place to ensure services are monitored appropriately and that measures are in place should performance and quality fall below the standards expected by the Council. Members will note that the Council adopts its own high level of expectation from Providers and at times takes action even if providers are deemed to be CQC compliant.

25. Members will note that 93% of all providers in York are meeting all essential standards, the position nationally as published by CQC in their Market Report (June 2012) was 72%.

26. Members are asked to consider if they wish to receive a shortened version of this report focusing on the compliance and standards provision across the sector and if they would like to receive this quarterly or every 6 months.

Implications

Financial

27. There are no finance issues associated with this report.

Equalities

28. There are no direct equality issues associated with this report

Other

29. There are no implications relating to Human Resources, Legal, Crime and Disorder, Information Technology or Property arising from this report.

Risk Management

30. There are at present no risks identified with issues within this report.

Recommendations

- Members receive a shortened version of this report on six monthly basis to consider the performance and standards of provision across care service in York.

Reason: To inform Members of the Quality of provision across Residential and Home Care services in York.

Contact Details

Author:	**Chief Officer Responsible for the report:**			
Gary Brittain Commissioning & Contracts Manager Adult Commissioning Team Adults, Children and Education 01904 554099	Graham Terry Assistant Director (Adults Commissioning) Adults, Children and Education			
	Report Approved	✓	**Date**	*8 January 2013*
	Pete Dwyer Director of Adults, Children and Education			
	Report Approved	✓	**Date**	*8 January 2013*

Specialist Implications Officer(s)

Wards Affected: **All** ✓

For further information please contact the author of the report

Background Papers:

Annexes: **CQC Essential Standards**

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Annex 1: CQC Essential Standards

Annex 1 - Essential standards

The essential standards of safety and quality consist of the 28 regulations and associated outcomes that are described in the guidance about compliance for providers.

The ‘judgement framework’ used by CQC compliance officers is concerned with the 16 regulations (out of the28) that come within Part 4 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. When CQC are checking a provider’s compliance, these are the ones inspected and are regarded as key outcomes as they are the ones that most directly relate to the quality and safety of care.
Not all of the 16 key outcomes are inspected at each compliance review. The outcomes are arranged into five sets of standards which providers need to meet to considered as being complaint.
The essential standards are shown below, with the key outcomes. i.e. those inspected by compliance officers shown in bold. Shown in purple is what people who use services should experience if a provider is complying with that regulation. Suitability of management is not part of the key outcomes.

1.Standards of treating people with respect and involving them in their care

Outcome 1: Respecting and involving people who use services
People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run
Outcome 2: Consent to care and treatment
Before people are given any examination, care, treatment or support, they should be asked if they agree to it
Outcome 3: Fees

2.Standards of providing care, treatment and support that meets peoples needs

Outcome 4: Care and welfare of people who use services
People should get safe and appropriate care that meets their needs and supports their rights
Outcome 5: Meeting nutritional needs
Food and drink should meet people's individual dietary needs
Outcome 6: Cooperating with other providers
People should get safe and coordinated care when they move between different services

3. Standards of caring for people safely and protecting them from harm

Outcome 7: Safeguarding people who use services from abuse
People should be protected from abuse and staff should respect their human rights

Outcome 8: Cleanliness and infection control
People should be cared for in a clean environment and protected from the risk of infection.

Outcome 9: Management of medicines
People should be given the medicines they need when they need them, and in a safe way

Outcome 10: Safety and suitability of premises
People should be cared for in safe and accessible surroundings that support their health and welfare

Outcome 11: Safety, availability and suitability of equipment
People should be safe from harm from unsafe or unsuitable equipment

4. Standards of staffing

Outcome 12: Requirements relating to workers
People should be cared for by staff who are properly qualified and able to do their job

Outcome 13: Staffing
There should be enough members of staff to keep people safe and meet their health and welfare needs

Outcome 14: Supporting workers
Staff should be properly trained and supervised, and have the chance to develop and improve their skills

5. Standards of quality and suitability of management

Outcome 15: Statement of purpose

Outcome 16: Assessing and monitoring the quality of service provision
The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Outcome 17: Complaints
People should have their complaints listened to and acted on properly

Outcome 18: Notification of death of a person who uses services

Outcome 19: Notification of death or unauthorised absence of a person who is detained or liable to be detained under the Mental Health Act 1983

Outcome 20: Notification of other incidents

Outcome 21: Records
People's personal records, including medical records, should be accurate and kept safe and confidential

Suitability of management
Outcome 22: Requirements where the service provider is an individual or partnership Outcome 23: Requirement where the service provider is a body other than a partnership Outcome 24: Requirements relating to registered managers Outcome 25: Registered person: training Outcome 26: Financial position Outcome 27: Notifications – notice of absence Outcome 28: Notifications – notice of changes

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Health Overview & Scrutiny Committee Work Plan 2012/2013

Meeting Date	Work Programme
16th January 2013	1. Safeguarding Assurance report 2. Quality Monitoring – Residential, Nursing and Homecare Services 3. Verbal Update from Chair – Proposed Changes to Children's Cardiac Services 4. Workplan for 2012-13
20th February 2013	1. Update Report on the Carer's Strategy and Update on the implementation of outstanding recommendations arising from the Carer's Scrutiny Review 2. Update on the North Yorkshire Review 3. Final Report of End of Life Care Review 5. Update on Implementation of the NHS 111 Service 6. Update from Leeds & York Partnership NHS Foundation Trust (Access to Talking Therapies/Improving Access to Psychological Therapy(IAPT)) 7. Workplan for 2012-13
13th March 2013	1. Third Quarter CYC Finance & Performance Monitoring Report 2. Annual Report of the Director of Public Health – The First 100 Days 3. Monitoring Report from DPH – Identification of issues around provision of medical services for travellers and the homeless 4. Workplan for 2012-13
24th April 2013	1. Update Report – Merger of Priory Medical Group Surgery and Abbey Medical Group Surgery 2. Workplan for 2012-13

<u>Reports for the 2013/14 Municipal Year</u>

- June 2013 – Monitor of partnership working and implementation of learning about partnerships (report from LYPFT on the ay that older people's mental health services are provided)
- December 2013 – LYPFT Annual Report to Committee from the Chief Executive

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