



Agenda

Meeting: Health and Wellbeing Board

**Venue: The Rosewood Herriots Hotel
Skipton BD23 1RT
(See location plan overleaf)**

**Date: Wednesday 30 September 2015 at
2.00pm**

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	-	2.00-2.05
	<u>Standard Items</u>			
2.	Minutes of the meeting held on 3 June 2015	To Approve	1-7	
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	To Note	-	

	<p>(<i>contact details below</i>) no later than midday on Thursday 24 September 2015, three working days before the day of the meeting. Each speaker should limit themselves to 3 minutes on any item. Members of the public who have given notice will be invited to speak:-</p> <ul style="list-style-type: none"> at this point in the meeting if their questions/statements relate to matters which are not otherwise on the Agenda (subject to an overall time limit of 30 minutes); when the relevant Agenda item is being considered if they wish to speak on a matter which is on the Agenda for this meeting. 			
4	<p>Presentation on Falls Prevention</p> <p>Joint Health & Wellbeing Strategy Theme: Live Well & Age Well</p> <p>Presenter: Gail McCracken – Falls Co-ordinator</p>	To accept		2.05 2.30
	<u>Strategy</u>			
5	<p>Joint Health & Wellbeing Strategy</p> <p>Sponsor Amanda Bloor</p>	To approve	8 to 20 (Separate Booklet) (1-13)	2.30 – 2.45
6	<p>2015 Annual Report of the Director of Public Health for North Yorkshire</p> <p>Sponsor: Dr Lincoln Sargeant</p>	To approve	21 to 23 (Separate Booklet) (14-97)	2.45-3.00
7	<p>Mental Health Strategy</p> <p>Sponsors: Dr Vicky Pleydell & Richard Webb</p>	To approve	24 to 33 (Separate Booklet) (98-175)	3.00-3.15
8	<p>Tobacco Control Strategy</p> <p>Sponsor – Dr Lincoln Sargeant</p>	To approve	34 to 35 (Separate Booklet) (176-195)	3.15-3.25
9	<p>Strategy For Meeting the Needs of Children, Families and Adults with Autism in North Yorkshire 2015-2020</p> <p>Sponsor: Pete Dwyer</p>	To approve	36 to 42 (Separate Booklet) (196-269)	3.25-3.40

	<u>Assurance</u>			
10	Better Care Fund Performance Report of Wendy Balmain NYCC Assistant Director (Integration) – Health & Adult Services	To assure	43 to 47	3.40-4.00
11	Annual Reports 2014/15:- (a) North Yorkshire Adults Safeguarding Board (b) North Yorkshire Children’s Safeguarding (c) Healthwatch North Yorkshire (d) North Yorkshire NHS Complaints Advocacy Service	To Accept	48 to 49 (Separate Booklet) (270-298) (299-331) (332-359) (360-379)	4.05- 4.15
	<u>Information Sharing</u>			
12	North Yorkshire Delivery Board meeting notes 9 July 2015	To accept	50 to 55	4.15 0-4.20
	<u>Other Items</u>			
13	Forward Work Plan/Work Programme	To approve	56 to 58	4.20-4.25
14	Delegated Approval – Future In minds JP/WB	To approve	59 to 62	
15	Other business which the Chairman agrees should be considered as a matter of urgency because of special circumstances			

Barry Khan
Assistant Chief Executive (Legal and Democratic Services)

County Hall
Northallerton

Date: 22September 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

The fire evacuation alarm is a continuous Klaxon. On hearing this you should leave the building by the nearest safe fire exit. From the **Grand Meeting Room** this is the main entrance stairway. If the main stairway is unsafe use either of the staircases at the end of the corridor. Once outside the building please proceed to the fire assembly point outside the main entrance

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

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

Notes:

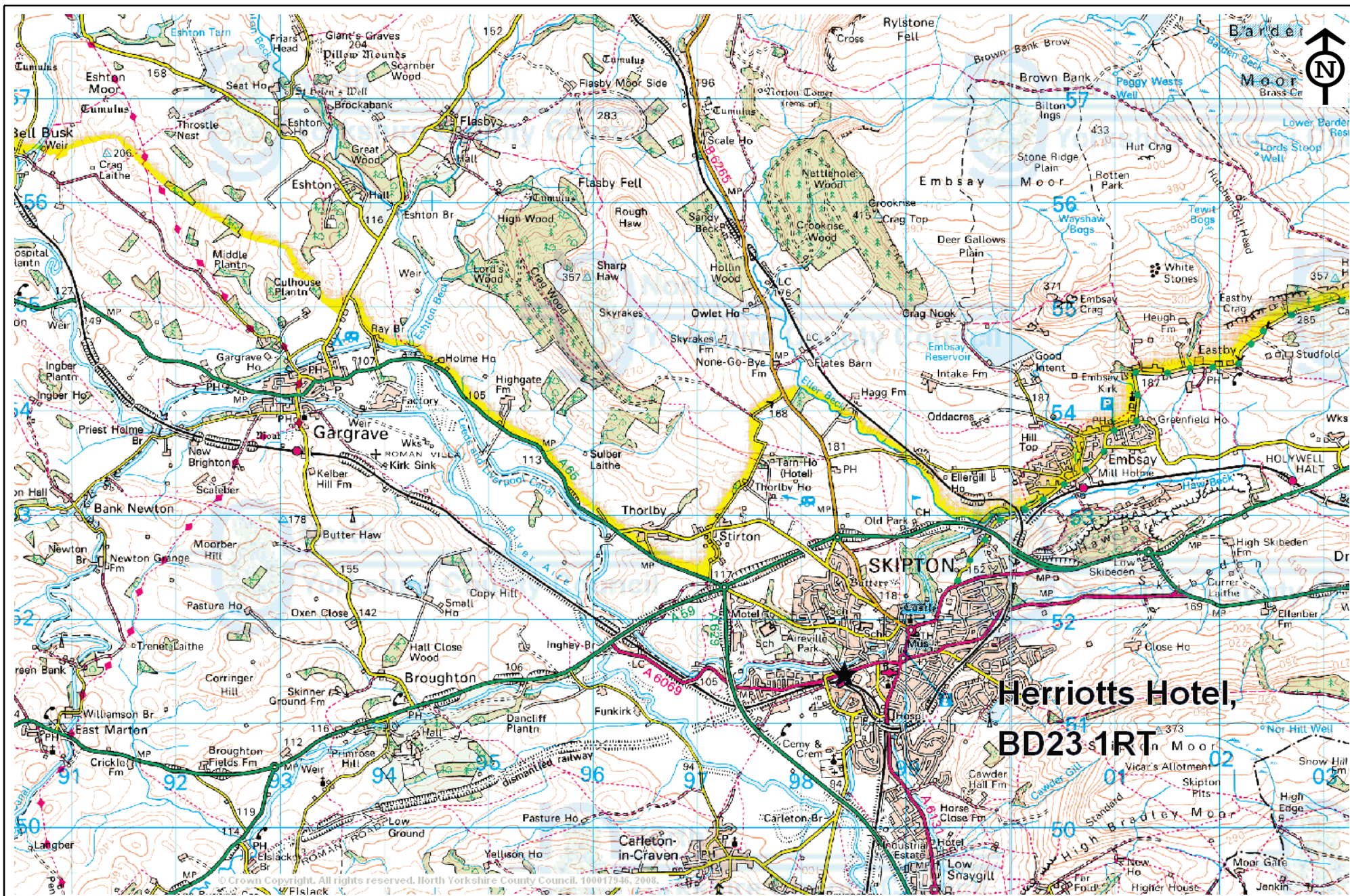
1. The Health and Wellbeing Board is exempt from the requirements as to political balance set out in Sections 15-16, Schedule 1 Local Government Housing Act 1989
2. The Councillor Membership of the Board is nominated by the Leader of the Council. In the event that the number of portfolio holders responsible 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.

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**.



Herriotts Hotel, Skipton, BD23 1RT

Map scale: Scale 1/49045
 Date: Date 5/11/2008
 Created by: JD
 Grid Ref: Centre = 396846 E 453574 N



Herriotts Hotel, Skiton, BD23 1RT

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Map scale: Scale 1/6130
 Date: Date 5/11/2008
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 Grid Ref: Centre = 398145 E 451613 N

North Yorkshire Health and Well-being Board

**Minutes of the meeting held on Wednesday 3 June 2015 at 3.00 pm at
The Spa Complex, Scarborough**

Present:-

Board Members	Constituent Organisation
<u>Elected Members</u>	
County Councillor Clare Wood (Chairman)	North Yorkshire County Council Portfolio Holder for Health and Adult Services
County Councillor David Chance	North Yorkshire County Council Portfolio Holder for Public Health and Area Committees
<u>Local Authority Officers</u>	
<u>Richard Flinton</u>	North Yorkshire County Council Chief Executive
Richard Webb	North Yorkshire County Council Corporate Director – Health & Adult Services
Dr Lincoln Sargeant	Director of Public Health North Yorkshire
Carolyn 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>	
Dr Vicky Pleydell	Hambleton, Richmondshire and Whitby CCG
Simon Cox	Scarborough & Ryedale CCG
Dr Mark Hayes	Vale of York CCG
<u>Other Members</u>	
Alex Bird	Voluntary Sector (North Yorkshire and York Forum)
Sir Michael Carlisle	North Yorkshire Healthwatch Chairman
Adele Coulthard (substitute)	Mental Health Representative Tees Esk & Wear Valleys NHS Foundation Trust
Julie Warren	NHS England NY & Humber Area Team

In Attendance:-

North Yorkshire County Council officers: Wendy Balmain, Kathy Clark and Elaine Wylie (NYCC Health & Adult Services), Jane Wilkinson (NYCC Legal & Democratic Services) Henry Cheung (Business Support).

County Councillor: John Clarke

David Ita – North Yorkshire Healthwatch

Janet Probert – Director of Partnerships Commissioning Unit

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

1 Member of the public

Copies of all documents considered are in the Minute Book

Chairman's announcement: The Chairman reported changes in elected member representation and thanked retiring Board members for their contribution and commitment.

100. Apologies for absence

Apologies for absence were submitted by Pete Dwyer (North Yorkshire County Council), Councillor Janet Sanderson (Executive Member for Children's Services North Yorkshire County Council), Councillor Foster (District Council Leader), Amanda Bloor (Harrogate & Rural District CCG), Dr Colin Renwick (Airedale Wharfedale & Craven CCG) Martin Barkley (Mental Health Trusts) and Patrick Crowley (Acute Hospitals).

101. Minutes

Resolved–

That the Minutes of the meeting held on the 13 February 2015 be approved as an accurate record.

102. Public Questions or Statements

There were no questions or statements from the public.

103. Governance and Development

Considered -

The report of NYCC Corporate Director - Health and Adult providing an update on progress made by the Board regarding the introduction of changes to its governance arrangements following a review in November 2014.

The report described reporting arrangements and relationships between the Board and the newly established North Yorkshire Delivery Board and Commissioner Forum.

Appended to the report was a copy of the 'ground rules' as suggested by Board Members at the first informal development session held on 25 March 2015. The outcome of the development session was also summarised in the report.

In response to a suggestion by a Member, the Board agreed to amend the final paragraph of the 'Ground Rules' to read as follows:

"We believe that we should continually strive to develop and improve and wear our team badge – Team North Yorkshire with pride".

The Chairman made reference to the significant progress that had been achieved and thanked Board Members for their cooperation.

Resolved -

1. That the progress achieved to date be noted.
2. That a further Health & Wellbeing Board development session be held on the morning of 26th October 2015.
3. That any suggestions and ideas for the content of the October Development session be forwarded to Wendy Balmain (NYCC Assistant Director Integration Partnerships & Commissioning).
4. That the ground rules attached at annexe 2 of the report be approved as amended above and be adopted by the Board.

104. Draft Mental Health Strategy

Considered -

The joint report of the Director of the Partnership Commissioning Unit and the NYCC Assistant Director of Commissioning seeking comments from the Board on an initial draft of a proposed new mental health strategy for North Yorkshire. A copy of the draft strategy was appended to the report.

It was emphasised that the draft strategy was still at a very early stage and that its content was based on feedback received from users, carers, staff and voluntary groups. The feedback had been used to identify three key areas on which to focus opportunities to improve mental health for North Yorkshire residents. Wider consultation was proposed with the public and partners over the course of the summer with a view to a final draft being referred back to the Board in the Autumn.

Board Members expressed support for the key elements of the draft strategy and made the following comments and suggestions about how the strategy could be further improved:-

- That the draft strategy had clear links to work being done on the ground
- That whilst the resources available for provision of mental health services had improved there was still room for further advancement and this should be reflected in the final strategy
- The inclusion of an appropriate quotation on the title page would be beneficial
- That the contribution of the voluntary sector was dependent upon funding streams being sustained many of which were vulnerable. CCGs sometimes had a tendency to work in isolation which made it difficult for the Voluntary Sector to influence CCG priorities and access external funding.

- Questioned whether it should be called ‘mental health strategy’ on account of the stigma attached to mental health
- Highlighted the need for parity in the commissioning of adult and children’s mental health services and suggested that specialist services be co-commissioned in future
- That the public health team would contribute to implementation by raising awareness through public campaigns
- Suggested that the Board focus on 1 or 2 prevention themes such as emotional wellbeing and resilience and redesign services with a view to reducing the number of referrals to mental health services.
- Stressed the need for delivery to be made available locally and for the workforce generally to be able to address mental health issues
- That a performance framework was needed in order to measure and monitor performance effectively
- Favoured a suggested title for the final strategy of “one in four”

Janet Probert thanked Board members for their comments and acknowledged the need for performance monitoring. The Board noted that a writing group that included in its membership a range of partners was in place to further develop the strategy document and would incorporate the comments made by Members that day.

