



**Meeting: Health and Wellbeing Board**

**Venue: Selby District Council Offices  
(location plan attached)**

**Date: Wednesday 14 September 2016  
from 2.00 p.m. to 4.00 p.m.**

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**Business**

No.	Agenda Item	JHWBS theme/enabler to which report contributes	Action	Page Nos	Indicative timings
1	Apologies for Absence				2.00 – 2.05
2	Any Declarations of Interest				
3	Minutes of the meeting held on 15 July 2016			7-15	
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 Friday 9 September 2016. Each speaker should limit themselves to 3 minutes on any item.				

	<p>Members of the public who have given notice will be invited to speak:-</p> <ul style="list-style-type: none"> <li>at this point in the meeting if their questions/statements relate to matters which are not otherwise on the Agenda (subject to an overall time limit of 30 minutes);</li> <li>when the relevant Agenda Item is being considered if they wish to speak on a matter which is on the Agenda for this meeting.</li> </ul>				
	<b><u>Strategy</u></b>				
<b>5</b>	<p><b>Joint Health and Wellbeing Strategy Theme: Dying Well</b></p> <p>Sponsor: Alex Bird</p>	Dying Well	To accept	16 to 21	2.05 – 2.25
<b>6</b>	<p><b>Healthy Weight, Healthy Lives Strategy 2016/2026 (Green Paper)</b></p> <p>Sponsor: Lincoln Sargeant</p>	<p>Connected Communities</p> <p>Start Well</p> <p>Live Well</p> <p>Age Well</p>	To comment	<p>22 to 23</p> <p>(Separate Booklet 2 to 123)</p>	2.25 – 2.45
<b>7</b>	<p><b>Mental Health Strategy - Suicide Audit</b></p> <p>Sponsor: Lincoln Sargeant</p>	<p>Live Well</p> <p>Connected Communities</p>	To accept	<p>24 to 45</p> <p>(Separate Booklet 124 to 167)</p>	2.45 – 3.05
<b>8</b>	<p><b>Annual Report of the Director of Public Health 2016 – Good work: good for you, good for business</b></p> <p>Sponsor: Lincoln Sargeant</p>	All Themes	To accept	<p>46 to 50</p> <p>(Separate Booklet 168 to 183)</p>	3.05 - 3.25
	<b><u>Assurance</u></b>				
<b>9</b>	<p><b>Annual Report of the North Yorkshire Safeguarding Children Board</b></p> <p>Sponsor: Pete Dwyer</p>	<p>Connected Communities</p> <p>Start Well</p>	To accept	<p>51 to 54</p> <p>(Separate Booklet 184 to 231)</p>	3.25 - 3.35
<b>10</b>	<p><b>Annual Report of North Yorkshire Healthwatch</b></p> <p>Sponsor: Nigel Ayre</p>	All Themes	To accept	<p>55 to 56</p> <p>(Separate Booklet 232 to 258)</p>	3.35 - 3.40

11	<b>Annual Report of the North Yorkshire NHS Advocacy Service</b>  Sponsor: Bob Carter	All Themes	To accept	57 to 59 (Separate Booklet 259 to 281)	3.40 - 3.45
12	<b>Future in Mind Transformation Plans - Update</b>  Sponsor: Victoria Pilkington	All Themes	To accept	60 to 63	3.45 - 3.50
13	<b>North Yorkshire Better Care Fund Plan</b>  Sponsor: Wendy Balmain	All Themes	To note	64 to 67 (Separate Booklet 282 to 347)	3.50 - 3.55
<b><u>Information Sharing</u></b>					
14	<b>Work Programme/Calendar of Meetings</b>  Sponsor: Wendy Balmain	-	To approve	68 to 71	3.55 - 4.00
<b><u>Other Items</u></b>					
15	<b>North Yorkshire Delivery Board Workshop with Providers: Building the Right Support – 14 July 2016</b>  A verbal update was provided at the last meeting of the Board, which met the day following the Workshop. The Notes of the meeting of the Workshop are now enclosed.		To note	72 to 75	-
16	<b>Other business which the Chairman agrees should be considered as a matter of urgency because of special circumstances</b>	-			-

Barry Khan  
Assistant Chief Executive (Legal and Democratic Services)

