



Agenda

Meeting: Health and Wellbeing Board

Venue: The Cairn Hotel, Harrogate
(location plan attached)

**Date: Friday 6 May 2015 from 11.15 a.m.
to 12.30 p.m**

Recording is allowed at County Council, committee and sub-committee meetings which are open to the public, please give due regard to the Council's protocol on audio/visual recording and photography at public meetings, a copy of which is available to download below. Anyone wishing to record is asked to contact, prior to the start of the meeting, the Officer whose details are at the foot of the first page of the Agenda. We ask that any recording is clearly visible to anyone at the meeting and that it is non-disruptive. <http://democracy.northyorks.gov.uk>

Business

No.	Agenda Item	Action	Document/ Page Nos	Suggested Timings
1	Apologies for Absence	To note	-	11.15 – 11.20
	<u>Standard Items</u>			
2	Any Declarations of Interest			
3	Minutes of the meeting held on 24 February 2016	To approve	7-13	
4	Public Questions or Statements Members of the public may ask questions or make statements at this meeting if they have given notice to Patrick Duffy of Democratic Services (<i>contact details below</i>) no later than midday on Tuesday 3 May 2016, three working days before the day of the meeting. Each speaker should limit themselves to 3 minutes on any item.	To note	-	

	Members of the public who have given notice will be invited to speak:- <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. 			
<u>Strategy</u>				
5	Better Care Fund Sponsor: Wendy Balmain	To approve	To follow	11.20 - 11.30
6	Harrogate Vanguard – Presentation Sponsor: Amanda Bloor	To accept		11.30 – 12:00
<u>Assurance</u>				
7	North Yorkshire Mental Health Strategy 2015 - 2020: “Hope, Control and Choice” – Progress Report Sponsor: Kathy Clark	To accept	14-28	12.00 – 12.10
8	Joint Health and Wellbeing Strategy:- Workforce Enabler – Verbal Update Sponsor: Simon Cox	To accept		12.10 -12.20
<u>Information Sharing</u>				
9	Work Programme/Calendar of Meetings	To approve	29-32	12.20 – 12.25
<u>Other Items</u>				
10	Notes of the meeting of the North Yorkshire Delivery Board held on 14th April 2016	To note	33-38	12.25 – 12.30
11	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: 27 April 2016

Notes:

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.

North Yorkshire Health and Wellbeing Board

Membership

County Councillors (3)		
1	WOOD, Clare (Chairman)	Executive Member for Adult Social Care and Health Integration
2	CHANCE, David	Executive Member for Stronger Communities and Public Health
3	SANDERSON, Janet	Executive Member for Children and Young People's Services
Elected Member District Council Representative (1)		
4	FOSTER, Richard	Craven District Council Leader
Local Authority Officers (5)		
5	FLINTON, Richard	North Yorkshire County Council Chief Executive
6	WEBB, Richard	North Yorkshire County Council Corporate Director, Health & Adult Services
7	DWYER, Peter	North Yorkshire County Council Corporate Director, Children & Young People's Service
8	WAGGOTT, Janet	Chief Officer District Council Representative
9	SARGEANT, Dr Lincoln	North Yorkshire County Council Director of Public Health
Clinical Commissioning Groups (5)		
10	RENWICK, Dr Colin	Airedale, Wharfedale & Craven CCG
11	PROBERT, Janet	Hambleton, Richmondshire & Whitby CCG
12	BLOOR, Amanda (Vice-Chairman)	Harrogate & Rural District CCG
13	PHILLIPS Dr Andrew (subject to formal approval by County Council on 18 May 2016)	Vale of York CCG
14	COX, Simon	Scarborough and Ryedale CCG
Other Members (3)		
15	JONES, Shaun	NHS England NY & Humber Area Team
16	CARLISLE, Sir Michael	Chairman, Healthwatch
17	BIRD, Alex	Voluntary Sector Representative
Co-opted Members (2) – Voting		
18	VACANCY	Mental Health Trust Representative
19	CROWLEY, Patrick	Acute Hospital Representative (Chief Executive York Teaching Hospital NHS Foundation Trust)
Substitute Members		
	WARREN, Julie	NHS England NY & Humber Area Team
	TOLCHER, Dr Ros	Harrogate and District NHS Foundation Trust
	NEWTON, Debbie	Hambleton Richmondshire & Whitby CCG
	MELLOR, Richard	Scarborough and Ryedale CCG
	AYRE, Nigel (subject to formal approval by County Council on 18 May 2016)	Healthwatch

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.



The Cairn Hotel
Ripon Road
HARROGATE
North Yorkshire
HG1 2JD
Tel: 01423 504005

North Yorkshire Health and Wellbeing Board

**Minutes of the meeting held on Wednesday 24 February 2016 at
County Hall, Northallerton**

Present:-

Board Members	Constituent Organisation
County Councillors	
County Councillor Clare Wood (Chairman)	North Yorkshire County Council Executive Member for Adult Social Care & Health Integration
County Councillor David Chance	North Yorkshire County Council Executive Member for Stronger Communities & Public Health
County Councillor Janet Sanderson	North Yorkshire County Council Executive Member for Children and Young People's Service
Elected Member District Council Representative	
Richard Foster	Craven District Council Leader
Local Authority Officers	
Richard Flinton	North Yorkshire County Council Chief Executive
Richard Webb	North Yorkshire County Council Corporate Director – Health & Adult Services
Peter Dwyer	North Yorkshire County Council Corporate Director - Children and Young People's Service
Dr Lincoln Sargeant	North Yorkshire County Council Director of Public Health
Janet Waggott	Ryedale District Council Chief Executive
Clinical Commissioning Groups	
Janet Probert	Hambleton, Richmondshire & Whitby CCG
Amanda Bloor (Vice Chairman)	Harrogate & Rural District CCG
Simon Cox	Scarborough & Ryedale CCG
Andrew Phillips (substituting for Mark Hayes)	Vale of York CCG
Other Members	
Shaun Jones	NHS England North Yorkshire & Humber Area Team
Sir Michael Carlisle	Chairman, Healthwatch, North Yorkshire
Alex Bird	Voluntary Sector (North Yorkshire and York Forum)
Co-opted Members (voting)	
Adele Coulthard (substitute for Martin Barkley)	Mental Health Trust Representative Tees Esk & Wear Valleys NHS Foundation Trust

