



## Agenda

**Meeting: Health and Wellbeing Board**

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

**Date: Wednesday 16 July 2014 at 2.00pm**

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### Business

No	Agenda Item	Action	Document /Page Nos	Suggested Timings
1.	Apologies for Absence	To Note	-	
	<b><u>Standard Items</u></b>			
2.	Minutes of the meeting held on 9 May 2014	To Approve	1-8	
3.	Public Questions or Statements 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 Friday 11 July 2014, three working days before	To Accept	-	

	<p>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"> <li>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 minutes);</li> <li>when the relevant Agenda item is being considered if they wish to speak on a matter which is on the Agenda for this meeting.</li> </ul>			
	<b><u>Strategy</u></b>			
<b>4</b>	<p><b>Mental Health Services – Update</b></p> <ul style="list-style-type: none"> <li>Covering report NYCC Corporate Director – Health &amp; Adult Services</li> <li>Presentation – Provider Perspective - Martin Barkley, Chief Executive Tees Esk &amp; Wear Valleys NHS Foundation Trust.</li> <li>Presentation – Primary Co-Commissioning – Clinical Commissioning Groups Amanda Bloor/Simon Cox</li> <li>Presentation – Social Care perspective – Richard Webb – NYCC Corporate Director – Health &amp; Adult Services</li> </ul>		<p><b>9 to14</b></p> <p><b>Oral</b></p> <p><b>Oral</b></p> <p><b>Oral</b></p>	<b>2.05 - 3.15</b>
	<b><u>Assurance</u></b>			
<b>5</b>	<p><b>Disabled Children’s Charter: Performance Summary</b> – Report of Pete Dwyer NYCC Corporate Director Children &amp; Young People’s Service</p>	<b>To assure</b>	<b>15 to 22</b>	<b>3.15 - 3.25</b>
<b>6.</b>	<p><b>Strategy For Meeting the Needs of Families and Adults with Autism in North Yorkshire 2015/20</b> – Update report of the NYCC Corporate Director – Health &amp; Adult Services.</p>	<b>To accept</b>	<b>23 to 26</b>	<b>3.25 - 3.35</b>
<b>7</b>	<p><b>Update on the Joint Strategic Needs Assessment (JSNA) and Pharmaceutical Needs Assessment (PNA)</b> - Report of Dr Lincoln Sargeant, Director of Public Health for North Yorkshire presented by Janet Waggott, Chief Executive Ryedale District Council.</p>	<b>To Assure</b>	<b>27 to 33</b>	<b>3.35 - 3.50</b>
<b>8</b>	<p><b>Better Care Fund</b> – Report of Richard Webb, NYCC Corporate Director Health &amp; Adult Services</p>	<b>To Note</b>	<b>34 to 38</b>	<b>3.50 – 4.00</b>

	<b><u>Information Sharing</u></b>			
<b>9.</b>	<b>Clinical Commissioning Groups Co-Commissioning Primary Care – Report of Amanda Bloor Harrogate &amp; Rural District CCG.</b>	<b>To note</b>	<b>39 to 40</b>	<b>4.00 - 4.10</b>
	<b><u>Other Items</u></b>			
<b>10</b>	<b>Forward Work Plan/Work Programme</b>	<b>To approve</b>	<b>41 to 44</b>	<b>4.10 - 4.15</b>
<b>11</b>	<b>Other business which the Chairman agrees should be considered as a matter of urgency because of special circumstances</b>			

Barry Khan  
Assistant Chief Executive (Legal and Democratic Services)

County Hall  
Northallerton  
Date: 8 July 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

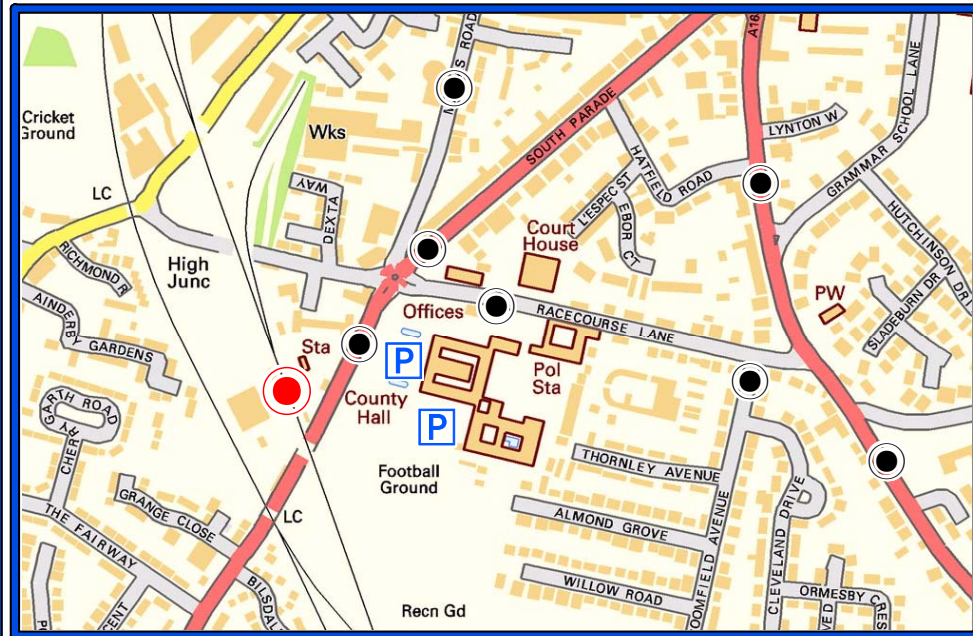
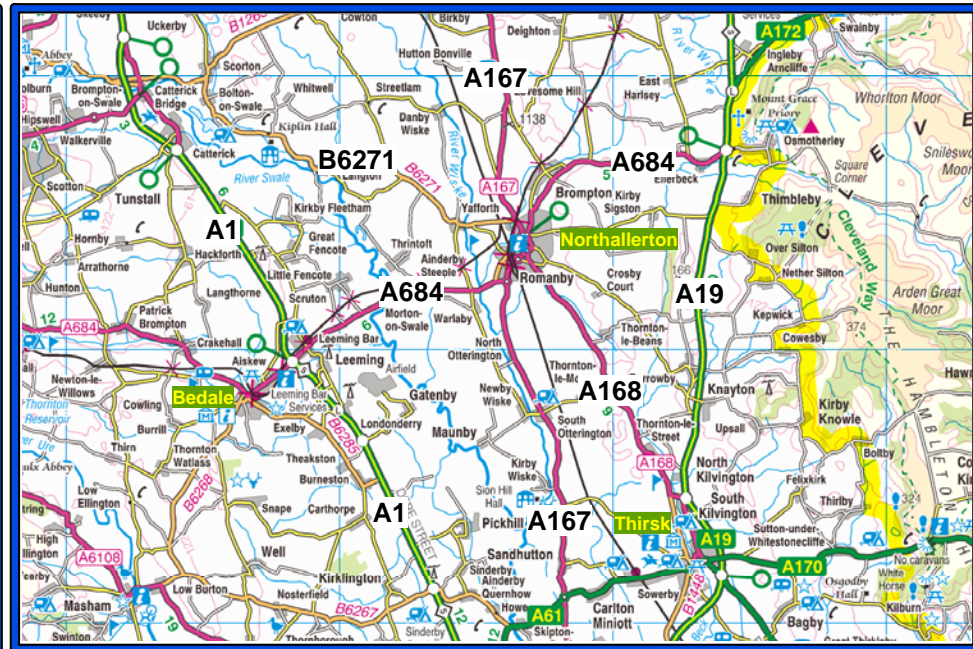
## Membership

<b>County Councillors (3)</b>		
1	HALL, Tony	Executive Member for Children and Young People's Services (Stat)
2	WOOD, Clare (Chairman)	Executive Member for Health and Adult Services(Stat)
3	MacKENZIE, Don	Executive Member for Public Health (Stat)
<b>Elected Member District Council Representative (1)</b>		
4	BLACKIE, John	Leader, Richmondshire District Council
<b>Local Authority Officers (5)</b>		
5	FLINTON, Richard	North Yorkshire County Council Chief Executive
6	TAYLOR, Helen	North Yorkshire County Council Corporate Director, Health and Adult Services (Statutory) (Stat)
7	DWYER, Peter	North Yorkshire County Council Corporate Director, Children and Young People's Service (Statutory) (Stat)
8	WAGGOTT, Janet	Chief Officer District Council Representative (Chief Executive, Ryedale District Council)
9	Dr. SARGEANT, Lincoln	North Yorkshire County Council Director of Public Health (Stat)
<b>Clinical Commissioning Group (5)</b>		
10	Dr. RENWICK, Colin	Airedale, Wharfedale & Craven CCG (Stat)
11	Dr, PLEYDELL, Vicky	Hambleton, Richmondshire & Whitby CCG (Stat)
12	BLOOR, Amanda (Vice-Chairman)	Harrogate & Rural District CCG (Stat)
13	Dr, HAYES, Mark	Vale of York CCG (Stat)
14	COX, Simon	Scarborough and Ryedale CCG (Stat)
<b>Other Members (5)</b>		
15	LONG, Chris	NHS Commissioning Board
16	ELLIS, Melvyn	HealthWatch (Stat)
17.	BIRD Alex (interim appointment)	Voluntary Sector Representative
<b>Co-opted Members (2) – Non-Voting</b>		
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)
<b>TOTAL MEMBERSHIP (19)</b>		<b>QUORUM (6) - 50% of statutory membership (Stat)</b>
<b>Named Substitute members</b>		
1	Dr PUE, Phil	Airedale, Wharfedale & Craven CCG
2	NEWTON, Debbie	Hambleton, Richmondshire & Whitby CCG
3	Dr INGRAM, Alistair	Harrogate & Rural District CCG
4	POTTS, Rachel	Vale of York CCG
5	Dr GARNETT, Phil	Scarborough and Ryedale CCG
6	COULTHARD, Adele	Mental Health Trust

### Notes:

1. 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
2. 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.
3. 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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Northallerton  
North Yorkshire  
DL7 8AD

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North  
Yorkshire County Council

## North Yorkshire Health and Well-being Board

**Minutes of the meeting held on Friday 9 May 2014 at 10.30 am at  
County Hall, Northallerton.**

**Present:-**

<b>Board Members</b>	<b>Constituent Organisation</b>
<u>Elected Members</u>	
County Councillor Clare Wood <b>(Chairman)</b>	North Yorkshire County Council Portfolio Holder for Health and Adult Services
County Councillor Tony Hall	North Yorkshire County Council Portfolio Holder for Children and Young People's 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>	
Debbie Newton (substitute)	Hambleton, Richmondshire and Whitby CCG
Simon Cox	Scarborough & Ryedale CCG
Dr Colin Renwick	Airedale Wharfedale & Craven CCG
<u>Other Members</u>	
Alex Bird	Voluntary Sector (North Yorkshire and York Forum)
Matt Neligan	NHS England
David Ita (substitute)	Healthwatch
Robert Harrison	Acute Hospital Representative (as substitute for Richard Ord, Chief Executive Harrogate and District NHS Foundation Trust)
Martin Barkley	Mental Health Representative (Chief Executive) Tees Esk & Wear Valleys NHS Foundation Trust

**In Attendance:-**

North Yorkshire County Council officers: Joss Harbron and Iona Stonehouse, (Health & Adult Services), Barry Khan and Jane Wilkinson (Legal & Democratic Services), Martin Feekins (Communications) and Jack Lewis and Nick Kemp (Public Health).

