



Notice of a public meeting of

Health Overview & Scrutiny Committee

- To:** Councillors Funnell (Chair), Doughty (Vice-Chair), Douglas, Burton, Hodgson, Jeffries and Wiseman
- Date:** Wednesday, 24 July 2013
- Time:** 5.30 pm
- Venue:** The Severus Room - 1st Floor West Offices (F032)

AGENDA

- 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 - 12)
To approve and sign the minutes of the last meeting of the Health Overview and Scrutiny Committee held on 26 June 2013.

- 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 23 July 2013 at 5:00 pm.**

4. Attendance of the Cabinet Member for Health, Housing and Adult Social Services (Pages 13 - 22)

The Cabinet Member for Health, Housing and Adult Social Services will be in attendance at the meeting to present an annual report.

5. 2012-13 Finance and Performance Year End Report- Adult Social Services (Pages 23 - 34)

This report analyses the outturn performance for 2012/13 and the financial outturn position by reference to the service plan and budgets for all of the relevant services falling under the responsibility of the Director of Health & Wellbeing.

6. Adult Safeguarding Report (Annual Assurance of Governance Arrangements) (Pages 35 - 86)

This is the second annual report to Health Overview and Scrutiny. The 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.

7. Six Monthly Quarter Monitoring Report- Residential, Nursing & Homecare Services (Pages 87 - 98)

This report provides Members with a summary of the current performance of providers against Care Quality Commission Standards and the Council's own standards for performance and quality.

8. Verbal briefing on new Scrutiny Topic: Men's Health

Members will receive a verbal briefing from Councillor Wiseman regarding a new scrutiny topic on Men's Health.

9. Verbal Update on Personalisation Scrutiny Review

Members will receive a verbal update on the progress of the Personalisation Scrutiny Review following the meeting of the review's Task Group on Friday 19 July 2013.

10. Work Plan (Pages 99 - 102)

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

11. Urgent Business

Any other business which the Chair considers urgent.

Democracy Officer:

Name- Judith Betts

Telephone – 01904 551078

E-mail- judith.betts@york.gov.uk

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

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

Contact details are set out above.

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The majority of councillors are not appointed to the Cabinet (39 out of 47). Any 3 non-Cabinet councillors can 'call-in' an item of business following a Cabinet meeting or publication of a Cabinet Member decision. A specially convened Corporate and Scrutiny Management Committee (CSMC) will then make its recommendations to the next scheduled Cabinet meeting, where a final decision on the 'called-in' business will be made.

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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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 Funnell	Member of the General Pharmaceutical Council Trustee of York CVS
Councillor Hodgson	Previously worked at York Hospital Member of UNISON
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	26 June 2013
Present	Councillors Funnell (Chair), Doughty (Vice-Chair), Douglas, Burton, Hodgson, Wiseman and Runciman (Substitute for Councillor Jeffries)
Apologies	Councillor Jeffries
In Attendance	Councillor Richardson

1. **Introductions**

The Chair welcomed Gill Root from the Department of Public Health to the meeting.

2. **Declarations of Interest**

At this point in the meeting, Members were invited to declare any personal, prejudicial or disclosable pecuniary interests, other than their standing interests attached to the agenda, that they might have in the business on the agenda.

Councillors Funnell and Hodgson declared personal interests in Agenda Item 4 (Update Report- Merger of Priory Medical Group) as current registered patients at Priory Medical Group.

Councillor Funnell also declared a personal interest in the same agenda item as Chief Executive of the National Eczema Society.

Councillor Douglas declared a personal interest in Agenda Item 6 (Community Mental Health and the Care of Young People Scrutiny Review-Interim Report) as her son was a member of York Youth Council who had carried out ongoing work related to the scrutiny review topic.

No other interests were declared.

3. Minutes

Resolved: That the minutes of the meetings of the Health Overview and Scrutiny Committee held on Wednesday 24 April 2013 and Friday 26 April 2013 be approved and signed by the Chair as a correct record.

4. Public Participation

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

Andrew Collingwood raised comments about the Improving Access to Psychological Therapies (IAPT) provision in the city. He expressed concerns about the differing length of waiting lists to access each stage of therapy and also about the shortfall of workers involved in IAPT. He felt that this should be investigated because of the risk it could be putting people at. He informed the Committee that he had submitted a Freedom of Information Request to Leeds and York Partnership NHS Foundation Trust who provided mental health services alongside NHS North Yorkshire and York in North Yorkshire.

Discussion took place on the issue raised by Mr Collingwood, and it was felt that there was also a greater need to start talking about less costly mental health treatment and general support that could be offered to users of mental health services in York. The Director of Public Health confirmed that he would raise the concerns with the Vale of York Clinical Commissioning Group, as they were responsible for the commissioning of services such as the IAPT. The Chair requested that the Freedom of Information Request made by Mr Collingwood be circulated to Members of the Committee.

John Yates, from York Older People's Assembly made general comments about the minutes of Health Overview and Scrutiny Committee meetings and raised particular concerns about wider contributions and their contributions no longer being recorded in the minutes.

In response the Head of Civic and Democratic Services outlined the Council's standard practice and approach to the recording of meetings and decisions which was in line with nationally recommended good practice.

It was noted that the matter had been invited for review by the Chief Executive by Mr Yates.

5. Update Report- Merger of Priory Medical Group Surgery and Abbey Medical Group

Members received an update report from the Head of Primary Care for North Yorkshire and the Humber, NHS England, on the merger between the Priory Medical Group and Abbey Medical Group. The report sought to answer a number of questions that had been raised by Members at a previous meeting.

In response to questions from Members, it was reported that the merger would not result in a change in how Out of Hours Services were commissioned. The Vale of York Clinical Commissioning Group would be responsible for the commissioning of GP Out of Hours Services. In addition, there would need to be a review on the effect of the merger for both Medical Groups on the wider changes within Primary Care. However, these changes were not likely to arrive straightaway.

Resolved: That the report be noted.

Reason: To keep Members informed of the merger between the Abbey and Priory Medical Groups.

6. Verbal Update from Chair of the Personalisation Review Task Group

The Chair of the Personalisation Scrutiny Review Task Group gave a verbal update on the progress so far of the review. She informed the Committee that a couple of workshops had taken place as a result of recommendations from the Task Group but that there was a sense that the topic needed a fresh focus.

It was noted that the next meeting of the Task Group was scheduled for 19 July 2013 when further discussions could take place about what was required to further the aims of this review.

The Chair confirmed that she would be happy to inform the Committee on the progress of the Task Group at the next Health Overview and Scrutiny Committee meeting.

- Resolved:
- (i) That the update be noted.
 - (ii) That the Chair update the Committee on progress of the Personalisation Scrutiny Review following the next Task Group meeting.

Reason: To continue work on the review.

7. Interim Report from the Community Mental Health and Care of Young People Scrutiny Review

Members received a report which set out the findings to date in relation to the scrutiny review on Community Mental Health and the Care of Young People. The report asked them to comment upon the findings to date and to note that the Task Group had planned one more scheduled meeting to bring the review to a conclusion.

Councillor Runciman, who submitted the topic for review, spoke about how the review had raised Mental Health awareness.

It was reported that the final report would come to the Committee in September 2013 and progress to Cabinet thereafter.

The Chair also felt that the draft Final Report of the scrutiny review should be presented to the York Youth Council, who should also be invited to attend the Health Overview and Scrutiny Committee in September.

Resolved: That the report and work to date be noted.

Reason: To conclude the work on the review in line with Scrutiny Procedures and Protocols.

8. Update on Membership of ongoing Task Groups

A report was considered on the membership of the Community Mental Health in the Care of Young People and Personalisation Task Groups, in light of the changes to the membership of the Health Overview and Scrutiny Committee at the Annual Council.

As a result it was;

Resolved: (i) That Councillor Doughty replace Councillor Richardson on the Community Mental Health in the Care of Young People Task Group.

(ii) That Councillor Jeffries replace Councillor Cuthbertson on the Personalisation Task Group.

Reason: To update the membership of the Task Groups following the reallocation of Committee places at Annual Council.

9. Verbal Update from Chair on Children's Cardiac Services

Members received an update on the ongoing situation about the national review of Children's Cardiac Surgery at Leeds General Infirmary.

The Chair informed the Committee that;

- The Independent Reconfiguration Panel's report concluded that the proposal to close Children's Cardiac Surgery at Leeds should not be reviewed as the review process to determine which centres should remain open had been flawed.
- That the review was carried out on the premise that patients would only be attending the centres for one service only and not for life.
- That the report also concluded that the IRP found that all of the centres earmarked for closure were safe.

She added that in her view;

- The result of the review did appear to be predetermined as there were no representatives from Yorkshire on the panel which assessed Children's Cardiac centres.
- There were also concerns that some Members of Safe and Sustainable had made up their minds that Leeds should close at the beginning of the process.
- That the provision of Adult Cardiac Surgery should also be reviewed.

Discussion took place amongst Members and Officers. Some pointed out that £6 million pounds had already been spent on the review and proper information had not been provided and therefore the process could not progress. It was also added that one recent view from a whistleblower suggested that actions had been taken in regards to reviews of providing care in smaller number of centres had sacrificed lives on local prejudices and surgical empire building.

Other Members added that cardiac surgeons who were based in all Children's Cardiac Centres suffered additional stress in that they did not know whether they would have to move to another area of the country.

Resolved: That the update be noted.

Reason: In order to keep Members apprised of ongoing circumstances in relation to the provision of Children's Cardiac Services in the region.

10. Work Plan (including details of possible topics identified at Annual Scrutiny Work Planning Event)

Members considered the Committee's Work Plan (which included a list of possible topics for the Committee to conduct scrutiny reviews on in the new municipal year).

The Chair suggested that given that the Personalisation Scrutiny Review Task Group was due to meet on 19 July and the Committee's next meeting was on the 24 July, that any outcomes from the Task Group be added to the work plan for the next meeting.

She also updated Members on progress on a topic that the Committee had been looking at, namely, what could be done in regards to the Vale of York Clinical Commissioning Group's inherited debt from NHS North Yorkshire and York. It was reported that the topic had been discussed in Parliament but that a response to a letter written to the Secretary of State for Health persuading him to write off the inherited debt had not yet been answered. The Committee felt that another letter should be written to press for an answer.

Further discussion took place around the following topics, which could be examined by the Committee through a review;

- Hospital Discharges
- Men's Health
- York as a Dementia Friendly City
- Loneliness in York

Members felt that a topic that focused on Men's Health was important, as men had tended to be less willing to highlight health problems that they might have already encountered, or would do in the future.

It was also reported that at a previous Corporate and Scrutiny Management Committee that a proposal for a themed review across the remits of all Scrutiny Committees should take place between all the relevant Committee Chairs. A themed topic that was proposed was the Night-time Economy of York.

The Chair suggested that each Committee Member might wish to take up one of the topics identified and work out a remit for a review on their own topic. Councillor Wiseman said she would work to bring together a topic on Men's Health to be considered by the Committee at their July meeting. It was suggested that the Dementia Friendly topic be taken off the list as Without Walls were conducting a review into this.

Resolved: (i) That the work plan be noted subject to the following amendments¹;

- That an update be given following on from the meeting of the Personalisation Review Scrutiny Task Group be considered by the Committee at their July meeting.

- That a topic on Men's Health be put forward as a scrutiny topic for the Committee to review in the new municipal year.

- (ii) That a further letter be written to the Secretary of State for Health, in regards to wiping the inherited debt of the Vale of York Clinical Commissioning Group from NHS North Yorkshire and York.²

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

Action Required

- | | |
|---|----|
| 1. To update the work plan. | DS |
| 2. To write to the Secretary of State for Health. | PE |

Councillor C Funnell, Chair

[The meeting started at 5.35 pm and finished at 6.50 pm].

Annual Report - Cabinet Member for Health Housing & Adult Social Services to Health & Overview Scrutiny



Once again the last twelve months have been challenging both to the Council and the partners we work with as 'needs' grow and budgets from Central Government are cut. The recent announcement of Integrated Care money, in the CSR, is already being questioned as it is seen as only a short term solution, perhaps according to some commentators for only a few years, before there will be an urgent need for Government to further invest and properly fund the sector of Adult Social Care.

Adult Social Care - Achievements and performance in the past year.

Personal Budgets – CYC recognises that people are different so is offering more residents the opportunity to decide how they use funding available from the Council to meet their eligible social care needs. Over 73% of residents who could be offered a Personal Budget were during 2012/13 – above the Government guideline of 70%. Feedback from respondents to the national POET (Personal Outcomes Evaluation Tool) survey was that we do some things very well but there are areas still to work on. The areas we scored lower on the POET survey were:

- Residents knowing how much money is in their personal budget
- Getting the support people want (levels were low nationally for this area)
- Personal Budgets helping people back into work (also low nationally)

How CYC will move forward on these:

- the new Resource Allocations System (RAS) will make it easier to make sure people know what money is being offered
- the *Connect to Support* website has just gone live and already a range of providers have joined. However not all who register will be accredited by CYC (we cannot stop people offering services) but we will ensure that residents are aware of this and will have the choice about whether to go with an accredited provider or not.

The Council needs to ensure a more consistent response and with this in mind I am looking forward to the outcome of the Health OSC topic on 'Personalisation'. I hope it will be able to include consideration of the messages from the survey to identify the top three priorities for York so that Personalisation works better for more people.

Hospital Discharges - The Council has continued to receive high numbers of referrals for support on discharge from York Teaching Hospital. I have ensured that Officers continue to work with Health colleagues to make the best use of resources available to reduce delays. As a result the Council has been increasing use of 'Step Down Beds' in Residential Care Homes for people waiting for more complex support packages at home to become available. This policy has started to make a difference but can go further.

Reablement – The service was transferred to an external provider in late March 2012 and within six months 'face to face' contact time doubled. A review of outcomes for people receiving the service, undertaken in November 2012, showed that 70% of people needed lower levels or no support at the end of the Reablement. A CQC inspection, in 2013, has identified positive outcomes and full compliance with all standards – those using the service told Inspectors that they were happy with how their individuality and rights were respected by the staff and the help and support they received.

Adult Safeguarding - Safeguarding alerts have continued to rise, nearly three fold, over the last four years. New protocols for joint working with support for partners undertaking investigations has added to the work of the Councils Safeguarding Team but has been well received by partners. Work is underway to ensure that the response to the Winterbourne Review, from Health and Social Care in York, is on track and the Health & Wellbeing Board will receive information on a 'stocktake', in July, before it is passed on to the Local Government Association and NHS England. In June we welcomed the Board's new Chair Kevin McAleese

Elderly People's Homes (EPH's) – During 2012 our 7 EPH's were inspected by CQC and received a very positive outcome with all being compliant with the required standards.

The modernisation programme is moving forward after the Council's Cabinet endorsed the state of the art new '*lifetime care facilities*' at Burnholme and a Community Village at Lowfield in Acomb. The new Care Homes will provide a 'Household Model' of care with residents living in self-contained households of up to 12 people – 'a home within a home' environment – with similar care needs. Each household will have a kitchen and open plan communal spaces that will help promote a sense of community. There will be access to a mix of private and shared outdoor spaces.

The decision to adopt this model has drawn on innovative care in the UK, and Europe, alongside significant work by the Council, and its partners, to explore future demand for specialist Residential Care and an understanding of local Residential and Nursing Care provided by the independent sector.

The work also informed the decision, by the Council, that a third Care Home at Haxby is not required, based on future demand and affordability.

The focus, throughout the process, has been to ensure that the Council will be able to support the care requirements of York's ageing population; providing high quality facilities to the size required - not just today, but long-term. It is disappointing that due to continued Government cuts in funding, at a time of growth in 'need', that we can no longer run the new homes

Whilst some may say that the delay in the program could be seen as a set back to delivery, it has actually been advantageous in that we have a better understanding of Government funding for care, or lack of it, and of the most up to date means of delivering the care. I know that the Community Village is a particular exciting concept as it will provide residents with a care offer which runs from Independent Living through to End of Life Care and we are receiving recognition for the work we are taking forward.