In Attendance:-

Victoria Pilkington, Director, Partnership Commissioning Unit

North Yorkshire County Council Officers:

Wendy Balmain and Elaine Wyllie (Health & Adult Services), Patrick Duffy (Legal & Democratic Services), Catherine McCarty (Human Resources and Organisational Development) and Rachel Richards (Public Health).

142. Apologies for absence

Apologies for absence were submitted by:

- Martin Barkley, Chief Executive, Tees, Esk and Wear Valleys NHS Foundation Trust
- Patrick Crowley, Chief Executive, York Teaching Hospital NHS Foundation Trust
- Mark Hayes, Chief Clinical Officer, Vale of York CCG
- Colin Renwick, Clinical Chair, Airedale, Wharfedale and Craven CCG

143. Membership

The Chairman reported that the County Council had formally approved the appointment of Richard Mellor, as the designated substitute on the Board for Simon Cox.

The Chairman further reported that Martin Barkley, the Mental Health Trust Representative on the Board, would be leaving his post at the end of April. She added that he would be missed and asked Adele Coulthard to pass on Members' thanks to Martin for his contribution to the work of the Board and their best wishes.

144. Minutes

Resolved - That the Minutes of the meeting held on 27 November 2015 are approved as an accurate record.

144. Public Questions or Statements

None had been received.

145. Ambition for Health Strategic Programme

Simon Cox, Chief Officer, Scarborough and Ryedale CCG, presented a report, co-authored with Richard Webb, Corporate Director, Health & Adult Services, which updated the Board on this Programme - a partnership approach designed to transform health and social care services in Scarborough, Ryedale, Bridlington and Filey.

The *ambition* covered:-

- healthy lifestyles, to help people lead healthy lifestyles, supporting them to take control of their own health to prevent illness
- care at home, to improve the care provided at home and in the community with the aim of preventing people needing treatment in hospital; and
- sustainable services, to ensure that Scarborough Hospital and other major services are of a high quality and financially sustainable

The key drivers for change are the changing health needs of people which are creating increased demand; poor health outcomes for people in deprived areas; workforce pressures; and financial pressures which will be increased when a £10 million subsidy for Scarborough Hospital ends. Key issues include the need to help people adopt a healthy lifestyle and the fragility within the care market.

Sir Michael Carlisle, Chairman of Healthwatch North Yorkshire, felt that, whilst the aim of NHS England to help move people out of hospital was right, there is a squeeze on resources. Simon Cox added that there are several workforce models. There is a need to encourage greater self-care amongst people.

Richard Webb commented that the County Council is working with Coventry University to encourage people to embark on a career in care.

Alex Bird, Chief Executive of Age UK, North Yorkshire, stressed the role to be played by the Voluntary Sector around prevention and engagement and asked that this be strengthened in the programme.

Pete Dwyer, Corporate Director, Children and Young People's Service, felt there could be a tension between priority areas and the timescales involved but welcomed the focus on both quality and finances.

Richard Flinton, Chief Executive, felt that the Board should not lose sight of the positives. North Yorkshire is a great place to undertake partnership work. The challenging financial climate has led to more innovative ways of working. The County Council is positive about engaging and working to find solutions.

Resolved - That the report be noted.

146. Joint Health and Wellbeing Strategy - Integrated Workforce Development Programme - Progress Update

Catherine McCarty, Head of Human Resources and Organisational Development, presented a report which built on the Board's discussions at its Development Day on 14 December 2015. The Development Programme will involve all partners in producing an Integrated Workforce Strategy with the intention of increasing joint working. Communication will be via regular briefings in the form of a Newsletter.

Better Care Fund monies have been secured which will be used to recruit a Project Manager to help support delivery of the programme. A Steering Group will produce an action plan to support the development of the Programme and will have its first meeting by the end of March 2016.

A Workforce Summit, to kick-start the process, will be held in April/May this year. This will comprise representatives from all organisations on the Steering Group and consider the initial objectives and identifying areas for change.

Wendy Balmain, Assistant Director, Integration, said that one of the discussions will be how best to get across to people what a wonderful area North Yorkshire is for them and their families to live and work in.

Andrew Phillips, Vale of York CCG, queried whether York Ambulance Service should be included. Simon Cox said that this will be considered; there is no desire to exclude the Ambulance Service.

Amanda Bloor, Chief Officer, Harrogate & Rural District CCG, stressed that workforce is a key enabler in improving health and that it will be helpful if a Board Member would sponsor this workstream.

Resolved - That the progress made be noted and that updates on progress be a standing item on the Agenda for Board Meetings.

147. North Yorkshire Winter Health Strategy 2015/2020

Dr Lincoln Sargeant, Director of Public Health, presented the final North Yorkshire Winter Health Strategy 2015-2020 and the draft Implementation Plan. He paid tribute to the partners involved in producing the Strategy and stressed that winter health planning is a year-long activity.

Rachel Richards, Public Health Consultant, advised the Board that the Strategy will be launched at an Event on 17th March 2016 and went through the detail of the strategy and its implementation.

£400,000 had been drawn in through partnership work which allowed partners to help deliver the Implementation Plan. Alex Bird commented that this funding runs out in December 2016 and queried where funding will come from after that date.