Board Members consented to being contacted on an individual basis outside of the meeting to discuss how they were able to contribute to implementation of the strategy.

Resolved -

1. That the draft mental health strategy as appended to the report is endorsed by the Health and Wellbeing Board.
2. That following consideration of the final draft of the Mental Health Strategy by the writing group further consultation is undertaken.
3. That following consultation the final Mental Health Strategy is referred to the Board, for approval in September 2015.

105. Joint Health & Wellbeing Strategy

Considered -

The report of the NYCC Corporate Director Health & Adult Services seeking the Board’s approval to take the draft updated strategy (copy appended to the report) out to consultation with a view to a final draft being referred back to the Board in September 2015.

At its meeting in July 2014 the Board had established a task and finish group to update the strategy and to reflect the progress made since the first strategy was produced in 2013.

The draft strategy was based around four themes and was designed to help people make the right choices to live a healthy lifestyle with a view to building personal resilience and reducing the burden of ill health in communities across the county.

In presenting the report Wendy Balmain highlighted the significant collaboration that had taken place between partners to reach the current stage in the development of the strategy. She welcomed any suggestions Members had for a title for the strategy

and their feedback on whether it was 'brave and bold enough' as well as their thoughts on how to measure progress.

Members commented as follows:-

- The draft strategy was linked to a number of other strategies - key priorities should be identified and progress should be measured against implementation of them
- That under theme 4 - 'Age Well' transport should be listed as one of the enablers under the 'workforce' heading
- Suggested the outcome under theme 3 'Live well' be amended. The draft strategy stated that people would be free of isolation and loneliness - this was unrealistic and the target would be better if it said that levels of isolation and loneliness would be reduced. Members debated the suggested outcome and agreed that perhaps it would be best to stick to the original wording as it would be difficult to quantify and measure reduced levels of isolation and loneliness
- Under the heading "Getting the whole system working better - workforce" care homes and nursing homes should not be referred to separately
- Questioned whether the draft strategy covered new models of care and whether the Board should challenge the Government to provide support

Wendy Balmain sought approval to go out to wider consultation after having taken on board the comments made by members during the meeting. Members said they would appreciate early sight of the final draft and supported the draft being released for consultation.

Resolved -

1. That the updated draft Joint Health & Wellbeing Strategy is endorsed by the Health & Wellbeing Board and that the task and finish group be requested to produce a final draft strategy.
2. That the proposed timetable for consultation and feedback is noted and approved and that the final draft Joint Health & Wellbeing Strategy is referred to the September meeting of the Board.

106. North Yorkshire Tobacco Control Strategy 2015/2025

Considered -

The report of the Director of Public Health for North Yorkshire requesting the Health and Wellbeing Board to sign up to the North Yorkshire Tobacco Control Strategy 2015-2025.

In speaking to the report Dr Lincoln Sargeant said that smoking remained the biggest preventable cause of ill health and early death in North Yorkshire. He summarised the aims, principles and priority areas of the Strategy designed to support delivery of the vision: '*To inspire a smoke free generation in North Yorkshire*'.

In response Members commented as follows:

- That the Strategy needed to reflect different smoking levels on a locality basis and differences in the level of resources available as the pattern was not consistent across the county

- That collectively partner organisations employed a large workforce, many of whom smoked and that employers needed to do more to encourage their employees to stop smoking
- That the military population at Catterick Garrison had a history of high prevalence rates of smoking and more work needed to be done with this group

In response Dr Sargeant said that the implementation plan under development would identify and target specific groups.

Resolved -

1. That the priority areas identified in the updated Tobacco Control Strategy 2015/25 are approved.
2. That Health and Wellbeing Board members agree to commit their organisations as signatories to the Strategy.
3. That the final Strategy and implementation plan is referred to the Health and Wellbeing Board with a view to launching the Strategy in October 2015.

107. Terms of Reference - Commissioner Forum & North Yorkshire Delivery Board

Considered -

The Committee received for information and approval the terms of reference for the:-

- Commissioner Forum
- North Yorkshire Delivery Board

Members endorsed the proposed terms of reference and accepted that the links between the Board, the Commissioner Forum and the North Yorkshire Delivery Board needed to be closer.

Resolved –

1. That the terms of reference for the North Yorkshire Commissioner Forum and North Yorkshire Delivery Board as appended to the report be approved.

108. North Yorkshire Delivery Board

Considered -

The Committee received for information the draft notes of the meeting of the North Yorkshire Delivery Board held on 9 April 2015.

Resolved –

That the notes of the meeting of the North Yorkshire Delivery Board held on 9 April 2015 be noted.

109. Forward Work Plan/Work Programme

Considered -

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

Members were reminded that the July meeting had been cancelled and that the venue for the September meeting was Skipton. Members' attention was also drawn to the further Development Session, they had agreed earlier in the meeting. It was proposed that the venue for the Development session on 26 October would be the Evolution Centre in Northallerton; and the theme of the event 'integration'.

Members endorsed the new format of agenda papers.

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 4.00pm

JW

NORTH YORKSHIRE HEALTH AND WELLBEING BOARD
Joint Health and Wellbeing Strategy
30 September 2015

1. Purpose

- 1.1 To bring the draft Joint Health and Wellbeing Strategy (JHWS) before the Board following consultation with the public and wider partners. Following approval by the Board the strategy will be used as the overarching framework for ensuring delivery of the Board's priorities.

2. Background

- 2.1 The Board approved the updated draft JHWS on 15 June 2015 and asked the task and finish group to finalise a draft version of the strategy for consultation during July and August.
- 2.2 In line with the timetable approved by the Board, a final version of the strategy was published electronically on 22 June 2015. A summary document, Easy Read and Plain English versions were also produced and all documents were made available on-line or in hard copy if requested.
- 2.3 HWB member organisations were actively involved in the consultation by sharing the strategy and engaging with others through their own forums and publishing the strategy on their own websites.

3. Consultation methodology and feedback mechanisms

- 3.1 A communications plan was developed to support the consultation period which included a number of different mechanisms to communicate the strategy to a broad audience and capture any feedback people wanted to give. Within the strategy document a web link was provided to take people to an on-line survey to gather feedback.
- 3.2 Individual letters launching the consultation were sent to Health and Wellbeing Board members from Councillor Wood and from Richard Webb to Police, Fire & Rescue and all North Yorkshire District Chief Executive Officers. HWB members posted the strategy and survey link on their own intranet to raise awareness and seek the views of staff across health and social care. Some members, in particular Healthwatch and the Voluntary sector, were able to use their own networks to reach further into the community and gain feedback from service users.
- 3.3 As well as seeking views via the survey questions, a number of discussions with service users, partners and key stakeholders were held throughout the consultation period. This included discussion in staff or community forums, press and radio interviews and dialogue with specific groups/organisations. A summary of these is set out in Appendix 1.

4. Consultation feedback

4.1 In addition to the survey questionnaires, the following partners and stakeholder organisations also submitted comments:

- Healthwatch
- Scarborough Borough Council
- Richmondshire District Council
- Harrogate Borough Council
- Transport Planning Office
- NYCC Scrutiny of Health Committee
- County Homelessness Group
- Woodland Trust

4.2 The consultation closed on 19 August 2015 and we received 75 questionnaire responses in total, of which 13 were in Easy Read format. A detailed breakdown of the demographic information and responses is set out in Appendix 2.

4.3 The vast majority of respondents were supportive of the strategy and the priorities set within it. Out of 75 respondents 67(89%) agreed or strongly agreed with the strategy (question 1 of the survey).

4.4 The generic survey responses to questions 2-5 were varied and produced a total of 290 comments which ranged from broad agreement with much of the strategy to some specific and individual responses about particular issues. As advised by communications and quality & engagement teams, survey questions were adjusted slightly for the Easy Read version.

4.5 Table 1 below shows a high level summary of questions 2-5 and the number of comments received spread across these questions for both survey questionnaires.

Generic questions		Number of comments
2.	<i>Which areas would you like to prioritise?</i>	96
3.	<i>What matters to you about your own health and social care</i>	89
4.	<i>Is there anything you would like more information about?</i>	39
5.	<i>Do you have any suggestions about how we could improve the strategy?</i>	38
Easy Read questions		
2.	<i>Tell us what you think is important to you to keep you healthy and happy</i>	18
3.	<i>Do you have any ideas about how to make the North Yorkshire Health and Wellbeing Board plan better?</i>	8
4.	<i>Is there anything you would like to know more about in the plan?</i>	3
5.	<i>Is there anything you would like to tell us about?</i>	4

Table 1: High level question/comment analysis

4.6 Given this level of response, comments have been aggregated into feedback groupings. Where comments covered more than one issue these were assigned to a maximum of three feedback groupings. Appendix 3 sets out the detail of these groupings as they align to the questions.

5.0 Summary of responses

5.1 Responses to Question 2, which focused on priorities and what is important to people, highlighted that the JHWS themes reflect issues that people are concerned about. Respondents wanted to have good access to services for all ages in both health and social care. In particular, people valued the importance of having access to their local GP to offer advice and guidance either directly or into other services. In terms of services, mental health, support for carers and older people featured in the responses to this question. Comments included:

- *“Having resources available at appropriate times of the day/week - for example lunch time weekdays are inaccessible due to work”*
- *“Access to services in rural areas, particularly for those with mental health issues and disabilities.”*
- *“Availability of a well trained, experienced GP. More information about preventing illness.”*
- *“Care for the elderly and vulnerable and more awareness of dementia in the community.”*

5.2 Responses to Question 3, which asked people what matters most to them about their own health care, reinforced the need for health and social care to listen to people and include them in the planning of services. Comments included:

- *“Include everyone in decision making and let people have a choice.”*
- *“Consultation at each stage. Involvement in decision making and an acknowledgement of the whole person not just the physical.”*

5.3 Responses to Question 4, which asked people what they would like to know more about, focused on people seeking information about services or how the strategy would be delivered. Comments included:

- *“Clear, easy to locate & understand information on service which are available”*
- *“How the strategy will be funded. How local people will be involved in the decision making process?”*

5.4 Responses to Question 5, which asked how we could improve the strategy, generally thought that the strategy was good but questions were raised about how things would be funded and how it would be delivered. Comments included:

- *“I think the strategy is good, but how robust is it for implementation?”*
- *“The changes you are aiming towards are huge. I'd like more information about how you are planning to achieve them.”*

6.0 Changes to the strategy

6.1 Overall, the consultation responses are supportive of the strategy and the themes/outcomes identified within it that are aimed at delivering improved and

joined up health and social care services for the people of North Yorkshire. The Board has recognised the need for the strategy to be an on-going work plan that makes a difference, rather than be a document that is not used. Comments from both the public and partners has then been considered in relation to the strategy so that the Board can be assured that the results of the consultation have been taken into account and, where necessary, the strategy amended to reflect the views of the public and partners.

6.2 Connected Communities

A range of observations were received from all respondents, and partners, which focused on the need to bring communities together and make them better connected. References to telecommunications, community related issues and rural isolation were key features highlighted in this strategy theme. Comments included:

- *“To belong to a vibrant, caring community and to have access to health services when I need them. It's good that Fibre Broadband has now arrived in Malhamdale.”*
- *“To have options and resources available which reduce social isolation. To be able to feel confident attending a medical appointment and understand what's been said, what actions are required and what treatment is needed”*
- *“Being able to socialise. Family around me.”*
- *“My lovely village staying lovely; Being able to communicate with family & friends via Skype which I can't do very well because we have no broadband.”*

Some changes have been made in the strategy reflecting the feedback in relation to this theme and some respondents' comments added (pages 9 and 17).

6.2 Start Well

A number of people highlighted that this theme was important to them and some comments were received which focused on keeping children and young people safe, improving opportunities for young people to lead active lives and giving children and young people a voice. Comments included:

- *“To 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. Please provide more advocates, particularly in Craven.”*
- *“keeping children and young people safe and ensuring that children and young people are safe from drugs/alcohol and unsafe sex.”*

The second bullet point has been added to the strategy as an example of comments received in relation to this theme (page 11).

6.3 Live Well

This strategy theme was strongly reflected in people's responses with a range of comments relating to achieving a healthy lifestyle, diet and exercise as well as issues about mental well-being. People commented on being able to

incorporate physical activity into everyday life, developing or providing access to clubs and gyms that provide the opportunity to exercise. Some responses reflected a desire for better leisure facilities that are available and affordable to all. Getting good advice and information from health and social care professionals in an easy and straightforward way was also important to people. Comments included:

- *“To encourage healthy lifestyles, exercise, use of sustainable transport.”*
- *“Having easier access to fitness centres, lowering costs of fitness centres. More information on healthy choices.”*
- *“Our social wellbeing is the main key to prevention and our abilities affect the wellbeing of others whether old or young. With reduction of services and opportunities through the austerity measured it is important to retain what we can, and support access to what remains where possible. The community hub is a great potential to form part of this and could perform functions of library; computer resource including learning; social hub replacing or supporting what has been community centre/ village hall activities etc. We could also build on the success of more recent events such as Tour de Yorkshire developing clubs, and activities that provide opportunity for all such as cycle groups, walking groups, and general social experience.”*
- *“Go swimming and walks. Going to work and seeing family. Healthy eating.”*

Some changes have been made in the strategy reflecting the feedback in relation to this theme and some respondents' comments added (page 13).