Musical Connections Programme - The programme is fully established in our EPHs and involves intergenerational work with local nurseries, infant, junior and secondary schools in music, drama and craft work.

Telecare Show Flat – In January, York's first *Independent Living Telecare Show Flat* opened at Alex Lyon House, giving older residents the chance to try out the latest technology that could help them to continue to live safely and independently in their own homes. The show flat was created as a result of the council's award-winning innovation project GeniUS!

The year ahead

Elderly Peoples Homes - The tender for the Homes and Village has been issued to find an external provider to design, build and run the new Care Homes and Community Village. The Council will fund the building of the two new Care Homes through its existing budget for residential care in the City - meaning it will retain ownership of the buildings and the land on which they stand. Subject to planning permission, it is anticipated that the new care homes will start to be built within the next two years.

Warden Call/Community Equipment Loan Store– Cabinet gave its backing to develop a Social Enterprise for the Warden Call/CEL's – this will be a *not-for-profit, 'asset locked' social enterprise* and will be able to trade, access grants and achieve savings for the Council whilst continuing to develop and expand its workforce to meet future demand. The Social Enterprise will not only be the first 'spin out' company from the Council, but the first of its type in the delivery of such services in the UK. Staff will have a significant stake in its ownership with the Council continuing to own 20% of the company.

The current Council run service provides a 24-hour monitoring and response service to some 3,000 customers in York and the Telecare service has over 1,600 customers who have at least one piece of equipment installed. The Community Equipment Loan store provides 46,046 pieces of equipment including health and social care products.

Integrated working - Work is underway to design a more integrated pathway for frail elderly residents. This work shows that partnership work in the City is moving forward as it has agreement from the three Chief Executives at the Council, Hospital and the Clinical Commissioning Group. This is a key priority in the city.

However, caution needs to be exercised in relation to recent Government announcements. Whilst I, and Officers, welcome the move to integration it is concerning that at a time of growth in need there is no growth in funding. It is true to say that integration will lead to some savings but I do not believe enough to cover future needs.

Dementia Friendly City - Last year the Prime Minister's *Challenge on Dementia* included a challenge for 20 communities to commit to the aspiration of becoming 'Dementia Friendly'. York was cited as an example of good practice and we are committed to continuing our progress in this area.

In October 2012 the Joseph Rowntree Foundation launched their findings on how the Council can make York a more Dementia friendly community. An event was held at the New Earswick Folk Hall to present the recommendations and encourage partners to contribute to work to make York a dementia friendly place to live. The event resulted in the Council commissioning Dementia Forward to run a '*Dementia Community Development Project*', working with business, services and communities. This began in October 2012 and is a significant part of CYC's plans and commitment towards becoming a more dementia friendly community.

Since October the Council has established a core steering group to oversee and monitor progress towards our aspiration of becoming a Dementia Friendly City. The Steering Group consists of some key partners, such as JRF, CYC and Dementia Forward and is growing its database of interested supporters across the city who will be kept up to date on progress via newsletters and events. In June an event was held at West Offices which updated on progress, shared information and looked to inspire further action across the city. The Council will be launching itself as a '*local action alliance*' and is looking for interested partners/organisations to join.

Nationally, work has been undertaken to develop a recognition process for being a Dementia Friendly community/organisation.

York has registered as an early adopter for this recognition and partners/organisations/shops that commit to the values outlined will be able to use the recognition logo. We are also developing links with colleagues in Bruges, who are also working to become a Dementia Friendly City and we are hoping they will be able to visit York in the Autumn to share our respective experiences and learning.

Some specific examples of local action from partners include:

- The *Library Service* have been working with Dementia Forward, on awareness raising, dementia related reading lists and appropriate books in the library.
- *Sports and Active Leisure* team have continued to recognise and respond to the needs of those with Dementia in their programme of leisure activities.
 - a project in our EPHs to introduce interactive Nintendo Wii sessions.
 - worked with Sports UK to develop a Dementia Awareness Course, for coaches/instructors/providers of sports clubs across the city.
- The *Customer Contact Centre* committed to training their staff in Dementia Awareness, and make this part of their on-going training programme - all staff received this training prior to the West Offices opening.
- ACE Contracts & Commissioning Team continue to commission the Alzheimer's Society to run *Carers Education* courses and *Peer Support* activities such as 'Singing for the Brain' groups.
- *Genius York* Challenge on Dementia. Funding for intergenerational work in schools.
- *Dementia Forward* have been working with retailers and held dementia awareness raising sessions for staff at a number of stores, such as Fenwicks and Specsavers
- *Visit York* – have undertaken Dementia awareness training for staff.

York's Health and Wellbeing Board

Before the official launch in April 2013 the Shadow Board met on a number of occasions to look at joint working, to set up a Constitution and agree a media policy. Board members also attended a series of 'Development Sessions' to better understand ways of working and challenges both current and ahead. I am pleased to report that the Board is receiving national recognition for its composition of partners and the work already undertaken

Part of the Board's early work has included the Health and Wellbeing Board sponsoring the development of a *Shared Integration Framework* for York, North Yorkshire and the four Clinical Commissioning Groups. Work is now starting to create the right mechanisms for more joined up working and to find

ways to make sure we can use the funding across the system to support people closer to home and in the most cost effective ways possible.

Achievements

- The Joint Strategic Needs Assessment was completed and signed off in March 2012.
- Following the recommendations from the JSNA and extensive engagement and consultation with stakeholders, we agreed 5 priorities for the Health & Wellbeing Strategy:
 1. Making York a great place for older people to live
 2. Reducing health inequalities
 3. Improving mental health and intervening early
 4. Enabling all children and young people to have the best start in life
 5. Creating a local financially sustainable health and wellbeing system
- York's Health & Wellbeing Strategy was agreed and signed off on 17th April at the first meeting of the Board in its statutory form.
- York's Strategy has been nationally recognised and cited as an example of best practice, by the *Campaign to End Loneliness* for addressing loneliness and by the *National Council for Palliative Care* for its inclusion of End of Life support.
- To deliver the strategy partnerships have been established, jointly led by both CYC and VOYCCG:
 1. Health Inequalities
 2. Older People and People with Long Term Conditions
 3. Mental Health and Learning Disabilities

These partnerships have a clear line of accountability to the Health and Wellbeing Board, along with YorOK.

- The establishment of a Section 136 'Place of Safety'. North Yorkshire was the only place in the country not to have this vital provision and as Chair I tasked the relevant partners to act.

The year ahead

There are many challenges not least the continued incorrect and reduced funding from Government and the refusal to allow the CCG to start on a 'level playing field'. This combined with around 17% less funding for Public Health than needs assessed will not make the Council and its partners' work easy.

Priorities include:

- Improving engagement
- Looking at the voice and influence of carers and young carers within the new health and wellbeing structure
- Improving transitions between health and social care and from Children's Services to Adult Services

- Integration – working with North Yorkshire to integrate health and social care across North Yorkshire and York.
- Refreshing the JSNA
- Joint data and performance measures – ensuring CYC has access to the right information so we can measure the impact of the Board, strategy and sub groups.

Challenges include:

- Delivering the Health and Wellbeing Strategy – there are very large and complex pieces of work involving mapping pathways, re-designing pathways to care and support and commissioning to undertake.
- Integrating Health and Social Care – a complex, large scale area of work aimed at transforming local services - ‘how’ will be the challenge
- Mental health – understanding better the needs in the City, particularly lower level need residents that are not in contact with statutory services – hidden need.
- Reducing Health Inequalities - a focus on the most deprived 20% of men, a group that suffers disproportionately in terms of early mortality and ill-health due to disconnection with the rest of York.
- Ensuring that the Health & Wellbeing Board continues to challenge and change things, to improve planning, design and delivery of services. There is also a need to make sure that agendas engage our key partners and that the Board can influence commissioning plans.

Public Health

As Councillors are aware Public Health was officially taken back in to Local Authority control in April 2013 where it had not been since 1974. Whilst the powers to ‘manage’ were not in statute, until April, much work has taken place both within the Council, during the handover from the PCT, with the CCG and partners across health whom services have and are being commissioned from.

The main challenge to Public Health will be financial. Allocation of £6.641m or £33 per head for 2013-14 and £7.305m or £36 per head for 2014-15 is well short of the predicted need of £44 per head

Achievements

- The recruitment of York’s Director of Public Health and Wellbeing
- Successful transfer of Public Health duties into CYC
- The transfer of six public health staff into the council
- Twenty five sets of contracts for services have been transferred to CYC – primary care, acute, drugs and alcohol, voluntary and private sector.

Priorities and challenges

- Transferred contracts are currently being maintained – there is a need to know more about the health needs of our residents to enable a more strategic approach to public health commissioning.
- Capacity – the City of York Councils Public Health Team is one of the smallest teams in the country and there is a lot to do with very limited resources. This will make it difficult to go beyond the core needs and undertake innovative work, but the team are working hard to ensure that York is seen to be a ‘change leader’ and that our voice is one that others want to hear
- Finance – although our allocation saw a 10% uplift, in 2014-15, the City will still be 17.6% away from its target allocation, which represents £1.5M per year of underfunding (our target allocation is £8.86M for 14/15)
- Fragmentation of services – CYC, VOYCCG and the NHS are all required to commission ‘bits’ of Children’s Public Health (age 5-19) and sexual health and this will require close working between partners to avoid duplication and avoid gaps in provision

Meetings/events attended July 2012 to July 2013

- LGYH Improvement & European Board: Sept 2012, April 2013
- LGYH HWB Lead Member meetings: Oct 12, Dec 12, May 2013
(*Presented at two of these meetings on CYC’s work*)
- The Guardian – June 2013 (Article on new model of Care Homes)
- Economist - Oct 2012 (Challenges to care)
- IDEa phone survey on HWB Boards

- CLear Peer Assessment

- Public Health Team Meetings
- Valuing People
- YOPA Executive Board (Council nominee)
- York Domestic Abuse Forum
- Without Walls
- Dementia Without Walls workshop Oct 12
- Health & Wellbeing Stakeholder event: Jan 13
- VOYCCG Board Meeting

- Angela Potts York CVS
- Chris Long (as PCT lead)
- John Kennedy JRF
- Mark Hayes, VOYCCG
- Patrick Crowley
- Mike Padgham – Independent Care Group

- Kevin McAleese – Adult Safeguarding Board Chair
- NHS Regional Dementia Road – Leeds May 13 (*delivered presentation on CYC's work*)
- LGA Health and Wellbeing Leadership: Delivering Improved Outcomes for Local Communities - London June 2013

- Morrell House – with Hugh Bayley and Sally Hutchinson Jan 12
- Public Health England launch – Leeds March 13
- John Snow Conference March 2013

- ACE Retirement reception Oct 12
- Northern Care Awards – presenting award Nov 12

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Health Overview & Scrutiny Committee**24 July 2013**

Report of the Director of Health & Wellbeing

2012/13 FINANCE & PERFORMANCE YEAR END REPORT – ADULT SOCIAL SERVICES**Summary**

- 1 This report analyses the outturn performance for 2012/13 and the financial outturn position by reference to the service plan and budgets for all of the relevant services falling under the responsibility of the Director of Health & Wellbeing.

Financial Analysis

- 2 The Adult Social Services budget overspent by £2,083k (4.3% of the £48,567k net budget) where pressures that have been evident in previous years related to demand, particularly for community based care, still remain.
- 3 In Adult Social Services, the population growth of older people is already placing a greater demand on council services and budgets, with increased numbers of people seeking support from social care services. As the number of customers receiving personal budgets to support them continues to rise, it promotes independence, enables choice and control over the daily lives of our customers and they can exercise greater choice and control over their lives.
- 4 The strategy to address these trends and their incumbent pressures has been to develop early interventions that address needs early and prevent the escalation into more complex care needs and more expensive care packages. This means that whilst the total number of people supported by social care packages is not increasing significantly, they have more complex needs so the costs of the packages are increasing. Local health provision is under strain and increasingly social care is being asked to support people who would previously have received health care support. With developments in medical science young people with complex needs are living for longer and moving from children's services to adult services, where they can need intensive support to keep them safe and able to live a full life. 35 young people have moved from children's to adult services in the last 2 years, which is a trend we would not have seen even 5 years ago.

- 5 There is also a shared ambition across local government and health agencies to see health care delivered closer to home. This is underlined in York by the need to work as a community to address the budget deficit within the local health care system. The North Yorkshire and York Review highlighted the need for more joined up working and the need to reduce hospital admissions and lengths of stay. This approach does mean that more people will require social care support and this is currently an area of major concern as early discharge from hospital leads to people with complex care needs requiring very expensive care within their community.
- 6 The Council has seen increasing numbers referred from the hospital for discharge support over the last two years:
 - Average of 125 a month in 2010/11
 - Average of 135 a month in 2011/12
 - Average of 143 a month in 2012/13
- 7 People are leaving hospital on average 7 days earlier this year. This means that they require more social care for longer. This is a positive indicator for delivery of the care closer to home strategy, but progress in one part of the system brings pressures in other parts. Top level discussions are taking place with the GP commissioners and the Hospital Trust to consider this problem and seek mitigations.
- 8 Homecare – The Homecare service has been substantially redesigned and has been successful in signposting customers with low level needs to other forms of provision. This has meant that the number of customers has remained stable despite the growth in the number of potential customers, but it does also mean that the customers receiving the service have more complex needs. This is one reason why, despite unit costs going down following the outsourcing of the service weekly, spend on our home care contracts has increased from £54k a week in July 2011 to £82k a week in November 2012. In March 2011 there were 553 customers receiving an average 7 hours per week of home care. There are currently 697 customers on the tiered contracts receiving an average of 8.4 hours per week. This results in an overspend of £2,947k.
- 9 Residential and Nursing Care - The number of admissions to care homes has remained fairly stable but, as predicted, the demographic pressures and the increasing ability to support people at home for longer means people are needing more intensive support as they enter care homes. This is leading to higher costs in nursing homes and, for some residents, additional 1:1 support to keep them safe. In addition, unbudgeted fee increases of 1% were approved in April and October. All these factors have resulted in an overspend of £433k.

- 10 Demographic pressures are also evident in Adult Transport with a forecast overspend of £205k and there has been a continued increase in the number of customers taking up Direct Payments (£408k) and respite placements (£185k). In addition there has been an increased cost of repairs and maintenance (£297k) at our Elderly Persons Homes, and a shortfall in income (£276k).
- 11 However, mitigating actions had been identified to offset these pressures. Vacancies in small day services (£251k) and contracting and commissioning (£80k), an under spend on Warden Call (£135k) and delays in a Supported Living scheme result in an under spend (£157k). Mitigation strategies as outlined in the in year monitoring reports and strict budgetary control measures contribute a further £1,629k to the overall position.

