



## Agenda

**Meeting: Health and Wellbeing Board**

**Venue: The Vitadome, The Spa, Scarborough  
YO11 2HD  
(see attached location plan)**

**Date: Wednesday 3 June 2015 at 3.00pm**

Recording is allowed at County Council, committee and sub-committee meetings which are open to the public, subject to:- (i) the recording being conducted under the direction of the Chairman of the meeting; and (ii) compliance with the Council's protocol on audio/visual recording and photography at meetings, a copy of which is available to download below. Anyone wishing to record must contact, prior to the start of the meeting, the Officer whose details are at the foot of the first page of the Agenda. Any recording must be clearly visible to anyone at the meeting and be non-disruptive. <http://democracy.northyorks.gov.uk/>

### 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 13 February 2015	To approve	<b>1 to 8</b>	
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 Thursday 28 May 2015, three working days before the day of the meeting. Each speaker should limit	To note	-	

	<p>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>	<b>HWB Governance &amp; Development</b> – Report of the NYCC Corporate Director – Health & Adult Services	To approve	<b>9 to 20</b>	<b>3.00 – 3.10</b>
<b>5</b>	<b>Draft Mental Health Strategy</b> – Joint Report of the Director of the Partnership Commissioning Unit & NYCC Assistant Director Commissioning	To approve	<b>21 to 25 (Separate Booklet) (43 - 73)</b>	<b>3.10 – 3.50</b>
<b>6</b>	<b>Update of Joint Health &amp; Wellbeing Strategy</b> – Report of the NYCC Corporate Director – Health & Adult Services	To approve	<b>26 to 27 (Separate Booklet) (74 - 90)</b>	<b>3.50 – 4.00</b>
<b>7</b>	<b>Update on North Yorkshire Tobacco Control Strategy 2015/2025</b> – Report of the Director of Public Health North Yorkshire	To approve	<b>28 to 29 (Separate Booklet) (91 - 104)</b>	<b>4.00-4.15</b>
	<b><u>Assurance</u></b>			
	No Items			
	<b><u>Information Sharing</u></b>			
<b>8</b>	<p><b>Terms of Reference –</b></p> <p><b>a) North Yorkshire Commissioner Forum</b></p> <p><b>b) North Yorkshire Delivery Board</b></p> <p>Report of the NYCC Corporate Director – Health &amp; Adult Services</p>	To note	<b>30 to 31 32 to 33</b>	<b>4.15- 4.20</b>

9	<b>Notes of NY Delivery Board Meeting (April 2015)</b>	To note	<b>34 to 39</b>	4.20-4.25
	<b><u>Other Items</u></b>			
10	<b>Forward Work Plan/Work Programme</b>	To note	<b>40 to 42</b>	4.25-4.30
11	<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: 26 May 2015

**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**

**Fire**

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Persons should not re-enter the building until authorised to do so by the Fire and Rescue Service or the Emergency Co-ordinator.

An intermittent alarm indicates an emergency in nearby building. It is not necessary to evacuate the building but you should be ready for instructions from the Fire Warden.

**Accident or Illness**

First Aid treatment can be obtained by telephoning Extension 7575.

# North Yorkshire Health and Wellbeing Board

## Membership

<b>County Councillors (3)</b>		
3	CHANCE, David	Executive Member for Stronger Communities and Public Health
1	SANDERSON, Janet	Executive Member for Children and Young People's Services
2	WOOD, Clare (Chairman)	Executive Member for Adult Social Care and Health Integration
<b>Elected Member District Council Representative (1)</b>		
4	BLACKIE, John	Richmondshire District Council
<b>Local Authority Officers (4)</b>		
5	FLINTON, Richard	North Yorkshire County Council Chief Executive
6	WEBB, Richard	North Yorkshire County Council Corporate Director, Health and Adult Services (Statutory)
7	DWYER, Peter	North Yorkshire County Council Corporate Director, Children and Young People's Service (Statutory)
8	WAGGOT, Janet	Chief Officer District Council Representative
9	Dr. SARGEANT, Lincoln	North Yorkshire County Council Director of Public Health
<b>Clinical Commissioning Group (5)</b>		
10	Dr. RENWICK, Colin	Airedale, Wharfedale & Craven CCG
11	Dr, PLEYDELL, Vicky	Hambleton, Richmondshire & Whitby CCG
12	BLOOR, Amanda (Vice-Chairman)	Harrogate & Rural District CCG
13	Dr, HAYES, Mark	Vale of York CCG
14	COX, Simon	Scarborough and Ryedale CCG
<b>Other Members (4)</b>		
15	WARREN, Julie	NHS England NY & Humber Area Team
16	CARLISLE, Michael Sir	Chairman, HealthWatch
17.	BIRD Alex	Voluntary Sector Representative
<b>Co-opted Members (2) – Voting</b>		
18	BARKLEY, Martin	Mental Health Trust Representative (Chief Executive, Tees, Esk and Wear Valleys NHS Foundation Trust – Mental Health Services)
19	CROWLEY, Patrick	Acute Hospital Representative (Chief Executive York Teaching Hospital NHS Foundation Trust)
<b>Substitute Members</b>		
	COULTHARD, Adele	Tees, Esk and Wear Valley NHS Foundation Trust
	ITA, David	Healthwatch
	TOLCHER, Dr Ros	Harrogate and District NHS Foundation 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.

## North Yorkshire Health and Well-being Board

**Minutes of the meeting held on Friday 13 February 2015 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
Councillor John Blackie	Elected Member - District Council Leader – Richmondshire District Council
<u>Local Authority Officers</u>	
Richard Webb	North Yorkshire County Council Corporate Director – Health & Adult Services
Caroline Bird (unnamed substitute)	North Yorkshire County Council Assistant Director - Children and Young People's Service
Janet Waggott	Chief Officer District Council Chief Executive – Ryedale District Council
<u>Clinical Commissioning Groups</u>	
Debbie Newton (substitute)	Hambleton, Richmondshire and Whitby CCG
	Scarborough & Ryedale CCG
Amanda Bloor	Harrogate & Rural District CCG
Dr Colin Renwick	Airedale, Wharfedale & Craven CCG
Andrew Philips (unnamed substitute)	Vale of York CCG
Barbara Buckley (unnamed substitute)	Scarborough & Ryedale CCG
<u>Other Members</u>	
Alex Bird	Voluntary Sector (North Yorkshire and York Forum)
Sir Michael Carlisle	North Yorkshire Healthwatch Chairman
Martin Barkley	Mental Health Representative (Chief Executive) Tees Esk & Wear Valleys NHS Foundation Trust

## **In Attendance:-**

North Yorkshire County Council officers: Wendy Balmain, Tom Hall and Nick Kemp(NYCC Health & Adult Services), Ray Busby (NYCC Scrutiny), Jane Wilkinson (NYCC Legal & Democratic Services).

County Councillors: Jim Clark, John Clarke, Carl Les and Patrick Mulligan

David Ita – North Yorkshire Healthwatch

Janet Probert – Director of Partnerships Commissioning Unit

Mike Proctor – Deputy Chief Executive – York Teaching Hospital NHS Foundation Trust

Fran Toller and Prof Rob Wilson – South Tees Hospitals NHS Foundation Trust

4 Members of the press and public

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

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#### **89. Apologies for absence**

Apologies for absence were submitted by Richard Flinton, Dr Lincoln Sargeant and Pete Dwyer (North Yorkshire County Council), Councillor Don Mackenzie (Executive Member for Public Health North Yorkshire County Council), Simon Cox (Scarborough & Ryedale CCG), Dr Vicky Pleydell (Hambleton Richmondshire & Whitby CCG), Dr Mark Hayes (Vale of York CCG), Julie Warren (NHS England) and Patrick Crowley (Acute Hospitals).

#### **90. Minutes**

##### **Resolved–**

That the Minutes of the meeting held on the 26 November 2014 be approved as an accurate record.

#### **91. Public Questions or Statements**

There were no questions or statements from the public.

#### **92. Winter Pressures - A Collective Response**

Considered -

The covering report of Richard Webb, NYCC Corporate Director - Health and Adult highlighting winter pressures and the challenges this placed on North Yorkshire's health and care system.

In a joint presentation partner organisations outlined the system response to the increase in demand for services. A copy of the presentation slides is in the Minute Book.

It was reported that before Christmas there had been a reduction in beds at nursing homes because of enforcement to tackle poor quality providers, as well as a number of issues with some domiciliary care providers.

In common with many parts of the country, hospitals had seen an increase in the number of people attending A&E and more emergency admissions, though the main pressure had come from access to in-patient capacity. This situation meant that during December and early January, an additional 1,352 social care contacts had led to 289 extra referrals to social care teams.

Staff across social care and NHS were praised for their dedication and commitment in ensuring that people had continued to receive a good service during what had been a very difficult time.

It was reported that an inability to recruit the required staff had further exacerbated the situation. The Board noted that recruitment and retention was a significant issue for services across the County. Before the events of the winter the North Yorkshire Delivery Board had started to look at this issue and the action needed to address it. The results of this work would be reported to the Board in due course. It was suggested that an approach be made to the Yorkshire & Humber Local Enterprise Partnerships with a request that they commission more student nurse placements.

Amanda Bloor, Vice Chair and Chief Officer of Harrogate & Rural District CCG spoke about the need to continue investing in integrated community teams to provide alternatives to people needing acute and residential care. She emphasised that services needed to be resilient year round not just in winter.

The Board agreed it was important that the views of service users were captured and incorporated into future service plans.

The Chairman commented that partnership working and staff flexibility meant that overall there had been a lot of positive outcomes through what had been a very difficult period. Board Members endorsed her comments and expressed support for the report recommendations.

**Resolved -**

- (a) That the content of the report and work underway to review the impact of winter on non-elective admissions and other Better Care Fund metrics and associated targets is noted.
- (b) That delegation of authority to approve and submit revised Better Care Fund targets is granted to the Chairman of the Health and Wellbeing Board, County Councillor Clare Wood, in consultation with Richard Webb, NYCC Corporate Director - Health and Adult Services and the Chief Officers of the five Clinical Commissioning Groups covering North Yorkshire.
- (c) That the presentation and the collective effort made by partner organisations and their staff to ensure people received safe and high quality care through a very busy winter period is noted.

**93. Care Act 2014**

Considered -

Report and presentation of Richard Webb, NYCC Corporate Director - Health and Adult Services on the implications of the Care Act and preparations for its implementation in North Yorkshire. A copy of the presentation slides is in the Minute Book.

Members recognised the radical nature of the Care Act reforms and how the legislation sought to bring together in one place a modern framework for care legislation. Members noted the new duty to 'promote wellbeing' which would affect how partners worked together to commission and design services going forward.

Members were informed that the NY Delivery Board was planning to deliver a series of joint briefings for social care and NHS staff on the requirements and implications of the Care Act.

Alex Bird referred to the County Council's investment in the Stronger Communities Team and the appointment of Prevention Officers referred to in paragraph 4.2 of the report and asked why it was doing so when the voluntary sector understood local communities better and was better placed to do some of this work themselves. She said twelve months ago the County Council had actively engaged in discussions with the Voluntary Sector on the roll out of a future prevention programme with no discernible outcome. She was concerned that establishment of the new Stronger Communities Team could undermine and duplicate the work of the voluntary sector at a time when resources were already stretched. She appealed for further information in the form of a briefing paper.

Richard Webb acknowledged her comments and confirmed that there had been a change of direction regarding the County Council's approach to prevention services. He explained that following his appointment as Corporate Director he became aware of a £5m savings target the County Council had identified for prevention services. His view was that this sum was unrealistic and would fail unless further refined. Work on the prevention strategy had therefore paused whilst the County Council re-examined its investment in services from a practical viewpoint. The Prevention Officers role would be to locate vulnerable people on the cusp of receiving care and signpost them to services. A network of Prevention Officers three per district would operate across the county alongside social care. He stressed this new role was still at an evolutionary stage.

Alex Bird pointed out that time was of the essence as the funding for some excellent model prevention schemes such as village agents, was about to cease.

Richard Webb acknowledged issues around sustainability and said he hoped to be in a position to come forward with some working proposals shortly.

#### **Resolved -**

That progress towards implementation of the requirements of the Care Act, supported in part through the Better Care Fund programme, in line with Department of Health expectations is noted.

#### **94. Strategy for Meeting the Needs of Children, Families and Adults with Autism in North Yorkshire 2015/2020**

Considered -

The joint report of Richard Webb, NYCC Corporate Director - Health and Adult Services and Janet Probert, Director of the Partnership Commissioning Unit seeking the Board's approval for the draft strategy to go out to formal consultation during the Summer. A copy of the draft strategy was appended to the report.

The consultation was set to run between May and July and included an on-line questionnaire and face to face events with workshops and focus groups. The results of the consultation would be referred to the Board later in the year.



On behalf of NYCC Children & Young People's Service, Caroline Bird made a request for a young person to be included in the membership of the 'virtual reference group' and for the impact of diagnostic work on high level funding to be made available.

County Councillor Tony Hall, Executive Member for Children's Services raised the following points whilst emphasising his support for the strategy:-

- Queried the accuracy of the 1% prevalence figure referred to on page 7 of the draft strategy
- Was sceptical about whether in practice the diagnostic assessment team routinely signposted all persons that did not meet the criteria for a diagnosis of autism to relevant and appropriate services (page 13 draft strategy)
- Requested that the wording used to describe Looked After Children on page 6 of the draft strategy was amended to make it clearer.

Janet Probert agreed to check the accuracy of the prevalence figure and look at the wording as requested. She acknowledged that whilst signposting had improved there was still work to do.

**Resolved -**

That the release of the draft strategy for meeting the needs of children, families and adults with autism in North Yorkshire 2015-2020, including the executive summary, easy read version and the Equality Impact Assessment to formal consultation is approved by the Health and Well Being Board.

**95. Pharmaceutical Needs Assessment**

Considered -

The report of the Director of Public Health for North Yorkshire requesting the Board to consider and agree the North Yorkshire Pharmaceutical Needs Assessment (PNA.) before publication in April 2015. A copy of the PNA was appended to the report.

The purpose of the PNA was to review existing pharmaceutical service provision and to identify any gaps or deficiencies that needed to be addressed. The Board was advised that whilst there were no gaps in the provision of necessary services there were a number of areas particularly in Ryedale and Selby where better access could be provided.

During discussion the following comments were made:-

- That encouraging the public to use their local pharmacy as a convenient alternative to GPs and A&E would work better if there were more pharmacies
- A question was asked as to why parish councils and the local doctors association were not consulted especially in light of the poor response rate to the consultation on the draft PNA. It was reported that future PNA reviews would consult parish councils and the local doctors association.
- That the importance of the role of dispensing GP practices in rural areas needed to be reinforced in the PNA.
- That the service provided by generic pharmacy chains was sometimes poor due to the lack of competition.

The Board recognised that the need to increase the effectiveness of engagement undertaken by health and social care partners generally and suggested that this was perhaps an area that would benefit from consideration by the North Yorkshire Delivery Board.

**Resolved -**

- (a) That the content of PNA report and its publication is approved by the Health & Well Being Board.
- (b) That a manager is designated to act as the conduit for notifications of changes to pharmaceutical services and to co-ordinate on behalf of the Board responses and production of supplementary statements.

**96. 2015/16 Strategic Plan Refresh**

Considered -

The joint report of NYCC, North Yorkshire CCGs and North Yorkshire District Councils setting out the context for and giving an update on progress of the 2015/16 refresh for the five North Yorkshire CCGs, North Yorkshire County Council and the seven District Councils strategic plans.

The report contained a brief update from each of the individual organisations. Appended to the report was a slide pack which highlighted key priorities and gave a pictorial overview of the updated plans.

The Board noted progress by clinical commissioning groups towards primary care co-commissioning.

**Resolved -**

- (a) That the content of the report and details of the refresh of each individual organisations strategic plan is noted and approved.
- (b) That the work aligning local plans with the overarching ambition of the North Yorkshire Better Care Fund plan is noted.

**97. Workshop Event - 25 March 2015**

Wendy Balmain, (NYCC Assistant Director for Integration) announced that Joyce Redfearn, the former Chief Executive of Wigan Council and Wigan PCT had agreed to facilitate a private informal workshop event for Board Members on 25 March 2015 at Ryedale District Council offices in Malton.

Board Members were given notice they could be contacted and asked for their views on what they would like to get out of the day. Their views would inform the design of the programme to make the workshop as effective as possible. Those Members who had not provided details of their availability were asked to do so as soon as possible.

The Chairman added that funding from the Local Government Association had been secured to cover the cost of the workshop and appealed for Members to attend.

Board Members noted that full details of the event would be provided once finalised.

**NOTED**

**98. Paediatric Services at the Friarage Hospital, Northallerton**

**County Councillor Tony Hall declared that although not a pecuniary interest he wished it to be known as he was a member of the Council of Governors at South Tees Hospitals NHS Foundation Trust and the local ward member.**

The Chairman stated that this item was in response to a request from Councillor John Blackie. Councillor Blackie had requested that the Board examine the recently announced reduction in opening hours at the short stay paediatric assessment unit at the Friarage Hospital, Northallerton.

The Chairman pointed out that ordinarily, single issues did not fall within the remit of the Board and were a matter for overview and scrutiny committees. However on this occasion on account of public interest in the matter the Chairman said she had agreed to the request.

It was reported that exceptional circumstances had led to the decision to reduce opening times. The Clinical Commissioning Group responsible for commissioning the service said it remained convinced that the service model template was correct. It was stressed that the reduction in opening hours was temporary and that the South Tees Hospitals NHS Foundation Trust was actively seeking to recruit to the paediatric consultant team.

County Councillor Jim Clarke, the Chairman of the NYCC Scrutiny of Health Committee reported that his committee was monitoring the situation closely. He confirmed that he had been given assurances that every effort was being made to restore the service.

Councillor Blackie said that recent events had undermined public trust and confidence in the NHS. Communication around the decision to reduce opening hours had been poor and not carried out in the spirit of partnership. He was reassured by what he had heard that day and sought an assurance that the six month review of the service would not be undertaken whilst the service was operating with reduced hours. Prof Wilson confirmed that commencement of the six month review would be delayed until after restoration of the original opening hours.

The latest position regarding recruitment was relayed to the Board. Prof Wilson acknowledged the significance of the history of the service but said that appointments would only be made if candidates met the job specification.

Richard Webb, referred to the earlier agenda item on 'Winter Pressures' during which workforce issues had featured and reaffirmed that the wider implications arising from staff shortages across health and social care would be a key focus for the North Yorkshire Delivery Board over the coming year.

The Chairman thanked everyone for their attendance and contributions.

**NOTED**

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

Considered -

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

Wendy Balmain, (NYCC Assistant Director for Integration) described her intention to revise the current format of the Forward Plan so that it could take account of the refreshed Joint Health and Wellbeing Strategy under development and key issues identified through the development session on the 25<sup>th</sup> March. The recent governance review had she said also identified a need for the Board to be better informed about work of the North Yorkshire Delivery Board to ensure that there was a consistent approach to delivery of Joint Health and Wellbeing priorities. Copies of minutes of the Delivery Board would therefore be included on the agenda of all future Board meetings.

**Resolved -**

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

The meeting concluded at 12.40pm

JW



## NORTH YORKSHIRE HEALTH AND WELLBEING BOARD

### Governance and Development

3<sup>rd</sup> June 2015

#### 1. Purpose of Report

1.1 This report summarises progress made by the North Yorkshire Health and Wellbeing Board (HWB) delivering a review of key board functions, ensuring it continues to operate effectively as a strategic partnership. It includes an overview of key steps including, governance, strategic priorities and key messages from the March HWB development session. The ground rules suggested by Board members during the March session are included at annexe 2 for consideration and adoption.

#### 2. Background

2.1 In July 2014 the HWB started a programme of review of its role, supporting infrastructure and strategic priorities. The catalyst for the review was that new colleagues had joined the HWB and members wanted to develop confidence in working together and assurance that the Board was in the right place to meet a number of known and anticipated challenges. While not exhaustive these included a change of direction in how Board members work together as partners and with people who use services; delivering more integrated care closer to home and reducing hospital admissions, including agreeing and implementing a Better Care Fund plan; and responding to the needs of vulnerable groups where quality had been identified nationally and locally as an issue.

2.2 These system redesign challenges were, and are, set in a context of rising demand and expectations and increasingly challenging budgets for many health and care organisations. Together they provide a strong case for thinking jointly about what are the most important outcomes the Board wants to achieve, and how it can spend the North Yorkshire pound so that high quality care and support is available for local people when they need it. This has been the basis of some of the Boards recent discussions both formal and informal.

