



Annual Report 2013

Foreword by Chair of Safeguarding Board

I am very pleased to introduce this Annual Report, having taken up my appointment on 1 April 2013 from my predecessor Gill Collinson, who served so well in the post until 31 March.

I have spent the first few months meeting key stakeholders locally and I am really encouraged by the engagement and commitment of the Board's partners, with good attendance by most representatives. Obviously my ambition is to show 100% coverage from all partner organisations in Appendix 1 of the 2014 Report!

One of the main challenges this year has been to ensure that the Board is fully plugged in to the changed landscape within the NHS, with the abolition of Primary Care Trusts and Strategic Health Authorities. The Board already had established representation from both York Teaching Hospital NHS Foundation Trust and Leeds and York Partnership NHS Foundation Trust. It is right that we now have members from the Vale of York Clinical Commissioning Group (CCG), NHS England's Area Team for North Yorkshire and The Humber and also the Partnership Commissioning Unit operating across both the City of York and North Yorkshire County Council. Development of close working relationships with the NHS on both the commissioning and providing side is essential if we are to deliver our mission of keeping vulnerable adults safe and free from any form of abuse or exploitation.

Outside the statutory partners I have been heartened by the willingness of the private, independent and voluntary sectors to engage with the Board. Representation is secure from Stockton Hall, The Retreat and the Independent Care Group, who provide services in a wide variety of settings. It is also right that both CVS York and Health Watch should now be full members of the Board.

Nationally, the issue of failings in care for vulnerable people has been a major cause of concern over past months, with publication of the report on serious shortcomings at Winterbourne View hospital in Gloucestershire followed by the deeply disturbing Francis Report on failings and unnecessary deaths at Mid Staffordshire NHS Foundation Trust. We are as a Board clear that all lessons and recommendations

must be learned and implemented locally, and it is our role to continually seek assurance about that. The publicity generated by such reports will I'm sure be one reason for the growth in alerts received by the City of York Safeguarding team, which are running at their highest level ever. I regard that as a welcome development, as we seek to spread awareness not just to service providers but also to vulnerable people themselves, who need to be supported to be resilient and to protect themselves.

I hope you find the contents of this Report both illuminating and reassuring in relation to the 2013 calendar year. The Board's next Strategic Plan will focus on what needs to be done to ensure that the Board and the City of York is well placed to implement the requirements of the Care Bill 2013, which was announced in the Queen's Speech and which will move adult safeguarding onto a statutory footing in due course.

Kevin McAleese CBE

Independent Chair, City of York Safeguarding Adults Board

CONTENTS

	Page
1. Introduction	4
2. The Board's work and philosophy	5
3. Topic considered by the Board in 2013	5
4. Local context	6
5. Performance information	9
6. Training	12
7. Policies and Procedures	16
8. Safeguarding Experience	17
9. Assurance arrangements	19
10. Progress on 2013 Actions	20
11. Strategic Plan for 2014-17	21
12. Annex 1 Membership and attendance	22
13. Annex 2 2013 Action Plan	24

1. Introduction

2013 has seen greater clarity emerge over the future of Safeguarding Adults, with the proposals in the Care Bill outlining the statutory duties proposed for local authorities, and for Safeguarding Boards. Final guidance is still awaited, but it is intended that the Act will be implemented in April 2015.

This year has therefore seen the start of planning and preparations for the requirements of the Care Bill. Guidance from the Department of Health and Association of Directors of Adult Social Services (ADASS) was issued in June 2013, to support health and social care commissioners, providers, managers and professionals in fulfilling their responsibilities and achieving good outcomes in regard to the safeguarding adults' agenda.

April 2013 saw the change to health commissioning arrangements, the introduction of the Health and Wellbeing Boards and to the new governance arrangements with the new Police and Crime Commissioner.

This year has also seen a continuing national focus on standards, quality and safeguarding in both the health and social care sectors, with the Francis Report into Mid Staffordshire Hospital failings, the final report on Winterbourne, and several high profile stories about failures in care homes and hospitals across the country.

It is against this context that the Adult Safeguarding Board in York has continued its work to ensure that the agencies that support adults who are at risk or in vulnerable situations, and the wider community, together can:

- Develop a culture that does not tolerate abuse
- Raise awareness about abuse
- Prevent abuse from happening wherever possible
- Where abuse does happen, support and safeguard the rights of people who are harmed to:
 - stop abuse continuing
 - access services they need, including advocacy and post-abuse support
 - have improved access to justice

2. The Board's Work and its Philosophy

Safeguarding Adults refers to:

“All work that enables an adult who is, or may be, eligible for community care services to retain independence, wellbeing and choice and access support and services that enable them to live lives free from abuse and neglect or fear of this.”