Performance Analysis

- 12 The table below shows the end of year outturns for the National and Local measures against the targets set in 2012/13. The table also shows the comparable performance of the Local Authorities in the Yorkshire and Humber Region (Y&H), the average outturn for All Local Authorities in England, and the average of our nearest comparator authorities, as defined by CIPFA. The benchmarking data is provisional at the time of writing. *NB: Local Indicators have no Benchmarking Comparison.*

Code	Description of PI	TARGET	Comparators - Benchmarking			
			Year End (12-13)	Y & H (12-13)	England (12-13)	Comparator (12-13)
A&S1A (NPI 127)	Self reported experience of social care users	80%	<u>78.99</u> % (18.9)	19.1	18.8	18.9
A&S1B	The proportion of people who use social care who have control over their daily life	80%	<u>80.50</u> %	77.3 0%	75.90%	76.20%
A&S1C (NPI 130)	Customers & Carers receiving Self Directed Support (Direct Payments and Individual Budgets)	30%	<u>31.12</u> %	54.3 0%	55.60%	55.50%

A&S1C Part2 (NPI 130)	Customers & Carers receiving Self Directed Support (Direct Payments ONLY)	20%	<u>12.37</u> %	15.4 0%	16.40%	19.30%
A&S1C Part3 (NPI 130)	Customers & Carers receiving Self Directed Support (Direct Payments and Individual Budgets)	70%	<u>73.11</u> %	-	-	-
A&S1C Part4 (NPI 130)	Of part 1C Part 3, percentage with Direct Payment	20%	<u>18.63</u> %	-	-	-
1D	Carers Quality of Life	8.40	<u>8.47</u>	8.3	8.1	8.3
A&S1E (NPI 146)	Adults with learning disabilities in employment	10%	<u>8.66</u> %	6.60 %	7.20%	8.00%
1F	Adults with MH services in employment	10%	<u>10.8</u>	8.6	7.70%	8.70%
A&S1E (NPI 146) Part 2 Local	Adults with learning disabilities in employment - includes Supported employment (less than Min. Wage)	30%	<u>38.58</u> %	-	-	-
A&S1G (NPI 145)	Adults with learning disabilities in settled accommodation	74%	<u>63.19</u> %	78.4 0%	73.30%	76.00%
A&S1G (NPI 145) Part 2 Local	Adults with learning disabilities in settled accommodation - includes Res and Nursing care	74%	<u>73.80</u> %	-	-	-

1H	Adults with MH Services in settled accommodation	65%	<u>65.00</u> %	63.5 0%	59.30%	64.30%
A&S2A part 2	Permanent admissions to residential & nursing care homes for younger people (18-64) per 100,000 population	Monitoring only	<u>7.77</u>	15.2	14.9	12.8
A&S2A part 2	Permanent admissions to residential & nursing care homes for older people (65+) per 100,000 population	Monitoring only	<u>646.4</u> 2	697. 4	708.8	747.5
A&S2B (NPI 125) Part 1	Achieving independence for older people through rehabilitation/ intermediate care	93%	<u>69.77</u> %	81.3 0%	81.50%	84.20%
A&S2B (NPI 125) Part 2	Achieving independence for older people through rehabilitation/ intermediate care	Monitoring only	<u>0.7</u>	2	3.30%	3.30%
A&S2C Part 1	Delayed transfers of care from hospital, per 100,000 population.	Monitoring only	<u>18.5</u>	7.8	9.50%	10.10%
A&S2C Part 2	Delayed transfers of care from hospital, which are attributable to adults social care per 100,000 population.	Monitoring only	<u>10.9</u>	2.4	3.30%	3.00%

Delayed Discharge s 1	Average number of Acute delayed discharges	7.98	<u>10.67</u>	-	-	-
Delayed Discharge s 2	Average number of reimbursable CYC delays (people) at period end	3.80	<u>6.17</u>	-	-	-
Delayed Discharge s 3	Average number of CYC bed days	144.30	<u>218.25</u>	-	-	-
Delayed Discharge s 4	Total CYC bed days cost	215K	<u>£261,900</u>	-	-	-
Delayed Discharge s 5	Hospital Referrals - per month	Monitoring only	<u>143</u>	-	-	-
A&S3A	Overall satisfaction of people who use services with their care and support	70%	<u>65.80%</u>	65.50%	63.70%	64.10%
A&S3B	Overall satisfaction of carers with social services	55%	<u>54.50%</u>	45.40%	42.70%	45.60%
A&S3C	The proportion of carers who report that they have been included or consulted in discussion about the person they care for	80%	<u>83.79%</u>	76.30%	72.80%	74.40%
A&S3D	The proportion of people who use services and carers who find it easy to find information about services	85%	<u>82.90%</u>	73.80%	71.50%	73.40%
A&SNPI 133	Timeliness of social care packages	90%	<u>91.02%</u>	-	-	-

A&S NPI35	Carers receiving needs assessment or review and a specific carer's service, or advice and information	25%	<u>22.16</u> %	-	-	-
A&S NPI35 a	Joint Assessments that are unlinked on FWi to Carer - snap shot	-	<u>91</u>	-	-	-
A&S NPI35 b	Carers Separate Assessment waiting list - snap shot	100.00	<u>137</u>	-	-	-
A&S NPI36(a)	People supported to live independently through social services PACKAGES OF CARE	1,800	<u>1784</u>	-	-	-
A&S NPI36(b)	People supported to live independently through social services PREVENTION	2,800	<u>2822</u>	-	-	-
A&SD39	Statement of Needs	97%	<u>97.85</u> %	-	-	-
A&SD40	All services Reviews	90%	<u>81.38</u> %	-	-	-
RAP A6	Assessments missing Ethnicity	less than 5%	<u>1.99</u> %	-	-	-
RAP P4	Services missing Ethnicity	less than 5%	<u>3.06</u> %	-	-	-
A&S4A	The proportion of people who use services who feel safe	67%	<u>61.80</u> %	67.8 0%	65.00%	66.60%

A&S4B	The proportion of people who use services who say that those services have made them feel safe and secure	85%	<u>83.50</u> %	79.1 0%	77.90%	80.80%
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13. Positive outcomes for people living in York during a challenging year with continued high level of satisfaction on self reported experiences (79%). Satisfaction with social care support has reduced marginally, but a small increase in the numbers reporting control over their lives. We exceeded the target for the number of people offered a personal budget and improved the timeliness of the delivery of support packages.

14. We have learned from the sector led peer improvement work that we were not counting our assessments in the same way as best performers, and this change gives an improved performance this year. However we have introduced local indicators to track waiting times for some assessments as we know that our lean capacity in care management has had an impact on delays in the start of some assessments.

15. Discharges from hospital continue to be a challenge, with a continued increase in the number of referrals from the hospital (54% higher in 2012-13 compared to 2009-10).

16. Customers & Carers receiving Self Directed Support (Direct Payments and Individual Budgets): Of the three measures used to monitor the take up of self directed support, two have met target. We still have work to do to encourage and support more people to choose to take a Direct payment

17. Adults with learning disabilities in Employment. Clarification from the Information Centre has led to a change that all authorities measure this indicator.

As a result there has been a reduction against last year's figures. Our local indicator shows that we are still offering 30% of people the opportunity for an employment based day time activities.

18. Adults with learning disabilities in settled accommodation (including Residential and Nursing Care). This indicator is sensitive to the number of reviews undertaken with people we support. Due to maternity leave, and budget pressures which meant we were not able to backfill, we did not complete all planned reviews. We know that we have high numbers of people living in their own tenancies (44% compared to 15% nationally)

19. Admissions to care homes : In relation to our whole population York continues to show low levels of admissions. We have seen an increase in the number of admissions this year, which is not surprising given the demographic pressures. We had hoped to be able to maintain admissions at last year's levels, but budget pressures have meant we have to consider the relative costs of residential and home based support for the very complex support packages that some people would need to stay at home.
20. Average weekly number of CYC Acute delayed discharges / Average weekly number of bed days / Total bed days cost. The pace and volume of hospital discharges and the delays continue. York will remain an outlier with regards to this target.
21. Achieving independence after discharge from hospital. Last year's performance was high due to a very small sample of people surveyed. This year's sample is more likely to be representative and better reflects the outcomes being achieved by the new Reablement Service, which supports people to regain independence in the community.
22. Timeliness of social care assessment – Commencement of assessments. Significant work to understand why York was an outlier with regards to timeliness of assessments has been completed. Discussion with other councils showed that there were variations in how these were measured. As a result the old National Indicator shows an improvement this year. Our own local indicator was developed because we were aware we have delays in commencing assessments and are managing waiting lists. We will continue to work to develop smarter ways of working, as we know we are lean in care management capacity based on Audit Commission analysis.
23. Unlinked Carers and Carers Separate Assessment waiting list. Throughout the year there has been an increase in carers records not linked on the case management system. This has impacted on the numbers counted in other measures and could well have contributed to a fall in numbers of those receiving advice and information. The service continues to work towards a joint client and carer assessment unless there is an identified need to do separate assessments.

Waiting lists have reduced significantly from over 200 to 137, but progress was delayed whilst secondment arrangements were put in place to bring in additional temporary capacity funded through the old Carers Grant funding.

24. Reviews of support packages. The lower performance at the end of the year reflects capacity issues, with maternity leave and ill health absence not covered due to budget pressures
25. *Other Areas of Good performance are noted as:*
- *Timeliness of Social Care Packages.*

- *Packages of Care – a trend to ensure that we increase our focus on prevention work and attempt to reduce our overall clients in Packages of Care is shown in the numbers. The 13% increase in those with Warden Call and Telecare Packages show how investment in this area is providing good prevention services to keep people safe and independent in their homes.*

Council Plan

- 26 The information included in this report demonstrates progress on achieving the council's corporate priorities for 2011-2015 and in particular, priority 4 'Protect Vulnerable People'.

Implications

- 27 The financial implications are covered within the main body of the report. There are no significant human resources, equalities, legal, information technology, property or crime & disorder implications arising from this report.

Risk Management

- 28 The overall directorate budget is under significant pressure. This is particularly acute within Adult Social Services budgets. On going work within the directorate has identified some efficiency savings in services that offset these cost pressures.

Recommendations

- 29 As this report is for information only there are no specific recommendations.

Reason: To update the committee on the final finance and performance position for 2012/13.

Contact Details

Authors:

Richard Hartle
Head of Finance
Tel No. 554225

Mike Richardson
Performance & Improvement
Manager
Tel No. 554355

Chief Officer Responsible for the report:

Paul Edmondson-Jones
Director of Health & Wellbeing

**Report
Approved**

Y

Date 04 July 2013

Specialist Implications Officer(s) None

Wards Affected: *List wards or tick box to indicate all*

All

Y

For further information please contact the author of the report

Background Papers

2012/13 Finance and Performance Year End Report, Cabinet 16 July 2013

<http://democracy.york.gov.uk/ieListDocuments.aspx?CId=733&MId=7639&Ver=4>

Annexes

None

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Health Overview and Scrutiny Committee**24 July 2013**

Report of the Assistant Director Assessment and Safeguarding

Safeguarding Vulnerable Adults Annual Assurance**Summary**

1. This is the second annual report to Health Overview and Scrutiny. The 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 also 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 (ADASS) 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. Annex B provides an update on the specific actions identified in last year's assurance report to Health Overview and Scrutiny. It also contains information about additional work that the Board has taken in the last year, for example in response to the Winterbourne View review.
9. Annex C provides the Performance Report on Safeguarding Vulnerable Adults activity for 2012-13.
10. A separate, but related report is tabled tonight for the Committee on the quality assurance of commissioned services in York.
11. Going forward, the Care Bill, due to be enacted this year will place Adult Safeguarding on a statutory footing. In preparation for this, and to update guidance in the light of research, peer review findings, and good practice, ADASS and the Local Government Association produced additional guidance and advice in 2013. This guidance will help shape the strategy for the York Adult Safeguarding Board over the coming year.
12. Training for all Councillors in respect of Adult Safeguarding will be offered in September as part of the Councillors' Training Plan.

Options

13. **Option 1** Health Overview and Scrutiny Committee could confirm they are satisfied with the arrangements for Safeguarding Vulnerable Adults, based on the current performance and proposed new improvement activity, set out in Annex A, which is already underway.
14. **Option 2 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.

Analysis

15. Annex A uses the same ADASS standards as last year and confirms that York has the key elements in place to ensure that vulnerable adults are safeguarded in York. The annex also outlines the areas where there is improvement work already in progress, or planned to maintain these ADASS standards.
16. Good progress has been made on the Action Plan reported last year, and further improvements are already planned and being delivered. An update on the Action Plan is contained in Annex B.
17. This has however been a year of change, particularly in our health organisations and in the Police, and so there is a continued need to ensure that joint working is developed and consolidated within the City.
18. Our new Independent Chair of the Adult Safeguarding Board has been in post for just over three months, but has already made good progress in ensuring our links are strengthened across the city, including with other Strategic boards, and with our neighbouring authorities.
19. There is a need to ensure that the Board, and practice within York is fit for the future. The key messages in the LGA/ADASS advice note in March 2013 will underpin a longer term strategy for the Board.

These messages were:

- We must now focus on people and the outcomes they want, valuing the difference that is made, rather than the process that is followed.
- Collaborative leadership – supporting, integrating and holding partners to account – is key to cross agency engagement and effectiveness.
- Effective interfaces are essential - between developing Health and Wellbeing Boards, Community Safety Partnerships, Children’s Safeguarding Boards, etc.
- Responsive Specialist services need to be in place and have a portfolio of responses to support people with difficult decision making.
- Make sure that concerns are addressed proportionately so that our systems aren’t swamped and we don’t miss the really serious concerns.
- Commissioning, contracts management, care management review and safeguarding intelligence are fully integrated.

20. The new strategy for the Board should be ready by late autumn 2013.

21. In the meantime, the following is a summary of the areas identified for action and improvement for this year.

- Board Terms of Reference to be reviewed in light of Care Bill
- Representation on ASB from Health Watch to be explored
- Maintain the links with other Strategic Boards and develop further joint work
- Updating of multi agency procedures
- Internal procedures will be reviewed again once the Multi Agency procedures been agreed
- Sign up to the Local Government Association Making Safeguarding Personal programme at Bronze level.
- Increase management capacity in CYC Safeguarding Team
- First stage implementation of National Competency Framework for CYC staff
- Review finance model for multi agency training

Council Plan

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

Implications

Financial

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

Human Resources (HR)

24. There are no HR implications.

Equalities

25. 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.

Legal

26. There are no legal implications.

Crime and Disorder

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

Information Technology (IT)

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

Property

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

Risk Management

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

Recommendation

31. There is no specific recommendation made.

Reason: As the purpose of this report is to allow the Health Overview and Scrutiny Committee to determine if they are assured of the arrangements for Adult Safeguarding within the Council.

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

Background Papers

National Adult Social Care Intelligence Service (NASCIS)-Abuse of Vulnerable Adults Comparator Report (York) (Online Only)

Annexes:

Annex A: Adult Safeguarding Assurance Questions

Annex B: Action Plan Update

Annex C: CYC Performance report 2012-13

Annex A

Adult Safeguarding - Assurance questions 2013

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 in place. Membership includes Cabinet Member for Health Housing and Adult Social Care, Director Adults Children and Education, Assistant Director Adults Assessment and Safeguarding, health commissioners, NHS and Independent health providers, Police, Fire, and Independent Care Group. Partnerships Manager from CVS attended Board for first meeting June 2013.	TOR to be reviewed in light of Care Bill. Representation from Health Watch to be explored, to offer improved access to user voice

	<p>Chair has reviewed attendance and followed up any absences with agencies</p> <p>2 CYC representatives have missed 1 meeting each over the past year</p>	
Clear links with Local Strategic Partnership	<p>Link with Safer York Board developed, with joint work on multi agency process for responses to perpetrators, and joint approaches to domestic homicide reviews between Community Safety, Adults and Children's Safeguarding Boards.</p> <p>Link with Health and Wellbeing Board through Cabinet Member, as Chair of Health and Wellbeing also being a member of Adult Safeguarding Board (ASB). New Independent Chair of ASB developing links across all partners</p>	Maintain the links and develop further joint work
Appropriate support and co-ordination in place for Safeguarding Adults Partnership	<p>Independent Chair, joint funded by CYC, PCT and Police.</p> <p>New Chair, Kevin McAleese jointly appointed with effect from April 2013</p>	

	<p>Administrative support provided by the Director's PA.</p> <p>Assistant Director Assessment and Safeguarding and Group and Service Manager support the Board</p>	
Multi Agency policy and procedures and strategic plan in place and regularly reviewed	<p>Multi Agency policy and procedures available on York Safeguarding Adults website (www.safeguardingadultsyork.org.uk)</p> <p>Action plan in place</p>	<p>Updating of procedures in progress, with joint review team of all key partners, which will report to September Board meeting.</p> <p>Agreement at June 2013 Board to develop a 3 year strategy, with action plan, to replace the annual action plan</p>
Serious Case protocol in place	<p>This is in place and available on the website (link above). Protocol updated in March 2013 to reflect joint approach to Domestic homicide Reviews, with Community Safety and Children's Safeguarding Board</p>	
Annual review of partners progress by Partnership	<p>Assurance Framework for the Board was developed in 2012, to ensure all partner agencies have appropriate governance and operational arrangements in place.</p>	

	<p>Annual report published March 2013 with review of activity, progress, and confirmation of assurance from all partners</p> <p>This report to HOSC and any recommendations from HOSC will constitute the CYC report for 2013</p>	
<p>Consultation arrangements with service users on policy and procedures</p>	<p>First survey of people who have undergone safeguarding procedures undertaken in 2012. Further surveys planned .</p> <p>Healthwatch will be consulted n updated multi agency procedures</p>	<p>CYC Safeguarding team are developing a 'Making Safeguarding Personal' Approach, and will sign up to the LGA programme at Bronze level. This will move practice toward an outcome based approach, which starts by finding out what the alleged victim wishes to happen</p>
<p>Active promotion of Safeguarding within the community and links to crime prevention and MAPPA (Multi Agency Protection Panel Arrangements)</p>	<p>Dedicated website www.safeguardingadultsyork.org.uk with information for residents and professionals – content reviewed early 2013.</p> <p>My Life My Choice website went live in Autumn 2012 and signposts people to Safeguarding support and advice</p>	

	Safeguarding Manager is a member of MAPPA Panel	
Internal safeguarding policy and procedures regularly reviewed and in line with multi agency procedures	No new complaints or Ombudsman's enquiries during the last year. Procedures implemented in 2012 are now embedded.	Internal procedures will be reviewed again once the Multi Agency procedures been agreed.
Clear management arrangements in place to respond to safeguarding concerns	Dedicated Safeguarding team in place since November 2011. Accountable through Service Manager and Group Manager to Assistant Director assessment and Safeguarding. All alerts are considered 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.	Additional management capacity is needed to address increasing alerts and referrals and to improve performance on timeliness of management comments, and ensure safe practice. Resource for this will come from efficiencies in another part of the CYC service.