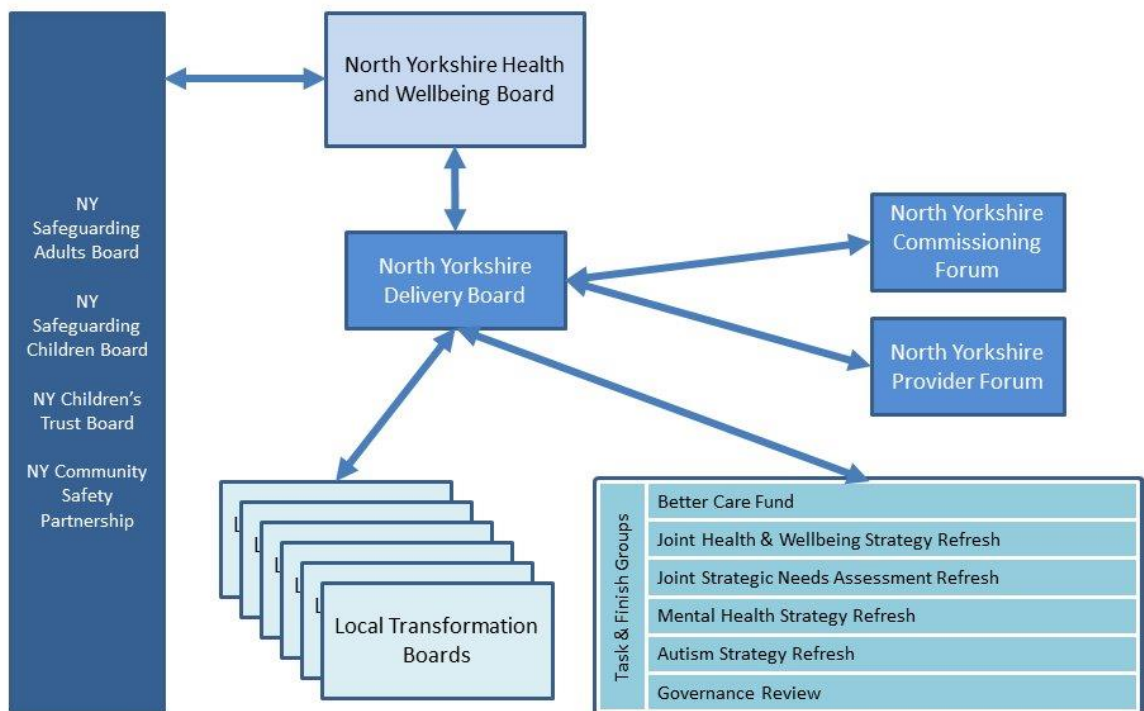
#### 3. Progress Achieved

##### 3.1 Governance

The review initially focussed on governance, and this was concluded following several sessions with the then 'Integrated Commissioning Board' and findings reported to the Board in November 2015. This led to three new forums being established that could support the work of the HWB. These are the North Yorkshire Delivery Board, the executive delivery arm of the HWB; a Commissioner Forum, a

space for chief officers to develop commissioning strategies for the HWB to consider; and a Provider Forum, an informal network of providers to advise and support the development of health and care services. Each of these groups is now established and has agreed work programmes in place. The graphic below describes the HWB relationships to these and other strategic groups.

## Health and Wellbeing Board Relationships



### 3.2 Board Development and Strategic Priorities

As part of the governance review members wanted a number of informal development sessions through 2015 – 2016. The aim of these sessions is threefold, to get to know each other and our organisations better; to building trust and confidence that can help us take the right and sometimes difficult decisions; and to review and agree the strategic priorities for health and care in North Yorkshire. This includes updating the Joint Health and Wellbeing Strategy (JHWS) to 2018.

3.3 The first of these development sessions took place on March 25th 2015 and there was a helpful debate about how we work together now, and what we could do differently to strengthen the partnership and support a sustainable North Yorkshire system for the future. Board members also provided very useful observations to an

outline JHWS, shaping an outcomes approach and agreeing what's important for the Board to focus on over the next three years. The draft JHWS is available for the Board to consider today prior to public consultation through summer 2015.

- 3.4 A summary of the development session was circulated to members in April 2015 and is attached as annexe 1. The ground rules suggested by members are attached at annexe 2.
- 3.5 Board members are asked to note that there is an active task and finish group approach working to develop key strategies on their behalf, including mental health, autism and the JHWS and that this approach is providing another level of collaboration between partners shaping health and care in North Yorkshire

#### **4. Recommendations**

- 4.1 Board members are asked to note the progress achieved to date and invited to consider and agree
- A further development session for the HWB on the morning of 26<sup>th</sup> October 2015 and ideas for the content of that session
  - Adoption of the ground rules attached at annexe 2

Wendy Balmain  
Assistant Director Integration

## **Annexe 1**

### **North Yorkshire Health and Wellbeing Development Session**

#### **Notes of the Day**

**25 March 2015**

#### **Summary and next steps**

As part of a governance review of the Health and Wellbeing Board in November 2014 members agreed to a number of private sessions in 2015 – 2016 to review and agree the strategic direction of health and care in North Yorkshire. This included considering how members work together to maximise the collective ambition and purpose of member organisations, and to shape the priorities that will be defined as part of the refresh of the Joint Health and Wellbeing Strategy up to 2018.

The following narrative captures the comments made during the development session on the 25<sup>th</sup>. It is a write up of flip chart material and as such is being shared in a relatively raw format but one where participants can recognise, or be familiar with the content.

Some of the detail from the afternoon session will be used to redraft/amend the draft JHWS in relation to outcomes and guiding principles, and this will be shared with the JHWS task and finish group and the North Yorkshire Delivery Board, before being presented as a draft document to the June Health and Wellbeing Board. It's likely to go through a number of iterations leading up to that point but the intent of the feedback received will be incorporated into the final document as will the very helpful suggestions about formatting the themes.

Absent from this note up are the ground rules that were discussed on the day. Judith Hurcombe agreed to write these up and we will circulate once they've been received. They will form the basis of a short paper for the HWB June meeting so that members not able to attend the development session have an opportunity to comment and agree.

At this stage it would be helpful if there are any further observations on the content set out below, in particular the outcomes/priorities section, which is the least developed in these notes, to be sent through to [Wendy.balmain@northyorks.gov.uk](mailto:Wendy.balmain@northyorks.gov.uk) by 13<sup>th</sup> April 2015. These can then be shared with colleagues who are working to craft the draft strategy.



The feedback from the day has been very positive and if members have any suggestions for our next development session please also send through to Wendy, all comments welcome.

### **Morning Session**

#### **What you want from today?**

- How we can use HWB to influence our commissioning decisions and for longer term
- To position Board in the right place to lead – formal committee and informal conversations to make a difference
- A clearer route to enable users to engage
- Same stories – how do we model them?
- Wider remit – (education, transport, employment) how policies might influence
- “How” is much more difficult – to use our resources better
- How do we crystallise the broad remit into action? Keeping “the North Yorkshire”
- To feel excited about the next HWB meeting
- Services that others provide should be a given, part of the DNA e.g. Housing really matters
- Changing the focus from ill health to wellbeing, and shifting resources to better outcomes
- Making a difference
- Stopping seeking permission to do things
- Being ambitious for the County and communities – “Team North Yorkshire”
- A clear route to being the best or being better in our context/continuous improvement
- Everyone taking ownership of the issues and the Board
- Shouldn’t under estimate value of partnership working
- Where we put our fingerprints over the next three years
- Being a parent for lots of strategies
- The relevance of the HWB to Mrs Jones
- It’s not a Christmas tree – needs to focus on important but fewer things
- How we set the agenda, our role as system leaders

#### **What’s good?**

- Good people, talented
- Relationships improving and moving forward
- Commitment
- Purpose
- Winter measures

- Consistency of Membership
- Awareness of history, but no longer prisoners of it
- Trying to see the world through others' eyes
- Good plans and strategies and evidence base
- Good and well-attended meetings
- BCF helped to bring people together

### **What could be better?**

- Papers e.g. last time overwhelmed with them; could have:
  - Executive summary
  - Keep it simple
  - Different venues
- More learning from peer challenges
- Dashboard (in progress)
- Membership – police and Higher Education
- Encourage wider participation
- Venue
- Forward Planning
- Applying ground rules collectively
- Appreciative enquiry
- Wider agenda and debate
- Clarity of roles and responsibilities
- Involvement of public and third sector – annual conference?
- Sponsorship of items
- Doing things differently
- County, District, being comfortable in own skin
- Communications
- Linkages with other strategies
- Not feeling/acting like a scrutiny committee
- Added value

### **The Offer**

- To change what we do and provide e.g. ££ mechanisms that get in the way
- More flexible use of premises
- Mutual interest in organisations' sustainability
- Supporting each other
- Ground Rules
- "Yes", not "Yes but"
- Feedback is a gift
- The brand: Team North Yorkshire

- Collective understanding
- Expertise on Public Health – can be extended
- Voice of user
- Can work well together
- Influencing the future
- Need a conduit to share intelligence
- Different style of meetings
- Papers and policies – conversations on what we want and how to shape things

### **Individual Table Feedback**

#### **What's good?**

- Attendance/contribution
- Energy
- Relationships/Memberships
- Partners – acknowledge team HWB and \$\$\$\$\$\$\$
- “Sticky stuff and survived” winter/BCF
- Ownership
- History “no longer prisoners” break free but acknowledge
- See world through others’ eyes

#### **What could be better?**

- NY about localities/districts/county/wider – be more confident/comfortable in our own skin in this
- Layout/venue (practical issues) – publicly accessible tour/rotate
- Symbolism – partner venues
- Accessible AGM/Conference
- Theme discussion per meeting invite interest groups
- Input to agenda wider organisations
- Is balance right between OSC and HWB?
- Partners combining to do something different then scrutinised by OSC proactive not reactive

#### **What can we offer?**

- Change what we do/provide
- Responds to agenda
- Willing to adopt new models of working
- Premises
- Resources in right places – flows
- All care about wider system
- Willingness to alter funding mechanisms

### **What's good?**

- Very talented and committed individuals
- Welcome today's workshop and opportunity to get to know one another
- Improved relationships – evolving and moving forward
- Ability to listen and respond to changing how we work
- Level of commitment high
- Genuine desire to be part of the process and purpose
- Winter measures – relationships solid and helped steer common approach through other boards and structures
- Consistency of membership
- Mix/representation – including Providers

### **What could be better?**

- Need “real ownership” and communication channels
- Achievement and linkage with strategies need to be sharper
- Wear HWB badge outside the meetings and be proud of it
- Not feel like a “scrutiny committee” or a “signing off” Board
- How do we measure our achievements and show added value as HWB Board
- Umbrella/overview – understand need. Needs to be “creative” and encourage “thinking outside the traditional box”
- Need focus/small number of priorities? “Symbolic images” – mortality on the roads

### **What can we offer?**

- Time/commitment/skills/experiences
- Different style of meetings – workshops/presentations
- Sharing of intelligence – common themes/ideas/solutions. Residents and general public input/conduit
- Two way communication and receipt of knowledge and evidence – better understanding and use of this. Harness local.
- Be prepared to contribute and help shape discussions and action agreed

### **What's good?**

- Perceptible reduction in criticism of individual organisations
- Better atmosphere – really good to see joint presentations e.g. winter
- We are constructive and getting better
- Relationships are better

- Structured agenda works better
- BCF has helped and brought us together strong plan and signed off

#### **What could be better?**

- Communication
- Re-organise papers and exec summary – keep it simple and short
- Different venues – Harrogate
- Learning from peer challenges
- Dashboard to measure progress

#### **What can we offer?**

- Expertise – Public Health, transport, housing
- Collective understanding of North Yorkshire, the people who live there and the key issues
- Commitment
- The voice of the user via Healthwatch and Voluntary Sector in particular
- Collective ability to respond to a crisis
- Strength in numbers to influence and challenge national policy and build North Yorks fit

#### **What's good?**

- Some very good plans and strategies
- Elements of good evidence base
- Relationships between stakeholders better and improving
- Improved communications between organisations
- Talent and enthusiasm
- Well attended
- Structured and disciplined meetings

#### **What could be better?**

- Membership missing Police and Higher Education
- Encouraging active participation
- Applying our ground rules and addressing bad behaviour
- North Yorkshire pound £
- Better forward planning
- Clarity of roles and contributions
- Widening the agenda and debate
- A different venue, different dynamic and ambience
- Encouraging innovation in delivery
- Better communication

### **What could we offer?**

- We are about the future, about transformational change not about the history
- Supporting each other
- Commit to our Ground Rules
- Yes, and .....not yes, but
- Feedback given and received – see it as a gift /opportunity
- Champion the work of HWB within our different organisations

### **Afternoon Session**

#### **Are the themes right?**

- “Connected communities” – define (inc workforce) – underpins others
- “Live Well” not “Live well and age well”
- Emotional health and wellbeing
- Isolation and loneliness
- Health Inequalities?
- Life course approach – yes – but runs through
- Start Well
- Maximising independence
- Should it be chronological?

#### **Guiding Principles**

- Decision making closer to individuals: deliver the best response for you
- Prevention earlier in the order
- Diversity
- Equality of Access
- Recognise diversity? Or celebrate?
- Use of technology
- The NY Pound £
- Direction of Travel – nearer to home

#### **Outcomes**

- Start well
- Live well – add in Mental Health – uptake screening/vaccination etc.
- Staying secure, safe and well in your own home
- Aging well – query “valued” – self esteem
- Second – or individuals and their families

- Focus on this year: care closer to home, prevention, facilitating new models of care and developing a narrative for integration
- Age well
- Economic potential
- Maintaining independence/health

### **End of Life**

- Access
- Happiness
- Achieving economic potential
- Care plans
- Prosperity for All

Transport – interconnections

Dementia Friendly Communities

How to tackle variation

How to deal with outliers – how will HWB support that work?

Mental Health – difficult to measure, though more outcome measures have appeared

Improvement in health and narrowing the gap should be recognised

Mental Health – what to do to prevent problems and deal with issues (Especially children and young people)

## Annexe 2



**These ground rules are about Team North Yorkshire Health and Wellbeing Board and should apply within and outside of Board meetings. They were adopted by Board members in June 2015.**

We have made a commitment that when working together we will treat each other with **respect**, with **openness and honesty**. We will make sure that there is **equality – everyone is of equal value in the room**. We will **contribute and take part, committing to listen and ask questions of each other, checking that what we heard is what was intended**. We believe it is **good to be passionate**, and we know that constructive **challenge is helpful in getting us to a better place**. We must **voice disagreement, otherwise silence implies consent** but recognise that this should be done **with respect** to other points of view. **We shouldn't expect the same sort of challenge in the public arena.**

**We have a responsibility to model exemplary behaviour, inside and outside of the HWB meetings**, as Board members we should **give and accept support** and **bring collective experience and knowledge to this Board**. **Our discussions need to focus on added value and outcomes** and we must **take responsibility for our decisions**. We should ensure that we **communicate and cascade to our respective audiences and organisations**.

We believe that we should **continually strive to be better** and wear our **team badges - Team North Yorkshire** with pride.





**NORTH YORKSHIRE HEALTH AND WELLBEING BOARD**  
**Draft Mental Health Strategy**  
**3<sup>rd</sup> June 2015**

**1. Purpose of Report**

1.1 This document is an early draft of the proposed joint mental health strategy for North Yorkshire. It is being shared with the Health and Wellbeing Board (HWBB) at a development stage, following the recent HWBB workshop which highlighted the need for members of the HWBB to have an early opportunity to influence and shape key strategies.

At the front of the strategy the 'Plan on a Page', summarises the key elements of the draft plan. The Plan on a Page is also attached as Annex1

Health and Wellbeing Board partners are asked to comment on:

1.2 Whether they are able to support the key elements of this strategy

1.3 Identify how the strategy can be further improved.

1.4 Describe how they would contribute to the implementation of the strategy

**2. Background**

2.1 This is the first Mental Health Strategy to be developed since the inception of the North Yorkshire Health and Wellbeing Board.

2.2 It is produced at a time when mental health is beginning to receive the attention it needs, and is now being seen nationally as a priority for action.

2.3 Mental Illness can affect any one of us. It is estimated that one in four people will experience at least one mental health problem during their lifetime. Mental health has a personal and an economic cost, with the potential to significantly affect life expectancy and reduce life opportunities. Someone with an enduring mental health problem is more likely to develop chronic diseases and die, on average, 20 years earlier than the general population. Someone with mental ill health is likely to have fewer qualifications, experience more unemployment and a lower income, and is more likely to be homeless or living in unsecured housing. Up to 23% of the total burden of ill health is due to mental ill health, and loss of working days costs employers around £26m year.

2.4 Working together to improve mental health and wellbeing will make a key contribution to improving health and wellbeing. Annex 2 provides a summary of the core principles in the Draft Health and Wellbeing Strategy and the core principles which have emerged from the consultations which inform the Mental Health Strategy.

### **3. Development of the draft strategy**

3.1 The strategy has been drawn up following a number of conversations with people across North Yorkshire who use mental health services, their carers, and staff. It aims to reflect, and is driven, as much by what people tell us, as it is by national policy.

3.2 It incorporates the Children and Young People's Emotional and Mental Health Strategy which was agreed in 2014.

3.3 The strategy's aim is to provide a lifetime approach to mental health in North Yorkshire.

3.4 It has benefited from a strong input from our Public Health Services, with partners from health, police and the voluntary sector. The final drafting of the document has been overseen by a sponsoring group from the Health and Wellbeing Delivery Group, led by Richard Webb, Corporate Director North Yorkshire County Council and Vicky Pleydell, Chief Clinical Officer of Hambleton, Richmondshire and Whitby Clinical Commissioning Group. We have invited input from partners in District Councils and the voluntary sector

3.5 Because this is an overarching strategy some of the detailed plans to deliver the strategy will be held in supporting strategies. Some of these will be local delivery plans, which each Clinical Commissioning Group area will be responsible for. Others, such as the Crisis Concordat Action Plan will be overseen on a county wide basis.

### **4. Key messages**

4.1 The current draft of the Strategy is attached as Annex 3. The strategy sets out three key areas where we need to work together to improve the opportunities for North Yorkshire residents to enjoy good mental health.

- Ensuring that individuals families and communities are able to develop resilience and an understanding of mental health
- Ensuring that people who develop mental health issues are helped to recover and achieve better outcomes as a result of the support and treatment they receive
- Ensuring that people with mental health needs can achieve as much as possible in their lives

4.2 The key messages from service users, carers and staff have been developed as 'supporting outcomes' to these priorities.

4.3 People with episodes of severe mental illness, tell us they experience stigma and discrimination and seek a better understanding of their difficulties and themselves as people. They want to be treated as equal partners in their care. They need better information about services and support to help

people early on. They prefer to be supported and treated in their own home, with seven day care and support for them and for their families. They want holistic care that addresses their social, mental and physical health needs.

4.4 Where people need hospital care they want facilities that are fit for purpose and services which are local, reducing the need to travel far from home to receive the care they need.

4.5 People with enduring mental health needs are anxious about a recovery model which is focused on time bound interventions. They want support that offers hope that they can live fulfilling and safe lives, which will offer useful occupation and a greater sense of self-worth.

## **5. Next steps**

5.1 Feedback from the Health and Wellbeing Board will be considered and incorporated into the ongoing development of the strategy, and the original 'Writing Group' will be review final draft.

5.2 The document will be formatted for draft publication and there will be a further consultation with local communities, people who access mental health support, carers, staff and voluntary sector groups over the summer.

5.3 The consultation allow us to assess whether the strategy has focused on the issues that people have told us matters to them, and whether we have been ambitious enough in our priorities and plans.