Janet Probert (Director of Partnerships Commissioning Unit).

County Councillor Shelagh Marshall (Older People's Champion)  
Kathryn Beardmore & Richard Grunton (Yorkshire Dales National Park Authority)  
David Watson (North Yorkshire Sport)

5 members of the public.

Apologies for absence were submitted by Richard Ord (Chief Executive, Harrogate and District NHS Foundation Trust), and Dr Vicky Pleydell (Hambleton Richmondshire & Whitby CCG), Amanda Bloor (Harrogate & Rural District CCG and Dr Mark Hayes (Vale of York CCG).

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**Copies of all documents considered are in the Minute Book**

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**49. Minutes**

**Resolved–**

That the Minutes of the meeting held on the 1 April 2014 be approved as an accurate record.

**50. Public Questions or Statements**

**Mr John Furlong (Resident of Harrogate and the Parent of a Child with Autism) - Strategy for Meeting the Needs of Children and Young People with Autism in North Yorkshire.**

Mr Furlong was unable to attend the Board meeting and in his absence the clerk read out the text he had submitted.

Mr Furlong had written to complain that the report on the Strategy for Meeting the Needs of Children and Young People with Autism in North Yorkshire (referred to in Agenda item 4 Update on Children & Young People's Issues) was too vague. He asked what demonstrable improvements to the outcomes of children with autism could the Council point too as a result of the Strategy and when it intended to publish its autism strategy implementation plan. He also asked what effect had the delay in publication had on the Strategy and why had the Council abandoned a commitment it had made during consultation to introduce Personal Intervention Programmes and specific action plans to address parental concerns. Mr Furlong concluded by asking if any other parts of the Strategy had been abandoned and if so why and suggested that termly highlight reports on strategy progress produced by the Council be made available to parents.

The Chairman responded saying that the issues raised by Mr Furlong would be addressed during consideration of the following item and that Mr Furlong would be sent a detailed written response following the meeting.

**51. Update on Children and Young People's Issues**

Considered -

The report of the NYCC Corporate Director - Children and Young People's Service updating the Board on progress against delivery of the children and young people's agenda.



The report was introduced by Pete Dwyer who summarised progress and developments in each of the following key work-streams:-

- strategy for the emotional health and well-being of children and young people
- joint strategy for children and young people with autism
- commissioning the Healthy Child Programme 5-19
- promoting Looked After Children's health
- implementing the Children and Families Bill
- establishing an Integrated Assessment, Decision Making and Transitions pathways together with the use of Personal Budgets
- speech and language therapy services
- establishment of a Joint External Placement Panel to approve out of Authority externally provided placements.

He emphasised that the work undertaken was within the context of Children's Trust and Safeguarding Children's Board responsibilities. He assured the Board that the health and well-being of children and young people in North Yorkshire was a priority that would be reflected in the new Children & Young People Plan. Tabled at the meeting was a site map of the North Yorkshire Local Offer 2013.

Janet Probert, Director of the Partnerships Commissioning Unit said that partners were now more closely aligned when it came to delivering the children and young people's agenda. Greater focus had been placed on meeting the needs of children with special needs as was demonstrated throughout the report. There was now clarity and consistency around commissioning and transitions for children and young people with autism and mental health problems. Previously health checks on Looked After Children aged between 16-18 had not been completed. Arrangements were now in place whereby for the first time Looked After Children up to the age of eighteen were able to access a community health assessment.

Pete Dwyer responded to the comments submitted by Mr Furlong in his public question (see previous item). He said that the report had been purposely drafted as a briefing report and he acknowledged that it was a fair challenge to say it was brief. Prior to the meeting that day the report had been referred to the Board's sub group, the Integrated Commissioning Board who had considered each of the work streams in detail and concluded that it was a fair reflection of the current position. He described how multi-disciplinary county wide task and finish groups together with a range of other measures would monitor and provide evidence of the impact of interventions and outcomes. The autism implementation plan had been endorsed by clinical commissioning groups at a meeting on 28 April 2014 and was due to be published on the county council's website by the end of May 2014. The delay in publication had not impacted upon delivery of the Strategy. Following a review of practice Personal Intervention Programmes had been replaced by a Record of Support and Intervention and termly highlight reports on strategy progress would be published on the local offer website and made available to parents. Clinical Commissioning Groups had now committed additional resources towards reducing waiting times for autism assessments and work to speed up the process was now in hand. He concluded by assuring the Board that following the meeting he would send a detailed written response to Mr Furlong.

The portfolio holder for children's services County Councillor Tony Hall, said he had given a commitment twelve months ago to Mr Furlong and Mr McAsey (the public speaker at the previous meeting) regarding development of an all age strategy for autism which had raised expectations. The entire report was a testament to Children & Young People's and Health and Adult Services working together and the implementation plan clearly showed the Council's ambition.



Richard Flinton said development of an emotional health and well-being strategy would benefit from input from colleagues in NHS mental health services as it was crucial that services were able to intervene. Pete Dwyer agreed to take up this point with Martin Barkley following the meeting.

Dr Colin Renwick said that in the Craven area initial emotional health and well-being consultations were undertaken by health visitors who did not have access to private schools. He sought assistance from the County Council and asked if other parts of the county had experienced similar problems. Janet Probert responded saying that she was aware of the gap in provision and would take steps to revise the tender specification of the 5-19 Healthy Child Programme in order resolve this issue.

The Board was keen to ensure that progress was maintained in each of the key work streams and the Chairman requested a further progress report at the end of the second year.

**Resolved -**

That the content of the report be noted.

That a further update report be referred to the Board in six months time.

That the item on Mental Health take an all age approach when considered by the Board at its July meeting.

**52. Health Protection Assurance Arrangements**

Considered -

The report of the North Yorkshire Director of Public Health describing health protection arrangements for residents of North Yorkshire arising from a duty placed on local authorities in the Health and Social Care Act 2012.

Dr Lincoln Sargeant presented the report. He advised the Board that nationally there was no consensus about how the duty should be delivered. Directors of Public Health across North Yorkshire, York and the Humber had agreed to adopt a common health protection assurance framework that had been developed by colleagues in South Yorkshire. He outlined the proposed governance arrangements and sought the Board's approval of the arrangements set out in the report.

Representatives from District Councils and Healthwatch offered their support with the arrangements for identifying and managing risks as set out in the report.

The Board endorsed the approach outlined in the report.

**Resolved -**

That the current arrangements for assuring the health protection responsibilities of the County Council are noted.

That a local Health Protection Assurance Group comprised of representatives from relevant lead agencies and chaired by the North Yorkshire Director of Public Health be established and meet on a six monthly basis to formally review health protection arrangements and agree Statements of Assurance for the Council and Health and Wellbeing.

**53. Better Care Fund**

Considered -

The report of NYCC Corporate Director - Health and Adult Services updating the Board on the current status of the Better Care Fund (BCF) submission and plan.

In his introduction, Richard Webb, NYCC Corporate Director Health & Adult Services also described a recent visit to North Yorkshire by Jon Rouse, the director general for social care, local government and partnerships and other senior officers from the Department of Health. The visit had provided an opportunity to showcase what North Yorkshire does well and to discuss issues around delivering public services in a complex rural environment. Feedback following the visit on 2 May 2014 had been very positive

Tabled at the meeting were details of assessment feedback received from NHS England Local Area Team on the Better Care Fund submission and plan. The feedback received was positive and the Board noted that the latest indication was that that ministerial sign-off would be delayed until May/June however confirmation of this was still awaited. The tabled document also contained details of actions to be put in place by the Integrated Commissioning Board to plan for the successful implementation of the Better Care Fund plan in the next two years

Whilst welcoming the positive feedback received Board Members recognised that there was still much to do to enact the plans. Implementation, resourcing and governance arrangements were now being considered. The Chairman said that 2014/15 had 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.

Matt Neligan (NHS England Local Area Team) said that the assurance process had presented a number of challenges due to complex nature of the plan. The latest challenge for clinical commissioning groups was to address concerns about the impact it would have on NHS Acute hospitals. Assurance was needed that Acute Hospitals were fully engaged in the process together with details of how the plans would be delivered.

Alex Bird said that the voluntary sector was keen to play a more active role in intervention and engagement. She advised the Board of a new £2million fund launched by government for volunteer led projects aimed at helping older people stay out of hospital. The closing date for applications was 13 June 2014. She sought the relevant contact details for clinical commissioning groups. Clinical Commissioning Group representatives agreed to provide details following the meeting and Debbie Newton said that Hambleton Richmondshire & Whitby CCG would be happy to provide management support in helping to put together a bid.

**Resolved -**

That the Health and Wellbeing Board:

- notes the current status of the Better Care Fund submission and plans; and
- endorses the actions put in place by the Integrated Commissioning Board to plan for the successful implementation of the Better Care Fund plan in the next two years.

#### **54. Update on the Winterbourne View Concordat**

The Board received a joint presentation from the Director of Partnership Commissioning Unit and Joss Harbron NYCC Health & Adult Services. Copies of the presentation slides used were circulated with the agenda papers. The presentation

outlined progress in North Yorkshire in response to the Concordat. Maps showing all out of county adult placements were tabled at the meeting.

The Board noted the progress achieved and were pleased that all out of area hospital placements would be reviewed by June 2014. The Board endorsed the approach outlined in the presentation and looked forward to receiving a further update report in 6 months.

#### **RESOLVED**

That a further report be referred to the Board in six months.

#### **55. Governance Arrangements**

Considered -

The joint report of NYCC Corporate Director - Health and Adult Services and NYCC Assistant Chief Executive (Legal and Democratic Services) inviting the Board to review its governance arrangements and approve new agenda management arrangements.