Rachel Richards acknowledged that there is a limited amount of money and cost-effective solutions, such as partners working together, will need to be developed on a sustainable basis. Some aspects are being piloted, such as Warm and Well North Yorkshire and a Single Point of Contact. Amanda Bloor commented that it is important not to duplicate existing activities. Alex Bird said that the voluntary sector will be happy to link in to the training for front line staff.

Richard Foster, Leader of Craven District Council, commented that Craven had signed up to *The Green Deal* (a Government initiative designed to help business and home owners employ more green technologies in their properties), but there is a poor take up in rural areas and there may be opportunity for funding through this initiative.

Richard Webb commented that this provided an ideal opportunity to review assessment documents.

County Councillor Sanderson referred to the diagram on page 11 of the Strategy, which illustrated the number of excess winter deaths in areas of North Yorkshire and queried how people at risk are identified. Rachel Richards advised that work is on-going to identify and support the most vulnerable.

Janet Probert, Chief Officer, Hambleton, Richmondshire and Whitby CCG, mentioned that part of the draft NHS Contract with GPs is to Make Every Contact Count (MECC). This is a great opportunity to do that.

County Councillor David Chance, the Executive Member for Stronger Communities & Public Health, said he is pleased with the Strategy and congratulated Rachel Richards on it.

Resolved -

- (a) That the Strategy be approved and the working Implementation Plan be noted.
- (b) That all Members receiving the final Strategy be asked to send representatives to the launch event on 17 March 2016.
- (c) That Members be asked to identify and pledge to support specific actions in the Implementation Plan. Organisation logos from Health and Wellbeing Board to be shared for inclusion in the Strategy.

- (d) That Rachel Richards will follow up funding/partnership opportunities (Green Deal, voluntary sector, MECC and social care documents).

148. Joint Health and Wellbeing Strategy (JHWS) - Draft Performance Framework

The Board considered a report by Amanda Bloor.

The Board's Development Session on 14 December 2015 had provided the opportunity to discuss performance around the Strategy and feedback from that Event had informed this paper.

The proposed framework for measuring progress against the JHWS includes:-

- A performance dashboard of key data providing high level evidence of the direction of travel towards achieving the Strategy.
- A programme of in-depth Board discussions to share intelligence and deepen understanding of progress on the Strategy's key themes and enablers.
- How the Board will use exception reporting to tackle problems together.

Amanda Bloor added:-

- It is important to recognise that, alongside numerical data, people's stories are a powerful indicator.
- It would be helpful if Members would agree to sponsor JHWS themes. In-depth knowledge is not the key requirement – more the ability to provide leadership.
- It is proposed that a Reference Group will review the effectiveness of the Board's structures.
- Snapshot information will have a role to play, as qualitative reporting is as, if not more, important than quantitative information.

Richard Webb felt this is very useful and that we now need to push on with it. Any work should not lose sight of key performance indicators.

Wendy Balmain advised that Transformation Boards can be a mechanism for governance structures. In terms of the Board understanding how the system is performing and making a difference, initiatives such as Ambition for Health will help provide this perspective, as well as being appraised of broader transformational work.

Elaine Wyllie, Head of Integration, added that it is important to see the collective picture, rather than stand-alone metrics. Aligning each JHWS theme and enabler to a Board Member as a sponsor will ensure a focus on a range of information.

Resolved -

- (a) That the performance dashboard indicators be agreed via the Commissioner Forum.
- (b) That the Board support structures be considered, via a Reference Group and recommendations be brought back to the Board for approval.
- (c) That nominations from Members for sponsors for JHWS themes and enablers be sought – volunteers to contact Amanda Bloor.
- (d) That the common introductory front sheet for all Board papers, as set out at Appendix 3 to the report, be agreed and used going forward.

149. NHS Planning Guidance and Better Care Fund Forward Look - Presentation

Shaun Jones, Head of Assurance and Delivery at NHS England - North (Yorkshire and The Humber), delivered a presentation which sought to crystallise the key issues for the Board to be aware of as summarised below:

NHS Planning Guidance

All NHS Organisations have to produce a five year Sustainability and Transformation Plan (STP), place based, to drive the delivery of the five year Forward View and a one year Operational Plan, organisation-based, but consistent with the STP. There are nine national “must dos” for every local system in 2016/17, as follows:-

- Produce a sustainability and transformation plan for the local area
- Return to aggregate financial balance
- Address the sustainability and quality of general practice
- Deliver standards for A&E waits and ambulance response times
- Improve performance against 18-week Referral to Treatment standard
- Deliver cancer waiting times standard and one-year survival rates
- Deliver on the new mental health access standards and dementia diagnosis rate
- Improve care for people with a learning disability
- Make quality improvements, including publishing avoidable mortality rates (providers)

Better Care Fund (BCF) Overview

The BCF 2016-17 guidance requires localities to update plans in line with the following eight national conditions:-

- That a BCF Plan, covering a minimum of the pooled Fund specified in the Spending Review, be signed off by the Health and Wellbeing Board and by the constituent Councils and CCGs
- A demonstration of how the area will meet the national condition to maintain provision of social care services in 2016-17
- Confirmation of agreement on how plans will support progress on meeting the 2020 standards for seven-day services, to prevent unnecessary non-elective admissions and support timely discharge
- Better data sharing between health and social care, based on the NHS number
- A joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional
- Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans
- That a proportion of the area’s allocation is invested in NHS commissioned out-of-hospital services, or retained pending release as part of a local risk sharing agreement; and
- Agreement on a local action plan to reduce delayed transfers of care

In terms of risk-share, each Health and Wellbeing Board must have agreement in place as to how they will use their share of the £1 billion previously used for the performance element of the Fund. Where partners are aware of significant risk with the delivery of their Plan, for instance, where emergency admission reduction targets were not met in 2015/16, NHS England expect them to consider using a local risk sharing agreement on the basis that “the same pound” cannot be spent twice on emergency admissions and on NHS commissioned out of hospital activity simultaneously.