<p>Policy and procedures to reduce the risk of safeguarding and abuse incidents</p>	<p>Policies and procedures are in place for in house services 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.</p> <p>Similar procedures are required of all commissioned services as part of service specifications.</p>	
<p>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</p>	<p>HR advice in place for CRB and POVA checks for CYC staff on employment and provide reminders for updating checks.</p> <p>Professional registration for social workers successfully completed with liaison with HCPC. Professional registration to be reviewed through supervision and annual appraisals by line managers.</p>	

	<p>POVA notifications and HCPC reports are made by the Safeguarding manager where agreed through Safeguarding Conferences.</p>	
<p>Workforce development and training strategy in place and staff undertaking required safeguarding training</p>	<p>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. Training report reviewed at each Board meeting.</p> <p>New training provider secured 2012, with improved feedback from course participants.</p> <p>ADASS National Competency framework adopted in principle by SAB.</p> <p>Annual appraisals ensure staff are undertaking required training, and feed in to training plans.</p>	<p>National Safeguarding Competency framework to be mapped against Council and Social Work frameworks, and integrated wherever possible. Training plan for CYC staff to reflect competency framework.</p> <p>Reviewing financing model for multi agency training in light of increasing demand for CYC courses from partner agencies. This improves consistency of approach and understanding.</p>

<p>Support and advice available to customers using Direct payments to employ their own staff</p>	<p>Direct payment customers offered one off payment to undertake CRB checks.</p> <p>Support available from ILS (Independent living Scheme) on employment good practice.</p>	<p>York is part of a national research project looking at Safeguarding and Personalisation agendas in three local authorities expected to report in 2014.</p>
<p>Safeguarding requirements of contracted providers clear and monitored</p>	<p>Integral part of specification, including policies and procedures to prevent abuse.</p> <p>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.</p>	

Annex B

Safeguarding Assurance Action plan update

This paper summarises the action set out in last year's assurance report to HOSC

Action	Update
Widen Safeguarding Board membership to include representation from the Voluntary Sector.	CVS now a member of the York Adult Safeguarding Board
Ensure links to Strategic Boards for Health and Wellbeing and Community Safety are maintained and developed.	Links in place through Chairs of Boards, officers and through shared membership of Health and Wellbeing Board.
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.	Dementia care training available through CYC training plan. Health initiatives to support staff in care homes
Introduce the national competency framework for relevant staff.	Agreed in principle by Adult Safeguarding Board. Partners will map with existing competency framework. Training plan to reflect competencies
Explore and understand the number of referrals from health settings with health colleagues in both NHS and independent sector	New protocol for all alerts to be advised to CYC team has seen an increase in reported numbers this year
Work with Drug and Alcohol Commissioners to develop awareness of Safeguarding procedures in Drug and Alcohol services	Safeguarding training promoted with Drug and Alcohol services, and closer links developing between CYC team and Lifeline provider

<p>Improve performance on the number of Protection Plans agreed with customers</p>	<p>Increase to over 90%. Achieved by development of new forms and specific process</p>
<p>Continue to develop understanding of York Safeguarding issues, including relatively high referrals for those with Learning Disabilities</p>	<p>In progress. York's higher levels reflects national picture</p>
<p>Improve feedback arrangements for customers who have experienced a safeguarding investigation to inform policy and procedures reviews.</p>	<p>First survey of people who have been through the process undertaken, with plans for this to be undertaken on a regular basis.</p> <p>National research indicates need to more outcome focus. York Team committees to develop this</p>
<p>Maintain and improve information for York residents on Safeguarding.</p>	<p>Website maintained. New adult Social Care information pages My Life My Choice help to signpost and offer advice</p>
<p>Implement new operational procedures for City of York Council to ensure consistent practice with Multi Agency procedures.</p>	<p>New procedures implemented</p>
<p>Ensure that those customers using Direct Payments are supported to protect themselves from abuse by participating in national research.</p>	<p>Research in progress</p>
<p>Monitor more closely the decisions where alerts are not responded to as a referral (with an investigation).</p>	<p>New CYC procedure developed to respond to more alerts with a strategy discussion. This now includes those alerts which do not necessarily need a multi agency response, but do need some further investigation</p>

Additional Actions	Details
Winterbourne View	<p>Surveys of commissioners and hospital providers in York (including independent hospitals). Surveys addressed commissioning and contract arrangements for out of area placements. And policy procedure, assurance regarding individual care planning, restraint and deprivation of liberty in hospitals.</p> <p>Request to the Mental health and Learning Disability Board of the Health and Wellbeing Board to oversee delivery of the Concordat actions to review out of area inpatient placements</p>
Distraction burglaries and the elderly	The Board encouraged all partners to support eh community safety campaign, to raise awareness of the risk of distraction burglaries
Domestic Homicide Reviews	The Board received information about new procedures for Domestic Homicide Reviews, led by Community Safety Board. New protocol agreed with community Safety Board Chair and Children's Safeguarding Board chair to agree joint approaches to reviews where these crossover with Serious Case Reviews.

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Annex C

Safeguarding Adults Performance Report

April 2012 – March 2013

Introduction:

1. This is the performance report of adults safeguarding activity in City of York Council for the year ending March 2013. It provides information which has been submitted to the Information Centre as the 'AVA' (Abuse of Vulnerable Adults) return.
2. Where benchmarking information is available it is based on the report provided by the Information Centre in 2012, using 2011-12 data. This report is available as a background paper.
3. One key change since last year has been the introduction of a new protocol which means that all partners now advise the Council of the alerts they receive, and advice and support is offered over the need for an investigation. This can be seen most clearly in the increased numbers of alerts, and the increased referrals from hospitals and health colleagues.

SECTION 1. : Information about the victim and their circumstances

Number of alerts and referrals

Start Month	2009-10	2010-11	2011-12	2012-13
April	27	36	36	79
May	19	37	48	72
June	25	38	46	53
July	35	36	59	82
August	40	28	58	84
September	27	45	61	69
October	35	40	52	84
November	35	38	61	90
December	41	21	66	62
January	28	34	67	88
February	42	37	67	72
March	29	47	65	46
Total	383	437	686	881

667 of the 881 alerts did not progress to an investigation. This is close to the same percentage as last year (approximately 75%).

17 of the 214 referrals were repeat referrals (8%). Repeat referrals are likely to occur where appropriate protections have not been put in place.

The England average in 2011-12 was just over 15% and the average for our comparator authorities was around 18%.

	Total Alerts	Referrals	Repeat referrals	Completed referrals
2011-12	690	211	11	111
2012-13	881	214	17	182*

*This includes 72 referrals completed from alerts made last year.

Alerts have continued to increase again in the past year, in part due to the new protocol whereby partners advise the council of any alerts to themselves.

Benchmarking data from the Information Centre for 2011-12 (last year) showed that our rate of alerts per 100,000 population was roughly the same as the England average, and very slightly lower than our comparator groups. It is difficult to benchmark the rate of referrals (where an investigation is required) per 100,000 population, because just under half of the comparator authorities do not distinguish between referrals and alerts which do not go on to an investigation.

Age profile

	18-64	65-74	75-84	85+	Unknown	Total
2011-12 Total	218	65	162	240	1	686
2012-13 Total	317	106	197	238	23	881

There has been a growth in the number of alerts about younger people this year.

Primary Group

	LD	MH	OVP	PD/SI	Sub Misuse	Blank	Grand Total
2011-12 Total	75	98	41	465	0	7	686
2012-13 Total	105	103	190	457	3	23	881

For the first time, last year we have recorded safeguarding alerts for customers with substance misuse needs. This follows the work outlined in the Assurance Action Plan last year to work with drug and alcohol commissioners and providers to improve our safeguarding links with them.

African	2	0	0	0	0	0	0	0
Any other Black background	0	0	0	0	0	0	0	0
Chinese	0	0	0	0	0	0	0	0
Any other ethnic group	0	1	0	0	0	0	0	0
Refused	2	0	0	0	0	0	0	0
Information not yet obtained	26	23	6	2	1	0	3	1

York's population is changing rapidly, with an estimated 11% of the population now likely to be from minority communities.

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 origin over 85, 6 of Chinese origin and no Black or Black British over 85 (Projecting Older People Population Information System)

<http://www.poppi.org.uk/index.php?&PHPSESSID=mjcf3l8dt6gk3177f3vn73jhr0&areaID=8301&np=1> (accessed 05/07/13).

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

Source Of Referral (Includes Alerts)	2011-12	2012-13
Care Quality Commission	12	19
Day Care Staff	16	7
Domiciliary Care Staff	64	111
Education / Training / Workplace Establishment	5	1
Family Member	76	83
Friend / Neighbour	6	12
Housing	8	8
Independent Hospital	0	36
NHS - Mental Health Staff	32	50

NHS - Primary Health/Community Health Staff	53	82
NHS - Secondary Health Staff	17	15
Other	51	77
Other Service User	1	5
Other Social Care Staff	51	41
Police	18	22
Residential Care Staff	157	151
Self Directed Care Staff	1	1
Self Referral	11	13
Social Worker / Care Manager	46	87
Unknown	63	84
Grand Total	686	881

Last year's benchmarked data showed York receiving more referrals from families, friends and self than the national and comparator group averages. This is seen as a potential indication of good awareness within the community.

Nature of Abuse

In the following tables it should be recognised that this data is in regards to the alerts received, and so does not in itself tell us where abuse is taking place.

Nature of abuse	2011- 12	2012-13
Physical	193	220
Sexual	32	25
Emotional/Psychological	38	65
Financial	99	113
Neglect	120	170
Institutional	1	4
Not known	38	34
Multiple types of abuse	165	240

Location of abuse

Location Of Abuse	
Acute Hospital	52
Alleged Perpetrators Home	33
Care Home – Permanent	113

Care Home with Nursing – Permanent	102
Care Home with Nursing – Temporary	14
Care Home: Temporary	6
Community Hospital	13
Education / Training / Workplace Establishment	1
Day Centre/Service	4
Mental Health In-patient Setting	91
Not Known	8
Other	16
Other Health Setting	12
Own home	359
Public Place	23
Supported Accommodation	56
Blank	31
Grand Total	881

The increasing alerts from health settings was expected and welcomed, with the change in protocol for multi agency working.

Section 2. : Information about the alleged abuser

It should be recognised that this data is also based on the alerts received and so does not in itself tell us who are confirmed as perpetrators.

Relationship of Alleged Perpetrator to Victim.

Relationship to the abused	
Day Care Staff	0
Domiciliary Care Staff	144
Health/Social Care worker	37
Neighbour / Friend	37
Not Known	31
Other	51
Other Care Staff	34
Other Family Member	107
Other Professional	10
Other Vulnerable Adult	187
Partner	65
Residential Care Staff	87
Self Directed Care Staff	1

Stranger	1
Volunteer / Befriender	15
Blank	73
Grand Total	881

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 dropped from 190 in 2011-12 to 146 last year. The percentage that were substantiated is slightly lower this year, compared to last at just under 50%, compared to 58%. Last year the England and Comparator group averages were around 30%.

Substantiated Abuse

	2012-13
Not Determined / Inconclusive	22
Not Substantiated	26
Partially Substantiated	25
Substantiated	71
Form Incomplete	2
Total	146

Acceptance of Protection Plan

Last year only 10% of Protections Plans were signed off as accepted by the customer last year. Having changed the way we address this and record the plans we now have over 90% of plans signed by the person being protected.

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NASCIS007

Abuse of Vulnerable Adults 2011-12

Comparator Report

York (219)

This report is based on FINAL data

Published on 6th March 2013

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

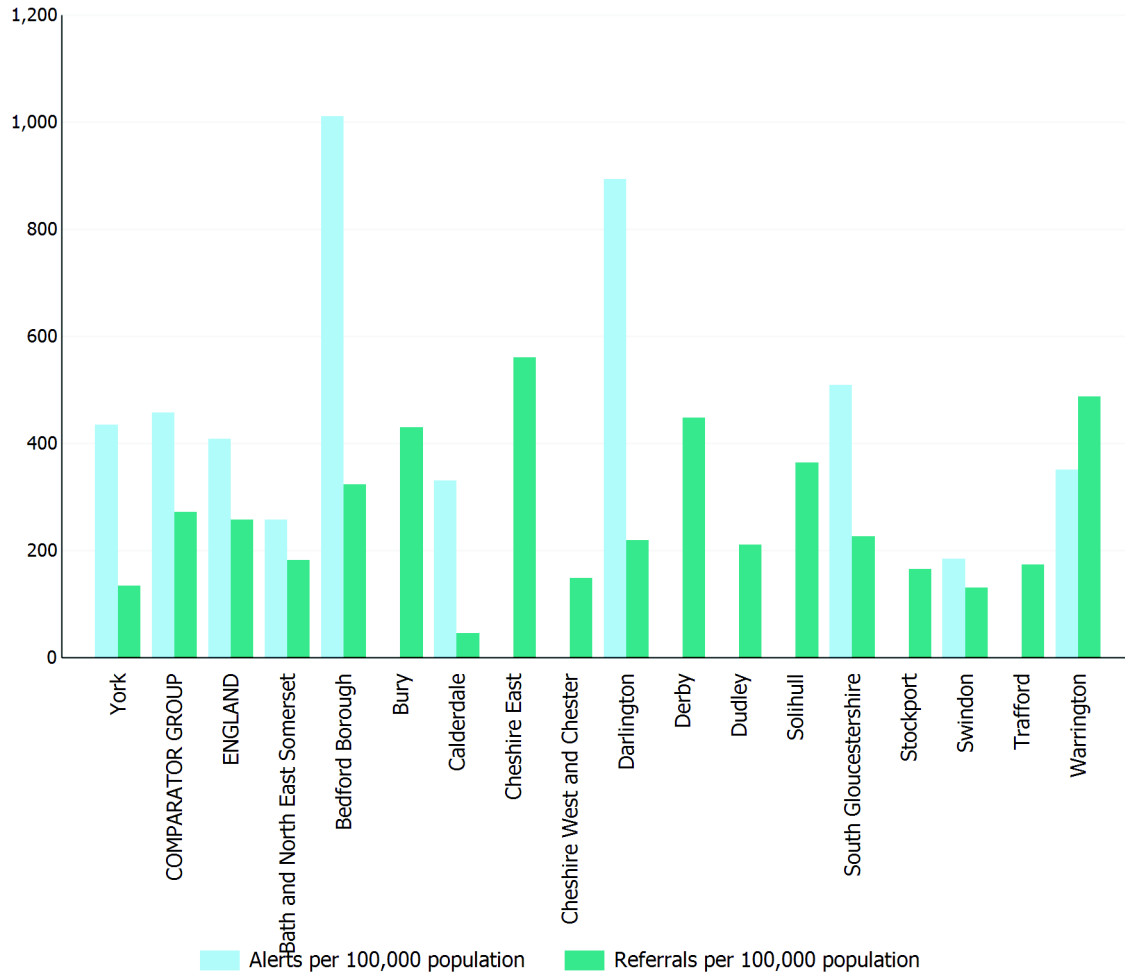
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- Chart 03 – Age group of adults referred to safeguarding, 2011-12
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- Chart 05 – Completed referrals as a percentage of all referrals, 2011-12
- Chart 06 – Percentage of all referrals where key information about the vulnerable adult was incomplete, 2011-12
- Chart 07 – Percentage of all referrals where vulnerable adult 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
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NASCIS007 Abuse of Vulnerable Adults (AVA) 2011-12 Comparator Report

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



Source: AVA Table 1

This chart shows FINAL data. Comparator group councils are based on the CIPFA Statistical Nearest Neighbours (post April 2009) model with the default variables selected.

