



**Update on the North Yorkshire Mental Health Strategy 2015-2020 'Hope, Control and Choice.'**

6<sup>th</sup> May 2016

**Presented by: Kashif Ahmed (Locality Head of Commissioning, NYCC Health and Adult Services)**

**Summary:**

This paper provides an update on progress made so far with the implementation of the North Yorkshire Mental Health strategy 2015-2020 'Hope, Control and Choice.'

The strategy programme plan, Terms of Reference for the strategy Programme Board, and strategy delivery plan for 2016/17 are attached as appendices for the Board's consideration and approval.

The implementation of the strategy will be overseen by a Programme Board, with support from a Mental Health Strategy Implementation Group.

A series of workstreams will be developed with clear plans to achieve the strategy objectives, and these will align with existing programmes of mental health service improvement.

Performance management, gap analysis and communications and engagement have been identified as key priority work streams. In addition clear plans for stakeholder and service user involvement will be reviewed at the next Programme Board meeting.

**Which of the themes and/or enablers in the North Yorkshire Joint Health & Wellbeing Strategy are addressed in this paper?**

[Please tick as appropriate]

Themes	✓
Connected Communities	✓
Start Well	✓
Live Well	✓
Age Well	✓
Dying Well	

Enablers	
A new relationship with people using services	√
Workforce	√
Technology	√
Economic Prosperity	

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**How does this paper fit with other strategies and plans in place in North Yorkshire?**

- Crisis Care Concordat
  - Future in Mind (Transformation Planning)
  - Dementia strategy (in development)
  - Autism Strategy
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**What do you want the Health & Wellbeing Board to do as a result of this paper?**

- Note the progress made with the implementation of the North Yorkshire Mental Health strategy 2015-2010 'Hope, Control and Choice.'
- Give approval to the plans detailed within this paper for further progression of the strategy implementation.



**Update on the North Yorkshire Mental Health Strategy 2015-2020 'Hope, Control and Choice.'**

6<sup>th</sup> May 2016

**1. Purpose**

To provide an update to the Board on the work undertaken on the implementation of the North Yorkshire Mental Health Strategy 2015-2020 'Hope, Control and Choice', including work undertaken on the establishing the strategy implementation governance, development of the strategy programme plan, and the strategy delivery plan for 2016-17.

**2. Background**

The North Yorkshire Mental Health Strategy 2015-2020 'Hope, Control and Choice' was formally approved by the Health and Wellbeing Board on the 30<sup>th</sup> September 2015. Following sign-off of the strategy, work has been undertaken on formalising the strategy governance structure and developing plans for the implementation of the strategy.

**3. Progress to date**

A programme plan has been developed to outline how the strategy will be implemented (Appendix A), and this contains details of the agreed strategy governance, and how the implementation and performance monitoring of this will be managed.

The implementation of the strategy will be overseen by a Programme Board, comprising of senior management leaders from the NHS and Social Care. This Board has grown from the group which originally oversaw the development of the strategy. We will review membership to ensure we have representation from Airedale Wharfedale and Craven, and have a clear role for our major mental health providers. Consideration was given to one single governance arrangement to oversee the implementation of 'Hope, Control and Choice' and the Crisis Care Concordat, which already has an established board. The merger has not been proposed because the Crisis Care Concordat has a specific action plan based on a national programme. It does not include all of the wider ambitions captured in our Mental Health Strategy, and so there would be a risk that one Board could either dilute the focus on the Crisis Care Concordat work, or on the implementation of the Strategy. This will however be kept under review.

Initially the programme Board will provide oversight of a one year delivery plan for 2016-17 to take forward key mental health challenges for the NYCC area. See Appendix B for the Programme Board's current Terms of Reference.