BCF Plans will be reviewed by NHS England, the Local Government Association and the Association of Directors of Adult Social Services. Plan development and risks to delivery will be used to arrive at a judgment of *Approved*; *Approved with Support*; or *Not Approved*.

Janet Probert commented that CCGs are signed up conceptually, but funding is paid for by end result. There is a need to try to change the system to upstream work.

Richard Foster commented that money on equipment is not always spent in the best way.

Janet Waggott, Chief Executive, Ryedale District Council, advised Members that the County Management Group will be looking at issues relating to the Disabled Facilities Grant.

Wendy Balmain referred to the next steps, commenting that there may need to be some difficult discussions amongst partners to agree the final BCF plan and associated funding. Partnerships are strong and progress has been made in some areas in developing shared plans such as the Ambition for Health and Vanguard initiatives. In addition, national support has been provided in the form of Paul Corrigan and colleagues were asked to consider how best they feel this support can be utilised.

The Chairman said that she is keen to ensure that the existing good relationships between partners are not lost. The funding situation is difficult but she hopes we can get to a situation where we can move on.

Resolved - That the presentation be noted.

150. Better Care Fund 2016/17 - Delegation Arrangements

Wendy Balmain reported that the current national timescales require the Health and Wellbeing Board to approve and submit the 2016/17 BCF Plan by 25 April 2016. As the next meeting of the Board is not scheduled until 6 May 2016, it is proposed that the Board delegate sign off for the BCF 2016/17 Plan.

Resolved -

- a) That approval of the BCF plan for 2016/17 be delegated to the Chairman of the Health and Wellbeing Board, CCG Chief Officers, and the County Council (Director of Health and Adult Services) having had regard to other relevant parties' involvement in the development of the plan.
- b) That, notwithstanding the above resolution, a Special Meeting of the Board be held to sign off the BCF Plan, should this be required.

151. Work Programme/Calendar of Meetings

The Work Programme/calendar of meetings 2016/17 was received by the Board.

The Chairman advised that the next meeting of the Board on Friday 6th May 2016 at the Cairn Hotel in Harrogate may be used as a Development Day.

Janet Waggott advised that this date clashed with the count for the Police and Crime Commissioner Election.

Resolved

That the Work Programme be noted.

The meeting concluded at 4.30 p.m.



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

6th 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	

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
-

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.’

6th 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 30th 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

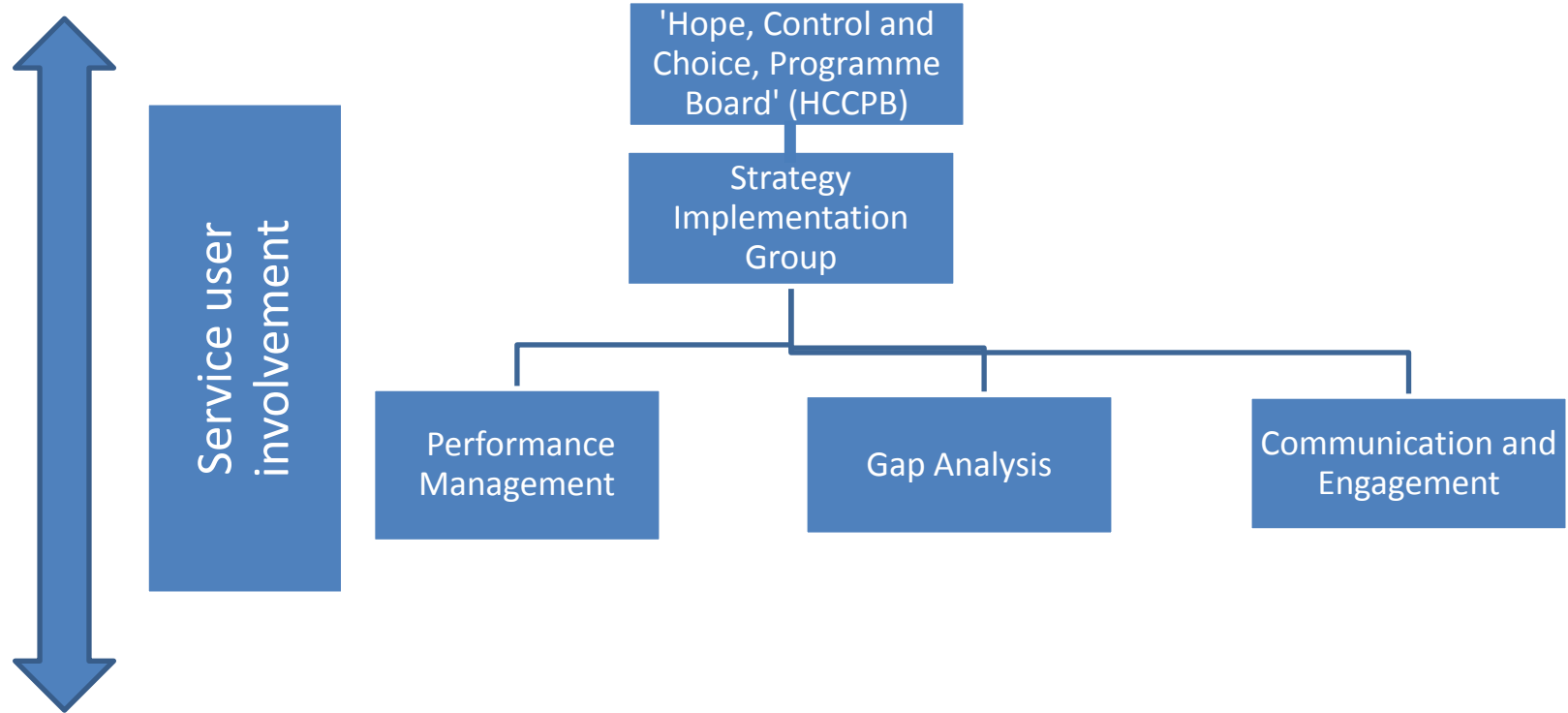
Taking the twelve commitments outlined in the strategy and by mapping baseline activity currently taking place across a range of supporting strategies and plans, an initial one-year delivery plan for 2016-17 has been produced. This is available at Appendix C.