Members supported in principal the approach outlined in the report and commented that the timescale for the governance review should be extended if needed to facilitate engagement with partners

#### **Resolved -**

1. That revisions to agenda management as described in the report are approved.
2. That a governance review of the Health and Wellbeing Board and related groups is undertaken with recommendations presented to the July meeting subject to the review being extended if necessary.
3. That the requirements for declarations of Interest to be registered be approved and implemented.
4. That proposals for filling Board vacancies as set out in the report be approved, subject to the outcome of the governance review referred to above.

#### **56. Quality Accounts**

Considered -

The report of NYCC Assistant Chief Executive (Legal and Democratic Services) inviting the Board to contribute to the final 2013/14 Quality Account (QA) for:

- Harrogate & District NHS Foundation Trust
- Tees, Esk & Wear Valleys NHS Foundation Trust

The NYCC Corporate Director Health & Adult Services said that this was the first year Health & Wellbeing Boards had been required to contribute to Quality Accounts. He assured the Board that in future the reporting arrangements would be formalised and a proper process established.

Board Members commented as follows:-

- Expressed strong support for Priority 4 Tees Esk & Wear Valleys NHS Foundation Trust – *“It is essential that people receive their in-patient care as close as possible to where they live and they are supported in the community when they are discharged”*.

A Board Member commented that there were two other NHS providers in the County namely South Tees Hospitals NHS Foundation Trust and York Teaching Hospital NHS Foundation Trust and that Board should also respond to their respective Quality Accounts as well.

**Resolved -**

That the Chairman and NYCC Corporate Director – Health & Adult Services be authorised to send to:-

- Harrogate & District NHS Foundation Trust
- Tees, Esk & Wear Valleys NHS Foundation Trust

a final response to their draft Quality Account based on the comments made during the meeting and submitted to them by Board Members by no later than Wednesday 14 May 2014.

**57. Loneliness and Isolation in North Yorkshire**

Considered -

The joint report of NYCC Older People’s Champion County Councillor Shelagh Marshall and Director of Public Health for North Yorkshire highlighting the value of a project commissioned by North Yorkshire Older People’s Partnership Board (OPPB) from York University’s Social Policy and Research Unit (SPRU) and outlining the developing work across the Council and with partners to respond to the challenges of loneliness and isolation in North Yorkshire.

Alex Bird said it was important that examples of good practice were shared around the County as funding for activities tended to be short term only and future models needed to be sustainable.

Richard Flinton said a comprehensive response was needed to the issues of loneliness and isolation. Across the county provision was not consistent. He suggested that as part of the County Council’s stronger community’s initiative a framework was developed in conjunction with partners which the Board could then oversee and monitor.

Councillor Blackie commented that the challenges of loneliness and isolation were not confined to older people. Young people especially those living in rural areas were affected and austerity measures implemented by local authorities had contributed to the problem. Richard Flinton acknowledged that the negative consequences of austerity needed recognition and that loneliness and isolation affected both young and old. He was confident that the solution rested with the inventiveness of local people (stronger community’s initiative) and that when developed would benefit young and old equally.

The Chairman said that the Board would continue to oversee progress in this area.

**Resolved -**

That the report and information provided at the meeting be noted.

## **58. Physical Activity in North Yorkshire and the Tour de France Legacy**

Considered -

The report of Director of Public Health for North Yorkshire updating the Board on activities surrounding the Tour de France Grand Depart legacy and the role of the national parks in promoting physical activity.

The Board received a joint presentation from David Watson North Yorkshire Sport and a representative from each of the North Yorkshire National Parks. A copy of the presentation slides is in the Minute Book and available on the County Council's website.

County Councillor Blackie circulated copies of a leaflet 'Bus there Bike Back' that promoted an initiative organised by Little White Bus community transport encouraging cycling within the Yorkshire Dales National Park.

**Noted**

## **59. Forward Work Plan/Work Programme**

Considered -

Members were invited to comment upon and approve the content of the Board's future work programme.

Board Members noted that the agenda for the July meeting would include an item on mental health services as requested at a previous meeting.

The Board was informed that the venue for the September meeting would be Ryedale District Council offices in Malton when the main item on the agenda would be a joint presentation from York Teaching Hospital NHS Foundation Trust and York & Scarborough Whitby Ryedale Clinical Commissioning Groups on developing acute and community services. Also included on the agenda for the September meeting was a presentation from Healthwatch on its Marketing and Engagement Strategy & Action Plan 2014/15.

**Resolved -**

That the content of the Forward Plan be noted and approved and decisions made during the meeting and recorded in the Minutes incorporated.

The meeting concluded at 1.00pm

JW/JR





**NORTH YORKSHIRE HEALTH & WELLBEING BOARD**

**MENTAL HEALTH SERVICES BRIEFING**

**16 JULY 2014**

**1. Purpose of the Report**

- 1.1 This paper sets the scene for a presentation at the Health and Wellbeing Board.
- 1.2 To provide contextual background information for the Health and Wellbeing Board on the national and local position regarding Mental Health Services.

**2. National Context**

2.1 At a national level, '*No Health Without Mental Health*' (DH, 2010) set out clearly how important our mental health is to us as individuals and to our social and economic success as a nation. It introduces the concept of 'Parity of Esteem', stressing that mental health needs to be given equal priority with physical health. '*Closing the gap: priorities for essential change in mental health*' (DH, 2014) builds on this early thinking by introducing 25 areas of mental health care that local organisations can focus on to deliver tangible change.

2.1.1 The 25 areas are set within six objectives:

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination.

**2.2 Parity of Esteem**

Launching '*Closing the gap*', the Deputy Prime Minister expressed concern that mental health services may have taken more than their fair share of the

impact of the economic downturn. Attitudes to mental health are changing but stigma and ignorance still exist and it may sometimes have appeared easier to target mental health provision for cost savings than other more high-profile services. *'Everyone Counts'*, NHS England's planning guidance for 2014 to 2019, calls on Clinical Commissioning Groups (CCGs) to set out in their 5 year strategies how they will achieve parity of esteem. It is also evident that relatively small investment in mental health services can lead to significant savings elsewhere, such as reduced length of acute hospital stay or reduced burden on the criminal justice system.

### 2.3 **Mental Health Crisis Care Concordat**

The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis. In February 2014, 22 national bodies involved in health, policing, social care, housing, local government and the third sector came together and signed the Crisis Care Concordat. It focuses on four main areas:

- Access to support before crisis point – making sure people with mental health problems can get help 24 hours a day and that when they ask for help, they are taken seriously.
- Urgent and emergency access to crisis care – making sure that a mental health crisis is treated with the same urgency as a physical health emergency.
- Quality of treatment and care when in crisis – making sure that people are treated with dignity and respect, in a therapeutic environment.
- Recovery and staying well – preventing future crises by making sure people are referred to appropriate services.

2.4 Although the Concordat focuses on the responses to acute mental health crises, it also includes a section on prevention and intervention. The Concordat builds on and does not replace existing guidance. North Yorkshire agencies are looking at how to implement this locally.

### 2.5 **Integration**

All evidence shows that improving mental health requires both health and social care input. Factors relating to social inclusion, accommodation and employment are as important as physical and psychological health in recovery from mental health problems.

There are three key arguments in favour of an integrated approach:

- **Continuity of care**, reducing the likelihood of people's needs being lost because of exclusion criteria in fragmented services and increasing the quality of care coordination;
- **Comprehensive service provision**, recognising that the social and illness factors in people's mental health cannot be separated and ensuring that all needs are addressed;
- **Cost reduction**, in terms of management savings, reduced duplication and efficient division of labour.

Ultimately the integration agenda needs to go across sectors, finding appropriate ways to join up police, acute healthcare and community healthcare to achieve successful outcomes.

### 3. North Yorkshire Context

3.1 The North Yorkshire Joint Health and Wellbeing Strategy identifies the emotional health and wellbeing of all age groups as a key area of focus between 2013 and 2018.

3.2 In addition to this, the Health and Wellbeing Board has agreed three priorities within the Better Care Fund (BCF) Plan submitted in April 2014 which for Mental Health include:

**Improve health, self-help and independence for North Yorkshire people by:**

- Developing more alternatives to long term care for older people and those with learning disability and mental health needs,

**Invest in Primary Care and Community Services, including**

- Investing in core community health services to increase capacity,
- Developing mental health in-reach services to support people in acute care and in community settings,
- Investing in dementia services,

**Create a sustainable system**

- Developing more alternatives to long term care for older people and those with learning disability and mental health needs,
- Investing in support to carers,
- Working with Secondary Care to secure the hospital, mental health and community services needed in North Yorkshire.

3.3 All North Yorkshire CCGs have identified mental health as a priority in their Strategic and Operational Plans and it is recognised that improving responses

to mental health problems will have benefits across the health and care system, as well as other partners, for example, the Police.

3.4 North Yorkshire County Council has a role both as commissioner and provider of mental health services and has also prioritised mental health in its '2020 North Yorkshire' plans.

3.5 Across North Yorkshire, NYCC works closely with several Mental Health Trusts, namely:

- Bradford District Care Trust (Craven),
- Tees Esk and Wear Valleys Mental Health Foundation Trust (Hambleton and Richmondshire, Scarborough, Whitby, Ryedale and Harrogate),
- Leeds / York Partnership Mental Health Foundation Trust (Selby/Easingwold).

While there are a number of examples of working structures and integrated arrangements in place, further work is required to ensure North Yorkshire builds effective and sustainable provision, and ensures that the principle of Parity of Esteem becomes a reality.

3.6 A refresh of the North Yorkshire Mental Health Strategy is currently underway, under the direction of the Director of Public Health on behalf of the Health & Wellbeing Board.

3.7 Just as there is a need to translate national strategy into what works for North Yorkshire and York, local variation within the county needs to be understood and addressed. Recognising the complexity of the North Yorkshire care system, improving the quality of mental health services should reflect the needs of local communities – a 'one size fits all approach' will not do. Services should be designed to keep people at home or, where care elsewhere is necessary, to return them home as soon as possible.