County Hall  
Northallerton

Date: 6 September 2016

**PLEASE NOTE:**

In the column headed “JHWBS theme/enabler to which report contributes”, JHWBS stands for Joint Health and Wellbeing Strategy

# 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	Leader, Craven District Council
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	Vale of York CCG
14	COX, Simon	Scarborough and Ryedale CCG
Other Members (3)		
15	JONES, Shaun	NHS England NY & Humber Area Team
16	VACANCY	Healthwatch Representative
17	BIRD, Alex	Voluntary Sector Representative
Co-opted Members (2) – Voting		
18	MARTIN, Colin	Mental Health Trust Representative (Chief Executive, Tees Esk & Wear Valleys NHS Foundation Trust)
19	TOLCHER, Dr Ros (subject to formal approval by Council)	Acute Hospital Representative
Substitute Members		
	WARREN, Julie	NHS England NY & Humber Area Team
	CROWLEY, Patrick (subject to formal approval by Council)	Acute Hospital
	NEWTON, Debbie	Hambleton Richmondshire & Whitby CCG
	MELLOR, Richard	Scarborough and Ryedale CCG
	AYRE, Nigel	Healthwatch
	COULTHARD, Adele	Tees, Esk and Wear Valley NHS Foundation Trust

### Notes:

1. The Health and Wellbeing Board is exempt from the requirements as to political balance set out in Sections 15-16, Schedule 1 Local Government Housing Act 1989
2. The Councillor Membership of the Board is nominated by the Leader of the Council. In the event that the number of portfolio holders responsible for health and well related issues increases, the additional portfolio holders will also be a Member of the Board.
3. All members of the Health and Wellbeing Board or any sub committees of the Health and Wellbeing Board are voting Members unless the Council decides otherwise.



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

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

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

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



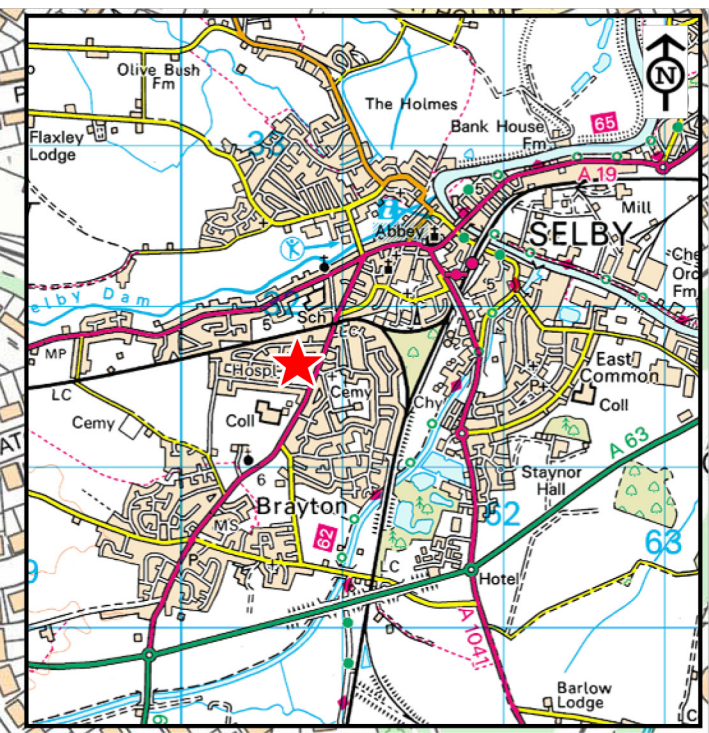
**Civic Centre**  
**Doncaster Road**  
**Selby**  
**YO8 9FT**  
(For Sat Navs use YO8 9BX)

