



Agenda

Meeting: Health and Wellbeing Board

Venue: The Grand Meeting Room, County Hall, Northallerton, DL7 8AD
(See location plan overleaf)

Date: Friday 9th May 2014, at 10.30am

Business

No	Agenda Item	Action	Document /Page Nos	Suggested Timings
1	Apologies for Absence	To Note	-	
	<u>Standard Items</u>			
2	Minutes of the meeting held on 1 April 2014	To Approve	1-7	
3	<p>Public Questions or Statements</p> <p>Members of the public may ask questions or make statements at this meeting if they have given notice to Jane Wilkinson of Democratic Services (<i>contact details below</i>) no later than midday on Wednesday 7 May 2014, three working days before the day of the meeting. Each speaker should limit themselves to 3 minutes on any item. Members of the public who have given notice will be invited to speak:-</p> <ul style="list-style-type: none"> at this point in the meeting if their questions/statements relate to matters which are not otherwise on the Agenda (subject to an overall time limit of 30 	To Note	-	

	minutes); <ul style="list-style-type: none"> when the relevant Agenda item is being considered if they wish to speak on a matter which is on the Agenda for this meeting. 			
	<u>Strategy</u>			
4	Update on Children’s & Young People’s Issues – Report of the NYCC Corporate Director – Children & Young People’s Service	To Assure	8 to 19	
	<u>Assurance</u>			
5	Health Protection Assurance Arrangements – Report of the North Yorkshire Director of Public Health	To Assure	20 to 22	
6	Better Care Fund Update – Report of the NYCC Corporate Director – Health & Adult Services	To Assure	23 to 24	
7	Update on the Winterbourne View Concordat – Joint presentation of the NYCC Corporate Director – Health & Adult Services and Director of Partnership Commissioning	To Assure	25 to 31	
8	Governance Review – Joint Report of the NYCC Corporate Director – Health & Adult Services and NYCC Assistant Chief Executive – Legal & Democratic Services.	To Approve	32 to 35	
9	Quality Accounts – Report of the NYCC Assistant Chief Executive – Legal & Democratic Services	To Comment	36 to 37	
	<u>Information Sharing</u>			
10	Loneliness & Isolation in North Yorkshire – Joint Report of the NYCC Older People’s Champion County Councillor Shelagh Marshall and Director of Public Health – North Yorkshire	To Note	38 to 43	
11	Physical Activity in North Yorkshire and the Tour de France Legacy – Report of the North Yorkshire Director of Public Health	To Note	44 to 51	
	<u>Other Items</u>			
12	Forward Work Plan/Work Programme	To Approve	52 to 55	
13	Other business which the Chairman agrees should be considered as a matter of urgency because of special circumstances			

Barry Khan
Assistant Chief Executive (Legal and Democratic Services)

County Hall
Northallerton

Date: 30 April 2014

Notes:

- (a) Members are reminded of the need to consider whether they have any interests to declare on any of the items on this agenda and, if so, of the need to explain the reason(s) why they have any interest when making a declaration.

The relevant Democratic Services Officer or the Monitoring Officer will be pleased to advise on interest issues. Ideally their views should be sought as soon as possible and preferably prior to the day of the meeting, so that time is available to explore adequately any issues that might arise.

- (b) **Emergency Procedures for Meetings**

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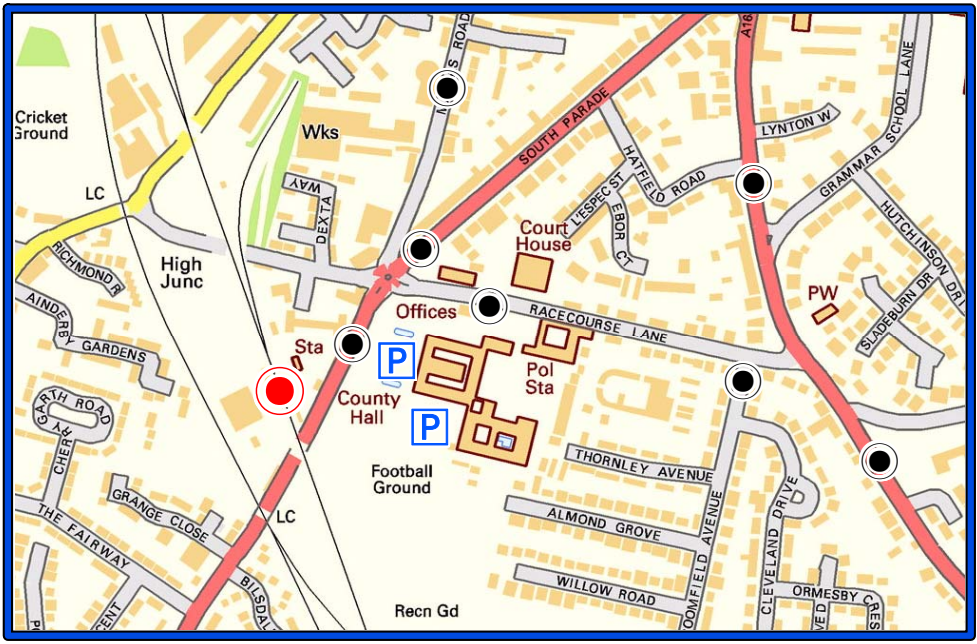
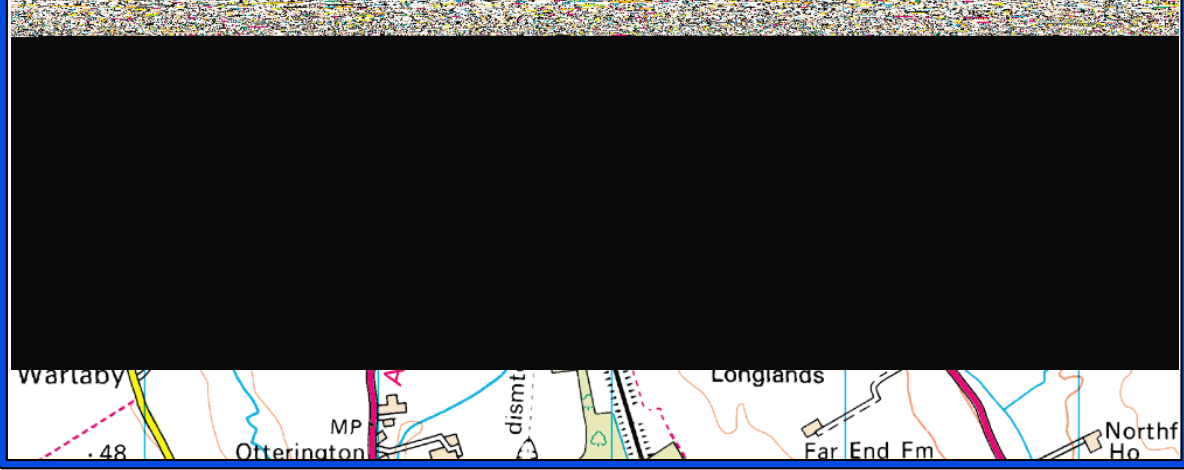
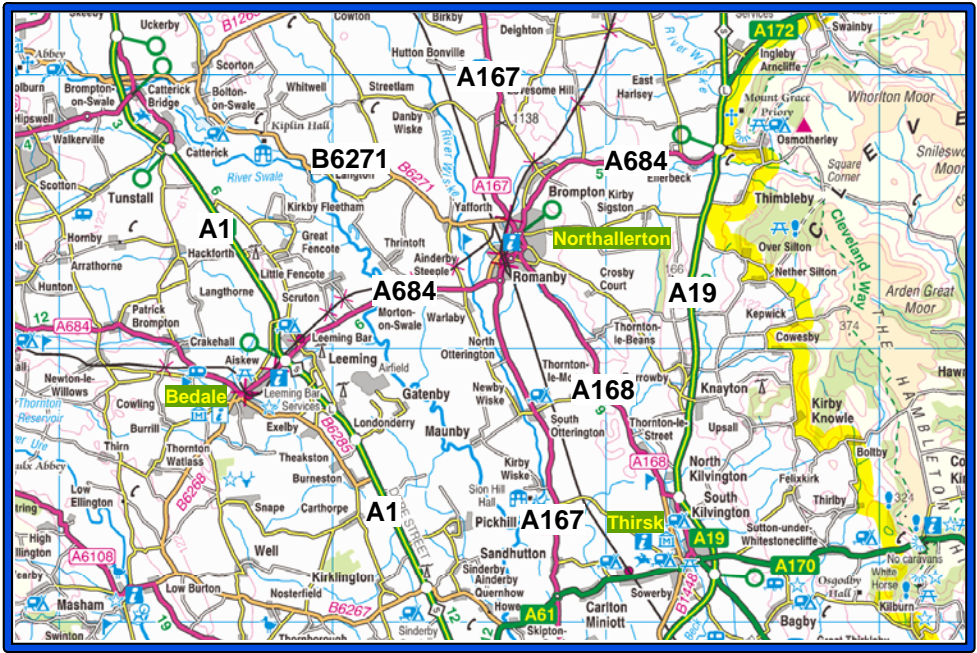
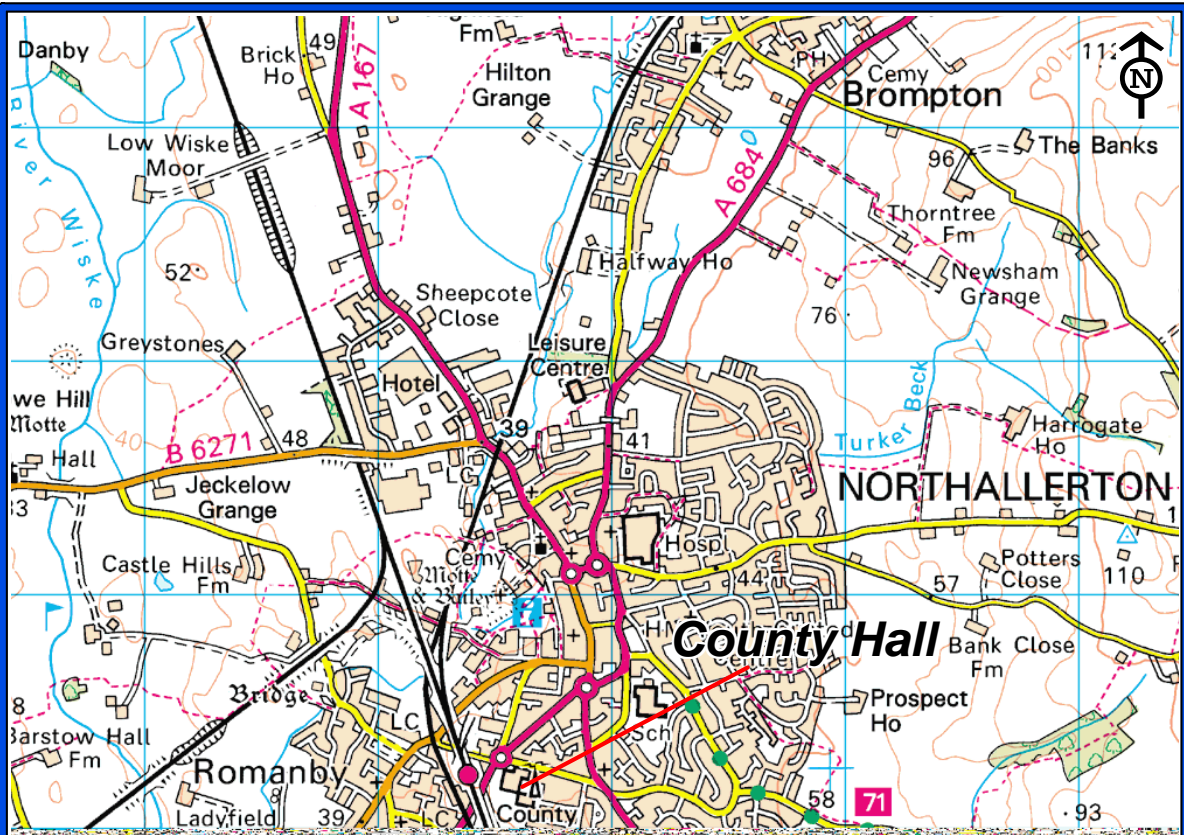
North Yorkshire Health and Wellbeing Board

Membership

County Councillors (3)		
1	HALL, Tony	Executive Member for Children and Young People's Services
2	WOOD, Clare (Chairman)	Executive Member for Adult Social Care and Health Integration
3	MACKENZIE, Don	Executive Member for Public Health and Prevention
Elected Member District Council Representative (1)		
4	BLACKIE, John	Richmondshire District Council Leader
Local Authority Officers (4)		
5	FLINTON, Richard	North Yorkshire County Council Chief Executive
6	WEBB, Richard	North Yorkshire County Council Corporate Director, Health and Adult Services (Statutory)
7	DWYER, Peter	North Yorkshire County Council Corporate Director, Children and Young People's Service (Statutory)
8	WAGGOT, Janet	Chief Officer District Council Representative
9	Dr. SARGEANT, Lincoln	North Yorkshire County Council Director of Public Health
Clinical Commissioning Group (5)		
10	Dr. RENWICK, Colin	Airedale, Wharfedale & Craven CCG
11	Dr. PLEYDELL, Vicky	Hambleton, Richmondshire & Whitby CCG
12	BLOOR, Amanda (Vice-Chairman)	Harrogate & Rural District CCG
13	Dr. HAYES, Mark	Vale of York CCG
14	COX, Simon	Scarborough and Ryedale CCG
Other Members (4)		
15	NELLIGAN, Matt	NHS Commissioning Board
16	VACANCY	Chairman, HealthWatch
17	BIRD Alex	Voluntary Sector Representative
Co-opted Members (2) – Voting		
18	BARKLEY, Martin	Mental Health Trust Representative (Chief Executive, Tees, Esk and Wear Valleys NHS Foundation Trust – Mental Health Services)
19	ORD, Richard	Acute Hospital Representative (Chief Executive Harrogate and District NHS Foundation Trust)(Interim Appointment)
Substitute Members		
	COULTHARD, Adele	Tees, Esk and Wear Valley NHS Foundation Trust
	ITA, David	Healthwatch
	VACANCY	Harrogate Hospital

Notes:

- The Health and Wellbeing Board is exempt from the requirements as to political balance set out in Sections 15-16, Schedule 1 Local Government Housing Act 1989
- The Councillor Membership of the Board is nominated by the Leader of the Council. In the event that the number of portfolio holders responsible for health and well related issues increases, the additional portfolio holders will also be a Member of the Board.
- All members of the Health and Wellbeing Board or any sub committees of the Health and Wellbeing Board are voting Members unless the Council decides otherwise.