### 3.8 **Yorkshire & the Humber Strategic Clinical Networks**

As the care system seeks to change and improve, Strategic Clinical Networks are there to help with the development process. They are already demonstrating some key areas of progress, which include:

- CCG GP Mental Health Leadership Programme
- commissioning effective quality IAPT services
- organised the first regional IAPT provider's network meeting
- supporting the 'Yorkshire and the Humber Mental Health Collaborative' to understand the implications of the 'Crisis Care Concordat'

#### 4. Key Issues for North Yorkshire

There are common issues across the County and there is a need to work out the extent to which there are common solutions. The key issues include:

- 4.1 **Improving Access to Psychological Therapies:** Making sure there is sufficient investment and capacity within the IAPT programme that supports a more diverse approach to psychological therapies access at all tiers of service. Current arrangements for the provision of this service for the northern parts of North Yorkshire will transfer from Leeds and York Partnership Mental Health Foundation Trust to Tees Esk and Wear Valleys Foundation Trust this month.
- 4.2 **Dementia:** The Joint North Yorkshire and York Dementia Strategy 2011-2013 is currently being refreshed. This will ensure a continued focus on managing the challenges created by increased demand while commissioning a high quality range of services for people living with dementia and their carers. Early interventions have been shown to be cost effective and the newly commissioned Dementia Support Services in North Yorkshire have a key role to play in supporting people post-diagnosis.
- 4.3 **Diversity of provision:** There are some excellent examples of initiatives led by the non-statutory sector in North Yorkshire and York but there is also a significant opportunity to expand involvement of voluntary sector and independent sector groups and organisations.
- 4.4 **Acute/Psychiatric Liaison:** Work is underway to develop liaison psychiatry services across the county.
- 4.5 **Transitions:** Young people moving at age 18 from Child and Adolescent Mental Health Services (CAMHS) to adult mental health services can experience a number of problems. Early Intervention in Psychosis services have bridged this gap for some but commissioners are exploring further development of an early intervention approach. North Yorkshire Children and Young People's Services have developed an Emotional Health and Wellbeing Strategy under the direction of the Children's Trust and the CAMHS Partnership Group. The strategy sets the vision for all children and young people in North Yorkshire to enjoy good emotional and mental health and sits in the context of the government's Mental Health Strategy (No Health without Mental Health) as described earlier.
- 4.6 **Specific populations:** Armed forces veterans and the families and dependents of the armed forces have specific needs. There is a changing pattern of ethnic origin across North Yorkshire and York. All services need to



ensure that people with learning disabilities and physical disabilities have access to services which meet their needs.

- 4.7 **Physical Health:** There is clear evidence that having a mental health problem compromises physical health. In North Yorkshire, people identified with a mental health problem are nearly four times more likely to die before they reach the age of 75 than those without. Suicide accounts for around 6% of these deaths, with the biggest cause being circulatory disease at 22%. Twice the number of people with mental health problems are smokers, compared to the general population.
- 4.8 **Estate:** There are significant challenges in terms of physical fabric of the buildings and facilities across the County and CCGs and Trusts are taking action to improve these settings.
- 4.9 **Response in crisis:** Two clinically-based Section 136 places of safety have recently opened, one in York and one in Scarborough. Progress to meet the needs of populations around Harrogate and Northallerton is also being made. The *Mental Health Crisis Care Concordat* presents an opportunity to embed the principle of all partners working together to meet the best interests of vulnerable people in crisis.

## 5. Recommendations

- 5.1 Health and Wellbeing Board is asked to note this background information alongside the presentations.

## NORTH YORKSHIRE COUNTY COUNCIL

## NORTH YORKSHIRE HEALTH AND WELL-BEING BOARD

16<sup>th</sup> July 2014**Disabled Children's Charter: Performance Summary****1.0 PURPOSE OF REPORT**

- 1.1 This report provides an annual performance summary on progress relating to the seven commitments within the Disabled Children's Charter.

**2.0 BACKGROUND**

- 2.1 Every Disabled Child Matters, a consortium of leading organisations in the disabled children sector, in partnership with The Children's Trust Tadworth, a specialist provider of services for disabled children, have developed a Disabled Children's Charter for Health and Well-being Boards. The purpose of the charter is to support Health and Well-being Boards to meet their responsibilities towards disabled children, young people and their families, including children and young people with special educational needs and health conditions.
- 2.2 On 19<sup>th</sup> July 2013, the North Yorkshire Health and Well-being Board formally signed up to the Disabled Children's Charter. By adopting the charter, the Health and Well-being Board agreed to pursue seven commitments to improve the health outcomes of disabled children and young people and their families, and to provide evidence after one year to demonstrate the progress made towards each one.
- 2.3 The seven commitments require the Health and Well-being Board to provide evidence that it:
- Has detailed and accurate information on the disabled children and young people living in our area, and provide public information on how we plan to meet their needs;
  - Engages directly with disabled children and young people, and their participation is embedded in the work of the Health and Well-being Board;

- Engages directly with parent-carers of disabled children and young people, and their participation is embedded in the work of the Health and Well-being Board;
- Sets clear strategic outcomes for partners to meet in relation to disabled children, young people and their families, monitor progress towards achieving them and hold each other to account;
- Promotes early intervention and support for smooth transitions between children and adult services for disabled children and young people;
- Works with key partners to strengthen integration between health, social care and education services, and with services provided by wider partners; and
- Provides cohesive governance and leadership across the children and young people's agenda by linking effectively with key partners.

2.4 By signing the charter, the Health and Well-being Board has demonstrated that it is committed to improving the quality of life and outcomes experienced by children, young people and their families, including children and young people with special educational needs and health conditions.

### 3.0 ANNUAL PROGRESS SUMMARY

3.1 The Children's Trust is progressing a programme of improvement in services for disabled children, young people and their families, through the implementation of the Special Educational Needs and Disabilities (SEND) Strategy 2011-14 and through the programme of SEND reforms required by the Children and Families Act 2014. This work is being delivered through the multi-agency SEND Steering Group and is reported through the Children's Trust Board.

3.2 Progress made against all priority outcomes associated with this work was reported to the Children's Trust Board at its meeting on 11<sup>th</sup> June, and included:

- Improved collaborative working between education, health and care services in the provision of services for children and young people and their families, including joint commissioning of services (beginning with speech, language and communication needs);
- Better information for families and young adults with SEND, including the publication of the Local Offer of what help is expected to be available locally for children and young people and their families: local arrangements are now publically available, with our approach recognised nationally as good practice;
- One overall assessment and plan for children and young people with SEND: Education, Health and Care Plans are currently being introduced across the county, subject to informed parental consent;

- Greater choice and control for children, young people and their parents in the help they need, with personal budgets available for education, health (subject to eligibility criteria) and care services; and
- Smoother and more integrated transitions to adulthood.

3.3 A detailed summary of progress against each of the seven commitments is attached at Appendix 1, with performance graded in a Red/Amber/Green rating scale. Whilst positive steps have been made across all of the seven commitments, the majority of activity has been graded as ‘amber’; this is to acknowledge that further work is required to ensure that arrangements for children and young people and their families are appropriate and of consistently high quality.

#### 4.0 RECOMMENDATIONS

4.1 That the Health and Well-being Board notes the report and the progress made against the seven commitments within the Disabled Children’s Charter.

PETE DWYER  
Corporate Director,  
Children and Young People’s Service

JANET PROBERT  
Director of Partnership Commissioning  
Partnership Commissioning Unit

Report prepared by  
Dave Chapman, Senior Planning and Development Officer, SEND Service, CYPS

Charter commitment	Expected indicators of progress	R/A/G rating	Comments
<p>We have detailed and accurate information on the disabled children and young people living in our area, and provide public information on how we plan to meet their needs</p>	<ul style="list-style-type: none"> <li>• Full range of sources of information collected on disabled children, young people and their families which will be used to inform the JSNA</li> <li>• Quality assurance process used to ensure that information and data on disabled children, young people and their families used to inform commissioning is sufficiently detailed and accurate</li> <li>• The way in which the JSNA will be used to assess the needs of local disabled children, young people and their families</li> <li>• The way in which information on any hard to reach groups is sourced, and action taken to address any gaps of information with regard to local disabled children, young people and their families</li> <li>• The way in which disabled children, young people and their families are strategically involved in identified need, and evidence and feedback on their experiences is used to inform the JSNA process</li> <li>• Public information on how the HWB will support partners to commission appropriately to meet the needs of local disabled children, young people and their families</li> </ul>	<p>Amber</p>	<p>Information on disabled children and young people in North Yorkshire is routinely collected and analysed through a number of sources.</p> <p>This information informs the planning and development of strategic documents such as the JSNA and underpins the operational delivery of services.</p> <p>The next iteration of the Joint Strategic Needs Assessment (JSNA) will also include a thematic report on SEND which will help to inform strategic planning and commissioning.</p> <p>The newly configured SEND Service (0-25) will bring commissioning arrangements for education and children’s social care together for children and young people with SEND (0-25) and enable greater integration and strategic planning.</p> <p>The Local Offer will also contribute to building a more comprehensive picture of need and provision for SEND across the county. Colleagues from education, health, social care, the voluntary sector and other relevant partners are all actively contributing to the development of the Local Offer.</p> <p>Initial discussions have taken place between the Assistant Director (A&amp;I), the Lead for Speech, Language and Communication and Health Commissioners with a view to joint commissioning of services for speech, language and communication needs.</p>
<p>We engage directly with disabled children and young people and their participation is embedded [in our work]</p>	<ul style="list-style-type: none"> <li>• Evidence of the way in which the HWB or its sub groups have worked with disabled children and young people in the JSNA process, and next steps for JSNA engagement</li> <li>• Evidence of the way in which the HWB or its</li> </ul>	<p>Amber</p>	<p>Local authority representation at Flying High Group meetings continues to enable a direct dialogue with disabled children and young people. The group have been consulted on a number of issues relating to the Children and Families Act 2014 implementation, and have</p>



	<p>sub groups have worked with disabled children and young people in the preparation and delivery of the Joint Health and Well-being Strategy (JHWS) and next steps for JHWS engagement</p> <ul style="list-style-type: none"> <li>• Evidence of partnership working with any local groups of disabled children and young people</li> </ul>		<p>participated in local, regional and national discussions on the reform agenda. The group continue to participate in the development of the Local Offer and have recently co-designed the main page of the Young Person’s Local Offer in North Yorkshire.</p> <p>Feedback from disabled children and young people also informs the needs assessment process for local strategic documents such as the CYPP and JSNA; this is captured through a number of mechanisms, ranging from specific biennial surveys to on-going engagement and participation in service development. Work to develop feedback and response mechanisms for the Local Offer will also be informed by the Flying High Group.</p> <p>Links between the Flying High Group and other young people’s groups (e.g. Youth Council etc) have been enhanced over the past year; for example, closer links resulted in a more representative attendance at the most recent regional Youth Conference in York. These developments continue to be supported by a countywide participation steering group.</p> <p>Further work is required to increase participation and ensure that other groups of disabled children and young people are involved. For example, as part of the implementation of the Strategy for Children and Young People with Autism, the council worked with a group of young people with Autism at King James’ Enhanced Mainstream School to develop a student voice Autism DVD entitled ‘My Autism: An Insight from Students in North Yorkshire’.</p>
<p>We engage directly with parent carers of disabled children and young people and their participation is embedded [in our work]</p>	<ul style="list-style-type: none"> <li>• Evidence of the way in which the HWB or its sub groups have worked or its sub groups have worked with parent carers of disabled children in the JSNA process, and next steps for JSNA engagement</li> <li>• Evidence of the way in which the HWB or its</li> </ul>	<p>Amber</p>	<p>NYPACT representation on the SEND Steering Group and on each of the 4 work-strands ensures that parents of disabled children are involved in on-going service improvement and decision-making. This is in addition to direct NYPACT representation on the Children’s Trust Board. As members of these groups, NYPACT liaise with</p>