Supporting the Programme Board will be a Mental Health Strategy Implementation Group, comprised of relevant officers from the NHS and Social Care. The Implementation Group will undertake work on behalf of the Programme Board in developing plans for strategy

implementation and driving the delivery of these. This group will report on progress to the Programme Board on a regular basis, and establish a series of work streams to deliver the strategy objectives. A lead officer for each work stream will coordinate implementation, engagement with local groups and forums as required. The aim is to ensure that delivery is achieved on a county wide basis, but ensure that local approaches are able to respond to local needs, strengths and gaps. All work undertaken will align with the existing programmes of mental health service improvement; e.g. Future in Mind (Transformation Planning), Crisis Care Concordat, Dementia Strategy Development and All Age Autism Strategy Implementation Group.

A delivery plan for 2016-2017 has been developed (Appendix C), which will be monitored throughout the year. Successful achievement of actions is dependent on effective partnership working between agencies and officers from the implementation group have been identified to lead on the coordination of this work.

As it develops, the delivery plan will consider and reflect the recommendations in the Independent Mental Health Taskforce's 'National Five Year Forward View for Mental Health in the NHS.'

Further strategy delivery plans will be developed throughout the course of the strategy lifetime.

#### **4. Next steps**

Key priority work streams identified for the strategy implementation so far are; performance management, gap analysis and communications and engagement.

Plans for addressing these work streams will be developed by the Strategy Implementation Group over the next few months.

Clear plans for stakeholder and service user involvement will be developed to ensure the ongoing implementation and delivery of the strategy's objectives. The next Programme Board meeting will review proposed plans for taking this forward.

Author: Caroline Townsend: Commissioning Manager, NYCC Health and Adult Services.



**Programme Plan: 'Hope Control and Choice,' North Yorkshire's Mental Health Strategy  
2015-20**

This document provides a programme plan for the implementation of the North Yorkshire Mental Health Strategy for approval by the Health and Wellbeing Board in May 2016.

**Mandate:**

'Hope, Control and Choice' sets out North Yorkshire's overarching strategy for developing mental health services and promoting wellbeing from 2015-20. It has been produced by the Health and Wellbeing Board for North Yorkshire, working on behalf of local residents.

Based on feedback from people who use services and other stakeholders, three priority areas for action have been identified: Resilience, Responsiveness and Reaching out. These represent the key areas where evidence suggests that all partner agencies need to improve outcomes and concentrate collective resources at a time of financial constraint.

The partners who are signatories to this strategy have committed to twelve initial collective 'commitments' as a first step towards its implementation.

Detailed actions to address these priorities and reflect these commitments will take place through a range of supporting strategies and plans. Commissioners working across all of the partners who have produced this strategy will take these into account when making decisions about designing and delivering mental health services across North Yorkshire.

This programme plan outlines how the strategy will be implemented in partnership with key stakeholders and based on genuine co-production with those who use mental health services in North Yorkshire and those who care for them.

**Governance Structure for the Programme:**

**'Hope, Control and Choice' Programme Board (HCCPB)**

The implementation of the strategy will be overseen by a Programme Board, comprising of senior management leaders from NHS and Social Care. Initially the Programme Board will provide oversight of a one year delivery plan for 2016-17 to take forward key mental health challenges for the NYCC area. Terms of Reference for the Programme Board are available at Appendix B.

To support the wider roll-out of the strategy up to 2020 a series of work streams will be established, outlined in the structure diagram at page 4. A lead officer for each project will coordinate implementation, engagement with local groups and forums as required. These projects will align with the existing work programme of mental health service improvement; e.g. Future in Mind (Transformation Planning), Crisis Care Concordat, Dementia Strategy Development and All Age Autism Strategy Implementation Group. Further work to establish the remit of these projects will be

undertaken through the governance structure outlined at page 4 and form the basis of a longer term plan for the overarching implementation of the Mental Health Strategy.

**Vision:**

“We will work together to ensure the people of North Yorkshire have the resilience to enjoy the best possible mental health, and to live their lives to their full potential, whatever their age and background, supported by effective, integrated and accessible services across all sectors, designed in genuine partnership with the people who need to make use of them and those who care for them.”