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North Yorkshire County Council

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North Yorkshire Health and Well-being Board

**Minutes of the meeting held on Tuesday 1 April 2014 at 1.30 pm at
County Hall, Northallerton.**

Present:-

Board Members	Constituent Organisation
<u>Elected Members</u>	
County Councillor Tony Hall	North Yorkshire County Council Portfolio Holder for Children and Young People's Services
County Councillor Clare Wood (Chair)	North Yorkshire County Council Portfolio Holder for Health and Adult Services
County Councillor Don Mackenzie	North Yorkshire County Council Portfolio Holder for Public Health and Prevention
Councillor John Blackie	Elected Member - District Council Leader – Richmondshire District Council
<u>Local Authority Officers</u>	
Richard Flinton	Chief Executive – North Yorkshire County Council
Richard Webb	North Yorkshire County Council Corporate Director – Health & Adult Services
Janet Waggott	Chief Officer District Council Chief Executive – Ryedale District Council
Dr Lincoln Sargeant	Director of Public Health North Yorkshire
<u>Clinical Commissioning Groups</u>	
Amanda Bloor (Vice Chair)	Harrogate & Rural District CCG
Dr Vicky Pleydell	Hambleton, Richmondshire and Whitby CCG
Simon Cox	Scarborough & Ryedale CCG
Dr Mark Hayes	Vale of York CCG
<u>Other Members</u>	
Alex Bird	Voluntary Sector (North Yorkshire and York Forum)
Chris Long	NHS England
Richard Ord	Acute Hospital Representative (Chief Executive Harrogate and District NHS Foundation Trust)
Adele Coulthard (substitute)	Mental Health Representative (Chief Executive) Tees Esk & Wear Valleys NHS Foundation Trust

In Attendance:-

North Yorkshire County Council officers: Tony Vardy (Assistant Director Transformation & Integration), Keith Cheesman, Manager Health & Integration, Sally Burton (Interim Assistant Director Health & Integration), Anne Marie Lubanski (Assistant Director - Operations), Jane Wilkinson (Legal & Democratic Services), Helen Edwards and Martin Feekins (Communications) and Tom Hall and Nick Kemp (Public Health).

Janet Probert (Director of Partnerships Commissioning Unit).

3 members of the public.

Apologies for absence were submitted by Duncan Webster (Healthwatch), Martin Barkley (Tees, Esk & Wear Valleys Foundation Trust) and Dr Colin Renwick (Airedale, Wharfedale & Craven CCG).

Copies of all documents considered are in the Minute Book

The Chairman introduced and welcomed Richard Webb the new NYCC Corporate Director – Health & Adult Services to his first meeting of the Board.

44. Minutes

Resolved–

That the Minutes of the meeting held on the 5 February 2014 be approved as an accurate record.

45. Public Questions or Statements

There were no general public questions or statements from members of the public concerning issued not listed on the agenda.

It was reported that notice of a public question/statement had been received from a Mr McAsey that related to agenda item 4 “Interim Strategy to Meet The Needs of Adults With Autism in North Yorkshire”.

The Chairman agreed to invite Mr McAsey to speak during consideration of agenda item 4.

46. Better Care Fund

Considered -

The report of the NYCC Corporate Director - Health and Adult Services seeking the approval of the Board of the North Yorkshire Better Care Fund (BCF) Plan that was due to be submitted to NHS England on 4 April 2014. The report also updated the Board on the national and local position regarding Better Care Fund.

The Better Care Fund was a national pool of £3.8bn for 2015/16 that was aimed at helping move care from hospital to the community and improving integration between health and social care. The Fund was not new money but made up of existing health and social care funding. In North Yorkshire the Fund totalled £39.8m.

The Board received a presentation from Sally Burton interim NYCC Assistant Director Health & Integration in which she highlighted key elements of the submission including the metrics and the governance arrangements. A revised metrics sheet was tabled at the meeting. The Submission was based on a collaborative approach as agreed and discussed at previous Board meetings and identified the following specific priorities for North Yorkshire:-

- Transforming primary care through GPs working more closely with hospitals and social and community care to deliver more clinical services within communities, reducing the number of people going to hospital

- Integration between the NHS, councils and the voluntary and community sector to create a network of prevention services available to anyone who may be in need of social and health care
- Providing a sustainable health and social care system that protects social care to enable implementation of the Care Bill, improves reablement, manages increased demand and maintains essential services in the community.

The outcomes to be used to measure the success of these actions included:

- A reduction in injuries caused by falls
- Reduced demand for formal social care services
- More successful outcomes from reablement and
- Reduced emergency hospital admissions, reduced occupied bed days and readmission rates.

The Board noted that talks were set to continue between partners over the next forty eight hours to ensure that the Submission contained the most up to date data available.

Board Members commented as follows:-

- That the ability to measure and evaluate performance as required was at present mixed and that further work was necessary in order to understand fully the cost and investment needed to establish a consistent evidence base
- Work was already underway to align social and clinical services – outcomes and learning from individual projects would be used to shape future services
- Expressed their commitment to work together
- That work completed during the first year was pivotal to achieving success in future years
- Emphasised the need to balance ambition against progress in a measured and realistic way but acknowledged the speed and scale of changes about to be undertaken

The Chairman invited Chris Long, to comment from an NHS England perspective on the North Yorkshire Better Care Fund Plan.

Chris Long said that overall he was positive about its content. He had been very encouraged by the level of ambition shown and the targets represented a real challenge for the year ahead. The Acute Sector was prepared for their budgets to be reduced and for significantly less money to be spent on hospital infrastructure. The scale of the change proposed would necessitate changes to staffing structures and estate. At this point it remained unclear what precisely would ultimately be delivered. Providers would need to identify capacity within the existing system in order to bring about the desired change. Demand for services was set to continue so any deficits would need to be strictly controlled and not allowed to spiral out of control.

Speaking on behalf of Providers in North Yorkshire, Richard Ord Chief Executive Harrogate & District NHS Foundation Trust said that only after budgets for Years 1 & 2 had been quantified and crystallised would the acute sector be in a position to identify what costs could be removed.

Chris Long stated that the degree of commitment and the work done to align services by partners to date meant that he was confident this could be achieved and delivered over the course of the next few months.

The Board was advised that progress of the Better Care Fund would be closely monitored and amendments made to the Plan if necessary in order to achieve success.

The Board noted that performance against local metrics was effective as from that day

In respect of governance it was reported that a review of the terms of reference for the Board and Integrated Commissioning Board was to be undertaken the results of which would be reported to a future meeting.

A Member enquired if a consultation programme had been devised for the initiatives in each CCG area and was informed that consultation would be undertaken at a local level on models of service as opposed to on each of the 45 individual schemes.

A Member commented that in North Yorkshire the financial value of the Better Care Fund was minimal. This was in sharp contrast to other parts of the country where local authorities and clinical commissioning groups had contributed a larger proportion of their resources and in some instances their entire budget to the Fund. It was suggested that if the Board was sincere about embracing the Fund then perhaps this needed to be revisited at a later date.

It was reported that the Chairman of Healthwatch who was unable to be present at the meeting had submitted comments in writing to which a response would be sent following the meeting.

The Chairman commended the outstanding efforts of all those involved in pulling together the Better Care Fund submission for North Yorkshire.

Board Members concluded by expressing their unanimous support for the North Yorkshire Better Care Fund Plan.

Resolved -

That the North Yorkshire Better Care Fund Plan is approved by the North Yorkshire Health & Well Being Board and officers are requested to ensure that the agreed monitoring criteria is aligned with CCG Operational Plans for submission on 4 April 2014.

That quarterly reports on the progress of the Better Care Fund are referred to the Board from the Integrated Commissioning Board.

47. Interim Strategy to meet the Needs of Adults with Autism in North Yorkshire

Public Question/Statement Mr David McAsey – North Yorkshire: Autism Strategy

Mr McAsey read out a statement to highlight his concerns surrounding the failure of the County Council in its statutory duty to produce a North Yorkshire all age long term strategy for autism. A copy of his statement is in the Minute Book. Mr McAsey welcomed publication of the interim strategy for adults with Autism but said it was not enough. He criticised councillors and senior officers for their lack of leadership and asked the following three questions:-

1. What action will the Health & Wellbeing Board take to assure itself that an all age Autism strategy is produced for 2015/16 onwards?

2. What action will the Health & Wellbeing Board take to hold officers to account for meeting NHS and Local Authority statutory duties under the Autism Act?
3. When will the County Council appoint a Councillor to be an adult Autism champion to work alongside the Director of Adult Social Services to ensure that adults with Autism in North Yorkshire are living fulfilling and rewarding lives?

Anne Marie Lubanski NYCC Assistant Director Operations responded orally to the issues raised. She said that it had been a deliberate decision to produce an interim autism strategy. Production of the interim strategy meant that recognition could be given to recent changes within the health environment and take account of a current NYCC Children & Young People's Strategy.

Over the course of the last year Officers had worked collaboratively with colleagues from within the Partnerships and Commissioning Unit on behalf of North Yorkshire clinical commissioning groups towards building an all age strategy. She disputed there had been a lack of leadership and quoted examples demonstrating the development of an autism strategy at a senior level. North Yorkshire's Joint Strategic Needs Assessment made reference to autism and prevalence rates and demographic statistics were monitored. She acknowledged that more work was needed and outlined steps being taken to gain NAS accreditation for services.

She also described work underway to develop a business case for an adult autism assessment and diagnostic service. Details of training currently provided to staff and providers of specialist services were also outlined. If Members wished she was able to direct them to generic on-line autism awareness courses.

In summary she did not consider that the County Council had got off to a bad start but acknowledged that progress still needed to be made. The results of the self-assessment exercise the subject of a later agenda item demonstrated that visible progress had been made in many key areas.

Below are the responses given to the specific questions asked by Mr McAsey:-

1. At its meeting on 16 July 2014 the Health & Wellbeing board will consider a report on progress of the longer term all-age autism strategy for North Yorkshire due to published in 2015. The report will contain a timeline for work towards producing the Strategy. This will be a joint initiative between Health & Adult Services and Children and Young People's Service Directorates.
2. The interim Strategy has an adjoining implementation plan which will be monitored by both the Autism Steering Group and by the Health & Wellbeing Board as part of the report referred to in the answer given above.
3. The Executive Portfolio holder for Health & Adult Services has responsibility to the population of North Yorkshire which includes a range of client groups including older people, people with learning disabilities, dementia and autism. Cllr Wood takes a very active role in all these areas working closely with the Corporate Director and the appropriate senior managers. In the case of autism that is with myself Anne Marie Lubanski Assistant Director – Operations. Given this overarching strategic role it would not be appropriate for the portfolio holder to champion one particular area over others.

In his role as the new Corporate Director of Health & Adult Services Richard Webb said he was developing future thinking around autism and would like to meet with the people who had been involved with the autism strategy consultation during January and February 2014 or who had a particular interest in autism to discuss their views.

These would then inform the development of the all age autism strategy to be published in 2015.

Mr McAsey said he was grateful for the offer to work with officers at the County Council and clinical commissioning groups to develop an all age autism strategy for North Yorkshire. He reminded the Board that the requirement to produce an autism strategy was not discretionary but statutory and that the availability of proper training to all social workers and GPs should be addressed urgently.

Dr Vicky Pleydell Hambleton Richmondshire and Whitby Clinical Commissioning Group undertook to speak to Chris Long NHS England about inclusion in the appraisal of GPs training on autism.