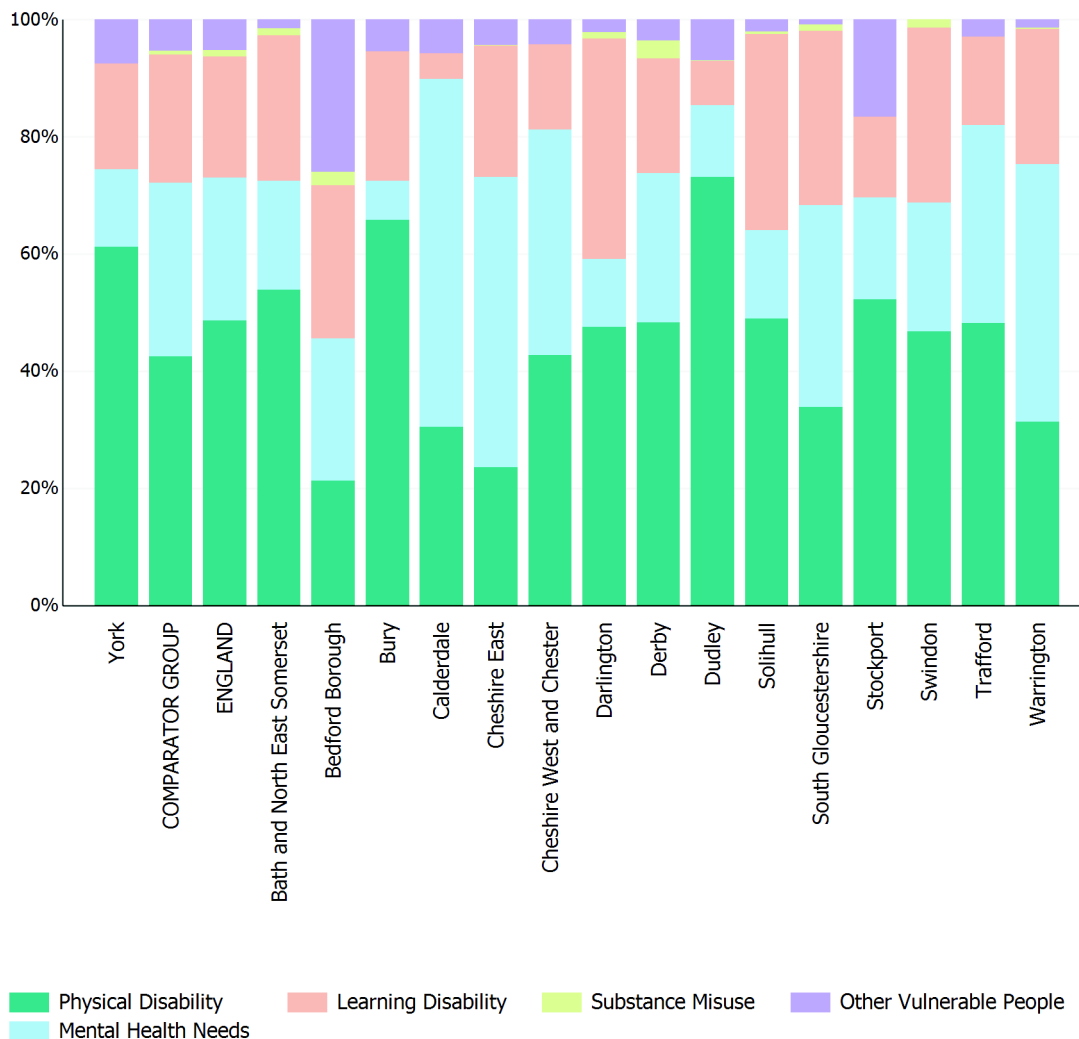
A higher number of alerts may indicate good awareness of safeguarding procedures in the community.

Some councils do not record data on alerts. These councils may have recorded all initial concerns as referrals and this may lead to a higher number of referrals per 100k population than councils who do record alerts. For this chart, the alerts per 100k population for England will include only data from councils who do record alerts. As a result this figure may differ from the NASCIS OLAP which includes data for all councils.

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

York (219)

Chart 02 - Primary client types of adults referred to safeguarding



Source: AVA Table 1

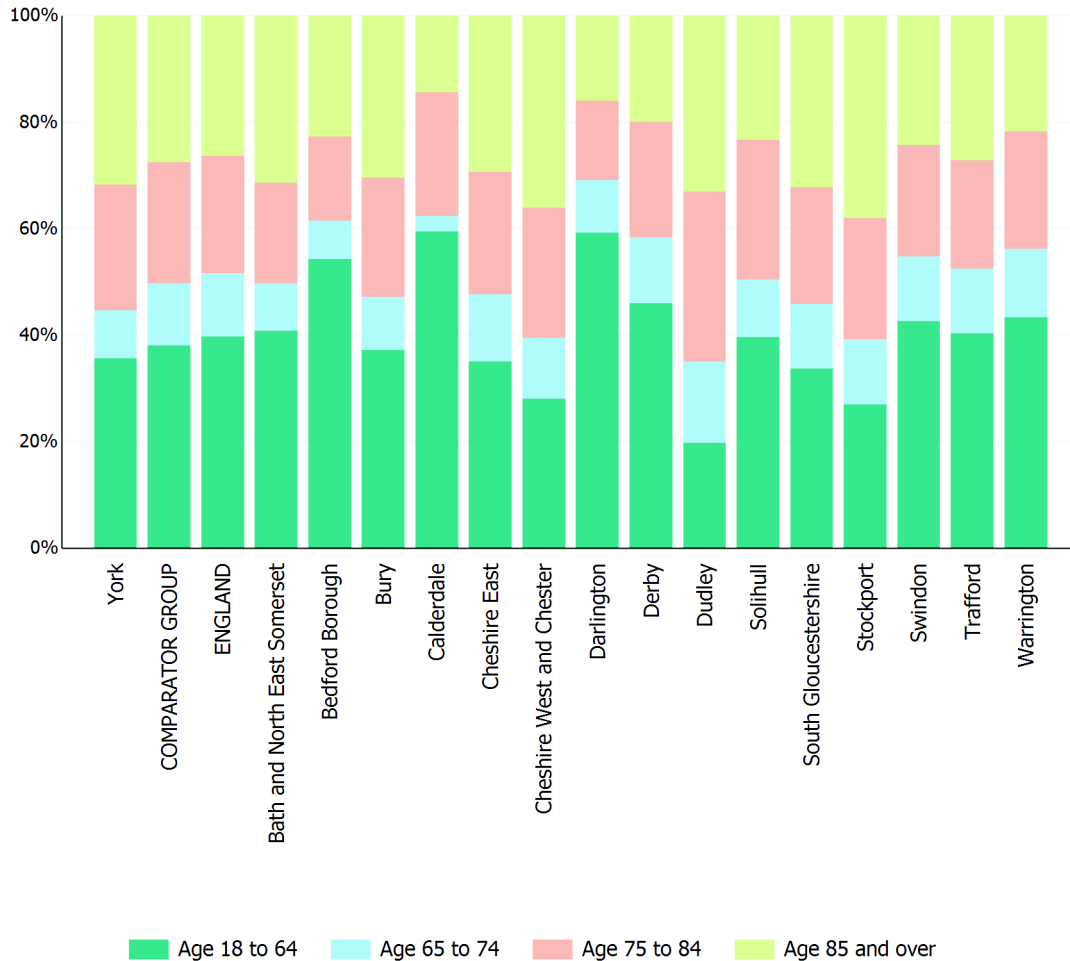
This chart shows FINAL data. Comparator group councils are based on the CIPFA Statistical Nearest Neighbours (post April 2009) model with the default variables selected.

This chart is based on referrals data.

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Chart 03 - Age group of adults referred to safeguarding



Source: AVA Table 1

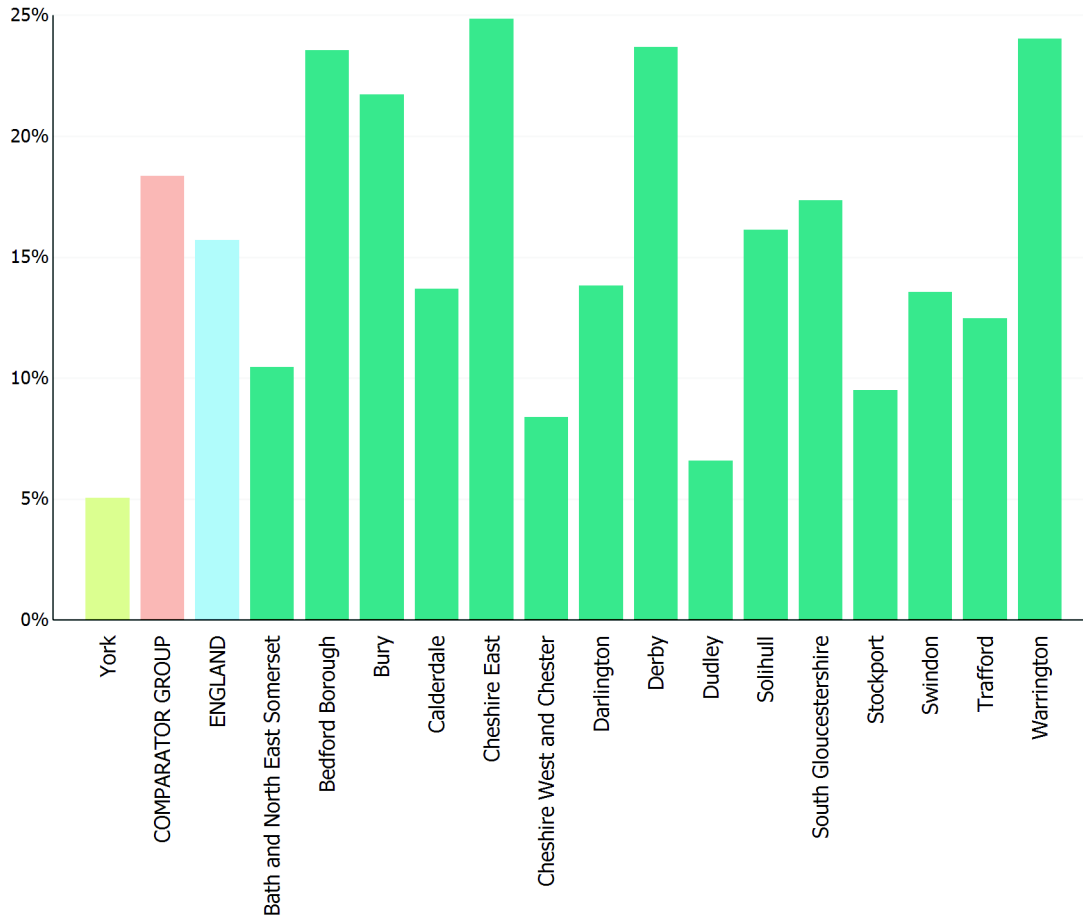
This chart shows FINAL data. Comparator group councils are based on the CIPFA Statistical Nearest Neighbours (post April 2009) model with the default variables selected.

This chart is based on referrals data.

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Chart 04 - Repeat referrals as a percentage of all referrals



Source: AVA Table 1

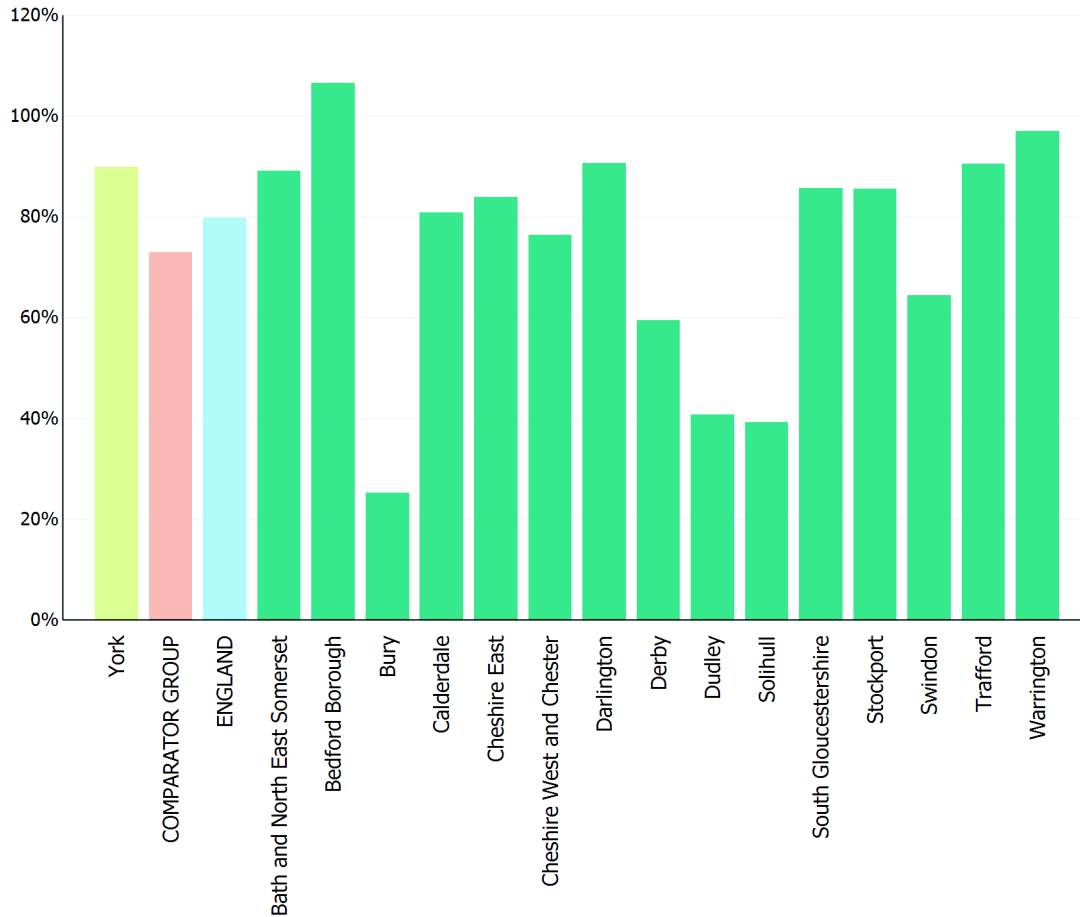
This chart shows FINAL data. Comparator group councils are based on the CIPFA Statistical Nearest Neighbours (post April 2009) model with the default variables selected

Referrals are classed as repeat referrals when they involve a separate matter about the same vulnerable adult during the same collection period.