This overarching vision will inform the implementation of the strategy to ensure that stakeholders in North Yorkshire will share resources and collaborate in order that:

1. Better services are designed in partnership with the people who use them
2. Individuals, families and communities have the right skills, respect and support
3. The full extent of people’s needs are recognised

**Benefit:**

The strategy sets out eighteen strategic outcomes, reflecting this vision and what is to be achieved within the three priority areas.

These outcomes will be translated into specific measurable ‘ambitions’ or critical indicators of success which form the foundation of the delivery plan and against which significant improvements will be demonstrated throughout 2016-17.

A mechanism for tracking and managing benefits realisation will be defined and established during these initial stages of the programme.

The delivery plan identifies actions not only in relation to the provision of effective services for individuals with mental health problems but also specifies priorities and actions which promote positive mental wellbeing for the whole population, the physical health of people with mental health problems, people’s experience of care and experience of stigma and discrimination.

**Approach:**

Organising services in a way to achieve the benefits set out will require an approach for operational delivery encompassing:

- Co-production
- Joint commissioning with Health and Social Care, Public Health, NHS England
- Linking the new programme with ongoing strategies and initiatives e.g. Crisis Care Concordat, Future in Mind, Local Transformation Plan, Dementia Strategy, All Age Autism
- Changing where help happens: Delivering services as close to home e.g. GP practices, schools, voluntary sector
- Improving systems: E.g. Multi-agency Single Point of access, Information Governance

**Performance monitoring**

A Performance Management Framework will be developed to ensure that the proper systems and processes are in place to support improvement, take appropriate actions, manage risk and help staff to achieve better performance.

For many areas the development of outcomes and measures will be an iterative one and will evolve over time. A qualitative as well as quantitative approach will be undertaken as a means of measuring success in order to provide a complete picture. This process will provide an excellent opportunity for engagement with key stakeholders and users of services. Comprehensive methods for ensuring feedback and using this feedback to promote continuous improve and maintain creativity will be established.