5.4 A final version of the strategy will be brought to the Health and Wellbeing Board in the autumn.

## **6. Recommendations**

Health and Wellbeing Board partners are asked to:

6.1 Comment on:

- Whether they are able to support the key elements of this strategy
- How the strategy can be further improved.
- How they would contribute to the implementation of the strategy

6.2 Agree that further consultation will be undertaken once the Writing Group has considered the final draft

6.3 Agree that the Mental Health Strategy will be considered by the Board, for approval, in September 2015

Authors of report:

Janet Probert

Director

Partnership Commissioning Unit

Kathy Clark

Assistant Director Commissioning – NYCC Health and Adult Services

## ANNEX 1. North Yorkshire's Mental Health and Wellbeing Strategy in a page

*"We will work together to ensure the people of North Yorkshire have the resilience to enjoy excellent mental health, whatever their age and background, supported by effective, integrated and accessible services, designed in genuine partnership with the people who need to make use of them and those who care for them."*

The **ten core principles** we will adopt in everything we do:

1. **Whole Person** - focusing on **all** aspects of people's health as well as their wider circumstances
2. **Resilience** - building partnerships that enable people and communities to help themselves
3. **Participation** - enabling people with mental health needs to make a positive contribution to the design of services and the support they receive
4. **Community** - recognising that mental health is everybody's business and that different communities have different needs
5. **Accessibility** – services delivered in places and at times to suit people's needs
6. **Early Intervention** - tackling issues early
7. **Recovery** - a model based on helping people to get well and to stay well wherever this is possible
8. **Integration** - joining things up to make life simple
9. **Cost-effectiveness** - spending money wisely
10. **Respect** - keeping people safe, tackling stigma and eliminating discrimination

Our **three priorities** and **the supporting outcomes**:

### **(1) Resilience: individuals, families and communities with the right skills, respect and support**

- Support for family, friends and carers embedded in all services
- Better public understanding and acceptance of mental health issues
- Effective campaigns to promote good mental health and wellbeing for all ages and all places
- Investment in prevention and early intervention for children and adults
- Targeted work with communities and settings, including employers
- Dementia friendly communities across North Yorkshire
- Strategies to combat the impact of rural isolation on mental health
- Better partnership working, especially with the voluntary and independent sectors

### **(2) Responsiveness: better services designed in partnership with those who use them**

- Timely diagnoses for all conditions, especially dementia
- Better services for those experiencing a mental health crisis
- Evidence-based and personalised interventions including personal budgets
- Greater access to talking therapies
- Better transitions between services, eg children to adults
- Better outcomes for those detained under the Act
- Better services for vulnerable groups, eg veterans
- Better services for those with mental health and substance misuse needs
- Better Advocacy Services
- Services delivered at times and in places that suit people's needs







### **(3) Reaching out: recognising the full extent of people's needs**

- Better understanding of the wider cultural aspects of mental health
- Better understanding of the links with physical health, leading to dual diagnoses
- Combating the particular pressures on young people, eg from social media
- Support for people with mental health needs to gain/maintain employment
- Support for people with mental health needs to gain/maintain housing
- More volunteering and other activities to promote wellbeing
- Mental health featuring in a wide range of partners' strategies
- Action to ensure that all our staff understand the importance of Safeguarding

*(Maybe a suitably inspiring - or challenging - quotation from a service user)*

## ANNEX 2

### Core principles in the Health and Wellbeing and Mental Health strategies

<u>Mental Health Strategy</u>	<u>Health and Wellbeing Strategy</u>
<ul style="list-style-type: none"> <li>• <b>Whole Person</b> - <i>all aspects of people's health and wider circumstances</i></li> <li>• <b>Resilience</b> - <i>helping people and communities to help themselves</i></li> <li>• <b>Participation</b>-- <i>People with mental health needs will help design services and support</i></li> <li>• <b>Community</b> - <i>mental health is everybody's business. Recognise where things are different</i></li> <li>• <b>Accessibility</b> - <i>delivered in places and at times to suit people's needs</i></li> <li>• <b>Early Intervention</b> - <i>Tackle Issues Early</i></li> <li>• <b>Recovery</b> - <i>a model based on hope</i></li> <li>• <b>Integration</b> - <i>Join things up to make life simple</i></li> <li>• <b>Cost-effectiveness</b> - <i>Spend Money wisely</i></li> <li>• <b>Respect</b> - <i>Keeping people safe</i></li> </ul>	<ul style="list-style-type: none"> <li> Make a positive contribution</li> <li> Recognise when things are different</li> <li> Tackle issues early</li> <li> Join things up to make life simpler</li> <li> Spend money wisely</li> <li> Keep People Safe</li> </ul>
<ul style="list-style-type: none"> <li>•</li> </ul>	



**NORTH YORKSHIRE HEALTH AND WELLBEING BOARD**  
**Draft Joint Health and Wellbeing Strategy**  
**3 June 2015**

**1. Purpose**

- 1.1 To bring the draft Joint Health and Wellbeing Strategy (JHWS) before the Board prior to producing a final draft document for consultation with public and wider partners.

**2. Background**

- 2.1 The Board agreed to update the strategy in July 2014 and a task and finish group was established to lead this work on behalf of the Board. The Board has been involved shaping this strategy, including the key themes and outcomes, through the March development session and through its supporting structures, the North Yorkshire Delivery Board and the Commissioner Forum.
- 2.2 A review of all recent consultations by partner organisations has been completed to distil key messages from local people about what is important to them in health and social care. These messages have been used to shape the outcomes within the draft document which will be further tested through the consultation period.

**3. Draft JHWS Content**

- 3.1 The draft JHWS is in line with national policy direction and reflects the key priorities identified by the Joint Strategic Needs Assessment refresh in 2014. The JHWS provides a framework for North Yorkshire Health and Wellbeing Board to organise its work programme and it aligns with, a number of other strategies and work plans including: Young in Yorkshire, Mental Health, Autism, and several key public health strategies, all of which support improved health and wellbeing outcomes for local people and communities.
- 3.2 The JHWS is framed within four themes:
- Connected Communities
  - Start Well
  - Live Well
  - Age Well

Each theme has a number of outcomes and from these HWB partner organisations will set out their priorities that will support delivery and improvement. Work is underway to develop a HWB dashboard that can help measure progress and provide the Board with assurance.

- 3.3 Health and wellbeing messages are signalled throughout the draft document which aims to help people make the right choices to live a healthy lifestyle from birth and throughout their lifetime and so reduce the burden of ill health on our communities, now and in the future.
- 3.4 The draft strategy also highlights four key enablers that can support the system working together better and start to reshape the relationship of care between the individual and the care provider. The enablers are:

- A new relationship with people who use services
- Workforce
- Technology
- Economic prosperity

3.5 These enablers capture some of the discussion points raised by HWB members in the course of the last year as critical components of good health and wellbeing outcomes.

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

4.1 Following consideration by the Board the draft strategy will be revised further over the next few weeks to final draft status. Easy Read and Plain English versions of the document will also be finalised. The Board is asked to note that the current format of the draft document will be amended to create a more visual document prior to consultation.

4.2 Towards the end of June and into July consultation with wider partners and the public will take place. This will be done through a range of consultation methods including website survey/feedback opportunities. Wherever possible, and with the support of HWB partners, existing forums will be used to facilitate face to face conversations with people that access services. A number of consultation questions will be developed to support the engagement process such as:

- *Do you agree with the strategy? If not, what have we missed?*
- *What would be the areas that you would want us to prioritise?*
- *What would you want to know more about?*
- *How could we improve the strategy?*

4.3 The final wording of any questions used in the consultation period will be developed as part of the communications materials.

4.4 Feedback from the consultation will be gathered and analysed during August/September. This information will be used to produce a final strategy to be brought to HWB at its next meeting on 30 September 2015.

#### **5. Required from the Board**

5.1 The Board is asked to:

5.1.2 Approve the attached draft Strategy and ask the task and finish group to take forward to a final draft version.

5.1.3 to note and support the proposed timetable for consultation and feedback to the Board.

**Wendy Balmain**  
**Assistant Director Integration**  
**3 June 2015**

NORTH YORKSHIRE HEALTH AND WELLBEING BOARD

Date: 3<sup>rd</sup> June 2015

**Update on the North Yorkshire Tobacco Control Strategy 2015-2025**

**1. Purpose**

This paper seeks to gain sign up from the Health and Wellbeing Board to the North Yorkshire Tobacco Control Strategy 2015- 2025 and outline next steps.

**2. North Yorkshire Tobacco Control Strategy**

**2.1 Summary**

Smoking continues to be the biggest preventable cause of ill health and early death in North Yorkshire, killing approximately 1,000 people per year across the county. 16.5% of the adult population smoke across North Yorkshire. The North Yorkshire Tobacco Control Strategy describes the local problems and impact of tobacco use and articulates a clear vision and the need for local action across five priority areas. This final draft has been produced following an 8 week consultation on the strategy conducted during November 2014 – January 2015. The consultation response showed strong support for the strategy, its aims, priorities and principles with respondents viewing the prevention and protection of children and young people as the top priority of the strategy. Following agreement from the Health and Wellbeing Board, an implementation plan will now be developed with partners and the Strategy finalised and launched in October 2015. The North Yorkshire Tobacco Control Steering Group will have oversight for monitoring delivery of the implementation plan and will report updates on progress to the Health and Wellbeing Board.

**2.2 Overview of the strategy.**

Vision: *'To inspire a smoke free generation in North Yorkshire'*.

Aims:

- To improve the health of the population of North Yorkshire by reducing smoking prevalence and exposure to second-hand smoke
- To reduce variation in health outcomes in North Yorkshire in the longer term by reducing the number of smoking related illnesses in the population.

Four key principles:

- A shared strategic approach among partners with clear vision and leadership
- A commitment to working together in partnership
- Evidence based practice and support of innovative working
- A focus on de-normalising smoking



Five priority areas:

1. Preventing children and young people from smoking
2. Normalise a smoke-free lifestyle
3. Reduce illegal tobacco in the community
4. Support smokers to quit (including in pregnancy)
5. Carry out marketing and communication programmes.



### 2.3 Next steps

- The Health and Wellbeing Board are asked to consider and support the priority areas.
- Health and Wellbeing Board members are asked to commit their organisations as signatories to the Strategy.
- The final Strategy and implementation plan will come to the Health and Wellbeing Board with a view to launching the Strategy in October 2015.

**Sponsor:** Lincoln Sargeant Director of Public Health

**Author:** Emma Davis, Health Improvement Manager, North Yorkshire Public Health  
[Emma.davis@northyorks.gov.uk](mailto:Emma.davis@northyorks.gov.uk)

**NORTH YORKSHIRE COMMISSIONER FORUM****TERMS OF REFERENCE****Purpose of the Commissioner Forum (CF)**

To establish a strategic commissioning approach that aligns commissioning intentions and plans across organisations to support the North Yorkshire HWB realise the ambition of the JHWS through effective design, development and delivery of services that meet the needs of our local populations.

The CF will collect, interpret and share performance information to enable the HWB and the public to see how well we are delivering services and where improvements need to be made. This will include approval for the work of the Chief Finance Officers group developing a Better Care Fund dashboard and approval of the Section 75 Agreement including the risk share agreement.

The CF will be responsible for agreeing and approval of the investment of the Better Care Fund Performance Fund.

The CF will explore opportunities for further integration and joint commissioning including emerging models in other health and care economies that will support transformation of health and social care systems, local and County.

The CF will work closely with the North Yorkshire Delivery Board and to oversee implementation of key projects and ensure a continued focus on HWB priorities as set out in the refreshed JHWS.

The CF will maintain an effective dialogue with the Provider Forum to ensure that market intelligence informs strategic commissioning decisions.

The CF will support work being developed and led by local Transformation Boards, through a collective approach which can share evidence, intelligence, good practice, and progress to build a sustainable health and social care economy that has people who use services at the centre of design.

**Membership, frequency and quoracy**

The CF will meet as a minimum bi-monthly with locations to be varied to support subject to office availability.

Membership of the commissioner forum to include five CCG Chief Officers or Chief Operating Officers, Corporate Director Children's Services and Corporate Director

Health and Adult Services and the NHSE Locality Director Yorkshire and the Humber. Other senior officers to attend as required.

Meetings will be considered quorate if at least 3 CCG Chief Officers or their nominated deputy is present and at least 1 officer from North Yorkshire County Council or their nominated deputy.

### **Chair arrangements**

The Chair of the CF to be a CCG Chief Officer or a NYCC Corporate Director. The Chair position to be held for a period of 12 months and then rotate by decision of the forum members.

### **Sponsorship**

The Commissioner Forum is sponsored by the NY Health and Wellbeing Board and will report to the NYHWB on key issues that align with priorities set out in the refreshed Joint Health and Wellbeing Strategy. The CF will receive work from NYHWB, influence NYHWB agendas and make recommendations to NYHWB.

Members of the CF will agree lead sponsor roles for key projects with members of the North Yorkshire Delivery Board.

The CF will work closely with the Provider Forum and the North Yorkshire Delivery Board to ensure continuity in delivering priorities agreed by the NY HWB and set out in the JHWS.

**NORTH YORKSHIRE DELIVERY BOARD****TERMS OF REFERENCE****Purpose of the Board**

To be the delivery arm of the North Yorkshire Health and Wellbeing Board, ensuring that priorities agreed by the NYHWB and set out in the Joint Health and Wellbeing Strategy are implemented.

To make recommendations to the Commissioner Forum which inform the development of strategic commissioning plans that shape health and care services.

To work with, and share intelligence with, the Commissioner and Provider forums of the NYHWB to ensure that our collective ambition is informed by a shared understanding of progress and challenges delivering transformational change of health and social care outcomes in North Yorkshire.

To lead the implementation of the Better Care Fund and the development of a performance framework that supports the further integration of health and social care and provides analysis and trend data of BCF schemes.

To lead the development of a Health and Wellbeing dashboard that measures progress against priorities identified in the Joint Health and Wellbeing Strategy.

To provide assurance to the NYHWB that key implementation risks related to the BCF and other priorities identified within the JHWS are understood and mitigation plans are in place

To establish a range of cross system task and finish groups that can provide short term capacity and shared expertise to develop strategies or enable implementation of local and county wide plans.

To commission regular reports from Local Transformation Boards which demonstrate progress, provide assurance and provide an opportunity to share good practice with each other and the NYHWB

To provide a means of resolving issues raised by the local transformation boards from across the health and care system, as part of an escalation process.

**Membership and frequency**

Membership will comprise nominated senior representation from NHS commissioners and providers, NYCC (HAS, CYPS and Public Health) commissioners and providers, the Independent Care Group, District Councils, VCS and Police.

The NYDB to meet quarterly with a NHS Chief Officer to Chair on a rotating annual basis. Local Government Chief Officer to Vice Chair. To note this reflects the current Chair arrangements for HWB where The Chairman is the NYCC Executive Member for Health and Adult Services and the Vice Chair is a NHS Chief Officer.

### **Sponsorship**

The North Yorkshire Delivery Board is sponsored by the NY Health and Wellbeing Board and will report to the NYHWB on progress, developing strategies and implementing plans that align with priorities set out in the refreshed Joint health and Wellbeing Strategy. The NYDB will receive work from NYHWB, influence NYHWB agendas and make recommendations to NYHWB.

Members of the NYDB to be identified as lead sponsors of work programme outlined with responsibility for reporting progress to the NYDB and the NYHWB.

The NYDB will have a key relationship with the Commissioner Forum so that system wide intelligence is available to inform strategic commissioning decisions.

### **Frequency of meetings**

To meet quarterly and review frequency in October 2015 to ensure the frequency of meetings provides sufficient capacity to manage NYHWB business.

**NORTH YORKSHIRE DELIVERY BOARD**  
**Notes of a meeting held on 9 April 2015 at 2.00 pm**  
**Boardroom, Sovereign House,**  
**York**

**Present:**

Janet Probert	Partnership Commissioning Unit
Kathy Clark	NYCC
Richard Webb	NYCC
Keith Cheesman	NYCC
Wendy Balmain	NYCC
Jane Wilkinson	NYCC (Note taker)
Ros Tolcher	Harrogate & District NHS Foundation Trust
Mike Proctor	York Teaching Hosp NHS Foundation Trust
Martin Barkley	TEWV NHS Foundation Trust
Lynn Parkinson (substitute)	Leeds & York NHS Trust
Simon Cox	Scarborough & Ryedale CCG
Anthony Fitzgerald	Harrogate and Rural District CCG
Richard Mellor	H'Ton Rich/shire & Whitby CCG
Debbie Newton	H'Ton & Rich/shire & Whitby CCG
Michael Ash McMahon (substitute)	Vale of York CCG
Mike Padgham	Independent Care Group
Jenni Newberry	North Yorkshire Police (Head of Commissioning)

**Apologies:**

Amanda Bloor	Harrogate & Rural District CCG
Sue Pitkethly	AWC CCG
Rachel Potts	Vale of York CCG
Janet Waggott	District Councils Representative
Andrew Copley	Airedale NHS Foundation Trust
Christopher Butler	Leeds & York NHS Trust
Pete Dwyer	NYCC

		<b>Action</b>
	<b>Richard Webb in the Chair</b>	
<b>1.</b>	<p><b><u>PREVIOUS NY DELIVERY BOARD MEETING</u></b></p> <p>(1) Notes of NY Delivery Board held on 15 January 2015: Agreed</p> <p>(2) Outstanding action points from meeting held on 15 January 2015:</p> <p>Care Act Training For Partner Organisations: Work Programme to be developed and circulated:</p> <p>Strategic Estate Planning: Local Transformation Boards better placed to do this work.</p> <p><b>Agreed</b></p> <ul style="list-style-type: none"> <li>• <b>Chairs of Local Transformation Boards to do scoping work on Strategic Estate Planning over course of next three months</b></li> </ul>	<b>RW</b>

2.	<p><b><u>TERMS OF REFERENCE</u></b></p> <p>Draft terms of reference for:-</p> <ul style="list-style-type: none"> <li>• North Yorkshire Delivery Board</li> <li>• North Yorkshire Commissioner Forum</li> </ul> <p>distributed with the papers.</p> <p>Members were asked to forward any comments to Wendy Balmain asap. Both Terms of Reference to be submitted to June meeting of HWB for information.</p> <p>Requests seeking membership of the NYDB received from Local Medical Committee (LMC) and Healthwatch were discussed. It was agreed that the key function of the Board was to support the delivery of the HWB business, ensuring that the agreed priorities set out in the Joint Health &amp; Wellbeing Strategy were implemented. This led the Board to the view that other forums aligned more closely to the remit of these organisations and, therefore, it was agreed that the LMC should not form part of the membership of the Board. Members highlighted the need for the Board to improve public engagement/involvement and for this work to be added to the work programme. Given this, it was agreed that Healthwatch be invited to nominate a representative to be a non-voting member of the Board.</p> <p><b>Agreed</b></p> <ul style="list-style-type: none"> <li>• <b>Copies of all NYDB meetings notes to be included on agenda of meetings of the NY Health &amp; Wellbeing Board</b></li> <li>• <b>Draft mins of NYDB to be circulated to all members of NYDB for comment/amendment prior to being published as part of Health &amp; Wellbeing Board agenda papers</b></li> <li>• <b>Membership of NYDB to be reviewed on an annual basis</b></li> <li>• <b>Healthwatch to be invited to nominate a representative to be a non-voting member of the NYDB</b></li> <li>• <b>Work on public engagement/involvement to be added to work programme</b></li> <li>• <b>Amanda Bloor to be appointed as Chair of NY Delivery Board for next 12 months</b></li> <li>• <b>Richard Webb to be appointed as Vice Chair of NY Delivery Board for next 12 months.</b></li> </ul>	<p>WB/JW</p> <p>JW</p> <p>WB</p> <p>WB/RW /AB</p>
3	<p><b><u>Workforce</u></b></p> <p>Discussion paper distributed with the papers in response to HWB resolutions made at its February meeting in respect of 'winter planning' item.</p> <p>General consensus NYDB was that there was a case for compiling workforce information with a view to addressing issues on a joint basis.</p> <p>Recruitment and retention were identified as the main priorities. A</p>	

	<p>dual approach was favoured that would allow either a county wide or local approach to be followed dependent upon the service model in question.</p> <p>Member organisations were asked to supply any data they had to evidence of workforce shortfalls.</p> <p>A shortage of nurses in the independent sector was highlighted.</p> <p>Also highlighted was the shortfall in the number of nurses undergoing training. Difficulties retaining staff in the locality following completion of professional qualifications further exacerbated the problem. It was reported that previous attempts to influence nursing recruitment programmes had proved unsuccessful.</p> <p>The shift towards care being provided in the community had workforce implications for all partners that would benefit from further scoping work.</p> <p>It was agreed that a task group be established to primarily look at strengthening recruitment and branding on a county wide basis. It was suggested that the task group should concentrate on building for long term success as opposed to a quick fix.</p> <p>The task group was asked to investigate an initiative in Lancashire where student nurses paid their own training fees as opposed to the traditional vocational route. Initial indications were that nurses who completed their training via this route were more likely to be from the local area and have higher levels of commitment. The task group was also asked to consider the possibility of establishing a North Yorkshire health and social care academy.</p> <p><b>Agreed</b></p> <ul style="list-style-type: none"> <li>• <b>That a workforce task group be established to look at the recruitment of health and social care professionals on a countywide basis</b></li> <li>• <b>Nominations for membership of the workforce task group to be forwarded to Vicky Pleydell</b></li> <li>• <b>That the LEP be approached and asked to identify someone to assist with the work of the task group</b></li> </ul>	<p>VP</p> <p>ALL</p> <p>MB</p>
4.	<p><b><u>Joint Health &amp; Wellbeing Strategy/HWB Development Session</u></b></p> <p>Notes of the HWB development session held on 25 March 2015 circulated by WB prior to the meeting</p> <p>It was reported that feedback following the event had been positive and Members felt better able to work together in the future. Between Members there was a lot of consensus, about the JHWBS, the challenge was now to implement it. The NYDB was supportive of a suggestion to hold a similar event later in the year using the same facilitator.</p> <p>Copies of the Ground Rules for HWB as agreed at the</p>	<p><b>WB</b></p>