Considered -

The report of the NYCC Corporate Director - Health and Adult Services seeking the Board's approval and sign-off of the interim strategy for meeting the needs of adults with autism in North Yorkshire 2014-15. The Strategy had already been agreed within Health and Adult Services and the Partnership Commissioning Unit.

The report was introduced by Anne Marie Lubanski (NYCC Assistant Director Operations) who drew Members attention to the equalities issues in paragraph 9 of the report and said that research about to be undertaken would look at diagnostic pathways to try and understand the reasons why women and girls were often under diagnosed with autism. The findings would be used to inform the longer term strategy for all people with autism in North Yorkshire that was due to be published in 2015.

Janet Probert (Director of Partnerships Commissioning Unit), stressed that whilst consultation events held for the interim strategy had been poorly attended the feedback received had been extremely powerful and had been used to strengthen input around mental health within the interim Strategy.

County Councillor Tony Hall the portfolio holder for NYCC Children and Young People's Service was pleased to report that healthcare services had now taken steps to address issues in respect of children's autism and he thanked the Board for its intervention in coordinating efforts.

The Chairman said that autism for both children and adults was a regular feature in her discussions with officers. Recently those discussions that been much more positive and on behalf of the Board she looked forward to receiving the long term strategy in due course.

Resolved -

That the Interim Strategy for meeting the needs of adults with autism in North Yorkshire is approved by the North Yorkshire Health & Well Being Board for online publication in April 2014.

That a report on the development of an all age strategy for autism in North Yorkshire be referred to the July meeting.

48. Adults with Autism Self-Assessment Exercise 2013

Considered -

The report of the NYCC Corporate Director - Health and Adult Services presenting the results of a self-assessment exercise conducted by Public Health England in Autumn 2013 on the adult autism strategy.

The report compared North Yorkshire's performance in 2011 to that of 2013, and provided headline information about North Yorkshire's performance in comparison to another 152 respondents in 2013.

The Chairman referred to the report and said that overall it was pleasing to see significant progress had been made. However she noted that a number of recommendations in the statutory guidance issued to local authorities and NHS organisations pertaining to implementation of the Autism Strategy 2010 remained outstanding.

The Voluntary Sector representative asked about links between the Carers Strategy and Autism Strategy and was advised that officers were looking at making on-line training available and would be happy to discuss this and other aspects in further detail outside of the meeting.

Resolved -

That the results of the 2013 Autism Self-Assessment Exercise be noted.

That following publication by Public Health England of detailed comparison data later in 2014 a further report be referred to the Board.

The meeting concluded at 3.20 pm.

JW/JR

NORTH YORKSHIRE COUNTY COUNCIL

HEALTH AND WELL-BEING BOARD

9 MAY 2014

UPDATE ON CHILDREN AND YOUNG PEOPLE'S ISSUES

1.0 PURPOSE OF REPORT

To provide a joint update on developments relating to children and young people including

- progression of a strategy for the emotional health and well-being of children and young people
- update on the joint strategy for children and young people with autism
- commissioning of the Healthy Child Programme 5-19
- ensuring the health of Looked After Children is promoted
- progress on the implementation of the Children and Families Bill
- joint working to establish Integrated Assessment, Decision Making and Transitions pathways together with the use of Personal Budgets
- services for Speech and Language Therapy
- establishment of a Joint External Placement Panel to approve out of Authority externally provided placements

All of these key workstreams are undertaken within the context of our wider Children's Trust and Safeguarding Children's Board responsibilities. We have active new leadership of the Safeguarding Board in Professor Nick Frost who is also an active member of the Children's Trust Board. As a result we will ensure as we finalise the new Children and Young People's Plan for the county that key safeguarding priorities and the development issues identified in this report are appropriately included.

2.0 DEVELOPMENT OF AN EMOTIONAL HEALTH AND WELL-BEING STRATEGY

Under the direction of the Children's Trust and its working group (the CAMHS Partnership Group), four work strands were agreed to facilitate the development of an effective Emotional and Mental Health Strategy. The work strands were as follows: -

- a) A comprehensive needs assessment, including provision and demand mapping to incorporate all local authority services for children and young people, to identify areas for improvement against the pathways.
- b) A CYPS statement of commitment ('offer') mapped against the development of specific referral / service pathways.
- c) A review of how the local authority and partners promote positive emotional and mental health, in terms of awareness raising, training, guidance and delivery of in-house services.
- d) The development of the CAMHS service specification as part of the specialist CAMHS commissioning process.

The outputs from the above work strands have directly informed the development of the draft strategy.

The strategy sets the vision for all children and young people in North Yorkshire to enjoy good emotional and mental health. The government Mental Health Strategy (No Health without Mental Health), sets out six shared mental health outcomes for children, young people, working age adults and older people. The Children's Trust has agreed that the national strategy outcomes are formally adopted as the outcome measures for the North Yorkshire Children and Young Peoples' Emotional and Mental Health Strategy. The six outcome measures are as follows: -

1. More people will have good mental health
2. More people with mental health problems will recover
3. More people with mental health problems will have good physical health
4. More people will have a positive experience of care and support
5. Fewer people will suffer avoidable harm
6. Fewer people will experience stigma and discrimination

The strategy is currently subject to consultation across the Children's Trust and CAMHs Partnership. A final version of the strategy will be circulated in April.

3.0 STRATEGY FOR MEETING THE NEEDS OF CHILDREN AND YOUNG PEOPLE WITH AUTISM IN NORTH YORKSHIRE

3.1 The Strategy for meeting the needs of children and young people with autism was approved by Executive Members on 9th October 2012..

3.2 Since this time the local authority has increased both the breadth and number of parent training programmes across the county to improve support for families, health colleagues support the delivery of some of these programmes. A jointly developed parent information pack is available and shared with families during the assessment and diagnostic process.

Some families report long waiting times for assessment and diagnosis due in large to families requesting assessment exceeding the prevalence figure services were commissioned upon (1%). The PCU are currently negotiating waiting list initiatives and increased capacity with all diagnostic services with the exception of Craven which is not part of the PCU. It is very encouraging that individual CCGs are themselves recognising the importance of the work and have recently prioritised investment aimed at improving the consistency of assessment and support arrangements.

3.3 There has also been an increased amount of training available for frontline workers to include Early Years practitioners, school staff, the wider CYPS team and health colleagues.

3.4 Specific working groups linked to key priority strands for development and support, as identified during the strategy's consultation process are now established and key actions for each group have been agreed. Working groups include those for Early Years, Post 16, girls with autism and PDA, curriculum, physical and sensory needs, family support and support for young people with autism and mental health needs. Termly highlight reports are available which include more extensive detail on progress made to meet the objectives within the strategy.

3.5 Whilst the Health and wellbeing Board considered an Interim Adult Autism Strategy at its April meeting the ambition exists to develop a single strategy for meeting the needs of children, young people and adults with autism. We aim for this to be developed for 2015.

4.0 HEALTHY CHILD PROGRAMME

- 4.1 Good progress is being made on the commissioning of the contracted element of the 5-19 Healthy Child Programme. The timetable is on schedule and the engagement and information exchange phase has been completed. The project team is established and the scoping of the service specification has commenced. Procurement gateway decisions will be made by HAS executive and CYPS CYPLT in April and May respectively.

Information has been gathered from 319 individual stakeholders via questionnaires, individual conversations, group meetings and workshops and included children, young people, parents, and a wide range of other partners. The full report of the engagement is available should Board members wish to see it.

- 4.2 The most frequently mentioned areas of concern and identified gaps were:

- The importance and increasing demand for help with issues related to emotional wellbeing and mental health
- Lack of provision for young people aged 16 and over
- Insufficient focus on the needs of children and young people who are at higher risk of poor health outcomes and those least likely to seek help with regards to their health
- Lack of clarity and publicity about what the service provides
- Inconsistency of practice in the type and standard of the services being offered in different geographical areas and settings
- Lack of advice and practical help after children have been weighed and measured as part of the National Child Measurement Programme
- The importance of having effective screening and health checks to identify problems that may be impacting on the child's development

- 4.3 There is a challenge in establishing a seamless 0-19 Healthy Child Programme in the context of responsibility for the 0-5 HCP programme coming later (October 2015). The principles underpinning the specification for the 5-19 HCP will be applied to the commissioning of the 0-5 HCP. The goal of having an integrated 0-19 HCP for North Yorkshire can still be realised but within a longer timeframe than anticipated and developed as part of an incremental process.

- 4.4 The commissioning process for the 5-19 HCP has inevitably highlighted some gaps in provision which are not within the scope of a HCP. Whilst the exercise has been beneficial in helping to articulate what a prevention/public health focused HCP should look like it has created additional tensions when areas of concern are identified that fall outside the HCP remit. This is particularly relevant when considering children and young people with tier 3 levels of need including those with complex health conditions or disabilities, those with severe learning difficulties, children subject to safeguarding procedures and young offenders. Where these ambiguities are being uncovered further discussions are being had with the respective commissioners or service areas to clarify who has responsibility for which element of care.

It is clear that one of the priorities has to be increasing the capacity at tier 2 to support young people with emotional and mental health needs.

The proposal is to increase the capacity of the nurse led targeted element of the HCP service to provide interventions for children (from 9 years old) and young people with higher level tier 2 levels of emotional and mental health

needs. This will require some redirection of budget and/or additional funding (c. £150K) in order to bring interventions in earlier and ties in with the North Yorkshire Emotional and Mental Health Strategy. The CYPS Leadership Team, at its meeting on 6 March, supported this proposal in principle but the views of Integrated Commissioning Board colleagues would be welcomed on possible sources of funding for this additional element over and above the core work of the HCP contract.

4.5 There is no easy answer to the question as to how best to provide a service for children and young people who live outside of North Yorkshire but who may receive education on a daily or residential basis in the county. The project group are addressing this and will ensure that there is clarity prior to finalising the specification for the contract. Legal advice will be sought to ensure that whatever is proposed does not contravene any discrimination legislation or contracting rules.

4.6 The proposed delivery model will be as follows:

- The structure of the HCP team will be coterminous with the Prevention Service locality boundaries and where practicable teams will be co-located. There will be a team working in each locality that can deliver an equitable HCP core offer. The HCP will be seen as part of the prevention service, share the same systems for obtaining consent, case allocation and management, data collection and recording and information sharing and will add capacity to the wider Prevention team to meet the needs of children and young people requiring additional support.
- The HCP workforce will include the necessary skill mix to be able to deliver the range of services to meet the requirements of the HCP. This will include a balance between qualified nurses, some of who will hold public health/school nurse qualifications and other non-nurse qualified practitioners. Working as part of a multi-disciplinary team HCP nurses would also provide advice to colleagues in the management of cases where there are health related concerns.
- There will be a differentiated service for Special Schools based on the needs of the pupils. The HCP team will need to jointly plan with the specialist nurses (commissioned by CCGs) the support being provided to children and young people within Special Schools.
- Additional resource will be allocated to enable more targeted and sustained interventions for young people who are at risk of poorer health outcomes.
- The HCP team will conduct annual reviews for all LAC up to the age of 19.
- A differentiated service will be provided to schools where there are a high number of Service children to ensure that these children are not placed at a disadvantage due to their rapid movements between schools.
- The HCP would contribute to the professional development of all the wider children and young people's workforce by contributing to a health related training programme.

Whilst it will be up to the prospective providers to define the delivery model that they believe is the most appropriate to meet the service specification the project group are considering the best way to procure the service(s). The current plan is to procure by lots so allowing for providers with different skills and expertise to tender for those lots for which they are most suited.

Members are asked to note the detailed work undertaken and the proposed integrated model of delivery of a 5-19 service within the context of a 0-19 HCP.

5.0 HEALTH OF LOOKED AFTER CHILDREN (LAC)

- 5.1 Children's services and health are committed to ensuring that those children who are looked after by the local authority receive timely health, dental and optician tests. Both agencies recognise the importance of ensuring that looked after children must have an annual health assessment and twice yearly dental checks as well as having regular eye tests. It is of course recognised that often the children we look after have had their health needs neglected for a period of time and it is critical that such health needs are promoted.
- 5.2 Over the last 12 months significant progress has been made with monthly meetings taking place between health and Children's Services in order to action plan and track progress. More recent understanding of the issues that have impacted on performance have been understood and recognised by both agencies and immediate action taken to address these issues has been taken. An information sharing agreement has been agreed by health and social care which now enables health professionals to input data direct to -ICS (the ICT case recording system used by children's social care teams) regarding recording when assessments have taken place and in relation to immunisation data. Additionally our Performance and Outcomes Team are in contact with the health colleagues twice a week to advise of new admissions to care so that health can also prepare for the health assessment needing to be arranged in a timely way.
- 5.3 Progress regarding improved performance appeared slow during 2012 and during a meeting in November it became clear that there was not only a recording issue by both agencies but the health assessments were not taking place in a timely way because the consents from parents was not being sought by children's social care staff at the point the child was became "looked after". A further action plan was developed which has seen staff retrained on LCS and performance reports were redistributed where there were recording issues to enable performance to be improved.
- 5.4 There is significant investment by children's services and health into driving forward the need for timely initial health assessments and review health assessments. Quarter 3 data has shown that 77.8% of eligible looked after children (291 out of 374) had received their annual assessment within the required timescale. This is notable improvement from the 2012/2013 outturn of 68.3% (237 out of 347). 75.9% (284 of 374) of looked after children had received their dental check within the required timescale.
- 5.5 There is a further audit planned by health in relation to ensuing lac receive an IHA within 20 days of becoming looked after and senior management continue to drive the messages to staff of the importance of this being undertaken as without this assessment adoption planning is significantly impacted upon.
- 5.6 There remains the ongoing concern that post 16 looked after children do not have access to health assessments and there has been a recent issue in the Scarborough area in relation to the health assessments. A meeting is to take place with health colleagues shortly to address this issue.
- 5.7 **Ongoing monitoring will continue until we are satisfied that the assessments are being completed and are done within the necessary timescale. This work including assessments post 16 has been prioritised in the developing specification for the HCP.**

6.0 CHILDREN AND FAMILIES BILL: SPECIAL EDUCATIONAL NEEDS

6.1 This section of the report describes progress to date with implementation of the various strands of the above Bill which relate to children and young people with special educational needs.

