



Notice of a public meeting of

Health Overview & Scrutiny Committee

- To:** Councillors Funnell (Chair), Burton, Doughty (Vice-Chair), Douglas, Hodgson and Watson
- Date:** Wednesday, 10 September 2014
- Time:** 5.30 pm
- Venue:** The George Hudson Board Room - 1st Floor West Offices (F045)

AGENDA

1. **Declarations of Interest** (Pages 1 - 2)
At this point in the meeting, Members are asked to declare:
 - any personal interests not included on the Register of Interests
 - any prejudicial interests or
 - any disclosable pecuniary interestswhich they may have in respect of business on this agenda.

2. **Minutes** (Pages 3 - 10)
To approve and sign the minutes of the meeting held on Wednesday 2 July 2014.

3. **Public Participation**
At this point in the meeting, members of the public who have registered to speak regarding an item on the agenda or an issue within the Committee's remit can do. The deadline for registering is **Tuesday 9 September 2014 at 5:00 pm.**

Filming, Recording or Webcasting Meetings

Please note this meeting may be filmed and webcast and that includes any registered public speakers, who have given their permission. This broadcast can be viewed at:

<http://www.york.gov.uk/webcasts>.

Residents are welcome to photograph, film or record Councillors and Officers at all meetings open to the press and public. This includes the use of social media reporting, i.e. tweeting. Anyone wishing to film, record or take photos at any public meeting should contact the Democracy Officer (whose contact details are at the foot of this agenda) in advance of the meeting.

The Council's protocol on Webcasting, Filming & Recording of Meetings ensures that these practices are carried out in a manner both respectful to the conduct of the meeting and all those present. It can be viewed at:

http://www.york.gov.uk/downloads/download/3130/protocol_for_webcasting_filming_and_recording_of_council_meetings

4. Bootham Park Hospital (BPH) Update Report

(Pages 11 - 18)

This report aims to brief Members on the review of inpatient accommodation at Bootham Park Hospital. It seeks to inform Members of the recent multi-agency decision to agree an interim solution for the inpatient accommodation to cover the next three years.

5. Update on implementation of recommendations from the previously completed Personalisation Scrutiny Review

(Pages 19 - 28)

This report provides Members with an update of the implementation of the recommendations arising from the previously completed Personalisation Scrutiny Review (Annex 1) and progress arising from the review.

- 6. Annual Report from Chief Executive of Yorkshire Ambulance Service** (Pages 29 - 34)
This annual report from the Chief Executive of Yorkshire Ambulance Service (YAS) includes the YAS Annual Summary and the report on the Quality & Performance for the Vale of York Area.
- 7. York Teaching Hospital NHS Foundation Trust Annual Report 2013/14** (Pages 35 - 50)
This report presents the Health Overview & Scrutiny Committee with the Annual Report of the Chief Executive of York Teaching Hospital NHS Foundation Trust (Annex 1) which details the performance and challenges faced by the hospital during financial period 2013/14.
- 8. Single Equality Scheme Update and Refresh**(Pages 51 - 58)
The purpose of this report is to inform members of this scrutiny committee on the refresh of York's Equality Scheme. Members are requested to note progress made, comment on the draft priorities and draft outcomes and advise on which should be the focus within the revised equality scheme.
- 9. 2014/15 First Quarter Financial, Performance and Equalities Monitoring Report-Health and Wellbeing**
(Pages 59 - 64)
This report analyses the latest performance for 2014/15 and forecasts 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.
- 10. Discrimination against Disabled People in York Report**
(Pages 65 - 136)
This report presents the Health Overview & Scrutiny Committee with a report into Discrimination against Disabled People in York (Annex 1) prepared and published by Healthwatch York.
- 11. Work Plan 2014-15** (Pages 137 - 140)
Members are asked to consider the Committee's work plan for the 2014-15 municipal year.

12. Urgent Business

Any other business which the Chair considers urgent.

Democracy Officer:

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

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

- Registering to speak
- Business of the meeting
- Any special arrangements
- Copies of reports and
- For receiving reports in other formats

Contact details are set out above.

This information can be provided in your own language.

我們也用您們的語言提供這個信息 (Cantonese)

এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে। (Bengali)

Ta informacja może być dostarczona w twoim własnym języku. (Polish)

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

یہ معلومات آپ کی اپنی زبان (بولی) میں بھی مہیا کی جاسکتی ہیں۔ (Urdu)

 **(01904) 551550**

HEALTH OVERVIEW AND SCRUTINY COMMITTEE**Agenda item 1: Declarations of interest.**

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

Councillor Doughty	Member of York NHS Foundation Teaching Trust. That his partner works at the Retreat.
Councillor Douglas	Council appointee to Leeds and York NHS Partnership Trust.
Councillor Funnell	Member of the General Pharmaceutical Council Trustee of York CVS Non Executive Member of Be Independent.
Councillor Hodgson	Previously worked at York Hospital. Member of UNISON.

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City of York Council

Committee Minutes

Meeting	Health Overview & Scrutiny Committee
Date	2 July 2014
Present	Councillors Funnell (Chair), Burton, Doughty (Vice-Chair), Douglas, Jeffries, Watson and Gunnell (Substitute for Councillor Hodgson)
Apologies	Councillor Hodgson

9. **Declarations of Interest**

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

Councillor Gunnell declared a personal interest in the remit of the committee as her sister worked for City of York Council as a carer.

10. **Minutes**

Resolved: That the minutes of the Health Overview and Scrutiny Committee held on 28 May 2014 be signed and approved by the Chair as a correct record.

In relation to Minute Item 6 (Men's Health Scrutiny Topic), Councillor Watson spoke to Members about the confusion that existed around access and responses to requests for Men's Health checks, particularly prostate cancer checks, and how it was crucial that all men should be encouraged to go for health checks.

The Chief Clinical Officer of the Vale of York Clinical Commissioning Group (CCG) explained that recent research had shown that prostate screening had caused damage to the patient. He underlined that if men had symptoms of prostate cancer then a visit to the doctors was recommended. However, doctors would not recommend blood tests to men without symptoms.

11. **Public Participation**

It was reported that there had one registration to speak under the Council's Public Participation Scheme.

John Yates commented that there appeared to be no link up between dental services offered in the city and the Vale of York Clinical Commissioning Group (VOYCCG). He asked why this was the case.

The Chief Clinical Officer of the CCG said that the CCG did not commission these services (they were commissioned by NHS England) but that they were aware of this division and were looking at carrying out dentistry work with people in care homes.

12. **Attendance of the Cabinet Member for Health and Community Engagement**

The Cabinet Member for Health and Community Engagement attended the meeting and gave a verbal report on the priorities within her portfolio area.

She informed Members that she had grouped her priorities around the past (finding solutions to a number of long standing issues and challenges), the present (understanding and implementing the Care Act 2014) and the future (transforming and future proofing health and social care).

Past

Her priorities in this area included;

- The legacy of the local/regional health funding landscape and other long standing challenges needed to be addressed.
- There needed to be improved performance in areas where performance was not as high as it might be such as in delayed transfers of care, reablement and personalisation (including the uptake of personal budgets/direct payments).
- Improving the financial performance (to rectify the recurrent overspend).

Present

Her priorities in this area included;

- To fully understand the changes and challenges that the Care Act 2014 would bring to the legislative framework for health and adult social care in the city which included;
- That wellbeing should be at the heart of care but with a wider scope, looking at links to poverty, housing and cultural social aspects.
- That a statutory Safeguarding Adults Board be established.
- Increased Carer support.
- Online self assessment and setting up of care accounts.
- Increased focus on early intervention, prevention, personalisation and integration.
- Care cost caps and delayed payments.

Future

Her priorities in this area included;

- Producing a blueprint to completely transform the delivery model and commissioning of services for health and adult social care in the city (including making £3.5 million plus savings through transformation).
- Maximising personalisation and creating more flexible, person-centred support.
- Elderly People's Home re-provision programme.
- Health and social care integration through the Better Care Fund.

Some Members asked if the Cabinet Member could submit a written report in the future to be included as part of the published agenda, and that if changes had occurred since publication that she update Members at the meeting.

Resolved: That the verbal report be noted.

Reason: So that Members are aware of the Cabinet Member's priorities.

13. 2013/14 Finance and Performance Year End Report- Health & Wellbeing

Members received a report which analysed the outturn performance for 2013/14 and presented 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 and Wellbeing.

Questions from Members to Officers related to the following;

- Was it a local view that the number of people receiving Direct Payments continued to be low? In addition, why was there a 3% drop from the 2012-13 performance?
- What were the efficiency savings in services that offset pressures in Adult and Social Services budgets?

It was reported that the low numbers of recipients of Direct Payments was a national phenomenon but that some York residents did not want them. Officers suggested various reasons for the percentage drop from the previous year such as;

- There were issues about understanding the options given.
- There were a number of older people who said that they did want to deal with their own care, particularly those with complex needs.
- Financial disincentives, i.e. Council provision being viewed as better as the Council can buy services in bulk.

Officers reported that the efficiency savings to some services identified in the report were around day centres.

Questions and discussion took place around the figures for delayed discharges from hospital. Officers explained to Members that there were no direct financial implications that arose from this as any costs remained in the system and were not transferred to the Council. They accepted that the performance overall had been poor but that reassuring figures had been received for April, with a slight increase in May (but lower than in the previous year).

Resolved: That the report be noted.

Reason: To update the Committee on the latest financial position for 2013/14.

14. Annual Carer's Strategy Update Report

Members received their third annual report on the Carer's Strategy.

The Chair requested that a further update report on the strategy be considered by the Committee in a year's time.

Resolved: That the report be noted and a further annual report on the Carer's Strategy be considered by the Committee in a year's time.

Reason: In line with the previously completed Carer's Review, to provide the Committee with their annual update report on the Carer's Strategy.

15. Plans for an alternative premises for Bootham Park Hospital and a vision for Mental Health services in York

Members received a report and verbal presentation which presented them with updated plans for interim alternative premises for Bootham Park Hospital together with proposals for the relocation of child and adolescent mental health inpatient services in York and the future vision of mental health services across York.

A number of Officers from Leeds and York Partnership NHS Foundation Trust and the Vale of York CCG attended the meeting to outline the proposals.

Lime Trees move to Mill Lodge

It was felt that the current Lime Trees Child and Adolescent Mental Health Service property was not suitable as it did not provide private or family space and was not conducive to a therapeutic approach to care. Interim but immediate changes had been made to the building following a number of inspections from the Care Quality Commission (CQC), NHS England and an independent expert. However, although safety had improved it was not felt to be a suitable experience for the service user.

It was reported that Mill Lodge had a number of advantages. These were;

- More spacious.
- Safer building fabric.
- Single gender accommodation.
- Ensuite facilities.
- The potential to create a high dependency section and for further expansion of services on site.

Some Members expressed concerns over the cost of the move to Mill Lodge. It was reported that Leeds and York Partnership NHS Foundation Trust would invest more money into Mill Lodge and that Officers would be willing to suggest to the commissioners to make the move permanent.

Interim alternative premises for Bootham Park Hospital

It was reported that there were a number of options in regards to interim alternative facilities for the adult mental health inpatient service. These included;

- Talks on using facilities at the Retreat.
- To keep using the hospital building, retaining the Georgian frontage and redeveloping at the back.

Members were informed that a summit meeting had been arranged for 28 July to discuss all options.

Discussion took place on whether to combine both facilities offered by Lime Trees and Bootham Park Hospital on to one site. Some Members felt that as both units were self contained and had never been on the same site or part of a larger mental health institution that they should be looked at discretely.

The Chair asked for regular reports on the progress of the plans, including potential circumstances that could arise. She also asked for further information on consultation with the voluntary sector and how partners in health and social care would be involved.

Resolved: (i) That the report, including the information provided in Annex 1 to the report, and the verbal presentation be noted.

- (ii) That further regular detailed reports on the plans for Mental Health Services in the city be received by the Committee.

Reason: To keep the Committee informed on plans for mental health services in York.

16. Vale of York Clinical Commissioning Group Report on a Five Year Strategy for Integrated Health Care in York

Members received the Vale of York Clinical Commissioning Group's (VOYCCG) Five Year Strategy for Integrated Health Care in York.

Members were informed about Care Hubs, which the CCG hoped would provide a system in which care services could be accessed from a single location. It was reported that the CCG had put forward an interest in co-commissioning of services that the Care Hubs would provide. However, no further information had been provided by the Government.

It was reported that the strategy would be used as an assurance document which the CCG would monitor itself by, it would join up parts which were currently provided separately.

Some Members raised concerns that by pooling budgets, this would lead to the danger of overspending and a postcode lottery. In response, it was noted that there would be no variation in the service of care across the CCG area.

Resolved: That the strategy be noted.

Reason: So that Members are kept informed of the VOYCCG Strategy.

17. Safeguarding Vulnerable Adults Annual Assurance

Members received an annual report which outlined the arrangements in place to ensure that the Council was able to discharge its responsibilities to keep vulnerable adults within the City protected from violence and abuse, whilst maintaining their independence and well-being.

It was reported that the next assurance report would contain changes due to the enactment of the Care Act, one of these being the production of an improvement plan.

Discussion took place on when to receive an updated report. Some Members suggested that this be considered at the February meeting.

Resolved: That the report be noted.

Reason: So that Members are assured of the arrangements for Adult Safeguarding within the Council.

18. Work Plan Update 2014/15 (including forthcoming Scrutiny Reviews)

Members considered the Committee's work plan for the municipal year, along with a number of forthcoming scrutiny reviews.

Discussion took place and it was agreed that;

- That an annual update review on the Carer's Review be added on to the work plan for July 2015.
- Further regular reports be included in relation to the provision of Mental Health services in the city, in particular those services currently provided at Lime Trees and Bootham Park Hospital.
- That a further Safeguarding Adults Assurance Report be added to the Committee's February meeting.
- The provision of medical services for travellers and the homeless be split into two separate reports.

Resolved: That the work plan and amendments be noted.

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

Councillor C Funnell, Chair
[The meeting started at 5.30 pm and finished at 7.25 pm].



Health Overview and Scrutiny Committee**10 September 2014**

Report from NHS Vale of York Clinical Commissioning Group

Bootham Park Hospital (BPH) – Update Report**Summary**

1. This report aims to brief Members on the review of inpatient accommodation at Bootham Park Hospital. It seeks to inform Members of the recent multi-agency decision to agree an interim solution for the inpatient accommodation to cover the next three years.

Background

2. Following an inspection of Bootham Park Hospital the Care Quality Commission (CQC) concluded in February 2014 that *“we found patients who used the service, staff and visitors were not protected against the risks of unsafe or unsuitable premises.”*

Consultation

3. Due to the Grade 1 listing of Bootham Park Hospital, expert opinion was sought from both English Heritage and the City of York Council regarding the upgrading of the building to make it fit for purpose in the short term. Additional specialist reports were commissioned by both the NHS Property Services and the Leeds and York Partnership Foundation Trust (LYPFT) regarding the identified risks to health and safety within the building.
4. These reports, together with estates options, were discussed at a multi-agency stakeholder summit convened on Monday 28th July 2014. The following interim solution was unanimously agreed and has been ratified at the LYPFT Board and Clinical Commissioning Group (CCG) Governing Body. Ward 6 (Elderly Assessment Unit) will move off site to Cherry Trees, a former Community Unit for the Elderly in Tang Hall.

This building requires some capital works in order to make it meet current regulations and will have two additional beds to meet increasing demand on services for older people.

5. At the Bootham Park site Ward 6 will then be renovated prior to receiving service users from Ward 1 whilst Ward 1 is renovated. On completion of the renovation of Ward 1 service users on Ward 2 will then move into Ward 1.
6. These changes are an interim solution expected to last for up to 3 years whilst the new in patient facility is built.

Options

7. The paper is to inform Members.

Analysis

8. The paper is to inform Members.

Council Plan

9. Although this report is principally health-led, the CCG is committed to working closely with the City of York Council, other local authorities and provider partners as we all move towards closer integration.

Implications

10. There are implications for the following areas:
 - **Financial** – revenue consequences to be agreed between NHS Property Services, LYPFT and NHS Vale of York CCG.
 - **Human Resources (HR)** – no
 - **Equalities** – no implications but a full equality impact assessment will be undertaken to formally assess this.
 - **Legal** – legal issues relating to the premises pertaining to the buildings with regard to planning and heritage issues.
 - **Crime and Disorder** – no implications.
 - **Information Technology (IT)** – no implications.

- **Property** – wider implications to be considered in a comprehensive review of the NHS estate in the Vale of York.
- **Other** – Principally the Grade 1 listed status and historic significance of the Bootham Park estate. Also, the buildings on this site are used by other organisations so to ensure they are aware of what is happening.

Risk Management

11. The chief purpose for this report is to inform Members of the actions taken by the CCG and its partners to mitigate risks identified by the CQC inspection of December 2013.

Recommendations

12. We would welcome the endorsement of the Members for the interim solution and ask that members continue to work with the CCG to formulate the longer term plans for inpatient services.

Members are asked to:

- a) Endorse the interim solution for Bootham Park Hospital

Reason: The urgency and seriousness of the CQC report has meant that the CCG has had to rapidly identify an interim solution for inpatient services at Bootham Park Hospital. During the interim period the CCG can then fulfil its statutory obligations by holding a full public consultation and wider stakeholder engagement events regarding the longer term, future provision of inpatient services.

- b) Work with the CCG in the development of longer term plans for new purpose-built, mental health inpatient facilities for service users from York and the Vale of York.

Reason: The CCG feels that the people of the Vale of York deserve a 21st century facility for the delivery of inpatient mental health services. There are 3 options for a suitable site; a new build on the Bootham site, a new build on The Retreat site or a new build on the old Clifton Hospital site.

Contact Details

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Clinical Commissioning Group.

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Officers responsible for this report:

Dr Mark Hayes

Chief Clinical Officer
NHS Vale of York CCG

Rachel Potts

Chief Operating Officer
NHS Vale of York CCG

**Report
Approved**

Date 28/08/2014

Specialist Implications Officers

Finance
Tracey Preece
CCG Chief Finance Officer

Quality
Lucy Botting
CCG Chief Nurse

Conservation
Ms Janine Riley
CYC Conservation Architect

Wards Affected: List wards or tick box to indicate all

All

For further information please contact the author of the report

Background Papers:

CQC Inspection Report for Bootham Park Hospital:

http://www.cqc.org.uk/sites/default/files/old_reports/RGDX4_Bootham_Park_Hospital_INS1-961176372_Scheduled_04-02-2014.pdf

Annex

Annex 1 - By kind permission of the Chair, Professor Alan Maynard: An unconfirmed extract of the August 2014 Governing Body of the VOY CCG minutes.