**Selby Town Centre**

**Civic Centre**

**Westfield**

Brayton College





## North Yorkshire Health and Wellbeing Board

**Minutes of the meeting held on Friday 15 July 2016 at  
The Galtres Centre, Easingwold**

**Present:-**

<b>Board Members</b>	<b>Constituent Organisation</b>
<b>County Councillors</b>	
County Councillor Clare Wood <b>(Chairman)</b>	North Yorkshire County Council Executive Member for Adult Social Care & Health Integration
County Councillor Janet Sanderson	North Yorkshire County Council Executive Member for Children and Young People's Service
<b>Elected Member District Council Representative</b>	
Richard Foster	Craven District Council Leader
<b>Local Authority Officers</b>	
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
Janet Waggott	Chief Officer, District Council Representative
Dr Lincoln Sargeant	North Yorkshire County Council Director of Public Health
<b>Clinical Commissioning Groups</b>	
Dr Colin Renwick	Airedale, Wharfedale and Craven CCG
Janet Probert	Hambleton, Richmondshire & Whitby CCG
Amanda Bloor (Vice Chairman)	Harrogate & Rural District CCG
Rachel Potts	Vale of York CCG
<b>Other Members</b>	
Shaun Jones	NHS England North Yorkshire & Humber Area Team
Nigel Ayre	Healthwatch, North Yorkshire
Alex Bird	Voluntary Sector (North Yorkshire and York Forum)

**In Attendance:-**

Councillor Jim Clark, Victoria Pilkington (Partnership Commissioning Unit), Jenny Sleight (NHS England)

**North Yorkshire County Council Officers:**

Wendy Balmain, Kathy Clark and Michaela Pinchard (Health & Adult Services), Patrick Duffy (Legal & Democratic Services), Holly Austin and Sarah Parvin (Business Support)

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

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### **163. Apologies for absence**

Apologies for absence were submitted by:

- County Councillor David Chance
- Simon Cox
- Richard Flinton
- Andrew Phillips

### **164. Membership**

It was reported that the County Council has approved the appointment of Andrew Phillips to the Board, as the representative of Vale of York CCG.

The County Council has also confirmed the appointment of Nigel Ayre as the designated substitute for Healthwatch, North Yorkshire. Healthwatch are in the process of appointing a new Chairman, who will be the Healthwatch representative on the Board.

The Chairman welcomed Nigel Ayre and asked if he could provide an update about the appointment. He advised that shortlisting is taking place, with interviews expected at the start of August.

### **165 Any Declarations of Interest**

Nigel Ayre referred to the fact that he is an Executive Member for Leisure, Culture and Tourism at York City Council.

### **166. Minutes**

**Resolved -**

That the Minutes of the meeting held on 6 May 2016 are approved as an accurate record.

### **167. Public Questions or Statements**

There were no questions or statements from members of the public.

### **168. Joint Health and Wellbeing Strategy Theme Start Well: Year 2 Review**

Considered -

The report and presentation by Pete Dwyer, Corporate Director - Children and Young People's Service, updating the Board on progress achieved towards delivering the aims and priorities of the Children's Trust, set out in the Children and Young People's Plan, "Young and Yorkshire".

As part of his presentation, Pete Dwyer highlighted the following points in particular:-

- Young and Yorkshire intrinsically linked with the priorities within the Start Well Theme.
- A new service around eating disorders and an increased ability of schools/GPs to access locally based mental health expertise planned to be in place next year.
- The "No wrong door" Programme being potentially extended to care leavers and pupils in alternative provision.



- A number of system leadership activities had been undertaken this year and the main ones included:-
  - Re-commissioning of the 0-5 and 5-19 Healthy Child Programme
  - Development of local Transformation Plans as part of Future in Mind
  - One of only six Authorities to be nominated as an exemplar
  - Director of Public Health's Annual Report 2015
  - Deep dives – in depth research into each of the Young and Yorkshire key priorities
  - A summit held on reimagining children's health
- Really good progress is being made on each of the three priorities. For example:-

Ensuring Education is our greatest liberator

91% of primary school children in North Yorkshire now attend a school that is good or outstanding. That represents an increase of 10,000 children now being taught in a good or outstanding school, compared to two years ago. At secondary level, the numbers attending schools in these categories are 7-8% above the national average.

Helping all children enjoy a happy family life

The number of children looked after has reduced from 460 to 406.

Ensuring a healthy start to life

The rate of hospital admissions due to alcohol for under 18 year olds per 10,000 has reduced from 46.5 to 39.1.

- It is recognised there are inequalities not only between different children within a school but within different areas of the county.
- Whilst children in care should be cherished we should seek to reduce the number in care wherever possible. There were now 80 fewer children in care which brings significant benefits for the child and, financially, for the Authority.
- An unannounced Inspection of the Special Educational Needs and Disability Service (SEND) had been held in June 2016. Initial feedback has been generally positive. The report will be published September/October and areas for development incorporated into joint planning.
- Young and Yorkshire is to be refreshed for 2017-20 with key challenges prioritised. e.g. SEND reform programme; the need to improve the breastfeeding initiation rate; continuing to reduce the percentage of 4-5 and 10-11 year olds who are overweight or obese, where performance is slightly below the national average and improving early access to emotional and mental health provision.