6.5 Age Well

A number of comments were received in relation to this strategy theme. Being able to live and age well in people's own home with the support of their family, friends or local community for as long as possible was important to people. Having choice and control was also something that came through strongly with people wanting to be listened to and treated as equals. Comments included:

- *“Helping people to remain in their own home but provide support that is tailored to them.”*
- *“Living well and ageing well, greater support for mental health issues. Increased choice of modern housing for ageing population.”*
- *“Care for the elderly and vulnerable and more awareness of dementia in the community”*
- *“That the professionals communicate effectively with each other, that there are supportive local services, that I am treated as an equal in my care”*

Some changes have been made in the strategy reflecting the feedback in relation to this theme and some respondents' comments added (page 15).

6.6 A letter was received from the NYCC Scrutiny of Health Committee about improving end of life care and a view expressed that the importance of 'dying well' was given greater recognition and prominence in the strategy.

Specifically, suggesting that this should be set out as a separate theme within the document replacing 'Connected Communities'.

6.6 Key Enablers

The draft strategy also highlights four key enablers: A new relationship with people who use services; workforce; technology and economic prosperity. It also reflects the importance of connecting services across health and social care to support the system working together better and start to reshape the relationship of care between the individual and the care provider.

Respondents also felt that these elements were important in relation to the strategy as reflect in comments in responses across a number of survey questions. Comments included:

- *"I think one of the hardest things for policy makers is to understand the variety of differing complex situations people find themselves in at various stages in their lives, and particularly in later life. So the point in the strategy about developing relationships with service users seems to me to be very important."*
- *"...It is important to remember that prevention is better than cure. I would prioritise getting the whole system working better, which I think would have the greatest impact, affecting all the other areas."*
- *"timely access - use phone, email and other methods accurate and accessible information local services where they can be, don't mind travelling for specialist services being joined up - sharing data and provides in a way i have confidence people know what is happening across the system."*

Some changes have been made in the strategy reflecting the feedback in relation to this theme and some respondents' comments added (page 17).

5.2 Identifying and stating the importance of broader determinants of health and well-being, such as housing and transport, was a strong message from partners who were involved in the consultation who felt that these elements needed strengthening in the strategy. There was a strong view that good housing, suitable employment and reliable transport all impacted positively on a person's mental health and well-being as much as their physical state; that creating infrastructure helped to reduce social isolation and build and maintain communities that could be resilient and self-reliant, ultimately contributed to the prevention agenda. Comments included:

- *"Housing - I would like the strategy to be clearer about the role of housing in prevention. Not just focusing on housing with care but on how the built environment can help to reduce care and health needs by having accessible accommodation with a range of on-site facilities."*
- *"Having good, clear information about what is available, where and when. Good transport links and cheaper access to sports and gym sessions."*

5.3 A specific reference and weblink to the York, North Yorkshire and East Riding Strategic Housing Partnership and associated Housing Strategy has been added to the JHWS strategy document (page 13).

6. Measuring success

6.1 A number of respondents commented on the importance of turning the strategy into plans that were more detailed and localised. People were supportive of the strategy but felt that it might be too ambitious and that it was important to understand the improvements made in North Yorkshire that related to the vision and themes described. Comments included:

- *“The changes you are aiming towards are huge. I’d like more information about how you are planning to achieve them.”*
- *“Tell us more about HOW not WHAT.”*

A section has been added to the strategy setting out how the strategy will be taken forward to delivery and how success will then be measured. The five elements set out in the document will be developed further with Board members through the autumn (page 23).

7.0 Implementation and Next Steps

7.1 The strategy received positive comments from stakeholders in relation to the way information was presented through clear and simple language. Some respondents felt that the design and visual content could be stronger. A revised design has been developed which reflects this feedback.

7.2 The concept of Connecting Communities; Start Well; Live Well; Age Well was positively received during consultation and was seen as a helpful way of presenting the strategy. The consultation comments reinforced the need for services to: work in a more integrated way; use technology and other innovative solutions; to keep listening to people and partners so that services are developed and delivered in line with what people want.

7.3 To help keep a focus on what people have said, the Board’s business could be co-ordinated in a way that reflects the strategy themes and the key enablers. In practical terms, it would be helpful for all current and future strategies/work programmes of the HWB to reference which strategy themes and associated outcome(s) their work relates to.

7.4 Further work is needed to agree how progress against the strategy is maintained. The input of the Board is essential in helping to shape how changes in service can be measured and demonstrated to the public and partners. The next Board development session in October may be a good opportunity to take this forward.

8. Required from the Board

8.1 The Board is asked to:

- 8.1.1 Acknowledge the work undertaken by the task and finish group in producing the final draft strategy and the support of partners in seeking/providing feedback throughout the consultation.
- 8.1.2 Receive and note the feedback received throughout the consultation and approve the changes made within the strategy document. Specifically, consider and agree any changes necessary with regard to the suggestion of including a separate theme on 'dying well'.
- 8.1.3 Approve the design concept in principle in order that the document can be finalised and progress to publication of the strategy as part of a 'soft launch' in October 2015.
- 8.1.4 Support the intention that strategies/work programmes are clearly linked to the JHWS outcomes.
- 8.1.5 Support the use of some of the Board development session on 26 October 2015 to further develop the five elements described in the strategy for measuring success.

Amanda Bloor
Chief Officer, Harrogate & Rural District CCG

List of partner/stakeholder discussions and interactions

Chief Executives Group (District & Borough Councils)	18 June	Wendy Balmain
Radio Interview – Stray FM	23 June	Richard Webb
Richmondshire District Council	25 June	Elaine Wyllie
Media & Press Release issued via NYCC Communications Team	29 June	Cllr Clare Wood
Northern Echo	1 July	Richard Webb
Yorkshire Post	2 July	Richard Webb
Harrogate Advertiser	3 July	Richard Webb
Airedale, Wharfedale & Craven Transformation Implementation Group	3 July	Elaine Wyllie
Harrogate Borough Council	15 July	Elaine Wyllie
Harrogate Health Transformation Board	23 July	Amanda Bloor
Children & Young People Leadership Team	23 July	Wendy Balmain
Mid-cycle briefing for Scrutiny of Health Committee	24 July	Richard Webb
Hambleton, Richmondshire & Whitby Transformation Board	27 July	Richard Webb/ Debbie Newton
County Homelessness Group	28 July	Elaine Wyllie
Radio Interview – Stray FM	28 July	Wendy Balmain
Reminder Press Release issued via NYCC Communications Team	28 July	Cllr Clare Wood
Vale of York CCG Governing Body	6 August	Mark Hayes

Appendix 2

Demographic analysis:

75 responses received in total comprising 62 generic and 13 Easy Read responses.

Of the 62 generic questionnaires received: 60 on-line responses; 1 by email and 1 by post, the following data has been captured:

Agree/Disagree (Question 1):

Strongly agree = 16 (26%)

Agree = 38 (61%)

Disagree = 7 (11%)

Strongly disagree = 1 (2%)

Geography:

Postcodes of respondents represented the following areas;

BD23 and 24

DN14

LS3 and 22

DL3, 6, 7, 8 and 9

HG1, 2, 4 and 5

YO7, 1, 12, 13, 17, 22, 30, 32 and 51

Gender:

38 (61%) Female respondents	20 (32%) Male respondents
20 to 29 years = 3 (5%)	20 to 29 years = 1 (2%)
30 to 39 years = 2 (3%)	30 to 39 years = 3 (5%)
40 to 49 years = 7 (11%)	40 to 49 years = 2 (3%)
50 to 64 years = 23 (37%)	50 to 64 years = 13 (20%)
65 to 74 years = 3 (5%)	65 to 74 years = 1 (2%)
4 (7%) respondents = Preferred not to reveal their gender	

Of the 13 Easy Read Format responses received, the following data has been captured:

Agree/Disagree (Question 1):

All 13 respondents agreed with all of the four main themes in the strategy.

Disability/Long-Term Condition:

All 13 respondents stated that they have at least one disability or long-term condition.

Geography:

The following geographical areas were represented by easy-read respondents:

Scarborough = 8 (61%); Hambleton = 3 (23%); Harrogate = 1 (8%) and Selby = 1 (8%).

Gender:

7 (54%) Female respondents	6 (46%) Male respondents
35 to 44 years = 1 (8%)	18 to 24 years = 1 (8%)
45 to 54 years = 5 (38%)	25 to 34 years = 2 (15%)
55 to 64 years = 1 (8%)	45 to 54 years = 3 (23%)

Questionnaire responses and themes aligned to questions 2-5

The following rates of response for the on-line generic survey were received for questions 2-5:

Generic questionnaire			
Question number	Question	Number of completed responses	Number of comments
2.	Please tell us which areas in the strategy you would like to prioritise	59	96
3.	Please tell us what matters to you about your own health and social care	56	89
4.	Please tell us anything you would like more information about	38	39
5.	Please tell us any suggestions for how we could improve the strategy	45	38

The comments given by respondents have been grouped according to common themes . Some comments covered more than one issue so were allocated to more than one theme, up to a maximum of three. Across questions 2-5, the most common themes were:

- *Access to, choice and quality of or reduction of services (44)*
- *Healthy lifestyle including diet and/or exercise (27)*
- *Community centred, rurality (26)*
- *Staying at home, age well, elderly (19)*
- *Cost (19)*
- *Mental health (17)*
- *Communications including internet/broadband access (16)*
- *Health and care integration, partnerships (16)*

The following rates of response for the easy read questionnaires were received for questions 2-5:

Easy read questionnaire			
Question number	Question	Number of completed responses	Number of comments
2.	Tell us what you think is important to you to keep you healthy and happy	13	18
3.	Do you have any ideas about how to make the North Yorkshire Health and Wellbeing Board plan better?	13	8
4.	Is there anything you would like to know more about in the plan?	10	3
5.	Is there anything you would like to tell us about?	10	4

The most common feedback themes arising from Question 2 were:

- *Healthy lifestyle including diet and exercise*
- *Social interaction*
- *Access to, choice and quality of, reduction of services*

Most of the responses to question 3 were positive with respondents' comments focusing on being involved in decision making and letting people having a choice.

Fewer comments were given in response to questions 4 and 5 with only one issue raised in responses for both questions as follows:

- *"Have people with a LD and autism on the HWB so they are included from the beginning. Get out and about and talk to more people"*
- *"Why are people with a LD and Autism not involved in these plans from the start?"*

Consultation with other stakeholders

In addition to comments received via the on-line survey, a number of other stakeholders provided feedback on the strategy including: Healthwatch; Scarborough Borough Council; Richmondshire District Council; Harrogate Borough Council; NYCC Scrutiny of Health Committee; County Homelessness Group, NYCC Transport Planning Office and Woodlands.

Whilst not all these partners responded specifically as per the questionnaire, the following recurring themes were recorded;

Question 2 – Please tell us which areas in the strategy you would like to prioritise.

End of life, dying well - this needs more attention and should include support for people choosing to die at home and also recognise the contribution made by bereavement services and the Hospice movement.

Mental health - more prominence and increased funding for Mental Health issues, particularly as good mental health can help in relation to reducing isolation and loneliness. Scientific evidence also shows that access to woodlands can help reduce levels of mental stress.

Community centred, rural issues - more emphasis needs to be placed on areas with high levels of deprivation which can be both town or rurally located. Transport links to and from rural areas need to be improved to prevent increasing rates of isolation.

Housing - it is widely recognised by stakeholders that more work needs to be done to reduce homelessness and create more suitable and affordable housing solutions within our communities.

Question 3 – Please tell us what matters to you about your own health and social care.

Community centred, rural Issues - more local focus is needed; the strategy does not make clear any differences that the strategy will make for our local populations.

Housing - local communities are suffering because young families cannot afford to buy property in ageing, affluent areas. More recognition that good housing options have a determining factor in health outcomes.

Health and care integration, partnerships - more work is needed to reflect and demonstrate how current changes in the health and social care economy are affecting our areas. Also need to work better with our partners and consider what contributions we need from other agencies and partners.

**Question 4 – Please tell us anything you would like more information about
Question 5 – Please tell us any suggestions for how we could improve the strategy.**

These two questions have been answered more generally but there are still some commonalities in responses from individual stakeholders;

Improvements needed - the strategy needs to present specifically what will happen next. Stakeholders wish to know what changes they can expect to see and how they can contribute directly to improvements in their own communities. More practical and real examples of anticipated improvements are needed rather than aspirational targets.

Community centred, rural issues - deprived communities need additional support to become more vibrant, self-reliant and connected. Make more use of our own local heritage to contribute towards health and wellbeing.

HEALTH & WELLBEING BOARD

Friday 30 September 2015

Annual Report of the Director for Public Health for North Yorkshire 2015

1 Purpose of the Report

- 1.1 To present the Annual Report of the Director for Public Health for North Yorkshire 2015, "The health of our children: Growing up healthy in North Yorkshire."
- 1.2 The Health and Wellbeing Board are asked to receive the report and to consider the actions that members can make to implement the recommendations.