The Safeguarding Adults Board exists to serve the population of City of York's vulnerable adults. It is a multi-agency board whose role is to plan strategically and ensure the safety of vulnerable adults within the City of York Council's geographical area. It has been in existence since November 2008 and has a strong focus on partnership working, and through this partnership approach hopes to ensure that vulnerable adults are able to live their life free from violence, whilst maintaining their independence and wellbeing. The Safeguarding Adults Board believes that safeguarding should be everybody's business.

A list of board members is attached in Annex 1.

3. Topics considered by the Safeguarding Adults Board during 2013.

During 2013 the City of York Safeguarding Adults Board has considered a diverse range of topics which have enabled all the partner agencies to contribute to wide-ranging discussions. Issues considered and progressed have included:

- Monitoring progress on the development of a Place of Safety (Section 136 Suite) in York
- Development of new protocol on domestic homicides, between the Community Safety Board, Adult and Children's Safeguarding Boards
- The review of our multi agency policy and procedures
- Implementation of the ADASS National Safeguarding Adults Competency Framework
- Implementation of the recommendations following the Winterbourne View review and concordat

- Engagement with the University of York Social Policy Research Unit (SPRU) project looking at Safeguarding Adults and Personal Budgets
- Establishment of a new sexual assault referral centre in York
- Regular reviews of the progress made on the strategic action plan, on the delivery of multi agency training, and of performance information from the Abuse of Vulnerable Adults (AVA) return

4. The Local Context of Safeguarding Vulnerable Adults – A Picture of York

During 2011 and 2012 the SAB's partner agencies provided a rich picture of information that describes the local context in which we seek to safeguard vulnerable adults within the City of York to support the board in:

- determining the strategic work plan of the board
- developing a locally sensitive assurance framework

This 'picture of York' is a resource that:

- provides a better understanding of those who are vulnerable and where they are likely to reside and
- acts as an initial resource and evidence base for safeguarding adults in York
- provides evidence for deciding the SABs strategic priorities and work plan

A vulnerable adult is:

A person "who is or may be in need of community care services by reason of mental or other disability, age or illness and who is or may be unable to take care of him or herself or unable to protect him or herself against significant harm or exploitation" ("*No Secrets*" 2000).

4.1 Facts and figures

An adult safeguarding alert can originate from a huge variety of sources. In order to better prevent and safeguard adults in the city, we need to understand which adults are more vulnerable to abuse and which settings they are most likely to be in.

In the City of York there are a total of 128 care services registered with and regulated by the Care Quality Commission. These cover the breadth of public, private and third sector provision. Some of the key care providers include:

- 44 residential care homes, providing over 1800 bed spaces; of these, 15 (890 beds) provide nursing services
- 31 registered to provide care in customers' homes and/or in specialist dwellings with support
- 19 hospitals or related services, including NHS Trusts, rehabilitation and urgent care locations
- three community health services
- one hospice
- one prison health service

4.2 Groups of particularly vulnerable adults

In May 2011, The Social Care Institute for Excellence, publication *“Prevention in adult safeguarding: A review of the literature”* (Faulkner and Sweeney, May, 2011) identified groups of people who were particularly vulnerable to abuse.

People with a Learning Disability

City of York Council currently has in excess of 500 customers who are receiving a service related to their learning disability. In total, there are 37 registered institutions in York catering for those with learning disabilities, including 13 residential care homes. There is provision for 172 supported living schemes for people with learning disabilities across 47 locations. There are a further 11 clients in two residential homes. The majority of supported living in York is for older customers with learning disabilities, who also have extensive physical support needs. Many are wheelchair users and/or past residents of old long-stay hospitals. Many are now too infirm to have challenging behaviour but there are some who as their needs change once again develop challenging behaviours, for example when a new agency or staff is used and people's routines are not respected.

People with Mental Health Problems

There are particular groups of people with a psychiatric diagnosis that have been identified as being at greater risk of abuse. These tend to overlap with some of the other groups identified in this paper, particularly, older people and carers. There are:

- 35 registered mental health services in York
- seven care homes with mental health registrations
- three with nursing
- 13 mental health home care service providers

Older People

Mid-year population estimates for 2010 show that there are over 33,000 older people (over 65) in York - 16.4 per cent of the total population:

- nearly 5,000 people are 85 years old or over, with two thirds of this total being female
- changing demographic patterns will see 11,000 more older people within the city by 2025, with 2,900 of those over 85 more likely to need support

The City of York has high a proportion of residents in care homes that self-fund and who require information to support their decisions in choosing a care home or provider of services.

There are particular complexities around specific groups of older people who may be more susceptible to abuse. Community Mental Health Teams for older people are likely to be in contact with around 1,600 older people, some of whom may have communication barriers, challenging behaviour or who are depressed or disorientated.

York has 35 registered services delivering care for dementia. Included in this total are 13 care homes, 8 of which also provide nursing care.

Older adults are also more likely to be abused if they are frail or highly dependent on care. York currently has around 700 customers receiving high-dependency homecare packages.