County Councillor Janet Sanderson, Executive Member for Children and Young People's Services, stressed that the three priorities are closely linked and it is not possible to do well in one and not the others.

Alex Bird, Chief Executive of Age UK, North Yorkshire, asked for more information about the training hubs referred to in the report as well as marginalised groups such as young carers (page 59). Pete Dwyer responded that exceptional work has been done by the Placement Panel and there is an all age autism strategy. Children with complex autism is one of the partnership's key concerns. For young carers, good processes are in place. A culture existed that recognised the pressures they faced but which did not seek to idolise young carers or take away their responsibilities.

Nigel Ayre referred to the more flexible approach to Health Plans. Pete Dwyer agreed – a number of young people are benefiting from the flexible arrangements such as informal conversations about their health. There has been a move away from bureaucracy.

Colin Renwick, Clinical Chair, Airedale, Wharfedale and Craven CCG, referred to the drop in the number of Road Traffic Accidents nationally but noted that North Yorkshire has fluctuated. Pete Dwyer said this will be looked at. Colin Renwick also referred to childhood obesity in older children and wondered if children from state schools could use some of the facilities at private schools. Pete Dwyer replied that excellent links exist with the Independent Sector.

**Resolved -**

- (a) That the Year 3 review of Young and Yorkshire be noted.
- (b) That the impact this review may have on the next iteration of Young and Yorkshire be noted.

**169. Learning Difficulties**

**(a) “Live Well, Live Longer” - Draft Learning and Disabilities Joint Strategy for North Yorkshire 2016/2021**

Considered -

The report of Kathy Clark, Assistant Director Health and Adult Services, which sought comments on the draft Strategy.

The draft Strategy has been developed by analysing data from the Joint Strategic Needs Assessment, demographic projections, statutory requirements, an online questionnaire and stakeholder engagement from users and carers.

Arising from the consultation feedback:-

- information on work with people with medically complex conditions needs to be strengthened;
- families need to be helped to think through the implications where family carers are ageing;
- there needs to be increased access to information and signposting

Views from Members of the Board were now being sought.

The Chairman commented that employment is key for young people. She was delighted about the success of the Coffee Cart, which operated at County Hall, helping young people to become baristas. The Young People's Partnership Board does good work.

Amanda Bloor, Chief Officer, Harrogate and Rural District CCG, referred to opportunities for employment and social enterprises. Evidence shows that the public and business community will respond to these initiatives. It is important to remember that this is about responding to what people need – not what we think they need.

There was some discussion about the use of “experts by experience” to check services and Alex Bird commented that it is important that these individuals are

trained and supported. There are already some good examples of social enterprises. Housing needs to be part of investment in all areas.

Nigel Ayre felt it important to look at spend other than in adult social care to encourage learning disabilities employment opportunities in other areas and avoid “silos”.

Richard Webb, Corporate Director, Health and Adult Services, thanked the authors. It could be that extra care housing could be an option for people with a learning disability. This would provide them with more facilities and a greater sense of equality. He suggested there could be a seventh priority – Improving Quality and Value for Money.

Janet Probert, Chief Officer, Hambleton, Richmondshire and Whitby CCG, asked how the Board is holding people to account. For instance, NHS England publish documents in accessible format. The Board need to ensure reports such as this are more accessible.

**Resolved -**

That the comments of the Board on the draft Integrated Learning Disability Strategy be noted as part of further developing the Strategy.

**(b) North Yorkshire Delivery Board Workshop with Providers: Building the Right Support for People with Autism - 14 July 2016**

**Considered -**

A verbal update from yesterday's Workshop.

Victoria Pilkington, Head of the Partnership Commissioning Unit, advised that the objective is to remove and close beds for people with autism, but the principle is about supporting people and ensuring that services are adaptable to the needs of individuals.

Richard Webb informed Members that a sum of £150,000 has been awarded to the North Yorkshire and York Transforming Care Partnership to progress work.

Kathy Clark mentioned that the Workshop had a shared view to look at the market. There are strong providers but most face severe challenges at certain times. We need to look at how we can help them to be resilient.