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 Co - Chair	Head of Partnership Commissioning Unit - PCU
Kathy Clark Co - Chair	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
1. New programmes to help children and young people to stay strong	<ul style="list-style-type: none"> Commission through a procurement route and implement a support service to schools /GP surgeries for prevention and early intervention Targets will be developed in line with the service specification for the support service to schools 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 Work with partner agencies and the voluntary sector to promote online websites to provide information and support to children and young people 	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"> 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 Urgent cases seen within 1 week; standard within 4 weeks 	LF - PCU	<ul style="list-style-type: none"> Work ongoing to establish the procurement due to start in next 6 weeks. Estimated start date for service October 2016 PCU, with the Harrogate Children & Young People's Emotional Health & Well-Being Partnership have promoted and rolled out the use of apps for young people regarding self-harm
2. Work with North Yorkshire employers to promote good mental health in the workplace	<ul style="list-style-type: none"> Roll out of national workplace wellbeing charter. Encourage organisations to sign up to Mindful Employer charter Work with NYCC to develop a workforce plan for school staff to develop resilience and improve emotional well-being 	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

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

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

Priority: Reaching out: recognising the full extent of people's needs					
Actions	2016-17 Actions	NY Strategy outcomes	Measures/targets	Lead:	Progress
9. Work in new ways to take into account the full range of people's needs, including physical health.	<ul style="list-style-type: none"> •Development of liaison psychiatry and crisis care pathway to ensure parity of esteem for patients accessing support with physical health •Explore further commissioning opportunities around integrating physical and mental health services for all ages including young people and improving parity of esteem •Embed parity in policies, specifications and contracts •'Better Births 2016' initiative to provide multi-professional working for improved personalised, seamless and safer postnatal and perinatal mental health services. • Ensuring that relationship between mental health and dementia is recognised and addressed by services 	<ul style="list-style-type: none"> • 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 	<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"> • To be developed 	PCU	<p>Superflow' crisis care planning event led by TEVV 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"> 1. Identify which locality will pilot the new model 2. Address variation within all three localities by implementing the agreed standard work 3. Agree standard operating procedures <ul style="list-style-type: none"> • NY dementia strategy current in development and due to be finalised Dec 2016.
10. Review the impact of new technology, positive and negative.	Action to be developed following determination on the scope of this review	<ul style="list-style-type: none"> 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

<p>11. Work with partners to ensure that mental health and wellbeing is embedded in all strategies and plans.</p>	<ul style="list-style-type: none"> •Develop a coherent approach that enables partners to embed wellbeing and prevention in mainstream policies, strategies and specification •Develop a Social Value charter for NY and embed this into the commissioning cycle •Young in Yorkshire refresh will include CYP EMH and give full recognition to the FIM Transformation plans 	<p>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</p>	<ul style="list-style-type: none"> •The proportion of people who use services who say that those services have made them feel safe and secure (ASCOF) •Increase in people who have good mental health •Increase in recovery rates 	<p>KA VW PCU</p>	<ul style="list-style-type: none"> • Consultation events planned to support the development of the Dementia Strategy • 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
<p>12 North Yorkshire Mental Health Champions brought together at least once a year</p>	<ul style="list-style-type: none"> •Identify mental health champions in the scope of this strategy •Employers sign up to Time to Change and undertake training 	<p>1.4 More services and activities led by communities themselves 1.6 Better partnership working especially with the voluntary and independent sectors</p>	<p>To be developed</p> <p>Number of mental health champions across partner agencies</p>	<p>VW</p>	<ul style="list-style-type: none"> •Work ongoing to agree the definition of mental health champions in the scope of this strategy



Health & Wellbeing Board (HWB), Delivery Board (DB) and Commissioner Forum (CF)

WORK PROGRAMME/CALENDAR OF MEETINGS 2016/2017 - Updated 27 April 2016

Date	Meeting	Details	Item (contact)
May 2016	Commissioner Forum <i>Report Deadline Tuesday 3 May</i>	Time: 2.00pm Date: Thursday 12 May Venue: Sovereign House, York	<u>Strategy</u> <ul style="list-style-type: none"> • PCU Review • Draft People with Learning Disabilities Strategy (Kathy Clark/Victoria Pilkington) • Building the Right Support <u>Assurance</u> <ul style="list-style-type: none"> • End of Life Care Joint Strategic Needs Assessment “deep dive” • Health and Wellbeing Board Governance • Joint Health and Wellbeing Strategy – Implementation Update <u>Information Sharing</u>
June 2016	Commissioner Forum <i>Report Deadline Tuesday 31 May</i>	Time: 2.00pm Date: Thursday 9 June Venue: Sovereign House, York	<u>Strategy</u> <u>Assurance</u> <u>Information Sharing</u>
July 2016	Delivery Board <i>Report Deadline Tuesday 6 July</i>	Time: 2.00pm Date: Thursday 14 July Venue: Sovereign House, York	<u>Strategy</u> <u>Assurance</u> <u>Information Sharing</u>