Carers

Research has demonstrated that isolation ie less family support or social contacts, can lead to family carers becoming perpetrators of abuse. The York Strategy for Carers (2011-2015) is a multi-agency approach to providing services and support for the estimated 18,676 adult carers in the city.

Substance abuse amongst family carers has also been found to be a risk factor in contributing to abuse rates. The Substance Misuse Service (Community Addictions Team) works closely with voluntary sector agencies to provide services for people with complex drug and alcohol problems and for service users with co-existing mental health and substance misuse problems. Their typical caseload comprises in excess of 200 patients at any one time.

5. Performance and activity information

The following information is taken from the Abuse of Vulnerable Adults (AVA) comparator report for 2012-13 and includes benchmarking information provided by the National Adult Social Care Information Centre

Responding to abuse or neglect

The number of alerts and referrals continue to increase, which is to be welcomed as public and professional awareness increases and we need to ensure that our training and awareness programmes continue to increase understanding of safeguarding and the process to be taken where there are concerns.

An alert is recorded when concerns are raised about someone. A referral is counted when it is decided that the concern needs investigation.

There has been a 32% increase in the number of alerts from 2011-12. Benchmarking data from the national information centre shows that our rate of alerts per 100,000 of population is now higher than the England average. Of the 912 alerts received 264 (28%) concerned people over the age of 85 years. 208 alerts concerned people aged between 75 and 84 (22%). We continue to have low numbers of repeat referrals compared to the England

average, but our numbers of completed referrals has gone down this year. This is a reflection of both the increasing numbers of investigations and the complexity of some of the issues being dealt with.