Returning people to the community needs to be handled sensitively as people can be fearful. It also represents a challenge for staff and consideration needs to be given as to how to assist staff around positive behaviour support.

Progress would be reported to the Transforming Care Partnership Board and the North Yorkshire Commissioner Board.

**Resolved -**

That the update be noted.

## 170. Sustainability and Transformation Plans

Considered -

Presentations by Amanda Bloor, Chief Officer, Harrogate and Rural District CCG, Rachel Potts, Chief Operating Officer, Vale of York CCG and Janet Probert, Chief Officer, Hambleton, Richmondshire and Whitby CCG.

Amanda Bloor introduced this Item and advised that there are 44 Sustainability and Transformation Plans (STPs) nationally. This is a new journey and will present challenges.

Each of the STPs covering North Yorkshire were work in progress, with the initial submissions having received feedback which is being worked through.

### County Durham, Darlington, Teesside, Hambleton, Richmondshire and Whitby STP

Janet Probert informed Members that the priorities in the STP absolutely represent the CCGs priorities which are:-

- Rapid progress of implementation of electronic care records and supporting technology
- Early intervention and prevention of crisis to reduce unavoidable costs
- Improved integration across health and social care with an agreed consistency of standards to reduce variability in patient care and outcomes and improve efficiency
- Reconfigure Hospital based services and deliver improved achievement of quality standards of care across acute and community settings

Change is a necessity. It is estimated that if the status quo is maintained the CCG will face a £29 million funding deficit in five years.

### Humber, Coast and Vale STP

Rachel Potts advised that the composition of the STP is not a natural geographical alignment. Therefore, a lot of work is on-going in building partnerships across the STP area and North Yorkshire County Council is involved in this.

A number of the STP priorities broadly align with the CCG Operating Plan and work is concentrating on areas where added value can be gained, namely:-

- Out of hospital accountable care
- A single acute provider model
- Mental Health services

### West Yorkshire STP

Amanda Bloor said that this has been a complex process driven by a level of ambition at the top, although the Plan belongs to everybody.

The aim is to do things once only and not to duplicate, with best practice being shared rapidly.

Whilst the West Yorkshire STP covers a large area, subsidiarity applies and work will be done locally, as far as possible.

The key will be how to unlock spending on prevention activities; access to primary care and supported self-care. If no changes are made, the funding gap in five years is estimated at £45 million, so it is important to proceed at pace.

Colin Renwick advised that Airedale, Wharfedale and Craven CCG are part of the two Bradford area STPs. They are looking at the accountable care system and working on an outcome based budget. One single IT system is shared.

**Resolved -**

That the presentations and updates be noted.

**171. Performance**

**(a) North Yorkshire Joint Health and Wellbeing Strategy 2015/2020 - Performance Dashboard**

Considered -

The report of Wendy Balmain, Assistant Director, Integration, regarding the first performance dashboard for the North Yorkshire Joint Health and Wellbeing Strategy 2015-2020.

Michaela Pinchard, Head of Integration, presented the report.

Of the fourteen indicators where comparison is possible, North Yorkshire is performing better than the England average in eight.

It was suggested that the Board might wish to include a measure of dementia prevalence to provide an indication of the concentration within a population of the number of people who have been diagnosed and who are living with the condition.

Indicators in the age well theme are the most challenging.

Adult social care data will not be validated until later in 2016.

The Chairman said she had written to those Members of the Board who had volunteered to be a sponsor for strategy themes or enablers. There are still two aspects that require a sponsor - technology and a new relationship with people and she asked Members to consider who would be best placed to take on the role.

In response to a question from Nigel Ayre, Michaela Pinchard advised that "Carers assessments as a percentage of estimated carers" is no longer being used, as there is a data collection issue. However, the Indicator has been replaced by the Adult Social Care Outcomes Framework – regarding carers.

Wendy Balmain said the intention was not to include all Indicators. High level Indicators had been chosen and the detail can be looked at through in-depth reviews, such as that provided by Pete Dwyer for his update on Start Well (see Minute No. 168, above).

Pete Dwyer felt this is a useful overview. It needs to be complemented by deep dive presentations and perhaps an Annual Review.

**Resolved -**



- (a) That the report be noted.
- (b) That any Member wishing to become sponsor for technology or a new relationship with people, advise Wendy Balmain of this.