### **2016-17 Delivery Plan**

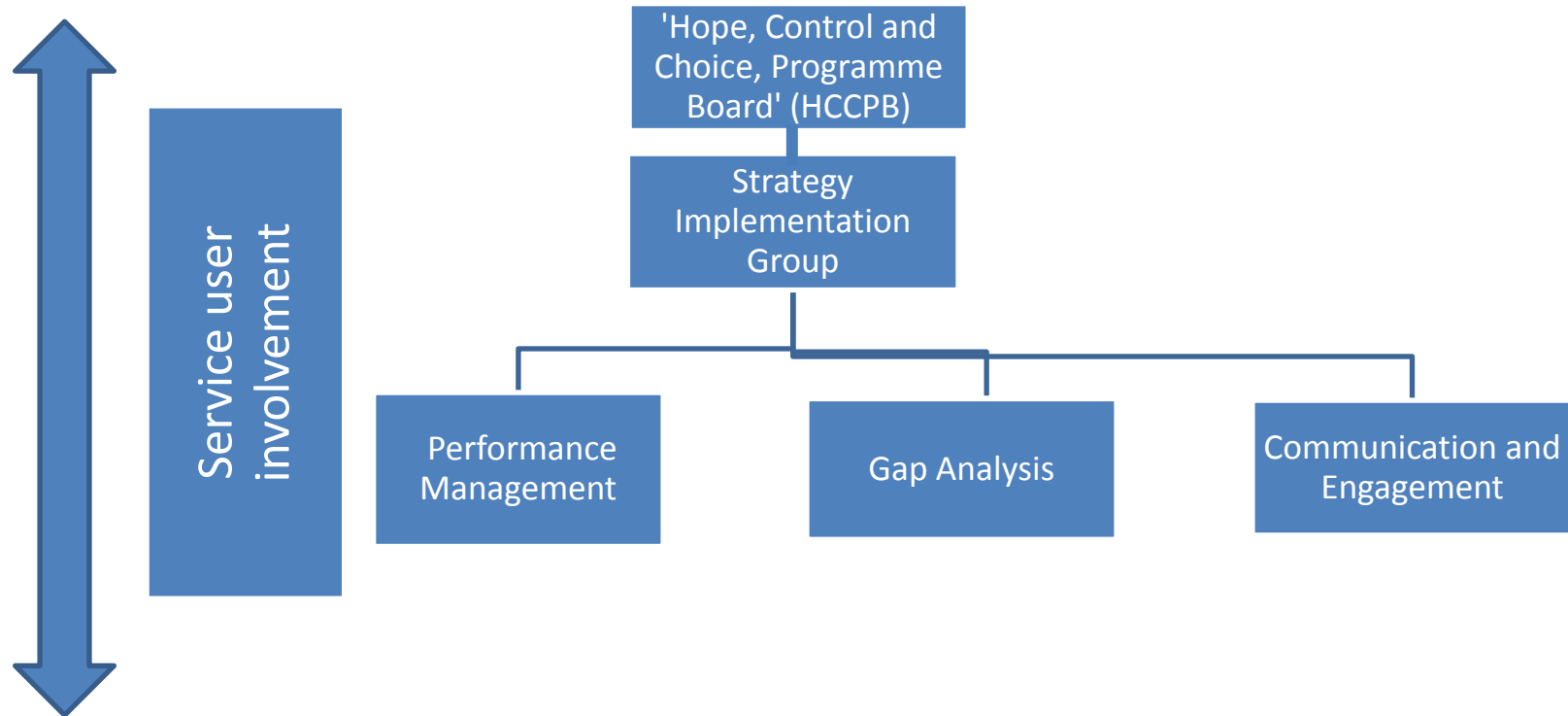
Taking the twelve commitments outlined in the strategy and by mapping baseline activity currently taking place across a range of supporting strategies and plans, an initial one-year delivery plan for 2016-17 has been produced. This is available at Appendix C.

A Strategy Implementation Group will deliver the following functions on behalf of the Programme Board:

- Develop a one-year delivery plan based on the initial 12 commitments
- Develop a performance framework and 'performance scorecard' by drawing on the best measures currently available, and by using existing data
- Coordinate overarching programme/project management
- Facilitate development of co-production activities and service user involvement
- Establish mechanisms for communication and engagement

The Strategy Implementation Group will draw on the values, aspirations and expectations of people with lived experience of mental health and focus on a manageable set of actions. The delivery plan is very much a 'live' document and will be further progressed and strengthened through the approach outlined above.

### Strategy Implementation Governance Structure





## **The Hope, Control and Choice Programme Board (HCCPB)**

### **Terms of Reference**

#### **1 Background**

‘Hope Control and Choice’ is North Yorkshire’s over-arching strategy for developing mental health services and promoting wellbeing from 2015-2020. It is a joint strategy produced by the Health and Wellbeing Board for North Yorkshire, working across the NHS, Local Authority, Police and voluntary sectors, and in close partnership with those who use services and those who care for them.

#### **2. Purpose**

The purpose of the Board is to provide leadership and coordinated multi-agency oversight of the strategy.

The Board will:

- Oversee the development and implementation of a multi-agency one year operational plan for 2016-17 to take forward key mental health challenges for the NY area, including driving delivery and monitoring progress against agreed measures and outcomes
- ensure that priorities, costs and benefits within the operational plan are assessed
- identify strategic and directional risks and issues, and work to resolve these
- ensure that people with personal experience of mental health problems, their families and carers, and wider stakeholders are engaged appropriately and consistently in the delivery, monitoring and governance of the strategy

A programme approach will be taken to ensure agreed service developments and it will be delivered through partnership approaches. A Strategy Implementation Group will develop and ensure the delivery of operational plans and will report into the Board.