Figure 1: Number of alerts and referrals April 2012-March 2013

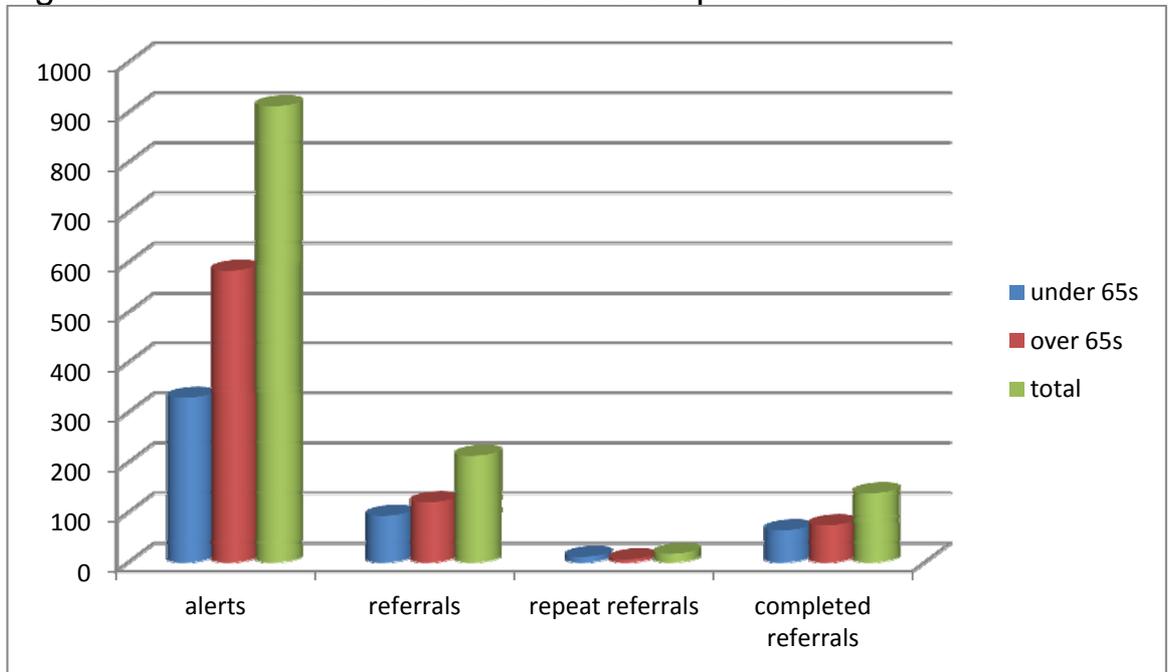


Figure 2: Nature of abuse for referrals

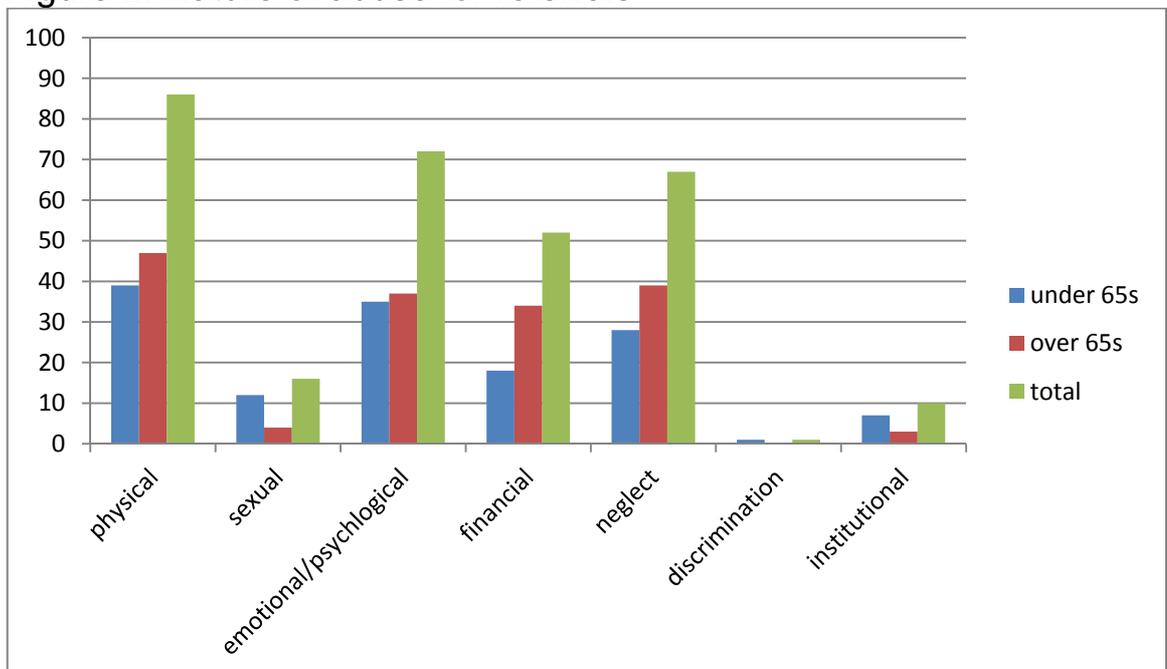


Table 1: Location of Abuse for referrals

<i>Location alleged abuse took place:</i>	18 - 64	65 - 74	75 - 84	85 and over	Total 18 and over
<i>Rows/Columns</i>	A	B	C	D	E
Own Home	42	11	25	22	100
Care Home - Permanent	5	1	5	8	19
Care Home with Nursing - Permanent	1	5	7	15	28
Care Home - Temporary	0	0	2	1	3
Care Home with Nursing - Temporary	1	1	3	1	6
Alleged Perpetrators Home	1	0	0	0	1
Mental Health Inpatient Setting	7	0	1	0	8
Acute Hospital	0	0	0	0	0
Community Hospital	1	0	0	0	1
Other Health Setting	0	0	1	1	2
Supported Accommodation	20	2	0	2	24
Day Centre/Service	2	0	0	0	2
Public Place	2	0	0	1	3
Education/Training/Workplace Establishment	1	0	0	0	1
Other	8	1	2	0	11
Not Known	2	1	0	1	4
Total	93	22	46	52	213

* Abuse may have taken place in more than one setting for some individuals.

Relationship of alleged perpetrators to the victim

Social care staff accounted for 38% of the total alleged perpetrators, a small increase on 2011/12. This is higher than the England average of 31% . We have lower levels of reports against health care workers than the England average at 2% compared to 5% nationally.

Alleged abuse by partners is higher this year, and is almost double the England average at 13%, but the number of other family members is slightly lower at 14% compared to the England average of 16%. The percentage of other vulnerable people alleged to be the perpetrator has remained stable at 13%.

Outcomes following safeguarding investigation

70 cases were substantiated, 21 partially substantiated, 215 were not substantiated and 22 were not determined inconclusive. The rate of substantiated investigation were higher than the England average, but our rates of not determined or inconclusive investigations were lower.

Outcomes for the abused person

A total of 78 referrals (40%) resulted in no further action being taken in 2012-13. This is an increase from the previous year and is higher than the number of unsubstantiated or undetermined outcomes.

Acceptance of a Protection Plan

We still have relatively low numbers of protection plans at around 20% (of what? Cases?), compared to nearly 60% nationally but over 90 % of these are now being agreed by the victim, which is a marked improvement on last year.

6. Training

A key role of the Safeguarding Adults Board is to support the development of a training strategy and encourage all partner agencies to participate in the delivery of the training plan, thereby ensuring that staff across all sectors are aware of how to raise safeguarding concerns and are trained to the appropriate level required by their role.

The Board approved a Training Strategy for 2012-2015 last year. A training sub group of the Board has been established to oversee the implementation of the strategy and support partner agencies in developing specific safeguarding competency profiles and an organisational training plan (Standard 5).

The strategy identifies 5 levels of training to be developed and implemented:

- Level 1 – recognising and reporting

- Level 2 - responding
- Level 3 - investigating
- Level 4 - joint working and criminal investigations
- Level 5 - decision making and accountability

In addition training is provided on:

- Mental Capacity Act Awareness (Level 1)
- Mental Capacity Assessment and Best Interest Decision Making for Practitioners (Level 2)
- Deprivation of Liberty (DoLS) Responsibilities for Managing Authorities (Care homes/hospitals) Level 3
- Mental Capacity Act Complex Decision Making for Practitioners and Managers (Level 4)

An E Learning Package is also available for refreshing knowledge of Safeguarding Level 1 and MCA/DoLS Level 1.