	<p>development session were tabled. The intention was that the Ground Rules would be referred to the June HWB meeting for approval and adoption. Members were asked to relay any comments in respect of the Ground Rules to WB asap.</p> <p>At the HWB development session attendees had reviewed the Joint Health &amp; Well Being Strategy. A copy of the revised Strategy incorporating their comments had been circulated and Members were asked to comment. WB agreed to incorporate the comments made that day into a refreshed version of the Strategy to be referred to the HWB meeting in June for approval.</p> <p>In discussion it was agreed that a performance framework should be devised to support implementation of JHWBS. This could involve having a lead sponsor assigned to each of the outcomes. Responsibility for monitoring delivery to rest with Local Transformation Boards and a dashboard devised.</p> <p>NYDB to maintain oversight of progress through Local Transformation Boards via regular updates.</p> <p>All partners agreed that in future it was essential that progress against JHWBS targets was able to be evidenced and quantified.</p>	
5.	<p><u>Tobacco Control Strategy</u></p> <p>Members were unanimous in their support of the Strategy.</p> <p>Responsibility for the future funding of stop-smoking services was discussed and it was agreed that a meeting be arranged between the relevant parties to clarify the situation.</p> <p>It was noted that as from 2016 all hospitals would be smoke free and would have in place a nicotine free policy.</p> <p><b>Agreed</b></p> <ul style="list-style-type: none"> <li>• <b>That a meeting between public health officers and representatives of CCGs be arranged to agree the commissioning model for stop-smoking services and arrangements for procurement of the contract.</b></li> <li>• <b>That the NYDB supports in principal the vision and priorities of the Tobacco Control Strategy.</b></li> </ul>	
6.	<p><u>BCF Dashboard</u></p> <p>Comments were sought on a draft performance reporting framework for the Better Care Fund that had been distributed with papers.</p> <p>Assurances were given that within the system there was sufficient capacity available to produce regular reports.</p> <p>The reporting framework was agreed in its current format with the proviso that it could be adjusted if it became apparent that amendments were needed once it was in operation.</p>	

	<p>It was noted that a populated version of the reporting framework would be considered at the May meeting of the Commissioner Forum. NYDB members asked to be supplied with a copy of the populated report when available.</p> <p><b>Agreed:</b></p> <ul style="list-style-type: none"> <li>• <b>That the format of the BCF performance reporting framework be approved.</b></li> <li>• <b>That a copy of the BCF populated performance report referred to the Commissioner Forum be distributed to members of the NYDB when available.</b></li> </ul>	<b>KC</b>
10.	<p><u>Forward Work Programme</u></p> <p>Health &amp; Well Being Board Potential items for inclusion on the Agenda of the June meeting included:-</p> <ol style="list-style-type: none"> <li>1. Refresh of Joint Health &amp; Wellbeing Strategy</li> <li>2. Mental Health Green Paper</li> <li>3. Integration – New Models of Care – Vanguard</li> <li>4. Workforce – oral update</li> <li>5. Tobacco Control Strategy</li> <li>6. Domestic Abuse Strategy</li> </ol> <p>NY Delivery Board Members were asked to forward suggestions for agenda item for the July meeting to WB</p>	
11	<p><u>Reports from Partner Organisations</u></p> <p>TEWV</p> <ul style="list-style-type: none"> <li>• Anticipated receipt of CQC report the following day.</li> </ul> <p>North Yorkshire Police</p> <ul style="list-style-type: none"> <li>• A new service recently launched supporting victims of crime.</li> </ul> <p>NYCC</p> <ul style="list-style-type: none"> <li>• Care Act – Meeting to discuss impact of delayed discharges arranged.</li> <li>• Camphill Village Trust – Botton Village – Legal proceedings continuing</li> </ul> <p>Partnership Commissioning Unit</p> <ul style="list-style-type: none"> <li>• CAMHS Health Task Group now published long awaited report Future In Minds.</li> </ul> <p>Scarborough &amp; Ryedale CCG</p> <ul style="list-style-type: none"> <li>• Primary Care Co-Commissioning – progress continuing</li> <li>• Scarborough Street Triage Pilot - results being compiled hope to extend countywide</li> </ul>	
12.	<p><u>Date &amp; Time of Future Meetings</u></p> <p>North Yorkshire Delivery Board</p>	

	9 July 2015 at 2.00pm at Jesmond House, Harrogate 8 October 2015 at 2.00pm at Jesmond House, Harrogate 14 January 2016 at 2.00pm at Jesmond House, Harrogate	
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WORK PROGRAMME/CALENDAR OF MEETINGS 2015/2016  
June 2015

			ADDITIONAL NOTES
July 2015	Friday 10 July 2015 at 10.30 am Meeting Cancelled	<u>Strategy</u> <u>Assurance</u> <u>Information Sharing</u>	Report Deadline Mon 29 June 2015
Aug 2015			Agenda Planning Meeting 13/14 August 2015
Sept 2015	Wednesday 30 September 2015 at 2.00pm  Venue Craven	<u>Strategy</u> <ul style="list-style-type: none"> <li>• Annual report Director of Public Health (Contact Lincoln Sargeant)</li> <li>• Joint Health &amp; Wellbeing Strategy</li> </ul> <u>Assurance</u> <ul style="list-style-type: none"> <li>• Local Account</li> <li>• Mental Health Strategy</li> <li>• Safeguarding Protocol</li> <li>• Annual Report Children's Safeguarding Board</li> </ul>	Report Deadline Fri 18 Sept 2015

		<ul style="list-style-type: none"> <li>• Annual Report Adults Safeguarding Board</li> <li>• Autism Strategy (Consultation results)(Contact Sally Ritchie)</li> <li>• Tobacco Control Strategy 2015/2018 (Contact Emma Davis)</li> </ul> <u>Information Sharing</u> <ul style="list-style-type: none"> <li>• Notes NY Delivery Board</li> </ul>		
<b>Oct 2015</b>	Monday 26 October 2015 – Morning Venue-Northallerton	HWB Development Session		<i>Agenda Planning Briefing</i>
<b>Nov 2015</b>	Friday 27 November 2015 at 10.30 am	<u>Strategy</u> <ul style="list-style-type: none"> <li>• Integration Narrative/principles</li> <li>• Workforce Update</li> </ul> <u>Assurance</u> <u>Information Sharing</u> <ul style="list-style-type: none"> <li>• Notes NY Delivery Board</li> </ul>		<i>Report Deadline Mon 16 November 2015</i>
<b>Dec 2015</b>				
<b>Jan 2016</b>				<i>Agenda Planning Briefing</i>
<b>February 2016</b>	Wednesday 24 February 2016 at 2.00pm	<u>Strategy</u> <u>Assurance</u>		<i>Report Deadline Friday 12 February 2016</i>

			<u>Information Sharing</u> • Notes NY Delivery Board	
March 2016				Agenda Planning Briefing
Apr 2016				
May 2016	Friday 6 May 2016 at 10.30 am	<u>Strategy</u> <u>Assurance</u> <u>Information Sharing</u> • Notes NY Delivery Board		Report Deadline Mon 25 April 2016

***Wellbeing in Mind***

Note: Working Title pending possible suggestion  
from someone who uses our services.

**North Yorkshire's Mental Health and  
Wellbeing Strategy 2015-18**

## North Yorkshire Mental Health and Wellbeing Strategy 2015-18

### Contents

	Chapter	Page
<b>1</b>	<b>Joint Foreword</b>	<b>x</b>
<b>2</b>	<b>The Plan in a Page</b>	<b>x</b>
<b>3</b>	<b>What's the Picture?</b> <i>A snapshot of mental health nationally and in North Yorkshire</i>	<b>x</b>
<b>4</b>	<b>What's Most Important?</b> <i>The views of people who use our services and those who care for them</i>	<b>x</b>
<b>5</b>	<b>What Else do we Know?</b> <i>An overview of recent national and local related strategies, a description of current provision and performance, and a brief outline of some workforce and financial issues</i>	<b>x</b>
<b>6</b>	<b>The New Vision and Core Principles</b>	<b>x</b>
<b>7</b>	<b>The New Strategic Priorities and Supporting Outcomes</b>	<b>x</b>
<b>8</b>	<b>Turning Words into Actions</b>	<b>x</b>
<b>9</b>	<b>Keeping it Real</b> <i>An overview of delivery arrangements, governance, monitoring, workforce and financial commitments.</i>	<b>x</b>
	<b>Annexes</b>	
<b>A</b>	<b>More Detailed Statistics</b>	<b>x</b>
<b>B</b>	<b>A Full List of Performance Indicators</b>	<b>x</b>
<b>C</b>	<b>Feedback and How to Find out More</b>	<b>x</b>



## ***The Scope and Purpose of this Strategy***

This document sets out the over-arching strategy for our approach to mental health in North Yorkshire from 2015-2018. **[Note - or perhaps 2016-19/20?]** It covers our assessment of the prevalence of mental health issues within our community, our work to promote wellbeing and to prevent problems from escalating, and the delivery of services to those who need them.

It has been produced by the Health and Wellbeing Board for North Yorkshire, working on behalf of North Yorkshire residents: particularly for the one in four of us who will experience mental health issues at some point in our lives and who may need to access mental health services, and for those who care for them. Their voices have been the most important influence on the content of this strategy.

The document is intended for all those who commission or deliver mental health services in the County or who have an interest in improving these services: North Yorkshire County Council, District Councils, the Clinical Commissioning Groups who cover this area, other NHS suppliers **[update after contract award]**, and a wide range of voluntary and independent organisations. References to "we" in the text of the strategy are intended to include all of these bodies, working together and in partnership with those who use our services and those who care for them.

The Strategy describes a Vision to which we all aspire and the principles we share. It sets out three high level priority outcomes we want to achieve over the next three years, together with a range of supporting ones. Detailed decision-making and action-planning will continue to take place at a local level, including through local Mental Health Forums, and specialist services will be described in more detail in a range of subsidiary strategies and plans, as set out in Chapter 8 of this document.

**[Note: the final document will be broken up with a series of case studies, quotations, artwork and poetry from those who use our services.]**

## 1. Joint Foreword

Welcome to the new Mental Health and Wellbeing Strategy for North Yorkshire. This is the first time we have written such a comprehensive strategy, covering all age ranges and all service providers. It is also the first time we have come together to produce a joint strategy – working across the NHS, Local Authority, Police and Voluntary sectors, and in close partnership with those who use our services and those who care for them.

One in four of us will experience poor mental health in our lifetime. Within North Yorkshire, that is more than the combined population of Harrogate and Scarborough, or equivalent to the entire population of Craven, Richmond and Ryedale. Each of us who is a signatory to this Strategy has experienced mental illness either directly or indirectly at one time or another.

We are determined to work together to make a real difference for the people of North Yorkshire: to improve our services and the outcomes for people who use them; to promote wellbeing and resilience in our communities; and to tackle head on the issue of the stigma that still too often surrounds mental illness. The most important aspect of this Strategy is the extent to which it has been shaped by the needs and wishes of those who use our services, and those who care for them. These conversations will continue as we move towards Action Plans, implementation and monitoring. Your voices are the most important ones, because you are the real experts.

This Strategy reflects best national practice, with its emphasis on preventative work and on recovery, rather than simply “managing” mental illness. It recognises the value of “talking therapies” as a route towards better mental health. And it takes into account the particular features of the County of North Yorkshire, with its large rural areas, its significant urban pockets, and the UK’s largest garrison.

It commits us to a series of joint initiatives - including :

- investment in preventative work in our communities, with new Prevention Officers;
- full roll-out of our new Mental Health Crisis Concordat;
- rapidly reaching national standards for timely and comprehensive diagnoses;
- greatly improved access to talking therapies;
- developing the role of psychiatric liaison support in physical health care settings;
- rolling out more personal budgets using both NHS and social care funding;
- innovative approaches to severe and enduring mental health conditions;
- targeted work with vulnerable groups.

Mental health and wellbeing should be everybody's business. We hope this Strategy will ensure that, in North Yorkshire, this really is the case.

To be jointly signed by:

CLlr Clare Wood (as Chairman of the H&WB), R Flinton, CCG chiefs, HWB partners, Richard Webb, Pete Dwyer, Lincoln Sargeant

## 2. North Yorkshire's Mental Health and Wellbeing Strategy in a page

*"We will work together to ensure the people of North Yorkshire have the resilience to enjoy excellent mental health, whatever their age and background, supported by effective, integrated and accessible services, designed in genuine partnership with the people who need to make use of them and those who care for them."*

The **ten core principles** we will adopt in everything we do:

1. **Whole Person** - focusing on **all** aspects of people's health as well as their wider circumstances
2. **Resilience** - building partnerships that enable people and communities to help themselves
3. **Participation** - enabling people with mental health needs to make a positive contribution to the design of services and the support they receive
4. **Community** - recognising that mental health is everybody's business and that different communities have different needs
5. **Accessibility** – services delivered in places and at times to suit people's needs
6. **Early Intervention** - tackling issues early
7. **Recovery** - a model based on helping people to get well and to stay well wherever this is possible
8. **Integration** - joining things up to make life simple
9. **Cost-effectiveness** - spending money wisely
10. **Respect** - keeping people safe, tackling stigma and eliminating discrimination

Our **three priorities** and **the supporting outcomes**:

**(1) Resilience: individuals, families and communities with the right skills, respect and support**

- Support for family, friends and carers embedded in all services
- Better public understanding and acceptance of mental health issues
- Effective campaigns to promote good mental health and wellbeing for all ages and all places
- Investment in prevention and early intervention for children and adults
- Targeted work with communities and settings, including employers
- Dementia friendly communities across North Yorkshire
- Strategies to combat the impact of rural isolation on mental health
- Better partnership working, especially with the voluntary and independent sectors

**(2) Responsiveness: better services designed in partnership with those who use them**

- Timely diagnoses for all conditions, especially dementia
- Better services for those experiencing a mental health crisis
- Evidence-based and personalised interventions including personal budgets
- Greater access to talking therapies
- Better transitions between services, eg children to adults
- Better outcomes for those detained under the Act
- Better services for vulnerable groups, eg veterans
- Better services for those with mental health and substance misuse needs
- Better Advocacy Services
- Services delivered at times and in places that suit people's needs

**(3) Reaching out: recognising the full extent of people's needs**

- Better understanding of the wider cultural aspects of mental health
- Better understanding of the links with physical health, leading to dual diagnoses
- Combating the particular pressures on young people, eg from social media
- Support for people with mental health needs to gain/maintain employment
- Support for people with mental health needs to gain/maintain housing
- More volunteering and other activities to promote wellbeing
- Mental health featuring in a wide range of partners' strategies
- Action to ensure that all our staff understand the importance of Safeguarding

### 3. What's the Picture?

#### Introduction

3.1 Mental health affects us all, even though we sometimes find it hard to talk about. National statistics suggest that at any one time, at least one person in six is experiencing a mental health condition and over a lifetime one in four will experience poor mental health. Depression and anxiety affect about half of the adult population at some time in their lives.

3.2 Even if we are lucky enough to enjoy good mental health ourselves, we are very likely to have encountered its impact on others, whether it be an adolescent with an eating disorder or an elderly relative with dementia. There can be no doubt at all about the devastating human impact that mental illness can bring, both for individuals and their carers, quite apart from its economic cost. Yet few of us could with hand on heart say that we are yet delivering the services and the support to which we should be aspiring.

3.3 This chapter sets out what we know about mental illness nationally and in North Yorkshire. It describes the nature of the county and how this affects the picture. It offers a snapshot of the current pattern of services, spending and the workforce. Further information can be found by following the links in the footnotes and in the Annexes.

#### Background Facts and Figures

3.4 The graphics show some recent facts and figures about the prevalence and impact of mental illness in England.

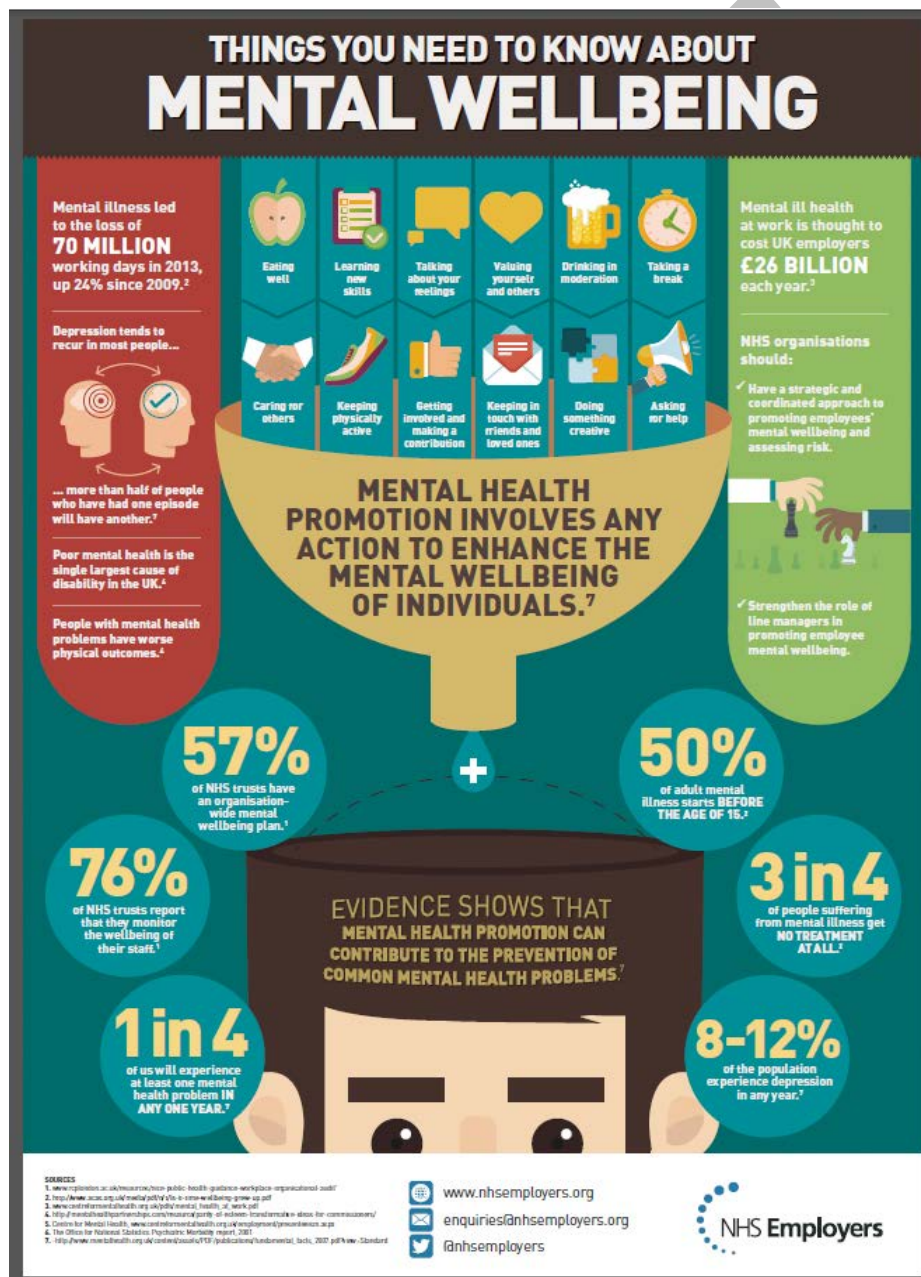
Note: we can turn some or all of these facts into graphics

##### Personal cost

- 1 in 10 children between the ages of 5-16 has a mental health problem
- over half of those with mental health problems experience symptoms before the age of 14
- People with severe mental illnesses die on average 20 years earlier than the general population
- People with mental health problems often:
  - have fewer qualifications
  - find it harder to obtain and stay in work
  - have lower incomes
  - are more likely to be homeless or live in unsecured housing
  - are more likely to develop chronic diseases such as cardiovascular and respiratory diseases
  - have poor health due to risk taking behaviours, eg smoking, alcohol and substance misuse
- Mental health conditions account for 23% of the burden of disease in England (compared to 16% for cancer and 16% for heart disease) but comprise just 13% of NHS spending
- Carers of people with long-term illness and disability are at greater risk of poor health than the general population, and are particularly likely to develop depression.

## Economic cost

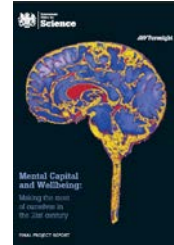
- Nearly 11% of England's annual secondary care health budget is spent on mental health
- Mental health problems are estimated to cost the economy £105 billion
- Mental illnesses can be as fatal as physical ones. Suicide caused over eleven times more deaths than homicide in 2013
- Treatment costs are expected to double in the next 20 years
- Not everybody with a mental illness needs expensive drugs, hospital care, or even direct access to highly trained psychiatrists. Carers or family members can be trained and supported to provide brief, effective psychotherapies.



Note: this infographic is available at [www.nhsemployers.org/case-studies-and-resources/2015/03/things-you-need-to-know-about-mental-wellbeing-infographic](http://www.nhsemployers.org/case-studies-and-resources/2015/03/things-you-need-to-know-about-mental-wellbeing-infographic)

We also know that the evidence suggests that even a small improvement in wellbeing can help to decrease some mental health problems and also help people to flourish. This issue has been extensively researched, not least in the report *Mental Capital and Wellbeing*, produced by the New Economics Foundation (NEF) on behalf of Foresight, which set out five actions to improve personal wellbeing:

- Connect
- Be Active
- Take Notice
- Keep Learning
- Give



[www.gov.uk/government/publications/mental-capital-and-wellbeing-making-the-most-of-ourselves-in-the-21st-century](http://www.gov.uk/government/publications/mental-capital-and-wellbeing-making-the-most-of-ourselves-in-the-21st-century)

We are beginning to develop new ways to measure the impact of a more holistic approach to wellbeing, for example through the idea of a Happiness Index promoted by Lord Richard Layard which has now been taken up by central Government.