**(b) Better Care Fund**

Considered –

The report of Wendy Balmain which provided the end of year performance summary for 2015/16 Better Care Fund (BCF).

Performance reporting was weighted towards reducing non-elective admissions (NEAs) to hospital, as this is the only metric that attracts a performance payment. It is recognised, however, that this is just one measure of success and BCF delivery is interdependent with wider health and social care transformation programmes.

Shaun Jones, Head of Assurance & Delivery at NHS England (Yorkshire and The Humber) commented that North Yorkshire is not alone in not having reduced NEAs and pointed out that initiatives that lead to this can take time to yield results.

In response to a question from Janet Probert, Wendy Balmain advised that there had been some initial difficulty in recruiting staff on some of the schemes, including the Selby Hub. Rachel Potts advised that the delays were around generic roles. This has now been addressed and all models are being reviewed and best practice from each used towards a common model across the Vale of York area.

Wendy Balmain updated the Board on the BCF Plan for 2016/17. The Chairman had written to Members in June asking for comments. Good progress has been made, but the Plan has not been concluded.

A number of schemes are changing, which required further analysis in terms of potential investment.

Richard Webb mentioned that the Panel meeting attended in London in June 2016 specified a revised deadline for submission of the end of July, but the letter confirming the outcome stated that the deadline was 15<sup>th</sup> July. He sought clarification from Shaun Jones on this. Shaun Jones suggested that, pragmatically, a submission should be made today, with the caveat that it is not the finalised version.

**Resolved -**

That the delegation granted by the Board at its meeting on 6<sup>th</sup> May 2016 be retained, namely, that approval to sign off the Better Care Fund Plan for 2016/17 be delegated to the Chairman, CCG Chief Officers, the Chief Executive and Corporate Director of Health and Adult Services.

**172. North Yorkshire Joint Alcohol Strategy - Annual Report 2016**

Considered -

The report of Dr Lincoln Sargeant, Director of Public Health, describing the three outcome areas underpinning the alcohol strategy. The report includes the main developments against the outcome areas and the impact of increased investment in

the alcohol strategy, including new investment in Identification and Brief Advice to assess changes in people's behaviours and contribute to reducing alcohol-related harms.

Dr Sargeant made the following points:-

- There were a number of positive developments but the effect of these would not be seen immediately.
- Keeping within the recommended number of daily units is seen as a good thing. Generally, it is. However, other factors, such as the regularity of consumption, have an effect. For instance, two units is not a high amount, but people do not realise that consuming this amount daily could still cause liver damage.
- There continues to be close collaboration with Trading Standards in tackling under age sales of alcohol.
- Deaths are now beginning to be monitored for signs of alcohol abuse.

**Resolved -**

That the report and key achievements be noted.

**173. Work Programme**

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

The Chairman advised that the meeting scheduled for 25<sup>th</sup> November 2016 might be used as a Development Session for the Board.

**Resolved -**

That the Work Programme be noted.

**174. Other business which the Chairman agrees should be considered as a matter of urgency because of special circumstances.**

The Chairman agreed that the following Item be considered in order that the Board be appraised of significant changes at a senior level in Airedale, Wharfedale and Craven CCG.

**175. Airedale, Wharfedale and Craven CCG – Management Changes**

Colin Renwick advised the Board that the Chief Clinical Officer and Chief Finance Officer would be leaving the CCG.

The CCG would be sharing the Accountable Officer and Chief Finance Officer with the two Bradford CCGs.

The Chairman thanked Colin Renwick for the update and asked that her best wishes be conveyed to Philip Pue, Chief Clinical Officer.

The meeting concluded at 12 noon

PD



**Joint Health and Wellbeing Strategy Theme - Dying Well**

**14<sup>th</sup> September 2016**

**Presented by: Alex Bird Age UK North Yorkshire**

**Summary:**

This report provides an update on activity to ensure people in North Yorkshire receive better End of Life (EoL) care.

**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?**

Dying Well is a theme within the North Yorkshire Joint Health and Wellbeing Strategy 2015-2020

**What do you want the Health & Wellbeing Board to do as a result of this paper?**

It is recommended that Health and Wellbeing Board:-

- Note the activity within the Dying Well theme to ensure people in North Yorkshire receive better EoL care and comment on the findings of the JSNA Deep Dive report
- Commit partnership support to the development of action plans and measures to deliver better care for people approaching the end of life and their families and carers;
- Consider whether additional needs assessment is required

**Joint Health and Wellbeing Strategy Theme**  
**Dying Well**  
**14<sup>th</sup> September 2016**

**1. Purpose**

- 1.1. The purpose of this report is to provide an update on activity to ensure people in North Yorkshire receive better End of Life (EoL) care.