The full strategy can be accessed on the website - www.safeguardingadultsyork.org.uk

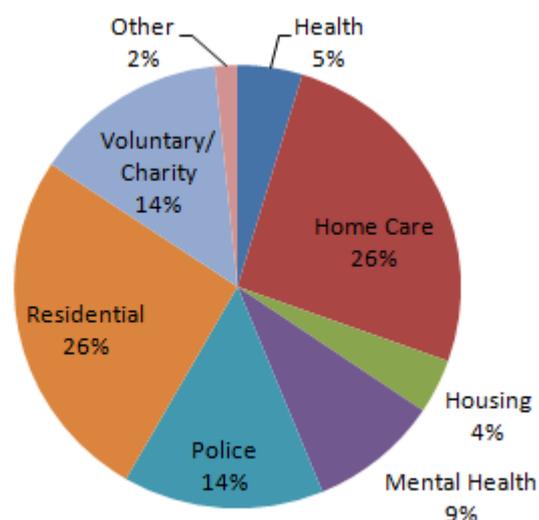
Breakdown of attendees for each course January 2013 – January 2014

Course	Number of sessions	Total attendees	CYC attendees	PVI attendees	No shows
Safeguarding Train the Trainer	1	7	1	6	0
Safeguarding Level 1	27	336	104	232	33
Safeguarding Level 2	8	96	31	65	2
Safeguarding Level 3	4	34	19	15	1
Safeguarding Level 4	1	6	4	2	0
MCA Level 1	9	103	61	42	7

MCA Level 2	7	83	57	26	5
MCA Level 3	5	47	18	29	0
MCA Level 4	4	25	17	8	3
MCA Level 5	1	5	5	0	0
MCA Level 6	1	6	4	2	0

(PVI = Private, Voluntary and Independent)

Breakdown of External Attendees:



Feedback

Feedback is collated from each course provided and is reported to the Safeguarding Board on a quarterly basis. The following is a selection of the feedback.

Safeguarding Train the Trainer Feedback

- Thoroughly enjoyable and informative training
- Extremely useful, full of information and very good training

- All very helpful, relevant to what we need at work. Useful information guidance and tips.

As a result of this feedback and the additional survey monkey which was sent to delegates six weeks after attending this training, this course will feature as part of our Safeguarding Training offer into next year.

Safeguarding Level 1 Feedback

- Excellent – really thought provoking
- Very fun and informative, good audience participation and interesting activities
- Very professional and thorough
- Enjoyable and interesting

Safeguarding Level 2 Feedback

- Not sure what to expect, but excellent day's training which was well presented
- The training was very informative and covered all I need to know
- Interesting activities
- Detailed information of referrals
- Good varied content, group work, quizzes etc.

Safeguarding Level 3 Alerter Feedback

- Really useful case study and good discussions
- Very informative

Safeguarding Level 4 Chairing Feedback

- The structure and flow of the session was clear
- Useful discussions with trainer and participants

MCA Level 1 Feedback

- Trainer fantastic, made the information easy to absorb and made it fun
- Very informative
- A really good overview of the act, with good case examples which helped illustrate the points made

MCA Level 2 Feedback

- Fantastic trainer felt very confident in the information given
- Very informative, tutor keeps it interesting and has a sound knowledge base
- Learning about the actual facts in regards to capacity
- Free discussion about problems/situations that arise in practice

MCA Level 3 Feedback

- Useful hints and tips, the trainer's approach was excellent
- Good refresh on MCA and DoLS
- Easy to understand and relate to examples

MCA Level 4 Feedback

- Useful discussion of difficult cases/wishes
- Good and clear advice

7. Policies and Procedures

The City of York Safeguarding Adults Board has a comprehensive suite of multi-agency policies and procedures regarding the safeguarding of vulnerable adults. During 2013 a review of the multi agency procedures has been undertaken and the new procedures were agreed at the December Board meeting

A new protocol was agreed on domestic homicides, between the Community Safety Board, Adult and Children's Safeguarding Boards. The protocol will ensure that any serious case review can be co-ordinated with a related domestic homicide review and Children's Serious Case Review.

All of the multi-agency policies and procedures can be accessed on the Safeguarding Adults York website.

During the period covered by this report there have been no cases or incidents which have required the instigation of a serious case review.

Deprivation of Liberty Safeguards

This year saw City of York Council work successfully with the Vale of York CCG to embed the transfer of the Deprivation of Liberty Safeguards (DoLS) scheme for hospitals into City of York Council.

Policies and procedures have been updated to reflect these changes.

The CCG and CYC have worked with York Teaching Hospital Foundation Trust to publicise and embed the changes. CYC has trained another 4 DoLS Best Interest Assessors including social workers with experience of working in acute settings.