#### **3. Scope**

The Board will collaborate across its constituent membership to deliver improvements in line with the priorities outlined in the strategy.

The Board will need to consider a range of enabling functions, including leadership, workforce development, research, intelligence, commissioning, finance, co-production with people with personal experience of mental ill health – as well as delivery, reporting and monitoring arrangements for the operational plan.

#### **4. Interfaces and Key Functions**

The Board will be part of the governance structure for delivery of the five year strategy; Hope Control and Choice. It will be responsible for making links with and ensuring alignment between a range of programmes and initiatives that will support improved access, outcomes and experience for people affected by mental health issues, their families and carers.

Throughout the development of the strategy, consultation has taken place at a national level led by the new Mental Health Taskforce and the key findings from this will be reflected in the future implementation and delivery of the strategy.

## **6. Membership of the Board.**

The current membership will be reviewed to ensure appropriate partnership representation and that there is a clear role for our major mental health providers.

The Board currently comprises of representatives from:

Victoria Pilkington <b>Co - Chair</b>	Head of Partnership Commissioning Unit - PCU
Kathy Clark <b>Co - Chair</b>	Assistant Director of Health and Adults Services
TBC	Head of Mental Health Commissioning - PCU
Kashif Ahmed	Head of Commissioning - NYCC
Vicky Waterson	Health Improvement Manager – Public Health, NYCC
Pete Dwyer	Corporate Director for Children and Young People - NYCC

## **7. Roles and responsibilities**

The Co- Chair and/or Vice-Chair are responsible for ensuring that the Board operates in such a way as to deliver its key functions.

Senior representatives from other work programmes may be invited to advise, participate in decision making or contribute resources where there is a common purpose or objective.

## **6. Timing/ Quoracy & Administration**

The Board will meet every quarter. Dates for meetings in 2016-17 are currently being organised and meetings beyond this will be scheduled at least two months in advance.

Administrative support will be provided by the Partnership Commissioning Unit

Quorum is to be confirmed.

## **7. Reporting Arrangements**

The Board will be accountable to its constituent members, and also provide regular reports to the Health and Wellbeing Board.

Mental Health Strategy Delivery Plan 2016-17				Appendix C	
Priority: Resilience: individuals, families and communities with the right skills, respect and support					
Joint initial actions					
Actions	2016-17 Action	NY STRATEGY outcomes	Measures/targets	Lead	Progress
<b>1. New programmes to help children and young people to stay strong</b>	<ul style="list-style-type: none"> <li>Commission through a procurement route and implement a support service to schools /GP surgeries for prevention and early intervention</li> <li>Targets will be developed in line with the service specification for the support service to schools</li> <li>The eating disorders service will be enhanced and improved to meet the new access and waiting time standards, and this is being developed by the current CAMHS</li> <li>Work with partner agencies and the voluntary sector to promote online websites to provide information and support to children and young people</li> </ul>	1.3 Greater investment in prevention and early intervention for children and adults. 3.5 Safeguarding fully embedded in all partners practices	<ul style="list-style-type: none"> <li>Increase in percentage of children and young people with a high measure of resilience to 34% at Key stage 2 and 26% at key stage 4</li> <li>Urgent cases seen within 1 week; standard within 4 weeks</li> </ul>	LF - PCU	<ul style="list-style-type: none"> <li>Work ongoing to establish the procurement due to start in next 6 weeks. Estimated start date for service October 2016</li> <li>PCU, with the Harrogate Children &amp; Young People's Emotional Health &amp; Well-Being Partnership have promoted and rolled out the use of apps for young people regarding self-harm</li> </ul>
<b>2. Work with North Yorkshire employers to promote good mental health in the workplace</b>	<ul style="list-style-type: none"> <li>Roll out of national workplace wellbeing charter.</li> <li>Encourage organisations to sign up to Mindful Employer charter</li> <li>Work with NYCC to develop a workforce plan for school staff to develop resilience and improve emotional well-being</li> </ul>	1.2 Better public understanding and acceptance of mental health issues. 1.3. Greater investment in prevention and early intervention for children and adults	Every aspect of the standard has been met or exceeded.	VW - PH	NYCC & TEWV are signed up to Mindful Employer charter Ongoing work to raise awareness and encourage sign-up