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Chart 05 - Completed referrals as a percentage of all referrals



Source: AVA Table 1

This chart shows FINAL data. Comparator group councils are based on the CIPFA Statistical Nearest Neighbours (post April 2009) model with the default variables selected

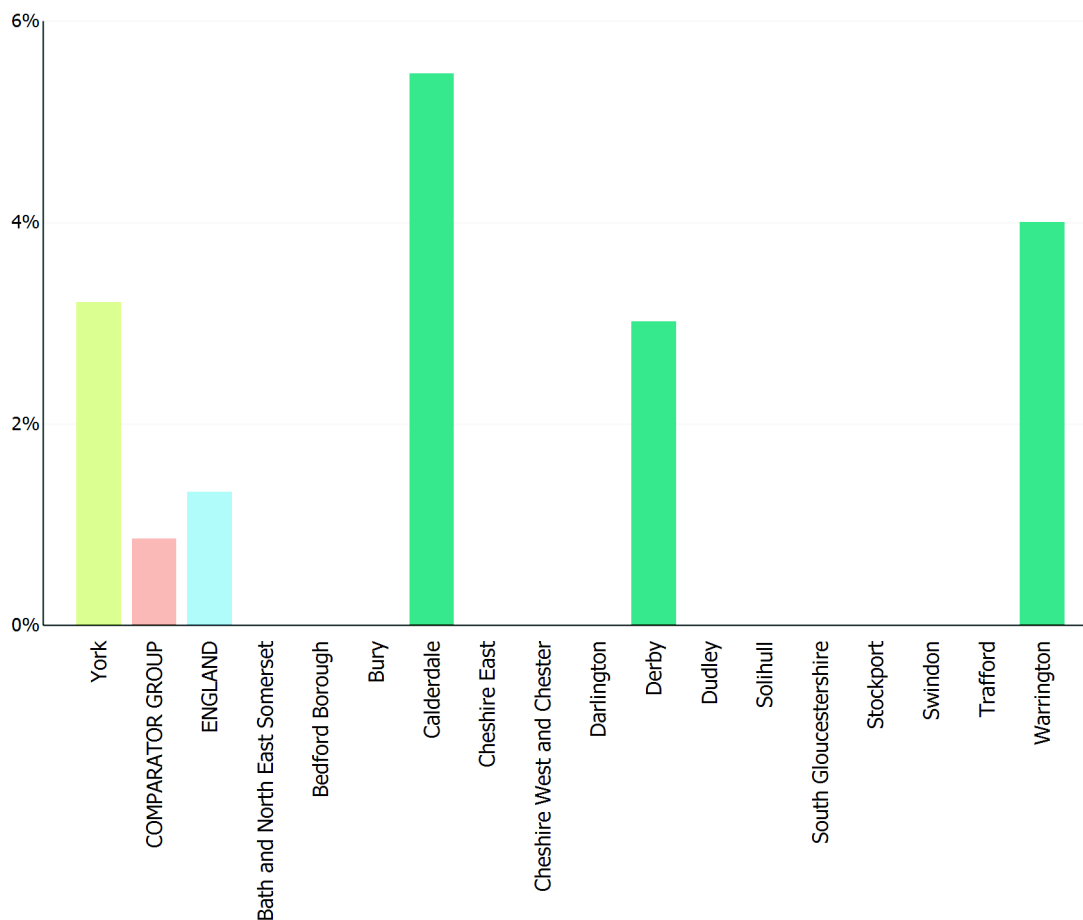
Completed referrals relate to only those referrals which were completed during the reporting year. Some completed referrals could have been opened in the previous reporting period. Therefore the number of completed referrals can be higher or lower than the number of referrals.

If the percentage is comparatively low, this may indicate difficulties in recording completed referral data on the council system.

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

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



Source: AVA Table 1

This chart shows FINAL data. Comparator group councils are based on the CIPFA Statistical Nearest Neighbours (post April 2009) model with the default variables selected

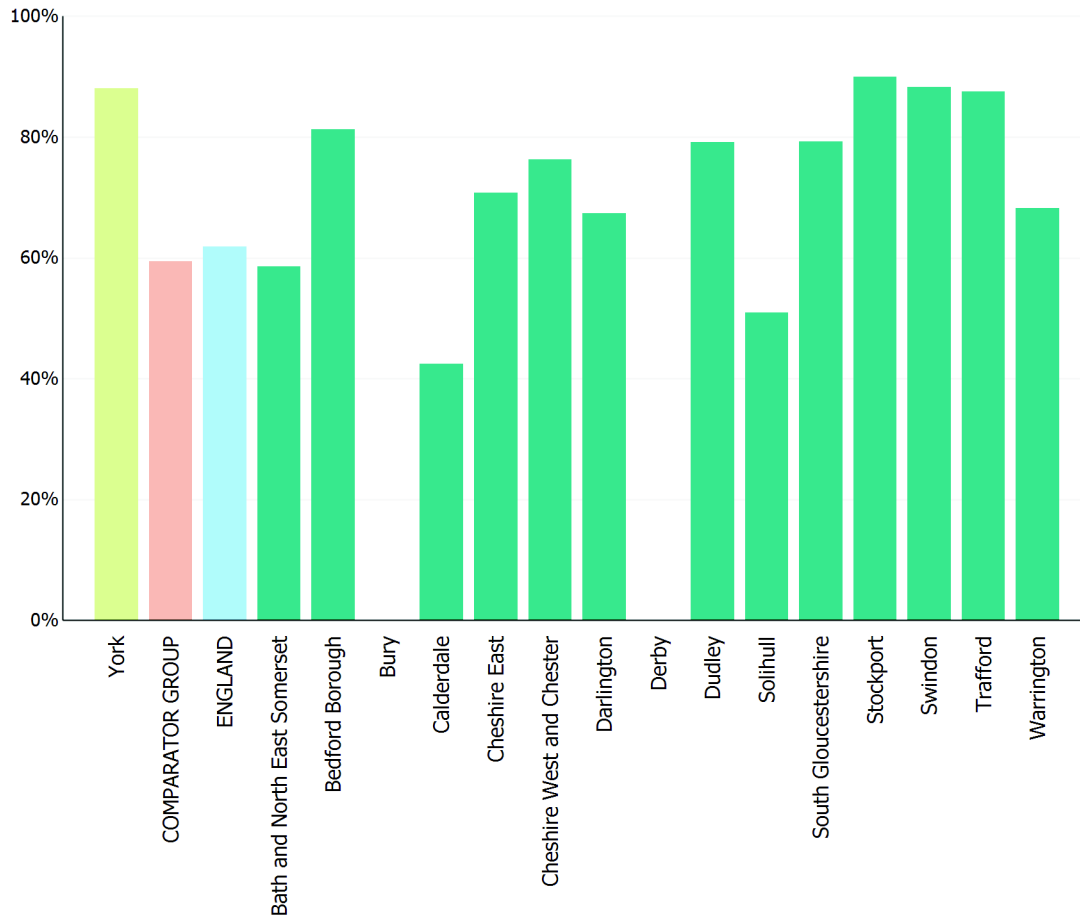
Key information refers to age group, gender and primary client type of the vulnerable adult.

If this value is comparatively high this may indicate recording issues at the initial point of contact.

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

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



Source: AVA Table 1

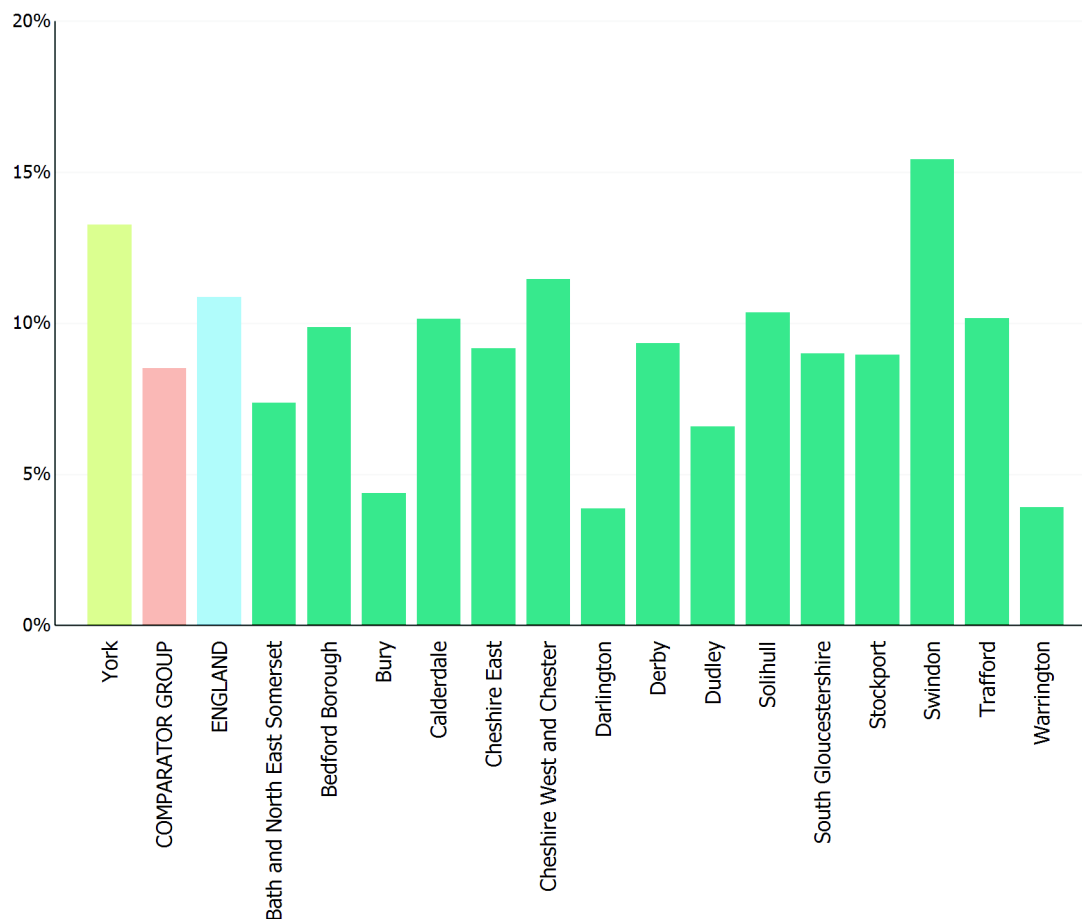
This chart shows FINAL data. Comparator group councils are based on the CIPFA Statistical Nearest Neighbours (post April 2009) model with the default variables selected.

A large range of percentages across the councils may indicate a misinterpretation of the definition for this measure.

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



Source: AVA Table 3

This chart shows FINAL data. 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 indication that safeguarding awareness is good in the community and routes for reporting concerns are known.

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Chart 09 - Distribution of referral sources



Source: AVA Table 3

This chart shows FINAL data. Comparator group councils are based on the CIPFA Statistical Nearest Neighbours (post April 2009) model with the default variables selected.

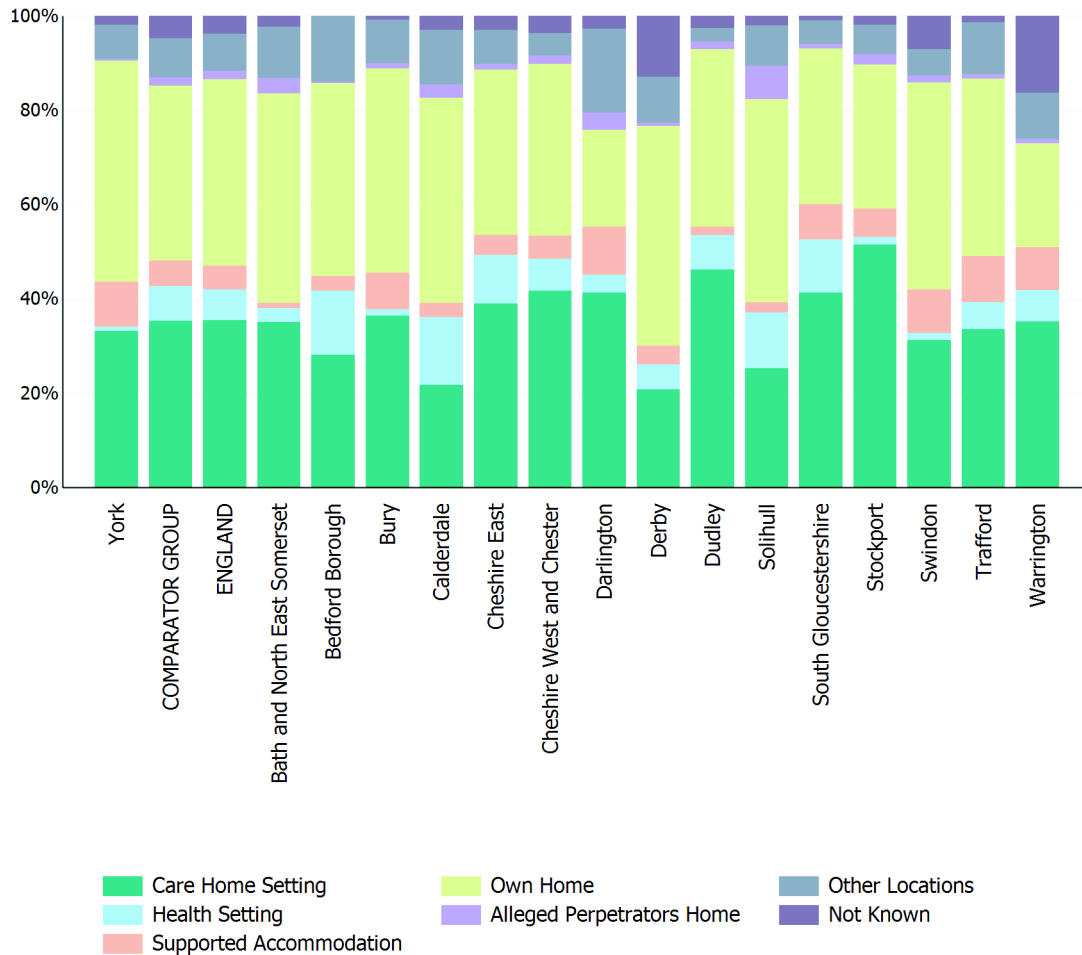
The Other category includes cases where the referrer was recorded as CQC or Education/Training/Workplace as well as those recorded as Other in the return.

A significant percentage of referrals in the Police/Housing and Health Staff categories may indicate good partnership working.

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Chart 10 - Distribution of locations the alleged abuse took place



Source: AVA Table 5A

This chart shows FINAL data. Comparator group councils are based on the CIPFA Statistical Nearest Neighbours (post April 2009) model with the default variables selected.

Care Home Setting includes both permanent and temporary placements in care or nursing homes.

Health Setting includes acute and community hospitals, mental health inpatient settings and those recorded as Other Health Settings in the return.

Other Locations include day centre/services, public place, education/training/workplace establishments and those recorded as Other in the return.