Abbreviations

BPH – Bootham park Hospital

CCG – Clinical Commissioning Group

CQC – Care Quality Commission

CYC – City of York Council

LYPFT – Leeds and York Partnership Foundation Trust

VOY – Vale of York

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**Unconfirmed Minutes of the Meeting of the NHS Vale of York
Clinical Commissioning Group Governing Body held 7 August 2014
at West Offices, Station Rise, York YO1 6GA**

*Extract from the Unconfirmed Minute of the Chief Clinical Officer's
Report*

MH welcomed agreement of an interim solution for delivering safe services at Bootham Park Hospital while a business case for a long term solution was being developed. He noted three potential sites for the long term – Bootham Park, The Retreat and Clifton – with the expectation of completion within a three year timescale for this work. MH particularly commended the support of English Heritage in the discussions to date.

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Health Overview & Scrutiny Committee**10 September 2014**

Report of the Assistant Director Governance and ICT

Update on implementation of recommendations from the previously completed Personalisation Scrutiny Review.**Summary**

1. This report provides Members with an update of the implementation of the recommendations arising from the previously completed Personalisation Scrutiny Review (Annex 1) and progress arising from the review.

Background

2. This topic was put forward as a suggestion at the Scrutiny Work Planning Event in May 2012. Personalisation issues had been raised regarding some areas of the programme to ensure that customers were able to more easily access a Personal Budget/ Direct Payment and that the information and literature is simplified and more accessible for people to be able to understand.
3. There was also concern that the culture within the teams and the support planning process lacked clarity. It was suggested this was reviewed by actively engaging with service users and their families, together with staff, in looking at a culture shift and that they get involved in the redesign of the literature and processes for personalisation going forward.
4. At a meeting in July 2012 Members of Health OSC decided to proceed with the review and appointed a three member Task Group to undertake the work. In November 2012 the following remit was agreed:

Aim

To review, with key partners in the city, areas of strength and areas for development around Personalisation to enable people to exercise as much choice and control over their lives as possible.

Key Objectives

- i. To bring together residents and service and support providers, in a workshop environment, to identify the areas of strength and weakness in City of York Council's current approach to personalisation
 - ii. And from the above to ultimately identify key priorities for the city around Personalisation to make improvements on.
5. The Task Group's request to use an independent facilitator to help them with this review, particularly in terms of planning and running the workshop mentioned in key Objective (i) of the remit was approved by the Committee in December 2012. Subsequently two workshops were held in April 2013 at the Council's Headquarters at West Offices.
6. At its meeting in November 2013, the Task Group agreed that the three key emerging priorities under Objective (ii) of its remit were:
 - a need for better engagement with service users as evidenced by the low turnout at the workshops and the lack of cohesive stories about what was working well.
 - a need to improve the Council's care management culture and consultation as evidenced anecdotally from the workshops
 - that anecdotal evidence highlighted a need to review the Council's existing arrangements relating to the provision of mental health support.
7. At a Health OSC meeting on 23 April 2014 Members expressed their disappointment that the review had not achieved what they thought it would achieve and that in no way could it be considered a complete scrutiny review. However, they endorsed the recommendations detailed in Annex 1 and the review was presented to Cabinet in May 2014.

Options

8. Members may decide to sign off any individual recommendations of the Personalisation Scrutiny Review where implementation has been completed and can:
 - a. request further updates and the attendance of the relevant officers at a future meeting to clarify any outstanding recommendations relating to the above review or;
 - b. agree to receive no further updates on this review.

Council Plan

9. This programme of work falls under the Adults Rewiring agenda and Personalisation agenda of the Council Plan. It also supports the Protect Vulnerable People element of the Council Plan 2011-15.

Implications

10. **Financial:** There are no financial implications. The funding for an external trainer has already been agreed through the training budget and the Authority has had 3 days funded externally from membership of Inclusion North

Human Resources (HR): There are no human resource implications.

Equalities: There are no implications.

Legal: There are no legal Implications.

Crime and Disorder: There are no crime and disorder Implications.

Information Technology (IT): Going forward there will be the need to review some of the systems to build the Support Planning Toolkit into the system. This has been raised through business support as a potential area requiring minimal support.

Property: There are no property implications.

Other: There are no implications.

Risk Management

10. Addressing these processes and issues presents no direct risks to the Authority. There is greater risk in terms of reputation in not addressing the issues.

Recommendation

11. Members are asked to note the contents of the update report and sign off all recommendations in the Personalisation Scrutiny Review that have been fully implemented.

Reason: To raise awareness of those recommendations which are still to be fully implemented.

Contact Details

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Report Approved



Date 29/8/2014

Wards Affected:

All



For further information please contact the authors of the report

Annexes- Annex 1: Update on the implementation of recommendations arising from the Personalisation Scrutiny Review.

Update on the implementation of recommendations arising from the Personalisation Scrutiny Review

Review recommendations	Update on implementation 10 September 2014
<p>i. That the language used in leaflets, literature, and all correspondence relating to personalisation is reviewed and simplified.</p>	<ul style="list-style-type: none"> • Specific concern was raised about the terms and conditions relating to Direct Payments. This has been reviewed with particular reference to the cash card accounts and to ensure that it will be compliant with Care Act 2014 recommendations. This will be completed at the end of September. We will though still want to review this with customers to ensure that we have an accessible version agreed before it is distributed out to all customers and this will be completed, by the end of October 2014.
<p>ii. That the Council improves and simplifies its communications with customers at each stage of the process to ensure that co-production underpins the approach.</p>	<ul style="list-style-type: none"> • See (iii) below. A programme of work has already started involving people in the co-design work of the Support Planning Toolkit. • The new cash card accounts that have been introduced are to be included in the new terms and conditions for people using a Direct Payment. We are working with finance to redraft these to ensure that they are easily understood and an accessible version is available – This will be completed by the end of October.

	<ul style="list-style-type: none"> • This also needs to link into the Rewiring programme and the new Care Act to ensure that we keep reviewing the process and that it is in line with these requirements. This has been built into the wider Project Plan for Rewiring programme
<p>iii. That the Council investigate how to provide better training and support.</p>	<ul style="list-style-type: none"> • A programme of training started in June using a co-design approach to ensure support is accessible and easily understood by all customer groups. Key to this is the culture shift of staff in the approach to using the Support Planning Toolkit approach. The training has being undertaken with the teams using a 'Champions' approach to ensure that there is the day to day support within the teams going forward. Further sessions are to be set up in September and October • The co-design of the Support Planning Toolkit is a major shift in approach in how we are working with customers. The initial session with customers took place on the 8th August 2014 and there will be a follow up session in October 2014.

	<p>It is likely that this will need to be reviewed regularly, to ensure that it is working and that it is flexible enough to meet the needs of all customer groups.</p>
<p>iv. Examine how the care management culture can be complemented by one of enablement and co production where individuals and families are better able to make their own decisions about their care and support needs as well as in managing their cash budgets.</p>	<ul style="list-style-type: none"> • A programme started in June for training with care management - involving families, service users and other 3rd sector agencies. • A co-design event titled ‘What Would Good Like in York’ was held on the 15th July 2014. This event had service users and families participating and Councillor Lindsay Cunningham-Cross, the Cabinet Member for Health and Community Engagement and Chair of the Health and Wellbeing Board, attended for part of the day. Follow up days from this event are planned for September and October. Dates are still to be finalised to fit in with customer availability. • On the 8th August a small group of service users and family representatives met with a facilitator to help design the support planning process and develop a bespoke Support Planning Toolkit. Intrinsic to this will be that the person and their family will be at the heart of designing their support plans to look at moving towards an ‘Outcomes based approach’

	<ul style="list-style-type: none"> • The Support Planning Toolkit will be completed by the end of October 2014. Alongside this we are linking in with the Rewiring agenda to ensure that personalisation is at the heart of the thread for social inclusion for all citizens of York.
<p>v. That the Council should consider what improvements could be made to the assessment process to ensure customers are satisfied their needs are fully discussed and support plans are accurately implemented.</p>	<ul style="list-style-type: none"> • See above (iii) relates to this point to ensure that people are involved at the outset of developing their support plan. • The new support Planning toolkit will offer a more easy access approach to Support planning and will put the customer at the heart of the process. • It is key that we move to supporting people with a model that looks at what are the 'Outcomes' that people will want to achieve in their support plan. Success will be when these outcomes are being achieved either through self determination and/or from how the support is provided. • As stated above the support planning toolkit will need to be reviewed to ensure that it is working for people and we would plan to look at this twice a year in April and October.

Specific Recommendations for future work on Personalisation

a. That the topic of personalisation be revisited in the future with a refined remit looking at how resources can be disinvested before they can be reinvested.	The Health Overview and Scrutiny Committee appointed a Task Group in June 2014 to further examine the topic of personalisation and work on the new review will proceed when Committee business allows.
b. That Health Overview and Scrutiny Committee be asked to consider carrying out a scrutiny review in relation to mental health services and commissioning as contracts are being reviewed. The learning from this more focused review can be shared across all personalisation services.	As above

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Yorkshire Ambulance Service Report

York Health Overview and Scrutiny Committee
10 September 2014

Our Mission

Your Ambulance Service - Saving lives, caring for you

Our Vision

Providing world-class care for the local communities we serve

Our Service

We:

- receive 999 calls in our virtual emergency operations centre, based on two sites in Wakefield and York, and deploy the most appropriate response to meet patients' needs
- respond to 999 calls by getting medical help to patients who have serious or life-threatening injuries or illnesses as quickly as possible
- take eligible patients to and from their hospital appointments with our non-emergency Patient Transport Service
- provide the region's NHS 111 urgent medical help and advice line.

YAS Annual Summary 2013-14
Della Cannings QPM, Chairman
David Whiting, Chief Executive

This is a preview of the report that will be presented in full at the YAS AGM on 30 September 2014, Thackery Medical Museum, Leeds, 11.15am.

It has been an incredibly busy year and not without its challenges as the Trust embarked on a significant period of transformation. We know YAS has to change if we are to meet the future needs of our patients and ensure we are sustainable as an organisation. Whilst change is always unsettling, the majority of our staff have taken this in their stride and the organisation has continued to rise to the everyday demands it faces.

Last year, our Integrated Business Plan for 2013-18 was published and sets out our priorities to improve the quality of patient care, maintain the responsiveness of our services, ensure value for money and achieve Foundation Trust status. The first year of our service transformation programme is now complete and it will help us to deliver the aspirations detailed in the five-year plan.

The work has focused on saving more lives of patients suffering from a major trauma or cardiac arrest and improving outcomes for patients suffering a serious heart attack or stroke. We have also been working on providing the right care for patients, first time, through improved telephone advice, appropriate referral of patients through clinical pathways, and by providing more care at home to reduce the need to take patients to hospital.

In our 999 service, we delivered on our key performance indicators for the third consecutive year despite increases in demand for our service. During 2013-14 the Trust responded to 708,883 urgent and emergency incidents.

We are conscious that there are inconsistencies in the delivery of performance targets across the region and a redesign of our A&E Operations has been carried out to address this, including a comprehensive rota review. By better matching resources to demand and reviewing some of our operational policies, we aim to reach patients more quickly, more of the time, deliver high quality care and improve the working lives of staff. Frontline staff and trade union colleagues worked with us on this and a phased implementation began in February 2014.

These changes were essential to secure our long-term stability and performance delivery and to protect jobs. We have to ensure that, across all of our service areas, we are delivering our contractual targets, improving outcomes for patients and that the Trust can stand on its own two feet financially, in what is a very difficult financial climate.

Our new NHS 111 urgent care service is now fully embedded across Yorkshire, the Humber, Bassetlaw, North Lincolnshire and North East Lincolnshire. The service took its one millionth call in February 2014 and has worked hard to establish itself as one of the best performing NHS 111 services in England.

Our Patient Transport Service, which undertook 886,312 non-emergency journeys in 2013-14, has improved delivery against key performance indicators and has been focusing on acquiring feedback from people who use and commission the service to keep its position in the marketplace.

We are now operating in the new NHS landscape and another key priority has been to get to know our new partners in Clinical Commissioning Groups, Health and Wellbeing Boards, Commissioning Support Units, NHS England and Healthwatch and to work with them to develop services for patients.

In 2014-15 our key priorities include further improving clinical outcomes for key conditions, delivering timely emergency and urgent care in the most appropriate setting and developing our culture, systems and processes to support continuous improvement and innovation.

YAS is the largest single gateway to healthcare services across Yorkshire and the Humber and this places us in a key position to lead and support the transformation, integration and alignment of healthcare services across the region to best meet the needs of local communities.

Finding better and more appropriate ways to respond to the needs of our patients - without necessarily sending an ambulance resource or taking them to hospital - will be essential so that we can continue to provide high-quality care to all our patients wherever and whenever they require our services.

Report on the Quality & Performance for Vale of York Area
Mark Inman, Head of Emergency Operations, North and East Yorkshire

Ambulance Clinical Quality Indicators (ACQIs) measure the quality of care and outcomes for patients suffering from some of the most common emergency conditions.

ACQIs are published nationally and the latest dataset is from April 2014.

Indicator	National Average to Apr 14	North Yorkshire Average to Apr 14	Vale of York Average to Apr 14
Unit	%	%	%
Return of spontaneous circulation after an out of hospital cardiac arrest	26.4	21.2	25.5
STEMI Care Bundle delivered in full	79.7	87.5	90.3
Stroke patients being transported to a specialist stroke unit within 60 minutes	63.3	64.9	68.3
Stroke Care Bundle delivered in full	96.7	98.1	98.5
Survival to discharge from hospital after an out of hospital cardiac arrest	8.9	9.8	10.2

The national performance target for ambulance services is to reach 75% of patients with life threatening conditions (Red calls) within 8 minutes.

In 2012-13 YAS achieved 71.5%. For 2013-14 a lower performance limit of 72.5% has been agreed with Vale of York Clinical Commissioning Group (CCG).

	YAS to 27 Aug 14	North Yorkshire Average to 27 Aug	Vale of York to 27 Aug 14
Unit	%	%	%
Red performance	69.4	73.5	73.9

This achievement is in the context of a significant increase in demand.

Compared to the same period in 2013-14, total demand to date in 2014-15 in the Vale of York area is up 10.7%. Red demand is up 26.1%.

Recent developments in the Vale of York area include which will continue to be supported and built upon include:

- Working with York Teaching Hospitals NHS Foundation Trust (YTHFT) to improve handover times - minimising the delay between a patient arriving at hospital in an ambulance and being handed over into the care of the hospital clinicians.
- Working with YTHFT and local operational teams to minimise turnaround times – the total time between an ambulance crew arriving at hospital and being available to respond to their next call.
- Working with Vale of York CCG to introduce new Emergency Care Practitioners – paramedics with additional skills and clinical qualification who can provide more care for patients at home. This means that more patients can stay in their own homes and receive treatment or be referred to community services, rather than being transported to a hospital emergency department.
- Developing the Community Medical Unit which operates in St Helen's Square, York on Friday and Saturday evenings and race days.

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Health Overview & Scrutiny Committee**10 September 2014**

Report of the Assistant Director Governance and ICT

York Teaching Hospital NHS Foundation Trust Annual Report 2013/14**Summary**

1. This report presents the Health Overview & Scrutiny Committee with the Annual Report of the Chief Executive of York Teaching Hospital NHS Foundation Trust (Annex 1) which details the performance and challenges faced by the hospital during financial period 2013/14.

Background

2. The Health Overview & Scrutiny Committee last considered the Annual Report from the Chief Executive of York Teaching Hospital NHS Foundation Trust at their meeting in September 2013. The purpose of the report is to keep Members up to date on the work of the Trust.
3. At the September 2013 meeting it was noted that, with regards to standards, the Trust had two areas of concern to which it needed to pay further attention, namely the Accident and Emergency Department four-hour target and the C.diff trajectory.
4. The 2013/14 Annual Report details the challenges the Hospital Trust has faced over this period and how it has performed at a high standard to meet the majority of the targets and standards it is managed against.

Consultation

5. The information included in Annex 1 has been provided by the Chief Executive of York Teaching Hospital NHS Foundation Trust.

Analysis

6. This report and its annex are presented to the Committee for information only. A representative from the Hospital Trust will be at the meeting to answer any questions Members may have.

Council Plan

- 7. This report and its annex are directly linked to the Protect Vulnerable People element of the Council Plan 2011-2015.

Risk management

- 8. There are no risks directly associated with this report.

Implications

- 9. There are no implications directly associated with this report.

Recommendations

- 10. The Committee are asked to consider and comment on the information provided in Annex 1 and to ask questions of the Hospital Trust representative at the meeting should their be issues needing clarification.

Reason: To keep the Committee up to date on the work of the Trust.

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Andy Docherty
Assistant Director Governance and ICT

Report Approved

Date 27/08/2014

Wards Affected:

All

For further information please contact the author of the report Annexes

Annex 1 – Annual Report of the Chief Executive of York Teaching Hospital NHS Foundation Trust.



Chief Executive's welcome

Welcome to our annual report and account for 2013/14.

Once again this report details our performance during a difficult financial period, and the pressures placed on the hospital sector continue unabated.

This year, despite the challenges we have faced, we have continued to perform to a high standard, meeting targets and achieving accolades. It has by no means been easy, but we are starting to see some tangible improvements and real benefits for our patients.

It is now over 18 months since the completion of the formal acquisition of Scarborough and North East Yorkshire Healthcare NHS Trust, and it is clear that it will take several years to fully integrate the two acute organisations and our community services. We are still at an early stage of our journey, but I have no doubt that we have made a strong start and I remain committed to this course of action as I believe it is vital not only for our patients but also for the Trust's long term future, and for us to live up to our values of putting patients first, respecting each other's contribution and working as part of a team.

As the pressure increases this will inevitably become harder to achieve. There are of course areas where we need to improve, and we have focussed on these, however I am happy to report good performance overall. The newly

introduced Friends and Family Test gives us a valuable insight into the quality of our services, and enables us to respond quickly to issues raised by patients.

We need to continue to set our standards at the highest level, and we have a strong track record with regard to achieving the standards we set for ourselves, be it in terms of patient safety, operational performance or responsible management of our finances.

As the NHS changes and resources become further stretched, it is increasingly apparent that we cannot carry on simply doing what we have always done as it is clinically and financially unsustainable.

We have begun to set out a clear future for the organisation and for the development of many of our clinical services.

We continue to focus on our acute services, with the aim of improving how we deliver care for those of our patients who are most ill. A key element of this is the separation wherever possible of our acute and elective activity.