<b>3. A range of local initiatives to sustain wellbeing.</b>	<ul style="list-style-type: none"> <li>•Launch a strategic review of NYCC Health and Adult Services community support mental health contracts</li> <li>•Explore opportunities to develop a model of social prescribing within north Yorkshire</li> <li>•Mapping of relevant initiatives supported by agencies (including NYP, Stronger Communities, TEWV)</li> </ul>	1.1 Support for family, friends and carers embedded in all services. 1.3. Greater investment in prevention and early intervention for children and adults 1.4 More services and activities led by communities themselves 1.6 Better partnership working especially with the voluntary and independent sectors 3.4 More volunteering and other activities to promote wellbeing	<ul style="list-style-type: none"> <li>• PHOF outcome 1 - more people have better mental health</li> <li>• PHOF outcome 2 - more people with mental health problems will recover</li> <li>•PHOF outcome 4 - ensuring a better experience of care</li> <li>•PHO4 6 Reducing stigma and discrimination</li> </ul>	CT/KA- NYCC  VW - PH	<ul style="list-style-type: none"> <li>•Review of NYCC Health and Adult Services community support mental health contracts due to commence towards the end of 2016 (dates TBC), once procurement to secure current provision is complete.</li> </ul>
<b>4. Campaigns to raise awareness, to tackle stigma and discrimination, and to celebrate the positive.</b>	<ul style="list-style-type: none"> <li>•Frontline workers, across the full range of services, to be trained to understand mental health and the principles of recovery.</li> <li>•More individuals and organisations signed up to the Time to Change campaign.</li> <li>• All organisations challenge poor reporting, and praise good reporting, of mental health issues in the media</li> </ul>	1.2 Better public understanding and acceptance of mental health issues	<ul style="list-style-type: none"> <li>•National Attitudes to Mental Health survey</li> <li>•Press cuttings and broadcast media analysis of stigma</li> <li>• Discrimination experienced by people with MH problems</li> </ul>	VW - PH BA - PCU LF - PCU	<ul style="list-style-type: none"> <li>• Public Health Communication campaign developed and will focus on improving mental health and wellbeing</li> <li>• Public Health undertaking scoping study to understand nature and impact of stigma and discrimination</li> <li>•Alzheimer Society dementia champions to deliver training to staff in CCGs</li> <li>•Communications plan is being developed to promote national messages around children and young people's mental health</li> </ul>
<b>Priority: Responsiveness: Better services designed in partnership with those who use them</b>					
<b>Actions</b>	<b>2016-17 Action</b>	<b>NY Strategy outcomes</b>	<b>Measures/targets</b>	<b>Lead:</b>	<b>Progress</b>
<b>5. A faster and better response to anyone experiencing a mental health crisis.</b>	<ul style="list-style-type: none"> <li>•To develop an all age mental health acute crisis response across the North Yorkshire localities</li> <li>•Develop a single point of access</li> <li>•Develop new urgent care commissioning specification for 2016/17 with standard response times, referral processes and quality standards to mental health crises</li> <li>• Implementation of EIP access standards</li> </ul>	2.2 Better services for those experiencing a mental health crisis 2.3 Greater access to talking therapies 2.4 Better transitions between services, e.g. children to adults 2.5 Better services for vulnerable groups, e.g. students, military families, veterans, those detained under the Act etc. 2.6 Better services for those with mental health and substance misuse needs 2.7 Better Advocacy Services	<ul style="list-style-type: none"> <li>• Same response regardless of age or condition</li> <li>• Standard work &amp; response timescales across services</li> <li>• Quality user experience</li> <li>• Safe continuation of care delivery</li> <li>• Service efficiency</li> </ul> EIP >50% receive NICE approved care package within two weeks following first episode, Apr 16	SF - PCU	<p>Superflow' crisis care planning event led by TEWV took place 14-18 March 2016. A concise action plan has been developed with the following initial actions:</p> <ol style="list-style-type: none"> <li>1. Identify which locality will pilot the new model</li> <li>2. Address variation within all three localities by implementing the agreed standard work</li> <li>3. Agree standard operating procedures</li> </ol> <ul style="list-style-type: none"> <li>•TEWV are utilising HEE training for family intervention and CBT to ensure appropriate level of skill mix in workforce required to deliver full NICE concordant care package. TEWV to provide action plan to PCU on delivery by end of May</li> </ul>