2 Background

- 2.1 It is the duty of the Director of Public Health (DPH) to write an annual report on the health of the local population. This is my third report.
- 2.2 This year's report provides insight into the health issues for children, young people and their families in North Yorkshire, the progress made to date and recommendations for future action.
- 2.3. The report uses a lot of the excellent information collated from the "Growing Up in North Yorkshire" survey and complements the North Yorkshire Children and Young Peoples plan "Young and Yorkshire".

3 Executive Summary

- 3.1 The report describes how every year some 6000 babies are born in North Yorkshire. The majority will be born into stable families with the resources to ensure they have the best start in life. Most will develop the skills and knowledge needed for them to be ready for school. The majority will learn and practice healthy behaviours and will develop into well-adjusted young adults with the educational attainment and life skills needed for the careers of their choosing. However, there are some children who will face adversity from the outset.
- 3.2 In this report, each chapter highlights some of the challenges that children and young people face at different stages of their lives. In some situations, these challenges can be removed or the impact reduced. However, this is not always possible and children and young people

require help to be resilient – to overcome the obstacles that may threaten their development and progress into healthy and productive adulthood.

3.3 To illustrate the scale of the challenge in North Yorkshire the report notes that:

- 1 in 10 children are born into poverty
- 2 in 5 are not ready for school
- 1 in 5 start school with excess weight; increasing to 1 in 3 by Year 6
- 1 in 4 secondary school children report having tried smoking or currently smoke
- 1 in 3 report a low measure of resilience
- 1 in 4 leave school without achieving 5 or more GCSEs or equivalent qualification including maths and English

3.4 In addition there are groups that are vulnerable and need additional support to build their resilience. These include 1,800 children and young people with a Statement of Special Educational Needs, about 600 young carers and 465 children in care. Lesbian, Gay, Bisexual and Transgender youth and young people from black and ethnic minority groups report higher levels of bullying compared to other youth.

3.5 This report notes some of the actions being taken to address these challenges and indicates where further action is needed.

4 Annual Report Recommendations

1. Child poverty

Strategies and plans that affect the health and well-being of children and young people should be assessed for their impact on childhood poverty. Agencies and professionals working with pregnant women, children and families should include national objective measures of child poverty in their assessments to ensure that appropriate support is available to help overcome the wider social, economic and environmental factors that can adversely affect the health of these children.

2. 0-5 Healthy Child Programme

On transfer of the 0-5 health visiting programme, NYCC should review current provision with partner agencies to ensure the future service delivery model is embedded as part of wider range of prevention and early help services available.

NYCC as lead commissioner should ensure there is a balance between targeted services for vulnerable groups and also universal services.

3. Parenting Programmes.

NYCC and partner agencies should ensure that there are a range of evidence-based parenting programmes on offer to all parents with a range of needs, which have the outcomes of building family resilience and reducing demands of services

by enabling parents to self-help.

4. Childhood obesity

Partner agencies should agree a comprehensive 'Healthy Weight, Active Lives' Strategy, providing a strategic approach to encouraging children and young people to do more physical exercise and improve their eating habits. This should include initiatives to improve access to opportunities for physical activity and reduce factors in the wider environment that may promote obesity such as fast food outlets near schools.

5. PSHE in Schools

Schools should work in partnership with NYCC and other agencies to deliver high quality, consistent PSHE in line with the Department for Education guidance. , provide an age appropriate PSHE education for pupils.

Schools should explore different ways of tailoring and delivering lessons that is age appropriate, meets the needs of all pupils, and explores concepts that impact on risky behaviours such as healthy relationships and consent.

6. Maximise opportunities for Future in Mind

As highlighted in Future in Mind, although many schools support their pupils' mental health, more needs to be done to help schools develop knowledge about mental health, and also to develop a whole school approach to emotional health and wellbeing. There also needs to be better and easier access to specialist services for children and their families.

CCGs and Local Authorities need to maximise the opportunities provided by Future in Mind, and utilise available new investment to develop and deliver against their local transformation plans, with the aim of improving children and young people's physical and emotional resilience.

5 Appendices

- 5.1 Appendix 1 – Report of the Director of Public Health for North Yorkshire 2015 – draft proof.

Dr Lincoln Sargeant
Director of Public Health for North Yorkshire
14 September 2015

NORTH YORKSHIRE HEALTH AND WELLBEING BOARD
Mental Health Strategy
30 September 2015

1. Purpose of Report

- 1.1 This report presents the final draft of the Mental Health Strategy for North Yorkshire. The Health and Wellbeing Board endorsed the initial draft strategy in June 2015 and agreed that further consultation should be undertaken to seek feedback from those who had helped to shape the strategy, to ensure it reflects what matters to them, and to influence the plan for delivery of the strategy.
- 1.2 The report outlines the actions taken since June, summarises the feedback from consultation, outlines changes that have been made as a result, and sets out the plan for delivery of the Strategy.
- 1.3 At the front of the strategy the 'Short Summary' now includes information on the outcomes and actions which the strategy commits to. It is attached separately as Annex 1 for ease of access.
- 1.4 Health and Wellbeing Board partners are asked to
- approve the Strategy
 - agree that information about the strategy is developed to coincide with World Mental Health Day (10th October)
 - agree the monitoring arrangements for delivery, which will report to the Delivery Group

2. Background

- 2.1 As outlined to the Health and Wellbeing Board in June, this is the first Mental Health Strategy to be developed since the inception of the North Yorkshire Health and Wellbeing Board.
- 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 a year. 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, more crime 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. The importance of emotional wellbeing is a key element of the refreshed Health and Wellbeing Strategy, which focuses specifically on:

- vibrant and self-reliant communities,
- dementia friendly communities,
- fewer people saying they feel socially isolated,
- more people receiving personal budgets and
- improved employment opportunities for people with mental health issues, people with autism and people with disabilities.

2.5 A national strategy on mental health *No Health Without Mental Health* was published in 2011. This strategy introduced a cultural shift towards the following six outcomes:

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

3. Consultation since June

3.1 The draft strategy was 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 was driven, as much by what people tell us, as by national policy.

3.2 Following the June Health and Wellbeing Board a period of engagement with key stakeholders and service users and carers commenced. The engagement was structured around the three core questions below:

- Would the audience sign up to the strategy and the principles contained in it?
- Were there any areas for improvement?
- How did they want to be involved in any subsequent implementation of the strategy?

The strategy has been shared with:

- The Writing Group and Mental Health Strategy Group who helped to draft the first iteration of the strategy
- The Discover! network, developed through the Discover! events led by the Partnership Commissioning Unit
- The four Mental Health Forums in Craven, Harrogate, Scarborough and Hambleton and Richmondshire
- Thirteen groups across the County, attended regularly by people with mental health needs or their carers.
- Service user involvement workers employed by York Mind and Bradford District Care Trust to utilise existing service user engagement mechanisms and existing relationships through a cascade approach.

Approximately eighty people attended the group discussions and a further nine responded through the Discover! email address. A strategy email

address was created as part of the engagement exercise but only two responses were received through this channel.

3.4 There was a wide range of responses but there was a strong welcome for the strategy, including the focus on integration, the need to manage our resources effectively, and the importance of early interventions. There was a continuing concern about the relatively low funding available for mental health services and questions about whether the ambitions within the strategy will therefore be realised.

4 Summary of key themes

4.1 The engagement exercise provided valuable and rich data and this report provides a brief summary of the salient issues and most widespread comments. It is acknowledged that due to the volume and detail of responses this report is restricted to capturing the key themes. Further detail is contained in original notes, all of which were used as the primary source for any amendments to the strategy.

4.2 Please find below a summary of the collated key issues:

4.2.1 Strategic direction

All organisations were supportive of the strategy and its key principles and were willing to support the strategy and its subsequent implementation.

There were some minor suggestions for reordering the principles and changing the emphasis on some statements within the strategy which have been incorporated, but the content and aspirations contained in the strategy were well received.

More specifically there was:

- confirmation of the crucial importance of hope and dignity for people with mental health needs
- agreement about the importance of focussing on individuals, not just their condition, and a strong message about the need for time for support staff and professionals to get to know people
- support for more choice and control for people with mental health needs, including opportunities to reduce dependence on medication, the ability to access help quickly if experiencing a set back and the contribution that carers make to understanding when someone needs help.
- extensive support for the comprehensive scope of the strategy which seeks to place psychological health in the context of mental health and well-being and in doing so goes beyond individual pathology and diagnosis of mental illness.
- endorsement of a life course approach

4.2.2 Services

A number of comments were very specific and related to individual experiences of services across health and social care, primary care and other specific mental health service providers.

The responses provided a strong message about the need for structured support, the value to people of the services that do exist and the associated anxiety about the consequences of removing such support

There were a significant number of examples of good practice and positive experiences within services, in addition to suggestions for improvement. Relationships, consistency and cultures within services were all described as important factors, married with a person centred approach which offered choice and flexibility. This sentiment is captured in the statement, “*People are not ill, they are different.... celebrate the person*” (Service user, Bentham)

4.2.3 *Conceptual framework*

Almost universally, there was support for the underpinning concept of the strategy which has emphasised mental health and wellbeing for all. This seemed to resonate in particular with a number of the service user groups who felt that this approach went beyond a diagnosis of mental illness.

This was also acknowledged as an approach to challenging stigma often experienced by people with a diagnosis of a mental illness who are then “*labelled for life*” (Service user, Craven)

4.2.4 *Partnership working*

The effectiveness of partnership working between agencies and joining up services was a frequent discussion point and was universally acknowledged as a priority.

This also included the requirement for service user participation both in terms of traditional models of service user involvement and also recognising a move towards co-producing services and utilising experts by experience in the commissioning of services.

4.2.5 *Influences on mental health*

Acknowledging the wider determinants of poor mental health and the indirect effects on wellbeing was a theme often referred to. There was confirmation of the importance of housing, transport, employment and benefits support to help people lead fulfilling lives.

The engagement exercise provided resounding support for equity with physical health, including the need to remove waiting lists for mental health care, and to address what is seen as the gap between secondary and primary care.

Respondents recognised the need for education, mentoring, coaching and training. This recommendation included views that staff members within mental health services will need to change cultures and provide person centred services, as well as support for extending mental health awareness training, partnership training to help stakeholders (including service users and carers) to work more meaningfully together, and training to support volunteering and access to employment.

4.2.6 *Language: Resilience, Recovery and One in Four*

There was some debate as to the use of language in the document. Feedback from the service user forums indicated terms such as “resilience” and “recovery” were not supported by many service users and there was no shared understanding of these terms. The use of the term recovery for example divided views, with both support for the concept and the hope it can offer, to a concern that it can leave people without the help they need in the longer term. There was a belief that the term does not address the experience

of some people with enduring conditions where stability and improved quality of life rather than recovery may be more realistic.

Similarly terminology was a key theme, with a request to use mental *health and wellbeing* in its widest interpretation with the rationale that wording should be selected to promote acceptance and not to assign labels or draw attention to “difference”

The above point reinforces the dominant opinion of the working title, ‘*One in Four*’ which found little acceptance among the respondents. This was primarily due to the potential for this title to encourage and perpetuate perceptions of stigma, difference and social exclusion. The title was interpreted as contrary to the approach taken in the strategy which was to promote positivity, optimism and a shared ownership of mental health and wellbeing.

As a consequence there has been a proposed change to the working title of the strategy which was ‘One in Four’. The new proposal is ‘Hope, Control and Choice’ which is taken from one a quote from a carer as part of the engagement and consultation, and expresses the principles they believe should underpin our understanding of recovery. In this context ‘control’ refers to enabling people to take and regain control over their own lives.

4.2.7 *Implementation*

It is acknowledged that the strategy is an aspirational document and the implementation and associated commissioning priorities was universally seen as an important next step. There was recognition of the need to review and improve the engagement mechanisms to ensure that people with mental health needs and their carers can work with professionals and the voluntary sector.

The service user and carer forums were keen to have a role in this implementation.

As a result of this feedback some reordering of the principles has been made, although they remain unchanged. The feedback above has also guided the development of commitments now set out in the strategy as the twelve initial actions.

5. Implementation and Delivery

5.1 There is no doubt that the strategy has challenging aims. With resources tight and an acknowledged historically low level of investment in mental health services there is a commitment within the strategy to protect the funding for mental health as far as possible. There may be opportunities, for example through the Better Care Fund or new care models, to shift resources where it can be shown that to do so will deliver savings in other parts of the health and social care system.

5.2 The twelve initial joint actions are intended to be realistic and achievable within current resources. They have been identified as key actions which will underpin future work and which will begin to impact on the outcomes to be delivered over the lifetime of the strategy. Detailed plans for delivery will be drawn up through the governance structures set out overleaf.

	Joint Action	Lead	Governance
1	New programmes for Children and Young People	CYPS and PCU	Childrens Trust
2	Promote good mental health in workplaces	Public Health	Joint Commissioning Group
3	New local initiatives to sustain well being	Stronger Communities and Targeted Prevention	Joint Commissioning Group
4	Mental Health Campaigns	Public health	Joint Commissioning Group
5	Improved response to mental health crises	PCU	Crisis Concordat command
6	Improved access to Talking Therapies	PCU and Mental Health providers	Crisis Concordat
7	Personal budgets and individual care plans	PCU and HAS	Joint Commissioning Group
8	Dementia diagnosis and dementia friendly communities	PCU and HAS	Joint Commissioning Group
9	New care models which link mental and physical health	CCGs, Acute Trusts and MH Trusts	Joint Commissioning Group
10	Technology review - opportunities and risks particularly for young people	CYPS	Children's Trust
11	Mental health in all strategies	All	Joint Commissioning Group
12	At least annual meetings for Mental Health champions	PCU and NYCC	Joint Commissioning Group

5.3 A shared performance dashboard will be developed within the next six months, based on the eighteen outcomes identified in the strategy

5.4 Overall progress on the delivery will be monitored by the North Yorkshire Delivery Board, with an annual refresh of the actions to identify new joint areas for action.