[www.ons.gov.uk/ons/guide-method/user-guidance/well-being/index.html](http://www.ons.gov.uk/ons/guide-method/user-guidance/well-being/index.html)

There are good economic reasons for investing in public mental health and there is good evidence that public mental health interventions deliver large economic savings and benefits. Improved mental health leads to both direct and indirect savings in NHS costs – for example reduced use of GP and mental health services, improved physical health and reduced use of alcohol and smoking consumption. Improved mental health also leads to savings in other areas: reduced sickness absence due to mental ill health, reduced costs to individuals and families, and to reduced spending in education, welfare and criminal justice, as well as increasing the overall economic benefits of wellbeing for individuals and families.

In 2011 the Department of Health published a report which outlined significant savings which can be made from public mental health interventions. Some examples were summarised showing that for every £1 invested in public mental health interventions, the net savings were:

- £84 saved – school-based social and emotional learning programmes
- £44 saved – suicide prevention through GP training
- £18 saved – early intervention for psychosis
- £14 saved – school-based interventions to reduce bullying
- £12 saved – screening and brief interventions in primary care for alcohol misuse
- £10 saved – work-based mental health promotion (after one year)
- £10 saved – early intervention for pre-psychosis
- £8 saved – early intervention for parents of children with conduct disorder
- £5 saved – early diagnosis and treatment of depression at work
- £4 saved – debt advice services

[www.crisiscareconcordat.org.uk/wp-content/uploads/2014/11/Knapp\\_et\\_al\\_MHPP\\_The\\_Economic\\_Case.pdf](http://www.crisiscareconcordat.org.uk/wp-content/uploads/2014/11/Knapp_et_al_MHPP_The_Economic_Case.pdf)



3.5 North Yorkshire is England's largest county, covering over 3000 square miles. It ranges from isolated rural settlements and farms to market towns such as Thirsk and Pickering and larger urban conurbations such as Harrogate and Scarborough. The current population is around 600,000.

3.6 Whilst North Yorkshire is in overall terms more affluent than a typical local authority in England, there are nevertheless areas of profound deprivation, including some parts of the county that are ranked within the 10% most deprived areas in England. The mental illness issues associated with the urban centres are typical of any such community in the country, including problems connected to unemployment or drug and alcohol misuse. In North Yorkshire during the period October 2012 – September 2013, 4.7% of the population were classed as unemployed; of these, 15.6% were on long term sickness benefits.

3.7 Outside of urban centres and market towns, North Yorkshire is sparsely populated with 16.9% of the population living in areas which are defined as "super sparse" (fewer than 50 persons/km). The issues of rurality and access are not only apparent to commissioners and providers, but are frequently raised with us by those who use our services and those who care for them. We need to do more work to understand the impact of rurality on mental health, both in terms of its prevalence and on the provision of services.

3.8 The county is also home to a significant military presence, including the UK Army's largest garrison at Catterick. It is estimated that at any one time, 17,000 MOD personnel may be based in North Yorkshire and this figure is likely to grow in coming years.

3.9 The 2011 census recorded 132,358 children aged 0-19 across North Yorkshire. Projections indicate that the proportion of children aged under-11 will grow by around 5% by 2018.

3.10 The North Yorkshire population is, on average, older than the English population and the population is ageing at a quicker pace, with a predicted increase in people aged over 65 from 133,000 in 2013 to 211,000 by 2037, and in people aged over 85 from 17,500 to 47,000.

3.11 The BME community in North Yorkshire, though small, has doubled between the 2001 and 2011 Census to more than 50,000 across North Yorkshire and York. 25 of the 195 Wards have a BME population that is 10% or higher. In the most diverse ward in the county, the BME population exceeds 35%.

#### *Prevalence of Mental Illness*

[Some of these figures could be shown as graphics.]

3.11 Detailed information comparing the prevalence of mental health problems in North Yorkshire with the national average is available in the form of a Community Mental Health Profile at [www.nepho.org.uk/cmhp/index.php?pdf=E10000023](http://www.nepho.org.uk/cmhp/index.php?pdf=E10000023).

3.12 Across North Yorkshire it is estimated that at least **8,000 children** aged between 5 and 16 have a mental health disorder. Conduct disorders (e.g. anti-social behaviours, aggression etc.) are estimated to be most common, with around 1,800 children aged 5 to 10 years old and 2770 children aged 11 to 16 estimated to suffer from conduct disorders.

3.13 In terms of the **adult population**, in 2013, the providers of secondary mental health services in North Yorkshire dealt with **35,803** individuals. Public Health England estimates that approximately **78,000** residents in North Yorkshire suffer with depression. This table shows the number of North Yorkshire residents aged 18-64 predicted to have mental health disorders in 2016:

A common mental disorder	55,266
A borderline personality disorder	1,544
An antisocial personality disorder	1,203
A Psychotic disorder	1,373
Two or more psychiatric disorders	24,723

3.14 [Note - the final version will include additional data from the CCGs in the form of graphs and tables, and from NYCC Social Care]

3.15 In terms of the **elderly**, the number of people aged 75 and over with dementia in North Yorkshire is forecast to nearly double, from **7,633** in 2011 to **15,021** in 2030, a 97% increase. In the group aged 85 and over, the number is forecast to more than double from **4,128** in 2011 to **9,048** in 2030, a 119% increase. The largest forecast increase is in Richmondshire, the smallest is in Scarborough. The table below gives more detail:

Numbers with Dementia in North Yorkshire			
	Male	Female	Total
2010	5,624	3,103	8,727
2015	6,233	3,721	9,954
2020	7,030	4,454	11,484
2025	8,240	5,333	13,573

There is a great deal more about dementia in North Yorkshire at [www.northyorks.gov.uk/CHttpHandler.ashx?id=18860&p=0](http://www.northyorks.gov.uk/CHttpHandler.ashx?id=18860&p=0)

[Note: final version will include more on mental health and autism]

3.16 We have the following additional information about three other groups:

Service Personnel

We have **17,000** serving service personnel in the County. Evidence shows that:



- The majority of serving and ex-Service personnel have relatively good mental health; however, there is evidence to suggest that they may find such issues hard to talk about;
- Early Service Leavers show high rates of heavy drinking, report suicidal thoughts or have self-harmed in the past compared to longer serving ex-Service personnel
- Alcohol misuse in UK military personnel represents a significant and well-known health concern.

We need to do more work to understand better the particular needs of service personnel and veterans in North Yorkshire.

### Homeless People

**824** homeless people in North Yorkshire received a housing-related support service in 2010/11. Of these:

- 33% had a support need relating to physical health, 32% a mental health need, and 26% had substance misuse issues.
- Over 45% of people using our homelessness services – such as hostels and day-centres - feel that they require more support in coping with their mental health needs, according to our research.

### Carers

In North Yorkshire during 2009/10 over **6,000** carers were assessed or reviewed, with just under 4,000 receiving services.

- Of those carers, 62% felt their own general health was good, while fewer than one in ten (8%) felt their health was bad. In comparison with the Health Survey for England 2008, North Yorkshire carers were considerably less likely to describe their general health as good (62% compared to 76%), though this reflects, in part, the older age profile of carers in the County.

## 4. What's Most Important?

4.1 The most important part of preparing this Strategy has been talking to those who use mental health services and those who care for them. Quotations from some of the contributors, as well as case studies and artwork, are scattered throughout this document.

4.2 We have benefited from talking to a number of established **mental health forums** in the County. These provide an opportunity for providers (both statutory and voluntary, as well as service users and carers) to work together to improve the range and quality of mental health services in their areas. These are variously supported by the local authority and local infrastructure organisations and include, amongst others:

- Craven Mental Health Forum
- Harrogate Mental Health Forum
- Hambleton and Richmond Mental Health Forum

Service User and Carer forums are primarily organised by the lead providers, Tees Esk and Wear Valley in North Yorkshire and [\[Leeds York Partnership Foundation Trust\]](#) in the Vale of York.

4.3 We have also listened to the **North Yorkshire Service User and Carer Information Group (SUCIG)**. The main aim of this group is to be a service user and carer involvement resource for North Yorkshire County Council, Mental Health Services, and partner provider organisations, so as to ensure service user and carer involvement in improving service development and delivery. Currently Tees Esk and Wear Valley hold dedicated Service User Forums in Scarborough (where there is no equivalent mental health forum) Northallerton and Harrogate. We recognise that there is a lack of consistency in approach across the county, with no forum being in place e.g. Easingwold/Selby - and will seek to address this during the lifetime of this strategy.

4.4 As well as the established forums, our preparations have been greatly enhanced by two additional consultation projects - both of which are still continuing. Starting in 2012, York Mind were commissioned to set up a project called **No Decision About Us Without Us**. The remit of this project was to promote and coordinate the provision of high quality service user involvement for people with Mental Health problems living in North Yorkshire and York. It has generated a rich source of evidence about the issues of most concern to those who use our services and those who care for them - some of which is summarised in the box below.

### ***No Decision About Us Without Us - comments from service users and carers***

#### **Easy things to do:**

- Give us more information on services
- Ensure GPs have all the information they require
- Show us evidence that you have listened and made changes
- Review all activities and make sure there is something for everyone
- Involve us in proper consultation
- Make sure GPs work with carers as well as service users

### ***No Decision About Us Without Us - comments from service users and carers***

#### **Things that will take longer**

- Find a cheaper way to run activities - use the voluntary sector
- All current services must be kept - there is very little already
- Provide more advocacy support
- Look at what happens in A&E
- Find ways to provide more 1-1 support
- Instead of group activities, could befriending provide support?
- More funding for groups in the community so people don't become unwell and need expensive care
- Look at whether services can be done nearer to us so we don't need to travel

4.5 In addition, NHS colleagues have set up the **Discover** programme, a unique engagement tool to support the commissioning of mental health services in North Yorkshire and York. The programme is based on a technique known as "appreciative enquiry" to find out what really matters to service users and carers and what works well. Uniquely, staff were also involved in the exercise in order to support a culture change and engender a more collaborative, sense making mind-set. Powerful messages quickly emerged about the involvement of service users and their families in decision-making, and how community-based services are even more important than traditional mental health services. Some of the other emerging themes from the exercise are summarised in the box below.

#### ***Themes emerging from the Discover programme***

- More Joined-up Services (across the health and welfare systems, including follow-up)
- Person-Centred Care
- Removing the Stigma of Mental Illness
- Culture
- Communication, Engagement and Information
- Building Local Communities
- Support for Carers
- Single Point of Access For All
- Out of Hours Provision
- Early Intervention
- Lower Waiting Times
- Focus on Innovation & Creativity
- Continuity of Care

4.6 In short summary, taking the comments and feedback from all sources, these are the main points that **users of our services** have told us:

- There is a need for increased capacity in the community to support early intervention and prevention;
- They want improved information about services;

- Improving the GP gateway - with GPs better educated to understand mental illnesses, especially at the early stages - should be a priority;
- Importance of housing and employment on people's mental health - there is a need for a holistic approach that looks at all aspects of the individual's life;
- Importance of safe spaces and group activities especially during the day - the availability of some form of day time occupation is as an essential ingredient in any future model;
- A need to review crisis care/accident and emergency services for people with mental health issues, and adequate inpatient facilities to avoid out of area placements;
- Better involvement of service users in all aspects of their care - in particular, "recovery" needs to be individually defined and not a time-limiting factor. Many people hope that we can change the system to one where 'helping people to recover' is the accepted approach from day one and that they as individuals are both challenged and assisted to achieve this;
- Many people feel they do not have enough information in the medication they are being prescribed and have insufficient say in what is being prescribed;
- There is a strongly held view that many of our mental health hospitals are outdated in style, giving little sense of safety and security;
- Service users say that many professional people and many in society do not yet see people who suffer from a mental illness as individual people but as 'a condition to be managed';
- Importance of access to good quality advocacy services;
- Review of where services are delivered, so as to address transport issues;
- Early identification and support for carers; and better links between carers and medical professionals;
- The importance of having some form of useful occupation, or gaining a greater sense of self-worth through further education;
- Some felt that issues around identity and their sexuality, around managing stress and pressures could be managed more effectively in schools during early adolescent years.
- Stigma and discrimination affect a significant number of people.

#### 4.7 This is a summary of what **carers** have told us:

- There is great frustration for carers in trying to get the care system to accept and understand that their loved one might need urgent professional assistance when the first signs of problems are emerging;
- Carers benefit from peer group support but not all commissioners invest in this area;
- Some carers spoke of their anger that their child had to come into a mental health system when the proper diagnosis might have been autism or Asperger's Syndrome;
- Much could be done to improve sign-posting and information giving;
- On average it takes 5 years to identify a carer - carers and their own needs should be picked up at the earliest point of diagnosis;
- Lack of support for carers will lead directly to increased costs in secondary care;
- Users are often not able to communicate their problems but carers can - but this is no use if professionals won't listen. Some service users won't speak to anyone except their partner.

4.8 This is a summary of what **professionals working in the field** have told us:

- Social Care staff in mental health services often do not feel they are part of mainstream social care culture or support;
- Social Care staff feel NHS partners do not fully understand social care statutory requirements in mental health;
- Lines of accountability and case load management are not as robust as some Social Care staff would wish for - many see caseloads as too high;
- There are calls for the on-going training and development of staff working in mental health services;
- There needs to be a shift in culture away from success measured by numbers of people in a service to one of numbers of people helped *out* of the service or to a lower level of support;
- Mental health budgets are seen as insufficient to support direct payments and personal budgets in social care;
- There is frustration at the duplication of effort required to service separate IT systems which do not interconnect;
- There are concerns about the number of and the age profile of approved mental health professionals (AMHPS) in North Yorkshire;
- There is a perceived shortage in psychiatrist and psychology skills to allow nursing staff and out-reach support staff take a much more assertive approach towards a recovery model;
- Some would wish to see a greater separation of intensive mental health accommodation-based support and substance misuse accommodation based support;
- There is a desire for access to recovery beds and specialist accommodation and support for those with high-end needs within North Yorkshire;
- Some staff want the development of Crisis Beds, i.e. a facility linked to respite where people can access a bed at short notice for a few days to prevent an acute admission;
- There is a particular need to:
  - address issues around common and shared assessments in mental health services;
  - move quickly to a situation where the assessment belongs to the person who uses services and not any one organisation or professional group;
  - address the issue of inter-connectivity of IT systems and shared information flows.

4.9 This is a summary of what a number of **voluntary organisations** have told us:

- The profile of the population is changing and levels of need are increasing;
- Agencies are now being asked to support people without a commensurate investment in their skill base;
- Many would wish to see a new partnership and care-planning approach between voluntary organisations and providers meeting acute need: there is a sense that we are missing an opportunity to develop more "whole system" step up – step down approaches;
- Some voluntary organisations have, or are developing, working partnerships with local colleges, housing and employment services in recognition of the fact that their customers need a range of opportunities and not just traditional day care.

## 5. What Else do we Know?

5.1 This chapter contains a brief overview of recent national and local strategies that we have taken into account when preparing this document. There is also a description of the current provision of mental health services in North Yorkshire, and an outline of some workforce and financial issues.

### National Strategies

5.2 There is a wealth of national advice and guidance available to commissioners of mental health services. Seven key documents are:

- *No Health Without Mental Health*<sup>1</sup>
  - And also the *Guide for Directors of Public Health*<sup>2</sup>
- *Closing the Gap – Priorities for Essential Change in Mental Health*<sup>3</sup>
- *Joint Commissioning Panel for Mental Health – Guidance for Commissioning Public Mental Health Services*<sup>4</sup>
- *Talking Therapies – A Four Year Plan of Action*<sup>5</sup>
  - And the accompanying *Quality Standards*<sup>6</sup>
- *Achieving Better Access to Mental Health Services by 2020*<sup>7</sup>
- *The Mental Health Crisis Care Concordat*<sup>8</sup>
- *Future in Mind - Promoting, protecting and improving our children and young people's mental health and wellbeing*<sup>9</sup>
- *Working our way to better mental health: a framework for action*<sup>10</sup>
- *Living well with dementia: A National Dementia Strategy*<sup>11</sup>

5.3 The first of these documents - *No Health Without Mental Health* - established six overarching objectives for the development of mental health services in England, which have been prominent in our thinking in developing this strategy:

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<sup>1</sup> [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213761/dh\\_124058.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf)

<sup>2</sup> [www.mind.org.uk/media/343126/No\\_Health\\_Without\\_Mental\\_Health\\_Directors\\_of\\_Public\\_Health.pdf](http://www.mind.org.uk/media/343126/No_Health_Without_Mental_Health_Directors_of_Public_Health.pdf)

<sup>3</sup> [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/281250/Closing\\_the\\_gap\\_V2\\_-\\_17\\_Feb\\_2014.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281250/Closing_the_gap_V2_-_17_Feb_2014.pdf)

<sup>4</sup> [www.jcpmh.info/wp-content/uploads/jcpmh-publicmentalhealth-guide.pdf](http://www.jcpmh.info/wp-content/uploads/jcpmh-publicmentalhealth-guide.pdf)

<sup>5</sup> [www.iapt.nhs.uk/silo/files/talking-therapies-a-four-year-plan-of-action.pdf](http://www.iapt.nhs.uk/silo/files/talking-therapies-a-four-year-plan-of-action.pdf)

<sup>6</sup> [www.iapt.nhs.uk/silo/files/iapt-for-adults-minimum-quality-standards.pdf](http://www.iapt.nhs.uk/silo/files/iapt-for-adults-minimum-quality-standards.pdf)

<sup>7</sup> [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/361648/mental-health-access.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/361648/mental-health-access.pdf)

<sup>8</sup> [www.crisiscareconcordat.org.uk/wp-content/uploads/2014/04/36353\\_Mental\\_Health\\_Crisis\\_accessible.pdf](http://www.crisiscareconcordat.org.uk/wp-content/uploads/2014/04/36353_Mental_Health_Crisis_accessible.pdf)

<sup>9</sup> [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/414024/Childrens\\_Mental\\_Health.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf)

<sup>10</sup> [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/228874/7756.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/228874/7756.pdf)

<sup>11</sup> [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/168220/dh\\_094051.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/168220/dh_094051.pdf)

(i) **More people will have good mental health** - More people of all ages and backgrounds will have better wellbeing and good mental health. Fewer people will develop mental health problems – by starting well, developing well, working well, living well and ageing well.

(ii) **More people with mental health problems will recover** - More people who develop mental health problems will have a good quality of life – greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, the skills they need for living and working, improved chances in education, better employment rates and a suitable and stable place to live.

(iii) **More people with mental health problems will have good physical health** - Fewer people with mental health problems will die prematurely, and more people with physical ill health will have better mental health.

(iv) **More people will have a positive experience of care and support** - Care and support, wherever it takes place, should offer access to timely, evidence-based interventions and approaches that give people the greatest choice and control over their own lives, in the least restrictive environment, and should ensure that people's human rights are protected.

(v) **Fewer people will suffer avoidable harm** - People receiving care and support should have confidence that the services they use are of the highest quality and at least as safe as any other public service.

(vi) **Fewer people will experience stigma and discrimination** - Public understanding of mental health will improve and, as a result, negative attitudes and behaviours towards people with mental health problems will decrease.

5.4 We have noted the following words in the *Manifesto*<sup>12</sup> of the Conservative Government elected in May 2015:

*We will continue to take your mental health as seriously as your physical health. We have legislated to ensure that mental and physical health conditions are given equal priority. We will now go further, ensuring that there are therapists in every part of the country providing treatment for those who need it. We are increasing funding for mental health care. We will enforce the new access and waiting time standards for people experiencing mental ill-health, including children and young people. Building on our success in training thousands of nurses and midwives to become health visitors, we will ensure that women have access to mental health support during and after pregnancy, while strengthening the health visiting programme for new mothers.*

5.5 It is likely that the national drive to improve mental health services for children and young people will be maintained under the new Government. The recommendations included within 'Future in Mind' will impact on local delivery and it is likely that there will be additional funding available for improving services. Accessing this resource will be dependent on areas producing local transformation plans and in North Yorkshire this process is being led by the Partnership Commissioning Unit with plans being established for each CCG area.

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<sup>12</sup> <https://s3-eu-west-1.amazonaws.com/manifesto2015/ConservativeManifesto2015.pdf>

5.6 We will also be keeping in close touch with the new *National Mental Health Taskforce*<sup>13</sup> which will explore the variation in access to and quality of mental health services across England; look at outcomes for people who are and aren't able to access services and also consider ways to tackle the prevention of mental health problems. As recommendations emerge from the Taskforce we will consider the need to update our Action Plans.