<b>6. Greatly improved access to "talking therapies" in North Yorkshire.</b>	<ul style="list-style-type: none"> <li>• To scope the increase of IAPT services for targeted groups including veterans, over 65s and long term physical conditions</li> <li>• Ensure a seamless pathway between services supporting transition for older children to adulthood</li> <li>• Expansion of the CYP IAPT principles, training will be rolled out the voluntary and community sector in North Yorkshire</li> </ul>	2.3 Greater access to talking therapies	<ul style="list-style-type: none"> <li>• 15% access</li> <li>• 50% recovery</li> <li>• 95% &lt;18 wk wait</li> <li>• 75% &lt;6 wk wait</li> </ul>	RD -PCU	<ul style="list-style-type: none"> <li>• Continue monthly monitoring</li> <li>• Targeted work to address recovery rates at risk of not meeting targets in partnership with NHSE and IAPT team</li> </ul>
<b>7. Pilot and roll out new personal health budgets &amp; individual care plans.</b>	<ul style="list-style-type: none"> <li>• Significant expansion of Personal Health Budgets</li> <li>• Extend to people with a learning disability/mental health condition who have had a psychiatric hospital admission and who are eligible for Section 117 Aftercare.</li> </ul>	1.1 Support for families, friends and carers embedded in all services 1.4 More services and activities led by communities themselves	<ul style="list-style-type: none"> <li>• National target 1-2 people in 1000 population</li> </ul>	BA	<ul style="list-style-type: none"> <li>• Local Offer developed by PCU</li> <li>• Developing the market to ensure increased choice for people on CHC funded care plan</li> <li>• Currently 30 people in receipt of PHB and further demand for take-up</li> <li>• PCU reviewing current care coordination arrangements to ensure capacity for person-centred planning is flexible to support increasing demand</li> </ul>
<b>8. Timely dementia diagnosis and "dementia-friendly" communities.</b>	<ul style="list-style-type: none"> <li>• Review post-diagnostic support for people with dementia, and continue to support Primary Care colleagues to improve dementia diagnosis rates.</li> <li>• Development of accessible support for patients with dementia at all stages of illness; providing project management support to develop new ways of working with local partners. Ensuring comorbidity factors are recognised and that care and support is effectively coordinated.</li> <li>• Reviewing jointly commissioned dementia support service with NYCC.</li> </ul>	2.1 Timely diagnoses for all conditions, especially dementia	Support primary care colleagues to achieve 68% national dementia diagnosis rate 95% - 18 weeks 75% - 6 weeks	BA	<ul style="list-style-type: none"> <li>• NY dementia strategy currently in development and due to be finalised Dec 16.</li> <li>• One year pilot of primary care based support at GP practice in Harrogate to start 1.5.2016</li> </ul>