6. Recommendations

Health and Wellbeing Board partners are asked to:

- 6.1 Approve the Strategy
- 6.2 Agree that information about the strategy is developed to coincide with World Mental Health Day (10th October)
- 6.3 Agree the monitoring arrangements for delivery, set out in paragraph 5.2, which will then report to the Delivery Group of the Health and Wellbeing Board

Authors of report:

Janet Probert
Director, Partnership Commissioning Unit

Kathy Clark
Assistant Director Commissioning , NYCC Health and Adult Services

- Annex 1 Short Summary
- Annex 2 Hope, Control and Choice – North Yorkshire’s Mental Health and Wellbeing Strategy 2015-2020
- Annex 3 Equality Impact Assessment

Annex 1 A Short Summary of the Strategy

Inspired by the over-arching Vision of North Yorkshire's **Health and Wellbeing Board**:

"People in all communities in North Yorkshire have equal opportunities to live long healthy lives"

...we have agreed a new **Vision for Mental Health and Wellbeing...**

"We will work together to ensure the people of North Yorkshire have the resilience to enjoy excellent mental health, and to live their lives to their full potential, 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."

...as well as **ten core principles** we will adopt in **everything** we do, as part of a new **Mental Health Charter**:

- 1. Appreciating the whole person** - focusing on **all** aspects of people's wellbeing and wider circumstances
- 2. Recognising the wider community** – we all have an interest, and a part to play
- 3. Participation** – seeing people who use our services as equal partners in designing and improving their care
- 4. Accessibility** – services delivered in places and at times to suit people's needs
- 5. Early Intervention** – promoting wellbeing from an early age and dealing with problems swiftly
- 6. Optimism** - helping people to get well or to achieve stability if this is possible, and always staying positive
- 7. Integration** - joining support services up to make life simple and offer a seamless experience
- 8. Cost-effectiveness** - spending money wisely
- 9. Respect** - tackling stigma, eliminating discrimination and treating people with dignity
- 10. Safety** – recognising the fundamental importance of safeguarding

... we will particularly concentrate our efforts in **three priority areas**:

Resilience:

individuals, families and communities supported to help themselves

Responsiveness:

better services designed in partnership with those who use them

Reaching out:

recognising the full extent of people's needs

...with twelve initial **joint actions** to which we are committed:

1. New programmes to help children and young people to stay strong.
2. Work with North Yorkshire employers to promote good mental health in the workplace.
3. A range of local initiatives to sustain wellbeing.
4. Campaigns to raise awareness, to tackle stigma and discrimination, and to celebrate the positive.

5. A faster and better response to anyone experiencing a mental health crisis.
6. Greatly improved access to "talking therapies" in North Yorkshire.
7. Pilot and roll out new personal health budgets & individual care plans.
8. Timely dementia diagnosis and "dementia-friendly" communities.

9. Work in new ways to take into account the full range of people's needs, including physical health.
10. Review the impact of new technology, positive and negative.
11. Work with partners to ensure that mental health and wellbeing is embedded in all strategies and plans.
12. North Yorkshire Mental Health Champions brought together at least

...and 18 **strategic outcomes** we want to see over the lifetime of this strategy:

Support for family, friends and carers embedded in all services

Better public understanding & acceptance of mental health

Greater Investment in prevention and early intervention

More services and activities led by communities themselves

Reduced impact of rural isolation on mental health

Better partnership working

Timely diagnoses for all conditions, especially dementia

Better services for those with a mental health crisis

Greater access to talking therapies

Better transitions between services, eg children to adults

Better services for vulnerable groups, eg students, military families and veterans

Better services for those with mental health and substance misuse needs

Better Advocacy Services

Better understanding of the links with physical health, leading to dual diagnoses

Improved support to enable more people with mental health needs to gain/maintain employment

Improved support people with mental health needs to gain/maintain housing

More volunteering and other activities to promote wellbeing

Safeguarding fully embedded in all partners'



HEALTH & WELLBEING BOARD

Friday 30 September 2015

North Yorkshire Tobacco Control Strategy 2015-25

1 Purpose of the Report

- 1.1 To present the North Yorkshire Tobacco Control Strategy and implementation plan
- 1.2 The Health and Wellbeing Board are asked to endorse the actions that member organisations can make that will contribute to the vision 'to inspire a smoke free generation'
- 1.3 To agree to formally launch the strategy

2 Background

- 2.1 The Tobacco Control Strategy for North Yorkshire was received by the Health and Wellbeing Board on 3 June 2015 for comment. An overview of the strategy was given including the overarching vision, aims, principles and the five priorities.
- 2.2 The Health and Wellbeing Board members were asked to consider and support the priorities.
- 2.3 In advance of this meeting all members received the strategy and were asked to commit their organisation as a signatory.
- 2.4 The final strategy and implementation plan are presented to confirm Health and Wellbeing Board support before a launch can take place.

3 Implementation Plan

- 3.1 An implementation plan for the Strategy has been produced that will sit alongside the strategy (**appendix 2**). This identifies key actions for each organisation.
- 3.2 We are developing an outcomes framework to monitor progress against agreed indicators. The Public Health team have done work to establish the baseline for these indicators as well as the projected performance over the next ten years if current trends continue. This will inform the proposed targets for monitoring progress.
- 3.3 It is proposed that the Strategy Implementation Plan will be monitored by the North Yorkshire Tobacco Control Steering Group, chaired by a

Consultant in Public Health. This Group will also make recommendations for review of the Strategy should the need arise.

- 3.4 An annual report will be produced for partners highlighting progress against the Strategy outcomes and reviewing actions for the coming year for the ten-year duration of the Strategy.

4 Next steps

- 4.1 The Health and Wellbeing Board approve the North Yorkshire Tobacco Control Strategy and implementation plan for launch throughout October.

5 Appendices

- 5.1 Appendix 1 – North Yorkshire Tobacco Control Strategy
- 5.2 Appendix 2 – North Yorkshire Tobacco Control Action Plan

Emma Davis
Health Improvement Manager

Dr Lincoln Sargeant
Director of Public Health for North Yorkshire

22 September 2015

North Yorkshire County Council

Health and Wellbeing Board

30 September 2015

Strategy for meeting the needs of children, families and adults with autism in North Yorkshire 2015-2020

Report of the Corporate Director – Health and Adult Services and Director of the Partnership Commissioning Unit

1.0 Purpose of report

- 1.1 This report seeks to gain Health and Wellbeing Board's approval for the strategy for meeting the needs of children, families and adults with autism in North Yorkshire 2015-2020 to be published in October 2015.
- 1.2 This report also seeks Health and Wellbeing Board's approval to publish a brief document specifically for people with autism and the wider public stating the overall ambitions for supporting people with autism in North Yorkshire up to 2020.

2.0 Issues

- 2.1 This strategy has been written by the lead officers for autism in Children and Young People's Services (CYPS) and Health and Adult Services (HAS) within North Yorkshire County Council and colleagues from the Partnership Commissioning Unit (PCU) on behalf of the four North Yorkshire Clinical Commissioning Groups. The draft strategy is available at Appendix 1. The strategy was approved by the autism project board on 9 September 2015.
- 2.2 Public consultation has taken place on the draft strategy between 21 May and 11 September 2015. There has been an online consultation questionnaire and five consultation events held in Harrogate, Skipton, Selby, Scarborough and Northallerton. The feedback has been positive and constructive and has informed some significant revisions to the strategy. A document detailing the key themes that were raised during the consultation has been attached to this report at Appendix 2. There has also been feedback from the Scrutiny of Health Committee which has fed into the revised strategy. Key themes to emerge were in relation to; support for people with autism and their families; assessment and diagnosis, raising awareness and training, information and signposting, employment and education, supporting people with autism at key stages in their life, and working together.
- 2.3 A key piece of feedback, raised a number of times during the consultation was that people want a strategy document that states the key ambitions on autism

in North Yorkshire, in a short and accessible format. The project board discussed this issue on 9 September and wish to recommend to the Health and Wellbeing Board that an additional document is produced. This document will be no longer than 4 pages in length and people with autism will be invited to work with an internal design team comprising NYCC and PCU officers. This document will be the strategy document and will include a vision for the work on autism in North Yorkshire between 2015-2020. It will be published via a public launch event in November/December 2015.

- 2.4 It is therefore proposed that the consulted draft strategy (Appendix 1), which is, in effect the market position statement and core to the strategy, be kept in Word format and published with a statement that it becomes an accompanying document to a proposed shorter and more accessible autism strategy.
- 2.5 The strategy needs approval for publication by the Health and Wellbeing Board in order to ensure the strategy is published to its deadline of end of October 2015.
- 2.6 An implementation plan will be produced in the first instance for the period 1st November 2015 to 31st March 2016. It will be made up from outstanding items from the current but separate children's and adult plans which will be brought together under one banner. In January 2016 the first annual implementation plan for April 2016 to March 2017 will be produced taking the new strategy forwards. This will be reviewed and refreshed on an annual basis for the duration of the strategy. It is the intention to update the Health and Wellbeing Board on progress after a six-month period.

3.0 Policy Implications

- 3.1 This strategy will drive the work on autism in North Yorkshire for the forthcoming five-year period between 2015-2020.
- 3.2 The strategy will encompass people with autism of any age and their families/carers. It recognises that there is a range and severity of need. The strategy has been and will continue to be informed by legislation, a number of national priorities and best-practice models.

4.0 Financial Implications

- 4.1 Approval has been given for costs for the consultation, design and publication of the strategy to be jointly shared between the partner organisations/directorates.
- 4.2 There is no further Government funding at this time for autism and all services/support identified within the strategy will have to be resourced from existing budgets within the Clinical Commissioning Groups and NYCC.

5.0 Legal Implications

- 5.1 The national strategy for adults with autism in England, 'Fulfilling and Rewarding Lives' (2010) and its subsequent review 'Think Autism' (2014), gave the NHS, local authorities and other partners statutory duties with regard to improving the lives of those living with autism. The national autism strategy sets out a clear directive for change to ensure that those with autism are included in society and supported to lead full and rewarding lives.
- 5.2 The strategy will help to meet statutory duties around autism for North Yorkshire's Health and Wellbeing Board.

6.0 Consultation Undertaken and Responses

- 6.1 Over 90 people attended the five consultation events about the strategy and there were 31 completions of the consultation questionnaire. There were also several email responses. All of the consultation feedback was taken into account during the final revisions to the strategy and the proposal to create a stand-alone document specifically for people with autism and the wider public is as a direct result of consultation feedback.
- 6.2 A "You said, we did" document will be produced to accompany the publication of the strategy which will detail the changes made to the strategy as a result of feedback.

7.0 Impact on Other Services/Organisations

- 7.1 HAS, CYPS and the PCU are joint partners in this strategy and, therefore, will be required to put actions into place to fulfil the requirements of the strategy. For example, the PCU has recently concluded a procurement on behalf of the four North Yorkshire Clinical Commissioning Groups for a local diagnostic service for autism and ADHD for adults in North Yorkshire.
- 7.2 The District Councils and North Yorkshire Police have agreed to endorse the strategy and there will be work required with those organisations and others, such as Job Centre Plus to ensure multi-agency involvement in the further development of support for people with autism in North Yorkshire.

8.0 Risk Management Implications

- 8.1 Key partners have jointly contributed to the strategy to the agreed timescale. Regular editorial meetings take place between NYCC and PCU staff and Project Board meetings are held every three months to monitor progress.
- 8.2 The strategy will help to meet statutory duties around autism for North Yorkshire's Health and Wellbeing Board. There would be strong challenges from national and local bodies and individuals should this project not be delivered.

8.4 This project will not result in cashable savings, but ensuring appropriate and effective support is provided for children, young people and adults with autism is likely to reduce the incidence of crises, reduce the breakdown of school placement, necessity for mental health involvement and the need for residential care or supported living.

9.0 Equalities Implications

9.1 The draft Equalities Impact Assessment (EIA) is attached at Appendix 4 for approval. The EIA will be made available online alongside the published strategy in October 2015. A draft Easy Read version of the strategy has been produced and is attached at Appendix 5.

10.0 Recommendation(s)

10.1 That the consulted draft strategy (market position statement) for meeting the needs of children, families and adults with autism in North Yorkshire 2015-2020 including the easy read version, Policy framework document, and the equality impact assessment be approved by the Health and Wellbeing Board to be published on 1 October 2015.

10.2 That the Health and Wellbeing Board grant approval for a 4-page strategy document designed by people with autism and NYCC/PCU staff to be published which gives accessible and clear information about North Yorkshire's ambitions for autism between 2015-2020.