	<p>sub groups have worked with parent carers of disabled children in the preparation and delivery of the JHWS, and next steps for JHWS engagement</p> <ul style="list-style-type: none"> <li>• Evidence of partnership working with local parent groups, including the local Parent Carer Forum(s)</li> </ul>		<p>local parent carers to ensure that they have the opportunity to inform the development of comprehensive needs assessments for local strategic documents, such as the CYPP and JSNA.</p> <p>NYPACT are actively involved in the development and implementation of Children and Families Act 2014 reforms and continue to work with NYCC to ensure that the views of parent carers inform decision making. The idea for how to demonstrate the scope of the Local Offer in one page came from a parent. Parents made some helpful suggestions that were incorporated into the EHC plan format. At our two days of launch conferences for the new procedures, NYPACT provided an information stall and ran a workshop. They have helped us plan a road show of 7 parental discussion events around the county to explain the new legislative process for assessments and planning and we have helped them to organise their annual conference by offering speakers and workshop presenters for topics of their choosing.</p> <p>To support more active parental participation, an Engagement and Consultation Framework has been developed between NYCC and NYPACT so that future opportunities for collaborative working can be identified and jointly planned. Collaborative events are scheduled for summer 2014 and a number of parents’ reference groups are being established to inform strategic decision-making.</p> <p>Revised arrangements between NYPACT and NYCC now reflect Contact a Family’s ‘markers of good practice’.</p> <p>The new arrangements reflect a significant change in the leadership and organisation of NYPACT supported by Contact a Family. Further work is required to ensure that these engagement arrangements are consistently embedded.</p>
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<p>We set clear strategic outcomes for our partners to meet in relation to disabled children, young people and their families, monitor progress towards achieving them and hold each other to account</p>	<ul style="list-style-type: none"> <li>Public information on the status of outcomes for local disabled children and young people based on indicators such as the NHS Outcomes Framework, the Public Health Outcomes Framework, etc</li> <li>Public information on the strategic direction the HWB has set to support key partners to improve outcomes for disabled children and young people. This may be encompassed by the JHWS, but would need to be sufficiently delineated to demonstrate specific objectives and action for disabled children and young people</li> </ul>	<p>Amber</p>	<p>The multi-agency SEND Steering Group oversees the delivery of a shared set of strategic outcomes for children and young people with SEND and reports against this to the Children’s Trust Board.</p> <p>The SEND Strategy is also directly linked to, and contributes towards, wider strategic objectives in the CYPP 2011-14. A review and refresh of the SEND Strategy is planned for 2014 and will be informed by the views of children and young people with SEND and their families.</p> <p>Priorities relating to disabled children and young people are also informing the development of the new CYPP and JSNA, both of which will be publically accessible documents upon completion.</p> <p>A number of changes relating to the Children and Families Act are also increasingly outcomes-focused (EHCPs; Local Offer etc) and are based on the clear expectation of stakeholder participation.</p>
<p>We promote early intervention and support for smooth transitions between children and adult services, and with services provided by wider partners</p>	<ul style="list-style-type: none"> <li>The way in which the activities of the HWB help local partners to understand the value of early intervention</li> <li>The way in which the activities of the HWB ensure integration between children and adult services, and prioritise ensuring a positive experience of transition for disabled young people</li> </ul>	<p>Amber</p>	<p>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. The numbers of young people opting for this has increased from 5 in 2011-12, to 25 in 2013-14. The anticipated figure for 2014-15 is 28 young people accessing personalised packages. 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 approach developed locally was also nominated and shortlisted for a national award for innovation in commissioning.</p> <p>Working with Health colleagues in the Partnership Commissioning Unit, the council is engaged in improving Transition to Adulthood. Parents and young people will be involved in the planning for this new model of delivery.</p>

			Specialist Support services and SEN Assessment services are now geared up to work with young people 19-25 years.
We work with key partners to strengthen integration between health, social care and education services, and with service provided by wider partners	<ul style="list-style-type: none"> <li>• Details of the way in which the HWB is informed by those with expertise in education, and children’s health and social care</li> <li>• Details of the way the HWB engages with wider partners such as housing, transport, safeguarding and the youth justice system</li> <li>• Details of steps taken to encourage integrated working between health, social care, education and wider partners in order to improve the services accessed by disabled children, young people and their families</li> </ul>	Amber	<p>The reforms being implemented as part of preparation for the Children and Families Act 2014 all seek to improve and strengthen integration between health, social care and education. This includes the integrated Education, Health and Care Plan arrangements and the holistic view of provision provided by the Local Offer.</p> <p>Progress has been made over the course of the last year, but further work is required to fully implement more integrated working practice.</p>
We provide cohesive governance and leadership across the disabled children and young people’s agenda by linking effectively with key partners	<ul style="list-style-type: none"> <li>• Information on links to other local integration forums which set strategic direction for disabled children’s services e.g. the local children’s trust arrangements, the local safeguarding board, the learning disability partnership board, the schools forum etc</li> <li>• Evidence of how the JSNA and JHWS is aligned with other arrangements, such as: reviewing and commissioning of SEN services via the High Needs Block; safeguarding arrangements; child poverty strategies etc.</li> </ul>	Green	<p>This is provided by the Children’s Trust and its SEND Steering Group, which sets the strategic direction and receives monitoring reports.</p> <p>A report to LSCB regarding the safeguarding of disabled children, in response to the Ofsted Thematic Review published in August 2012, led to a Task and Finish group to improve practice in this area. The Action Plan that followed has now been completed and will be signed off at the next LSCB meeting.</p> <p>Work by the Schools Forum on High Needs funding for children and young people with SEN will be reported to the Health and Well-being Board as part of a regular consideration of children’s issues.</p>

**North Yorkshire County Council****Health and Wellbeing Board****16 July 2014****Strategy for meeting the needs of families and adults with autism in  
North Yorkshire 2015-2020 – update report****Report of the Corporate Director – Health and Adult Services****1.0 Purpose of report**

- 1.1 This project brief gives an outline of the work that will be undertaken to develop the strategy for meeting the needs of families and adults with autism in North Yorkshire 2015-2020.

**2.0 Issues**

- 2.1 North Yorkshire's strategy for meeting the needs of children and young people with autism was approved by Children and Young People's Services (CYPS) Executive Members on 9th October 2012. The interim strategy for meeting the needs of adults with autism in North Yorkshire (2014-15) was approved by the North Yorkshire Health and Wellbeing Board on 1 April 2014 and published on 2 April 2014.
- 2.2 In light of recent legislation; "The Children and Families Act" (2014); and national guidance "Think Autism" (2014) and "NICE guidelines for management and support of children and young people on the autism spectrum" (2013), the development of an all-age strategy is considered best practice.
- 2.3 The overall objective of an all-age strategy for autism is to ensure that services are identified, commissioned and provided to meet current and future needs. We want people with autism to receive the right assessment and diagnosis locally, to be able to access additional support if they need it and to know that they can depend on professionals and agencies to treat them fairly as individuals and provide relevant and appropriate support.
- 2.4 Crucially, a coherent strategy will ensure that there is more effective, tangible support for children, young people and adults with autism and will underline the enormous potential benefits that can result from collaboration.

### **3.0 Current Activity**

- 3.1 The project team is currently developing the draft strategy to be available in Autumn 2014. The strategy will encompass people with autism of any age and their families.
- 3.2 A series of Task & Finish Groups will support the development, consultation and publication of the strategy. Activities are grouped into five main areas:
  - i) Increasing awareness and understanding of autism
  - ii) Developing a clear, consistent pathway for diagnosis of autism
  - iii) Improving access for adults with autism to the services and support they need to live independently
  - iv) Helping adults with autism into work
  - v) Enabling local partners to develop relevant services
- 3.3 Research focussed on women and girls with autism, to explore the particular needs of this cohort is underway.
- 3.4 The Partnership Commissioning Unit will lead the promotion of the online awareness tool “Autism in General Practice” to GP practices through this year to December 2014
- 3.5 Consultation will take place between October and December 2014 with the objective of publishing and launching the strategy in April 2015.

### **4.0 Policy Implications**

- 4.1 This strategy will drive the work on autism in North Yorkshire for the forthcoming 5 year period between 2015-2020.
- 4.2 The strategy recognises that there is a range and severity of need. The strategy will be informed by legislation, a number of national priorities and best-practice models.

### **5.0 Financial Implications**

- 5.1 No additional resources have been made available by the Government to implement the autism strategy, so any developments will need to be within existing resources. Knowledge and understanding of autism is still evolving; a prevalence rate of 1% has been used, but this is increasingly considered an underestimate. Data would indicate that the number of new diagnoses within Children and Young People’s Services will have increased by between 15-30% by 2015. The needs of this group of people will be passed onto HAS as children move into adulthood.

- 5.2 The budget for the project will be met from within NYCC's spend-to-save budgets with contributions from Health. Training plans will be funded (if agreed) from the Training and Learning budget.

## **6.0 Legal Implications**

- 6.1 The national strategy for adults with autism in England, 'Fulfilling and Rewarding Lives' (2010), gave the NHS, local authorities and other partners statutory duties with regard to improving the lives of those living with autism. The national autism strategy set out a clear directive for change to ensure that those with autism are included in society and supported to lead full and rewarding lives.
- 6.2 The strategy will help to meet statutory duties around autism for North Yorkshire's Health and Wellbeing Board. There would be strong challenges from national and local bodies and individuals should this project not be delivered.

## **7.0 Consultation Undertaken and Responses**

- 7.1 There will be a requirement for public consultation via online methods and face to face meetings between November 2014 and January 2015.
- 7.2 A 'virtual reference group' of people with autism, their families and carers will help to develop the strategy by reviewing and providing feedback on draft documents, including the draft strategy itself. They will comment on plans for the design of the document and give their thoughts on the best ways to conduct meaningful consultation, and to successfully launch the strategy in April 2015. This group will operate primarily by email, but some or all members may meet at key points during the development of the strategy.

## **8.0 Impact on Other Services/Organisations**

- 8.1 The NHS and other public sector organisations are key partners in the implementation of this strategy. It is vital that all partners are committed to the actions assigned to them within the strategy.