For example, we have moved the majority of our planned orthopaedic work from Scarborough Hospital to Bridlington, necessitating the addition of a further temporary modular theatre on the site and the refurbishment of Kent Ward.



“ We are increasingly seeking to collaborate with partners in the health and social care economy within which we work. ”

This move is not only positive news for Bridlington, but by separating some of our acute and elective capacity we will also help to alleviate pressure on our acute services on the Scarborough site and will reduce the need for operations to be cancelled.

A further element is the assessment of acute patients and improving patient flow at every step of the health and social care system, from the ambulance service and GPs, through the hospital, and out into the community, be it social care, mental health, community services or back home.

We are actively the development of community hubs which would reduce the reliance on inpatient facilities. We are working with all of our Clinical Commissioning Groups (East Riding, Vale of York and Scarborough and Ryedale) to develop these community hubs, which will focus on the longer-term assessment and management of patients on a day case basis.

Over the coming year, you will also start to see the results of many months of hard work and planning, for example in the delivery of key building projects and improvements, many of which are described in this report, and all of which will help us deliver the benefits we have promised and stand us in good stead for a stronger future.

I continue to have great pride in our organisation, and you only have to walk around any one of our hospitals or in our communities to see the true dedication of our staff.

Whatever the immediate challenges we face, whether this be meeting the increased demand for our services, our financial outlook, rising expectations, ongoing local and national reorganisation or the changing commissioning and regulatory environment, it is vital that we do not lose sight of our long term goals and that we continue to plan for the future. I am confident that we can continue to provide services that deserve the confidence of our patients and their families.



Patrick Crowley

Across most of the ways in which we measure our safety and quality of care – our essential mission as an organisation – we have achieved good results.



Inpatient Survey 2013

Each year, every NHS Hospital Trust in England carried out the Survey of Adult Inpatients in the NHS as part of a national programme led by the Care Quality Commission, the regulator of health and social care services.

The questions within the survey cover the patients' pathway from when they are admitted to our hospitals the treatment and care they receive whilst they are in hospital. It additionally focuses on the quality of how we communicate with our patients and the information that we provide, through to the point at which they are discharged from our hospitals.

This is the second inpatient survey which provides the Trust with an understanding of what our patients are saying about both York Hospital and Scarborough Hospital combined, which allows us to identify our Trust priorities for improvement, whilst still allowing us the opportunity to look at key priorities for each hospital site and speciality.

The results of the survey highlight many positive aspects of patient experience across the Trust, with the majority of patients reporting that:

	2011*	2012	2013
Overall: rating of care 7+ out of 10	90%	77% **	77%
Overall: treated with respect and dignity	89%	78%	81%
Doctors: always/sometimes had confidence and trust	84%	81%	81%
Hospital: room or ward was very/fairly clean	95%	95%	98%
Hospital: toilets and bathrooms were very/fairly clean	94%	95%	96%
Hospital: hand-wash gels visible and available for patients and visitors to use	93%	91%	91%
Care: always enough privacy when being examined or treated	88%	88%	89%

*York Hospital figures only

** question replaced in 2012 with a net promoter score

The results also highlight where improvements are needed and the Directorates each develop an action plan for improvement from the National Inpatient Survey for their specific areas.



National Cancer Patient Experience Survey 2012/13

All Trusts providing adult cancer care in England took part in the survey. All adult patients with a primary diagnosis of cancer, who had been admitted to hospital as an inpatient or as a day case patient, and were discharged between 1 September 2012 and 30 November 2012, were invited to take part in the postal survey.

Like the National Inpatient Survey the findings are very positive, with patients reporting that:

- 91% of respondents rated their care as either excellent or very good
- 91% of respondents said that they were given easy to understand written information about their test
- 94% of respondents reported that the Clinical Nurse Specialist (CNS) definitely listened carefully
- 93% of respondents reported that the CNS gave understandable answers to important questions all/most of the time
- 95% of patients reported that staff told them who to contact if worried post discharge

A two year action plan is in place which focuses on the priorities identified from the survey. It was highlighted, following the previous year's survey, that we did not communicate information to patients consistently across the whole Trust. The 2012/13 survey showed that actions to improve in this area have been successful and our results have improved in this area.



Managing our finances

The table below provides a high level summary of our finances for 2013/14:

Summary income and expenditure 2013/14

	Plan £million	Actual £million	Variance £million
Clinical income	382.6	387.1	4.5
Non-clinical income	40.4	44.8	4.4
Total income	423.0	431.9	8.9
Pay spend	-286.3	-289.6	-3.3
Non-pay spend	-140.5	-148.3	-7.8
Total spend before dividend, and interest	-426.8	-437.9	-11.1
Operating deficit before exceptional items	-3.8	-6.0	-2.2
Transition Support	12.0	12.0	0
Dividend, finance costs and interest	-5.8	-5.9	-0.1
Net surplus	2.4	0.1	-2.3

At the end of the financial year, the Trust reported an income and expenditure surplus of £70.3m, compared with a planned surplus of £1.2m, mainly due to the gain from the transfer under absorption.



Income from our clinical work

Clinical income totalled £387.1m, and arose mainly from contracts with NHS Commissioners, including Vale of York CCG, Scarborough CCG, East Riding CCG, NHS England and Local Authorities (£384.2m), with the balance of £2.9m from other patient-related services, including private patients, overseas visitors and personal injury cases.

Income generated from our non-clinical work

Other income totalled £44.8m and comprised funding for education and training, for research and development, and for the provision of various non-clinical services to other organisations and individuals.

Monitor financial risk rating

The underlying financial performance of all NHS Foundation Trusts is assessed by Monitor using its Continuity of Services rating. This is a simple scoring indicator ranging from 1 to 4, 4 being the highest/best rating. For 2013/14, the Trust scored 4 on this assessment.



Performance

The past year has been busy and challenging, however the Trust has again performed well against the majority of the targets and standards we are managed against.

There are a couple of notable exceptions to this. One is the Emergency Department standard of four hours maximum waiting time from arrival to admission/transfer or discharge. This target was met in the latter part of the year, due in large part to additional external finance and increased awareness that this is a whole-system issue that cannot be resolved solely by the hospital.

The second is the 18 week referral to treatment target. The Trust has seen demand continue to rise, and there have been issues nationally regarding 18 week performance. We agreed with our commissioners and regulators in

the latter part of the year to a planned failure of the 18 week target, and this reflects the approach that has been agreed nationally for 2014/15. This approach has enabled us to treat some of the patients who have been waiting longest and to review how we manage demand in some of our more challenging specialties.

Despite these pressures, we are pleased that the majority of our patients continue to give positive feedback about our services.

We continue to perform well on quality and safety. Although we exceeded our rate for Clostridium Difficile cases, our performance improved in the latter part of the year and we are under trajectory for 2014/15 so far. We are amongst the best nationally for MRSA, and we have not seen a case since last summer.



Community services

Both Vale of York and Scarborough and Ryedale Clinical Commissioning Groups are seeking to 'test out' a local hub concept at both Malton and Selby Community Hospital, providing health and social care services to a defined population across the district. York Teaching Hospital NHS Foundation Trust has been commissioned to develop and deliver this approach.

The purpose of the hubs will be to ensure that frail, elderly and vulnerable older people are supported and enabled to be as healthy, active and independent as possible in their own home (for as long as possible); to support these individuals in a crisis and to ensure that there is a timely and efficient multi agency response as required.



Through providing better, more coordinated care, closer to home the project will deliver:

- more accessible and flexible services, via a single point of entry ('the Hub')
- seamless and holistic health and social care in the right place at the right time and promotion of self care of long term conditions; maximising people's independence
- support for lively healthy and 'full' lives by reducing the need for intensive and costly interventions and support people to retain or improve levels of independence via short term re-ablement.

York Teaching Hospital NHS Foundation Trust is committed to working with partner organisations to develop and deliver the proposed Selby and Malton Community Hub model. Work is progressing to engage with Selby and Ryedale GPs to secure their commitment and support in working collaboratively to deliver this model.

Preliminary conversations have taken place with North Yorkshire County Council (NYCC) and further discussions are due to take place in the near future. The intention of this model is to reduce the number of people who need to visit hospital and to reduce the length of stay for people in hospital by providing more care locally, delivered by integrated health and social care teams.

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Service Model

The service model is focused on four key service areas:

- First Contact
- Urgent/Crisis response (in reach and out reach from the community hub)
- An integrated community support service
- Long term care and support.

First Contact

Work is already underway to pilot/develop a Single Point of Access into adult community services. The service due to launch in the next few weeks will deliver an effective and efficient call handling service that will accept referrals from GPs and other health care professionals, deal with patient queries and coordinate an appropriate response from community health services.

Urgent/Crisis Response

Existing rapid response services will be enhanced to enable an integrated team response within four hours. This will be provided in three ways:

- The patient will be transported into the Selby Community Hub for assessment, diagnostic intervention and treatment
- A team will be dispatched to assess/treat a patient in their usual place of residence
- A combination of the above.

The Integrated Community Support Service

This service will support people to develop and maintain their independence. This service will aim to support recovery and provide rehabilitation within a 12 week period. This could also include a period of re-ablement or specialist therapeutic intervention. The service will:

- Support organised and early discharge from hospital
- Prevent inappropriate hospital admissions

Long Term Care and Support

This service will provide continuing health and social care support to people with ongoing health and social care needs.

Case managers will work with social care staff who will help people to manage their care by providing personal budgets and/or through arranging access to residential and nursing care as appropriate. This service will also assist people to manage their long term conditions working with a nominated case manager; in addition, staff will coordinate support across a range of services including palliative care when required.



Building for the future

Capital investment

During 2013/14, the Trust invested £17m in capital projects across the estate. The major projects on site during that period included:

- Creation of a new visitor car park at Scarborough, which will ease parking problems and create a new development zone
- A major upgrade of the maternity theatre at Scarborough
- Upgrades to maternity ventilation at both York and Scarborough
- Improvements to the emergency department at York to reduce waiting times
- Replacement boiler plant and lighting to increase energy efficiency and reduce carbon emissions at York Hospital
- Ongoing major refurbishment of the staff and visitor restaurant and main production kitchen at York
- A dispensing robot for the pharmacy at York
- Improved delivery rooms in maternity at York
- Improved decontamination facilities for Endoscopy at York
- Improvements to public toilets and the installation of a 'Changing Places' facility for severely handicapped patients and visitors
- Improvements to St Monica's hospital (supported by the League of Friends)
- Improvements to Fitzwilliam ward at Malton
- An improved blood taking facility at York
- A new standby generator at Bridlington

The Trust continued its programme of enhancing and replacing medical and IT equipment and plant across all sites, through a combination of purchasing and lease finance.

Planned capital investment

Capital investment plans for 2014/15 include:

- We are planning new facilities to allow the development of acute assessment areas at both York and Scarborough, which will be integrated with the emergency departments and improve the way in which acute patients are managed.
- We have begun work on the construction of a new surgical ward at Scarborough, which will be completed in Spring 2016.
- A key Trust focus remains on reducing backlog maintenance by replacing essential parts of the estate infrastructure such as the lifts at Scarborough, electrical distribution panels, and medical gas system improvements.



Taking a closer look at safety

The Patient Safety Strategy has been developed following consultation with our staff. In addition, we have compared our systems and practices with other hospitals and considered national and international guidance on improving safety.

Our guiding principle is to provide safe, patient-centered care to a consistent, high standard. To achieve this we have established six key streams of work:

- Ensuring consistency of care, 24 hours a day, seven days a week
- Reduction of harm by early detection of the patient at risk of deteriorating
- Reducing mortality and improving mortality indicators
- Excellence in end of life care
- Infection prevention and control
- Action on areas of frequent harm

Many of us focus on improvement for our patients, every day. This strategy does not seek to exclude any of this work; rather it helps us collectively to focus on those things we know can have the most impact, for the greatest number of our patients.

Clinical leaders continually review our systems of work to ensure that patients who are admitted to our hospitals do not experience undue delay in assessment, diagnostics, treatment or review by a senior clinician. We are working towards delivering a seven day service with no variation in timeliness or safety and quality of experience.

We are striving to improve the safety of those who are vulnerable to unexpected deterioration by enhanced training and the implementation of systems to support

early recognition of the risk of deterioration. This is being supported by policies and clinical guidelines for initiation of early responses, interventions and, where necessary, escalation. This includes recent guidance around urgent and effective response to sepsis.

We have developed and are refining systems for mortality review which will be consistently applied in all clinical areas including our community hospitals.

We will ensure that recognised strategies for reduction of mortality, such as multidisciplinary ward rounds and care bundles, are implemented in all clinical areas. Many are currently in place and their implementation will be audited by review of compliance.

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Taking a closer look at safety (continued)

For our patients approaching the end of life and for their families and carers, our focus will be on the safety and experience of care. This includes patients who die suddenly or after a very brief illness. Our aim is to ensure that people approaching the end of life receive care which is aligned to their needs and preferences, is compassionate and delivered in accordance with agreed principles.

We have begun work on the implementation of electronic prescribing and medicines administration (EPMA), recognised to improve aspects of patient safety and helping to address one of our most frequent causes of avoidable harm. We will audit compliance with administration of medicines focusing specifically on critical medicines and on antimicrobial stewardship.

We will use every opportunity to learn from incidents, complaints and litigation by reflecting on our practice and where necessary changing systems of work to ensure that patients are safe in our care and that repetition of avoidable harm is prevented.

The Serious Incident (SI) and Critical Incident (CI) procedures continue to evolve to ensure appropriate dissemination of change and learning, and work is now focusing on learning from litigation and complaints. In responding to these events we recognise the implication and responsibilities on our duty of candour.

We also take every opportunity to learn from national benchmarking including national audit publications such as the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) and inspections from our regulators. We have developed along with our local commissioners, several patient safety initiatives which are being managed through the Commissioning for Quality and Innovation (CQUIN) aspect of the contract.

Patient Safety Walkrounds have provided valuable opportunities for senior leaders to discuss safety issues with frontline staff. As a commitment to developing our culture of safety, we aim to undertake four walkrounds each month and to provide a monthly summary report to the Trust Board.

We aim to make good use of peer review to support analysis and to facilitate learning, both within and outside of formal systems. CHKS provides us with healthcare intelligence to support the delivery of safe and effective care.

We are one of 13 Foundation Trusts who are members of NHS QUEST; a network for Foundation Trusts who wish to focus relentlessly on improving quality and safety.

We want our patients to:

- Be involved as much as they want be in decisions about their care and treatment
- Let us know if anything of concern is noticed
- Be sure that we identify them correctly
- Ensure that they understand what we are planning to do before consenting to treatment
- Know what medicines they are taking and why
- Inform us of allergies
- To alert us to non compliance, for example with hand hygiene.



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Health Overview and Scrutiny Committee**10 September
2014**

Report of the Director of Communities and Neighbourhoods

Single Equality Scheme update and Refresh**Introduction**

1. The purpose of this report is to inform members of this scrutiny committee on the refresh of York's Equality Scheme. The Scrutiny Committee are requested to note progress made in the refresh of York's Equality Scheme and:
 - i. comment on:
 - a) The draft priorities as detailed in Annex 1 and;
 - b) The draft outcomes relevant to this committee, as tabled in paragraph 9.
 - ii. Advise whether these priorities and outcomes should be the area of focus in the revised equality scheme or are there any others that should be considered.

Background

2. York's Single Equality Scheme 'A Fairer York' was approved in December 2012 and is in the process of being refreshed. The purpose of an Equality Scheme is to tackle inequalities, discrimination and disadvantage for those who have characteristics protected (York's Community of Identity) under the Equality Act 2010) :
 - Age
 - Disability – physical and mental impairment
 - Gender reassignment
 - Marriage and civil partnership
 - Pregnancy and maternity
 - Race
 - Religion or belief
 - Sex
 - Sexual orientation

- Carers
 - People living in York's most deprived areas
3. The current scheme whilst including partnership actions is very much a council document. It is the intention that the revised scheme will move from being a council document to a partnership document recognising that no one agency can tackle York's inequalities alone. The new equality scheme is expected to gain the support of partners by December 2014 and will be a key piece of evidence in the Local Government Association Equality Assessment programmed for January 2015 when the council hopes to move from Achieving to Excellent in the Equality Framework for Local Government.
 4. Corporate and Scrutiny Management Committee (CSMC) have overall responsibility for scrutinising the council's approach to equalities. At their meeting in July 2014, CSMC received a year end report on progress of the council's existing Equality Scheme and considered a long list of issues for possible inclusion in the refreshed equality scheme.
 5. CSMC agreed that the issues should be grouped in line with the terms of reference of the individual overview and scrutiny committees and presented at their next round of meetings. Each committee to be asked for their views on which of those issues should be prioritised areas of focus and included in the refreshed equality scheme.
 6. To follow on from this to ensure equality issues become embedded into the work of individual scrutiny committees CSMC requested that each committee receive an update on the issues relevant to their terms of reference as part of their ongoing quarterly finance and performance monitoring reports.

Emerging Priorities

7. However, things have moved on from the report that went to CSMC. Year end analysis of key equality measures, Health and Wellbeing Strategy priorities, Fairness and Equalities Board priorities, council Business Plan priorities, issues arising from the Joint Strategic Needs Assessment and discussions with Building Strong Communities, Jobs and Economy and Protect Vulnerable People (Council Plan Themed Boards), Corporate Management Team (CMT) and Corporate and Scrutiny Management Committee have led to the following 4 draft priorities being identified (full details of which are attached at Annex 1):

- a. Economic Wellbeing
 - b. Learning and Educational Wellbeing
 - c. Health and Wellbeing
 - d. Community Wellbeing
8. The main area of focus for this committee centres around Health and Wellbeing focusing on: tackling health inequalities particularly those within deprived neighbourhoods, tackling alcohol, smoking and substance misuse issues amongst young people and pregnant women, reducing childhood obesity, working to reduce the increasing incidence of food poverty and fuel poverty, increasing the number of physical active adults, improving the support for those with a mental health condition and the increasing number of people with dementia and/or people suffering social isolation whilst enabling them to live independently within the community for as long as possible recognising the valuable contribution carers and communities make.
9. Some elements of the draft Economic Wellbeing priority also lie within the remit of this committee with respect to tackling employment and training inequalities, particularly disabled people and those with a mental health condition. Draft outcomes to be achieved are outlined in the table below.