### Local Strategies

5.7 Within North Yorkshire, we have had regard to the *North Yorkshire Community Plan 2014-17*<sup>14</sup> and, in particular, the second and third of its key priorities:

- Supporting and enabling North Yorkshire communities to have greater capacity to shape and deliver the services they need and to enhance their resilience in a changing world;
- Reducing health inequalities across North Yorkshire.

5.8 As the owners of the *North Yorkshire Joint Health and Wellbeing Strategy 2013-2018*<sup>15</sup> we have also ensured consistency with that document, especially its particular focus on emotional health and wellbeing. Our core principles reflect the principles in that document. The *Joint Strategic Needs Assessment* which was produced as part of the preparation of the *Health and Wellbeing Strategy* has also informed this document.

5.9 A key local strategy is the Children and Young People's Emotional and Mental Health (CYPEMH) Strategy 2014-17<sup>16</sup> and it will contribute significantly to attaining the outcomes of this overarching Mental Health strategy. The CYPS EMH strategy's vision is for all children in North Yorkshire to enjoy good emotional wellbeing and mental health. This will be achieved through the delivery of integrated support and targeted services, which are delivered at the earliest opportunity, in a way that is accessible and achieves positive and sustainable outcomes.

[Note – key messages from CCG Strategic Plans will be included in the final document]

5.10 *2020 North Yorkshire*<sup>17</sup> sets out the County Council's corporate vision and its vision for Health and Adult Services in the 2020. The overall objective is for people to live longer, healthier, independent lives. The Council is committed to

- Investing in locally based services and activities that mean people can continue to live independently in their communities, close to family and friends
- Offer advice information and support to help people resolve concerns at an early stage
- People having more choice and control over the support to meet their social care needs
- Developing services with providers to improve the support available to people.

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<sup>13</sup> [www.england.nhs.uk/wp-content/uploads/2015/03/mh-tor-fin.pdf](http://www.england.nhs.uk/wp-content/uploads/2015/03/mh-tor-fin.pdf)

<sup>14</sup> [www.northyorks.gov.uk/media/28323/North-Yorkshire-community-plan-2014-17/pdf/North\\_Yorkshire\\_Community\\_Plan\\_2014\\_17.pdf](http://www.northyorks.gov.uk/media/28323/North-Yorkshire-community-plan-2014-17/pdf/North_Yorkshire_Community_Plan_2014_17.pdf)

<sup>15</sup> [www.nypartnerships.org.uk/CHttpHandler.ashx?id=21125&p=0](http://www.nypartnerships.org.uk/CHttpHandler.ashx?id=21125&p=0)

<sup>16</sup> <http://m.northyorks.gov.uk/CHttpHandler.ashx?id=30162&p=0>

<sup>17</sup> [http://www.northyorks.gov.uk/recruitment/has\\_assistant\\_director\\_commissioning/docs/has\\_vision.pdf](http://www.northyorks.gov.uk/recruitment/has_assistant_director_commissioning/docs/has_vision.pdf)



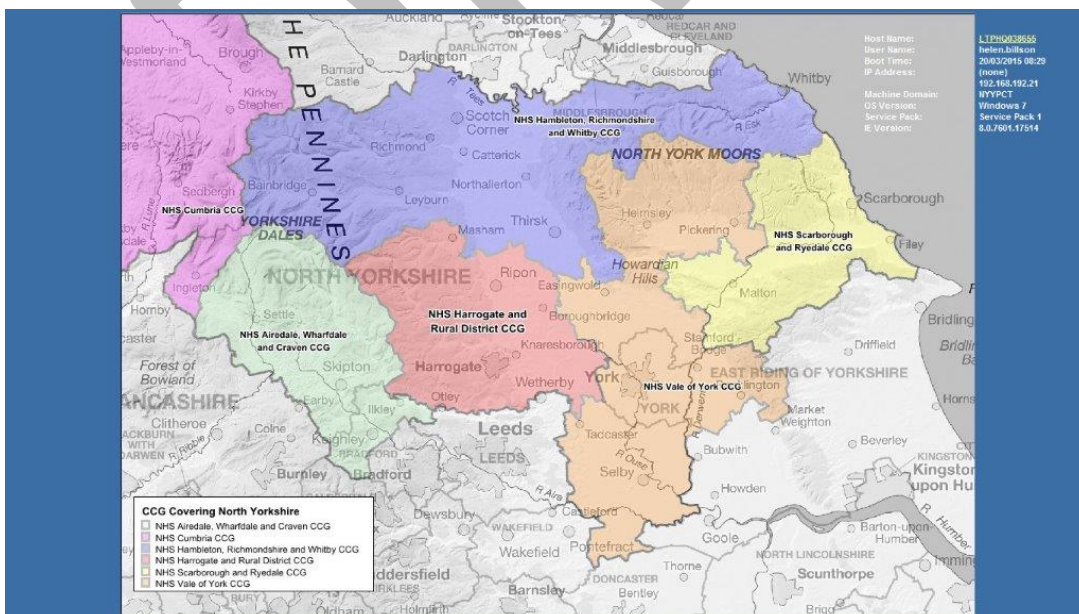
5.11 The distinctive public health agenda for North Yorkshire includes shifting priorities and spending to issues most relevant to North Yorkshire people, including mental health. Public health funding is supporting both the County's Stronger Communities programme and a Targeted prevention service which will help communities and individuals build resilience and find local support. A review of social care mental health services will help to improve the support available so that more people can recover and remain independent.

5.12 *The Care and Support where I live Strategy*<sup>18</sup> sets out our plans to explore different models of accommodation for people with support needs, including those with mental health and complex needs.

### How Services are currently organised in North Yorkshire

5.13 [This section needs to be constructed to convey the roles of:

- NYCC Social Care staff (HAS)
- AMHP role (care and support needs assessments, supporting planning and personal budgets)
- NYCC Public Health Staff
- CYPS staff
- CCG staff
- Primary MH Services
- Secondary (contracted) services
- Voluntary organisations
- District Councils (employment and housing)]



<sup>18</sup> [www.northyorks.gov.uk/recruitment/has\\_assistant\\_director\\_commissioning/docs/care\\_and\\_support\\_strategy.pdf](http://www.northyorks.gov.uk/recruitment/has_assistant_director_commissioning/docs/care_and_support_strategy.pdf)

5.14 North Yorkshire benefits from a widespread and diverse group of voluntary sector organisations that deliver support across the whole county. These groups play an invaluable role in providing services both to those already in receipt of secondary mental health services and also the lead role in early intervention and prevention. For many people suffering from mental ill health the only support available is through voluntary sector organisations. These can include

- Peer Support Groups
- Befriending
- Talking Therapies
- Self Help Groups
- Drop Ins
- Advocacy
- Vocational Educational groups
- Outreach

5.15 Mental distress has a significant impact upon other agencies within North Yorkshire, including the police. For example:

- It is estimated that between 20 - 40% of policing activity involves engaging with people (either as victims, witnesses, offenders or other contacts) who have a degree of mental vulnerability;
- Suicide is the single greatest cause of death in men under 50;
- Over half of deaths following police contact involve people with a mental health issue;
- Up to 80% of people who go missing from home are experiencing a mental health crisis at the time they go missing;
- People with mental health problems are up to ten times more likely to become victims of crime than the general population.

Outside of normal working hours, the police are often the first point of contact for people experiencing a mental health crisis. Through the local Mental Health Crisis Care Concordat Action Plan (see Chapter 8), we are working with partners in health, the police and other services to enhance the way we work together to help vulnerable people in times of greatest need.

#### *Workforce*

5.16 **[More content will be provided in the final version]**

#### Approved Mental Health Professionals

In 2013 NYCC invested heavily in a further nine AMHPs whose number now compares well with similar Shire Counties. There remains a national shortage of AMHPs and posts remain difficult to recruit to. This has been mitigated by applying a market supplement payment. Succession planning

will need to focus upon Social Care Assessors who would also bring expertise in the deficit area for present AMHPs, namely to work with older people and the dementia spectrum. The provision of sufficient AMHPs remains a statutory duty for NYCC and a priority to ensure that there is the resource available to respond to the need for Mental Health Act assessments.

#### *Finances*

5.17 [Note - the following tables will be presented in the form of graphics. e.g. pie charts, in the final version, and will include data relating to children's mental health and public health. We may also attempt a separate estimate of *indirect* costs of mental health for all partners, including the Police.]

DRAFT

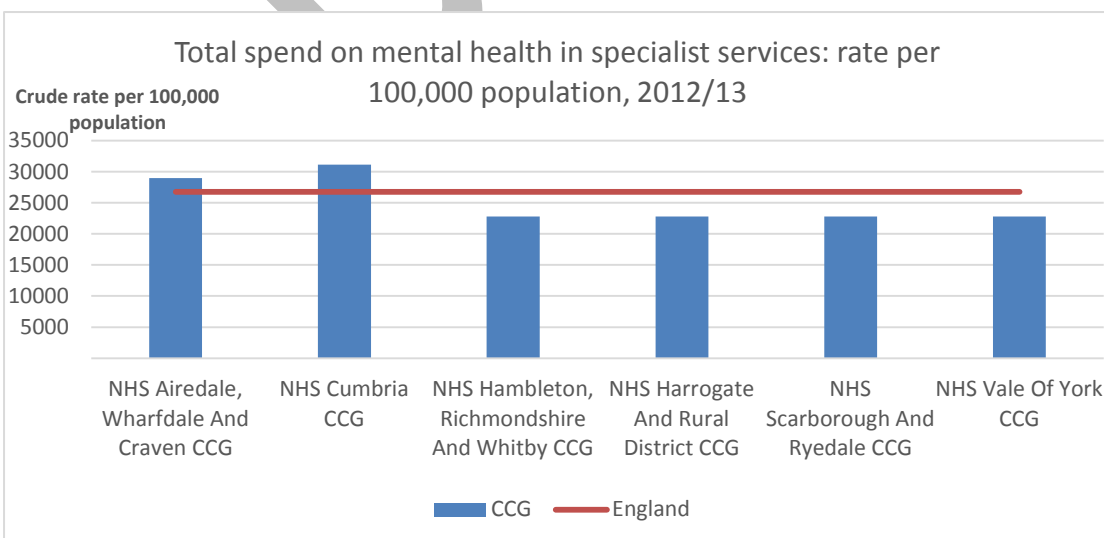
### NYCC Spend on Adult Mental Health Social Care 2014-15

Spend on:- Mental Health by Expenditure Type	Gross Spend £	% Share
Pay	3,685,646	46%
Transport	162,000	2%
Premises	14,353	0%
Supplies and Services	695,181	9%
Agency Payments	3,431,430	43%
Recharges	603	0%
<b>Gross</b>	<b>7,989,214</b>	<b>100%</b>
Income (see below)	-1,343,442	
<b>TOTAL (Net of Income)</b>	<b>6,645,771</b>	

Spend on:- Mental Health by Area	Gross Spend £	Income £	Net Spend £	Share %
	819,778	-28,522	791,257	12%
Hambleton, Richmond & Selby	1,774,333	-264,892	1,509,441	23%
Harrogate/Craven	2,557,251	-391,019	2,166,232	33%
Scarborough/Whitby/Ryedale	2,837,851	-659,010	2,178,841	33%
		-		
<b>TOTAL</b>	<b>7,989,214</b>	<b>1,343,442</b>	<b>6,645,771</b>	<b>100%</b>

It is estimated that 40% of primary mental health expenditure is related to mental health, which would give the following figures for North Yorkshire:

	Primary care spend	40%
HRW	19,654,372	7996806
HaRD	19,992,016	7996806
SR	16,580,437	6632175
VoY	40,220,938	16088375
<b>Total</b>	<b>96,447,763</b>	<b>38714163</b>



## 6. Our Vision and Core Principles

### Vision

6.1 In preparing this Strategy, and having listened to the views of those who use our services and those who care for them, we felt it important to refresh our shared *vision* for mental health services for people of all ages in North Yorkshire. Our vision is as follows:

***"We will work together to ensure the people of North Yorkshire have the resilience to enjoy excellent mental health, whatever their age and background, supported by effective, integrated and accessible services, designed in genuine partnership with the people who need to make use of them and those who care for them."***

### Core Principles

6.2 We also thought we should draw up a set of *core principles* that will underpin all of our work to develop mental health services in the County. These principles express the things that remain important in *everything* we do as professionals, all of the time, in promoting good mental health and supporting those who need help and those who care for them.

6.3 There are ten such core principles, as set out below. Where there is a direct match with one of the core principles in the draft Health and Wellbeing Strategy, this is illustrated in **[red]**.

#### **1. Whole person**

- Our services will address physical health needs as well as mental health needs, in partnership with specialists and primary care;
- We will take into account all of the factors that may be relevant to a person's mental health - including employment, accommodation, benefits, as well as the cultural dimension.

#### **2. Resilience**

- We will help people to develop the personal resilience to sustain good mental health;
- We will work to reduce risk factors for poor mental health and increase protective factors;
- Our services will be designed to help *all* of North Yorkshire's localities to develop their own community resilience;
- We will develop North Yorkshire's social and emotional capital through a workforce of prevention officers and community social capital and asset based approaches.

### **3. Participation {Making a Positive Contribution}**

- We already consult people who use our services, and their carers, through a variety of mechanisms. We need to ensure that this translates into regarding them as active partners in the commissioning, design, improvement and evaluation of our services, and that we truly listen to their views and feedback;
- Individuals who use our service should truly feel that they "own" all aspects of their care, including their care plans, because we recognise that they are the real "experts";
- We will promote and support networks that are led by the people who use our services;
- We will ensure that support is offered in a personalised way, and we will "co-produce" new support models.

### **4. Community {Recognise where things are different}**

- Mental health is everybody's business - it's in all our interests to promote mental wellbeing ;
- Our services need to be designed and delivered alongside existing community assets;
- We respect and celebrate the contribution of the voluntary and independent sectors in providing support and services for people with mental health needs;
- We recognise and celebrate the active involvement of carers, family and friends, and will ensure they have the appropriate education, information, support and advice;
- We will strive to increase social inclusion and minimise the effects of rural isolation.

### **5. Accessibility**

- Maintaining and improving existing supports and networks will be our first priority;
- We recognise that community services should be provided in neighbourhoods and - wherever possible - directly to people's homes;
- Hospital admissions will be minimised and should be focussed, purposeful and brief;
- Services will be available 365 days a year, at the right times of the day and night to respond to people's needs and to fit in with people's lives.

### **6. Early Intervention {Tackle issues early}**

- We subscribe to the principle of helping people to prevent becoming ill by promoting ways to improve their mental health and wellbeing;
- We will champion good mental health for all, across the course of life, from childhood to old age;
- We will intervene at the first sign of problems, whether this be recognising the signs of autism in a teenager, or dementia in an older member of the population.

## **7. Recovery**

- We will focus our services on people recovering and their strengths and abilities, rather than emphasising illness and disability;
- We will help people to manage their own path to recovery;
- We will be positive and optimistic even when facing setbacks;
- Where full recovery is not possible - for example for severe and enduring mental illness, or progressive conditions - we will nevertheless make full use of modern best practice to ensure people can still enjoy the maximum quality of life, without pre-judging their capabilities;
- We incorporate techniques such as "mindfulness" into our approach.

## **8. Integration {Join things up to make life simple}**

- We will work across organisational boundaries with those who use our services to identify their individual needs and the resources to meet them;
- We will ensure single points of access to our services, with no internal 'referrals';
- An 'integrated experience' for the people who use our services is more important than organisational integration;
- We will plan ahead effectively (eg for discharge from the point of admission) with the assistance of a consistent care coordinator;
- We will develop a no blame culture , where issues are discussed open and transparently and lessons learnt from previous experience;
- Where necessary, we will share information, jointly commission, and pool budgets;
- We will explore innovative approaches to delivering services and interventions.

## **9. Cost-effectiveness {Spend money wisely}**

- We have responsibilities to the taxpayer as well as to those who use our services - efficiency and cost effectiveness will be at the forefront of our minds;
- When resources are constrained, it is especially important to be able to demonstrate the effectiveness of our interventions. This is not always a straightforward task when multiple agencies may be involved, but we will nevertheless strive to develop ever-better ways to assess our impact.
- We will seek to improve continuously, actively seeking out best national and international practice.

## **10. Respect {Keep people safe}**

- We will ensure equal access for all, including BME communities, travelling and transient communities, recognising the need for cultural awareness and specialised support as required;
- All health and social care services, not just specialist mental health services, will ensure that people with mental health problems or learning disabilities are treated with respect and taken seriously;
- All of our staff will be aware of the fundamental need to observe safeguarding procedures;
- Specialist mental health services will play a key role in public awareness and reducing stigma;
- Our services will be defined by inclusion not exclusion;
- We will try always to understand things from the perspective of those who use our services and those who care for them;
- Above all, we will respect those who use our services, and those who care for them, as individual human beings.

DRAFT



## 7. Our Priorities for 2015-18

7.1 When it comes to deciding our *priorities* for the duration of this Strategy, we have taken very careful note of all of the feedback from people who use our services, and practitioners who deliver them as set out in Chapter 4, as well as the objective evidence in Chapter 5. This leads us to identify three particular priorities for 2015-18:

### ***Priorities for 2015-2018***

**(1) Resilience: *individuals, families and communities with the right skills, respect and support***

**(2) Responsiveness: *better services designed in partnership with the people who use them***

**(3) Reaching out: *recognising the full extent of people's needs***

7.2 In selecting these priorities, we are mindful that they will not necessarily cover all areas of our work. This is why we devised the guiding principles set out in the previous chapter, which will apply across *all* of our activities. The three priorities that we have selected represent the key areas where the evidence suggests we need to improve outcomes and concentrate our collective resources at a time of sustained reductions in public expenditure. The following pages describe these priorities in more detail.

7.3 It is important to state at the outset that we believe all three priorities, and all of the supporting outcomes, are relevant to all of the partners listed at the beginning of this strategy. Words such as "health" or "social care" should not be taken to imply that only one set of professionals need take heed of the section in question: we all have a part to play in delivering these shared priorities.

7.4 The specific ***actions*** to which we are immediately committing our services are set out in Chapter 8.

## Priority 1: Resilience

<i>Priority Outcome</i>	<i>Supporting Outcomes</i>	<i>Delivery Mechanisms</i>	<i>Selected Performance Measures</i>
<b>Individuals, families and communities with the right skills, respect and support</b>	<p>1.1 Support for family, friends and carers embedded in all services</p> <p>1.2 Better public understanding and acceptance of mental health issues</p> <p>1.3 Effective campaigns to promote good mental health and wellbeing for all ages and all places</p> <p>1.4 Investment in prevention and early intervention for children and adults</p> <p>1.5 Targeted work with communities and settings, including employers</p> <p>1.6 Dementia friendly communities across North Yorkshire</p> <p>1.7 Strategies to combat the impact of rural isolation on mental health</p> <p>1.8 Better partnership working, especially with the voluntary and independent sectors</p>		

## Priority 2: Responsiveness

<b>Priority Outcome</b>	<b>Supporting Outcomes</b>	<b>Delivery Mechanisms</b>	<b>Selected Performance Measures</b>
<b><i>Better services designed in partnership with the people who use them</i></b>	<p>2.1 Timely diagnoses for all conditions, especially dementia</p> <p>2.2 Better services for those experiencing a mental health crisis</p> <p>2.3 Evidence-based and personalised interventions including personal budgets</p> <p>2.4 Greater access to talking therapies</p> <p>2.5 Better transitions between services, eg children to adults</p> <p>2.6 Better outcomes for those detained under the Act</p> <p>2.7 Better services for vulnerable groups, eg veterans</p> <p>2.8 Better services for those with mental health and substance misuse needs</p> <p>2.9 Better Advocacy Services</p> <p>2.10 Services delivered at times and in places that suit people’s needs</p>		

### Priority 3: Reaching Out

<i>Priority Outcome</i>	<i>Supporting Outcomes</i>	<i>Delivery Mechanisms</i>	<i>Selected Performance Measures</i>
<i>Recognising the full extent of people's needs</i>	<p>3.1 Better understanding of the wider cultural aspects of mental health</p> <p>3.2 Better understanding of the links with physical health, leading to dual diagnoses</p> <p>3.3 Combating the particular pressures on young people, eg from social media</p> <p>3.4 Support for people with mental health needs to gain/maintain employment</p> <p>3.5 Support for people with mental health needs to gain/maintain housing</p> <p>3.6 More volunteering and other activities to promote wellbeing</p> <p>3.7 Mental health featuring in a wide range of partners' strategies</p> <p>3.8 Action to ensure that all our staff understand the importance of Safeguarding</p>		

*[Note: Chapters 8 (Turning Words into Action) and 9 (Keeping it Real) will be drafted after the feedback from the Health and Wellbeing Board.]*



**Health and Wellbeing Board**  
North Yorkshire



# Draft Joint Health and Wellbeing Strategy 2013 - 2018

2015 Update



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# Contents

<b>Foreword</b> .....	<b>3</b>
Why are we updating the strategy?.....	4
Why do we need to change?.....	4
How does this fit into the national picture?.....	5
What is this strategy really about?.....	5
Understanding the strategy.....	6
How we want things to happen.....	6
<b>Theme 1 - Connected communities</b> .....	<b>7</b>
Why is it important?.....	7
What changes can you expect to see?.....	7
<b>Theme 2 - Start well</b> .....	<b>8</b>
Why is it important?.....	8
What changes can you expect to see?.....	8
<b>Theme 3 - Live well</b> .....	<b>9</b>
Why is it important?.....	9
What changes can you expect to see?.....	9
<b>Theme 4 - Age well</b> .....	<b>10</b>
Why is it important?.....	10
What changes can you expect to see?.....	10
<b>Getting the whole system working better</b> .....	<b>11</b>
A new relationship with people who use services.....	11
Workforce.....	11
Technology.....	12
Economic prosperity.....	12
<b>Our principles for making these changes real</b> .....	<b>13</b>
What do we expect from the Health and Wellbeing Board?.....	14
What do we expect from local communities?.....	15
What do we expect from people living in North Yorkshire?.....	15
Letting you know how we're doing.....	15
How can you get involved?.....	15

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## Foreword

The North Yorkshire Health and Wellbeing Board is made up of partner organisations from across the county. We understand that there are diverse and complex communities across the County and recognise the strong sense of local identity that this brings. We have a history of working together to develop healthier, stronger communities in North Yorkshire and are well placed to tackle the next stage in partnership not only with each other but, more importantly, with those people who use services and the individuals or groups that provide direct support and care to others.