**2. National Context**

- 2.1. The “Review of Choice in End of Life Care” was published in 2015 and set out the elements of EoL Care that people most care about and where people felt choice should play the greatest role. There are also a number of reports, frameworks and guidance on evidencing effective interventions.
- 2.2. In July 2016, the Government unveiled a new national commitment on EoL care setting out its vision for improving care for dying people and their families. The key components of personalised care that everybody should expect are set out as follows:-
- Honest discussions between care professionals and dying people;
  - Dying people being given clear information to make informed choices about their care;
  - Personalised care plans for everyone;
  - The involvement of family and carers in dying people’s care
  - A key contact so dying people know who to contact at any time of the day/night.
- 2.3. The Government sets out a raft of measures to help deliver better care for people approaching the end of life on a wide variety of areas ranging from the roll out of Electronic Palliative Care Co-ordination System, to all areas by 2020, to asking Sustainability and Transformation Plans (STPs) to include EoL care.
- 2.4. New metrics to measure quality and choice in EoL care and ensuring monitoring through existing NHS mechanisms e.g. through specific responsibility for bodies such as NHS England and Health Education England- will increase accountability and help to drive improvements.



### 3. Local Context

- 3.1. Dying Well is a theme of the North Yorkshire Joint Health and Wellbeing Strategy (JHWS) approved by the Health and Wellbeing Board in November 2015.
- 3.2. In developing the strategy people told us that dying well is very important for all ages and providing support to friends and relatives should have greater prominence, and asked us to consider how bereavement support is provided to grieving friends and relatives.
- 3.3. These comments reflect some key issues identified through research:-
- a) **Discrimination** and lack of understanding by care and support services;
  - b) **Religion** and **Spiritual** needs;
  - c) **Assumptions** about sexuality or gender identity and family structures;
  - d) Varied support networks and access to help
  - e) Unsupported grief and bereavement;
  - f) Increased pressure on **carers**
- 3.4. In response to feedback the JHWS identifies the following outcomes to better support people in North Yorkshire at the end of life:-
- Individuals are supported and encouraged to prepare for and plan their last days
  - All individuals, their carers and families' experience good end of life care
- 3.5. The intentions in delivering the strategy are that by 2020 North Yorkshire People can expect to see:-
- A greater range of support options for people in their last years of life
  - More people receiving support for themselves and their families at the end of life
  - More people dying at home or in the place that they choose
  - Greater numbers of trained staff and carers with deeper understanding about the range of issues in end of life care
  - Adoption of new and emerging best practice and principles around end of life care (Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020 - [www.endoflifecareambitions.org.uk](http://www.endoflifecareambitions.org.uk)).
  - End of life care being planned in an effective and sensitively appropriate way, and for staff to be adequately trained
- 3.6. It should be noted that there is no new central funding for EoL care and securing additional local funding will depend on the extent to which EoL care is prioritised locally. This is a key area for the HWB and CCGs. Local

ownership and accountability will be critical to help achieve the vision. Providers, funders and leaders, all have a role to play in helping to deliver improvements and to use their influences to help more people achieve their wishes and preferences at the end of life.

#### **4. Progress Update**

- 4.1. It is acknowledged that there are a range of activities undertaken across the partnership to deliver good end of life care.
- 4.2. The focus of this report however will be on providing an update on a Joint Strategic Needs Assessment (JSNA) “Deep Dive” on End of Life Care which will underpin the delivery of the Dying Well theme, and to highlight the work of the North Yorkshire County Council - Scrutiny of Health Committee.
- 4.3. A report on the JSNA Deep Dive has recently been completed and provides the combination of national guidance with local data to inform commissioning priorities. The report is attached as appendix 1 and is the subject of a presentation to the Health and Wellbeing Board meeting.
- 4.4. The report identifies the key issues to be addressed in achieving the aims of the Joint Health and Wellbeing Strategy and acknowledges that discovering the needs of dying people and then trying to translate these needs into practice is not an easy process. Furthermore making good EoL care happen does not always require additional financial input and is not the responsibility of one person or organisation. It happens because professionals and organisations work together, share information and focus on the individual’s needs.
- 4.5. To deliver on the commitment to improve care for dying people and their families the report makes recommendations for commissioners around the following seven key themes:-
  - Adopting “ Principles of a Good Death”
  - Training for staff, volunteers and the wider community
  - Work with national and local charities e.g. MacMillan, Sue Ryder, Hospices
  - Ensure that literature and materials about EoL services reflect all diverse groups and resources are available and accessible
  - Share examples of local excellence in EoL care e.g. Gold Line, Family Link Workers in Palliative Care;
  - Strengthen accountability and transparency (June 2018- new Clinical Priority Area) and leadership;
  - Equality - understand, acknowledge and action variations in EoL care.