6.2 Background

The Bill has now received Royal assent and will be implemented in stages from September 2014. It will be cross-referenced with the Care Bill about disabilities that is following it through Parliament.

The key elements of Part 3 of the Bill are greater influence and control for parents; integrated assessment and decision making; the joint commissioning of health and care services for children with Education, Health and Care Plans (EHCPs), and improvements in preparing for adulthood.

The Integrated Commissioning Board has prioritised six areas for integration over the next 2 years, three of which are directly related to the new SEN duties.

North Yorkshire has been a local and regional SEND Pathfinder Champion for which additional funding has been provided by the DfE. The purpose of the Pathfinder work has been to trial elements of the proposed changes; to report progress back to the DfE and to support other local authorities in the region by sharing learning and experience.

6.3 Implications for CCGs and NHS Trusts

Health is at the centre of the Bill in recognition of the fact that many children with SEN depend on health services. The Bill requires relevant parties including Clinical Commissioning Groups (CCGs) and NHS Trusts in the area to co-operate with the local authority in the exercise of its functions.

There will be a duty on CCGs to secure health provisions specified in EHCPs for children and young adults with SEN, including specialist health services such as physiotherapy and speech and language therapy, whether or not they are provided under the NHS. It will be a statutory duty for Health commissioners to work with local authorities to jointly plan and commission for children with SEN.

Each CCG should have a designated health officer for children with special educational needs. The responsibilities of this role will include coordinating the role of health in the statutory assessment process, working strategically across health and the local authority and ensuring that local health services inform the local authority of children who they think may have a special educational need.

The mandate from the Government to the NHS commissioning Board, published April 2014 to 2015, identifies the need for a significant improvement in supporting disabled children and young people with special educational needs_or disabilities. It states that

“NHS England’s objective is to ensure that they have access to the services identified in their agreed care plan, and that parents of children who could benefit have the

option of a personal budget based on a single assessment across health, social care and education.”



Mandate_14_15.pdf

Although this is a national issue, in a county with multiple CCG arrangements the challenges are multiplied. Whilst the CCGs and the PCU are now better sighted on the new duties, we are now at implementation phase. A briefing paper from health colleagues, for providers and local practitioners outlining their responsibilities and how they are addressing them, would be welcomed.

It is intended to undertake an evaluation of progress in implementation using a DfE tool. This will also help health partners in assessing their preparedness to deliver the duties placed on them under the Children and Families Bill/Act and under the Disabled Children’s Charter, to which the Health and Well-Being Board is fully committed.

6.4 Greater engagement with parents and families

The Local Offer places families and young people at the heart of developing local services and encompasses all children who need support, not just those with an EHCP. For parents to make informed choices, they need good clear information. The Local Offer will set out clearly what support is available locally across health, education and social care, on-line, and in clear language, along with information about how to access advice, and to raise complaints.

A working draft with public visibility has been available on-line since the end of September 2013. Consideration is being given to other media for making the information available to those who do not have internet access, and a communications plan is now in its final draft. A young people’s version of the Local Offer has been produced, using appropriate symbol software, and this has been included within the Youth Service’s website. A parents’ and professionals’ version is available on the council’s website and continues to be developed as part of a much bigger county-wide Community Directory.

A group of Special Educational Needs Co-ordinators, early years’ managers and SEN staff in colleges have been involved in writing Local Offer summary advice for settings, schools and colleges and this information has been shared through special needs networks. A detailed guidance document has been provided for all educational settings, with similar guidance produced for health, care and voluntary sector settings. Parents and young people have also been closely involved with advising on these developments.

Following recent discussions with Health partners, progress has been made and a programme of work has been agreed for the inclusion of detailed Health service information within the Local Offer. This information is now being collated and formatted, with publication scheduled for spring 2014. The inclusion of more detailed information will enhance the picture of Health services across the county and explain how Health and local authority services interact.

Discussions with voluntary sector partners have also resulted in an agreed approach for the population of voluntary and community sector provision in the Local Offer. The inclusion of this information will be completed by June 2014 and will significantly enhance the scope of services described within the Local Offer.

Most of the work to develop the Local Offer has been based with CYPS and it is important that future activity includes a greater involvement from HAS. This should be formalised through the maintenance arrangements for the Local Offer, and should be assisted by the proposed arrangements for an Integrated Transitions Service between the two Directorates and Health.

Work will continue with corporate colleagues to link the Local Offer to the new NYCC website and the launch of the council's Community Directory and e-Marketplace.

Engagement with parents' and young people's groups has been of great value in helping the local authority develop the Local Offer and this participative approach will continue. Feedback from recent meetings with parents and young people in January, and from the two-day SEN conference in February, will ensure that on-going developments are directly informed by engagement activity. It is vital to ensure that these groups contribute to the development of a meaningful feedback and review mechanism, in order to make sure that the views of service users remain central to the management and delivery of the Local Offer. We will continue to work with voluntary sector partners to support and encourage this dialogue.

Good progress has been made and we are on target. Mott McDonald, the national support organisation for the Pathfinder on behalf of the DfE have included our draft in their national good practice guide for local authorities, and North Yorkshire's Local Offer is also due to feature in the next edition of the 'LGA First' magazine. The approach undertaken in North Yorkshire has also been cited as an example of good practice in a recent House of Lords debate on the SEN reform programme (7th January 2014).

6.5 Information and Advice, Disagreement Resolution, and Mediation

Local authorities will have a duty to provide information and advice to parents and young people directly about matters relating to their special educational needs. Local authorities must also arrange for disagreement resolution services to be available to parents and young people. The service must be independent of the local authority. Local authorities will be expected to make available an independent mediation service free of charge to parents and young people over 16 who have a right of appeal to the SEN Tribunal. The Bill does not require local authorities to provide a Parent Partnership Service, as such.

Following discussions through NYPACT the local authority is undertaking engagement sessions across the county to discuss with groups of parents how best to provide SEN information and advice and whether this should be through the existing service. The Council for Disabled Children will also be funding Independent Supporters, initially for two years, to assist parents to manage new systems and processes and it will be important to pool resources and expertise.

The voluntary sector is engaged in the discussions and is keen to see the development of a forward looking approach which takes account of the need for stability and continuity during a time of considerable change.

6.6 Personal Budgets And Direct Payments

Parents of children with an Education, Health and Care Plan (EHCP), or a young person will be able to ask the local authority to give them their own 'personal budget'. This is the amount of money the council has to pay for the help they need with their education and social care. The young person or their parent could ask for some or all of this money as a 'direct payment' to spend on the additional support they need in order to achieve the outcomes outlined in their EHCP or they could agree how the council will spend it on helping them.

There is a 2020 North Yorkshire project to create an Integrated Direct Payments Service, building on that already in place for adults with assessed social care needs and children with disabilities. This will be extended to include all children and young people with an EHC Plan from September 2014, and the roll out of NHS personal health budgets from April 2014. Agreed consistent direct payment processes and procedures and a single direct payment support service would create a streamlined and simplified process for service users and professionals to navigate.

Work is underway with CYPS to develop a new resource allocation system for children and young people with EHC Plans which will enable the identification of personal education budgets and direct payments. Further guidance is awaited from the DfE.

6.7 Integrated Assessment and Decision Making

Where a child's needs cannot be met by existing resources, the local authority will be required to conduct a formal co-ordinated assessment of education, health and care needs using existing relevant assessments, sharing information and sitting down with the family to draft the EHCP together.

The DfE has very recently decided that the 'conversion' of statements to EHCPs can be phased over a two to three year period from September 2014. The local authority currently maintains approximately 1800 statements of SEN and section 139a assessments for school leavers with a statement. Of these, approximately 600 include care provision. A significant number also include health provision.

We have engaged with parents and other agencies and have developed a single all-age, person centred, outcome focussed plan for children, young people and young adults from 0-25 years, and the necessary processes to accompany it.

Further work is required to ensure that HAS and Health fully understand and are signed up to playing their part in the new assessment and planning processes. There is an understanding at management and commissioner level and this will need to be translated into engagement by practitioners in individual casework. Approximately 180 children and young people are currently going through the new process to develop an EHC Plan or to convert an existing Statement to an EHC Plan. From the start of the summer term all new requests will follow the new process and this will require further training of Health practitioners.

6.8 Joint Commissioning of Care and Health Services for those with an EHCP

Integrated commissioning is seen as the best way to ensure that optimum use is made of resources, and that they support collaborative working to meet the wide range of children's needs. It offers partners an opportunity to re-design local systems

to operate more effectively, both to improve the experiences of users of the services and to make the best possible use of local resources.

The first services to be considered for joint commissioning are those which support speech, language and communication needs. The CCGs have agreed to jointly fund work to undertake the commissioning following a procurement exercise in the spring.

The joint commissioning work relating to speech, language and communication will be progressed.

The development of an Integrated Transitions Service across CYPS, HAS and Health will greatly assist in the planning and commissioning of appropriate pathways and provision for young adults with disabilities.

6.9 Preparing for Adulthood

For the first time, young people with special educational needs and disabilities aged 16 - 25, who are no longer in school, will be subject to the same legislation for assessment and planning for their future as children 0-16. The Code of Practice will apply to FE providers.

The Local Offer will set out the support available to assist young people in the transition to adulthood with more choice and control over their own lives and will include information relating to a variety of routes to employment, housing and accommodation and participation in society through leisure activities, friends and relationships.

Over the last two years we have supported some young people to stay in their local communities rather than attend independent specialist colleges, usually outside North Yorkshire. Each young person has a personalised learning pathway that might include some college time, some preparation for work skills, work experience, personal and social skills training, independent travel training, basic education and leisure time.

The numbers of young people opting for this has increased from 5 in 2011/12, to 25 in 2013/14 and will further increase in 2014/15. Each programme is bespoke, the outcomes are good, it is less costly than out-of-authority placements and it is being promoted as a national exemplar of good practice by the DfE.

The establishment of a 16-25 Integrated Transitions Service, is fundamental to achieving further significant progress in improving transition to adulthood. We seek the support of and engagement of health partners in that development.

7.0 ESTABLISHMENT OF A JOINT EXTERNAL PLACEMENT PANEL FOR ALL OUT OF AUTHORITY (EXTERNALLY PURCHASED) PLACEMENTS

7.1 Work has been carried out to map the expenditure and processes around the commissioning of out of authority independent and non-maintained school including residential school placements for children and young people aged 0 to 25. This includes the contribution made by each agency (education, health and care) towards the cost of these placements.

For children aged pre 18 £4,933,300 has been spent in the 2013-14 financial year. Of this 50% is from the High Needs Block of the Dedicated Schools Grant (£2,489,010), 45% from Children's Social Care (£2,196,754) and 5% from health (£247,536). For young people aged 18 to 25 some £2,434,838 has been spent of which the High Needs Block of the Dedicated Schools Grant accounted for 86% of the total costs (£2,103,376), Health and Adult Services 8% of the total costs (£186,740) and Health 6% of the total costs (£144,770). Previous reports have highlighted the significant year on year savings that have been made to the cost of post 18 out of authority placements as a result of the development of local personalised learning pathways.

- 7.2 Currently two panels provide a platform from which complex cases can be discussed. This includes referrals for out of authority (externally purchased) placements within both an education and social care context. These Panels are the Entry to Care Panel managed through Children's Social Care and the Alternative Provision Panel managed through the SEND Service (0-25). These Panels have a broad commissioning remit and cater for different age ranges. The Entry to Care Panel commissions care placements for children aged 0-18 using Local Authority budgets whereas the Alternative Provision Panel commissions educational placements for children and young people aged 0-25 using mainly the Dedicated Schools Grant (DSG) budget. The purpose of these Panels is to commission the most appropriate placement in order to meet the individual needs of the child or young person. In addition, a Continuing Care Panel for LAC made up of LA officers from the Disabled Children's Service and representatives from health also meet on an infrequent basis in order to discuss Continuing Healthcare Funding for LAC with complex health needs.
- 7.3 Funding pressures, the recent decline in the long term placement stability of Looked After Children and our commitment to provide services for children and young people with complex education, health and care needs within their local communities, mean it is increasingly necessary to adopt a more co-ordinated and joint approach to the allocation and management of resources. The establishment of a Joint External Placement Panel (EPP) will significantly help to address these issues.
- 7.4 Given the broad remit of the two existing placement panels, and because of the requirement to ensure cases proceeding to the EPP are kept to a minimum, it is proposed that the Entry to Care and Alternative Provision Panels are maintained but their Terms of Reference are strengthened with a renewed emphasis placed upon the requirement of these Panels to source *creative solutions* which, wherever possible, maximise the capacity of mainstream and specialist services within the child or young person's local community, without recourse for an independent (externally purchased) placement being made.