Richard Webb
Corporate Director – Health and Adult Services

Janet Probert
Director, Partnership Commissioning Unit

16 September 2015

Authors of report – Sally Ritchie, Development Officer HAS(Autism Strategy), Amanda Thompson, (Assistant Commissioning Specialist – Children, Young People and Maternity), Cerys Townend (Lead for autism, CYPS)
Presenters of report – Janet Probert, Director of Partnership Commissioning and Anne Marie Lubanski, Assistant Director Care and Support

List of appendices

Appendix 1 – draft autism market position statement
Appendix 2 – key themes raised through consultation
Appendix 3 – Autism policy framework document
Appendix 4 – Equalities Impact Assessment
Appendix 5 – Easy read version of the autism market position statement

Autism Strategy consultation events
Main feedback by theme

Diagnosis

- Improve diagnosis for girls with autism
- Improve post diagnostic services from health to include supporting young people in understanding the diagnosis, sleep difficulties, eating difficulties, sensory needs
- The diagnostic process does not always consider behaviour within the home
- There is not always a key worker – this would be helpful
- The links between diagnostic services and schools are not good
- Diagnosis is not open or transparent enough
- There needs to be a follow up visit after families have had time to digest the diagnosis information.
- An information booklet or website would be useful that explained what to expect in relation to a diagnosis and what to do next.

Awareness raising

- Needs to be about awareness, knowledge and understanding – awareness is not enough.
- Knowledgeable teachers, support staff, GP's, social care staff, hospital staff, mental health services, provider services are needed that really understand autism and know how to work effectively with children, young people and adults with autism.
- GP's need to know about the referral pathway.
- There is a need for parent training/support at different stages through the child/young person or adults journey. This training needs to offer tools and strategies for dealing with issues such as behaviour that challenges.
- There needs to be increased understanding around girls with autism and children with autism who are looked after or adopted.
- More needs to be done to raise awareness of higher functioning children with autism and the subtle difficulties that they are experiencing.
- Provider services need training in autism.

Information and signposting

- An online hub would be useful that contained information and a chat forum.
- A single database of children, young people and adults with autism would be helpful for informing people of events and activities.

- Information on interventions and strategies need to be available to families as well as schools.
- An information pack post diagnosis is not enough.
- A single point of contact would be helpful for advice, guidance and signposting.
- Clear support plans need to be developed and maintained for children, young people and adults with autism to support information sharing.
- Literature is needed for children, young people and adults with autism, their siblings and the extended family. Library hubs would be good that include fiction and reference books.
- There is a lack of information for services about how to support children, young people and adults with autism.
- The NYCC website needs to be more user friendly for those with autism.

Employment and education

- Primary to secondary transition is difficult for many families.
- Schools need to make more reasonable adjustments to make the environment and curriculum work for children and young people with autism.
- Transition from education to employment and careers advice for young people with autism is poor.
- Peers need to be better informed in relation to autism.
- There is a need to measure the number of people with autism in paid employment.
- Employers need to be better informed about autism and there needs to be job coaching and employment support for young people with high functioning autism (HFA).
- There needs to be more of an incentive for employers to recruit people with autism.
- NYCC and the NHS should provide supported internships for people with autism and lead by example.
- Schools need more knowledge of autism interventions.
- Job centre plus need a better understanding of autism.
- Schools should be more accountable and transparent in demonstrating how they are using SEN funding to support individuals.
- Schools need to value the parent's knowledge of their child and of autism and work with the family not against them.
- Schools need to develop their knowledge of the C&FA and the EHCP process.
- Consideration needs to be given to how the LA can achieve engagement from all schools even those that are resistant.
- There is a need for autism champions in every school.

- The strategy needs to consider how best to support parents seeking a good education establishment for their child.

Support for people with autism and their families

- Parent support needs to be strengthened - this could be facilitated by parents for parents.
- Groups for parents have been invaluable but funding cuts puts these groups under threat.
- There is a lack of social activities for children, young people and adults with autism.
- There is a need for positive handling training for parents of children with autism.
- Families need support with planning for the future as they get older.
- When a person disengages with services the family still require support
- Families do not feel well supported
- The local authority needs to ensure that carers assessments are available for parents of children and young people with autism
- There is a need to develop safe environments within the community for people with autism
- Crisis support needs to be available 24 hours a day, 7 days a week
- The emphasis needs to change from supporting children and families at crisis point to early intervention and better understanding and acceptance

Working together

- There needs to be collaboration with the police and district councils to develop skills in children with autism in relation to stranger danger, road safety, health eating etc.

NORTH YORKSHIRE HEALTH AND WELLBEING BOARD
Better Care Fund Performance
30 September 2015

1.0 Purpose

- 1.1 This report covers the first two quarterly Better Care Fund (BCF) reporting periods up to the 30 June 2015 and considers progress implementing the BCF plan.
- 1.2 Performance reporting is heavily weighted towards reducing non elective admissions (NEAs) to hospital and this is the only metric that attracts a performance payment. This report looks in detail at delivery against that metric but recognises that BCF delivery is interdependent with other health and social care transformation programmes and performance reducing NEAs is a system responsibility.

2.0 Background

- 2.1 The November 2014 BCF plan submission outlined six metrics to measure progress (see annexe 1). In a change from the original requirement, the performance element of the BCF in the final version of the plan is based wholly on a single metric targeting a reduction in “Non-Elective General and Acute Admissions”. North Yorkshire set a relatively high level ambition for this metric to reduce admissions by 4,908. At the time, this equated to an 8.5% reduction, subsequent re-baselining reduced this to 8.2%. This target has a performance fund associated with achieving that target in the amount of £2.889m.
- 2.2 In January a review was undertaken and presented to the Health and Wellbeing Board (HWB) describing the likely impact of winter pressures on the NEAs target. In common with many other areas in the country there were issues with volumes of people using A&E and ambulance services within the County and the Local Authority had two major domiciliary care provider issues. While some issues have been resolved there continues to be a degree of instability in the social care provider market and CCGs report on-going pressures in the health sector with non-elective activity continuing to rise above expected baselines.
- 2.3 A review in March 2015 of the BCF Implementation Plan described that capacity put into place for new schemes was approximately 60-70% with some delays related to recruitment. A further review by commissioners in August 2015 confirmed that all schemes are now fully operational and will build capacity over time. There was agreement that the collective and individual impact of schemes; reducing non elective activity; changing referral patterns; identifying reasons for admission and how people choose to access services, is not yet fully understood.

2.4 Some external evaluation is in place to review the impact of individual schemes including those sites that are part of part of national pioneer programmes e.g. Selby community hub. Scarborough & Ryedale Transformation Board has started an evaluation of BCF schemes and shared their review criteria. All local Transformation Board Chief Officers agreed at Commissioner Forum September 2015 to review their local BCF plans in preparation for 2016/17 planning.

3.0 BCF Quarterly Performance

3.1 Annexe 1 sets out the cumulative performance for quarters 4 and 1, reporting period covering 1st December to 30th June.

3.2 Overall BCF performance shows a 3% increase in NEAs cumulative over the Q4 plus Q1 period against baseline. Performance within the 5 CCGs only in North Yorkshire cumulatively is 3.2% above baseline.

3.3 Only one CCG has seen a fall in NEAs in both quarters, Airedale Wharfedale & Craven. Q1 saw a fall in Hambleton, Richmondshire & Whitby, but the Q4 performance means they are cumulatively above target. In Harrogate & Rural District a Q4 reduction has been offset by an increase in Q1. Both Scarborough & Ryedale and Vale of York CCGs have seen rises in both Q1 and Q4.

3.4 On the basis of the section 75 agreement the performance fund at the end of the 2 quarters shows as £81,700, all due from AWC. Payments are not made to the fund until the year end based on cumulative annual performance at an individual CCG level against their target.

3.5 The targets for Q2 and Q3 for all CCGs highlighted on the table on the first page of annexe 1 are all significantly higher than targets this year to date. This partly reflects delays in scheme delivery and seasonal NEA demand. Overall across the HWB area there are 2,184 more NEAs than the targeted position after 2 quarters.

3.6 If the Q2 and Q3 NEA targets are fully achieved, the 2015/16 BCF overall reduction in NEA across the HWB area would be a 5% reduction against the target of 8.2%. A clear trajectory setting out improvement towards achieving the target, even if this is over a greater time period, would provide a strong signal that the North Yorkshire BCF has invested in schemes that are making progress transforming NEAs. Given performance to date in the first 2 quarters such a turnaround seems unlikely

4.0 Progress and Issues

4.1 Service change is beginning to take place as a consequence of increased partnership working and integration of services but staff, systems and process are still being embedded. There is a need to ensure sufficient scale of operational delivery is in place in order to spread the cultural changes necessary to achieve a system level change.

4.2 Sharing of data above 'direct care' level is limiting progress in risk

stratification. This is particularly in relation to identifying those individuals who are on the cusp of needing a health intervention which could be prevented through targeted social care support. This has the potential of limiting the impact of prevention services which are focused on avoiding hospital admission and supporting people to live healthy, independent lives for as long as possible. This leads to cost across health and social care which could be avoided with appropriate data sharing. This issue exists across the country and work is underway nationally and locally through an Information Management & Technology task group to find solutions.

- 4.3 It is difficult at this stage to demonstrate a direct link between schemes and impact reducing NEAs. There are a number of reasons for this:
- Early stages of implementation with delayed starts in some schemes
 - Underlying growth in volume of NEAs is not fully understood
 - Full formal evaluation of schemes not yet in place

Early evaluation of the community hubs in Selby and Malton demonstrate a positive impact but volumes are lower than expected which means that financial effectiveness is still to be evidenced.

- 4.4 There is a risk that the emphasis on achieving the NEAs target can deflect attention from the wider outcome of BCF being a catalyst to system transformation, enabling collaboration and having a real impact on people lives and their experience of health and care. Colleagues have noted the benefits of the BCF providing the start to a journey where system leaders work together to develop shared priorities and integrated models of care. During the last year several developments have emerged that extend this opportunity through local Vanguard and Pioneer programmes.

5.0 Recommendations

- 5.1 Quarterly performance reports will be shared with the North Yorkshire Delivery Board and Commissioner Forum in the first instance. These groups will continue to develop and monitor BCF implementation to provide assurance to HWB members about progress.

- The Board should note that North Yorkshire BCF performance is below target reducing NEAs after the first 2 quarters.
- The Board will receive a report on progress evaluating BCF schemes from local Transformation Boards in November 2015 including implications for 2016/17 planning.

Wendy Balmain
Assistant Director Integration
22 September 2015

Overall Summary



Overall, work is underway in nearly all of the schemes described in the BCF. Generally, the expected capacity level in schemes is below that originally intended but new services are in place for all schemes targeting Non Elective Admissions. Non elective activity is above baseline in 4 CCGs. Impact of BCF schemes needs to be evaluated to enable future investment decisions to be formulated.

Performance Summary -This quarter's report on Non-Electives covers period to Mar'15 (Q4 14/15). The period saw a rise of non-electives of 515 against a planned reduction of 888. See overleaf for a fuller analysis.



	TARGET					ACTUAL PERFORMANCE						
	Q4	Q1	Q2	Q3	Total	Q4 Achieved	Q1 Achieved	Q4 + Q1 Achieved	Q4 + Q1 Target	Distance from Target	Perf. Fund Cont.	% from Baseline
AWC	-31	-12	-56	-72	-171	-95	-4	-99	-43	-56	£81,700	-1.92%
HRW	-227	-90	-413	-530	-1,260	121	-71	50	-317	367	£0	0.38%
HaRD	-279	-108	-500	-642	-1,529	-23	118	95	-387	482	£0	0.69%
SR	-149	-58	-268	-345	-820	350	272	622	-207	829	£0	5.23%
VoY	-205	-80	-369	-474	-1,128	180	97	277	-285	562	£0	2.65%
	-891	-348	-1,606	-2,063	-4,908	533	412	945	-1,239	2,184	£81,700	1.74%

Metric	Year Target	Quarter Target	Achieved
Non Elective Admissions *Performance Fund linked	-8.2% (-4,908)	-1,239	+945
Delayed Transfers of Care	-647 (-5.5%)		n/a
Admissions to Residential Care	-31 (-4.7%)		n/a
Reablement – Volume	+420 (15.7%)	210	n/a
Reablement – Quality	85.5	85.5	n/a
Injuries due to Falls	-152 (-6.7%)		n/a
Patient Experience	72.3% (+0.4%)	n/a	n/a

Risk and Mitigation

- Growth in Non Elective volume continues and is not fully understood
- Evaluations of scheme planned for September – December across all transformation Boards.
- Budget pressures risk disinvestment in BCF

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Scheme / Activity Summary



Plan Theme	Total Spend £'000	No of Schemes	Comments
Mental Health	1,469	6	See area reports
Community Health & Care	6,498	13	See area reports
Prevention & Public Health	890	6	See area reports
Voluntary Sector	502	4	See area reports
Care Home Support	739	6	See area reports
Total	10,098	35	

Actions / Next Steps

Action / Activity	Date	Comments
Scheme Evaluation by each LTB	Sep-Dec 15	Underway in some areas
Awaiting 16/17 BCF guidance	n/k	