The council continues to work with residential and nursing homes within the city to ensure they are able to fulfil their role as managing authorities under DoLS. CYC has worked with Community Links to deliver training specifically targeted at this group.

There continues to be a well attended local DoLS Best Interest Assessor Forum, linked to the regional forum. This ensures that practice standards remain high and assessors are able to implement the comprehensive guidance from the social care institute for excellence '*Deprivation of Liberty Safeguards: putting them into practice*' SCIE (2013).

DoLS Activity

In the calendar year 2012-2013, 22 referrals requesting authorisation to deprive a person of their liberty were made to the DoLS scheme. Of these 5 were authorised. Reasons for not authorising included assessments that the person had the mental capacity to make decisions about residing in the care home and were supported to do so, the restrictions on the person did not amount to a deprivation of liberty, the issues raised were outside the remit of the local authority scheme and required a decision by a court.

8. Safeguarding experience

The Council's safeguarding adults team seeks feedback from those participating in safeguarding processes. This year the team has signed up for the Making Safeguarding Personal Programme, which aims to focus on the outcomes people want when they are at risk of abuse. City of York Council is working at Bronze level, and is developing ways to capture and measure what people at risk of abuse say they want to happen.

This year the Safeguarding Board has begun to look at anonymized case stories of safeguarding interventions at each of its meetings.

York Healthwatch has joined the Board and we intend that the 'Voice' of people who need the support of safeguarding interventions will continue to grow at Board level.

The following anonymized (names have been changed) case studies provide some insights into the experience of service users.

Case Study 1

Adrian 83 lost his wife suddenly, and was living with his daughter Catherine. Adrian's GP contacted CYC concerned that Catherine may have an alcohol problem and could be being emotionally and physically abusive towards Adrian.

Adrian and his daughter met with someone from the safeguarding team and the police. Together a plan was agreed to help Catherine move into her own accommodation and get help with her alcohol problem. Adrian was offered help and support for himself and a support plan was agreed with him.

A second daughter subsequently moved in to live with Adrian. A further assessment of risk was undertaken as there were concerns that this daughter also had had a history of violence, alcohol use and fraud convictions. Adrian was clear that he wanted his daughter to live with him and valued the relationship but recognised there were risks to him.

Following a statement to the police by Adrian about a violent incident, an acceptable behaviour contract was made with Deborah as Adrian chose not to pursue any allegation. Concerned neighbours developed a cocoon watch approach whereby they agreed to record and report any concerns to the police. This was developed into a protection plan which involved warden call and the carers who were going to support Adrian.

Adrian continues to live in his own home with support, a protection plan and his daughter.

Case Study 2

Robert is a 53 year old disabled man. He was living on his own, isolated and finding it difficult to manage day to day tasks. Robert

was drinking excessively and started to drink with a woman called Sharon. Sharon invited other people to stay in his flat who had a conviction for violence as did Sharon. Sharon started to take control of Robert's money and control access to the flat. Neighbours and police community support officers were concerned when Robert was seen with bruises to his face.

Safeguarding procedures were used to help Robert. Initially he told the safeguarding team, he wanted the situation to stop but he didn't know what to do. Robert was initially afraid to make a statement, but after he had built a relationship with the team he acknowledged that he had been assaulted by Sharon.

Robert was supported to access treatment for his drinking. He accessed his GP who arranged an admission to hospital because of his poor physical health. While in hospital he was supported to make contact with his niece who lived in a different area of York. His niece agreed to support him with his finances.

The police, CYC safeguarding, voluntary agencies and neighbourhood safety workers, worked through the multi agency problem solving scheme (MAPS) to help Robert stop the abuse. Through working with the housing team, Robert moved to a new property close to his niece. Support was put in place to help Robert reconnect with the community and he was supported to make an injunction preventing Sharon from getting back into his life. Sharon moved away from York before this was enacted.

Robert continues to live independently with support from his niece.

9. Assurance

Following the publication of guidance by both the Department of Health and ADASS, health and social care commissioners and providers are increasingly required to demonstrate how they are fulfilling the key requirements via their own internal governance arrangements and to external regulators. It is not unusual for agencies to participate in a number of partnership boards and there has to be a balance between providing appropriate levels of assurance and creating numerous reporting mechanisms.

Therefore it has been agreed that the SAB will receive assurances from partner agencies based on an annual report that will have been previously presented to each agency's internal governance body.

In addition partner agencies will be monitored regarding their commitment to partnership working as members of the board and this will be undertaken by monitoring attendance at the quarterly SAB meetings. It has been agreed that members attend a minimum of two meetings a year and that deputies should not attend more than the substantive member of the board.

The record of attendance is included in Appendix 1

The City of York has further ongoing assurances of the partnership working between groups of organisations represented on the SAB. For example the Health Partnership Group meets regularly to share best practice across health commissioning and provider organisations. This group reports to the SAB on a quarterly basis and demonstrates a commitment to learning and sharing across a broad range of organisations.