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Table 11 - Relationship to alleged perpetrator shown as a percentage of all relationships recorded

	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%	13%	7%
Bath and North East Somerset	7%	25%	2%	0%	29%	0%	8%	11%	2%	8%	7%
Bedford Borough	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%	10%	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

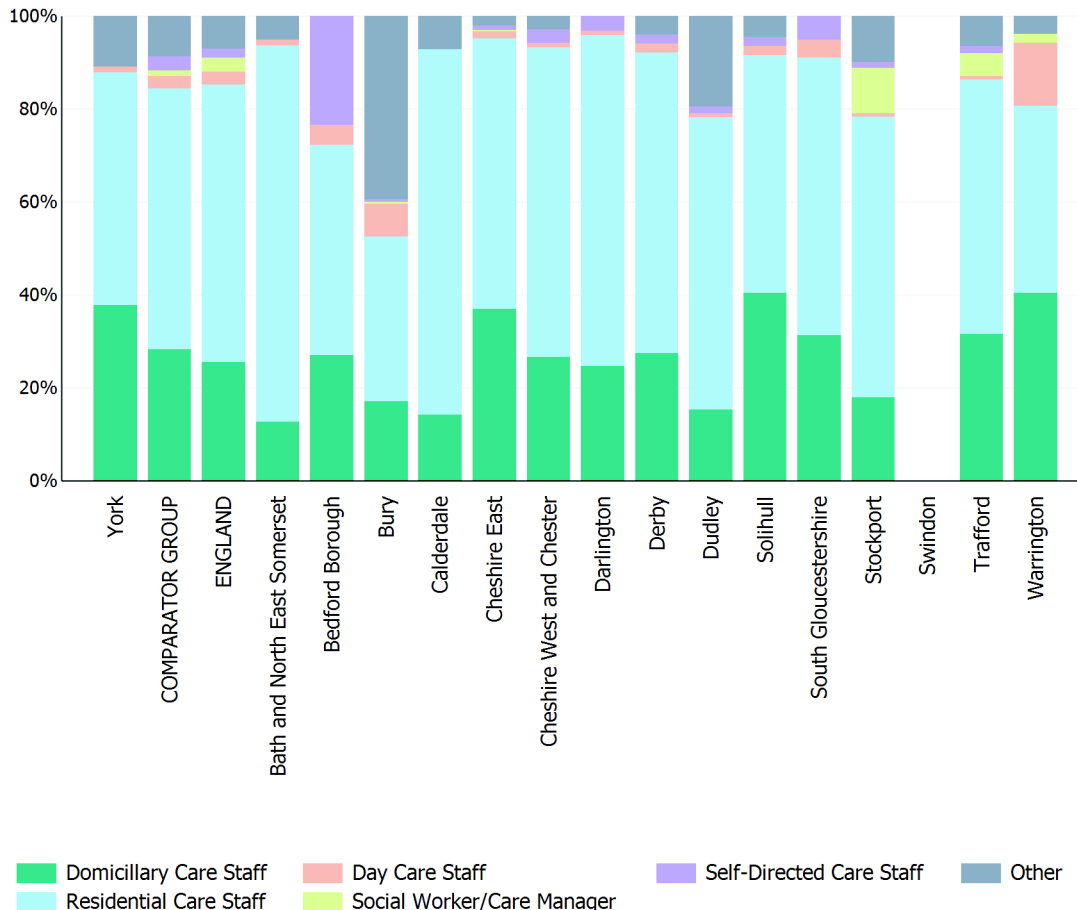
This table shows FINAL data. Comparator group councils are based on the CIPFA Statistical Nearest Neighbours (post April 2009) model with the default variables selected.

Any relationships for which the percentage differs from comparators may raise questions about whether adequate safeguarding processes are present in these areas.

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

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



Source: AVA Table 6A

This chart shows FINAL data. 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.

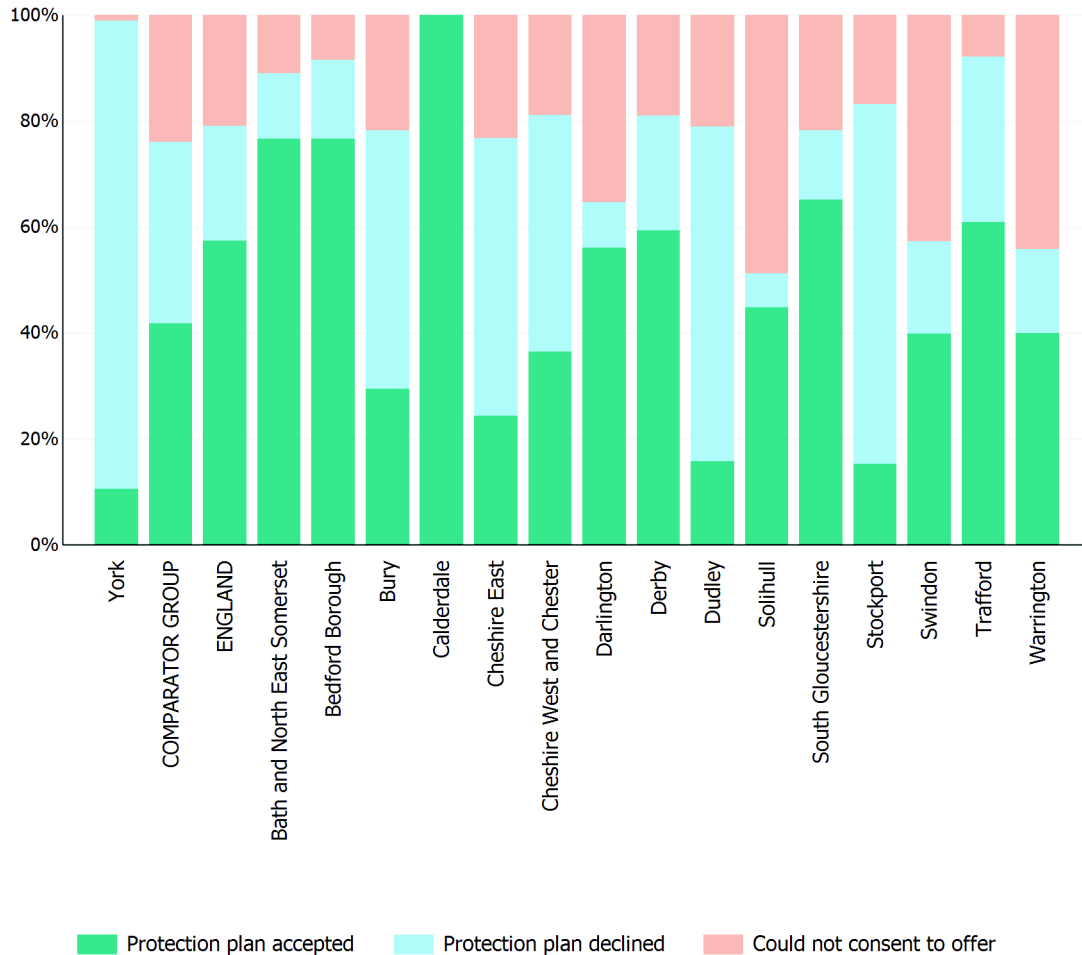
Any relationships for which the percentage differs significantly from the other comparator councils and England may provide evidence to support further targeting and training.

Some councils may have submitted zeros for these data items and for these councils the chart will appear blank.

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

York (219)

Chart 13 - Acceptance of protection plan



Source: AVA Table 8C

This chart shows FINAL data. Comparator group councils are based on the CIPFA Statistical Nearest Neighbours (post April 2009) model with the default variables selected.

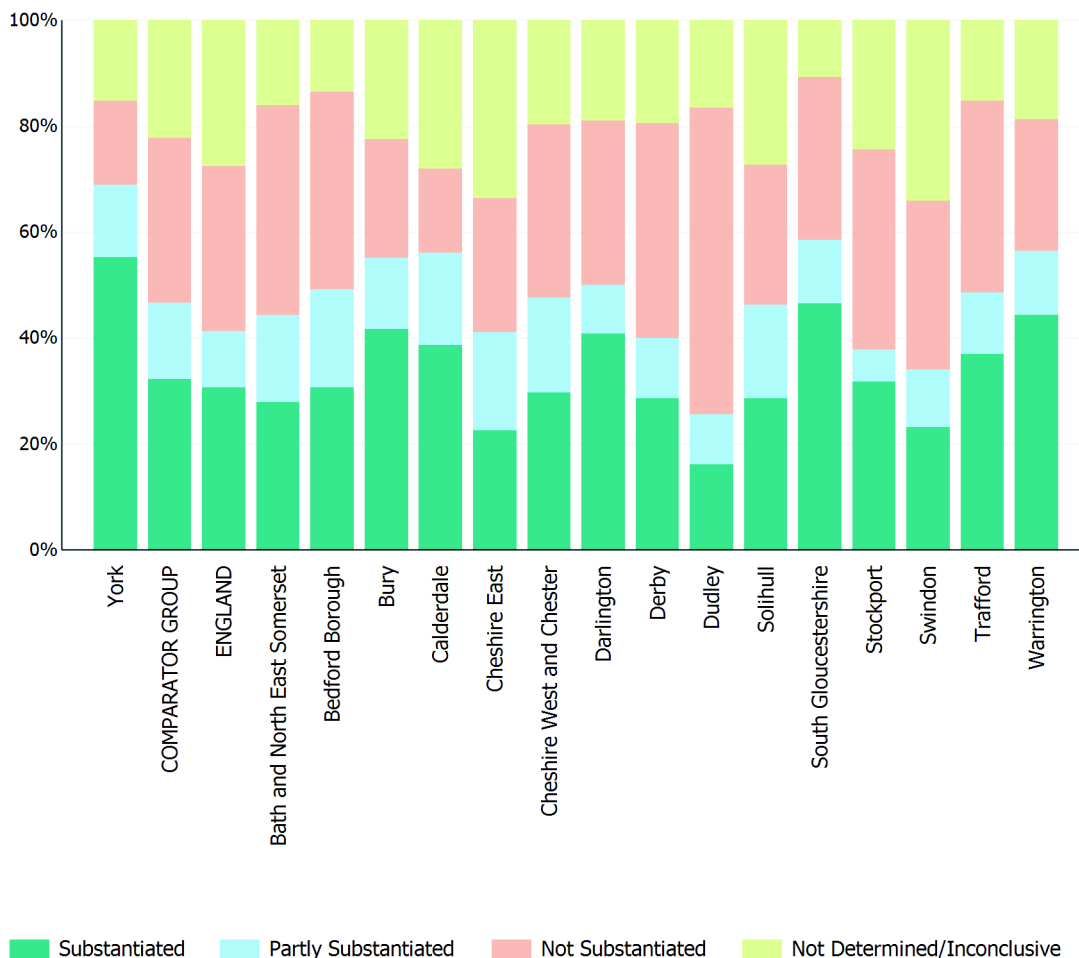
A large percentage of protection plans being declined may raise concerns about whether the vulnerable adult is being effectively engaged with during the safeguarding process.

Some councils may have submitted zeros for these data items and for these councils the chart will appear blank.

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

York (219)

Chart 14 - Distribution of case conclusions



Source: AVA Table 7A

This chart shows FINAL data. Comparator group councils are based on the CIPFA Statistical Nearest Neighbours (post April 2009) model with the default variables selected.

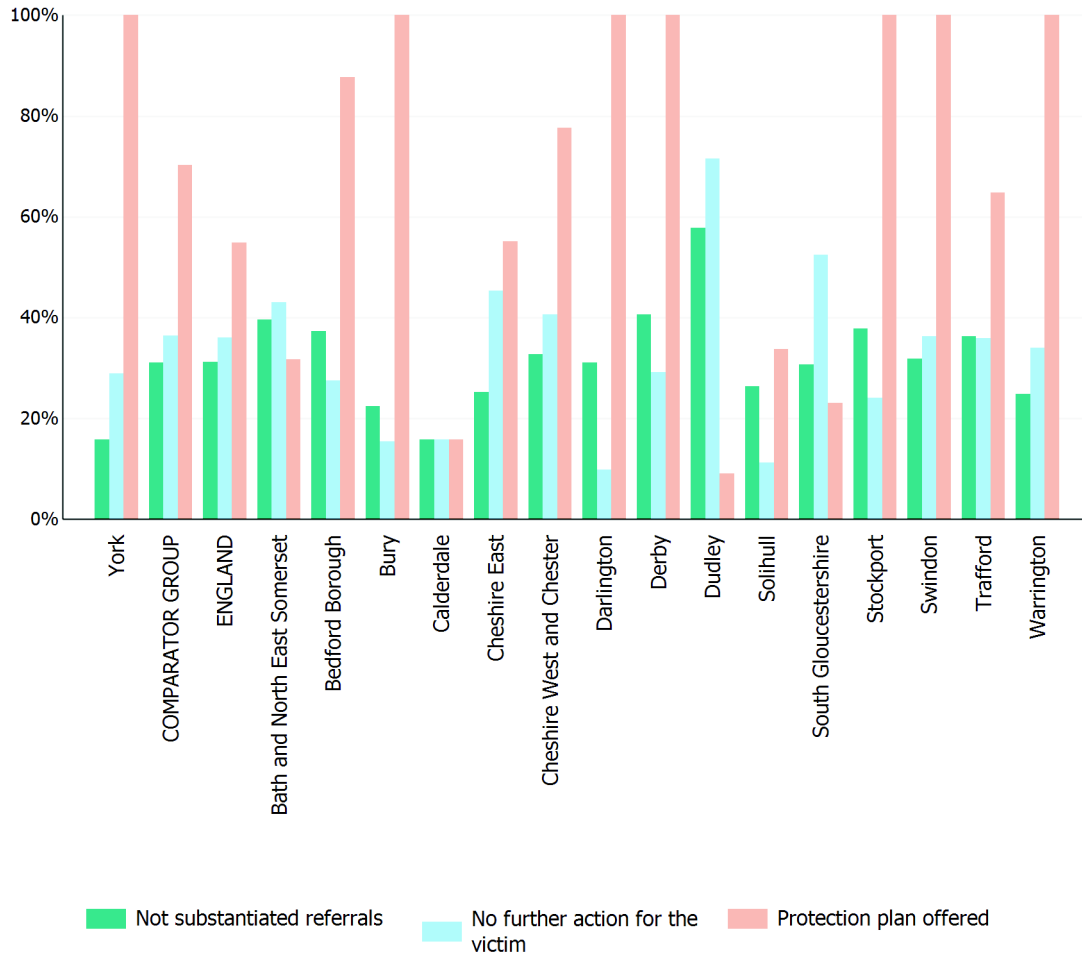
Large percentages of Not Determined/Inconclusive outcomes or Not Substantiated outcomes may indicate issues with decision making or recording processes.

Not all councils recognise all four conclusion types. Absence of a particular conclusion type could indicate that the category is not used by the council rather than no cases were observed.

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

York (219)

Chart 15 - Comparison of outcomes data



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

This chart shows FINAL data. Comparator group councils are based on the CIPFA Statistical Nearest Neighbours (post April 2009) model with the default variables selected.

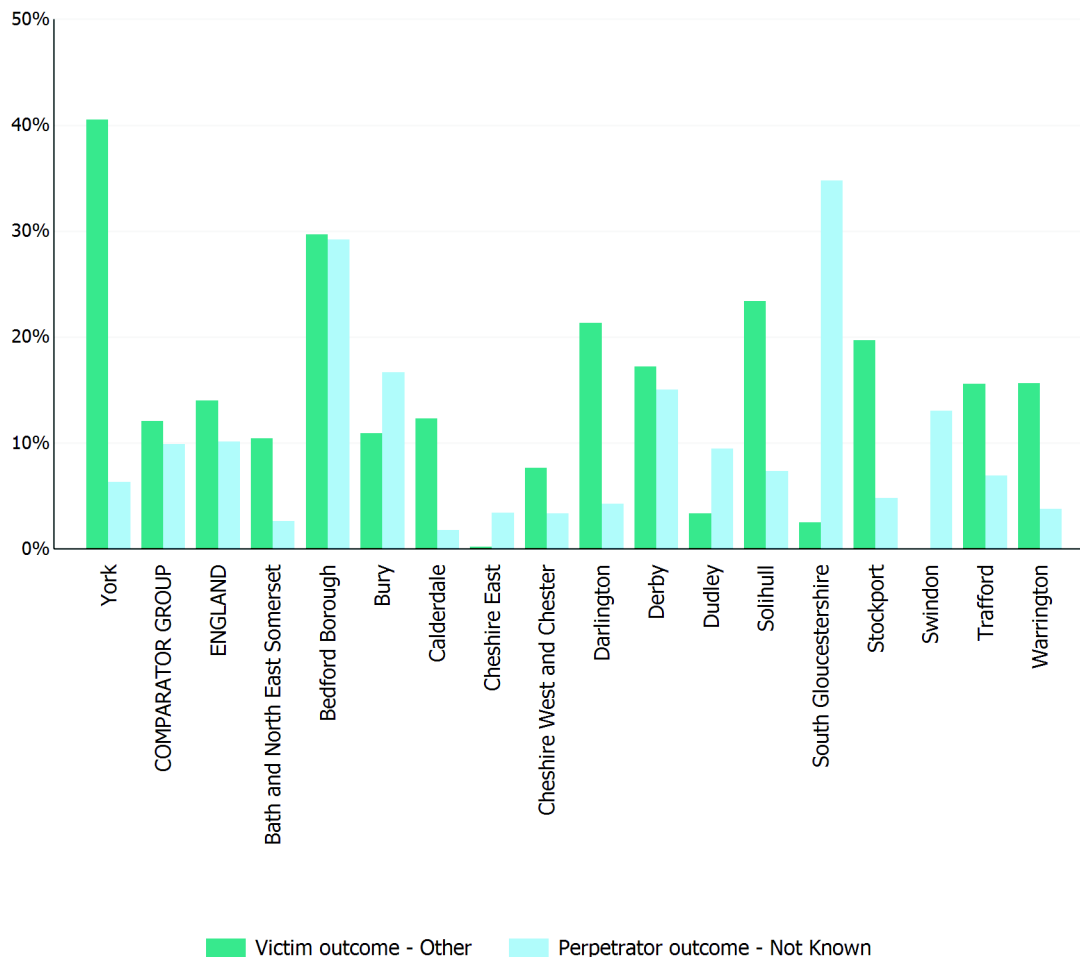
It is expected that the percentage of referrals where the allegations were not substantiated will be similar to the percentage where the victim outcome is No Further Action.