From April 2014 it is proposed that where the Entry to Care or Alternative Provision Panel are unable to identify integrated, creative solutions *at a local level* and all options have been fully exhausted and explored, all requests for out of authority (externally purchased) provision are referred to the EPP. This Panel will be made up of senior representatives from education, health and care and will consider requests for all out of authority (externally purchased) placements in independent and non-maintained provision for children and young people aged birth to 25. Requests for placement will not be considered by the EPP if the case

has not been subject to prior discussion and review at the Entry to Care or Alternative Provision Panel, as appropriate. The Integrated Commissioning Board have been asked to ensure appropriate health representation at such a forum.

7.5 Because of the very small number of cases currently considered, it is proposed that North Yorkshire's Continuing Care Panel for LAC is disestablished and all discussions regarding continuing health care funding for LAC with complex health needs and for whom an out of authority (externally purchased) placement may be required are brought to the EPP for consideration.

8.0 RECOMMENDATIONS

8.1 That the joint progress against the children and young people's agenda be noted.

PETER DWYER: CORPORATE DIRECTOR CHILDREN AND YOUNG PEOPLE
JANET PROBERT: DIRECTOR - PARTNERSHIP COMMISSIONING UNIT

North Yorkshire County Council

Health and Wellbeing Board

9 May 2014

Health Protection Assurance Arrangements

Report of the Director of Public Health for North Yorkshire

1.0 Purpose of report

1.1	The paper outlines the arrangements for ensuring that residents of North Yorkshire are protected from health threats including major emergencies and describes the process for providing assurance to North Yorkshire County Council that these arrangements fulfil its duty for health protection of the population.
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2.0 Background

- 2.1 The Health and Social Care Act 2012 placed a duty on local authorities in England to protect the health of the local population. This duty is discharged through the Director of Public Health (DPH) who is responsible for ensuring that North Yorkshire County Council and partners, including District Councils, Public Health England and the NHS, plan for, and respond to incidents that present a threat to the public's health.
- 2.2 Health protection is the area of public health that is concerned with preventing or reducing harm caused by communicable diseases and minimising the health impact from environmental hazards such as chemicals and radiation. It includes national programmes such as immunisation as well as local provision of services to diagnose and treat infectious diseases. Health protection also involves planning, surveillance and response to incidents and outbreaks.
- 2.2 In discharging their duty, local authorities should produce a health protection plan which may be an overarching health protection assurance framework agreed with local stakeholders to include:
- Identification of key elements of health protection, with appropriate lead,
 - Assessment of risks for each element of health protection and control measures in place,
 - Mechanisms to monitor health protection risks which should be reviewed on a regular basis, or at least annually, and
 - Governing arrangements to oversee health protection work e.g. health protection assurance group.

3.0 Health Protection Assurance Framework

3.1 Directors of Public Health across North Yorkshire, York and the Humber have adopted a common health protection assurance framework initially developed by colleagues in South Yorkshire. This framework has been tailored to individual local authorities to suit local situations. The key elements of the framework are:

- Prevention
 - Vaccination and Immunisation
 - Screening – nationally defined and commissioned cancer and non-cancer programmes
 - Infection prevention and control (IPC) – usually within the health and care setting
 - Environment, enforcement, trading standards, food, animal health, water, and health & safety
 - Drugs and substance misuse
 - Prevention of injury including Suicide prevention
 - Sexual health
- Emergency preparedness, resilience, and response (EPRR)
- Incidents and outbreaks
- Surveillance

4.0 Arrangements for identifying and managing risks

4.1 Responsibilities for planning and responding to health protection risks across North Yorkshire rest with several agencies and partnerships. Relationships and arrangements continue to develop after 1 April 2013 when upper tier local authorities, Public Health England, NHS England and Clinical Commissioning Groups (CCGs) took on new responsibilities for Health Protection.

4.2 There is clear leadership for most areas of the Health Protection Assurance Framework but greater clarity is needed about countywide leadership for infection prevention and control in a county with 6 CCGs. With two tiers of local government, the same clarity is needed for issues related to environmental health, enforcement, trading standards, food, animal health, water, and health & safety where responsibilities rest with seven Districts as well as the County Council.

4.3 For all areas of the Health Protection Assurance Framework, groups and structures are in place which can identify and manage risks in relevant areas. However, some of these arrangements are historical and need to be reviewed in light of post-April 2013 changes. Further assurance is needed that existing groups and structures have a formal process for identifying, managing and reviewing risks.

5.0 Governance arrangements

5.1 It is proposed that the DPH will chair of a local Health Protection Assurance Group to meet 6-monthly to formally review health protection arrangements and agree Statements of Assurance for the Council and Health and Wellbeing Board. This group will have representatives from relevant lead agencies.

- 5.2 The DPH, on behalf of the local authority, will raise issues and concerns with agencies where assurance of the delivery of their health protection responsibilities is inadequate. Responsibility for responding appropriately to the information and advice of the local authority (and accountability for any adverse impact if that advice is not heeded) rests with these agencies.

6.0 Recommendation(s)

- 6.1 The Health and Wellbeing Board are asked to:
- note the current arrangements for assuring the health protection responsibilities of the Council and,
 - support the proposal for a local Health Protection Assurance Group of representatives from relevant lead agencies and chaired by the DPH to meet 6-monthly to formally review health protection arrangements and agree Statements of Assurance for the Council and Health and Wellbeing.

Director of Public Health for North Yorkshire

County Hall
Northallerton
9 May 2014

North Yorkshire County Council

Health and Wellbeing Board

9 May 2014

Better Care Fund Update

Report of the Corporate Director, Health and Adult Services,
North Yorkshire County Council

1.0 Purpose of report

- 1.1 This paper provides an update to the Health and Wellbeing Board on the current status of the Better Care Fund (BCF) submission and plan.

2.0 Background to the Better Care Fund submission

- 2.1 The Better Care Fund (BCF) is a £3.8bn national pooled arrangement which is worth £39.8m locally, between the NHS and North Yorkshire County Council.
- 2.2 It is to be used to integrate health and social care, reduce pressure on acute (hospital) services, protect adult social care and enable investment to be made in preventive services in both health and social care settings.
- 2.3 The North Yorkshire plan, entitled 'A New Era for Health and Social Care in North Yorkshire' sets out a shared ambition to be an exemplar of how to deliver an integrated approach to health and social care in a complex, rural economy. The plan was agreed at the last Health and Wellbeing Board.
- 2.4 The first submission, made on 14th February 2014, was reviewed by a peer authority and NHS England.
- 2.5 Further work was done on the plan prior its subsequent, final submission on 4th April 2014.

3.0 Current Status of the submission

- 3.1 Following further peer and NHS England reviews, feedback on the resubmitted plan was received on 23rd April 2014.
- 3.2 The second review resulted in 0 Red ratings, 6 Amber ratings and 10 Green ratings.
- 3.3 The two key areas of Deliverability and Affordability, whilst given Amber ratings, are considered by the NHS England Area Team to be of high risk, in common with BCF plans submitted by other HWBs in the local area and nationally, due to the challenging nature of moving resources from acute to preventative services.

- 3.4 The plan now awaits ministerial sign-off; this was expected by the end of April 2014 but indications are this timescale may slip.

4.0 BCF – Integrated Commissioning Board

- 4.1 The Integrated Commissioning Board (ICB) considered the results of the submission at its meeting on 24th April 2014.
- 4.2 It concluded that, whilst the improved feedback from peer and NHS England was welcome, there is still much to do to enact the plans within the BCF across NYCC and the CCGs and the NHS Provider Trusts.
- 4.3 2014/15 has been deliberately positioned within the plan as a foundation year, designed to get key services in place ahead of more ambitious targets in 2015/16.
- 4.4 ICB reiterated the need to ensure that goals will be achieved by delivering locally within county-wide outcomes and standards whilst working across a right-sized footprint for any given issue and utilising robust programme and project management arrangements.

5.0 Next Steps

- 5.1 Sponsored by ICB, work is now underway to consider implementation, resource and governance arrangements, with a workshop to jointly agree requirements and propose recommendations for next steps.
- 5.2 In the interim, actions to implement many of the initiatives contained within the plan are already underway in CCGs and localities across North Yorkshire. The work noted in (5.1) above will be undertaken to ensure that that activity is delivered effectively.

6.0 Recommendation(s)

- 6.1 The Health and Wellbeing Board are asked to:
- note the current status of the BCF submission and plans
 - endorse the actions put in place by the ICB to plan for the successful implementation of the BCF plan in the next two years

Corporate Director, Health and Adult Services,
County Hall
Northallerton
9 May 2014



North

Yorkshire County Council



Partnership Commissioning Unit

Commissioning services on behalf of:
NHS Hambleton, Richmondshire and Whitby CCG
NHS Harrogate and Rural District CCG
NHS Scarborough and Ryedale CCG
NHS Vale of York CCG

ITEM 7

“Care through partnership”

People Living Out of Area An update on the Winterbourne View Concordat

How are we doing?

May 2014

AnneMarie Lubanski

Assistant Director- Operations

NYCC health and Adult services

Janet Probert

Director of Partnership Commissioning

NHS Partnership Commissioning Unit

Transforming care: A National response to Winterbourne View Hospital

Department of Health Review: Final Report

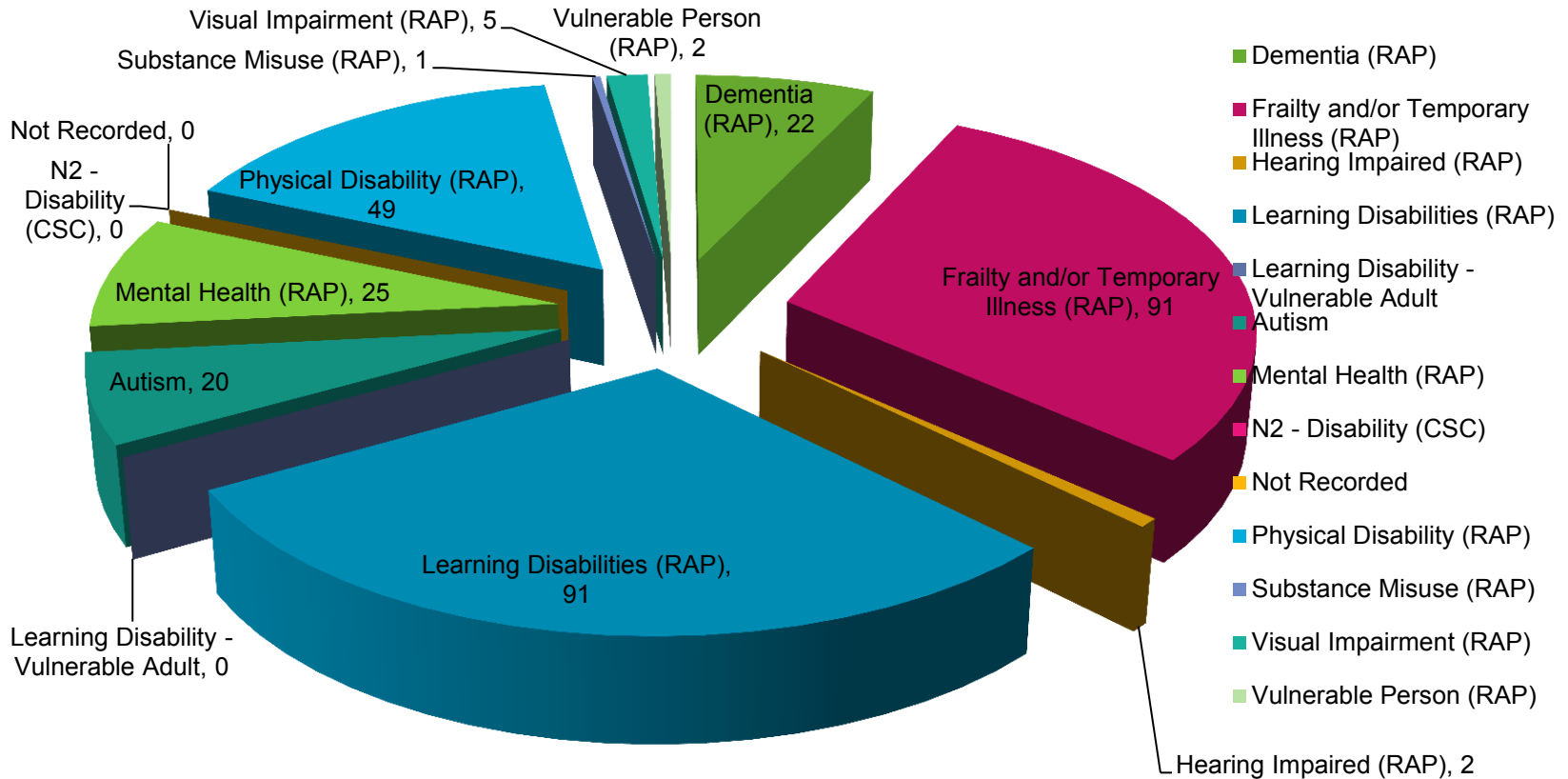
The Government's Mandate to the NHS Commissioning Board says:

- “The NHS Commissioning Board’s **objective** is to ensure that CCGs work with local authorities to ensure that vulnerable people, particularly those with learning disabilities and autism, receive safe, appropriate, high quality care. The presumption should always be that services are local and that people remain in their communities; we expect to see a substantial reduction in reliance on inpatient care for these groups of people.”
- All current placements will be reviewed by 1 June 2013, and everyone inappropriately in hospital will move to community-based support as quickly as possible, and no later than 1 June 2014;
- By April 2014 each area will have a locally agreed joint plan to ensure high quality care and support services for all children, young people and adults with learning disabilities or autism and mental health conditions or behaviour described as challenging, in line with the model of good care

What we have achieved so far?