Health and Wellbeing Outcomes	
<p>Increase</p> <p>Life expectancy for both men and women particularly for those living in deprived wards.</p> <p>% of adults with a learning disability having a GP Health Check</p> <p>% of active adults</p> <p>Social Isolation: % of adult social care users who have as much social contact as they would like</p> <p>Self-reported well-being - people with a low happiness score</p>	<p>Decrease</p> <p>Excess weight in adults</p> <p>Alcohol related admissions to hospital</p> <p>% of Over 18's drinking at increasing and at risk levels</p> <p>Young people aged under 18 admitted to hospital with alcohol specific conditions</p> <p>Under 75 mortality rate from liver disease considered preventable</p>

<p>Self-reported well-being - people with a high anxiety score</p> <p>% of children in primary schools eligible for free schools meals taking a meal</p> <p>% of children in secondary schools eligible for free schools meals taking a meal</p> <p>Number of people supported to live independently through social services</p> <p>Proportion of adults with learning disabilities who live in their own home or with family expressed as a percentage</p> <p>The proportion of adults in contact with secondary mental health services living independently with or without support</p> <p>Warden Call and Telerate Users</p> <p>% of people who use adult social care services who have control over their daily lives</p> <p>% of adult social care users who have as much social contact as they would like</p> <p>Number of adults and carers receiving self directed support and increasing the numbers who receive this via direct payments Overall satisfaction of carers with social services</p>	<p>% of women who smoke at the time of delivery</p> <p>Smoking prevalence routine and manual workers</p> <p>Hospital admissions due to substance misuse aged 15-24</p> <p>York population aged 65 and over predicted to have dementia (POPPI)</p> <p>Suicide rate</p> <p>Under 18 conceptions</p> <p>% school children in Reception classified as obese</p> <p>% school children in Year 6 classified as obese</p> <p>% of children living in poverty</p> <p>% of households in fuel poverty</p> <p>Excess winter deaths</p> <p>York's population 65 and over predicted to have dementia</p>
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<p>% of carers who report that they have been included or consulted in discussion about the person they care for</p>	
<p>Economic Wellbeing Outcomes</p>	
<p>Increase The proportion of adults with learning disabilities in paid employment Adults with Learning disabilities in employment includes Supported employment (less than Min. Wage)</p>	<p>Decrease Gap in employment rate between those with a long term health condition and the overall employment rate</p>

Consultation

10. Results of the Big York Survey, research in the development of the Joint Strategic Needs Assessment and feedback from the Fairness Equalities Board and Council Plan themed boards have informed the emerging priorities.

Council Plan

11. These proposals relate to the Council's corporate priorities of building strong communities and protecting vulnerable people, as set out in the Council's Plan 2011-15.

Implications

12. As a progress report there are no implications as this stage.

Recommendations

10. The Scrutiny Committee are requested to note progress made in the refresh of York's Equality Scheme and:
- ii. comment on:
 - a) The draft priorities as detailed in Annex 1 and;
 - b) The draft outcomes relevant to this committee, as tabled in paragraph 9.

- iii. Advise whether these priorities and outcomes should be the area of focus in the revised equality scheme or are there any others that should be considered.

Reason: To help ensure that relevant equality issues are reflected in the revised Equality Scheme.

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Report Approved

Date 2 September
2014

Wards Affected:

All

Specialist Implications Officer(s): None

For further information please contact the author of the report

Background Papers: None

Annexes

Annex 1: Draft Equality Scheme Priorities

Single Equality Scheme priorities

The refresh of York's Single Equality Scheme is underway. As part of strengthening our partnership arrangements the document will move from being a council document to a partnership document recognising that no one agency can tackle York's inequalities alone. The new equality scheme is expected to gain the support of partners by December 2014 and will be a key piece of evidence in the Local Government Association (LGA) Equality Assessment programmed for January 2015. There is a number of inequality issues that need to be tackled summarised in the following priorities:

Economic Wellbeing: focuses on ensuring York enjoys good economic growth which tackles employment and training inequalities, particularly for women, lone parents, Black and Minority Ethnic (BaME) communities, young people, and disabled people, those with a mental health condition. Our economic strategies also focus on reducing the gender pay gap, increasing adoption of the 'Living Wage' and continuing the work on poverty particularly reducing the number of children living in poverty.

Learning and Educational Wellbeing : focus on reducing the numbers of people with no formal qualifications and improving educational attainment for children entitled to Free School Meals, Looked After Children , Gypsy and Traveller Children and those with Special Educational Needs.

Health and Wellbeing: focuses on tackling homelessness, health inequalities particularly those within deprived neighbourhoods, tackling alcohol, smoking and substance misuse issues amongst young people and pregnant women, reducing childhood obesity, working to reduce the increasing incidence of food poverty and fuel poverty, increasing the number of physical active adults, improving the support for those with a mental health condition and the increasing number of people with dementia and/or people suffering social isolation whilst enabling them to live independently within the community for as long as possible recognising the valuable contribution carers, young carers and communities make.

Community Wellbeing focuses on: York as a welcoming city, respecting and celebrating diversity.

Ensuring equality information is collected, monitored and used to improve access to services and service provision and tackles negative and discriminatory attitudes from the public and service providers towards BaME, Lesbian Gay Bisexual and Transgender (LGBT), disabled people, those with a mental health condition and deaf people. Continuing to empower communities to develop their own solutions to local issues enabling them to access, influence, and co-design and commission services to meet agreed outcomes. To build strong communities where people from different backgrounds respect each other and get on well together, where people feel safe and Hate Crime, bullying in schools (particularly against LGB pupils), Anti Social Behaviour, Honour Crime and Domestic Violence is tackled effectively and prevented. Improving housing conditions and increasing access to affordable housing for the elderly, disabled people, those with a mental health condition, Gypsy and Traveller Families and young people particularly those leaving care.



Health Overview & Scrutiny Committee

10 September 2014

Report of the Director of Health & Wellbeing

2014/15 First Quarter Financial, Performance & Equalities Monitoring Report-Health & Wellbeing

Summary

- 1 This report analyses the latest performance for 2014/15 and forecasts 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 Directorate of Health & Wellbeing comprises the Adult Social Care budgets formerly within the Directorate of Adults, Children & Education, and the Public Health budget amalgamated with some sport and active leisure and DAAT budgets formerly within the Directorate of Communities and Neighbourhoods. A summary of the service plan variations is shown at table 1 below.

**Table 1 – Health & Wellbeing Financial Projections Summary
2014/15 – Quarter 1 - July**

	2014/15 Latest Approved Budget			Projected Outturn Variation	
	Gross Spend £000	Income £000	Net Spend £000	£000	%
Adult Assessment & Safeguarding	39,849	13,827	26,022	+844	+3.2%
Adult Commissioning, Provision & Modernisation	30,938	7,908	23,030	+597	+2.6%
Public Health Services	8,048	459	7,589	+239	+3.1%
Public Health Grant	-	7,305	-7,305	-	-
Total Health & Wellbeing	78,836	29,499	49,337	+1,680	+3.4%

- 3 The largest budget within Health and Wellbeing is for adult social care. As part of the directorate's response to the recent audit of adult social care budget management, a major exercise is currently underway to review this budget on an item-by-item basis in relation to both income and expenditure. At the end of this exercise there will be an unambiguous budget for adults which will clearly identify controllable spend within the directorate and crucially, will differentiate between individual line items that are under-budgeted due to the way in which the budget is distributed at present, and those that are genuinely overspent. On completion of this exercise the adults team will move on to benchmarking against best practice, both the adults budget and the major expenditure categories within that budget.
- 4 At present, the initial estimate of the major variations for 2014/15 includes 3 items that relate to the direct provision of care packages to vulnerable residents. These are Non Residential Care Packages (£649k), Emergency Placements (£92k) and Short Term Breaks (£116k).
- 5 There is also a projected overspend in relation to DOLS (Deprivation of Liberty Safeguards). All councils with adults responsibilities have been impacted by a recent court ruling that is dramatically increasing the number of formal applications that must be processed. This increase could not have been foreseen at the time that the 2014/15 budget was set.
- 6 Within provider services there is a projected overspend of £597k, predominantly in respect of the council's own Elderly Persons Homes. The main reasons for this are in relation to the additional costs of temporary staff through Working with York (WWY), the implementation of the household model of care for dementia at our specialist homes and the continuation of the previous year's overspend on operational running costs and undelivered savings.
- 7 In response to the significant pressures outlined above, the full financial monitoring report to Cabinet on 9 September is recommending an allocation of £600k from the corporate contingency budget in 2014/15.

Performance Analysis

- 8 The following section provides extracts from the York Monitor Quarter 1 Update for 2014/15 that are relevant to the remit of this committee, and assesses performance against key themes, including Council Plan Priorities.

Build Strong Communities

Deliver the Community Learning Strategy and expand opportunities available to residents to promote health and wellbeing, including the development of a pilot programme focusing on living with dementia.

- 9 The Council has worked with the Joseph Rowntree Foundation and Sports Coach UK to deliver its first dementia friendly training package and has delivered this to voluntary clubs in the city.
- 10 The Council is also running a sporting memories programme as part of the dementia friendly campaign and running 14 community and residential care sessions.
- 11 Fortnightly sessions of chair based exercises are being run in 5 sheltered housing schemes.

Protect Vulnerable People

Developing options for integrated health and social care teams.

- 12 A social worker has been seconded from the CYC hospital team to work with the Priory Medical Group of practices attending Multi Disciplinary Team meetings twice a week with a focus on early community intervention and promoting early discharge.

Equalities Update

- 13 CYC's Single Equality Scheme addresses inequalities in York for those who have protected characteristics under the Equality Act 2010. Corporate and Scrutiny Management Committee (CSMC) have overall responsibility for scrutinising the council's approach to equalities. At their meeting in July 2014, to ensure equality issues become embedded into the work of individual scrutiny committees, CSMC requested that each committee receive an update on the issues relevant to their terms of reference as part of their ongoing quarterly finance and performance monitoring reports.
- 14 The health of people in York is generally better than the England average. Life expectancy differs between richest and poorest. Data for 2010-2012 suggests an improved (shortened) life expectancy gap for men in York (8.5 years in 2009-2011 down to 7.2 years) but a worse (increased) life expectancy gap for women in York (5.6 years in 2009-2011 up to 5.9 years). Locally, the gap is reducing for males but increasing for females.

- 15 The main specific causes of death contributing to life expectancy in York in 2009-11 for males were coronary heart disease and chronic obstructive airways disease. For females it was chronic obstructive airways disease and lung cancer. Smoking prevalence in York is lower than the national average. York is already meeting the target for adult smoking prevalence (18.5% or less by the end of 2015). However York is not currently meeting the target for smoking at the time of delivery (11% or less by the end of 2015) but at the current rate of reduction is on course to do so. York aspires to be a 'no smoking city (which means less than 5% prevalence from smoking associated deaths) by 2025.
- 16 Alcohol consumption continues to present a challenge with 29.7% of adults over 18 drinking at "increasing risk levels". The council continues to work with the two universities and student unions to promote better awareness of excessive alcohol consumption, to address issues around behaviour and alcohol misuse.
- 17 In terms of obesity the prevalence of excess weight in adults is estimated to be 58.4%, which is lower than both the English and Regional averages. York has a similar percentage of children at Reception and a low percentage in Year 6 classified as obese or overweight compared to the England average. However local information shows that the rate of obesity almost doubles between a child aged 4-5 years and aged 10-11 years. City-wide and school-specific programmes around healthy eating and physical activity alongside providing information to parents relating to the health of their child so that they consider any action they may want to take is underway.
- 18 To tackle fuel poverty in the city the council is continuing to pursue the best deals we can broker for residents through energy switching deals and the impact of the Energy Obligation Company in York's most deprived communities and hardest to heat homes to reduce fuel costs.
- 19 In York it is thought that there are 2,725 people currently living with dementia and this is expected to rise to 3,209 by 2020. York is an early adopter of a national recognition pilot for dementia friendly communities led by the Alzheimer's Society. Many older people are suffering social isolation. The Joseph Rowntree Foundation has undertaken research into how social isolation can affect physical and mental wellbeing. Based on these findings we are looking at initiatives at a local level to tackle this issue.

- 20 Whilst the percentage of adults with learning disabilities in employment including supported employment (less than Minimum Wage) has increased, the percentage of people with learning disabilities without support in employment has decreased. The percentage of adults known to secondary mental health services in paid employment has also reduced. A number of initiatives are underway including the Routes to Success training programme for young people focusing on those with high support needs.

Council Plan

- 21 This report is directly linked to the Protect Vulnerable People and Build Strong Communities elements of the Council Plan 2011-15.

Implications

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

Risk Management

- 23 Adult Social Services budgets are under significant pressure. On going work within the directorate may identify some efficiency savings in services that could be used to offset these cost pressures before the end of the financial year. It will also be important to understand the level of investment needed to hit performance targets and meet rising demand for key statutory services. Managing within the approved budget for 2014/15 is therefore going to be extremely difficult and the management team will continue to review expenditure across the directorate.
- 24 Looking ahead for 2015/16 and beyond, due to the increasing demand and increasing complexity of people requiring care and support, the implications of the Care Act, the Better Care Fund and general reductions in central government funding, further transformation will be required to address the challenging budget position.

Recommendations

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

Reason: To update the committee on the latest financial and performance position for 2014/15.

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Report **Date** 2 September 2014
Approved

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Specialist Implications Officer(s) None

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

For further information please contact the author of the report

Background Papers

First finance and performance monitor for 2014/15, Cabinet 9 September 2014

Annexes

None



Health Overview & Scrutiny Committee**10 September 2014**

Report of the Assistant Director Governance and ICT

Discrimination against Disabled People in York Cover Report**Summary**

1. This report presents the Health Overview & Scrutiny Committee with a report into Discrimination Against Disabled People in York (Annex 1) prepared and published by Healthwatch York.

Background

2. Healthwatch York wanted to find out more about issues faced by disabled people in York. In March 2014 they met representatives from several charitable organisations supporting disabled people and their parents / carers in York. From these conversations and the anecdotal evidence they shared, Healthwatch York decided to focus on discrimination against disabled people in terms of the attitudes they face.
3. A survey looking at disabled people's experiences of discrimination in York was carried out and a series of focus group meetings were held after which Healthwatch York was able to identify several common themes which are discussed in detail in Annex 1.
4. As a result of this work Healthwatch York concluded that there are a number of problems faced by disabled people in York, including negative and discriminatory attitudes from the public and service providers as well as physical access issues. This led to a number of recommendations, contained in Annex 1, aimed at trying to resolve many of the problems faced by disabled people in the city.

Consultation

5. Healthwatch York consulted widely with partner organisations during the production of their report and these are detailed in Annex 1.

Analysis

6. This report and its annex are presented to the Committee for information only. A representative from Healthwatch York will be at the meeting to answer any questions Members may have.

Council Plan

7. This report and its annex are directly linked to the Protect Vulnerable People element of the Council Plan 2011-2015.

Risk management

8. There are no risks directly associated with this report. The risks of failing to take action to resolved discriminatory attitudes faced by disabled people area detailed in Annex 1.

Implications

9. There are no implications directly associated with this report. The Healthwatch York report at Annex 1 deals largely with equalities issues faced by disabled people in the city.

Recommendations

10. The Health Overview & Scrutiny Committee are asked to receive and comment on the information provided in Annex 1 and to ask questions of the Healthwatch York representative at the meeting should there be issues needing clarification.

Reason: To keep the Committee informed of issues faced by disabled people in York.

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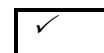
Report
Approved



Date 27/08/2014

Wards Affected:

All



For further information please contact the author of the report Annexes

Annex 1 – Healthwatch York report into Discrimination Against Disabled People in York

Abbreviations used in this report and its Annex:

A + E – Accident and Emergency

A-level – Advanced level

AS-level – Advanced Subsidiary level

BSL – British Sign Language

CAMHS - Child and Adolescent Mental Health Service.

CANDI – Children AND Inclusion

CYC – City of York Council

ED. Psych - Educational Psychologist

ISUF - Independent Service User's Forum

LMC – Local Medical Committee

SENCO – Special Education Needs Co-ordinator

SNAPPY - Special Needs Activities and Play Provision for York

YUSU DSN - York University Student Union Disabled Students' Network

YILN - York Independent Living Network

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Discrimination Against Disabled People in York



Independent
Service User Forum
(Mental Health)



York University Student Union

June 2014

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Why we use the term disabled people

At Healthwatch York, we follow the social model of disability and therefore use the term disabled people as a political one. People may have physical or sensory impairments, mental health conditions, or learning difficulties, but they face barriers in daily life because of the way society has developed. They are, in essence, disabled by society. For example, a wheelchair user may have a physical impairment, but if buildings are developed with ramps and lifts, they are not 'disabled'. Similarly, if we provide sign language interpreters at meetings, Deaf people who use signing are not disabled, but if we do not, they are. In our focus group notes we have used the term school for young disabled people as opposed to “special” school, as many disabled people find the use of the word “special” problematic. It has become a problematic term because some non-disabled people use the term respectfully whereas others use the term as an insult. Therefore, we have opted not to use the word at all.

We are aware that some people are more comfortable talking about “people with disabilities”. It is not up to us to tell disabled people how they should describe themselves, and we aim to reflect their terminology in our one-to-one conversations with them. But, we feel it is important that as an organisation we use the terminology that reflects our belief in empowering people and removing barriers to their inclusion. We have worked closely with a number of disabled people who are passionate campaigners for a greater understanding of the social model. We hope by using their preferred wording, and explaining why we do this, that we can support their work to change society for the better.

Discrimination against disabled people in York

This report looks at the discrimination disabled people face in York. It sets out how we identified this as a problem and what we have done in response. It makes recommendations to several organisations to tackle inequality and give disabled people a stronger voice in the community. In this report we look at discrimination predominantly in terms of the attitudes disabled people faced both from service providers (GPs, shop assistants etc.) and the general public. We conclude that disabled people face a variety of discrimination from both service providers and the general public.

Nationally about one in five people live with an impairment or long-term health condition.¹ The population of York is 198,051². According to the 2014 Joint Strategic Needs Assessment for York³ “6.6% of the population have a long-term health problem or disability which significantly limits day to day activities, this represents 13,018 people. Additionally, 3.1% of those aged 0-24 have a limitation in day-to-day activities. In 2009, 2,304 people in York were diagnosed as having dementia. By 2015, this number is predicted to increase to 2,708. It is estimated that at any one time there are approximately 170 individuals living with a mental health condition⁴ for every 1,000 people aged 16 to 74 years in York. This equates to around 25,000 people experiencing various kinds of mental health conditions ranging from anxiety and depression to severe and enduring conditions including dementia and schizophrenia, (data from 2008). Finally, there are 18,224 self-declared unpaid carers in York, 9.2% of the population”.

Taken together these statistics represent a significant proportion of the local population who are affected by disability or mental health in some way.