Date	Meeting	Details	Item (contact)
July 2015	Health & Wellbeing Board <i>Report Deadline Tuesday 5 July</i>	Time: 10.30 am Date: Friday 15 July Venue: Sovereign House, York	<u>Strategy</u> <ul style="list-style-type: none"> • People with LD Strategy (Kathy Clark/Victoria Pilkington) • Joint Health and Wellbeing Strategy Theme: Focus on Start Well (Pete Dwyer) <u>Assurance</u> <ul style="list-style-type: none"> • Health and Wellbeing Board Governance • North Yorkshire Suicide Audit Report (Lincoln Sargeant) • North Yorkshire Alcohol Strategy Annual Report (Lincoln Sargeant) • Joint Health and Wellbeing Strategy – Implementation Update • Joint Health and Wellbeing Strategy - Workforce Enabler STANDING ITEM (Simon Cox) <u>Information Sharing</u> <ul style="list-style-type: none"> • Verbal feedback from meeting of Delivery Board (which meets the day before the Board)
August 2016	Commissioner Forum <i>Report Deadline Tuesday 2 August</i>	Time: 2.00pm Date: Thursday 11 August Venue: Sovereign House, York	<u>Strategy</u> <u>Assurance</u> <u>Information Sharing</u>

Date	Meeting	Details	<u>Item (contact)</u>
September 2016	Commissioner Forum <i>Report Deadline Tuesday 30 August</i>	Time: 2.00pm Date: Thursday 8 September Venue: Sovereign House, York	<u>Strategy</u> <u>Assurance</u> <u>Information Sharing</u>
	Health & Wellbeing Board <i>Report Deadline Tuesday 6 September</i>	Time: 2.00pm Date: Wednesday 14 September Venue: Sovereign House, York	<u>Strategy</u> <ul style="list-style-type: none"> • Healthy Weight, Active Lives Strategy (Lincoln Sargeant) • Joint Health and Wellbeing Strategy Theme: Focus on Dying Well (Sponsor Alex Bird) <u>Assurance</u> Tbc: Annual Reports from: <ul style="list-style-type: none"> • Director of Public Health • North Yorkshire Safeguarding Adults Board • North Yorkshire Safeguarding Children Board • North Yorkshire Healthwatch • North Yorkshire NHS Complaints Advocacy Service • Joint Health and Wellbeing Strategy - Workforce Enabler STANDING ITEM (Simon Cox) <u>Information Sharing</u>
October 2016	Delivery Board <i>Report Deadline Tuesday 4 October</i>	Time: 2.00pm Date: Thursday 13 October Venue: Sovereign House,	<u>Strategy</u> <u>Assurance</u> <u>Information Sharing</u>

Date	Meeting	Details	Item (contact)
November 2016	Commissioner Forum <i>Report Deadline Tuesday 1 November</i>	Time: 2.00pm Date: Thursday 10 November Venue: Sovereign House,	<u>Strategy</u> <u>Assurance</u> <u>Information Sharing</u>
	Health & Wellbeing Board <i>Report Deadline Tuesday 15 November</i>	Time: 10.30 am Date: Friday 25 November Venue: Sovereign House, York	<u>Strategy</u> <ul style="list-style-type: none"> Autism Strategy – update on progress (Jane LeSage CYPS) <u>Assurance</u> <ul style="list-style-type: none"> Future in Mind: Transforming Support for Children and Young People’s Mental Health and Wellbeing Joint Health and Wellbeing Strategy - Workforce Enabler STANDING ITEM (Simon Cox) <u>Information Sharing</u> <ul style="list-style-type: none"> Delivery Board Notes of 13th October
November 2016	Commissioner Forum <i>Report Deadline Tuesday 29 November</i>	Time: 2.00pm Date: Thursday 8 December Venue: Sovereign House,	<u>Strategy</u> <u>Assurance</u> <u>Information Sharing</u>

2016/17 Health and Wellbeing Board dates

Wednesday 18 January 2017

Friday 17 March 2017

2016/17 Commissioner Forum/NYDB dates

Thursday 12 January 2017 - Delivery Board

Thursday 9 February 2017 - Commissioner Forum

North Yorkshire Delivery Board Workshop 14th April 2016 – Notes**Present**

Wendy Balmain	Assistant Director, Integration, NYCC
Peter Banks	General Practitioner, Harrogate and Rural District CCG
Neil Bartram	Technology and Change Business Partner, NYCC
Jane Baxter	Head of Commissioning, Harrogate and Rural District CCG
Alex Bird	Chief Executive Officer, Age UK, North Yorkshire
Kathy Clark	Assistant Director, Health and Adult Services, NYCC
Professor Paul Corrigan	Consultant – Better Care Support
Dilani Gamble	Chief Finance Officer, Harrogate and Rural District CCG
Paul Howatson,	Senior Innovation and Improvement Manager, Vale of York CCG
Shaun Jones	Head of Assurance & Delivery NHS England – North (Yorkshire & The Humber)
Colin Martin	Chief Executive (Designate), Tees, Esk and Wear Valleys NHS Foundation Trust
John McGhee	Consultant – Better Care Support
Richard Mellor	Chief Finance Officer, Scarborough and Ryedale CCG
Debbie Newton	Chief Finance Officer, Hambleton, Richmondshire and Whitby CCG
Sue Pitkethly	Chief Operating Officer, Airedale, Wharfedale and Craven CCG
Steve Reed	Head of out of Hospital Strategy, York Hospital NHS Foundation Trust
Lincoln Sargeant	Director of Public Health, NYCC
Wendy Scott	Director of Out of Hospital Care, York Hospitals NHS Foundation Trust
Ros Tolcher	Chief Executive, Harrogate & District NHS Foundation Trust
Gemma Umpleby	Service Improvement Manager, Hambleton, Richmondshire and Whitby CCG
Ingrid Walker	Operations Director, Friarage Hospital, South Tees NHS Foundation Trust
Richard Webb	Corporate Director of Health and Adult Services, NYCC
Bruce Willoughby	General Practitioner, Harrogate and Rural District CCG
Keren Wilson	Chief Executive, Independent Care Group

Introduction

Richard Webb welcomed people and outlined the background and context to set the scene.