1. We now know how many people are living out of area
2. We have undertaken reviews of all current placements and everyone inappropriately in hospital will move to community-based support by no later than 1 June 2014
3. We have a locally agreed joint action plan
4. Assurances around safeguarding are in place.
5. In addition to this NYCC has mapped all people living out of area and will have completed full reassessments by June 1 2014.
6. NYCC and PCU have invested in extra capacity to carry out the reviews of those out of area.

People living out of area known to North Yorkshire County council.



Involving local people

1. Information and updates shared at the North Yorkshire Learning Disability Partnership Board meetings
2. A second listening and learning workshop for people with learning disabilities and family carers took place in February 2014.
3. We are gathering information on care and support needs from “pen portraits” of people living out of area.
4. A joint commissioning strategy will be developed for consultation and agreement by July.
5. Engagement with local providers is planned to share people’s experiences and identified needs.

Challenges

- Establishing a sustainable infrastructure of care and support which enables people to remain in their local area.
- Maintaining assurances that people living out of area are regularly reviewed and the placement is in their Best Interests.
- Developing appropriate responses to crisis to enable people to remain in their own home with intervention and support.

Next steps.

- We will continue to ensure the actions are taken to meet the concordat and to give assurance to the Adults Safeguarding Board, the HWWB, the LD partnership Board and Local Area teams.
- The Joint Improvement Programme (JIP) Team through Inclusion North have offered support. Further discussion is required to identify if additional support or funding is required.
- The JIP Team have expressed an interest in visiting the region and meeting with the Joint Winterbourne Implementation Group. This will be facilitated within the next 2-3 months.
- The PCU will continue to complete and submit the data collection as required by the Improving Lives programme.
- An update on progress will be provided to the Health and Wellbeing Board as requested.



Friday 9 May 2014

GOVERNANCE ARRANGEMENTS FOR THE HEALTH & WELL-BEING BOARD AND RELATED GROUPS

1. Introduction

This paper addresses four issues in relation to the governance arrangements for the Health & Well-being Board:

- Agenda Management
- Governance Review
- Declarations of Interest
- Health & Well-being Board membership vacancies

2. Agenda Management

As from today's meeting, the format of the Board agenda has been revised so that items are organised as follows:

- Forward Plan, etc
- Strategy
- Assurance
- Information sharing

All reports will be expected to be considered under one of these four categories, with the exception of the minutes and public questions/statements, which will be addressed separately, as happens presently.

3. Governance Review

Given that the Health & Well-being Board has been operating on a formal, statutory basis for a year, it seems appropriate to take stock of its functioning, membership and business management arrangements; to review the relevant sub-structures (e.g. Integrated Commissioning Board and whether there are any requirements for additional groups to be established or for existing groups to report to the Board); and to review the Board's Terms of Reference in light of these considerations. The review will, in particular, take account of the:

- Health & Well-being Board members' views.

- The needs and requirements of North Yorkshire.
- The national evidence around high performing Health & Well-being Boards.
- The requirements of the Better Care fund and any other policy imperatives.

It is proposed that the review will be led by the Health & Well-being Board Vice Chair (Amanda Bloor) and the NYCC Corporate Director of Health & Adult Services (Richard Webb), in consultation with the Health & Well-being Board Chairman (County Councillor Clare Wood). Specific engagement will take place with representatives from across all sectors and backgrounds represented on the current Health & Well-being Board and its sub-structures, and in conjunction with NYCC's Assistant Chief Executive for Legal & Democratic Services. The review will make recommendations to the next meeting of the Health & Well-being Board (16 July 2014).

4. Declaration of Interest

All Councillors and co-opted members including named substitutes of the Health and Well-being Board are required to comply with the code of conduct. All non-Councillor Members of the Board are classed as 'co-opted members' for these purposes.

Councillors will be aware of the need to comply with the Code and will have all completed the relevant declaration of interest form. Non-Councillors on the Board will need to complete the relevant declaration forms.

The Council then has a duty to publish these forms; however it is recognised that certain information with regard to unelected members of the Health and Well-Being Board will be classed as 'sensitive information'. This means that certain data such as non-members individual's addresses will not be available on the Council's website.

The purpose of the declaration of interest form is to encourage transparency and ensure that individuals are not making decisions where they could have a conflict of interest. This matter will be particularly relevant where decisions made by the board could have an impact on the financial interests held by members of the board, such as decisions regarding contracts with providers of services.

It is recognised that the principles of dealing with conflicts of interests is in line with the requirements placed on CCG. The CCG Commissioning Board recognise that managing conflicts of interest appropriately will be essential for protecting the integrity of CCG's from any perception of wrongdoing. CCGs will need to demonstrate that conflicts of interests are managed in a way that cannot undermine its probity and accountability, particularly when dealing with member practices.

In addition the Health and Social Care Act 2012 already places a responsibility on each CCG to ensure that they maintain a register of interests and publish or make

arrangements to ensure that members of the public have access to these registers on request.

5. Health & Well-being Board Membership Vacancies

Subject to the outcome of the Governance Review proposed at Section 3 above, it is proposed to make arrangements for the filling of the Health & Well-being Board membership vacancies where they occur.

For the purposes of clarification, the following posts have an automatic seat on the Board, either as a result of national legislation or local determination:

- 3 NYCC Executive Members
- NYCC Chief Executive
- Director of Children's Services
- Director of Adult Social Services
- Director of Public Health
- 5 CCG Chief Officers
- NHS England / Local Area Team
- Healthwatch

Where one of the posts is vacant, then the new post holder for interim / acting postholders will fill the vacancy. For non-Councillor members, it will be necessary to ensure that the new post holder will have completed the necessary declaration of interest form.

In addition, representation is also provided from:

- District Council Leaders (1 seat)
- District Council Chief Executive (1 seat)
- Acute NHS Provider Chief Executive (1 seat)
- Mental Health NHS Provider Chief Executive (1 seat)
- Voluntary & Community Sector (1 seat)

Where one of the second group of posts is vacant, the relevant constituency (e.g. District Council Leaders, District Council Chief Executives, Acute NHS Providers, Mental Health NHS Providers or the Voluntary and Community Sector) will chose a replacement representative.

Clearly the Governance Review will look at all the arrangements and will make further recommendations in July 2014.

6. Recommendations

The Health & Well-being Board is asked to:

- Note the new arrangements for Agenda Management.
- Approve the invitation of a Governance Review of the Health & Well-being Board and related groups, with recommendations being presented in July 2014.
- Approve and implement the requirements for Declarations of Interest to be registered.
- Approve the proposals for filling Board vacancies, subject to the outcome of the governance Review.

Richard Webb

Corporate Director, Health & Adult Services, NYCC

Barry Khan

Assistant Chief Executive (Legal and Democratic Services)

NORTH YORKSHIRE HEALTH & WELL BEING BOARD

Friday 9 May 2014

Quality Accounts

1.0	Purpose of report
1.1	To invite Members of the Board to contribute to the final 2013/14 Quality Account (QA) for:- <ul style="list-style-type: none"> • Harrogate & District NHS Foundation Trust • Tees, Esk & Wear Valleys NHS Foundation Trust

2.0 What is a Quality Account?

- 2.1 Quality Accounts are annual reports to the public, from NHS providers of healthcare, reporting on the quality of healthcare services they provide. QAs aim to improve public accountability and to encourage the boards of NHS Trusts to drive improvements in their organisation's priorities for improving quality in the coming year.
- 2.2 A letter sent to providers from NHS England setting out reporting arrangements for QAs confirmed that documents must be shared with Health & Well Being Boards.
- 2.3 Consequently Harrogate & District and Tees, Esk & Wear Valleys NHS Foundation Trusts are seeking to consult the Board on their QAs.
- 2.4 National guidelines stipulate the format for QAs that Trusts must follow. The Quality Account documents for both Trusts are lengthy each just over 70 pages and they do not have an Executive Summary. To assist Members the proposed priorities for each of the Trusts are set out below:-

Harrogate & District NHS Foundation Trust

The priorities have been approved by the Board of Directors and will include:

1. Reducing morbidity by reducing the numbers of health care acquired pressure ulcers
2. Reducing harm to patients by increased focus on fluid management, pain control and preventing falls
3. Improved responsiveness to patient need including escalation of concerns and handover/ good continuity of care
4. Improved public health particularly reduction of smoking prevalence, misuse of alcohol and obesity

There will be a continued focus on quality improvement in other areas including:

5. End of life care and high quality communications to patient and family
6. Care of patients with dementia across the health community
7. Hospital discharge and especially delays on the day of discharge

8. Transparency of information regarding nursing levels both actual and planned

Tees Esk & Wear Valley NHS Foundation Trust

The Board of Directors agreed four quality priorities to be addressed in 2013/14.

Priority 1&2: Implement the recommendations of the Care Programme Approach review relating to:

- improving care planning.
- improving communications between patients and staff.

Priority 3: To improve the delivery of crisis services through implementation of the crisis review's recommendations

Priority 4: To further improve clinical communication with GPs

- 2.6 Richard Ord, Chief Executive Harrogate and District NHS Foundation Trust and Martin Barkley, Chief Executive, Tees, Esk & Wear Valleys NHS Foundation Trust both of whom are also Members of the Board will respond to questions on the process the Trusts have followed to produce their draft QAs and on the priorities that have been included.
- 2.7 Electronic links to the Quality Account Documents for both Trusts have been circulated to Members by email and are available on the County Council's website. Hard copies of both Quality Account Documents are available upon request.
- 2.8 Final versions of both Quality Accounts will be published on 31 May 2014.

3.0	Recommendation(s)
3.1	That Board Members offer comment and advice on the priorities that should be included in the final 2013/14 Quality Account for:- <ul style="list-style-type: none">• Harrogate & District NHS Foundation Trust• Tees, Esk & Wear Valleys NHS Foundation Trust
3.2	That the Chairman and NYCC Corporate Director – Health & Adult Services be authorised to produce and send to the respective Trusts final responses to both draft QAs based on comments made during the meeting and submitted to them by Board Members by no later than Wednesday 14 May 2014.

County Hall
Northallerton
30 April 2014

Author of report –Jane Wilkinson NYCC Legal & Democratic Services
Presenter of report –Richard Webb NYCC Corporate Director – Health & Adult Services

Background Documents –

2013/14 Quality Account for Harrogate & District NHS Foundation Trust
2013/14 Quality Account for Tees, Esk & Wear Valleys NHS Foundation Trust

North Yorkshire County Council

Health and Wellbeing Board

9 May 2014

Loneliness and isolation in North Yorkshire

Report of the Director of Public Health for North Yorkshire

1.0 Purpose of report

1.1 This paper acknowledges the value of the project commissioned by North Yorkshire Older People's Partnership Board (OPPB) from York University's Social Policy and Research Unit (SPRU) and outlines the developing work across the Council and with partners to respond to the challenges of loneliness and isolation in North Yorkshire.

2.0 Issues

2.1 Social connectedness is an important factor in mental and physical health and wellbeing. While social isolation and loneliness can affect people of any age group, the research project commissioned by the North Yorkshire Older People's Partnership Board highlights the vulnerability of older people in sparsely populated rural county such as North Yorkshire.

2.2 The first stage of the project which was previously considered by the Board included the following key messages about interventions to address loneliness and isolation:

- Interventions may target the problem of loneliness; others are part of wider community engagement initiatives.
- Interventions include: information and signposting, support to individuals, group interventions, wider community engagement.
- Evidence is mainly descriptive with few evaluations.
- Knowing the target population and what works for which people is key.
- Loneliness and isolation may require different inputs.

2.3 This second stage reports on a survey of services and activities existing in 2013 across North Yorkshire that contribute to preventing and alleviating the impact of social isolation and loneliness in the county.