¹ Family Resources Survey 2011/12

² <http://www.york.gov.uk/info/200630/census/249/census/2>

³ Figures available from: <http://www.healthyyork.org/>

⁴ We use the term mental health conditions in this report because in our conversations with mental health service users, they told us this is the terminology that they prefer.

Why Healthwatch York decided to look at this issue

In Healthwatch York's work plan survey in Summer 2013, of the 97 people who responded to the survey 61.9% said living with long-term conditions and mental health conditions were topics that Healthwatch York should look at. There have also been several issues of discrimination against disabled people reported in Healthwatch York's issues log. For example, one man told us about a relative who is a wheelchair user. Theoretically, with support from her carer and her bus pass she should be able to use buses to travel around York. However, a large proportion of her money is being spent on taxis because bus drivers often don't allow her to get on the bus. Online research has also revealed examples of disabled people in York being discriminated against. This included disabled theatre-goers who were forced to pay twice as much for tickets as non-disabled theatre-goers to attend a show at the Barbican in York, simply because they were disabled:

<http://disabilitynewsservice.com/2014/02/theatre-discrimination-victory-will-have-wide-reaching-impact/>

We wanted to find out more about the issues disabled people in York face and to find out what questions we should focus on. In order to do this in March 2014 we met with representatives from several charitable organisations supporting disabled people and their parents/carers in York. These were: CANDI (Children AND Inclusion), The Retreat, The Independent Service User's Forum (ISUF), York Independent Living Network (YILN) and York University Student Union Disabled Students' Network (YUSU DSN). From these conversations and the anecdotes they shared with us during them, we decided to focus on discrimination against disabled people in terms of the attitudes they face.

What we did to find out more

We produced a survey looking at disabled people's experiences of discrimination in York. The draft of this survey was sent to our contacts at CANDI, The Retreat, ISUF and YILN. From their feedback changes were made to the survey and the final version of the survey can be found in appendix 1. As well as paper copies of the survey there was an online option for people to respond using SurveyMonkey. In total 99 people completed the survey.

We also held focus groups with members of CANDI, ISUF and YUSU DSN. In total we spoke to 23 people through focus groups.

We also supported an event with YILN looking at disability hate crime as well as disabled people's experiences of living in York. The event was attended by 45 people.

We advertised the project through a leaflet (appendix 4) that was distributed around York by Healthwatch York staff and volunteers. We also worked with York Press to publish an article about the project, which can be found here:

www.yorkpress.co.uk/news/11204851.Disabled_people_urged_to_give_their_experience_of_discrimination/

The meetings were set up as safe places for disabled people to share their experiences. Attendees were told that Healthwatch York would be producing a report following the meeting. We reassured them that no names would be used and people would not be identified in any way.

At the CANDI and YUSU DSN focus groups and YILN event people were asked to talk about where in York they do and do not feel safe and why using maps to help them think of places, (see appendix 2 for the maps). At the CANDI, ISUF and YUSU DSN focus groups two other key questions were asked, these were:

- What are your experiences of being a disabled person or parent/carer in York?

- What do you think can be done to improve life for disabled people in York?

People were encouraged to share both good and bad experiences with us. Attendees could do this by sharing their experiences with the whole group, or in private one to one sessions with Healthwatch York staff after the main meeting had finished.

Healthwatch York staff took notes of all the issues raised during the meetings and during the one to one sessions after the meetings. The notes from all the focus groups can be found in appendix 3.

We sent a draft copy of this report to all of the organisations we worked with on the project for comment. All of the organisations responded and their feedback has been incorporated into the final version of the report.

We also sent the draft copy of the report to: City of York Council, North Yorkshire Police, NHS Vale of York Clinical Commissioning Group and York Teaching Hospital NHS Foundation Trust for fact checking.

Copies of the final report have been sent to all the organisations above and also: NHS England NorthYorkshire and the Humber local area team, the Local Medical Committee (LMC), Leeds and York Partnership NHS Foundation Trust.

York Teaching Hospital NHS Foundation Trust asked to clarify some of the points raised by individuals in the focus groups. Firstly, they state that there are translation/interpretation services available at York Hospital, although they acknowledge individuals have faced issues with these. They told us that the Trust has a separate group which has been set up recently to look at access to services which is looking at services for deaf people and other people who have difficulties accessing health services. Secondly, they felt that there are a variety of ways York Hospital will get in touch with individuals depending on the needs of the patient. This is contrary to what individuals at one of the focus groups said.

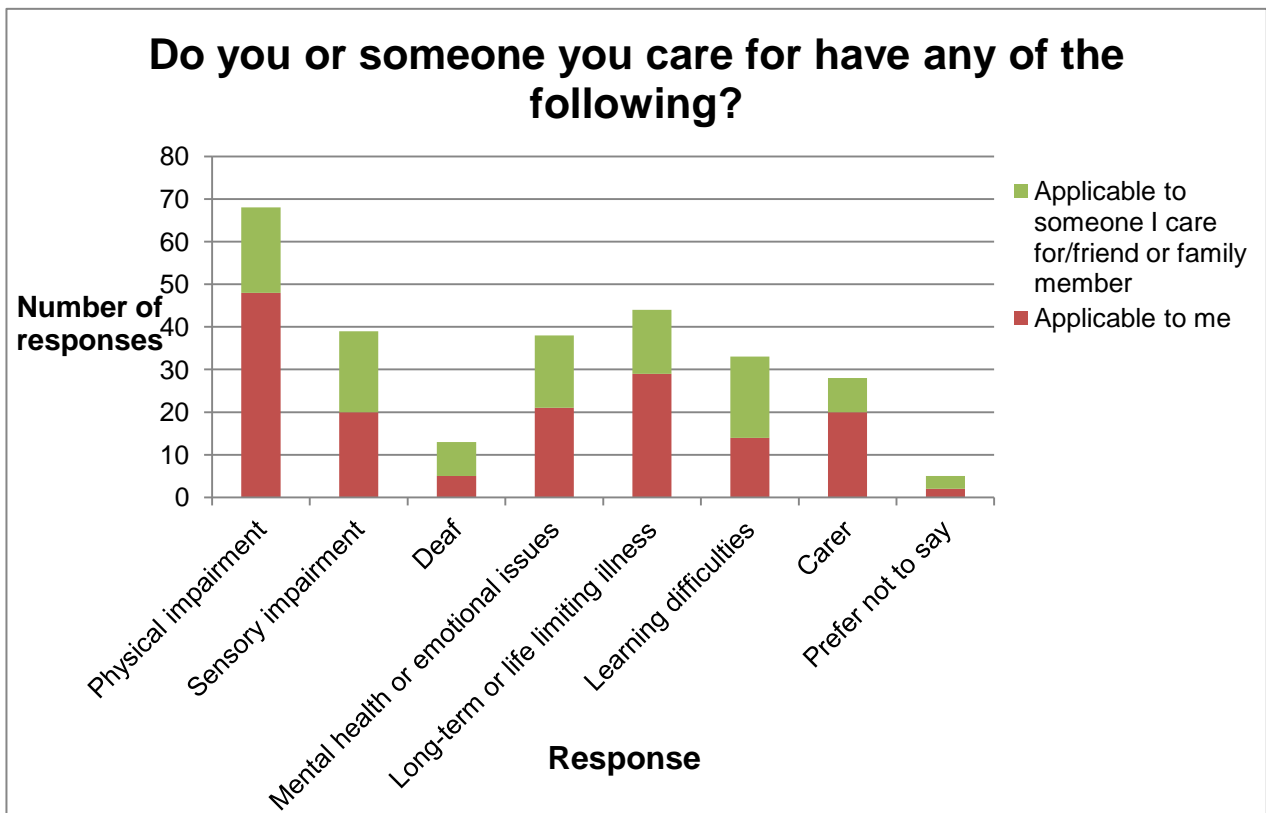
What we found out

Through holding the focus groups and encouraging people to fill in the survey Healthwatch York has heard from 167 people about the issue of discrimination against disabled people in York. From this we have identified several common themes, which will be discussed in detail later.

Survey summary

In total 99 people responded to the survey. This summary shows the overall results for each question in the survey as well as quotes summing up people's opinions on the different areas the survey focused on.

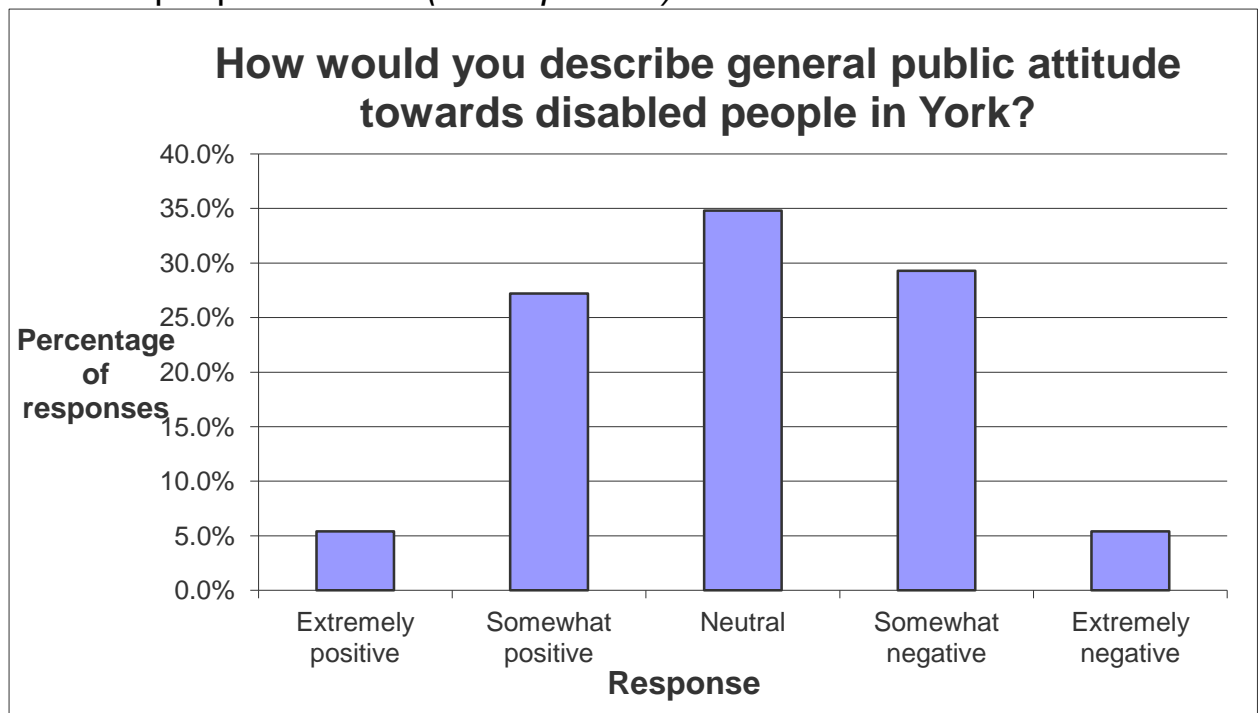
Question 1: Do you or someone you care for have any of the following? Please tick as many as are applicable to you. (98 responses)



Question 2: Do you consider yourself to be a disabled person? (96 responses)

Answer	Response Percent	Response Count
Yes	75.0%	72
No	25.0%	24

Question 3: How would you describe general public attitudes towards disabled people in York? (92 responses)



Question 4: Please explain why you have selected your response to question 3. (71 responses)

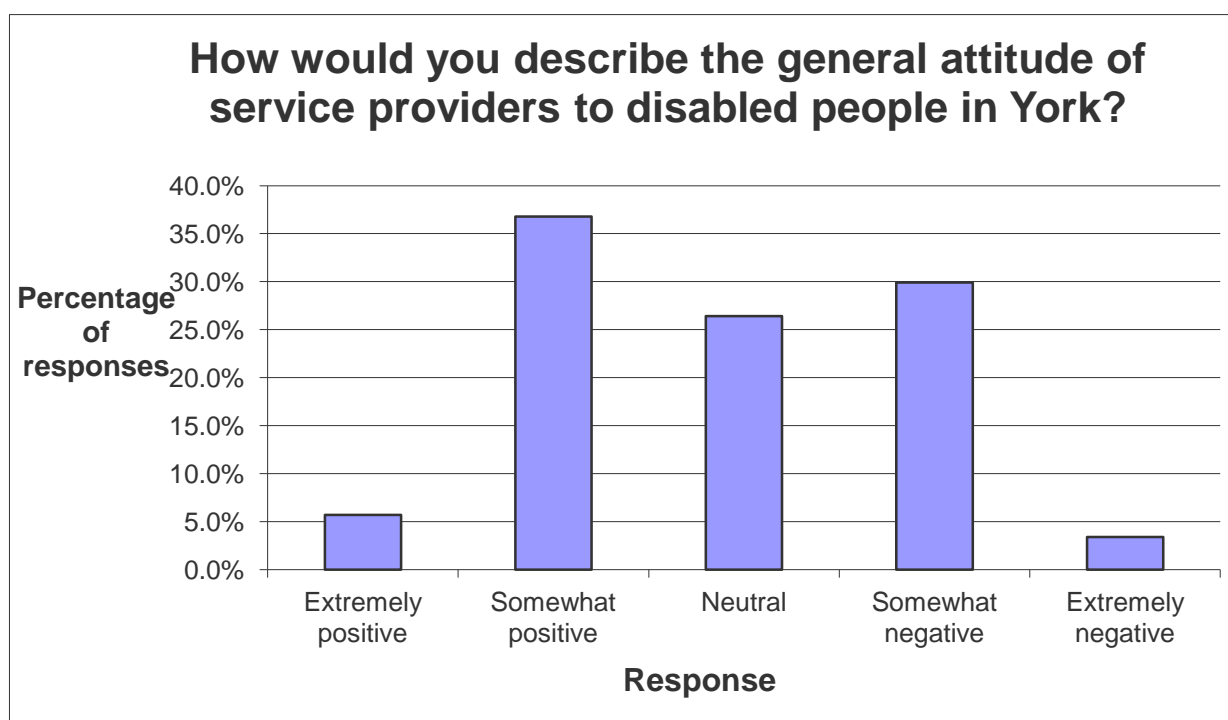
Common responses to this question included:

“Have received comments like, ‘he’s not disabled!’”

“Some people are very positive and helpful, whereas there are a number of people who are overtly negative”.

Overall, the general consensus was that members of the public can behave negatively towards disabled people, however, several people pointed out this is not the case for everyone.

Question 5: How would you describe general service provider attitudes (e.g. bus drivers, shop assistants, GPs etc.) towards disabled people in York? (87 responses)



Question 6: Please explain why you have selected your response to question 5. (64 responses)

Common responses to this question included:

“Rudeness, lack of empathy”, “lack of respect”.

“Many shop assistants look over the top of me and speak to friends and carers instead”.

“Selected somewhat negative...because I have to listen to service providers (whereas I don’t need to listen to what the general public are

saying”.

“Service providers can sometimes struggle to understand things from a disabled person’s point of view. I don’t think that this is necessarily malicious”.

“Some provide an excellent and accessible service. Some do not. It’s always pot luck and this makes life very hard”.

“I have had no real issues with service providers and found a good number bend over backwards to make you equal”.

Again, there was a feeling that there are issues with the attitudes of some service providers, but this does not apply to them all.

Question 7: Do you think attitudes towards disabled people have worsened in the last 3 years? (84 responses)

Answer	Response Percent	Response Count
Yes	35.7%	30
No	27.4%	23
Not sure	40.1%	34

Comments regarding this question included:

“It has always been there”.

“As budgets have been cut within local government attitudes have worsened”.

“I may have been ‘lucky’ not have had any bad attitude”.

“In general, we feel attitudes have got better”.

Several people also commented that they felt that they had either not lived in York long enough, or had an impairment for long enough to be able to answer this question.

Question 8: If you answered yes to question 7, do you think media attention around people claiming benefits and stories of "benefits cheats" have contributed towards this? (51 responses)

Answer	Response Percent	Response Count
Yes, a lot	47.1%	24
Yes, somewhat	25.5%	13
Not sure	23.5%	12
No	7.8%	4

Common responses to this question included:

“Yes definitely. From chatting to other disabled people on the internet a lot of disabled people are frightened either to go out at night or face daily abuse and suspicion. This seems to be due to tabloid scare stories”.

“Stereotyping disabled people does not help”, “everyone is tarred with the same brush”.

“There will always be individuals who ‘work’ the system...unfortunately they do impact on genuine users”.

Question 9: Have the welfare reforms (e.g. changes to housing benefits and Employment Support Allowance) and/or changes to social care funding affected you? (82 responses)

Answer	Response Percent	Response Count
Yes, financially	7.3%	6
Yes, emotionally	15.9%	13
Both financially and emotionally	26.8%	22
No	52.4%	43

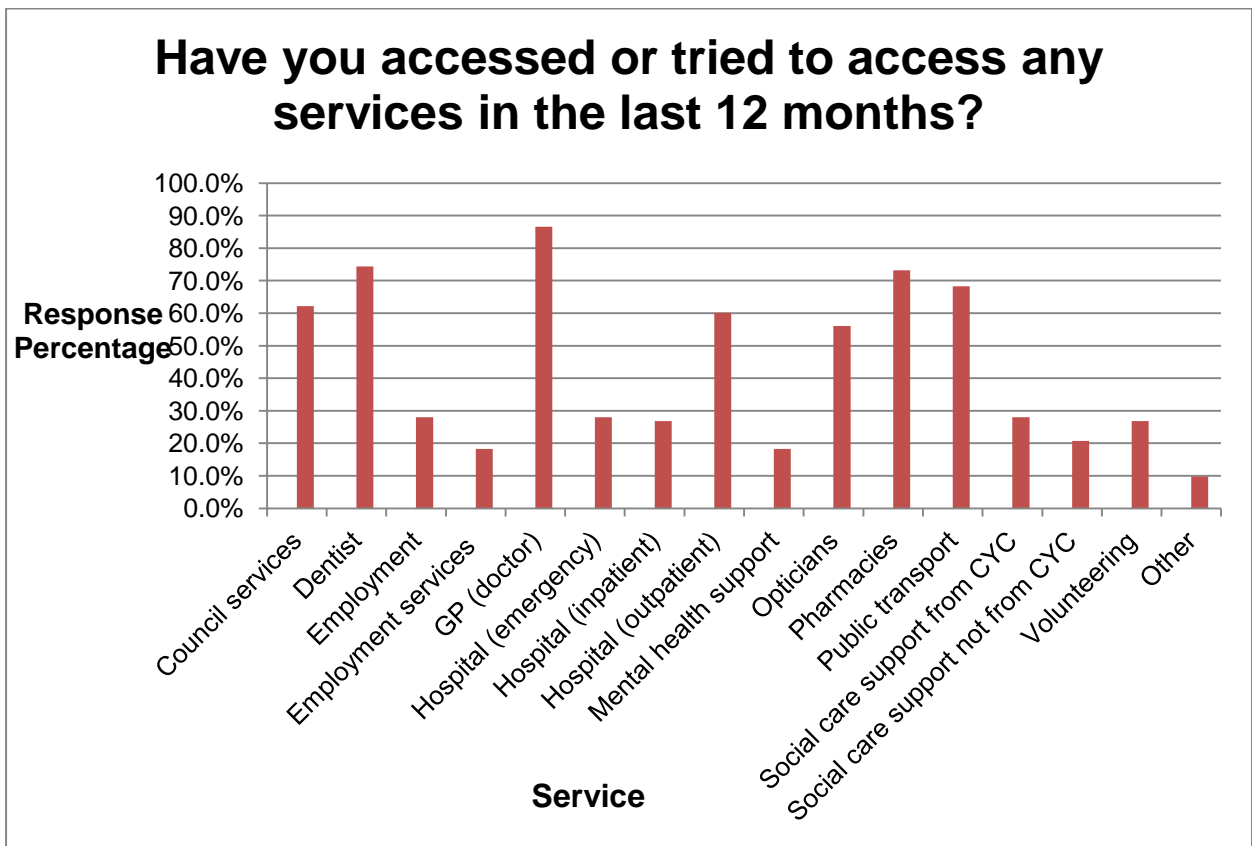
Common responses to this question included:

“I constantly worry that my benefits will be changed or reduced, I’ve been ok so far but each time they need to be renewed I get very stressed about it which impacts on my health”.