## **9.0 Risk Management Implications**

- 9.1 This is a highly political issue with powerful lobbying bodies such as the National Autistic Society (NAS) heavily influencing Parliament. The strategy helps to meet statutory duties around autism for the Health and Wellbeing Board. There would be strong challenges from national and local bodies and individuals should this project not be delivered.
- 9.2 This project will not result in cashable savings, but ensuring appropriate and effective support is provided for children, young people and adults

with autism is likely to reduce the incidence of crises, reduce the breakdown of school placement, necessity for mental health involvement and the need for residential care or supported living.

- 9.3 The strategy should result in improved value for money as a result of increases in joint commissioning and a reduction in the cost of support. Costs will continue to escalate if the actions defined by the strategy are not delivered.

## **10.0 Equalities Implications**

- 10.1 It is acknowledged nationally that women and girls are often under-diagnosed with autism and therefore prevalence rates for women and girls are probably lower than they would otherwise be. Research is underway and the findings will feed into the actions for this strategy.
- 10.2 A comprehensive equalities impact assessment will be carried out for the strategy during 2014.

## **11.0 Recommendation(s)**

- 11.1
- That the Health and Wellbeing Board note this update report on the strategy for meeting the needs of families and adults with autism in North Yorkshire 2015-2020

Richard Webb  
Corporate Director – Health and Adult Services

County Hall  
Northallerton  
02 July 2014

Author of report – Sally Ritchie, Development Officer (Autism Strategy)  
Presenter of report – Anne Marie Lubanski, Assistant Director Operations



NORTH YORKSHIRE HEALTH AND WELLBEING BOARD

Date: 16<sup>th</sup> July 2014

**Update on the Joint Strategic Needs Assessment (JSNA)  
and Pharmaceutical Needs Assessment (PNA)**

**1. Purpose**

This paper is to update the board on the work carried out since the board's acceptance, during its November 2013 meeting, of proposals for the future development of the JSNA and PNA.

**2. Joint Strategic Needs Assessment (JSNA)**

**2.1 Background**

The following two main proposals for the future development of the North Yorkshire JSNA were agreed by the board in November 2013:

- Creation of a JSNA editorial group to act as a steering group to formulate development of the JSNA and also as a working group to co-ordinate and when necessary undertake work needed around the JSNA process and production of JSNA reports.
- An in-depth report on a different topic to be produced each quarter. A twelve month rolling plan topic titles to be agreed by the Health and Wellbeing Board.

**2.2 JSNA Process**

The JSNA editorial group, chaired by Janet Waggott, has been formed and has now held two meetings. A series of quarterly meetings have been scheduled.

The group is guided by the process summarised in the attached diagram (See appendix one). The annual JSNA data refresh gives an overview of the state of health and wellbeing in North Yorkshire. In depth topic reports give a detailed review and indication of what needs to be done and produce recommendations for discussion by the Health and Wellbeing board, contributing to the board's leadership role in health and social care provision in the county.

**2.3 Progress**

The group has agreed terms of reference (see appendix two) and during its first meeting discussed and agreed the following list of topics for production of in-depth reports.

Topic	Lead	Quarter (2014/15)
Mental Health	Public Health England (Tom Hall)	Q1
Sexual Health	Tom Hall	Q1
Healthy Weight	Rose Norris	Q2
Carers	David Ita with Alex Bird	Q2
Special Educational Needs & Disability	Simon Moss	Q2
Winter Health	Neil Irving	Q3
Smoking	Tom Hall	Q3
Military Health	t.b.c.	Q3
Pharmaceutical Needs Assessment	Nick Kemp	Q4

The editorial group's recommendations on whether a report should be produced are based on the four criteria outlined below plus the availability of resources to produce the report and the overall practicality of producing the report (e.g. availability of data):

Would production of a report on a suggested topic -

1. Improved health and wellbeing,
2. Reduced health inequalities and variations in health outcomes,
3. Support in the implementation of national and local policy,
4. Support in making the best use of local resources.

A flow chart showing the key stages for deciding topics for future reports and their production and publication is attached. (See appendix three).

### **3. North Yorkshire Pharmaceutical Needs Assessment (PNA)**

#### **3.1 Background**

The health and wellbeing board agreed during its November 2013 the formation of a PNA steering group to develop and implement plans for the production and publication of PNA report by April 2015.

#### **3.2 Progress**

A PNA group has been formed and during its initial meeting in March agreed draft terms of reference (see appendix four) and the key tasks required to produce a PNA report identified. The group includes representative from the City of York and, although it is intended to produce separate PNA reports for York and for North Yorkshire, reports will be developed jointly by the PNA group. Progress is to be reported to the respective Health and Wellbeing Boards; reports to North Yorkshire's board will be via the JSNA editorial group.

Since its initial meeting the group has met monthly to progress development of the PNA reports. Questionnaires seeking views on local pharmacy services have been produced for completion by pharmacy users, health and social care service providers and strategic partners. A questionnaire for completion by pharmacy service providers has also been produced. Questionnaires are to be available for completion on-line until the 18<sup>th</sup> July.

The group is currently being lead and activities coordinated on behalf of both Health and Wellbeing Boards by North Yorkshire Public Health team.

#### **3.3 Timetable**

It is planned to bring a draft PNA to the Health and Wellbeing Board for approval during its September meeting, prior to the start of the required formal consultation period.

Following consultation it is planned to bring the final version of the PNA to the Health and Wellbeing board for approval during its February meeting, prior to publication in March.

#### **8. Action requested**

The Health and Wellbeing Board is asked:

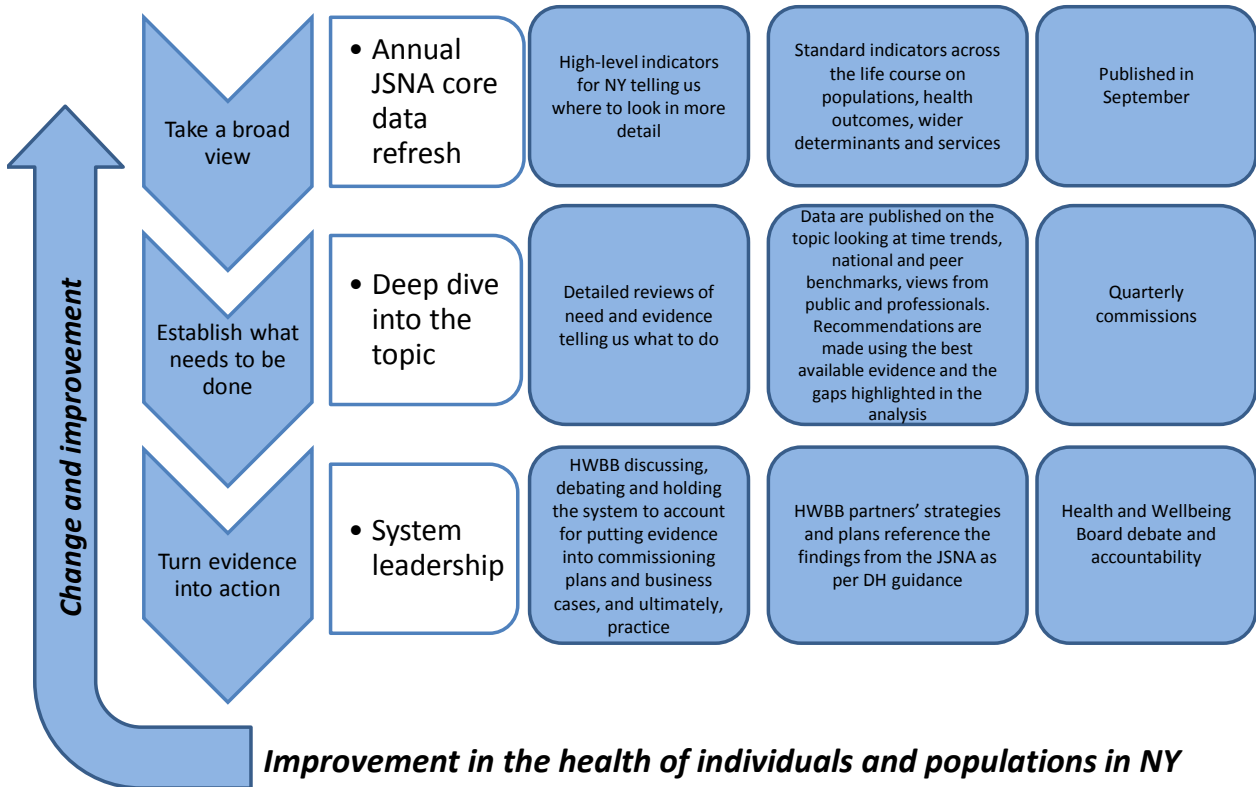
- to note the progress being made by the JSNA editorial and PNA groups
- to approve the draft terms of reference for both the groups
- to approve the proposed work plan of topics for production of in-depth JSNA reports

**Sponsor: Janet Waggott, Chief Officer Ryedale District Council**

**Author: Nick Kemp, Commissioning Support Manager, North Yorkshire Public Health**  
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Appendix one: North Yorkshire JSNA Process

# North Yorkshire JSNA



## **Appendix two: JSNA Editorial Group – Terms of Reference**

### **North Yorkshire JSNA Editorial Group**

#### **Terms of Reference**

The purpose of JSNAs and Joint Health and Wellbeing Strategies is to improve the health and wellbeing of the local community and reduce inequalities for all ages. They are not an end in themselves, but a continuous process of strategic assessment and planning – the core aim is to develop local evidence-based priorities for commissioning which will improve the public's health and reduce inequalities. Their outputs, in the form of evidence and the analysis of needs, and agreed priorities, will be used to help to determine what actions local authorities, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that impact on health and wellbeing.

The JSNA Editorial group will act as steering group to formulate the development of the North Yorkshire JSNA and produce recommendations and proposals for approval by the Health and Wellbeing Board.

It will also act as a working group to co-ordinate and when necessary request or commission the work needed to develop the JSNA process and produce JSNA reports as requested by the Health and Wellbeing Board.

#### **Key functions**

- To produce an annual JSNA summary for North Yorkshire.
- To produce proposals for approval by the HWB of topic areas for production of in-depth reports and co-ordinate/contribute to the production of the reports.
- To align (where practical) the development of needs assessments with strategies produced by other organisations e.g. Joint Strategic Intelligence Assessment or the Children and Young People's Plan
- To improve the effectiveness and efficiency of community engagement as a vital part of the JSNA process, aligning where practical community engagement activities with related activities in partnership organisations.
- Consider requests for local reports on particular topics under the JSNA.
- Consider how availability of JSNA data updates and new reports can be communicated to intended audiences.
- To determine how the JSNA can incorporate more content around assessment of community assets.
- The Group, as well as producing strategic proposals for consideration by the HWB, will have responsibility for organising work required to meet agreed JSNA process requirements from using resources within and external to their individual organisations
- Support the performance management of the impact across the county of service commissioning and other activities and initiatives on people's health and wellbeing and on health inequalities.