3.0 Responding to the public health challenge

- 3.1 There are two strategic work streams being co-ordinated by North Yorkshire County Council with partners from the statutory and voluntary and community sectors. The first is a Prevention Strategy which is led by the Public Health Team within the Health and Adult Services Directorate. The second is a cross Directorate initiative to support “Stronger Communities” through enhanced community engagement.
- 3.2 The Prevention Strategy seeks to tackle the key factors which act as a trigger for people needing health and social care and recognises that loneliness is both a cause of and a result of poor health. Services need to support people in a holistic way, for example, someone who is depressed may improve their situation by meeting new people in a walking group or allotment project thus tackling isolation and health together.
- 3.3 The Strategy is informed by the evidence collated in the stage 1 report as well as by national guidance produce by Social Care Institute of Care Excellence (SCIE), National Institute for Health and Care Excellence (NICE) and other ‘best practice’ to determine the best ways to provide support. It addresses the responses to a recent consultation of our residents that highlighted people’s desire to be supported to live at home and for whom social contact, involvement in their community and support for isolated carers are key priorities.
- 3.4 The Strategy includes an emphasis on providing information, advice and signposting through a range of media. It is important that residents are aware of the local services and activities that are available to help support isolated people and to prevent loneliness. The database of local services and agencies produced as part of the stage 2 research is an important asset in this respect and partners need to consider how to update and maintain this information in a sustainable way.
- 3.5 The Strategy will also highlight those interventions and approaches that offer the best outcomes and value for money in supporting individuals to remain independent and healthy in their homes for as long as possible.
- 3.6 In addition to services and activities that are aimed at supporting individuals and groups, the strength and resilience of communities is a key factor in reducing the impact of social isolation and loneliness. While older people are a key target group, research also points to the fact that loneliness and social isolation are issues for younger people, young parents, people with Mental Health needs, those who are unemployed and living in poor housing.
- 3.7 The Council as part of the North Yorkshire 2020 Programme on ‘Stronger Communities’ is developing approaches to engage with communities in supporting them to enhance and maintain the activities that are available to help prevent the adverse effects of social isolation and loneliness especially in rural areas.
- 3.8 The voluntary and community sector are key partners in both the Prevention Strategy and the Council’s Stronger Communities programme. We expect to build on the excellent schemes already in place across the county.
- 3.9 Health and Adult Services Directorate will soon be launching the next phase of the Innovation Programme which will be targeted on innovation in reducing loneliness and other prevention priorities, especially falls prevention.

4.0 Recommendation

4.1 The Health and Wellbeing Board are asked to note the contents of the paper.

Dr Lincoln Sargeant
Director of Public Health for North Yorkshire

County Hall
Northallerton
30 April 2014

Author of report – Dr Lincoln Sargeant



Loneliness and Isolation in North Yorkshire

1. Purpose

1.1 To bring to the attention of Health and Well-being Board a paper entitled '*Loneliness and Social Isolation among Older People in North Yorkshire*'. This is the report on a project commissioned by North Yorkshire Older People's Partnership Board (OPPB) from York University's Social Policy and Research Unit.(SPRU)

1.2 This paper seeks the Board's support in:

ensuring the continuation of the services and activities such as those identified through the research that have been shown to alleviate loneliness and social isolation in older people in North Yorkshire and

encouraging all GPs to make appropriate referrals to activities as identified, for those whom they believe to be at risk of the effects of loneliness.

2. Background

2.1 There has been a growing interest in the topic of loneliness and social isolation over a number of years and a recognition that they have an impact on the health and wellbeing of individuals and communities. Local strategic organisations have an important role to play in tackling the problem of loneliness and social isolation in older people.

2.2 Stage 1 of the report reviewed the concepts of loneliness and social isolation, how they are understood, their impact on individuals and communities and why they should be important concerns of local strategic organisations such as health and wellbeing boards. The Board previously had an update on this.

2.3 Stage 2 of the research aimed, through a survey process, to identify the range of statutory and third sector organisations in North Yorkshire that could offer opportunities through diverse ways of social interaction to reduce the effects of loneliness on an individual and should be able to identify older people at risk of loneliness and /or social isolation. It highlights the sorts of activities that exist across North Yorkshire and some of the characteristics.

3. Findings

- 3.1 The survey provided a snapshot of a self-selected sample of services and activities existing in 2013 that were attempting to alleviate the problem of loneliness and social isolation among older people in North Yorkshire.
 - 3.2 Examples of the service models highlighted by the literature review in stage 1 as potentially most effective in alleviating loneliness and/or promoting wellbeing were found right across North Yorkshire.
 - 3.3 These particular models were the sorts of services and activities that, in the current survey, were most reliant on statutory or voluntary funding support.
 - 3.4 Services and activities reported in the survey have an important preventative role, not only in directly addressing loneliness and social isolation, but also as capable of contributing to supporting wider health and social care needs.
 - 3.5 Many respondents felt that the future of their service was insecure, especially those that received funding from statutory organisations. Not only levels of funding, but also how funding was provided or secured was an issue for many services.
 - 3.6 Projections about the likely service landscape in the future are difficult given the present financial climate. Although all types of services were found in all districts of North Yorkshire, the report showed variation in the distribution of different types of services within different localities across the county. Craven, Hambleton and Ryedale typically reported services offering individual support, such as befriending services. Information and signposting accounted for the highest percentage of services reported in Harrogate, Richmondshire and Scarborough and Whitby, while services that encouraged people to volunteer in their community were most commonly reported in Selby district and those offering individual support the least common. (This may be an effect of differential response rates to the survey, or indicate real differences that reflect characteristics of the different localities, such as access to funding or community support and resources.)
- 3.6 **The Executive Summary report** of this work is attached at **appendix 1** for the Board's information. To access the full reports bit.ly/loneNY

4 Recommendations

- 4.1 The Health and Well-being Board is asked to:
 - 4.1.1 Note and consider the attached report at appendix 1.
 - 4.1.2 Encourage all partners of the Board to aim to ensure investment in prevention, as part of their key strategies to transform services and reduce reliance on more costly services;
 - 4.1.3 And in so doing work collectively to ensure the continuation of the services and activities that have been shown to alleviate loneliness and social isolation in older people in North Yorkshire.

- 4.1.4 Ensure that the Prevention Strategy includes actions to raise awareness amongst GPs to recognise those patients who attend the surgery because of loneliness and to refer those patients to activities which will mitigate the effects of loneliness on their health and improve their well-being.

Shelagh Marshall
North Yorkshire's Older People's Partnership Board
North Yorkshire's Health and Well-being network
March 2014.

North Yorkshire County Council

Health and Wellbeing Board

9 May 2014

Physical Activity in North Yorkshire and Tour de France Legacy

Report of the Director of Public Health for North Yorkshire

1.0	Purpose of report
1.1	This report is an opportunity for the Health and Wellbeing Board to take note of activities surrounding the Tour de France Grand Depart legacy and the role of the national parks in promoting physical activity.

2.0 Background

- 2.1 The 5th and 6th of July 2014 will see the first two stages of the Tour de France come to Yorkshire. Day one of the tour will be from Leeds to Harrogate and day two will start in York and end in Sheffield. With over 1 million spectators projected to visit the area and a further 3 billion watching on television, there is an unprecedented opportunity to motivate healthy behaviours among North Yorkshire residents.
- 2.2 North Yorkshire Sport has taken the lead on coordinating North Yorkshire Tour de France legacy activities. Partners from the district councils, City of York, North Yorkshire County Council, and other key allies are working together to promote physical activity in relation to the Tour.
- 2.3 The Tour de France has come to North Yorkshire to take advantage of several of the most scenic areas in the world. There already exists a strong physical activity 'offer' throughout the county, most notably in 2 national parks: The Yorkshire Dales and North York Moors. More could be done to encourage residents to seek out local activities that contribute to health and wellbeing.

3.0 Issues

- 3.1 Physical activity is one of the primary drivers of positive health. NICE reports that increasing physical activity levels in the population will help prevent or manage over 20 conditions and diseases. Comparing 2011 to 2006 figures for North Yorkshire, there has been little change in participation in at least 3 days x 30 minutes moderate intensity physical activity, the minimum amount recommended by Department of Health guidance.
- 3.2 NICE guidance suggests that physical inactivity in England costs £8.2 billion annually with a further £2.5 billion each year being spent on dealing with the consequences of

obesity. Not capitalising on the momentum from the Grand Depart would be a missed opportunity for the health and wellbeing of North Yorkshire.

4.0 Consultation Undertaken and Responses

- 4.1 North Yorkshire County Council Public Health has asked key partners for reports and recommendations related to the Tour and physical activity in North Yorkshire.
- 4.2 Appendix 1 to this report has been prepared by North Yorkshire Sport and details the activities specifically surrounding Tour Legacy.
- 4.3 Appendix 2 to this report has been prepared by the Director of Park Services for North York Moors and Yorkshire Dales National Park Authorities. It details the health and well-being benefits the national parks bring to the county and how these could be extended in the future.

5.0 Recommendation

- 5.1 The board notes the work of both Tour de France legacy activity and national park authorities efforts to promote physical activity

Lincoln Sargeant

Director of Public Health North Yorkshire, Health & Adult Service
North Yorkshire County Council

County Hall
Northallerton
9/5/2014

Author of report – Jack Lewis/David Watson/Kathryn Beardmore/Richard Gunton

Presenter of report – Dr Lincoln Sargeant/ David Watson/Kathryn Beardmore/Richard Gunton

Background Documents –

Appendix 1: Tour de France Legacy in North Yorkshire, prepared by David Watson, Chief Executive North Yorkshire Sport

Appendix 2: Report of the Directors of Park Services (North York Moors and Yorkshire Dales)

Appendix 1: Tour de France Legacy in North Yorkshire

*David Watson
Chief Executive
North Yorkshire Sport*

1. Introduction

With the Grand Depart coming to North Yorkshire in 2014 and the longer term benefits of physical activity being high on the current agenda, North Yorkshire Sport have taken the lead on a number of areas to ensure a legacy from the Tour. These are in addition to the work being facilitated with British Cycling, the Districts and NYCC as well as other key partners.

2. School Games

In order to promote the legacy to school children we have introduced an opportunity for a Level 2 School Games event in to each of the Districts. This will provide every year 7 and year 8 pupil with the potential opportunity to compete for their school at a district level. These events are being supported by coaches from British Cycling. The winner of each District level event will compete at a Level 3 County event to be held on the closed road circuit at York University on July 3rd 2014. This will be an annual event and firmly established legacy.

3. Great Yorkshire Show

Annually, North Yorkshire Sport showcases the work of National Governing Bodies for sport via our marquee at the Great Yorkshire Show. Around 6,000 people have a go at at least one of the sports on offer each year. This year we will be promoting cycling, hiring an additional marquee. Within this will be the opportunity for led rides and for partners to promote key messages, these include the road safety team, British Cycling, local clubs etc.

4. Mental Health

We have secured a partnership between the TDF 2014 hub and Sporting Memories to introduce a dementia friendly element to the Grand Depart. This will see approximately 100 volunteers deployed across the 20 spectator hubs in Y&H, all trained in dementia awareness. The hubs are expected to attract between 2,500 and 10,000 visitors each. The narrative to spectators will be if you are living with dementia or memory problems or are bringing a relative or friend living with dementia to watch the race, there will be volunteers/staff at the viewing hubs who are dementia aware. Those staff or volunteers who are dementia aware should be sought out by tour makers should they encounter any mature spectators who appear lost, confused or have become separated from friends or relatives and are distressed.

5. Workplace challenge

As part of the North Yorkshire Sport Work Place challenge website, which is used to encourage increased participation in sport and physical activity we will be running a 'virtual' ride the route challenge in June/July which will enable people to interact with the Tour without necessarily riding the route ie via spinning classes or recreational cycling.

6. District updates

Craven

- Running a number of events including a mass participation ride with a fun ride and a sportive - Le Petit Depart.
- Locally led rides including Back in the Saddle rides and Sky Local Rides.

- Skipton Junior Riders have established a British Cycling supported "Go Ride" Club.
- 20 Recreational Ride leaflets (one a week going in local newspaper).
- Bike ability training for community and businesses.

Most of the above is targeting lapsed cyclists, novice cyclists and young people, so a real benefit for health and wellbeing improvements.

CDC believes the biggest challenge is lack of cycling infrastructure and sustaining the above.

Hambleton

Hambleton District Council held a Celebrating Ability Day in October of last year. The all day event proved to be very popular and included many activities that could be enjoyed by all from 8 years and upwards. Activities included Wheelchair Basketball, New Age Curling, Boccia and Dance. As part of the ongoing legacy work around the TdF visit, and the subsequent "Get Hambleton Cycling" campaign, two sessions of Cycling were included.

A selection of specially adapted bikes were hired from a York based company and the sessions were held using these on a "come and try" basis. The range of bikes included a trike that could accommodate a person in a wheelchair and parent or carer, specially adapted single seat trikes, tandems and recumbent cycles. The sessions proved to be very popular and everyone who attended was able to enjoy the full cycling experience. Over 50 people enjoyed the day.