“Yes, due to cuts I find myself choosing between bills and needed personal items”.

“Not yet, but they may do in the future”.

Question 10: Have you accessed or tried to access any services in the last 12 months? Please select all the relevant services from the list below. (82 responses)



Question 11: Have you experienced discrimination or negative attitudes when accessing or trying to access services in the last 12 months?

Please select all the relevant services you have experienced issues with from the list below and when you experienced the discrimination or negative attitudes: (66 responses)

Answer	Accessing	Trying to access	Number of individuals providing feedback on service
Council services	13	13	16
Dentist	11	8	13
Employment	12	11	17
Employment services	13	13	17
GP (doctor)	19	10	22
Hospital (emergency)	10	3	12
Hospital (inpatient)	8	5	11
Hospital (outpatient)	10	7	11
Mental health support	4	6	9
Opticians	7	7	8
Pharmacies	9	9	12
Public transport	16	14	20
Social care support from CYC	8	3	9
Social care support not from CYC	3	1	3
Volunteering	6	7	7
No discrimination or negative attitudes experienced	21	16	21
Other			14

Key figures:

- **31.8% of respondents to this question experienced no discrimination of any kind.**
- **This means 68.2% of respondents have experienced discrimination when accessing or trying to access at least one service.**

- **The services the most people experienced negative attitudes when accessing or trying to access were the GP (33.3% of respondents) and public transport (30.3% of respondents).**
- **63.6% of respondents have experienced discrimination when accessing at least one service.**
- **42.4% of respondents have experienced discrimination when trying to access at least one service.**

Question 12: Are there any specific experiences you would like to share with us? (39 responses)

There were a number of different experiences shared with us in this question, several related to issues with health services (13 comments) and public transport issues (11 comments).

Question 13: How do you think discrimination against disabled people in York could be reduced? (Please give no more than 3 suggestions). (62 responses)

Common responses to this question included:

“Education about people with disabilities should start in pre-school and continue throughout their education and in all employment sectors”.

“Better training”.

“Awareness. Education.”

“People actually being held to account for their blatant discrimination”.

“Campaign about the positive contribution people living with disabilities make”.

“More awareness around the POSITIVE effect that welfare has in changing disabled peoples’ lives”.

There were also a number of comments regarding practical ways in which physical access could be improved for disabled people in York.

Common themes from the focus groups and YILN event

From the focus groups a number of common themes arose:

- There were comments in all of the sessions regarding the negative comments disabled people have received from members of the public. Individuals also spoke about the impact these negative comments have had on them.
- In 3 of the 4 focus groups issues surrounding public transport, particularly buses were raised.
- It was highlighted that individuals with mental health conditions⁵ often experience poorer quality and availability of services than those with other impairments. Furthermore, those with mental health conditions reported experiencing more overt discrimination than those with other impairments.
- It was also highlighted that disabled people do not face problems everywhere they go. For example, in 2 of the 4 focus groups Caffè Nero was singled out as being particularly disabled-friendly.
- In terms of how life in York could be improved for disabled people common suggestions centred on increased education about living with impairment and mental health conditions, awareness-raising of issues disabled people face and better training for staff in all professions, particularly those in public-facing roles.

In general, the topics discussed at the focus groups reflect the main findings from the survey. In the CANDI focus group important issues were raised that seem to only impact upon the parent/carer group. These will be discussed in more detail shortly.

⁵ It should also be noted that not all individuals with mental health conditions were happy with being labelled as “disabled”. However, for the purposes of this report we have included mental health conditions under our definition of disability.

Issues regarding health services

Where specific providers were mentioned both in the survey and focus groups a large number of negative experiences involved health services. We include GPs, hospital services, mental health services, pharmacies and dentists in this category. In total issues with health services were mentioned 32 times in the survey and 16 times in the focus groups.

The following are examples of the issues with health services that disabled people and their parents/carers reported:

- The first common experience related to the attitudes disabled people have received from individuals working in health services.
 - There were lots of comments from disabled people who felt that they had been patronised by GPs and other medical staff. They also felt that health professionals can hold dismissive attitudes towards disabled people.
 - One individual told us how when visiting a chemists a member of staff wouldn't give them their prescription because they are a mental health service user (the staff member could tell from the medication). The staff member said to the service user "I don't want you coming in here". Negative attitudes like this are extremely concerning particularly in light of the current push to get the general public to use pharmacies more as an alternative to GP and hospital services.
 - There were also comments regarding York Hospital in particular. Service users with mental health conditions said that A + E staff do not have a good understanding or positive attitude towards individuals with mental health conditions. These problems were often experienced by people visiting A + E for self-injury related medical issues.

- There were also comments regarding the general accessibility of health services. These included:
 - Medical administration staff not looking at patient records to see how individuals need to be contacted. One individual told us that they are blind yet York Hospital continually uses letters as opposed to the phone to contact them, even though the individual has raised this issue on several occasions. At a focus group one individual told us the phone is inaccessible for them but because they are not Deaf⁶ this information is ignored and health services contact them by phone to arrange appointments.
 - There were also feedback concerning a perceived lack of Deaf awareness and interpreters in health services. Many of these issues are mirrored in Healthwatch York's report on 'Access to health and social care services for Deaf people' which can be accessed here:

www.healthwatchyork.co.uk/wp-content/uploads/2013/12/Healthwatch-York-report-on-access-to-services-for-deaf-people.pdf

- There were also issues raised regarding the suitability of York Hospital Accident and Emergency department (A&E) for disabled people. Some disabled people find it particularly difficult to wait or to be in noisy crowded places and waiting to be seen at A&E can be extremely difficult for them. This issue is examined in more detail later in this report.

⁶ In this report we use Deaf with a capital 'D' to mean people who have British Sign Language (BSL) as their first or preferred language.

Issues regarding public transport

A number of negative comments were also made regarding public transport. Although this definition includes buses, trains and taxi services, the vast majority of issues raised concerned buses (15 in the survey and 8 in the focus groups).

The following are examples of the issues with bus services that disabled people and their parents/carers reported:

- Individuals with pushchairs are often in the wheelchair spaces on buses. Whilst disabled people recognise that individuals with pushchairs may need to use those spaces on buses, their usage of the space often comes at the expense of disabled people being able to use the bus.
 - There were a number of comments from disabled people saying that there have been occasions where bus drivers have told wheelchair users they cannot get on the bus as there are already pushchairs on the bus.
 - Disabled people feel that this is unfair as theoretically pushchairs should be able to fold down meaning that wheelchair users would then be able to use the space.
 - The issue of whether legally wheelchair or pushchair users should have priority on public transport is currently awaiting a judgement from the Court of Appeal:

<http://www.telegraph.co.uk/news/uknews/law-and-order/10494819/Court-to-rule-on-wheelchairs-or-pushchairs-to-have-priority-on-public-transport.html>

- Another issue raised was with the attitudes of the bus drivers. The following comment is typical of individuals' experiences of negative attitudes from bus drivers:

“Bus drivers always seem put out if they have to turn the engine off, get out of their seat and lower ramps for me. They never ask people with pushchairs to clear the wheelchair space and I often have to wait for another bus”.

- There were also several comments from individuals who felt that bus drivers often do not give disabled people enough time to seat themselves on the bus, often pulling away from bus stop before they are seated. Some individuals reported that they have fallen over as a result of this.
- Individuals also commented on the issue of non-disabled people sitting in the seats set aside for disabled people. They find this difficult because whilst they need to sit down they do not want to get into a confrontation with the general public about this. Some felt that bus drivers could do more to help disabled people with this issue.

Issues regarding the public

One issue we focused on in the survey was individual's experiences of the general public's attitudes towards disabled people. The results for that question can be found in the survey summary above. Negative experiences regarding the attitudes of the general public were also raised in all of the focus groups even though participants were not specifically asked about them. Taken together, this suggests the issue of general public attitudes towards disabled people is something that needs addressing.

Most negative experiences related to verbal comments/abuse received by disabled people from the general public. We were also told about other more serious incidents as well including:

- People experiencing individuals banging on their windows and doors at night, making them feel threatened.
- Individual's neighbours regularly being abusive towards them.
- One individual reported an incident where someone attempted to be violent towards their disabled daughter.

These experiences have left some disabled people scared of going out and about. This means that they cannot take part in community activities like their non-disabled peers. This has a negative effect on both disabled people and the communities they live in as they do not feel safe being an active member of them.

At the YILN event looking at disability hate crime a lot of disabled people reported that they do not know how to report hate crimes or where they can go to do this. They also are not aware of the roles of different local authorities have in reporting and tackling disability hate crime and how they can help, or they cannot access the authorities which leaves them powerless to take action. This is clearly an issue that needs to be worked on in order to help disabled people deal with the issues that they face from the general public.

Other issues

There were also recurring comments regarding bus passes, public-facing jobs, accessible parking and accessible toilets.

- Public-facing jobs. When discussing problems accessing or trying to access services in some cases it was the individual in a public-facing role (e.g. receptionists) as opposed to the service provider themselves that were the cause of the negative experience. Many suggested that a lack of disability and mental health awareness training for individuals in public-facing jobs may be a contributing factor to the negative experiences some disabled people reported to us.
- Bus passes. A few people commented that they have been told that they are ineligible for a bus pass by City of York Council due to being classed as on the lower rate of mobility benefits. One person said they are not allowed to drive or cycle due to their mental health condition, yet they were told they were ineligible for a bus pass. This decision does not appear to be in keeping with the national conditions for the disabled bus pass, as set out here (see section g):

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/181507/eligibility-review.pdf

- Accessible parking. The issues raised around accessible parking fell into two categories, the lack of accessible parking in York and the problem of individuals who are not Blue Badge holders parking in accessible parking bays.
 - Lack of accessible parking in York. People commented that they feel that disabled people are being increasingly excluded from the city centre. The following comment illustrates disabled people's feelings on the topic:

“I feel that the closing of Davygate during the day with moveable bollards and limiting access until 5pm to the city centre has made life more difficult. Prior to this there was a green city centre badge scheme for cars and it was easy to gain access to the city centre. I thought that there should have been a concession to blue badge holders to cross Lendal Bridge when it was closed”.

- If in future there are any major changes to the access routes to the city centre (for example, if the decision is taken to close Lendal bridge once again) there should be a full Equality Impact Assessment carried out to ensure that disabled people are not affected by these changes. The original Equality Impact Assessment for the Lendal Bridge closure, whilst recognising that disabled people would be affected by the closure argued that:

“Exclusion of blue badge holders and motorcyclists is based on the overall objective which is to significantly reduce traffic in the city centre. In addition exemptions are based on being able to identify a legal definition for a class or use of vehicle which can then be legally signed. Inclusion of these groups would require the aforementioned criteria to be met as well as the registration plates of every vehicle. Blue badges are attributed to individuals not vehicles and therefore it would not be possible to identify the legitimacy of the vehicle.”⁷

- We disagree with this as we feel that traffic to the city centre would still have been significantly reduced even if blue badge holders had been exempted from the ban. Additionally, it would also have been possible to get signage showing that blue badge holders were exempted from the ban.

⁷ http://www.york.gov.uk/downloads/file/10984/lendal_bridge_closure

- Non-blue badge holders using accessible parking bays. This presents difficulties for disabled people who are blue badge holders as they cannot then park. Some people commented that they feel there should be harsher penalties for people without blue badges who park in blue badge spaces.

- Accessible toilets. People mentioned that they feel there are not currently enough public accessible toilets in York and as of May 2014 one individual reported that the accessible toilets in York had been out of order for over a month. One resident of York has summed up her feelings on the current situation in this blog post:

<http://yorkpeoplesassembly.wordpress.com/2014/05/27/skip-to-ma-loo-my-darling/#more-615>

Issues facing parents/carers of disabled children

Some of the issues reported to us were issues that specifically affected parents/carers of disabled children. These included issues with York Hospital A&E, issues relating to school and education and issues with the general public.

- York Hospital A&E. The environment is often very crowded, which is difficult for children with autism or other conditions who find it difficult to wait. However, there is nowhere else for them and their families to wait. Parents/carers reported that this has led to situations where their child has had a “meltdown”, which is a difficult situation for both the parents/carers and for the child themselves.
- School and education issues.
 - There was also a feeling from parents/carers that there need to be better transition plans for disabled children from primary to secondary education. At present, it was felt that the adequacy of transition plans varies across York and this should not be the case.
 - There was also an issue raised around the adequacy of support for disabled children as they get older:

“My daughter is 18 and completing A-levels. We have known she is dyslexic for some time but she was coping well so was not formally diagnosed. However, at AS-level it became clear she had reached the point where personal coping strategies were no longer sufficient, but the school was unable to refer for Ed. Psych. assessment as she is over 16 and would not apply to the exam board for extra time. There appears to be a huge gap in provision at a critical time that could mean pupils being substantially disadvantaged by the system”.

- The general public. Problems parents/carers face from the general public are slightly different from the ones mentioned above. Parents/carers are often worried about how the public will perceive their parenting skills. For example, sometimes a parent may have to physically restrain a child and they are concerned people will see them as a “bad parent”. Parents also talked about wanting to protect their child, with one individual stating that they have not experienced much discrimination because they choose not to take their child anywhere where they feel they might experience problems.

Conclusion

This work has revealed that there are a number of problems faced by disabled people in York. These include negative and discriminatory attitudes from the general public and service providers as well as physical access issues. We have made a number of recommendations, based on the feedback we have received, which we feel could make a real difference to the lives of disabled people in York.

Our findings are consistent with the national picture of problems that disabled people face. For example, the Office for Disability Issues⁸ report that:

- Disabled people are significantly more likely to experience unfair treatment at work than non-disabled people. In 2008, 19 per cent of disabled people experienced unfair treatment at work compared to 13 per cent of non-disabled people.
- Around a third of disabled people experience difficulties related to their impairment in accessing public, commercial and leisure goods and services.
- Disabled people are significantly more likely to be victims of crime than non-disabled people. This gap is largest amongst 16-34 year-olds where 39 per cent of disabled people reported having been a victim of crime compared to 28 per cent of non-disabled people.
 - In North Yorkshire the British Crime Survey results from December 2013⁹ showed that Victims of Household crime within North Yorkshire were 10.6% and victims of personal crime were 4.2%. However, as Julia Mulligan, Police and Crime Commissioner for North Yorkshire said at our event with YILN: “Reported levels of hate crime in York in no way reflect the level of hate crime taking place. We need to increase the level of reporting. I want to know whether hate crime reporting centres are working. Are people aware of them and do people know where they are?”

⁸ <http://odi.dwp.gov.uk/disability-statistics-and-research/disability-facts-and-figures.p>

⁹ <http://www.crimesurvey.co.uk/previous-research.html>

At present in York disabled people face discriminatory attitudes from a wide range of sources. This is not acceptable. Disabled people deserve to be treated equally. We believe it is in service providers and the general public's interest to change their attitudes towards disabled people. Not only because disabled people deserve a better quality of life, but because disability affects everyone. Only 17% of disabled people are born with their impairment¹⁰. Many disabled children and adults live with non-disabled parents, siblings, children or partners. This means that the issues that they face are highly likely to one day affect many of the people who read this report.

Our work has also revealed that there are examples of improvements and good practice which are already happening. We hope that by highlighting some of these examples we will encourage good practice to spread.

A number of cafes and restaurants were specifically named because people felt they respond positively to the needs of disabled people: Caffè Nero (specifically named as being deaf aware), Frankie and Benny's (named by parents of disabled children), Greggs (named by disabled students).

There was praise for teachers, teaching assistants, special education needs co-ordinators (SENCO), school transport escorts and drivers.

Positive experiences were reported from taking part in leisure activities including ten pin bowling. Cinemas in York have autism friendly screening. The City of York Council have disability sports officers who make sports such as cycling, swimming and trampolining accessible. Libraries were regarded as places where disabled people feel safe and the staff are helpful.

¹⁰ http://www.efds.co.uk/resources/facts_and_statistics

Cameras in the city centre were regarded as helpful and Clifton Moor Shopping Centre was named as a safe space. There was positive feedback for the queuing system and the staff at West Offices.

Some positive experiences of public transport were reported. Some bus drivers are good at responding to the needs of disabled passengers – especially if they get to know a disabled person on a regular route. There was praise for railway staff and passenger assistance at the station.