## **Meeting frequency and venues**

Meetings will be held quarterly, mid-way between Health and Wellbeing Board meetings. Additional meetings will be organised on an as needed basis.

Meeting venues will be moved around the county

## **Membership**

Chair

Project Lead (x1)

Public Health (x1)

NYCC Children and Young People's service (x1)

NYCC Health and Adult services (x1)

NYCC Central Services (x1)

Clinical Commissioning Groups (x2)

District Councils (x2)

Voluntary Sector (x1)

Healthwatch (x1)

NHS England (x1)

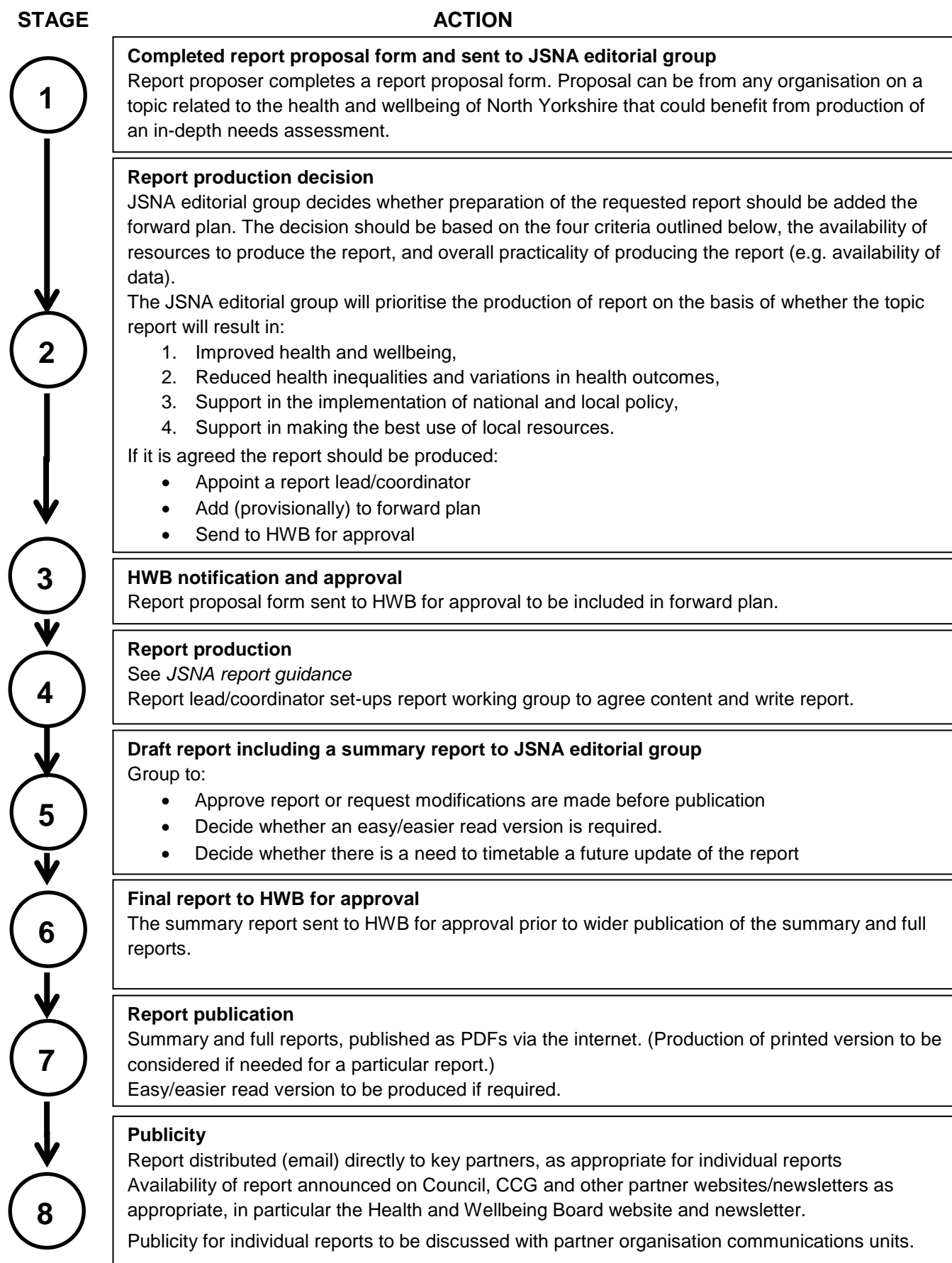
Hospital Trust (x1)

NY Police (x1)

- When a member of the editorial group is representing more than one organisation (e.g. districts councils, CCGs, Hospital Trusts) they should endeavour to make sure that views of all organisations are represented and be responsible for feeding back the group's activities to the other organisations.
- Editorial group members will be responsible for obtaining additional support for JSNA activities from their parent organisation and other organisations they represent, particularly in relation to access to data, intelligence, community engagement, and media and communications support.
- Sub-groups will be created on task and finish bases as needed to meet the objectives of the main editorial group.

## Appendix three: JSNA report production flow chart

### JSNA Report Production



## **Appendix four: Pharmaceutical Needs Assessments Group - Terms of Reference**

### **Terms of Reference**

#### **City of York and North Yorkshire Pharmaceutical Needs Assessments Group**

The group has been established on behalf of the City of York and the North Yorkshire Health and Wellbeing Boards (HWBs). The overall objective of this group is to inform and support the development of Pharmaceutical Needs Assessments (PNAs) for each of the Health and Wellbeing Board areas, monitor progress of the documents, identify gaps in services and form recommendations for commissioning in the future.

- To oversee the production of PNAs on behalf of the two HWB for publication no later than 1<sup>st</sup> April 2015
- To receive reports from the designated leads for the different elements of the PNA
- To monitor progress against timescales and provide exception reports to the Health and Wellbeing Boards where problems are encountered
- To contribute knowledge and experience to the PNA process regarding current working practices and services
- To ensure that national policy is interpreted correctly and acted upon in the preparation of the PNAs
- To incorporate views and opinions of other bodies, agencies or the public where appropriate

#### **Membership**

NY County Council  
City of York Council  
NHS England/LPN  
Clinical Commissioning Groups (and the Commissioning Support Unit)  
Local Medical Committee  
Local Pharmaceutical Committee  
Healthwatch

The group may co-opt members for specific pieces of work.

#### **Reporting arrangements**

The group will report progress and notes of its meetings will be circulated to the City of York HWB and, via its JSNA Editorial Group, to the North Yorkshire HWB.

#### **Arrangements for meetings**

The group will meet monthly initially but this will be reviewed as the production of the PNA progresses.



**NORTH YORKSHIRE HEALTH & WELLBEING BOARD**

**BETTER CARE FUND UPDATE BRIEFING**

**16 JULY 2014**

**1. Purpose of the Report**

- 1.1 To report to the Health and Wellbeing Board on the progress with the development of the North Yorkshire Better Care Fund plan

**2. Background**

- 2.1 The Government has created a £3.8b pooled budget for 2015/16, intended to help move care out of hospital and into the community and improve working and integration between Health and Social Care. This consists mostly of existing funding in the health and social care system with some pump-priming from Central Government in 2014/15.
- 2.2 In 2014/15 the existing NHS Transfer arrangements will continue and nationally an additional £200m (locally £2.02m) will be added to help LAs prepare for the implementation of the BCF and make early progress. This arrangement will change to require Clinical Commissioning Groups (CCGs) to allocate a proportion of their budget to the fund in 2015/16. Disabled Facilities Grant funding will also be added 2015/16 with stipulation for direct passage to Districts
- 2.3 The fund includes capital and revenue which includes some of the transitional support needed by Local Authorities to implement the Care Act. Responsibility for production and management of the plan is with Health and Wellbeing Boards (HWB). The joint plan for North Yorkshire was submitted on the 4<sup>th</sup> April 2014.
- 2.4 There was national encouragement to increase the size of the pool, to draw together commissioning spend and deepen the integration. North Yorkshire has agreed a single pooled fund to be administered by the County Council. For 2014/15 the pool size is set above the minimum of £11.1m at £28.2m but for 2015/16, the pool has been set at the minimum of £39.8m. This can be changed if required as and when confidence in the process increases and opportunities arise.



- 2.5 There is little national definition of the way in which integration should happen, although there are nationally set conditions that must be met which will be used in a performance assessment.

The plans were required to be specific about how the fund would:

- Protect social care services
- Provide 7 day services to support discharge
- Enable data sharing – using the NHS number as primary identifier plus other data sharing requirements
- Enable joint assessments and accountable lead professionals

- 2.6 Approximately £10m of the local funding will be performance related based on the National Conditions and National Measures through a series of metrics, all of which are interlinked and specifically require Health and Social Care to work together to deliver the results.

### **3. Current Situation**

- 3.1 The North Yorkshire Plan sets out three main priorities:

**Improve health, self-help and independence for North Yorkshire people by:**

- Implementing integrated Prevention Services across all localities,
- Supporting Carers,
- Improving access to housing based solutions including adaptations, equipment and assistive technology and extending our flagship Extra Care Strategy,
- Ensuring everyone can access a comprehensive falls service.

#### **Invest in Primary Care and Community Services**

- Creating an integrated health and social care reablement and intermediate care service in each area,
- Investing in core community health services to increase capacity,
- Creating and growing integrated health and social care multi-disciplinary teams in each area,
- Developing mental health in-reach services to support people in acute care and in community settings,
- Investing in dementia services,
- Better support to care homes.