Financial Summary



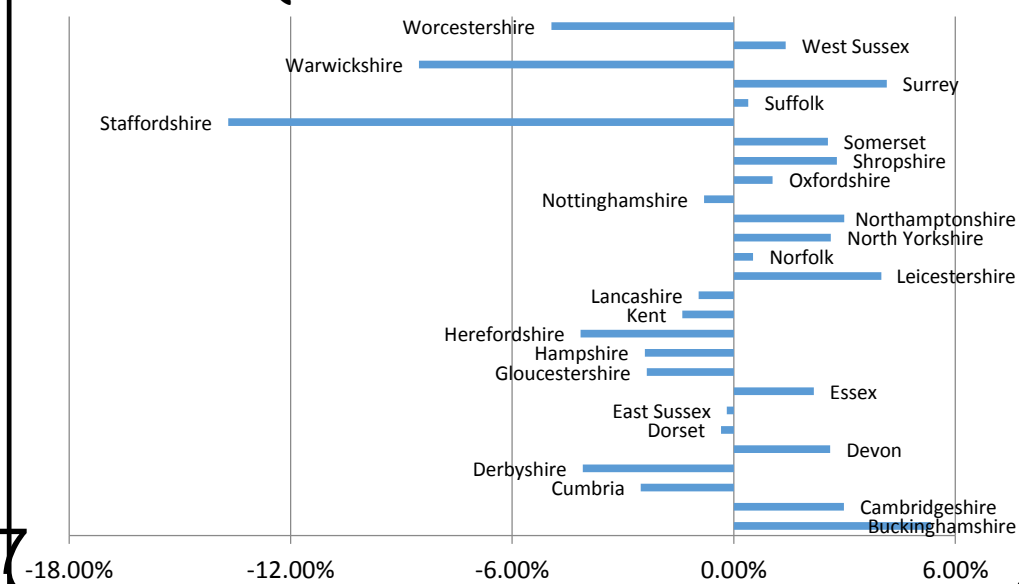
Source	£,000	Application	£,000	Full Year	Qtr 1: Apr-Jun	
					Expected	Actual
AWC CCG	2,914	New Schemes		10,098	2,525	2,411
HRW CCG	9,152	Existing Community &			-	
HaRD CCG	9,557	Reablement & Carers		11,106	2,777	2,885
SR CCG	7,538	Protection of Social Care		17,000	4,250	4,250
VoY CCG	6,932	Care Act		1,932	483	483
NYCC	6,932	DFG / SC Capital		3,383	846	846
DCLG	3,383	Performance Fund		2,889	523	72
Cumbria CCG	319	Cumbria CCG		319	80	80
	46,727			46,727	11,482	11,027

Non Elective Admissions

- The rebased target for the year for the HWB area as a whole is a 8.2% reduction in NEA.
- Overall HWB performance shows a 3% increase in NEA cumulative over the Q4 plus Q1 Period against baseline.
- Performance within the 5 CCGs only in North Yorkshire cumulatively is 3.2% above baseline.
- Only one CCG has seen a fall in NEA in both quarters, although Q1 saw a fall in HRW, but the Q4 performance means HRW is cumulatively above target.
- In HaRD a Q4 reduction has been offset by an increase in Q1.
- On the basis of the s75 agreement the performance fund at the end of the 2 quarters shows as £81,700, all due from AWC. Payments are not made to the fund until the year end based on cumulative annual performance at an individual CCG level against their target.
- The targets for Q2 and Q3 for all CCGs highlighted on the table on the first page are all significantly higher than targets this year to date. This reflects expectations of scheme delivery and seasonal NEA demand. Overall across the HWB area there are 2,184 more NEA than the targeted position after 2 quarters.
- If the Q2 and Q3 NEA targets were achieved by all CCGs, the 2015/16 BCF overall reduction in NEA across the HWB area would be a 5% reduction against the target of 8.2%. However given performance to date in the first 2 quarters such a turnaround is highly unlikely.

Contributing CCGs	Q4+Q1 NY Out-Turn	Target Change	Actual Change	Year-on-Year Change
Airedale, Wharfedale and Craven CCG	2,887	-43	-99	-3.3%
Hambleton, Richmondshire and Whitby CCG	6,973	-317	50	0.7%
Harrogate and Rural District CCG	8,099	-387	95	1.2%
Scarborough and Ryedale CCG	6,057	-207	622	11.4%
Vale of York CCG	5,515	-285	277	5.3%
			945	+3.2%
Cumbria CCG	351		-13.4	-3.7%
Darlington CCG	86		-1.4	-1.6%
Doncaster CCG	40		-0.5	-1.1%
Durham Dales, Easington and Sedgfield CCG	39		-0.5	-1.3%
East Lancashire CCG	28		-0.3	-1.3%
East Riding of Yorkshire CCG	185		-2.8	-2.3%
Hartlepool and Stockton-On-Tees CCG	22		-0.6	-3.2%
Leeds North CCG	236		-1.3	-2.3%
Leeds South and East CCG	67		0.7	0.8%
Wakefield CCG	422		-5.4	-1.9%
			-25.5	
Total	31,007	-1,239	919.5	+3.0%

Q1 Outturn - Shire Councils



North Yorkshire County Council**Health and Wellbeing Board****30 September 2015****Annual Reports 2014/15 - North Yorkshire Healthwatch and North Yorkshire NHS
Complaints Advocacy Service**

(The reports are enclosed in the Strategy Booklet for the meeting)

Introduction and Key Messages**North Yorkshire Healthwatch**

1. I am pleased to present the 2014/15 Annual Report for North Yorkshire Healthwatch. [Available here](#)
2. A great deal of work has taken place over the last year. For instance we have considerably increased the number of trained volunteers which has enabled us to complete a series of enter and view visits and to take forward the work we have been doing to gather information on patient experiences of Hospital Discharge and Post Hospital Support arrangements, Out of Hours GP Service and Care Support. I hope fellow members of the Health and Wellbeing Board will agree we have working constructively on a number of fronts to influence how health and social care is being provided.
3. I hope fellow members of the Health and Wellbeing Board find the Annual Report informative.

Sir Michael Carlisle - Chairman, North Yorkshire Healthwatch

NHS Complaints Advocacy Service

4. Cloverleaf Advocacy is an independent body appointed by North Yorkshire County Council in 2013 to deliver a free, confidential NHS complaints advocacy service. It supports anyone who normally lives in North Yorkshire and needs help to deal with a formal complaint about any NHS service. The service assists individuals to get a clear response to their concern or complaint aiding resolution, learning and future NHS quality improvements. Our Annual Report for 2014/2015 in PDF format can be downloaded at [Annual Report 2014/2015](#).
5. 2014/15 saw the number of new cases increase to 223 from the 94 that had been experienced in 2013/14 and of course the service only supports a small percentage of the total complaints which NHS services receive from North Yorkshire residents. We have also supported 16 people who had decided that they wished to appeal against a local NHS decision, by submitting their case to the Parliamentary and Health Service Ombudsman. The levels of clinical care and the attitude of staff feature strongly in the cases brought to our attention by patients. We are encouraging NHS providers to use the highlighted areas of concern to continually improve the quality of service delivery and to enhance their internal complaints handling processes.

Bob Carter – Assistant Director, Cloverleaf Advocacy

North Yorkshire County Council

Health and Wellbeing Board

30 September 2015

Annual Report 2014/15 - North Yorkshire Safeguarding Adults Board

(The reports are enclosed in the Strategy Booklet for the meeting)

Introduction and Key Messages

North Yorkshire Safeguarding Adults Board

1. I am pleased to present the 2014/15 Annual Report for North Yorkshire Safeguarding Adults Board [Available here](#)
2. The Care Act (2014) requires local authorities to set up a Safeguarding Adults Board, which gives the North Yorkshire Safeguarding Adults Board a clear basis in law for the first time. The County Council followed this national guidance to become a statutory Board from April 2015.
3. The Board presents the Annual Report for 2014/15 which highlights progress during the year and introduces the strategic priorities for the next three years. This year the Board worked to meet four main outcomes which are based on the six principles of safeguarding as covered in the Care Act guidance. Stories are used throughout the Annual Report to illustrate these safeguarding principles in practice.

Jonathan Phillips Independent Chair – North Yorkshire Safeguarding Adults Board

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

Present:

Janet Probert	Partnership Commissioning Unit
Richard Webb	NYCC
Dr Lincoln Sargeant	NYCC
Elaine Wyllie	NYCC
Cath McCarty	NYCC
Carolyn Bird (substitute)	NYCC
Jane Wilkinson	NYCC (Note taker)
Robert Harrison (substitute)	Harrogate & District NHS Foundation Trust
Chris Newton (substitute)	South Tees NHS Foundation Trust
Martin Barkley	TEWV NHS Foundation Trust
Wendy Scott	York Teaching Hospital NHS Foundation Trust
Rachel Potts	Vale of York CCG
Simon Cox	Scarborough & Ryedale CCG
Anthony Fitzgerald (substitute)	Harrogate and Rural District CCG
Debbie Newton	H'Ton & Rich/shire & Whitby CCG
Sue Pitkethly	Airedale Wharfedale Craven CCG
Alex Bird	Voluntary Sector
Insp Bill Scott (substitute)	North Yorkshire Police

Apologies:

Amanda Bloor	Harrogate & Rural District CCG
Dr Mark Hayes	Vale of York CCG
Dr Vicky Pleydell	Hambleton, Richmondshire & Whitby CCG
Bridget Fletch & Andrew Copley	Airedale NHS Foundation Trust
Christopher Butler	Leeds & York NHS Trust
Pete Dwyer	NYCC
Kathy Clark	NYCC
Wendy Balmain	NYCC
Ros Tolcher	Harrogate & District NHS Foundation Trust
Tricia Hart	South Tees NHS Foundation Trust
Mike Padgham	Independent Care Group
Jenni Newberry	North Yorkshire Police (Head of Commissioning)
David Ita	Healthwatch
Karen Wilson & Mike Padgham	Independent Care Group
Janet Waggott	District Councils Representative

	Richard Webb in the Chair	Action
1	Draft notes of NY Delivery Board held on 9 April 2015 – Agreed	
2	<p>OUTSTANDING ACTION POINTS</p> <ul style="list-style-type: none"> • Care Act Training for Partner Organisations: Work Programme now circulated. Partner Organisations to contact Cath McCarty with the name and contact details of their nominated training lead. • Strategic Estate Planning: Local Transformation Boards have commenced scoping work. 	ALL

	<ul style="list-style-type: none"> • Workforce: Debbie Newton to meet with Wendy Balmain • Joint Health & Wellbeing Strategy: Updated draft out to consultation. Final draft to be referred to Health & Wellbeing Board in September 2015. • NY Tobacco Control Strategy: CCGs to be contacted the following week to discuss their contribution to action planning. 	<p>WB/DN</p> <p>WB/EW</p> <p>LS</p>
<p>3</p>	<p>WORKFORCE</p> <p>Present by invitation: Jonathan Brown, Health Education England (Yorkshire & The Humber)</p> <p>Martin Barkley suggested Partners focus their discussion on two aspects:-</p> <ol style="list-style-type: none"> 1. The ability of providers to recruit health and social professionals on a county wide basis 2. Workforce implications of the NHS Five Year Forward View and new models of service delivery <p>The shortage of registered healthcare workers and social workers in North Yorkshire was highlighted.</p> <p>JB confirmed that issues surrounding security of supply of workforce were not restricted to North Yorkshire.</p> <p>JB agreed to provide the Board with data that identified workforce shortages for specific job types on a local and national basis as well as information about the creation of new job roles arising from new models of care that had been developed to deliver primary care.</p> <p>The Board noted that there was a lead in period of at least 3/4 years before colleges/universities were able to increase the number of training places available on nursing courses. Very difficult for employers to predict accurately workforce shortages that far ahead.</p> <p>If the number of training places for nurses was to increase it was likely they would be attracted to teaching hospitals. Employers needed to focus on recruiting the right people where they were needed. Supply was static so it was difficult to have an impact and any increase in the number of nurse training places could adversely affect other areas.</p> <p>A possible alternative solution proposed was investment in training programmes for physician's assistants which would appeal to science graduates and was unlikely to have an adverse effect on the recruitment of nurses.</p> <p>It was agreed future planning around recruitment needed to include the needs of the Care Sector. If the age profile of its current workforce was to reduce, a career in the care sector had to be made more attractive to younger people.</p>	

	<p>It was also identified that measures were needed to stabilise the current turnover of nursing staff (approx. 32%). It was pointed out that 50% of community nurses would be eligible to retire in 5 years. A significant proportion of the nursing workforce was now retired and it was suggested that steps to attract them back to work were investigated.</p> <p>Jonathan recommended the Board pay attention to pilot schemes in Vanguard areas. He quoted examples of schemes that offered innovative workforce solutions and said the Board should take the opportunity to learn and share best practice. Training interventions such as E learning offered “quick- wins” and he encouraged employers to continue with international recruitment. The voluntary sector was vital as often people did not need to see a clinician. Links between physical and mental health roles needed to be closer and he suggested the Board look at the Calderdale framework methodology.</p> <p>Partners queried whether investment in training was more cost effective than international recruitment which was expensive.</p> <p>The development of new professions arising from new models of working posed questions about the extent of their accountability and unless this was resolved it was feared professional bodies would remain very protective of their members.</p> <p>Partners all agreed that the recruitment difficulties they were currently experiencing meant that progress was urgently required.</p> <p>Jonathan agreed to work with the Workforce Task Group. It was agreed that Local Transformation Boards would feed into the work of the Task Group which would take account of the needs of care sector.</p> <p>Agreed:</p> <ul style="list-style-type: none"> • An update report from the workplace task group is referred to next meeting. 	<p>VP</p>
<p>4</p>	<p>MENTAL HEALTH CHALLENGES</p> <p>The Board received an oral report from Inspector Bill Scott, North Yorkshire Police.</p> <p>Insp Scott gave an overview of various aspects of police work with a mental health dimension. The number of incidents attended by the police that involved people with mental health issues was increasing.</p> <p>Insp Scott called for partners to work collaboratively to identify a consistent route of referral the police could use to contact mental health crisis teams across the county.</p> <p>Janet Probert acknowledged there were difficulties. Partners were committed to improving the situation and she offered to prepare a</p>	