In addition the independent sector mental health organisations within the City of York meet on a regular basis and provide peer support in undertaking investigations and responding to issues particularly relevant to this specialist group of provider organisations.

With the recent reforms to policing, health and social care, the need to review and refine assurance processes will be kept under constant review.

10. Progress on agreed actions for 2013

The priorities and actions were agreed in June 2012, with regard to the following drivers which have been described in this report, namely:

- safeguarding context in York
- performance and activity
- new partnership relationships

The strategic objectives were therefore focussed on:

- prevention
- personalisation
- strategic links

- continuous improvements

In summary we have achieved:

- Early progress on sharing of commissioning information on quality of providers
- Development of shared approach with Community Safety Board and Children's Safeguarding Board on domestic homicide reviews
- Improving access to information on safeguarding and for people who live in York
- Improved links with the voluntary sector
- Increased focus on user stories and engagement through York Health Watch
- Review of multiagency policy and procedures
- Adoption of safeguarding competencies framework
- Assurance on action to respond to issues raised through the Winterbourne View reviews

An update on the action plan can be found at Annex 2.

11. Strategic Plan for the future

The Board considered a Draft Strategic Plan for 2014-17 at the December Board meeting. This will be completed ready for agreement the March meeting in 2014, and will be available on the Website. The themes for action have been agreed as:

- A. Make sure safeguarding is embedded in corporate and service strategies across all partners**
- B. Ensure good partnership working**
- C. Focus on prevention of abuse**
- D. Respond to people based on the Personalisation approach, and with a clear focus on outcomes**

Annex 1

York Safeguarding Adults Board Members 2012-13

Member agency	Representatives	Attendance to update Dec
Independent Chair	Gill Collinson (January 2013- March 2013)	1/1 meetings
	Kevin McAleese, CBE (April 2013 onwards)	4/4 meetings
City of York Council	Pete Dwyer Director of Adults, Children and Education (ACE) (Jan-March 2013)	1/1 meeting
	Kevin Hall, Interim Director of Adults, Children and Education (ACE)(March-June 2013)	0/1 meetings
	Dr Paul Edmondson Jones , Director of Health and Wellbeing (from June 2013)	1/2 meetings
	Cllr Tracey Simpson-Laing, Cabinet Member for Health, Housing & Adult Social Care	3/4 meetings
	Kathy Clark, Assistant Director (Adult Assessment & Safeguarding) ACE	4/4 meetings
	Michael Melvin – Group Manager Mike Hodgkiss – Safeguarding operations lead (invited guest)	2/4 meetings 3/4 meetings (1 Sub)
	Trading Standards – Matthew Boxall to attend as required	0
North Yorkshire Police	ACC Iain Spittal (January 2013- June 2013)	1/2 meetings (1 sub)
	Det Inspector Maria Taylor(September 2013 onwards)	1/2 meetings
NHS Partnership Commissioning Unit	John Keith	4/4 meetings
Vale of York CCG	Wendy Barker (from September 2013)	2/2 meetings
NHS England	Jo Coombs (from September 2013)	2/2 meetings

Leeds and York Partnership Foundation Trust	Steve Wilcox, Lead Clinician for Safeguarding Adults	3/3 meetings
York Health Foundation Trust	Lucy Connolly, Assistant Chief Nurse (January – March 2013) Beverley Geary (from June 2013)	1/1 meetings 2/3 meetings (1 sub)
Ambulance Trust	Through link with NHS NY&York	0
Care Quality Commission	Dianne Chaplin – as required	0
Independent Care Group (ICG)	Keren Wilson, Chief Executive Representing independent care providers	3/4 meetings
Department of Work and Pensions	Link to be made at operational/practice level	0
Crown Prosecution Service	Jonathan Heath	0
York & North Yorkshire Probation Service	Joanne Atkin	4/4 meetings (1 sub)
Fire Service	Ian Hill	0
Children's Services/Safeguarding Children	via Assistant Director Adults Children and Education	
Care Home and Domiciliary Care providers	To action through existing provider forums.	
Service users/patients organisations/individuals who have experienced the system/carers organisations	Sian Balsom Health Watch York (from December 2013)	0
Voluntary Sector	Catherine Surtees CVS (June onwards)	3/3 meetings
The Retreat	Maggie Scott	4/4 meetings (1 sub)
Stockton Hall	David Heywood	4/4 meetings

Annex 2

City of York Safeguarding Adult Board

Strategic Objectives and Action Plan 2013-14

Background

Priorities and actions for the coming year were agreed in June 2012, with regard to the following drivers:

Safeguarding context in York The Safeguarding Board received reports in March 2012 which outlined specific risk areas for York with regards protection of adults at risk of abuse. This included the number of self funders receiving care and support in York, the presence of the two independent mental health hospitals in York, and the growing numbers of older people particularly those over 85, and the numbers of people with learning disabilities and complex needs. The changing demographic profile in York also includes growing numbers of people from minority ethnic groups.