#### **Create a sustainable system**

- Protecting Adult Social Care, maintaining and growing the effectiveness of social care reablement,
- Developing more alternatives to long term care for older people and those with learning disability and mental health needs,
- Investing in support to carers,
- Implementing the Care Bill and ensuring that all customers, however funded, get improved information and advice,
- Increasing the reach of assistive technologies to support people at home and in care homes,

- Working with Secondary Care to secure the hospital, mental health and community services needed in North Yorkshire.
- 3.2 The Plan describes how in five years' time, as a result of the Better Care Fund and broader investment and service transformation, North Yorkshire people will benefit from:
- an **integrated, locality driven Prevention Service** which supports them and their carers to improve their lifestyle, improve health, reduce social isolation and use digital and personal-contact channels to obtain advice and information on how they can manage their situation,
  - a **24/7 fast response to assess** their needs and wherever possible avoid a hospital admission should they become ill, and an integrated team approach to helping them get home again if they do go to hospital,
  - **support for people and families living with dementia,**
  - **improved access** to psychological therapies, fast response services and in-reach community services **for people with mental health needs,**
  - specialist support from community staff, good liaison between care staff and health staff, **care at home for people living in a care home if they become ill,**
  - support by **multi-disciplinary teams for people with complex needs** who know them well, they will have a named care coordinator and will be supported to avoid the need to go to or stay in hospital, to manage their conditions and to maintain social activity and contacts.
- 3.3 The Plan was assessed by NHS England and a peer review by another Local Authority and the highlights of that assessment show:
- Engagement with Acute Trusts is improving, but there's still more to do,
  - Deliverability and Affordability are of concern to the various organisations involved, especially NHS England, but the plan carries no more risk than other health and wellbeing board peers around the country,
  - The Health and Adult Services ambitious transformation programme in Social Care has been recognised, as well as the risks associated with Care Act; assurances have been given to NHS England that resources will be used to support transformation,
  - Clarification is sought from CCGs on how Acute provider contracts and capacity will affect and influence the plan,
  - The North Yorkshire approach to the Metrics targets was sympathetically received – cautious targets were set for the first year because of the time it will take to build up capacity and services to meet them.
- 3.4 Nationally, pooled funds totalling some £5.4bn are apparently defined, compared to the minimum expectation of £3.8bn, although there are concerns that echo the local ones; this is a complex plan and there is much more to do to:

- Assure Government, the organisations involved and the public that the required changes can be delivered,
- Determine that emergency and avoidable Acute care costs and volumes can be reduced sufficiently to ensure that local plans for the future of health and social care are affordable.

3.5 Ministerial approval has been put on hold, pending a further round of information about the implications of the plan, especially on the acute care providers.

**3.6 We are awaiting further details about changes recently announced by the Government which will increase the emphasis on the reduction of avoidable emergency hospital admissions and change the framework for performance payments. The statement reads as follows:**

*“Up to £1 billion of the Better Care Fund will be allocated to local areas to spend on out-of-hospital services according to the level of reduction in emergency admissions they achieve. Local areas will agree their own ambition on reducing emergency admissions and they will be allocated a portion of the £1 billion performance money in the fund in accordance with the level of performance against this ambition. The remaining money from the performance pot not earned through reducing emergency admissions will be used to support NHS-commissioned local services, as agreed by Health and Wellbeing Boards.*

*“Revised guidance for local areas to shape the further development of local Better Care Fund plans will be set out shortly. This will include information on the revised performance payment scheme, as well as specific areas where local plans need to be strengthened through providing further detail on local plans.*

*“We expect local areas to submit revised plans later in the summer, ahead of a further process of national assurance and ministerial sign off. Better Care Fund plans will launch in all local areas from 1 April 2015, as set out in the 2013 Spending Review.”*

#### **4. Next Steps**

4.1 Some of the infrastructural requirements are being dealt with first, such as the Governance, Legal and Financial frameworks.

4.2 Ministerial sign-off is expected during the summer, but the absence of that approval will not delay activity. Detailed definition of the various schemes and plans is underway and a performance measurement and monitoring process will be built around these. Then, once the core is in place, the further work required to deliver the stated ambitions can be addressed.

- 4.3 In parallel with this, Health and Adult Services is in the process of a restructuring of the directorate, and working to support the wider 2020 North Yorkshire transformation programme.
- 4.4 The Districts and Integrated Commissioning Board will be brought together in August to work through how best to use the opportunities BCF provides. This will feed into the creation of an implementation plan.
- 4.5 The Care Act now prescribes several integration duties on Local Government, NHS England and the CCGs. The County Council and its partners must carry out their care and support responsibilities with the aim of promoting greater integration with NHS and other health-related services. This:
- requires partners to have an aim to join up the services provided and includes services such as housing and leisure services;
  - includes the prevention of needs, providing information and advice and shaping and facilitating the provider market;
  - requires us to consider when securing services how they will improve the quality of health and/or reduce inequalities in access or outcomes.
- 4.6 Integration at this strategic level might be achieved by the use of Pooled Budgets, such as the Better Care Fund, or through Joint Commissioning arrangements.
- 4.7 Partners in this context includes CCGs, Primary and Secondary Care providers, Districts, Police, DWP, registered social housing providers, Prisons and Probation as well as other Local Authority functions such as Children's Services, Public Health, Planning etc.
- 4.8 There are very clear and frequent indications that housing needs to play a significant part in all aspects of assessment, care planning, support provision and prevention.

## **5. Recommendations**

- 5.1 Health and Wellbeing Board is asked to note this briefing.

**Richard Webb**  
**Corporate Director, Health and Adult Services, NYCC**



## North Yorkshire County Council Health and Wellbeing Board

Wednesday, 16 July 2014

### Briefing Paper for North Yorkshire Health and Wellbeing Board on CCGs Co-commissioning Primary Care

#### 1.0 Purpose of report

- 1.1 The purpose of this report is to bring to the Board's attention developments surrounding CCGs Co-commissioning Primary Care

- 2.0 Amanda Bloor will be in attendance and able to provide information on the current situation.

#### 3.0 Recommendation

- 3.1 That the Board notes the work taking place on CCGs Co-commissioning primary care and offers comment on the work undertaken to date and planned for the future

*Amanda Bloor*  
Chief Officer, NHS Harrogate and Rural District CCG

**16 July 2014**

**Background Documents:** None

**The following paper is attached:**

Appendix 1 – Briefing Paper for North Yorkshire Health and Wellbeing Board on CCGs Co-commissioning Primary Care



### **Briefing Paper for North Yorkshire Health and Wellbeing Board on CCGs Co-commissioning Primary Care**

#### **Background**

Simon Stevens the Chief Executive of NHE England announced on 1 May 2014 a new option for CCGs to co-commission primary care in partnership with NHS England.

CCGs nationally were encouraged to discuss this with their member practices and Area Teams to determine the level of interest locally.

The process to date has been for CCGs to submit of an expression of interest to NHS England on 20 June 2014 setting out CCG intentions.

Expressions of interest were required to describe how the proposals for co-commissioning would fit with CCG five-year strategic plans and, in particular, how they will help:

- achieve greater integration of health and care services, in particular more cohesive systems of out-of-hospital care that bring together general practice, community health services, mental health services and social care to provide more joined-up services and improve outcomes;
- raise standards of quality (clinical effectiveness, patient experience and patient safety) within general practice services, reduce unwarranted variations in quality, and, where appropriate, provide targeted improvement support for practices;
- enhance patient and public involvement in developing services, for instance through asset-based community development;
- tackle health inequalities, in particular by improving quality of primary care in more deprived areas and for groups such as people with mental health problems or learning disabilities.

They also covered scope, governance, timescales, and monitoring and evaluation.

#### **Local position**

All North Yorkshire CCGs submitted an expression of interest in co-commissioning primary care. Feedback from all our engagement with our public highlights a desire to see less fragmentation in the system. Co-commissioning will enable CCGs to target primary care intervention in specific areas to, for example, reduce health inequalities or issues of access. We know that patients place trust and value in primary care across North Yorkshire and the ability of CCGs to engage further in the commissioning of these services will lead to greater integration of services and deliver services centred around the patient locally.

#### **Next steps**

Work is taking place across the area team footprint level to determine high level principles and next steps. There are two significant national enablers that are required to move the agenda forward and it is understood from colleagues at the Area Team that these are being developed:

- A national conflict of interest framework
- Primary care fair shares budgets at CCG level

These are expected, but will not delay the work progressing locally.

It is expected that there will be progress in this financial year of the transfer of commissioning responsibilities, although these will be subject to the national enablers above and any required change in statute to enable transfer of responsibilities.



### WORK PROGRAMME/CALENDAR OF MEETINGS 2014/2015

16 July 2014

			ADDITIONAL NOTES
August 2014			Mid cycle briefing Thurs 28 Aug 2014 at 2.00pm
September 2014	Friday 26 September 2014 at 10.30 am Venue Council Chamber Ryedale District Council Offices Malton	<p><u>Strategy</u></p> <ul style="list-style-type: none"> <li>Developing Acute &amp; Community Services Vale of York CCG, Scarborough Whitby Ryedale CCG &amp; York Hospitals Trusts (Contact Dr Mark Hayes, Simon Cox &amp; Patrick Crowley/Mike Proctor).</li> </ul> <p><u>Assurance</u></p> <ul style="list-style-type: none"> <li>NY Alcohol Strategy (Contact Claire Robinson/Victoria Marshall)</li> <li>NY Tobacco Control Strategy (Contact Victoria Marshall).</li> <li>Progress Report –Better Care Fund &amp; Integrated Commissioning Board (Contact Keith Cheesman)</li> <li>Pharmaceutical Needs Assessment (Draft) to be approved prior to consultation (Contact Dr</li> </ul>	Report Deadline Mon 15 Sept 2014

<p>October 2014</p>		<p>Lincoln Sargeant/ Tom Hall)</p> <ul style="list-style-type: none"> <li>• Annual review of the Health &amp; Well Being Strategy (Contact Dr Lincoln Sargeant/Richard Webb)</li> <li>• Winterbourne Update</li> <li>• Care Act</li> </ul> <p><u>Information Sharing</u></p> <ul style="list-style-type: none"> <li>• Healthwatch Marketing &amp; Engagement Strategy &amp; Action Plan 2014/15 (Contact David Ita)</li> </ul>	
			<p><i>Mid cycle briefing Thurs 16 Oct 2014 at 2.00pm</i></p>



<p><b>November 2014</b></p>	<p>Wednesday 26 November 2014 at 2.00pm Venue TBA</p>	<p><u>Strategy</u></p> <ul style="list-style-type: none"> <li>• Annual Report Public Health – (Contact Dr L Sargeant)</li> </ul> <p><u>Assurance</u></p> <ul style="list-style-type: none"> <li>• Winterbourne Concordat – Update(Contact Janet Probert/Ann Marie Lubanski)</li> <li>• Integrated Commissioning Board/Better Care Fund Update (Contact Keith Cheesman)</li> <li>• Update - Developments relating to Children &amp; Young People (Contact Pete Dwyer) see mins May 2014</li> <li>• Autism – Development of All Age Strategy &amp; 2013 Self Assessment Comparison Data (Contact Sally Ritchie/ Anne Marie Lubanski see mins April 2014),</li> <li>• Governance Review – (Contact Richard Webb)</li> </ul> <p><u>Information Sharing</u></p>	<p><i>Report Deadline Fri 14 Nov 2014</i></p>
<p><b>December 2014</b></p>			
<p><b>January 2015</b></p>			<p><i>Mid cycle briefing</i></p>

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