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

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

York (219)

Chart 16 - Overview of unclassified data



Source: AVA Tables 1, 8A, & 9

This chart shows FINAL data. 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.

Where the percentages differ significantly to comparators this may raise queries about recording practices.

NASCIS007 Abuse of Vulnerable Adults (AVA) 2011-12 Comparator Report**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 Processor (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 the 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. Latest 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

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

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

NASIS007 Abuse of Vulnerable Adults (AVA) 2011-12 Comparator Report

<p>Chart 09 Distribution of referral sources</p>	<p>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 - all categories; % distribution measure</p>	<p>AVA return: 1. Table 3, line 21, column 8 OLAP: 1. AVA Table 3 – Year dimension</p>
<p>Chart 10 Distribution of location the alleged abuse took place</p>	<p>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 - all categories; % distribution measure</p>	<p>AVA return: 1. Table 5A, line 17, column 5 OLAP: 1. AVA Table 5A – Year dimension</p>
<p>Table 11 Relationship to alleged perpetrator shown as a percentage of all relationships recorded</p>	<p>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 - all categories; % distribution measure</p>	<p>AVA return: 1. Table 6A line 18, column 9 OLAP: 1. AVA Table 6A – Year dimension</p>

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

<p>Chart 12 Distribution of the relationship between the alleged perpetrator who is social care staff and the vulnerable adult</p>	<p>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</p> <p>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</p>	<p>AVA return: 1. Table 6A line 5, column 9</p> <p>OLAP: 1. AVA Table 6A – Relationship of the Alleged perpetrator dimension: Social Care staff Total</p>
<p>Chart 13 Acceptance of protection plan</p>	<p>AVA return: 1. Table 8C, lines 1-3, column 10</p> <p>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</p>	<p>AVA return: 1. Table AVA 8C, line 4, column 10</p> <p>OLAP: 1. AVA Table 8 – Outcome of Completed Referral: Number of completed referrals where Protection Plan Offered Total</p>
<p>Chart 14 Distribution of case conclusions</p>	<p>AVA return: 1. Table 7A, line 10, columns 1-4</p> <p>OLAP: 1. AVA Table 7 – Case Conclusion Status dimension - all categories; % distribution measure</p>	<p>AVA return: 1. Table 7A, line 10, sum of columns 1-4</p> <p>OLAP: 1. AVA Table 7 – Year dimension</p>
<p>Chart 15 Comparison of outcomes data</p>	<p>AVA return: 1. Table 7A, line 10, column 3 2. Table 8A, line 16, column 10 3. Table 8C, line 4, column 10</p> <p>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</p>	<p>AVA return: 1. Table 7A, line 10, columns 1-4 2. Table 1, line 33, column 12 3. Table 1, line 33, column 12</p> <p>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</p>

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

<p>Chart 16 Overview of unclassified data</p>	<p>AVA return: 1. Table 8A, line 15, column 10 2. Table 9, line 18 column 10</p> <p>OLAP: 1. AVA Table 8 – Outcome of Completed Referral dimension: Other 2. AVA Table 9 – Outcome of Completed Referral - Alleged Perpetrator dimension: Not Known</p>	<p>AVA return: 1. Table 1, line 33, column 12</p> <p>OLAP: 1. AVA Table 1 Completed Referrals – Age band & Client Type dimension: Age 18 and over, 18+ excluding unknown</p>
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Health Overview Scrutiny Committee**24th July 2013**

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

Residential, Nursing & Homecare Services – Quality Monitoring**Summary**

1. Members of the Health Overview Scrutiny Committee will recall the report they received in January 2013 detailing the current performance by York based providers against CQC standards and the Adults Commissioning Team's Quality Assurance Framework. Members will recall that the processes in place to monitor the quality of services delivered by providers of Residential/Nursing Care and Homecare in York were included in the report submitted in January 2013. Services are also regulated and monitored by the Care Quality Commission (CQC).
2. Members asked for six monthly update reports and this report 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.

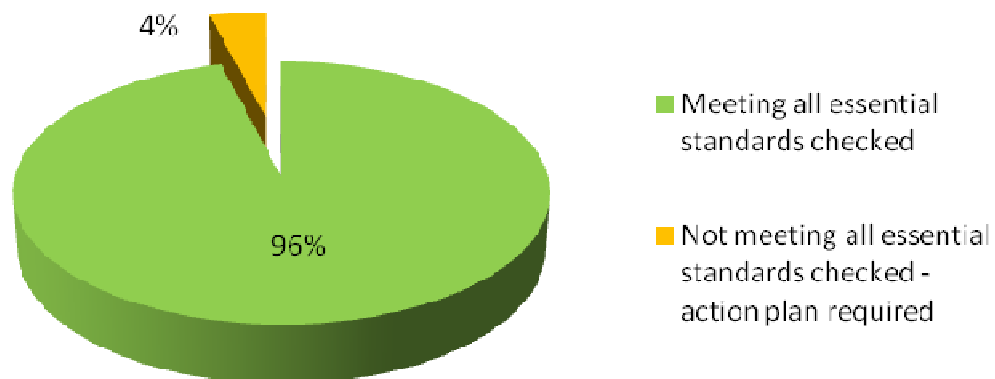
Should performance fall below the level that is acceptable, a provider will be placed on enhanced monitoring or an improvement plan. This can also lead to placements being suspended until quality and performance improves.

5. The monitoring approach to both areas was detailed within the January 2013 report. The Council also adopts a similar approach to the Quality management of its own in-house Elderly Persons Homes and Homecare Services.

Quality Standards in York

6. 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.
7. As of the 28th June, 77 out of a total of 80 registered Domiciliary Care Providers and Residential & Nursing Care Homes (Care Homes & Care Homes with Nursing) have had CQC compliance inspections. 96% of those inspected are meeting all standards. This is an improvement on the 93% reported in January and the latest National figures show that 80% of Adult Social Care Providers are meeting all standards (CQC Care Update Issue 2 March 2013).

ASC City of York



8. Members may also wish to note the outcome of the latest Customer survey on Homecare undertaken by the Adults Commissioning Team. Out of a total of 202 customers surveyed, 99% stated that they were satisfied with the quality of the services they received.
9. The individual position in relation to Domiciliary Care and Care Homes is detailed below:

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 Annex 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 people safely and protecting them from harm
 - Standards of staffing
 - Standards of quality and suitability of management

Compliance (from most recently published report)					
Care Homes & Care Homes with Nursing	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 (From a total of 44 homes in York)	44	43	42	43	42
Number of homes with improvements required in at least one outcome in standards group	0	1	2	1	2
Number of homes where CQC have taken enforcement action on at least one outcome in standards group	0	0	0	0	0

12. In total, there are 2 Care Homes which currently have CQC compliance actions listed against them. One of these homes is on an improvement plan with the Adults Commissioning Team and the second home has an agreed CQC Action Plan which is being monitored by the Team and being used in an improvement planning approach alongside standard compliance monitoring.

All the compliance reports from CQC is within the public domain and customers can also access details regarding inspection reports from the Council's website.

13. As part of the standard monitoring approach, monitoring officers have identified concerns about the quality of services in two further homes and are working closely with both providers to rectify and address the concerns that have been raised. One home is on an improvement plan and the situation is being closely monitored in respect of the second home. The home on the improvement plan is due to be inspected again by CQC and there is the possibility that they may issue some compliance actions as part of their inspection.
14. 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 have undertaken a pilot of 4 joint Infection Prevention and Control audits at care homes in York, plus a further 4 follow up visits. This has increased the team's knowledge in this specialist area. We intend to continue joint working with health colleagues, including the Community Pharmacy Team, where specialist input is beneficial to our monitoring.

Home Care

15. There are 36 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 36, 11 Home care providers are on the Council's framework for providing services directly under contract to the Council. Members should also note that there are 2 organisations who have not as yet received a CQC inspection and 1 has an initial inspection in progress.
16. 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.

17. The main Council monitoring is obviously focused on the providers who are commissioned to provide services directly to the Council. The 11 Providers on the Council framework at present provide approximately 5900 hours of services per week to around 750 customers.
18. 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 homes meeting all outcomes in standards group (From a total of 36 Providers in York)	33	33	33	32	33
Number of homes with improvements required in at least one outcome in standards group	0	0	0	1	0
Number of homes where CQC have taken enforcement action on at least one outcome in standards group	0	0	0	0	0

19. Members should note that there is only one provider who is non-compliant and they are not part of the Council's Framework Provision. All providers who are part of the Framework are compliant

20. There are however, two framework providers who are on enhanced monitoring arrangements from the Council but no providers are currently on improvement plans. The Council is aware of the organisation whom have a compliance action and is working with them to discuss necessary improvements.

Analysis & Actions from January 2013 Report

21. 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.
22. As detailed in paragraph 7, Members will note that 96% of all providers in York are meeting all essential standards, the position nationally as published by CQC in their Market Report (March 2013) was 80%.
23. Members in January asked if it would be possible to give consideration to having a “lay person” as part of the quality monitoring whose role it would be to visit providers and seek customer’s views alongside officers who undertake customer consultation at present. Officers will be discussing this further with colleagues at Healthwatch now the service is established with a view to potential future involvement.
24. Members also queried whether CQC did unannounced checks on staffing levels during the night. Officers have spoken with CQC who confirm that they do not. This is due to risk assessments, disturbing residents etc.

Implications

Financial

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

Equalities

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

Other

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

Risk Management

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

Recommendation

To note the performance and standards of provision across Care Services in York

Reason: So that Members are informed about the performance and standards of provision of Care Services in York.

Contact Details

Author:

Gary Brittain
Commissioning &
Contracts Manager
Adult Commissioning Team
Adults, Children and
Education
01904 554099

Chief Officer Responsible for the report:

Graham Terry
Assistant Director (Adults
Commissioning)
Adults, Children and Education

Report Approved **Date** 9th July 2013

Kevin Hall
Interim Director of Adults, Children and
Education

Report Approved **Date** 9th July 2013

Specialist Implications Officer(s)

Wards Affected:

All

For further information please contact the author of the report

Background Papers: None

Annexes: 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 the 28) 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 be considered as being compliant.

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 people's 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

Health Overview & Scrutiny Committee Work Plan 2013/2014

Meeting Date	Work Programme
26 th June 2013	<ol style="list-style-type: none"> 1. Update Report – Merger of Priory Medical Group Surgery and Abbey Medical Group to discuss how well the merger is working and how the medical group is working with the Out of Hours Service 2. Verbal Update from Chair of Personalisation Review Task Group 3. Interim Report from the Community Mental Health and the Care of Young People Scrutiny Review 4. Update on Membership of Ongoing Task Groups 5. Verbal Update from Chair on Children’s Cardiac Services 6. Workplan,(including details of possible topics identified at Annual Scrutiny Work Planning Event)
24 th July 2013	<ol style="list-style-type: none"> 1. Attendance of the Cabinet Member for Health, Housing and Adult Social Services 2. Year End CYC Finance & Performance Monitoring Report 3. Adult Safeguarding Report (Annual Assurance of Governance Arrangements) 4. Six Monthly Quality Monitoring Report – Residential, Nursing and Homecare Services 5. Briefings on new topic (Men’s Health) 6. Verbal Update on Personalisation review (after 19/7/13 meeting). 7. Workplan

11 th September 2013	<ol style="list-style-type: none"> 1. First Quarter CYC Finance & Performance Monitoring Report 2. Update on Implementation of the Recommendations Arising from the End of Life Care Scrutiny Review 3. Update on the Implementation of the NHS 111 Service in York 4. Monitor of partnership working and implementation of learning about partnerships (report from LYPFT on the way that older people's mental health services are provided) 5. Annual Report to the Committee from Chief Executive at York Teaching Hospital NHS Foundation Trust 6. Public Health Service Plan 7. The Francis Report – Implications for the Health Overview and Scrutiny Committee 8. Report – Section 136 of the Mental Health Act – Provision of a Place of Safety Workplan
23 rd October 2013	<ol style="list-style-type: none"> 1. Annual Report to the Committee from the Chief Executive at Yorkshire Ambulance Trust 2. Joint Update from Vale of York Clinical Commissioning Group, Commissioning Support Unit and York Teaching Hospital NHS Foundation Trust on how they are working together, their challenges and priorities. 3. Workplan
27 th November 2013	<ol style="list-style-type: none"> 1. Second Quarter CYC Finance & Performance Monitoring Report 2. Update Report – Provision of Medical Services for Travellers and the Homeless (to include data, attrition and patient flow) 3. Workplan
18 th December 2013	<ol style="list-style-type: none"> 1. Annual Report to Committee from the Chief Executive at Leeds and York Partnerships NHS Foundation Trust 2. Workplan
15 th January 2014	<ol style="list-style-type: none"> 1. Workplan
19 th February 2014	<ol style="list-style-type: none"> 1. Annual Report on the Carer's Strategy
12 th March 2014	<ol style="list-style-type: none"> 1. Third Quarter CYC Finance & Performance Monitoring Report 2. Workplan
23 rd April 2014	<ol style="list-style-type: none"> 1. Workplan

Ongoing Reviews started in 2012/13

Personalisation

Community Mental Health and the Care of Young People

Scrutiny Topics Proposed at Scrutiny Work Planning Session on 13 June 2013-06-14, largely in the following priority order:

- **Men's Health** – stemming from a presentation given by Professor Chris Bentley to the Health and Wellbeing Board in April 2013 and the knowledge that there is a significant proportion of male premature deaths in York between the ages of 35 and 65.
- **Loneliness** – As requested by the People with Long Term Conditions Partnership Board, to address loneliness across the city and look at the scale of the issue and what can be done to provide support etc.
- **Partnership Working – Hospital Discharges**: The relationship between Social Services, Ambulance Services and the hospital, and how this potentially affects the hospital meeting its targets.
- **Smoking Cessation**: To look at ways of potentially encouraging people in York to stop smoking
- **Dementia Friendly City**: To review the work undertaken to date in relation to the challenge set for York to become a Dementia Friendly City.

Potential Item for Overview and written into the Work Plan when more information is available:

Vale of York Clinical Commissioning Group's inherited debt from the recently disbanded NHS North Yorkshire and York – potential for a Joint Health OSC with North Yorkshire, as this will have an impact on residents across all of York and North Yorkshire. The Director of Public Health has recently written to the Secretary of State about this on behalf of the Health OSC, asking for the debt to be written off. Health OSC have also recently met with the MPs for York Central and York Outer who are looking to instigate a debate in Parliament around this. There may be further work that a joint Health OSC could do to support this. Any evidence gathered could be used to support the argument that the debt should be written off

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