	<p>briefing paper for the next meeting.</p> <p>Agreed:</p> <ul style="list-style-type: none"> • Janet Probert to prepare a briefing paper on progress of the crisis care concordat. 	JP
5	<p>PLACE FOCUS: HARROGATE</p> <p>Presentation by Anthony Fitzgerald on:-</p> <ul style="list-style-type: none"> • The development of new models of care for Harrogate & Rural District • the approach to implementation • Vanguard – current position • learning/tips <p>During the presentation AF highlighted the importance of appointing an independent programme manager.</p> <p>Agreed:</p> <ul style="list-style-type: none"> • AF to share with NYDB members details of the Vanguard support package. 	AF
6	<p>PLACE FOCUS: AIREDALE, WHARFEDALE AND CRAVEN</p> <p>Presentation by Sue Pitkethly on the development approach, design and timeline for implementation of new adult models of care.</p> <p>Models of care for children and young people were due to be rolled out over the course of the next 12/18 months.</p> <p>It was noted that the savings generated had offset the initial cost of investment.</p> <p>Agreed:</p> <ul style="list-style-type: none"> • SP to share with NYDB members the financial modelling for the new adult model of care • That a further place focus presentation be included on the agenda of the NYDB meeting. 	SP EW
7	<p>CARE HOMES WORKSHOP</p> <p>Janet Probert updated the Board on the outcomes of a workshop held to address system resilience and the development and retention of an effective local workforce in care homes.</p> <p>JP summarised the key themes that had arisen from discussions.</p> <p>It was recognised that the care home sector was the largest user of the Infection Prevention and Control Assurance Framework and</p>	

	<p>that perhaps this was an area where more work could be done.</p> <p>Members were asked to comment on a request that was due to be put to the Commissioning Forum for £250k per annum from the BCF for the next two years for infrastructure to support care homes.</p> <p>Members were asked to forward their comments to JP by the end of the following week. The point was made that without a detailed breakdown of the proposals it was difficult for Members to comment make any meaningful comments.</p> <p>Agreed:</p> <ul style="list-style-type: none"> • That comments on the proposal to award £250k per annum from the BCF for the next two years for infrastructure to support care homes be forwarded to Janet Probert by Friday 17 July 2015. 	ALL
8	<p>BETTER CARE FUND</p> <p>The Board received an analysis of the results of the first reporting period outturn for North Yorkshire's Better Care Fund (Jan 15 – Mar 15).</p> <p>Performance reporting templates agreed at the previous meeting had been distributed and partners were asked to complete and return Q2 results (Apr 15 – Jun 15) which would then be reported to the September meeting of the Health & Wellbeing Board.</p> <p>Hospital admissions in the reporting period were below target. BCF schemes were making an impact but not at the level hoped for. Higher than normal volumes of non-elective admissions were thought to have been a contributing factor.</p> <p>Partners were advised that detailed discussions around the performance of individual schemes should be taking place at Local Transformation Board meetings.</p> <p>It was also noted that BCF schemes in Airedale, Wharfedale & Craven had been implemented earlier than in other parts of North Yorkshire which could be one explanation for their more favourable results.</p> <p>Agreed:</p> <ul style="list-style-type: none"> • That completed Q2 (Apr 15-Jun 15) Better Care Fund templates be completed and returned by 31 July 2015. 	ALL
9	<p>MULTI-AGENCY INFORMATION SHARING PROTOCOL</p> <p>A copy of the Multi-Agency Overarching Information Sharing Protocol was circulated for information and noted by partners.</p>	ALL
10	HOT TOPICS/UPDATES FROM PARTNER ORGANISATIONS	

	Public Health - Infection Control Specification for Care Homes almost complete.	
11	<p>FORWARD PLAN</p> <p>Items to be included on the agenda of the October meeting:</p> <ul style="list-style-type: none"> • Better Care Fund 16/17 and learning from Q2 Results BCF 15/16 – including actions from Local Transformation Boards • Workforce – Task Group to update on progress • Place Focus (Locality to be agreed) • Winter health - work strategy • Briefing - Crisis Care Concordat 	<p>ALL/EW</p> <p>VP</p> <p>EW</p> <p>JP</p>
12.	<p>Date & Time of Future Meetings</p> <p>8 October 2015 at 2.00pm at Sovereign House, York 14 January 2016 at 2.00pm at Sovereign House, York</p>	

DRAFT

WORK PROGRAMME/CALENDAR OF MEETINGS 2015/2016

Sept 2015

			ADDITIONAL NOTES
Oct 2015	Monday 26 October 2015 – ALL Day Venue-Evolution Centre Northallerton	HWB Development Session	<i>Agenda Planning Meeting Mon 12 October at 12 Noon Alpha Court, York</i>
Nov 2015	Friday 27 November 2015 at 10.30 am	<u>Strategy</u> <ul style="list-style-type: none"> • JHWS Theme: A New Relationship With People Who Use Services (Invite to Chairs of Adults & Children’s Safeguarding Boards and NY Healthwatch and NY NHS Complaints Advocacy Service). • Workforce Update - Contact Simon Cox • Military Health – Contact Vicky Pleydell • Healthy Ambitions Programme Scarborough Contact Simon Cox • Future In Mind CAMHS (Transformation Plan) Contact Janet Probert/Susan De Val 01904 	<i>Report Deadline Mon 16 November 2015</i>

		<p>694758</p> <ul style="list-style-type: none"> • Nurse Revalidation – Contact Richard Webb • NY 3 year Seasonal Winter Health Strategy (Contact Rachel Richards/ Lincoln Sargeant) • Partnership Protocol HWB and Children and Adults Safeguarding Boards <p><u>Assurance</u></p> <ul style="list-style-type: none"> • North Yorkshire Health Protection Assurance report - Lincoln Sargeant <p><u>Information Sharing</u></p> <ul style="list-style-type: none"> • Notes NY Delivery Board 	
Dec 2015			
Jan 2016			<i>Agenda Planning Meeting Mon 18 Jan at 1.00pm at York</i>
February 2016	Wednesday 24 February 2016 at 2.00pm	<p><u>Strategy</u></p> <ul style="list-style-type: none"> • Learning Disability Strategy (Contact Kathy Clark/Janet Probert) <p><u>Assurance</u></p> <p><u>Information Sharing</u></p> <ul style="list-style-type: none"> • Notes NY Delivery Board 	<i>Report Deadline Friday 12 February 2016</i>
March 2016			<i>Agenda Planning Meeting</i>

			<i>Mon 21 March at 1.00pm York</i>
Apr 2016			
May 2016	Friday 6 May 2016 at 10.30 am	<u>Strategy</u> <u>Assurance</u> <u>Information Sharing</u> <ul style="list-style-type: none"> • Notes NY Delivery Board 	<i>Report Deadline Mon 25 April 2016</i>



Partnership Commissioning Unit

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

HEALTH AND WELL-BEING BOARD

30 SEPTEMBER 2015

Report Title:	<i>Future in Mind</i> : transforming support for Children and Young People's Mental Health and Well-being
Report From:	Janet Probert, Director of Partnership Commissioning Pete Dwyer, Director of Children's Services, North Yorkshire County Council

1. PURPOSE

The purpose of the report is to provide the Health and Well-Being Board with:

- An outline of *Future in Mind*
- A summary of the work undertaken to develop the Transformation Plan, including engagement with key partners
- The project timetable, and to seek delegated authority from the Board to sign off the Transformation Plans within the prescribed timeframe

2. INTRODUCTION

Future in Mind sets out a strong national vision and ambition for the delivery of mental health support for children and young people by 2020. 49 recommendations grouped into 5 themes set the direction, away from the existing health-led 4 tier structure to a model that clusters services around the child or young person, and emphasises prevention, and early support. The delivery mechanism will be a Transformation Plan, monitored by NHS England and the local Health and Well-Being Boards, to which is attached £1.3 million annually for 5 years to 2020 across North Yorkshire and York. Funding is on a Clinical Commissioning Group (CCG) footprint. The CCGs in North Yorkshire are: Harrogate and Rural District; Hambleton Richmondshire and Whitby; Scarborough and Ryedale, Vale of York, Airedale Wharfedale and Craven and NHS Cumbria. These last two have only a small

footprint in the County, but are involved in developing the Transformation Plan through their representation on the lead Commissioning Forum established to develop and oversee the Plan process. The Plan is led in behalf of the 4 largest CCGs by the Partnership Commissioning Unit, working with Local Authority colleagues.

3. FUTURE IN MIND

The report is produced jointly by the Departments of Health and Education. It sets out the national ambition for mental health services for children and young people, and makes 49 recommendations for achieving that ambition

The **national ambition** is:

1. Children and young people will grow up confident and resilient so they can achieve their goals and ambitions
2. When children and young people need help they can find it easily, and be able to trust it
3. Help for children and young people will meet their needs as individuals and be delivered by people who care about what happens to that child
4. Children and young people are experts in their own care and will be involved in how mental health services are developed and delivered

To make the vision happen, there are **5 delivery themes**:

1. Promote resilience, prevention and early intervention
2. Improve access to effective support – a system without tiers
3. Care for the most vulnerable
4. Accountability and transparency
5. A well- developed workforce

On 3 August 2015 NHS England announced 3 priority areas for further potential investment and/or improved delivery in addition to the 5 themes outlined above:

1. Community Eating Disorder Service: this encompasses all support other than inpatient treatment, ranging from basic advice and information through to specialist clinic based therapies. It is proposed there will be £384k pa across all 4 CCGs until 2020 to support this service.
2. Complete the national roll-out of psychological therapies for children and young people (IAPT); these are therapies such as cognitive behaviour therapy, which have a strong track record in helping people to recover from or manage mental illness. All North Yorkshire CCGs are signed up to IAPT, and it is expected that the area will be fully covered by IAPT services by 2018.
3. Strengthen peri-natal mental healthcare: the subject area covers maternity care through to Health Visiting support, and separate guidance will be published about the expected standards and potential additional funding.

4. DEVELOPING THE TRANSFORMATION PLAN

The national ambition requires local leadership and ownership: all CCGs are required to publish a Transformation Plan to articulate the local offer. These Plans will cover the whole spectrum of services for children and young peoples' mental health and well-being, from health promotion and prevention work to support and interventions for those with existing or emerging health problem, or are transitioning between services.

The Plan will reflect the national ambition and be decided at a local level in collaboration with children, young people and their families and with providers and commissioners.

Locally, work began on the Plan as soon as *Future in Mind* was published:

- Development of a Lead Commissioning Forum to oversee the project comprising the Partnership Commissioning Unit on behalf of the CCGs, North Yorkshire County Council, City of York Council, East riding of Yorkshire County Council and Public Health
- Review of applicable strategies across all agencies to align with and build on current strategies for emotional and mental health
- Conversations with partner agencies, including service providers, Police, Youth Offending Teams, and Public Health colleagues in drafting a statement of readiness to implement the recommendations in *Future in Mind*
- Engagement with children and young people through the Discover! programme, Rock Challenge and meeting with the North Yorkshire Youth Council
- Engagement with schools, both head teachers and SENCOs
- Engagement through Discover! programme with a broad range of stakeholders including voluntary sector, young people and their families, Army Welfare, Department of Work and Pensions.

The outcome of the preliminary work was twofold; first to envision the future service:

By 2020, we will work together and share resources across North Yorkshire and York to make sure that children and young people...

- *Grow up confident and resilient and are able to achieve their goals and ambitions*
- *Can find help easily when they need it*
- *Receive help that meets their needs as individuals in a timely way*
- *Are fully involved in deciding on their support and more broadly how services are delivered and organised.*

Second was the identification of three priority areas for investment, in addition to the priority themes published by NHS England:

1. Prevention, promotion and early intervention
2. A system without tiers: easy access to appropriate help
3. Care for the most vulnerable children and young people

These themes are being worked into action plans that will deliver significant new levels of support for children and young people and those who work with them. All

are keen to ensure this excellent new opportunity builds both on existing strategic priorities as expressed in Young and Yorkshire but also as a consequence results in new provision closely aligned with work to enhance the local integration and alignment of key services.

The future monitoring of the Transformation Plans will be through NHS England, and the Health and Well-Being Board.

5. TIMETABLE

The Transformation Plan must be submitted to NHS England for assurance by 16 October 2015. Whilst the Plan content is determined locally to meet local circumstances and needs, it must meet an assurance framework designed by NHS England.

The Plan must be signed off by the CCGs, Local Authority partners and the Health and Well-Being Boards.

The schedule of meetings means that it is not viable to present plans to the Board prior to submission to NHS England. This report recommends a delegation to the Chair to sign off the Plan on behalf of the Board, with a full report to the meeting on 27 November.

6. Conclusion

Future in Mind offers the opportunity for a fresh approach for responding to the basic need of children and young people for good mental health and emotional well-being.

Within tight timescales considerable work has been undertaken to prepare for a Transformation Plan for submission on 16 October, which will allow the development of significant new services and working methodologies.

7. Recommendation

The Board is asked to:

- Note the report
- Delegate to the Chair, in consultation with the CCG appointed representative authority to sign off the Transformation Plan prior to its submission to NHS England on 16 October 2015