Recommendations

Recommendation	Recommended to
<p>1. Organise a campaign to challenge stereotypes and tackle prejudice, highlighting the barriers disabled people face and what people can do about them. The same should also be done for mental health conditions. This awareness campaign should be developed with disabled people, including people with mental health conditions and organisations helping them and their families.</p>	<p>Health and Wellbeing Board, engaging with York Press, Radio York and the Joseph Rowntree Foundation. Also consider links to the local business community.</p>
<p>2. Children should be educated about disability and mental health conditions from an early age. This should include topics such as respect, the appropriate language to use regarding disability, disabled people and mental health. Children should be encouraged to participate actively in promoting inclusive communities.</p>	<p>Health and Wellbeing Board and YorOK Board</p>
<p>3a. Provide disability equality and mental health awareness training, as a minimum for all staff that have contact with the public. Ideally, longer term this training should be mandatory for all staff, and embedded in organisational induction processes, but this may be unrealistic in the short term. The training for disability and mental health conditions should be separate as the issues involved are not the same.</p>	<p>All statutory partners, all service providers including GP surgeries led by City of York Council Workforce Development Unit</p>
<p>3b. The training programme must be co-designed with disabled people and people with mental health conditions and organisations helping them and their families to make sure training is credible and reflects the day to day lived experiences of disabled people and people with mental health conditions. Where possible, delivery should be by disabled people; supported by a trainer only where the disabled</p>	<p>City of York Council working with existing groups such as YILN, York Mind and York People First</p>

person(s) is (are) not an accredited trainer themselves.	
4. There should be more support for people to deal with the welfare reforms and changes to health and social care funding. The City of York Council should work with partners to create a hub for information, advocacy and peer-support, working with disabled people's organisations, carers' organisations and advice organisations. This will also help them to meet the requirements for Information, Advice and Support in the Care Act 2014.	City of York Council (including the Rewiring services team)
5. Consider introducing an "Accessible York" card that individuals could use when going about their daily lives to increase awareness amongst service providers. This should also be available to parents/carers for their child/individual they care for. This card should have wide eligibility criteria to ensure as many disabled people as possible are able to access it.	City of York Council
6. Review the accessibility of the A+E department for individuals who find it difficult to wait and consider introducing a separate space for these individuals to wait to reduce the stress of going to A+E both for the individual and their parents/carers.	York Hospital NHS Foundation Trust
7. Consider the distance from bus stops and accessible parking spaces to public offices, places of work and accommodation. Provide plenty of seating both outside and inside these buildings, and publicly accessible cafes.	City of York Council, Universities, employers
8. Review eligibility criteria for disabled bus passes to ensure it is in-line with legal guidance on disabled bus pass provision.	City of York Council
9. Improve hate crime reporting by working with disabled people to develop effective hate crime reporting systems. Additionally, raise awareness of how and where disabled people can report disability hate crimes.	City of York Council and North Yorkshire Police.

<p>10. Improve accessible parking and access to the city centre, including public transport options. This should be done through working with disabled people to identify the problems and explore possible solutions through public meetings etc. that are accessible to all.</p>	<p>City of York Council, all City of York bus providers</p>
<p>11. When designing surveys and holding public meetings etc. work with disabled people to ensure that they are fully accessible.</p>	<p>Health and Wellbeing Board</p>
<p>12. Consider re-introducing the 'hotspots' scheme. This scheme enabled disabled people to report issues such as lack of dropped kerbs, problems with accessible parking etc. Healthwatch York would be happy to have an active role in re-introducing the scheme.</p>	<p>Health and Wellbeing Board</p>
<p>13. Make sure that accessibility is always considered when primary care services are commissioned.</p>	<p>NHS England North Yorkshire and Humber area team</p>

Appendices

- Appendix 1 Healthwatch York survey looking at discrimination against disabled people in York
- Appendix 2 Copies of the maps from the focus groups and YILN event
- Appendix 3 Focus group notes
- Appendix 4 Leaflet advertising the project

Appendix 1: Healthwatch York survey

Discrimination Against Disabled People In York

In this project we are looking at discrimination in terms of the attitudes disabled people have experienced from individuals and organisations.

At Healthwatch York we fully comply with data protection procedures, this means that your answers to this survey are all anonymous and confidential. No personal data you give us in this survey will be disclosed without your consent.

Please note: questions marked with * are mandatory.

*** 1. Do you or someone you care for have any of the following?
Please tick as many as are applicable.**

	Applicable to me	Applicable to someone I care for/friend or family member
Physical impairment (e.g. which affects mobility or manual dexterity)	<input type="checkbox"/>	<input type="checkbox"/>
Sensory impairment (for example, hearing loss or visual impairment)	<input type="checkbox"/>	<input type="checkbox"/>
Deaf	<input type="checkbox"/>	<input type="checkbox"/>
Mental health or emotional issues	<input type="checkbox"/>	<input type="checkbox"/>
Long term or life-limiting illness	<input type="checkbox"/>	<input type="checkbox"/>
Learning difficulties (for example dyslexia, autistic spectrum condition)	<input type="checkbox"/>	<input type="checkbox"/>
Carer	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>

*** 2. Do you consider yourself to be a disabled person?**

Yes

No

*** 3. How would you describe general public attitude towards disabled people in York?**

Extremely positive

Somewhat positive

Neutral

Somewhat negative

Extremely negative

4. Please explain why you have selected your response to question 3:

*** 5. How would you describe the general attitude of service providers (e.g. GPs, shop assistants, bus drivers etc.) towards disabled people in York?**

Extremely positive

Somewhat positive

Neutral

Somewhat negative

Extremely negative

6. Please explain why you have selected your response to question 5:

*** 7. Do you think public attitudes towards disabled people in York have worsened in the past 3 years?**

Yes

No

Not sure

Comments:

8. If you answered yes to question 7, do you think the media attention around people claiming benefits and stories of “benefit cheats” have contributed towards this?

Yes, a lot

Yes, somewhat

Not sure

No

Comments:

***9. Have the welfare reforms (e.g. changes to housing benefits and Employment Support Allowance) and/or changes to social care funding affected you?**

Yes, financially

Yes, emotionally

Both financially and emotionally

No

Comments:

*** 10. Have you accessed or tried to access any services in the last 12 months? Please select all the relevant services from the list below:**

- | | |
|--|--|
| <input type="checkbox"/> Council services (e.g. swimming pools, libraries, community centres etc.) | <input type="checkbox"/> Dentist |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Employment services (e.g. Jobcentre plus) |
| <input type="checkbox"/> GP (doctor) | <input type="checkbox"/> Hospital (emergency department) |
| <input type="checkbox"/> Hospital (inpatient) | <input type="checkbox"/> Hospital (outpatient) |
| <input type="checkbox"/> Mental health support | <input type="checkbox"/> Opticians |
| <input type="checkbox"/> Pharmacies | <input type="checkbox"/> Public transport |
| <input type="checkbox"/> Social care support from the City of York Council | <input type="checkbox"/> Social care support from another provider |
| <input type="checkbox"/> Volunteering | |

Other: (please specify)

*** 11. Have you experienced discrimination or negative attitudes when accessing or trying to access services in the last 12 months? Please select all the relevant services you have experienced issues with from the list below and when you experienced the discrimination or negative attitudes:**

Accessing	Trying to access	
<input type="checkbox"/>	<input type="checkbox"/>	Council services (e.g. swimming pools, libraries, community centres etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Dentist
<input type="checkbox"/>	<input type="checkbox"/>	Employment
<input type="checkbox"/>	<input type="checkbox"/>	Employment services (e.g. jobcentre plus)
<input type="checkbox"/>	<input type="checkbox"/>	GP (doctor)
<input type="checkbox"/>	<input type="checkbox"/>	Hospital (emergency department)
<input type="checkbox"/>	<input type="checkbox"/>	Hospital (inpatient)
<input type="checkbox"/>	<input type="checkbox"/>	Hospital (outpatient)
<input type="checkbox"/>	<input type="checkbox"/>	Mental health support
<input type="checkbox"/>	<input type="checkbox"/>	Opticians
<input type="checkbox"/>	<input type="checkbox"/>	Pharmacies
<input type="checkbox"/>	<input type="checkbox"/>	Public transport
<input type="checkbox"/>	<input type="checkbox"/>	Social care support from the City of York Council
<input type="checkbox"/>	<input type="checkbox"/>	Social care support from another provider
<input type="checkbox"/>	<input type="checkbox"/>	Volunteering
<input type="checkbox"/>	<input type="checkbox"/>	No discrimination or negative attitudes experienced

Other: (please specify)

12. Are there any specific experiences you would like to tell us about? (Please include the service and where the stigma you experienced came from):

*** 13. How do you think discrimination against disabled people in York could be reduced? (Please give no more than 3 suggestions):**

14. Would you like to be informed about this survey's results? If you would, please provide us with your e-mail address:

15. Would you like to join Healthwatch York's mailing list? If you would, please provide us with your e-mail address or postal address if you would prefer:

16. If you would like to be involved in further work on this issue (for example, working with the press please tick this box):

Thank you for completing our survey - please return it to us by 16/05/2014. We aim to use the responses to help Healthwatch York develop an idea of what life is like for disabled people in York and to make recommendations to services about how to improve the quality of the service they offer to disabled people.

Surveys can be returned free of charge using our FREEPOST address:

**Freepost RTEG-BLES-RRYJ
Healthwatch York
15 Priory Street
York YO1 6ET**

If you prefer, you can complete the survey online by going to our website: www.healthwatchyork.co.uk.

If you would like a copy of the survey in another format please contact us:

E mail: Healthwatch@yorkcvs.org.uk

Phone: 01904 621133

About You

We'd just like to ask you some details about yourself. Please note that we will treat all information provided as confidential, and you can leave any questions you do not wish to answer blank.

*** 26. For monitoring purposes please tell us the first part of your postcode: (e.g. YO24)**

1. How would you describe your gender?

2. How old are you?

- Under 18
- 18-25
- 26-35
- 36-45
- 46-55
- 56-65
- Over 65

3. How would you describe your ethnic origin?

4. How would you describe your religion or beliefs?

5. How would you describe your sexual orientation?

Appendix 2: Focus group maps

Maps for Healthwatch York focus groups

 <p>home</p>	 <p>the area where i live</p>
 <p>parks</p>	 <p>city centre</p>
  <p>pubs/cafes</p>	  <p>health services</p>



taxi ranks/bus stops



schools/colleges



library



shops



sports facilities



public transport



post offices



community centres



council offices

other

Map from the YILN event



Appendix 3: Focus group notes

CANDI Focus Groups 10am 28/04/2014 and 18:45pm
14/05/2014

Where do you feel safe in York/what are your experiences?Home:

- Safe generally – child is happy there
- Child can feel unsafe in the home due to items in the home (e.g. the cooker), when there are new people present and due to sibling rivalry.

The area where I live:

- No comments.

Parks:

- No comments.

City centre:

- Girl with Downs syndrome was queuing for the bus, wanted to be at the front of the queue and an elderly gentleman let her.
- City centre is crowded at times and can be a nightmare. Old streets not great for wheelchair users. Poor paving. Lots of buildings not accessible. Asking for ramp to be put out – feel awkward asking. Often asked “can you not just lift him in?”

Pubs/cafes:

- No comments.

Health services:

- A+E →how it's organised. Environment is very crowded, difficult for children with autism or other problems.
 - Children can get upset and leave. In one case the child didn't go further than the car, but they have run across the road before, so parents feel unsafe.

- Limited options in York outside A+E. Not the most suitable place for people with autism.
- GPs → autism awareness is hit and miss. Some receptionists not very aware. Worried what would happen in a meltdown.
- GP out of hours → Some open Sat morning until 10am. Public transport hit and miss. Takes 20-30 minutes for an ambulance to arrive and they normally say go to A+E.
- 111 → Quite good at giving advice and organising a doctor to call.
- Sometimes parents can directly access children's ward, or direct access to children's ward in Leeds. This has been okay, but for minor injury you have to go to A+E, there is nowhere else to go.
- Could they make more use of Children's Development Centre for children's out of hours service?

Taxi ranks/bus stops:

- No comments.

Schools/colleges:

- Parents/carers of disabled children can feel isolated/alienated in the school playground.
- Parents can feel they are seen as "different", e.g. if they have to physically restrain their child – they feel they are judged by others due to a lack of awareness.
- School settings → Really bad incident in the transition to secondary school. Child had made their choice, didn't want to go to school for young disabled people so mainstream at a school with an enhanced resource provision, but the child didn't like it. Went round another school with enhanced provision but found it too bright. Went to another mainstream school, they said there was good pastoral care there as well as a chapel so calm space and a unit where child could go. So parents decided to send their child there in Feb 2012. When their child visited the school for a transition day he became upset and no-one was able to intervene and keep him safe. He had thrown a tissue at a teacher who remonstrated the child and called a meeting with the Head,

pastoral lead and teacher. Staff told the parents that their child was a “horrible child”. This made the parents feel very angry. So better transition plans are needed for children.

- Ended up having to plead with CYC to find child a space elsewhere resulting in a placement in the satellite unit of a school for disabled young people, but location moved after 1 year across city and new school unable to support him, now in school for young disabled people doing better, but parents wonder what could have happened if things had been better handled from the start.
- Teachers etc. need to understand the child, their triggers and their skills. Secondary school is particularly difficult because there are lots of teachers and lots of classrooms.
- Incident at school → child is on lots of medicines, 1 of them can cause osteo issues. Child said to teacher that they had broken their arm and that their Dad broke it. So teacher reported the incident to front door. Council called and insisted the parents take the child to hospital. There was no break, the child had osteocondritis. Parents are now left with stigma and a record with social services. May say on record, “no action taken” but parents still feel the stigma. Parents can understand why what happened did but are worried about being as open as before, in case they are falsely accused again. Wary child might say something else – often feels has cuts and bruises and wraps sellotape round fingers. Sometimes parents have to restrain him. So need awareness of the issues parents face through all teachers, playgroups etc.
- Replacing statements with “My Support Plans”. Also for people without statements, this is being done in a staged way. SENCOs need to do this with their own heads and teachers – all professionals.
- How good transition from primary to secondary school is varies across York, should not be the case.

Library:

- Libraries are generally good.

Shops:

- When child was very young they had a nasal gastric tube. When the family went into Toys R Us a person came over and said “what’s wrong with him then?” Makes parents feel angry, threatened, feel that person is ignorant. Parents feel that there is chance some people will always be like that.

Sports facilities:

- Hope the new Community Stadium will be accessible for disabled people. Would like them to include a breakout space for people with autism.

Public transport:

- Home/school transport. Streamline have been good but the service is not consistent/flexible enough. It has been better since there has been 1 provider (Streamline) who are willing to change escorts if the child is not happy. But some parents are still not happy with the service, e.g. for childcare arrangements may need child dropping at different places. Can these issues be overcome? Can’t be done on an individual basis. Must be transparent and reasonable.
- Some bus drivers have negative attitudes towards disabled people.
- Buses → as a parent need support to get child on/off safely. Generally, most drivers are okay. Had a poor experience in Durham but not in York. Good access onto bus.
- Issues over stairs on buses – bit unstable, can be difficult. Getting off buses can be difficult – depends on how fast the bus slows.

Post offices:

- No comments.

Community centres:

- No comments.

Council offices:

- West Offices → when you go through the building staff ask you “are you alright using the stairs?” Not all people will feel comfortable saying no.
- Autism strategy needs reviewing, not sure it reflects all parents concerns, e.g. waiting.
- York local authority is pretty good. Local health too. But, the belief in inclusivity not evident even across new borders.
- Culture has changed here.

Other:

- Children sometimes have no sense of danger, therefore parents feel unsafe leaving them alone.
- Cinemas in York are now doing autism friendly screenings, City Screen in particular is very good and they employ disabled people as well 😊 Access to entertainment facilities is important.
- Theatres in town are not very accessible for disabled people. Seating is not ideal and it is not good for wheelchairs.
- Crowded environments, e.g. supermarkets are often difficult for disabled children.
- Media attitudes → It’s okay to mock people who are disabled. Translates into school yard. If parents think it’s okay, children think they can do it too. Comedians stereotyping people, invites people to laugh at disabled people. Mockery reinforces stigma.
- Work environment → it is difficult to look after a disabled child within their rules and structures. Employers can make things awkward, which leads to stress and anxiety. Employers can be initially supportive but lack awareness of circumstances, e.g. good about an operation but not about the follow-up consequences.
 - Problems around the idea of “reasonable adjustment”. Managers often don’t want to do it and try and avoid it.

What are your experiences?

- Members of the public when faced with unconventional behaviour.
- Being ignored by restaurant staff.

- Professionals briefing themselves.
- Positive GP experience.
- Positive hospital experience.
- Inclusive (e.g. SNAPPY) vs. non inclusive clubs.
- Ten pin bowling – positive experiences.
- Disability Sports Officers (swim/cycling/trampolining).

Positive:

- City Screen.
- Some schools – willingness to keep trying.
- CAMHS.
- CDC + Paediatrics.
- Special OCYMD ICC.
- Frankie and Benny's.
- NAS events.
- School transport escort and driver.
- SENCO
- Teachers/TAs.
- Choose 2.
- SNAPPY.

Negative:

- Playground – mainly parents, occasionally children when dropping off/collecting.
 - Parent reaction in assemblies, quietness/mutters.
 - People's reactions in community.
 - Wider family don't understand.
 - Pressure on siblings.
 - School transition.
 - University issues.
 - SENCOs/pastoral care.
-
- Accessible toilets – concerned how will be perceived taking child, public might not understand child is disabled → issue around

gender, e.g. mother and son, father and daughter, parents have been challenged.

- In some places, people will not give the parent the key for the accessible bathroom; tell them “you’re not disabled”.
- Locks can be inaccessible.
- Counters etc. can be too high.
- Lack of accessibility is understandable in old buildings in York but not in other places.
- Lack of information available about services, e.g. the adjustments they can/might make. E.g. Brownies, Cubs etc. Swimming lessons.
- Choose not to do things because don’t want child to have a negative experience.
- Before parent used to explain now “sick of” having to justify themselves/their child to other people.

How could things be improved?

- Could provide disability equality training to health and reception staff, front door to services. Important they are aware.
- Hearing people’s experiences - case studies – for people living with their impairments.
- Transparency. Improve honesty of communication between service users and professionals. How do we go about this? Partially about managing expectations.
- Awareness of disability within the health service, e.g. receptions. What is being done there around this at the moment? There should be mandatory training.
- Disability awareness for all teachers and playgroup staff. Also, staff need to know about each individual’s needs.
- Celebrate disabled people’s achievements (e.g. like Lives Unlimited have done with their videos). These things are not filtering down. School + work environment. It’s about the positives not the negatives.
- Stigma when you are younger carries over to when you are older. Need to be challenging stigma with young people.