The meeting took the form of a workshop facilitated by Professor Paul Corrigan and John McGhee. Paul Corrigan is assigned to North Yorkshire through a national NHSE contract following a successful bid from the Health and Wellbeing Board for support to develop the 2016/17 Plan. The focus of the support is to examine what has made a difference in 2015/16, how this is reflected in the 2016/17 Plan and how we accelerate system change to support integration and new models of care.

Paul and John had previously completed a desktop review of the Better Care Fund and undertaken a series of telephone calls with commissioners. A first report from this review was shared with Delivery Board members and informed the debate.

Session 1: The Impact of BCF Schemes

Each CCG and the County Council outlined the impact of one or more BCF schemes in their area as follows:-.

Hambleton, Richmondshire and Whitby - Gemma Dickinson, Service Improvement Manager and Debbie Newton, Chief Finance Officer

- We were already keen to work in partnership, but the projects have accelerated this process. We wanted an element of individuality for the projects.
- It is difficult to know what had worked and what had not, as the CCG talks about its strategic plan rather than individual BCF schemes. So success was difficult to pinpoint.
- The majority of the investment had been in additional capacity – district nurses, intermediate care, etc. This has allowed us to work differently but, again, this makes evaluation difficult. However, two evaluations had demonstrated an impact on elective admissions, so it can be assumed there has been an impact. The Integrated Night Service has been a positive step. Some schemes, such as the Frail Elderly Clinics, had seen low activity. We asked ourselves: Why aren't there many referrals? We needed to take stock and change the pathway quickly.
- The "Hot" Clinics will become key and change the way we work.

Scarborough and Ryedale CCG – Richard Mellor, Chief Finance Officer

- The scheme aimed to reach as many people as we could. After the original metrics were devised, the focus of schemes was changed to Non-Elective Admissions (NEA) but the metrics remained as originally devised. So when we look at the impact, it is difficult to gauge, as some of the measures had not been intended for that purpose.
- We focussed on two or three "biggies".
- The Malton Care Hub was designed to take people out of acute setting quickly and avoid admission to hospital.
- There has been a significant non-elective growth in general, so can we say the scheme had an impact? And did we focus on the right place?
- We are looking to make changes. We will change the geography of the scheme area, or seek the same aims with different schemes.
- Most schemes have gone well, but it is the NEA that drives finances.

Harrogate and Rural District CCG – Jane Baxter, Head of Commissioning

- We operated a number of schemes. I am just focusing on one today – namely Care Homes linking with GPs to reduce NEA from care homes.
- The evaluations have been very positive. The scheme has been well received. The feedback from care homes had been excellent; they feel more informed and involved
- GPs have reported an increase in place of death at care homes.
- Care homes have significantly reduced the number of calls made to 111, which had previously been their default. They now tend to ring the GP. The GP can manage the patient immediately, due to access to medication at the care home.
- The outcome has been a reduction in NEAs.

- Bruce Willoughby gave further detail about the scheme. The overarching aim is to reduce/stop inappropriate admissions. An audit had found that two-thirds of people in hospital could have their needs met in a lesser acute setting. The new care model is attempting to solve this problem with four main aims
 1. Preventing problems by linking with the voluntary sector - social prescribing; self-care, etc.
 2. Integrated community teams as one team. The team's raison d'être is: What can we do to solve this issue?
 3. A better more responsive service e.g. increasing overnight capacity and an increase in the number of commissioned beds releasing GP resources so that there is more time to help prevent acute care
 4. Developing the infrastructure to facilitate the above
- There have been good stories about the improved way of working. For instance, a mental health nurse undertakes joint visits with a district nurse so that a person's capacity under the Mental Health Act can be assessed i.e. there is no need for a GP to make the determination.
- Another example was with podiatry where, previously, referral would have had to be via a person's GP. The new care model enabled direct referral.
- There is a planned rollout to other localities in June.

Airedale, Wharfedale and Craven CCG - Sue Pitkethly, Chief Operating Officer

- We don't talk about "schemes" as this can result in silos. The projects are part of a wider transformation programme.
- An aim is to change language and staff perceptions.
- BCF projects are enablers to keep people in their own home – e.g. telemedicine.
- Goldline has also been a big success in helping people nearing the end of their life to stay at home.
- We aim for lots of small gains, culminating in a big win.
- There has been a 39% reduction in NEA from care homes.
- There has been an improved service. For instance, a GP will do a round with a team manager two times a week. So staff at the care homes are less inclined to ring the GP Practice, as they know a GP will be visiting soon.
- Education is key. Raising awareness about the symptoms of constipation had led to a dramatic reduction in the number of 999 calls being made from the care homes.
- A partnership between Craven Collaborative Care Team, the Voluntary Sector and the Carers Resource to keep people out of hospital is in place.
- A pyramid of care has been created. The Complex Care Model manages the top 3% to 5% of people at risk of NEA pro-actively to keep them at home with a care support "navigator" or "buddy".
- It is not seen as a "referral" – more that people transition in and out. Self-care/prevention is the golden thread
- The next level is enhanced primary care, where a pilot psychological social model is used. An outstanding example of the benefits of this is a psychologist had a discussion with a patient who had been admitted many times. She gleaned that the patient liked horse riding. The patient was helped to get a job at stables and has not accessed services for seven months.