In 2013 we produced our first health and wellbeing strategy, which took into account what local people and our partners told us they thought our priorities should be. This updated draft document reflects on the progress we have made so far and outlines what we need to adapt to take into account changing local and national health priorities, as well as managing our reduced budgets. It also takes into account the findings of the latest Joint Strategic Needs Assessment (JSNA), and what local people have told us really matters to them for their long term health and wellbeing.

This updated strategy gives us an opportunity to restate our commitment to improving health and wellbeing as well as setting out how we want to continue to improve services. The four themes of: Connected Communities; Start Well; Live Well and Age Well describe how we intend to maintain the momentum we have built up in delivering our ambition to ensure that people in all communities in North Yorkshire have equal opportunities to live full and active lives from childhood to later years.

### **Councillor Clare Wood**

Executive Member for Adult Social  
Care and Health Integration  
North Yorkshire County Council  
Chairman of North Yorkshire Health  
and Wellbeing Board

### **Amanda Bloor**

Chief Officer  
Harrogate and Rural District Clinical  
Commissioning Group  
Vice Chairman of North Yorkshire  
Health and Wellbeing Board



## Why are we updating the strategy?

We want our strategy to make a difference, rather than being a document on a shelf. That's why we have taken this opportunity to bring it up to date so that people living in North Yorkshire continue to have access to great services which take account of:

- the latest evidence from our Joint Strategic Needs Assessment (JSNA)
- changes in national policy, local ambition and people's expectations
- listening to local people about what's important to them for their long term health and wellbeing and using feedback to shape our services

There are many changes taking place across North Yorkshire all the time that have an impact on our health and wellbeing, and there is always more to do. This document won't describe every change that is taking place but it has been developed to help us stay focused on achieving those things that are most important for local people and make a difference reducing variations in health and care outcomes across the county.

We know that if we do this, we will be making a positive and lasting impact on the health and wellbeing of people and communities in North Yorkshire.

You can see some of the things that people have said recently in the "You told us ..." bubbles which appear throughout this strategy.

## Why do we need to change?

- People in North Yorkshire are living longer than ever before. That means we all have the potential to enjoy more years of healthy, active life from childhood right into old age by helping ourselves and our families to live well. But it also means that we may need more help as we get older, to age well and be as healthy and independent as we can be.
- Not all the communities in North Yorkshire are as healthy as we'd like them to be. Life expectancy for men living in Scarborough, for example, can vary by as much as 11 years between the richest and poorest areas of the district. We are seeing widening variations in obesity between children living in affluent and deprived neighbourhoods. We want to reduce the gaps as part of our strategy to make North Yorkshire healthier and happier.
- There are more demands on the money available to the health and care system than in the past. This means all organisations need to plan carefully about how to spend the North Yorkshire pound. By doing that together, and using new technology wisely, we believe we can deliver better value for money and do more with the resources we have at our disposal.

The North Yorkshire Joint Strategic Needs Assessment (JSNA) contains more information on the current health and wellbeing of North Yorkshire communities. You can download a copy at [www.northyorks.gov.uk/article/.../Joint-strategic-needs-assessment](http://www.northyorks.gov.uk/article/.../Joint-strategic-needs-assessment).

## How does this fit into the national picture?

Since 2012 there have also been some big changes in the priorities for health and wellbeing at national level. As the largest county in England, it's not surprising that these are all highly relevant to North Yorkshire.

The most important of these include:

- Working with people throughout their lives to prevent the need for longer term care and making sure people are in control of the choices made about their care and their lives.
- Making sure children's services work together to help every child have the best start in life.
- A new focus on ways in which local health and social care organisations can work together so that people's experience of care is more integrated.
- A new focus on care delivered in or close to people's homes with fewer people being admitted to hospital.

## What is this strategy really about?

### **Working together to make North Yorkshire healthier and happier**

This strategy really is important. It is a shared agreement between each partner organisation in the Health and Wellbeing Board, with and for people of all ages living in North Yorkshire, about what we can and want to change.

Those of us who commission health and social care have a legal responsibility to make sure that our commissioning plans are guided by this strategy, and the Health and Wellbeing Board has a responsibility to ensure that this happens.

Health and wellbeing is about more than health and social care services. Every aspect of public life - education, childcare, housing, employment, the quality of the local environment, and the type of community we live in - can affect our health and wellbeing at any point through our lives. We understand this and want to help and encourage everyone to be aware of the impact of their actions on health and wellbeing, and to take account of this strategy when they plan to make changes.

Part of our job is to ensure that we all work well together so that we can achieve the best possible outcomes for local people and communities. We have a responsibility to make sure that our individual plans all face the same way, and complement each other.

## Understanding the strategy

### What we plan to do

To help us concentrate on the most important things for North Yorkshire's health and wellbeing, we have agreed on four key themes to help us organise our work. These themes will sometimes overlap and will be relevant to all age groups.

- Connected communities
- Start well
- Live well
- Age well

We set out why each of our themes is important, what we hope to achieve (our outcomes) and the changes you can expect to see, on pages 7 to 10.

### Getting the whole system working better

To really make change happen we want to improve the ways in which the whole health and care system works together in North Yorkshire. We think that a focus on four things, which if we get them right, will help all organisations to achieve better outcomes for local people and communities:

- A new relationship with people using services
- Workforce
- Technology
- Economic prosperity

We explain more about these and why we think they are important on pages 11 to 12.

## How we want things to happen

There are some guiding principles that we have adopted which organisations and people who receive services can use as a checklist when we develop new services. This will help build services that are more personal, joined up and equal across North Yorkshire. Our principles are:

- Recognise where things are different
- Tackle issues early
- Joining things up to make life simpler
- Making a positive contribution
- Keep people safe
- Spending our money wisely

We explain more about these and how we will use them into practice on pages 13 to 15.

## Theme 1 - Connected communities

### Outcome

We want North Yorkshire to be a place where communities flourish, people shape services and have control of their lives

### Why is it important?

- North Yorkshire people live longer, healthier lives compared to England as a whole, but there are significant variations between districts, communities and population groups.
  - For example, a girl born today in Hambleton can expect to live for 2.5 years longer than the average for England, but a girl born in Scarborough can expect to live for 0.5 years less. This variation has grown bigger over the last 10 years.
  - People with severe mental health problems often have poorer physical health too.
- Strong local communities have been proved to be effective in supporting people to make healthy choices. They also help people cope with and recover from adverse events like illness, economic pressures and even extreme weather.
- Prevents individuals feeling lonely and isolated which, in turn, reduces depression and anxiety.
- Volunteering has benefits for both the volunteer and for those they help. Voluntary organisations are a vital part of connected communities - they provide things that other parts of the system can't, and their experience of working locally is a valuable resource.

- Technology is a key asset for communities, helping to support local business opportunities, providing everyone with better ways of communicating with the outside world, and providing new solutions to self-manage our care.

### What changes can you expect to see?

By 2018, you can expect to see:

- Vibrant and self-reliant communities in all parts of North Yorkshire, with local people and organisations working together to develop community libraries, community transport services and activities for all age groups.
- Dementia friendly communities where people living with dementia and their families feel supported and confident and a part of their local area.
- Improvements in technology in rural areas, for businesses and homes, and increased access to technology for children and young people from disadvantaged communities.
- More opportunities for volunteering for people of all ages, and more people taking up these opportunities.

## Theme 2 - Start well

### Outcome

Ensuring education is our greatest liberator

### Outcome

Helping all children enjoy a happy life

### Outcome

A healthy start through healthy lifestyles

### Why is it important?

- There are over 130,000 children and young people aged 0-19 in North Yorkshire - and this number is growing.
- Most North Yorkshire children already get a good start in life, but in a large and diverse county, there is still some who don't experience all the good things we would hope for. This may be for a range of reasons such as rural isolation, poverty, urban deprivation, disability or family breakdown. We need to make sure that these children's needs are spotted early and that they and their families receive the help they need from birth.
- It's vital that every child has an excellent education to maximise their life chances - we know that this is a major factor in health and wellbeing throughout life. That includes a positive, safe experience throughout school and college as well as wider educational work to encourage children and young people to make healthy choices about their lifestyle.
- Emotional and mental health and wellbeing is important at all ages. We need to support children and young people to be mentally and emotionally healthy. This doesn't just mean the 16,000 or so under-19s who have a recognised mental health disorder. We know that low self-esteem and anxiety can make daily life difficult, and we want to make sure every young person has a source of help when they need it.

### What changes can you expect to see?

By 2018, you can expect to see:

- A higher percentage of babies who are breast fed and a higher percentage of children who receive immunisations and vaccinations.
- More children and young people making healthy choices, exercising regularly and eating well.
- A lower percentage of children who are obese or overweight.
- Fewer children and young people taking part in unhealthy, unsafe or risky behaviour - smoking or taking drugs, self-harming, unsafe sex - or becoming the victims of physical, mental or sexual abuse.
- An increase in the level of mental well-being amongst children and young people.
- A reduction in the gap in educational attainment between those children who receive free school meals and those who don't.

You can find out more about the work taking place to support children and young people from 'Young and Yorkshire'.

[www.northyorks.gov.uk/media/2725/Children-and-Young-Peoples-Plan-2014-17---Young-and-Yorkshire/pdf/Young\\_and\\_Yorkshire\\_-\\_Children\\_\\_Young\\_Peoples\\_Plan\\_2014-17.pdf](http://www.northyorks.gov.uk/media/2725/Children-and-Young-Peoples-Plan-2014-17---Young-and-Yorkshire/pdf/Young_and_Yorkshire_-_Children__Young_Peoples_Plan_2014-17.pdf)

## Theme 3 - Live well

### Outcome

People are emotionally resilient and experience good mental health

### Outcome

Everyone has the opportunity to have a healthy body and a healthy mind

### Outcome

People are active, involved and can be free from isolation and loneliness

### Why is it important?

- North Yorkshire people are healthier, and live longer, than the average for England. But there is still work to do to reduce the number of people affected by conditions that can be prevented or delayed. Heart disease, stroke and cancer account for the greatest proportion of deaths within North Yorkshire. Many of these illnesses can be avoided if everyone is helped to make positive lifestyle choices.
- The risk of social isolation and loneliness is greater for people living in rural communities, especially (but not exclusively) amongst older people and those with a disability or long term illness - and people who are socially isolated are more likely to die prematurely.
- Being in good employment increases mental and physical health and wellbeing. We need to maximise local opportunities for economic and job development, including apprenticeships and graduate opportunities for the young people who are our future workforce.
- The quality of our home is another major factor in health and wellbeing. For example, fuel poverty and cold homes are major contributors to poor winter health. We need to ensure that there is an affordable supply of North Yorkshire homes that have a positive impact on health and wellbeing.

### What changes can you expect to see?

By 2018 you can expect to see:

- Fewer people saying that they feel socially isolated in their local communities.
- More people receiving personal budgets for their care, to give them choice and control over their lives.
- More people helped to self-manage their own care at home or through local community hubs.
- Fewer hospital admissions and lower death rates from heart disease, stroke and cancer, with the biggest improvements in the most deprived areas of the county.
- Improved employment opportunities, including in rural areas and particularly for young people and those people who often face most barriers in the labour market (for example, people with mental health issues, people with autism and people with disabilities).
- A higher proportion of young people taking up apprenticeships in North Yorkshire.
- Fewer people living in poor quality or inappropriate housing, or living in fuel poverty.
- More people with autism will have access to a diagnostic pathway to support and help improve their health, wellbeing and independence



## Theme 4 - Age well

### Outcome

People can make choices to self-manage their care to help them stay independent for longer

### Outcome

Carers are supported to live their own life

### Outcome

All Individuals, their carer's and families experience good end of life care

### Why is it important?

- North Yorkshire people are living longer these days - more than a year longer, on average, than ten years ago. That means more active older people in good health, but also more people (especially the very old) living with on-going conditions such as arthritis, dementia, heart problems or osteoporosis.
- We expect there to be a third more people aged 85 plus by 2021 compared to 2011.
- The number of families caring for loved ones continues to rise, with the sharpest rises amongst those providing the highest levels of care. The number of carers over 65 is increasing above any other age group
- Care and support for older people takes up the greatest share of resources in the NHS and social care. So it's important to get this right - and if we make services work well together for older people, we can be confident that they can work well together for everyone else, too.
- People can feel in control of their lives and are able to, make decisions and choices for themselves and be valued as part of a community.
- Providing people with a choice about how to spend the end of their lives increases their wellbeing (and that of their loved ones) when the time comes.

### What changes can you expect to see?

By 2018 you can expect to see:

- More health and social care staff working together across local GP surgeries and primary health care centres to support older people in the local community.
- New community hubs offering advice, access and care to people receiving services and those who care for them.
- More carers feeling that they can have a life outside caring.
- Improved the way people can choose, buy and fit equipment and Telecare so that they can stay independent for longer.
- We will have in place a range of options that help people to keep their independence for longer. For example, intermediate care and reablement services.
- Fewer older people entering nursing or residential homes for long term care.
- More Extra Care housing available to people across North Yorkshire.
- More people receiving support for themselves and their families at the end of life, with more people dying at home or in the place that they choose.

## Getting the whole system working better

### A new relationship with people who use services

We want to develop a new relationship with people who use services and the communities they live in. We recognise that people are part of a community and that we need to build on the strong relationships that are already in place locally to get the best outcomes we can for everyone.

We want people to have a bigger say over their own care and how they manage their lives, no matter what their health and care needs might be. For people to be able to do this it is important that there is easy access to good information and advice that helps people make informed choices about their care. Getting this right means that, as our needs change, we can look after ourselves and each other for longer and that we can get the right help at the right time from others.

As well as having more input into decisions about the sort of care people might receive we want people to have direct control of the money available to support their care. We are already doing some of this through personal budgets for both health and care but we expect to see more people using these budgets to self-manage their care.

#### **You told us:**

*I can't manage the garden like I used to - if I could get some help with that I'd get a lot more exercise*

### Workforce

To deliver good health and wellbeing services we need a skilled, motivated and flexible workforce. Organisations don't always find it easy to recruit and retain staff to work locally - we need to help change that. We also need to make sure that as well as a good place to live, North Yorkshire is a good place to work. Being in employment is a major factor in maintaining good health and wellbeing.

North Yorkshire health and care organisations are working with local people to redesign the health and care system. This includes developing new models of care which will help people access more services in the community that join up health and social care. This will mean staff from different organisations will need to learn new skills so that people using services have a better experience of care.

Some of the ways we can make this happen are through:

- Creating new roles that offer exciting career choices in health and social care.
- More local opportunities for people to develop their skills in health and social care sectors, as well as in education and other children's services.
- More opportunities for people to return to work after a break or after retiring from a full time role.
- Better opportunities for people who have experienced poor mental health to access paid employment.



## Technology

Technology is now a fundamental part of every aspect of our lives. The way we access and share information, interact with each other and use services all relies on technology working well and in a way that suits our lives. We want to help organisations to talk to each other more easily so that people can use technology to find out more about health and social care.

We want to help people take responsibility for self-managing their care and technology has a role to play in offering easy ways to access advice and information. There are now many ways to keep in touch and we want to maximise these opportunities for the people who use services.

Technology can be a key asset for communities, helping to support local business opportunities, improving educational experiences across all age groups, providing everyone with better ways of communicating with the outside world, and offering the opportunity to learn from others. We also need to ensure that children are protected from the potential pitfalls of technology especially where this might compromise the personal safety of young people or increase their likelihood of exploitation.

## Economic prosperity

Our successful tourism sector gives us a special sense of the importance of our local communities and heritage. We want to encourage ourselves and our partners to think more creatively about how we can use these assets and the things that are best about North Yorkshire to find new ways in which they can contribute to health and wellbeing.

Creating a supportive environment for businesses is good for the health and wellbeing of the communities around them. For individuals, we know that an increase in income leads to an increase in psychological wellbeing and a decrease in anxiety and depression.

Growing our existing businesses and inspiring enterprise is part of the long term strategy for North Yorkshire. Health and social care organisations are major employers in North Yorkshire and play an important part in the economy not only in supporting us to stay well, but by offering a wide choice of employment opportunities. This helps local people stay local and it also helps North Yorkshire attract new talent so that we can achieve outstanding quality improving health and care.

## Our principles for making these changes real

We will always use these principles when developing plans, commissioning services and delivering care to check that we are keeping our promises in this strategy

### 1) Recognise where things are different ...

- So that we respond to differences between local communities
- So that we prioritise the people and place that need things most
- So that we take full advantage of the different assets in urban and rural communities

Every community in North Yorkshire has a different range of resources and assets that can contribute to improving health and wellbeing. Our role is to help support people at every stage in life to use those assets wisely and well, in the way that suits the local community best.

We also need to make sure that we target our improvements on the people and communities that need it most. Although North Yorkshire is relatively prosperous overall, pockets of deprivation exist both in towns and in rural areas where improving health and wellbeing can have a really significant effect, and which we need to make priorities for new investment.

### 2) Tackle issues early ...

- By investing more in local services so that we prevent illness in the first place for all age groups
- So that you have more opportunities to access local care and support that can nip problems in the bud

Keeping healthy and well, and tackling ill health in its early stages is much better than trying to deal with things once they have become more serious.

We all know what we should be doing to increase our chances of staying healthy for longer - stopping smoking, cutting down on alcohol, avoiding drugs, keeping our weight down, taking more exercise - but it's much easier to do them when there is a local source of help and support.

### 3) Joining things up to make life simpler ...

- So that you only have to tell your story once
- So that you can trust local services to work together effectively
- So that you get the response that meets your needs, not what's convenient for different organisations
- so that there's less waste caused by duplication

Many of the old organisational barriers that stopped services working together are being broken down. We want to make the most of these opportunities to do things differently - when it makes sense locally. This will mean increased integration between health and social care services as well as between county and district councils or NHS services and the voluntary or independent sectors.

#### *You told us:*

*Don't use jargon when you're telling me about what you're going to do*

#### 4) Make a positive contribution ...

- So that you're inspired and enabled to take responsibility for your health and wellbeing and the decisions about your care are shared between the person and the professional
- So that you have opportunities to support the health and wellbeing of others in your community

These days we hear a lot about the importance of being able to live independently - and having control over our lives is good for our health and wellbeing. You can take responsibility for your own health and wellbeing through lifestyle changes, or by having more control about how you use services - for example by managing your own medication, or having a personal budget to spend on the care you need.

But we also depend on each other to live our lives well. The greatest assets we have in North Yorkshire are the people of North Yorkshire. We want everyone to feel able to make a positive contribution to the health and happiness of your local community - whether that's as an employer, an employee, a volunteer, or just by being a good neighbour.

#### 5) Keep people safe ...

- So that you can feel safe and secure in your local community, your school and your family home
- So that you can be confident that you will be treated with dignity and respect
- So that you know we take a 'zero tolerance' approach to any form of abuse

Feeling safe in and around your own home is an important part of your overall sense of wellbeing. We will encourage organisations to make safety a priority when they plan and deliver services, particularly where these relate to children, disabled people, those with dementia, and other vulnerable groups.

We also know that you expect high standards whenever you use public services. Everyone who uses services, and everyone who works in them, has the right to be treated with dignity and without being abused and is responsible for treating other people in the same way.

#### 6) Spend money wisely ...

- So that we invest in things you can be confident will deliver good value
- So that we improve the quality of services for the long term
- So that we make the most of the North Yorkshire pound

Value for money is always important, but especially at a time when demands on services are growing and budgets are under pressure. Part of our role is to make sure that what we do spend is spent wisely, on things that we know make a real long term difference.