Performance and activity Reports over the last three years show that the highest proportion of alerts and referrals concern people in their own homes. But there are also significant numbers of referrals from care homes and supported living schemes, where improved quality of care could reduce the risks of abuse happening. There are growing numbers of incidents where the alleged abuser is also a vulnerable person.

SCIE guidance on safeguarding and care home commissioning recommends improving responses to falls pressure sores and challenging behaviour. In York work is already underway to improve responses to pressure sore and skin tissue management.

Key messages from analysis of our performance in 2011-12 showed we had a low number of protection plans signed and agreed by those at risk of abuse.

We received a proportionately high number of referrals for People with a Learning Disability

Policy and Practice changes; Personalisation in both health and social care brings new challenges to keeping people safe, with a growing use of informal and community support as people exercise choice and control over the use of personal budgets. Residents in the City using Direct Payments need information, support and guidance on how to safeguard themselves particularly when they are engaging unregulated and informal support providers.

New partnership arrangements: Health and wellbeing Boards and new Police Commissioner arrangements will be developed over the coming year. Both will impact on the responsibilities and working relationships for the Adult Safeguarding Board.

Strategic Objectives set by the Board for 2012-13 were therefore focussed on:

- Prevention
- Personalisation
- Strategic Links
- Continuous improvement

	behaviour between residents. Continue to improve responses to pressure sores	Care for training programme on challenging behaviour Protocol on root cause analysis and referral for safeguarding		Health providers and CYC Safeguarding Team		Protocol developed: confirmed at Board December 2013
Empower vulnerable people particularly self funders to keep themselves safe <u>Prevention</u> <u>Personalisation</u>	Improve information for self funders to help them make choices that keep themselves safe.	Information currently available on Safeguarding website to be linked to new my Life My Choice information website. Work with user led groups to improve the information and make it user friendly New information to be available	CYC	York Independent Living Network Regional	Website live Sep 12 January 13	Website live October 2012 Easy Read version of information developed following feedback from self advocates

		through e-market place information site Connect to Support		Shop4 Support programme	March 13	Live July 2013 Launch October 2103
Update intelligence on York's safeguarding risks and activity	Review performance and data on an annual basis	Analysis from partner agencies for March meeting	M Melvin	Lead Officers	March 13	AVA report Year end information presented at June board meeting
Prevention						
Reduce risk to vulnerable people who use personal budgets	Improve understanding of safeguarding issues for people using personal budgets	Research approval Research undertaken	CYC	University of York	Sep – March 13	Research has commenced – Completion expected 2014
Personalisation						
Strong links to other strategic partnerships	Improve the links between Safeguarding Adult Board and the new Health and Wellbeing Board.	Induction for new CCG lead on Safeguarding Identify links in Health and Wellbeing	Safeguarding Board Chair	Lead Officers from each agency	March 13 December 12	Safeguarding Leads agreed Completed March 13 and reported to
Strategic Links						

		<p>Strategy and Safeguarding priorities</p> <p>Develop links with voluntary sector including induction for VCS representative to Safeguarding Board</p>			December 12	<p>Board</p> <p>CVS and Health Watch now represented on Board</p>
	Identify and agree any common areas of activity with Safer York Board, and any successor board emerging from new community safety arrangements.	<p>Meet with Chair of Safer York Board</p> <p>Review Police Safeguarding Assurance arrangements under new Commissioner and governance structures</p>	Safeguarding Board Chair	Lead officer Police	December 13	<p>Reviewing the CSP Citadel Group and links to Safeguarding</p> <p>Agreement reached in June on shared approach to Domestic Homicide Reviews and Serious Case Reviews</p>

Continuous quality improvement <u>Continuous improvement</u>	Increase number of protection plans agreed by those at risk of abuse	60% agreed and signed	M Hodgkiss		AVA: completion of protection Plan	90 % of Protection Plans offered were signed and agreed 2012-13
	Workforce development	Adopt, implement and embed competency framework	M Melvin	Lead officers	December 12	Adopted. 1st meeting set up Dec 13 to support partners review Safeguarding Competencies against each agencies competency frameworks
	Review of Multi Agency Procedures	Review impact of policy change, current protocols and prepare for proposed legislation	M Melvin	Lead officers	March 13	Agreed December Board

	Winterbourne review implications	Establish Task and Finish Group, in partnership with Valuing People Board: Review of safeguards in place for people placed out of area and in independent health care settings	K Clark	Lead Officers, health provider reps. Reps form Valuing People Board (people with a learning Disability and Carers)	Set up by December Report by March 13	Workshop held January 2013. Questionnaire report back June 2013
	Use of intermediaries by Police	Consider proposals by Police for advocate support through Criminal Justice process for people with severe mental health needs, or a learning disability	NY Police		March 13	Update awaited