As the sessions were so popular and feedback was so positive a "Cycling Ability" day is planned for the 28th June 2014 - the weekend before the Tour visit. The format will be the same of the previous cycling sessions, but a larger range of cycles will be available. The sessions will be held in partnership with local Mencap and "Breathing Spaces" groups. These sessions will become a regular fixture.

It is hoped that the next stage will be to incorporate appropriate cycle tracks around two large scale housing developments that are ongoing within Hambleton. These developments include large scale recreation and sports provision. These tracks would form development pathways to encourage cycling in a controlled, safe "traffic free" environment. Alongside this, work will be undertaken to explore the possibility of purchasing and storing adaptive bikes.

Richmondshire

Draft legacy strategy and cycle audit is in place and has identified the need to invest value in robust GP/health referral/sign posting schemes to active travelling. RDC's previous ERS and 'Cycle for Health' schemes in Richmondshire have been very successful but the main barrier to their continuation and successful growth has been the lack of understanding, lack of awareness to the preventative nature of such schemes and the perceived risk of litigation, along with general awareness raising around the benefits to physical and mental health through sport and physical activity that the TdF can support with.

Scarborough

- The further development of led cycle rides including the British Cycling Breeze programme.
- Festival of cycling continues to grow and this year we will introduce a Sportive, a Go Ride event, a family breakfast ride and a hill climb.
- Borough Mayor; Cllr. Andrew Backhouse will undergo a tour of the Borough from the 15 - 18 May, where he will ride to every town, village, hamlet in our district.

The event is called Conquer the B.O.S (Borough of Scarborough) and this route will then be left as a legacy route for cyclists to ride all or parts of the ride.

7. NYCC Road Safety & Travel Awareness Team

The involvement and promotion of cycling to families to follow on from Bikeability has been hampered by a higher than usual turnover in instructors so they have had to focus on maintaining the continuity and delivery of the core Bikeability courses.

Looking to work with British Cycling with support from Public Health to develop the potential for getting parents and whole families back into cycling when their child does Bikeability.

Working with neighbouring authorities and have developed a Rural Cycling App that is now available as a free download. The App was launched at the recent Grand Depart event organised by Welcome to Yorkshire at the Pavilions in Harrogate and attended by many accommodation and service providers and local councillors and others who are in any way involved with Le Tour. It provides technical and practical information about challenging features on the route to help amateur and leisure cyclists to cycle here but not to be over ambitious and thus get into trouble and risk injury.

Monitoring cyclist casualties very regularly and working with the police to manage the risk of increasing casualty numbers.

Will produce a Comms Plan and information campaign programme for the rest of the year in early May.

<https://play.google.com/store/apps/details?id=uk.co.bowhouse.tourdefrance>

Set up dedicated Cycling pages on our partnership website, providing information about cyclist training, information and links to provide further information:

<http://www.roadwise.co.uk/>

<http://www.roadwise.co.uk/cycling>

Launched a Think Bike! Poster campaign that emphasises the need for drivers to look out for cyclists and motorcyclists and for riders to beware when overtaking or turning. The press release for this campaign will be published this Friday 25th April. Copies of some of the graphics are attached FYI.

Appendix 2: Report of the Directors of Park Services (North York Moors and Yorkshire Dales)

*Kathryn Beardmore
Director of Park Services
Yorkshire Dales National Park Authority*

*Richard Gunton
Director (Park Services)
North York Moors National Park Authority*

1. Purpose of Report

To advise the Health and Well Being board of current programmes for encouraging outdoor activities and people getting active in North Yorkshire's National Parks. To explain how, subject to commissioning, these opportunities could be developed further.

2. Background

North Yorkshire is a diverse county. It has areas of high affluence and areas of high deprivation. As identified in the Director of Public Health for North Yorkshire report (2013) 'the influence of the wider environment on health requires policy interventions to be increasingly intelligence led and also preventative, focusing on the root cause of ill health rather than just simply treating consequences of its development, ie 'prevention rather than cure' approach. Tackling the conditions determining people's health outcomes requires action right across a person's life well beyond the influence of the NHS and health service'.

Over 40% of the county is designated either a National Park or Area of Outstanding Natural beauty. Most of the population of North Yorkshire has easy access to high quality and accessible countryside. The focus on the Tour de France provides a new impetus for individuals to 'get active' and look afresh at their lifestyle. In addition it is well documented that access to the natural environment helps mental well-being. However, there is not equality of opportunity to access this environment across North Yorkshire. Through a coordinated approach much more could be done.

Public health is central to the creation and purpose of National Parks. They are intended as "green lungs" for urban dwellers and places for spiritual refreshment. Over 50+ years, National Park Authorities have developed significant expertise in the delivery of cost effective programmes to promote physical activity and enjoyment of the countryside. They are well placed to work in partnership with Health and Wellbeing Boards assisting in the delivery of key public health outcomes.

3. Future work with the Health and Well-being Board?

The Health and Well Being Board bring together clinical commissioning groups and councils to develop a shared understanding of the health and wellbeing needs of North Yorkshire. In developing a joint strategy for how these needs can be best addressed the Board is asked to consider the contributions that can be made through access to the natural environment. This could include recommendations for joint commissioning and integrating services across health and care with National Park Authorities.

The National Park Management Plans for both Authorities include aspirations to work in partnership in delivering greater opportunities for outdoor activity.

3.1 Current activities

National Park Authorities are already engaged in a range of activities that aim to facilitate health and well-being and breakdown barriers for residents to access the countryside on their doorstep. However these are currently on an ad hoc basis and include:

- Volunteering – National Park Authorities have active volunteer services (10,000 days per year) and run volunteer tasks in association with health/mental health charities such as Mind, help for heroes (Catterick) on an ad hoc basis.
- ‘Access for all’ – removal of physical barriers on rights of way (such as stiles) to allow access for those with limited mobility, specific promoted routes (eg the ‘blue route’ 1 mile) through leaflets and websites with the aim of providing a ‘welcoming’ countryside and increasing confidence.
- Events and transport for target groups – series of ‘ad hoc’ events aimed at target groups eg those with dementia or from areas of high deprivation. The North York Moors NPA is currently piloting targeted transport provision, offering minibuss hire costs together with a guide (voluntary ranger) to groups in areas of high deprivation. This could be extended to other areas.
- Health walks and events - including “a breath of fresh air” part of the national walking for health programme (graded according to difficulty and led by a Voluntary Ranger). Booklets and events programme are distributed through a range of outlets including some local GP surgeries where they are available in waiting rooms.
- Promotion of information and ideas – the National Parks have excellent facilities for outdoor recreation, including promoted cycling and walking routes. Publications such as booklets, and websites such as www.cyclethedailes.org.uk provide information and inspiration.

3.2 A possible pilot project?

National Parks have the offer; the challenge is how to develop the current ‘ad hoc’ approach into something suitable for larger scale adoption across North Yorkshire. Critically, it needs strategic thinking and National Parks to be seen as a ‘resource’ and part of service delivery and commissioning, eg through coordinated ‘walks for health’ and volunteering opportunities.

Based on a project currently being developed by Exmoor and Dartmoor National Park Authorities in partnership with Devon County Council health and well-being board a pilot project could be developed for £200k over 3 years (£100k for each National Park). However, this should not preclude consideration of more extensive and ambitious projects based on current evidence and best practice

Some of this funding could be found for 2015/16 from the Department of Transport; if a recent application to the Local Sustainable Transport Fund is successful. A copy of this application can be downloaded at www.northyorks.gov.uk/1stfbids.

3.3 Possible outcomes

In essence what we are suggesting is social prescribing: a system of collaborative referral and prescription that incorporates social models of support in local communities, such as peer support groups, GP referrals and an increase in % of people cycling or walking each week. Indicative key outcomes could include:

- Increase in the number of North Yorkshire residents accessing the National Parks and being physically active

- An agreed pathway with local GP surgeries to facilitate patients being referred to National Park based activities
- Health and wellbeing benefits of engagement with National Park demonstrated through evaluation and Action Research.
- Increased use of, and visits to, the National Parks by groups and individuals experiencing mental/emotional health issues as part of their intervention/recovery programmes.
- Increased value on 'natural health remedies' embedded in GP practices locally.
- Establishment of sustainable (long term viable) network of individuals to provide buddy/mentoring within the community to spread benefits of health gains to others.

4. Conclusion

It is suggested that for North Yorkshire to make the most of its environmental assets to benefit the health and well-being of its residents a more strategic holistic approach needs to be taken. With health practitioners various tools need to be developed with the aim to educate, help and inspire residents to make their own informed choices to choose a healthier lifestyle and get active.

We would like to work with the commissioners to harness the enthusiasm and sense of wellbeing that has been created by hosting the Grand Depart of the 2014 Tour de France, with the aim of creating a social and physical legacy in the county.

Background Documents –

Sargeant, DR, L (2013) *What is public health?* County Hall Northallerton

HEALTH & WELL BEING BOARD WORK PROGRAMME/CALENDAR OF MEETINGS 2014/2015

MONTH	DATE/VENUE	MEETING/KEY AGENDA ITEMS	ADDITIONAL NOTES
June 2014			<i>Mid cycle briefing Mon 23 June 2014</i>
July 2014	<p>Wednesday 16 July 2014 1t 2.00pm</p> <p>Venue County Hall, Northallerton</p>	<p><u>Assurance</u></p> <ul style="list-style-type: none"> • NY Alcohol Strategy (Contact Victoria Marshall) • Development of an all age autism strategy (Contact Anne Marie Lubanski) • Disabled Children's Charter for Health & Well Being Board (Contact Pete Dwyer/Andrew Terry) • Annual review of the Health & Well Being Strategy (Contact Dr Lincoln Sargeant/ Tony Vardy) • Better Care Fund (Contact Tony Vardy) • Progress Report – Integrated Commissioning Board (Contact Tony Vardy) <p><u>Strategy</u></p> <p><u>Information Sharing</u></p> <ul style="list-style-type: none"> • Voluntary Sector Update (Contact Alex Bird) • Governance Review (Contact Barry Khan/Richard Webb) 	<i>Report Deadline Fri 4 July 2014</i>
August 2014			<i>Mid cycle briefing Thurs 28 Aug 2014</i>

HEALTH & WELL BEING BOARD WORK PROGRAMME/CALENDAR OF MEETINGS 2014/2015

September 2014	Friday 26 September 2014 at 10.30 am Venue Malton TBC	<p><u>Strategy</u></p> <ul style="list-style-type: none"> • Mental Health (Contact Martin Barkley see mins 5 Feb 2014) • Developing acute & community services Vale of York CCG, Scarborough Whitby Ryedale CCG & York Hospitals Trusts (Contact Dr Mark Hayes, Simon Cox & Patrick Crowley/Mike Proctor). <p><u>Assurance</u></p> <ul style="list-style-type: none"> • NY Tobacco Control Strategy (Contact Victoria Marshall). • Better Care Fund (Contact Tony Vardy) • Progress Report – Integrated Commissioning Board (Contact Tony Vardy) <p><u>Information Sharing</u></p> <ul style="list-style-type: none"> • Healthwatch Update –(Contact Mike Webster/Bryon Hunter) 	<i>Report Deadline Mon 15 Sept 2014</i>
October 2014			<i>Mid cycle briefing Thurs 16 Oct 2014</i>

HEALTH & WELL BEING BOARD WORK PROGRAMME/CALENDAR OF MEETINGS 2014/2015

<p>November 2014</p>	<p>Wednesday 26 November 2014 at 2.00pm Venue TBA</p>	<p><u>Assurance</u></p> <ul style="list-style-type: none"> • Winterbourne Concordat – Update(Contact Janet Probert/Ann Marie Lubanski) • Integrated Commissioning Board Update (Contact Tony Vardy) • Better Care Fund (Contact Tony Vardy) <p><u>Strategy</u></p> <ul style="list-style-type: none"> • Autism – Development of All Age Strategy & 2013 Self Assessment Comparison Data (Contact Sally Ritchie/ Anne Marie Lubanski see mins April 2014), • Annual Report Public Health – (Contact Dr L Sargeant) <p><u>Information Sharing</u></p>	<p><i>Report Deadline Fri 14 Nov 2014</i></p>
<p>December 2014</p>			
<p>January 2015</p>			<p><i>Mid cycle briefing</i></p>

HEALTH & WELL BEING BOARD WORK PROGRAMME/CALENDAR OF MEETINGS 2014/2015

February 2015	Friday 13 February 2015 at 10.30 am Venue TBA	<u>Assurance</u> <ul style="list-style-type: none"> • Pharmaceutical Needs Assessment (Contact Dr Lincoln Sargeant) • Integrated Commissioning Board Update (Contact Tony Vardy) • Better Care Fund (Contact Tony Vardy) <u>Strategy</u> <u>Information Sharing</u>	<i>Report Deadline Mon 2 Feb 2015</i>
March 2015			<i>Mid cycle briefing</i>
April 2015			
May 2015	Wednesday 13 May 2015 at 2.00pm Venue TBA	<u>Assurance</u> <ul style="list-style-type: none"> • Integrated Commissioning Board Update (Contact Tony Vardy) • Better Care Fund (Contact Tony Vardy) <u>Strategy</u> <u>Information Sharing</u>	<i>Report Deadline Fri 1 May 2015</i>