### What do we expect from the Health and Wellbeing Board?

- We will challenge each other to improve health and wellbeing
- We will support each other to tackle problems together
- We will respect local differences
- We will look for ways in which we can work together
- We will stay focused on the strategy
- We will be ready to take hard decisions together when necessary - and stick to them

## What do we expect from local communities?

- They will value positive contributions from everyone, whoever they are and at all stages of their life
- They will support people to make healthy choices and live well throughout their lives
- They will speak up about the needs of local people including those who are at risk of being marginalised or in particular need, especially where this relates to children and young people, and other groups who might not ordinarily be able to speak up for themselves

## What do we expect from people living in North Yorkshire?

- You will take on more responsibility for your own health and wellbeing
- You will make more healthy choices to improve your health and wellbeing
- You will look out for each other in your community
- You will ask for help when you need it
- You will speak up when things go wrong

## Letting you know how we're doing

### Every quarter ...

We hold Board meetings to look at progress on this strategy and to discuss ideas about how we can best improve health and wellbeing in North Yorkshire. Meetings are held in public, and papers are available on the County Council's website.

### Every year ...

We will publish a report on what has been achieved, and what impact it has had on health and wellbeing in North Yorkshire.

We hold a range of events across North Yorkshire to bring people together to talk about what's important to their health and wellbeing. Look out for details in your local newspaper, or check on the website at [address].

## How can you get involved?

### Find out more

While this strategy sets out how we will organise our work and some of the biggest changes we expect you to be able to see by 2018, it can't cover all the changes that are planned for your local area.

If you want to find out more, you can contact North Yorkshire HealthWatch, who can signpost you to information about what's being planned for your local area.

Contact them on:

By phone:  
**01904 621631**

By email:  
**healthwatchny@nbforum.org.uk**

Website:  
**www.healthwatchnorthyorkshire.co.uk**

Twitter:  
**@HealthwatchNY**

### Help us develop this strategy

We won't always get things right first time and we need and value your help to tell us what's working and what we could do better.

We will be talking to you as part of a consultation on the strategy and we look forward to hearing your views.







# North Yorkshire Tobacco Control Strategy 2015-2025

## Smoke-Free North Yorkshire

# DRAFT



*Working together to reduce the harm caused by tobacco to individuals, families, communities and businesses in North Yorkshire.*

**Health and Wellbeing** Board  
North Yorkshire



## Section 2

# The North Yorkshire Tobacco Control Strategy

### The Vision:

‘To inspire a smoke-free generation in North Yorkshire’

### Aims:

The overall aims of this tobacco control strategy are as follows:

- To improve the health of the population of North Yorkshire by reducing the smoking prevalence rate and exposure to second-hand smoke.
- To reduce health inequalities in North Yorkshire in the longer term by reducing the number of smoking-related illnesses suffered by the population.

### Key Principles:

It is proposed that the following principles should underpin local action to tackle tobacco:

- 1) A shared strategic approach among partners with clear vision and leadership
- 2) A commitment to working together in partnership
- 3) Evidence based practice and support of innovative working
- 4) A focus on de-normalising smoking

### Proposed North Yorkshire Tobacco Control Model

Five priorities for tobacco control in North Yorkshire have been identified following a recent engagement process with partners and current or potential providers, the full report can be found at Appendix 2. A CLear self-assessment was also undertaken in 2013/14. CLear is a way for local authorities to assess, review and improve their tobacco control work and can be found at Appendix 3. A summary of this work is included under each priority.



The five priorities for Tobacco Control across North Yorkshire:

1. Preventing children and young people from smoking.
2. Normalise a smoke-free lifestyle.
3. Reduce illegal tobacco in the community.
4. Support smokers to quit (including pregnancy).
5. Carry out marketing and communication programmes.

Reducing health inequalities caused by smoking is a cross cutting theme which features in all of the five priorities.

In addition to the development of local interventions, we will strive to enhance national activity and, where appropriate, collaborate with colleagues across the region to strengthen the impact of our own local actions.





## PRIORITY 1 - Prevention for children and young people

### Objectives:

- **Reduce the number of young people smoking to 0% by 2025.**
- **Reduce the number of underage sales of tobacco to children and young people.**
- **Reduce the number of homes where children are exposed to second-hand smoke.**

It is recognised that starting to smoke is a decision of childhood as 84% of smokers start before the age of 19 years. The evidence supports initiatives to help stop children and young people from starting to smoke and to find ways to help them stop as soon as possible if they have started. Starting young can lead to a lifetime of tobacco addiction and a three times increased likelihood of dying young due to their smoking behaviour. Millions of children and young people are exposed to tobacco smoke in homes and cars every day.

### What are the issues for North Yorkshire?

Focus groups were undertaken with young people and youth workers in the youth setting. These are the headline recommendations following analysis.

- Inform and work with trading standards on illicit tobacco, underage sales and sales of e-cigarettes to young people.
- Need to develop guidance for young people and young people's settings on e-cigarettes.
- Prevention work with young people should be done on a regular basis.
- As part of adult smoking services information should be included on role modelling as parents have a significant influence.
- Further insight work would be useful with other areas across North Yorkshire to examine the key themes in addition to looking at the issues of rural areas and its impact on smoking in young people.

### How will we address the issues?

The Strategy supports government action to tackle this agenda. Initiatives to improve knowledge and understanding about this issue locally should be explored further. Empowering children to make an informed choice will be central to the approach. The evidence supports encouraging the young to be advocates on this subject, and local initiatives to support our children and young people to be involved will be pursued. Gold standard school smoke-free policies promote a smoke-free lifestyle for children and their families.

There is little evidence to support smoking cessation initiatives amongst young people and it is agreed that prevention strategies are more successful. Efforts to stop children taking up smoking are less effective for children living in a smoking environment. Therefore reducing adult prevalence has a direct effect on children. However, there are a limited number of evidence-based prevention interventions to draw on and these are cited in NICE Guidance PH23: School-based interventions

to prevent the uptake of smoking among children (2010). The five recommendations below include the following advice:

- The smoking policy should support both prevention and stop smoking activities and should apply to everyone using the premises (including the grounds).
- Information on smoking should be integrated into the curriculum. For example, classroom discussions could be relevant when teaching biology, chemistry, citizenship and maths.
- Anti-smoking activities should be delivered as part of personal, social, health and economic (PHSE) and other activities related to Healthy Schools or Healthy Further Education status.
- Anti-smoking activities should aim to develop decision-making skills and include strategies for enhancing self-esteem. Parents and carers should be encouraged to get involved and students could be trained to lead some of these programmes.
- All staff involved in smoking prevention should be trained to do so.

- Educational establishments should work in partnership with outside agencies to design, deliver, monitor and evaluate smoking prevention activities.

We wish to engage the voices of young people in shaping and taking forward the prevention programme and make best use of the Growing up in North Yorkshire survey data on smoking to target work effectively.

The Strategy supports the Plain Packaging legislation.

The Strategy supports the smoke free cars carrying children legislation.

This is a key area for NYCC through its Trading Standards, Children and Young People services, alongside District Environmental Health departments who have a key role to play in this priority, through actions to:

- Undertake test purchasing activity
- Deliver no proof of age, no sale education campaigns or similar.

- Deliver 'whole school approaches' and peer-led prevention programmes in schools, such as the Assist programme.

## PRIORITY 2 - Normalise a smoke-free lifestyle

### Objectives:

- **Increase the number of smoke-free places and promote why and how to quit smoking.**

### What are the issues for North Yorkshire?

- There has been high compliance with little need for enforcement measures of the smoke free legislation in 2007; this is in line with the national evidence.
- NYCC and all District Councils have a smoke free policy; some areas have updated the policy to include e-cigarettes. Some District Councils tackle smoking in workplace vehicles for own and other businesses but do not have powers to stop vehicles. There is opportunity to revisit these policies and provide support to employers and employees to reduce smoking in the workplace.
- Other public organisations such as the NHS, particularly mental health units/ premises are currently not smoke free or

complying with the smoke free legislation.

- Currently responding to complaints in a reactive way rather than proactive.
- There is strong public support for smoke free play areas in the Harrogate District. A recent public survey receiving overwhelming support in favour of introducing action being taken to prevent or discourage smoking in play areas.
- Communication between NYCC Trading Standards and Environmental Health districts needs developing.
- Budgets have been reducing over the last 5 years within Local Government, removing all non-statutory activity; investment for tobacco control would be welcomed for District Councils. NYCC Trading Standards have welcomed recent investment from public health to undertake tobacco control work.

Opportunities for development include:

- Smoke free policies within local organisations – updated to include e-cigarettes and support for employees and/or patients who wish to quit.

- Support, advice and guidance provided to local organisations and businesses on compliance with the law and good practice.
- Provide support and advice to secondary care settings (maternity, acute, mental health) to become smoke free and compliant with NICE PH 48.
- Tackle smoking in business vehicles which serve the public and / or are used for work purposes.
- Advice to employers on Health Act compliance, shelters and smoking signs.
- Establish smoke free homes, cars, and environment schemes including play areas and sports venues
- Raise awareness to organisations, members and officers on tobacco control work.

How will we address the issues?

- Smoke-free legislation has made public places smoke-free. The legislation does not cover outdoor public spaces. It is important

that the public sector leads by example, displaying to others the best of policy and implementation of policy. This strategy fully supports the smoke-free message in Local Government, the NHS and other public sector areas. This strategy recommends all NHS premises in North Yorkshire implement a gold standard 'whole organisation' smoke-free policy, supported with systems such as referrals to stop smoking and availability of nicotine replacement therapy. It will also support extending this approach to other organisations such as children's centres and housing associations. It will promote the smoke-free agenda to district councils and continue to lobby for further national smoke-free regulations. Smoke-free environments are needed in our communities to protect children, young people, babies and infants.

- This is a key area for NYCC through its Public Health, Children and Young People services, Trading Standards, alongside District Environmental Health departments who have a key role to play in this priority, through actions to:

- Promoting smoke-free places so that tobacco is further de-normalised.
- Smoke-free homes.
- Smoke-free cars.
- Smoke-free leisure site areas e.g., play parks, beaches, sports venues and local tourist attractions.
- Widening the scope of workplace smoke-free policies to include whole-site bans and a whole organisation approach.

## PRIORITY 3 - Reduce illegal tobacco in the community

### Objective:

- **Reduce the supply of and demand for illegal tobacco.**

### What are the issues for North Yorkshire?

The priority for NYCC Trading Standards over the last few years has been to concentrate on mandatory duties and reduce proactive work such as participation in partnership groups like Community Safety Partnerships. This reduces the opportunities to share information and intelligence on illicit tobacco.

There are however significant opportunities that have been identified by Trading Standards and Public Health:

- Test purchasing to prevent underage sales.
- Research into the scale of the illicit tobacco problem in North Yorkshire.
- Intelligence on illicit tobacco and reporting of underage sales.
- Monitoring the displays at point of sale.

- Detection and disruption of illegal tobacco.
- Partnership working – HMRC, Police, Fire, Environmental Health, Public Health.
- Undertake educational activities to promote responsibility in relation to tobacco.

How will we address the issues?

Cheap illegal tobacco undercuts the national taxation policy and is linked to funding serious, organised crime such as human trafficking and drugs. Working together in partnership will be our most effective way of tackling this problem. Illegal tobacco is more accessible in areas of deprivation and supports the cycle of ill health and poverty. Central to the objectives is to reduce availability of this kind of tobacco in our communities.

There should be a commitment for us to work together and provide the public with safe means to share information with the authorities about the availability of illegal tobacco, and is committed to working in partnership to make a difference in this area. Key partners that will work in this field include HMRC, Trading Standards, North Yorkshire Police, community

safety partnerships, health practitioners, the local stop smoking service, the local community, and local businesses, North Yorkshire Fire and Rescue and environmental health. Together they can commit a solid approach to tackling this issue. Key to the partnership will be creating local intelligence and a full range of information about illegal activity and its effect on the community. There will be a need to also enable agencies to be clear about our communication with the public through effective and consistent messages to be shared across the whole tobacco control steering group.

Opportunities for NYCC Trading Standards department as a leading partner for reducing illegal tobacco include:

- Increase partnership working arrangements with district councils.
- Undertaking research to identify the scale of the problem across North Yorkshire.
- Creating and sharing local intelligence on illicit tobacco.
- Detection and disruption of illegal/ counterfeit tobacco products.

- Niche products (e.g. snuff, e-cigarettes).
- Monitoring the display of products at point of sale.

From November 2011 all cigarettes sold throughout the EU must conform to 'reduced ignition propensity' standards, which should help to reduce the risk. This is another reason to make illegal tobacco a priority, as illegal tobacco is less likely to conform to the new standards and is therefore more likely to cause fires.





## PRIORITY 4 - Support smokers to quit

### (North Yorkshire smoke free services)

#### Objective:

- **Increase the number of smokers using the local stop smoking services, particularly from vulnerable groups.**

#### What are the issues for North Yorkshire?

- The current specialist service is an evidenced based service following good practice and client centred.
- NYSSS offer a combination of different services including clinics, 1:1 support, drop-ins and home visits are increasingly being arranged where appropriate.
- There has been some excellent work with maternity services in Scarborough, Harrogate and York hospitals, with improved care pathways for referral, mandatory training, CO monitoring and policy.

- The level of complexity of clients is increasing and there is a need to work outside the abrupt four week quit model in order to support clients' needs better. This requires capacity to provide more intensive support over a longer period of time.
- There is a need for a whole system approach to very brief advice (VBA), vulnerable groups require further support and this requires good quality signposting or referral.
- Many barriers still exist in addressing smoking behaviour; it is not challenged in the same way as other conditions.
- An investment in IT would improve the service, specifically a website for online access into the service, use of social media, a data management system designed to meet the needs of a smoking or lifestyle service and mobile IT connectivity.
- Wider tobacco control model not just cessation but include prevention for young people.
- A well thought out stance on e-cigarettes.
- Smoking pathways need to be improved and acute trust protocols need to be developed further in line with recent NICE guidance. Increased capacity is required to support this work with strategic influence and commitment from Public Health and CCGs.
- Stopping people smoking is important to primary care, pharmacy and dental and should be a priority due to strong associations with chronic illnesses (LTCs).
- Regular campaigns and promotions are required.
- Single point of access.
- Targeted service for vulnerable groups – pregnancy, mental health, substance misuse, LTCs and R/M.
- Regular feedback on patients is required.
- A PGD for Pharmacies would improve the client journey.
- The payments could be improved to recognise all work undertaken
- Much more could be done in mental health services to support people to quit, there

are no clear pathways in place, little or no referrals to NYSSS, ad-hoc training has been done with one provider but no training has been undertaken with social care staff.

- Likewise with substance misuse service users, more could be done to support smokers to quit, including smoke free policies and sites.

### How will we address the issues?

The evidence and engagement strongly supports the work of the local NHS stop smoking service and the help they can give to people wanting to stop smoking. It recognises that nationally less than 6% of the smoking population accesses NHS stop smoking services. Quitters using NHS services are four times more likely to succeed than without support. No other method of quitting can match this success rate. Moreover, stop smoking services offer value for money. The All Party Parliamentary Group on Smoking and Health (2010) concluded that commissioning of stop smoking services should be a priority.

The published NICE guidance PH48 (2013) aims to support smoking cessation, temporary abstinence from smoking and smoke free policies in all secondary care settings. It recommends:

- Strong leadership and management to ensure premises remain smoke free.
  - All hospitals have an on-site stop smoking service.
  - Identifying people who smoke, offering advice and support to stop.
  - Providing intensive behavioural support and pharmacotherapy as an integral component of secondary care.
  - Integrating stop smoking support in secondary care with support provided by community-based services.
  - Ensuring staff are trained to support people to stop smoking while using secondary care services.
  - Supporting staff to stop smoking or to abstain while at work.
- Ensuring there are no designated smoking areas or staff-facilitated smoking breaks for anyone using secondary care services.
  - The Strategy seeks to support the success of the stop smoking service in the following key areas:
    - Stop smoking services to operate in a range of settings including GP Practices, Pharmacies and Dental Practices where appropriate. Stop smoking services to explore other areas for service presence and development such as the voluntary sector.
    - Stop Smoking Services to work in a more targeted way giving priority to R&M, pregnancy, mental health, substance misuse and LTCs. Strong engagement with mental health and substance misuse services. High smoking prevalence exists in mental health and substance misuse settings and smokers in this category are sometimes neglected in mainstream services.
    - Clear referral pathways must be established particularly for maternity, mental health, substance misuse and chronic disease management.



- The level of complexity of clients is increasing and there is a need to work outside the abrupt four week quit model in order to support clients' needs better. This requires capacity to provide more intensive support over a longer period of time.
- Ensuring that promotion of referral to smoking cessation is included in a wide range of strategies and commissioning arrangements such as Health Checks and the prevention agenda.
- Developing a robust and systematic smoking cessation referral and discharge system in secondary care.
- Providing a whole system approach to very brief advice training with opportunities across a wide audience including health and social care organisations, voluntary sector and service provider organisations with strategic support. Introducing improved referral and feedback mechanisms between stop smoking services and referrers.

## Reduce smoking in pregnancy

### Objective:

- **Reduce the number of pregnant women smoking across North Yorkshire to 11% or less with a particular focus on Scarborough where rates are significantly higher.**

As stated in Section 1, smoking in pregnancy can cause increased risk of miscarriage, stillbirth, preterm birth and low birth weight. It has been found to increase infant mortality by about 40% and is 1.5 times higher in women in the manual workers group than the population as a whole. It is nearly three times higher among mothers aged under 20 compared with rates for all pregnant women.

Key areas for development to reduce inequalities around smoking in pregnancy are as follows:

- Clear care pathway for all professionals coming into contact with pregnant smokers and the wider family network into the local stop smoking services.
- Adequate specialist support for all pregnant smokers and wider family network across North Yorkshire.
- Continued focus and partnership work to reduce SATOD rates in Scarborough Hospital.
- Accurate data capture mechanisms to record smoking status at delivery must be in place. Current data capture systems should be assessed and improved where needed.
- Training around very brief advice and CO monitoring needs to be continued for community and hospital midwives at Harrogate and Scarborough sites and developed for the Friarage Hospital, Northallerton in partnership with South Tees Trust.
- Revisit CO monitoring and when this is undertaken to validate SATOD rates and introduce regular reporting of CO monitoring with thresholds.

- Systems to record and feedback to the midwives about their patients following a referral being made, would help improve high lost to follow up rates with re referral back into the stop smoking services.
- All professionals coming into contact with pregnant women that smoke should use that opportunity to give very brief advice and refer to stop smoking services. Regular training programmes need to be developed with strategic support for this.
- Further insight work with the professionals coming into contact with pregnant smokers to identify any barriers and address these once known.
- Development of targeted campaigns including social marketing and communications.



## PRIORITY 5 - Carry out marketing and communication programmes

### Objective:

- **Raise the profile of smoking and its dangers so every smoker understands the dangers of smoking and second-hand smoke and also knows how to access the local NHS stop smoking service**

### What are the issues for North Yorkshire?

Public health currently supports the national campaigns such as Stoptober and No Smoking Day. The focus has always been on smoking cessation with little or no activity on other tobacco control areas. More coordinated communication could be done and delivered in partnership. The Yorkshire and Humber region are due to launch Breathe 2025, a website and online guide for local areas. There will be an opportunity to pledge support and become more engaged at a regional level.

How will we address the issues?

The Strategy seeks to take advantage of government campaigns and developments led by the Yorkshire and Humber Region. Locally all initiatives will follow these themes. This will create a consistent, coherent and coordinated communications strategy.

The Steering Group is developing a communications strategy to support its work.

Key areas of work for this priority are:

- Promoting stop smoking attempts according to national and regional branded campaigns such as Stoptober and No Smoking Day.
- Promoting the dangers of smoking during pregnancy and second-hand smoke.
- Using all partners and a social marketing approach to communicate the key messages in the strategy to their stakeholders and members around smoke-free policies, second-hand smoke and smoke-free environments.

- Using all partners to promote the NHS stop smoking support available in North Yorkshire.
- Reaching the high priority groups, routine and manual, pregnancy, young people, mental health, substance misuse and long term conditions through effective communications.

## Conclusion

The implementation of the North Yorkshire Tobacco Control Strategy is vital to improving the health and economics of North Yorkshire. Action needs to be undertaken on a range of fronts, not only by large or public organisations but by smaller agencies, communities and individuals working in partnership to deliver concerted and co-ordinated action on tobacco. This strategy does not stand alone but is integral to other county and district strategies. It is a key contributor to North Yorkshire's Health and Wellbeing Strategy. North Yorkshire has made good progress in some areas of tobacco control but must continue to take sustained and comprehensive action to ensure that tobacco is less attractive, less available and less accessible.

### Next Steps

An action plan monitored by a set of indicators has been developed, overseen by the Tobacco Control Steering Group reporting to the North Yorkshire Health and Wellbeing Board.