Vale of York CCG - Paul Howatson, Senior Innovation and Improvement Manager

- Key links are with primary care. We have three local authorities to work with.
- We need to do things differently and partnership working is key.
- Maybe we have been too ambitious and, possibly, our modelling could have been better.
- The Selby Care Hub model involves local intelligence working together. There are still systems that don't talk to each other.
- Urgent Care Practitioners has been the most successful project aimed at managing conditions closer to patients homes. This project allowed local decisions to be made.
- For the scheme Enhancing Hospice Care at Home, quality was key. It is more than just "numbers" – allowing people to die at home is crucial. However, if people leave hospital they may not be aware of Hospice at Home, so things need to be joined up. The scheme had evaluated well.

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

- In terms of background, most organisations and many individuals in the local health economy were relatively new. There had been fractious relationships in the past.
- We had a good urban model but needed a good rural model.
- Some BCF projects funded care services that most people take for granted, such as Specialist Community Nurses.
- The County Council, comparatively, had had a lower level of funding than its health partners.
- BCF had provided some level of protection for social care.
- In 2015/2016 there had been 57,200 contacts into adult social care. Many of these had been funnelled into prevention; or directed towards benefits maximisation to help people retain their independence.
- There had been an increase in referrals from community care. Better data is required to understand why this is the case.
- Case mix is changing in that, whilst more contacts are being diverted initially, cases are becoming more complex (particularly around mental health).
- The lack of nursing staff has resulted in a reduction in nursing beds.
- The County Council is putting more funding into attracting care staff but faces continual challenges. For instance, when Aldi open a store they are direct competitors to the Council as existing and/or prospective care workers are likely to be attracted to Aldi, who pay higher salaries.
- £39 million social care funding directly supports a health benefit – particularly Secondary Care.
- More people are coming into the START Service.
- There is a good rate of discharge without a care package.
- Half of the people in North Yorkshire receiving care are self-funders.
- The "Cheshire West" case has had significant implications on Deprivation of Liberty Safeguards Assessments with a major increase in the number of people requiring an assessment.
- Performance on Delayed Transfers of Care (DToC) was one of the best among shire counties and mid-table nationally. A priority would be to maintain DToC despite a reduction in funding.
- On the issues that matter to the NHS, the County Council had done well. Performance holds up because of the money from BCF to protect services.
- Social Care is changing the way it operates. Use of the customer centre enables more rapid progression of care plans where people have routine care needs.

- There has been significant investment in prevention and self-management. For example, twenty Living Well Co-ordinators work with people on the cusp of care.
- A reduction in funding of 33% made it inevitable that things had to be done very differently.
- We need to rediscover our passion for Primary Care and to give that area equal support.
- The evidence points to integration being positive, but this doesn't show in savings.

At the end of each presentation there was the opportunity for questions and comments.

Session 2: What can be done to ensure any reductions in demand in Non Elective Admissions can be turned into realisable savings?

The following points were made by delegates:-

- Not admitting people to hospital does not necessarily lead to savings.
- Transformation can help but the removal of the 18 week requirement between referral and treatment would have a bigger impact.
- Questions such as whether to invest more in community care and reduce expenditure in acute care, challenge long-established ways of providing services. It was observed that a radical shift was needed.
- The Vanguard programme had led to an analysis of the tasks and competencies required across all professional groups, highlighting opportunities to reduce duplication and ensure tasks are delivered at the appropriate level.
- The health economy does not utilise the voluntary sector as much as it could. The sector has a range of expertise and can lever in other funding to support change.

Session 3: Feedback on the draft Plan and Groupwork

Wendy Balmain updated delegates on the feedback received from NHS England on the first draft submission of the 2016/17 BCF Plan. These included:-

- It was recognised that the plan was still being developed.
- There needed to be clearer alignment between the Five Year Forward Plan and roadmap to achieving full integration by 2020.
- Links to other operational and service plans also needed to be clarified and the impact on people who use services described.

At this stage, delegates split into groups to consider the following questions:-

Does the BCF plan (when aligned with other system plans) deliver sufficient change to create a sustainable health and social care system?

In summary, feedback was that:

- BCF delivers part of what we are doing
- It has enabled some key initiatives with several notable successes
- It is assisting with service provision

If not what more should we be doing to achieve this?

In summary, feedback was that:

- More work was required to address funding flows
- There needed to be better/more robust monitoring and evaluation
- The plan needs to be more streamlined
- Some North Yorkshire-wide ambitions should be included
- Need a statement to monitor and act on performance metrics in addition to avoidable non-electives on a North Yorkshire basis
- Inter-dependencies need to be mapped, together with their impact
- Better data and information sharing was required
- Waiting lists – a robust front door policy required for primary care (The County Council for example has a customer resolution centre to filter/screen) so that statutory services become the last resort
- Expand use of Living Well Co-ordinators
- Make greater use of links with the Voluntary Sector
- “Push back” on NHS Constitution and waiting lists - permission to make local judgements
- Partners need to stand together collectively in conveying difficult messages

Session 4 Summing up/Next Steps

Paul Corrigan summed up as follows:-

- The language used was important – it is not about stopping services, more about managing demand.
- The mechanism for spreading what works across the county is key – for example, to persuade GPs in one area to follow a model developed elsewhere, as they will see it as being in their interests to do so.

Wendy Balmain outlined what she was hearing from delegates as the way forward:-

- Input will be required from transformation boards to ensure the timescales for delivery of the 2016/17 plan can be met.
- A further look needed to be taken at each narrative section. It needs to be articulated in a way that connects to the thinking around each area's Sustainability and Transformation Plan and Plan for Integration.
- Transformation Boards need to ensure they have robust measurements in place to evaluate and measure progress.
- Financial flows and spread of good practice are significant issues.

At the conclusion of the group work, Richard Webb thanked Paul Corrigan and John McGhee for facilitating the workshop. He asked colleagues to continue to give thought as to how good practice can be shared and spread across North Yorkshire.