<b>Priority: Reaching out: recognising the full extent of people's needs</b>					
<b>Actions</b>	<b>2016-17 Actions</b>	<b>NY Strategy outcomes</b>	<b>Measures/targets</b>	<b>Lead:</b>	<b>Progress</b>
<b>9. Work in new ways to take into account the full range of people's needs, including physical health.</b>	<ul style="list-style-type: none"> <li>•Development of liaison psychiatry and crisis care pathway to ensure parity of esteem for patients accessing support with physical health</li> <li>•Explore further commissioning opportunities around integrating physical and mental health services for all ages including young people and improving parity of esteem</li> <li>•Embed parity in policies, specifications and contracts</li> <li>•'Better Births 2016' initiative to provide multi-professional working for improved personalised, seamless and safer postnatal and perinatal mental health services.</li> <li>• Ensuring that relationship between mental health and dementia is recognised and addressed by services</li> </ul>	<ul style="list-style-type: none"> <li>• 1.6 Better partnership working especially with the voluntary and independent sectors</li> <li>•3.1 Better understanding of the links with physical health, leading to dual diagnoses</li> </ul>	<p>National CQUIN target for assessing the physical health of in-patients with psychosis and community patients in early intervention psychosis teams</p> <ul style="list-style-type: none"> <li>• To be developed</li> </ul>	PCU	<p>Superflow' crisis care planning event led by TEWV took place 14-18 March 2016. A concise action plan has been developed with the following initial actions:</p> <ol style="list-style-type: none"> <li>1. Identify which locality will pilot the new model</li> <li>2. Address variation within all three localities by implementing the agreed standard work</li> <li>3. Agree standard operating procedures</li> </ol> <ul style="list-style-type: none"> <li>• NY dementia strategy current in development and due to be finalised Dec 2016.</li> </ul>
<b>10. Review the impact of new technology, positive and negative.</b>	Action to be developed following determination on the scope of this review	2.1 Timely diagnosis 2.2 Better services for those experiencing crisis 2.6 Better services for those with mental health and substance misuse needs 1.3 Greater investment in prevention and early intervention for children and adults	To be developed	NYCC	Scoping report to identify studies for inclusion in the review be drafted and submitted to the programme board by Q2

<b>11. Work with partners to ensure that mental health and wellbeing is embedded in all strategies and plans.</b>	<ul style="list-style-type: none"> <li>•Develop a coherent approach that enables partners to embed wellbeing and prevention in mainstream policies, strategies and specification</li> <li>•Develop a Social Value charter for NY and embed this into the commissioning cycle</li> <li>•Young in Yorkshire refresh will include CYP EMH and give full recognition to the FIM Transformation plans</li> </ul>	1.6 Better partnership working especially with the voluntary and independent sectors 3.1 Better understanding of the links with physical health, leading to dual diagnoses 3.4 More volunteering and other activities to promote well-being	<ul style="list-style-type: none"> <li>•The proportion of people who use services who say that those services have made them feel safe and secure (ASCOF)</li> <li>•Increase in people who have good mental health</li> <li>•Increase in recovery rates</li> </ul>	KA VW PCU	<ul style="list-style-type: none"> <li>• Consultation events planned to support the development of the Dementia Strategy</li> <li>• Performance framework for recovery to be developed, with service user involvement, to include improved quality of experience, enhanced perceptions of hope and control, and the achievement of personally relevant life goals such as stable and secure housing, employment and networks of support</li> </ul>
<b>12 North Yorkshire Mental Health Champions brought together at least once a year</b>	<ul style="list-style-type: none"> <li>•Identify mental health champions in the scope of this strategy</li> <li>•Employers sign up to Time to Change and undertake training</li> </ul>	1.4 More services and activities led by communities themselves 1.6 Better partnership working especially with the voluntary and independent sectors	To be developed  Number of mental health champions across partner agencies	VW	<ul style="list-style-type: none"> <li>•Work ongoing to agree the definition of mental health champions in the scope of this strategy</li> </ul>