- Different place in A+E to go for minor injuries needed. Specifically for children.
- Lack of transition plans primary → secondary. Could be improved. Varies between areas, need consistency.
- Personal experiences are the best way to raise awareness.
- Need the media to promote disabled people more positively (e.g. Look North and York Press). Media stories say disabled people = benefit cheats.
- Raise awareness. Parents/carers should be involved with City of York Council doing disability equality training to explain how things are and how not to do things.
- Inclusive groups → went to DofE awards and there was an inclusion group with the Salvation Army, really heartwarming celebrating what they'd achieved. Got a DofE award can never take that away. Paralympics and The Last Leg – could see change coming. **But**, not filtering down to everything and everyone else.
 - Involve employers. Need true commitment not just lip service. Hassle to be truly inclusive, but has rewards.
- Reasonable Adjustments. People won't go beyond the minimum. So will avoid doing them if they can. Clarity needed about what is reasonable and minimum things that must be tried before people can say "it's too difficult".
- Need government initiatives. Closure of Remploy gives bad message, implies it is too hard and not cost-effective to employ disabled people.
- Using new media, e.g. Biomation (Council has used them) is good for getting things out.
- Role of strategic board and links with disabled people/carers to understand their issues, they are the routes to influence.
- Idea of autism hub.
- Issues around what people will say to health and social care professionals. Gap between what you think and what you are prepared to say. Role for anonymous feedback/mediated discussions.

- Need transparency around budgets and where money goes.
- Training from parents.
- Need to make all clubs inclusive, some childcare, scouts/cubs and clubs in general are not.
- People should make an effort to reassure, this is part of a good experience.
- Seeing the professional is important.
- Understanding, awareness, willingness.
- Improving access and services to places of interest – not having to climb stairs!
- Raising awareness of disability and mental health needs.
- Changing attitudes and eliminating stereotypes.
- Should be an opportunity for disabled children to have free taster sessions for activities.
- About changing attitudes and education.

General Comments:

- Personal budgets for families can work. But many families would struggle to manage it. Still would be good for parents to understand the notional cost associated with the services their child/family uses, e.g. transport, medication, groups, OT etc.
- Disappointed with David Cameron. Why is he not championing rights for disabled people?
 - Need someone in central government championing disabled people.
 - Need to bring parties together rather than just fighting.

ISUF Focus Group – 5pm 30/04/14

Experiences/thoughts about being a person with a mental health condition in York:

- Employers and service providers don't realise that mental health is covered in the anti-discrimination legislation.
- Benefits – to get them as a mental health service user you have to class yourself as disabled, but that is not how all mental health service users see themselves.
- Chemists – Bishopthorpe Road. Wouldn't give a person their prescription because they are a mental health service user (could tell from the medication). Staff member said to the service user "I don't want you coming in here". Has changed person's approach, doesn't go to local chemists anymore, goes to supermarket one instead. Important considering the current push to get people to use chemists more.
- Lack of acceptance behind closed doors. People get treated differently once they "come out" as having a mental health condition.
- Fears of getting back into the job market, explaining gaps in employment. As soon as you mention mental health employers tend not to be interested. See you as being unpredictable. Perception from mental health service users that they will be discriminated against if they say they have a mental health condition. Lack of understanding as mental health is an "invisible disability/condition".
- Staff in the LYPT often have patronising, negative attitudes, one service user felt that staff see the staff-patient relationship with mental health service users as being a parent-child relationship.
- A and E staff at York Hospital do not have a good understanding of mental health issues, particularly for self-injury.
- GPs – some can be discriminatory, they're only interested in if you're taking medication.
- The medical vs. social model doesn't really seem to take mental health into account.

- People are still stuck in the medical model way of thinking. We need more use of the social model in employment.
- Issues around language (both in the press and general public), has been tackled for physical disability but not for mental health conditions, “psycho” etc.
- “People associate mental health problems with hobos”.
- Employment – people have to drop out of their jobs for treatment, you wouldn’t have to do that if it was cancer. Discriminatory and could make the individual’s mental health condition worse.
- Feeling that you are always being treated differently because you have a mental health problem. For example, there is a lack of services for people with mental health conditions compared to physical disabilities etc.
- Difficult to know how to present themselves to society.

What could be done to improve things for people with mental health conditions in York:

- Employers should be reminded of the laws around anti-discrimination and the fact that they apply to people with mental health conditions too.
- It would help people to make talking about mental health problems more commonplace.
- Raising awareness of how common mental health problems are with employers.
- More publicity about the fact that mental health problems can happen to anyone regardless of “class”, for example, in the York Press.
- Making things more mainstream helps break down barriers and stigma.
- Learning to see people as a person. Gives people an understanding as they grow up.
- Would help if more “celebrities” spoke up about their experiences of mental health problems.
- Work to improve things should be done slowly and steadily.

- Time to Change, education, information → start things at a young age. Education should come from both professionals and service users and be done in an interactive way.
- Need more service users with mental health conditions to join together to campaign about the problems they face. This doesn't happen because people are worried about stigma.
- Ex-service users may be the best advocates for people with mental health conditions.
- There should be mental health specific training, it's not the same as disability awareness training.

YILN Event 9:30am - 12/05/14

Rivers

- Don't go near – dangerous.
- Scared of falling in the deep water.

Health services

- No interpreters at GP surgery or hospital.
- Pass – identified as deaf to help get information.
- Hospital poor booking interpreter, on and off.
- NHS need wake up to provide interpreter.
- Health staff talking down to you as if you don't understand.
- Access to GP appointments to claim ESA, which leaves people feeling vulnerable and withdrawn.
- GPs/psychiatrists safe. I can talk to them in confidence.

City centre

- Problem with my guide dog in town, people play with my guide dog, I say no, people say bad things to me and walk off.
- Don't feel safe talking to strangers.
- Feel unsafe walking around town due to name calling.

Shopping centres

- People with mental health issues/dementia find shopping difficult – need time to sort money out and deal with the transaction.
- Feel safe at Clifton Moor, see friends.

Public transport

- Bus driver training, need pen and paper.
- Cancellation of a service – no-one tells you it's cancelled.
- Announcements need to be accessible – so know what's going on.
- Lack of following procedures, e.g. safety of seats and clamping wheelchairs.
- UNSAFE 24 HOURS A DAY, 7 DAYS A WEEK. There's ramps + space, but it's harassment from passengers. Bus drivers don't want to get involved.
- Assistance getting on and off buses and trains, get put on last.
- On trains not all trains carry ramps. Not all ramps suitable, verbal abuse from passengers, so feel unsafe.
- Felt safe when there were conductors. Feels unsafe having to face passengers when you already feel an inconvenience.
- Experience of disabled area on bus being occupied by pushchairs and drivers sometimes not being prepared to take any action, so disabled person cannot get on bus. Do bus companies try hard enough?
- Some taxis won't pick up disabled people.
- Elderly woman with a stick getting on the bus. Driver was behind schedule. Set off before she could sit down. She said "that's it, I'm not using the bus again".
- Bus leaving before had a chance to sit down but drivers are checked for leaving late so it has time constraints.
- Bus – intimidation, school times.
- Train – no seats, no people to help who are easily identifiable.
- Feel unsafe on public transport/trains.
- Scary taxi drivers who do not understand disabilities.

Pubs/cafes/restaurants

- Ordering – difficult communication and you can see waiters/bar staff getting impatient.
- Pub, deaf people asked to leave – the bouncer punched one of them.
- Caffe Nero are deaf aware – feel safe.
- Owners of cafe asking you to leave (they need educating).
- Issue about refused entry – Chinese restaurant because of ‘dog’ (owner is blind).
- ‘Blind’ being refused because of ‘dog for blind’.
- I go out in groups to Yates.

Your neighbourhood

- Housing, tenant intercom – needs to be visual, e.g. camera.
- Unsafe when parking. Verbal abuse. Not giving enough room for wheelchair users even with stickers in back window.
- Banging on windows and doors at night makes you feel threatened.
- MATE CRIME.
- People isolated in own home because other places feel dangerous.
- Feel safe at home because people have someone to call if they need help.
- Lots of discrimination by people (neighbours).
- Friend attacked daughter (tried to slap).
- A nasty letter reported to police, police do not do much.
- Neighbours and friends to talk to 😊

Parks/sports fields

- Signing in the park – teased.
- No more interacting with strangers in the park/on sports fields.

Community facilities

- Acomb – social club for deaf people.
- Not able to join local group because deaf.
- Don't have the same opportunities as others due to lack of staff, or trips or activities.
- Safe at community centre.
- Community Buildings – feel safe as people I know.

Other comments

- 101 not aware of the deaf community.
- There is some disability awareness.
- Cameras help in the city centre.
- Where's the information to report crime?
- Cold calling zones.
- Events, e.g. at museum – no BSL interpreters.
- Lack of RESPECT + AWARENESS + COMMUNICATION.
- Vibrating fire alarms should be available.
- Schools – no awareness, bullying and anti-social behaviour.
- Publicise around incidents, not crime.
- Don't know how to report hate crime.
- Hate crime reporting, health and social care directory?
- People not sure about their 'Rights' (Law).
- If you do not know your Rights, where do you turn to?
- Police do not give feedback, they cannot sign. They need to?
- If the police were disabled would they understand more?
- Education re: disabilities. Need more awareness.

YUSU focus group 6:30pm 01/05/14

Where do you feel safe in York

Home:

- Feel safe

The area where I live:

- Feel safe

Parks:

- Parks are not accessible for disabled children.

City centre:

- Lots of negative comments in the city centre. People treat disability as public property.

Pubs/cafes:

- One individual has never taken their cane out with them when on a night out as the reaction of bouncer's can be patronising as they assume you need help because you are drunk not because you might have other needs. People feel they will be judged for being "different".
- Caffe Nero and Gregg's are good 😊

Health services:

- NHS mental health provision is not wheelchair accessible.
- York Hospital will only phone people, information about communication needs is not passed on to receptionists.
- Desk heights are often too high (in GPs and hospital) so people cannot see mobility aids/wheelchair users.
- Receptionists do not know how to handle anything out of the ordinary.

Taxi ranks/bus stops:

- Feel safe in a taxi rank, but don't feel safe alone in a taxi as worried they might not go to the right place/take a circuitous route and because the individual is visually impaired they cannot be aware of this.

Schools/colleges:

- Children get bullied for being disabled.
- "Are you less blind today?" Comments if people do not always use aids etc.
- Other students whisper "does he need that?" "does he even go here?"
- Feeling that disabled people have to "act more disabled than I am" because of people staring.

Library:

- York library is good 😊 Staff are helpful.

Shops:

- When paying with cash more likely to feel patronised.

Sports facilities:

- Feel will be judged due to dyspraxia.

Public transport:

- Bus drivers rock.
- Never been questioned over bus pass, always help with getting off at right stop.
- Use of disabled seats on bus by non-disabled people, difficult.
- Railway staff also rock.
- Passenger assistance is great 😊
- Taxis need other ways of booking than the phone.
- Concerns over not being taken to right place/being overcharged (taxi).
- People always stick to things once they go well.

Post offices

- Anxious (not necessarily unsafe).

Community centres:

- No comments.

Council offices:

- Cafe should be accessible to the public.
- Like the queuing system and the people there are very good.
- More than 200m away from any bust stops.
- Anxious (not necessarily unsafe).
- West Offices is not where Google says it is.

Other:

- Accessible toilets in York have been out of order for over a month.
- CYC reablement service – staff members told the individual they didn't need the help they were receiving.
- People don't always offer to help, worry about offending but don't need to be.
- Supervisors, receptionists etc. often give advice they are not qualified to.
- Feel patronised/treated younger than you are by members of the public.
- Change in how the public view disabled people from being resilient/inspiring → undeserving over the last 3-4 years.
- Awareness differs between lecturers of dyspraxia. Some excellent, others not.
- Feel better when can be alone and not having to interact with people.
- Crowded/noises areas and new places can make people feel unsafe.

What are your experiences?

- Street harassment, regular experience “every day”.
 - Especially in town after dark.
 - On own street after dark.
 - From students.
 - On buses, particularly from older people.
 - 44 bus drivers are good once you get to know them.
- Student accommodation at the University of York is all more than 200m away from any bus stops and there are facilities issues at the University of York.
- Buildings are not built with access in mind, both at the University and in town in general.
- Touchscreens, for example, at the Council offices, GP surgeries and University of York library are not accessible.
- Lack of understanding that phones are not always accessible.
- Concern that disabled people might not always notice someone discriminating against them as they just expect that things will be harder for them.
- People do not always use microphones even when they are available – people need them!

How could things be improved?

- Should be more willingness to use e-mail, e.g. CYC adult social care system.
- More training for people who do public-facing jobs.
 - Done through service user development, with professional delivery. Or co-delivery if appropriate.
- More regular consultation of problems, because things constantly change.
- More disabled people getting jobs, “you can’t be what you can’t see” → will improve awareness and physical accessibility.
- “Disabled friendly” stickers/places with disability symbols. Places should be more honest about their accessibility.
- People should be more understanding, don’t jump to negative assumptions.
 - More education needed.

- More understanding of multiple disabilities and the links between them for both members of the public and professionals.
- Subtitling needs to be used more/better.
- When accessing health services individuals often have notes including information about how they would like to be contacted – these are often ignored. They need to be taken notice of.
- There should be consequences of not doing things properly.
 - E.g. bus drivers moving off before everyone is seated.

General Comments:

- City centre → need clarification on pedestrianisation, times and where. Difficult for people with visual impairments.

Appendix 4: Leaflet advertising the project



Healthwatch York wants to know:

- **Have you experienced** negative attitudes from people because you are a disabled person?
- **Where in society** have these negative attitudes come from?
- **What can be done** to make life better for disabled people in York?

Turn over to find out how to get involved!

How you can get involved:



By filling in the survey here:
www.surveymonkey.com/s/RCXS9XB (or contact us to receive a paper copy).



Come to a focus group to talk about your experiences.



Get in touch directly with us to share your views.

How to get in touch:

Write to us:

Freepost RTEG-BLES-RRYJ
 Healthwatch York
 Priory Street Centre
 York YO1 6ET

Telephone: 01904 621133

Email: emma.hersey@yorkcvs.org.uk

Contact us:

Post: Freepost RTEG-BLES-RRYJ
Healthwatch York
15 Priors Street
York YO1 6ET

Phone: 01904 621133

Mobile: 07779 597361 – use this if you would like to leave us a text or voicemail message

E mail: healthwatch@yorkcvs.org.uk

Twitter: @healthwatchyork

Facebook: Like us on Facebook

Web: www.healthwatchyork.co.uk

York CVS

Healthwatch York is a project at York CVS. York CVS works with voluntary, community and social enterprise organisations in York. York CVS aims to help these groups do their best for their communities, and people who take part in their activities or use their services.

This report

This report is available to download from the Healthwatch York website: www.healthwatchyork.co.uk

Paper copies are available from the Healthwatch York office

If you would like this report in any other format, please contact the Healthwatch York office

Health Overview & Scrutiny Committee Work Plan 2014-2015

Meeting Date	Work Programme
28 May 2014	<p>Themed approach</p> <ol style="list-style-type: none"> 1. Presentation by City of York Council Head of Transformation about her work around Adult Social Care 2. Be Independent report about the development of this new Community Interest Company and how it provides community equipment loan and telecare service <p>Scrutiny and Task Group reports:</p> <ol style="list-style-type: none"> 3. Men's Health Scrutiny Review 4. Possible Topics for Scrutiny Review during the Municipal Year <p>Managing the Business</p> <ol style="list-style-type: none"> 5. Work Plan Update
2 July 2014	<p>Themed approach:</p> <ol style="list-style-type: none"> 1. Attendance of Cabinet Member for Health and Community Engagement 2. Year End Finance & Performance Monitoring report 3. Annual Report on Carer's Strategy. 4. Update reports on proposals for mental health services in York including: <ul style="list-style-type: none"> • Proposals for improving inpatient child and adolescent mental health services in York (LYPFT) • The future vision of mental health services across York and the interim solutions for Bootham Hospital to date (CCG) 5. CCG report on five-year strategy for integrated health care in York. <p>Scrutiny and Task Group reports:</p> <ol style="list-style-type: none"> 6. Safeguarding Vulnerable Adults Annual Assurance Report

	<p>Managing the Business 7. Work Plan Update</p>
10 September 2014	<ol style="list-style-type: none"> 1. Update reports on interim plans for Bootham Park Hospital: <ul style="list-style-type: none"> • Vale of York Clinical Commissioning Group. • Leeds & York Partnership Foundation Trust 2. Update of implementation of recommendations arising from Personalisation Scrutiny Review 3. Annual report from the Chief Executive of Yorkshire Ambulance Service 4. Annual report from the Chief Executive at York Teaching Hospital NHS Foundation Trust. 5. Update of Refresh of Equalities Scheme inc. introduction to relevant focus areas 6. 1st Quarter Finance and Performance Monitoring Report 7. Healthwatch Discrimination Against Disabled People Report. <p>Managing the Business 8. Work Plan Update</p>
15 October 2014	<p>Themed approach:</p> <ol style="list-style-type: none"> 1. Annual report to the Committee from the Chief Executive of Leeds and York Partnership NHS Foundation Trust <p>Scrutiny and Task Group reports:</p> <ol style="list-style-type: none"> 2. Six monthly Quality Monitoring Report – Residential, Nursing and Homecare Services <p>Managing the Business 3. Work Plan Update</p>

26 November 2014	<p>Themed approach:</p> <ol style="list-style-type: none"> 1. 2nd Quarter Finance and Performance Monitoring Report <p>Scrutiny and Task Group reports:</p> <ol style="list-style-type: none"> 2. Health & Wellbeing Board Update Report <p>Managing the Business</p> <ol style="list-style-type: none"> 3. Work Plan Update
17 December 2014	<p>Themed approach:</p> <ol style="list-style-type: none"> 1. <p>Scrutiny and Task Group reports:</p> <ol style="list-style-type: none"> 2. <p>Managing the Business</p> <ol style="list-style-type: none"> 3. Work Plan Update
14 January 2014	<p>Themed approach:</p> <ol style="list-style-type: none"> 1. <p>Scrutiny and Task Group reports:</p> <ol style="list-style-type: none"> 2. Health & Wellbeing Board Update Report <p>Managing the Business</p> <ol style="list-style-type: none"> 3. Work Plan Update

18 February 2014	<p>Themed approach:</p> <ol style="list-style-type: none"> 1. 3rd Quarter Finance and Performance Monitoring Report <p>Scrutiny and Task Group reports:</p> <ol style="list-style-type: none"> 2. Health & Wellbeing Board Update Report 3. Safeguarding Adults Assurance Update Report <p>Managing the Business</p> <ol style="list-style-type: none"> 4. Work Plan Update
25 March 2014	<p>Themed approach:</p> <ol style="list-style-type: none"> 1. <p>Scrutiny and Task Group reports:</p> <ol style="list-style-type: none"> 2. Six monthly Quality Monitoring Report – Residential, Nursing and Homecare Services 3. Annual report on Carers’ Strategy 4. Health & Wellbeing Board Update Report <p>Managing the Business</p> <ol style="list-style-type: none"> 5. Work Plan Update 6. Draft Work Plan for 2015-2016

July 2015 – Annual Carers’ review