- 4.6. Communicating the messages from the report across the partnership is well underway with presentations already having been made to commissioners, locality transformation boards and Scrutiny of Health Committee.
- 4.7. Following approval of the Joint Health and Wellbeing Strategy Scrutiny of Health Committee agreed to undertake an in-depth scrutiny of Dying Well, with a particular focus on End of Life Care.
- 4.8. The initial framework for this work was agreed by Members in July and a project plan has been prepared to guide the Committee's work over the next 6 months.
- 4.9. Two outcomes are anticipated from this piece of scrutiny work:
- A number of guiding principles or standards will be identified for the commissioning and/or provision of End of Life Care in North Yorkshire, which help improve the experience of those people affected
  - The consultation and engagement work undertaken by the committee will provide further evidence to inform the Joint Strategic Needs Assessment (JSNA), specifically around 'soft intelligence' and the areas highlighted for further assessment and/or investigation.
- 4.10. Findings from the in-depth scrutiny will be available at the beginning of 2017

## **5. Recommendations**

- 5.1. It is recommended that Health and Wellbeing Board:-

- Note the activity within the Dying Well theme to ensure people in North Yorkshire receive better EoL care and comment on the findings of the JSNA Deep Dive report
- Commit partnership support to the development of action plans and measures to deliver better care for people approaching the end of life and their families and carers;
- Consider whether additional needs assessment is required.

## **6. Report Authors**

Alex Bird, CEO, AGE UK, North Yorkshire

Michaela Pinchard, Head of Integration NYCC

**Sponsor** Alex Bird CEO Age UK North Yorkshire



**Healthy Weight, Healthy Lives Strategy 2016-2026 (Green Paper)**

**Health and Wellbeing Board 14<sup>th</sup> September 2016**

**Presented by: Katie Needham, Consultant in Public Health  
and Ruth Everson, Health Improvement Manager**

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**PLEASE NOTE: THE CONSULTATION REPORT, DRAFT STRATEGY AND SUGGESTED FRONT COVER FOR THE STRATEGY, HAVE BEEN CIRCULATED SEPARATELY, IN THE BOOKLET CONTAINING STRATEGY DOCUMENTS**

**Summary:**

The most recent North Yorkshire Joint Strategic Needs Assessment highlighted the worrying rise in childhood and adult obesity as an increasing problem across the county, particularly among the adult population, with North Yorkshire now being ranked 24 out of 27 shire counties for this indicator.

To address this problem, the North Yorkshire Health and Wellbeing Board previously agreed that a Healthy Weight, Healthy Lives strategy should be developed. After a period of engagement with key stakeholders, North Yorkshire County Council's Public Health Team wrote a draft 'Healthy Weight, Healthy Lives: Tackling overweight and obesity in North Yorkshire' Strategy (2016-2026) that went out for consultation during July and August 2016.

The draft strategy presented the complexities and impact on excess weight; the opportunities for change; the patterns and trends of obesity nationally and locally; and the proposed vision, aims and priorities for tackling excess weight in North Yorkshire.

Since the close of the consultation phase a revised Healthy Weight, Healthy Lives Strategy (2016-2026) has been written and is presented to the Health and Wellbeing Board as a green paper for final comment before formal launch, scheduled for the end of October 2016.

It is proposed that a Healthy Weight, Healthy Lives steering group be established to have oversight of the implementation of the action plan and provide an annual progress report to the Board.

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

- Connected Communities
- Live well
- Age well

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

- North Yorkshire's Mental Health Strategy: Hope, Control and Choice (2015-2020)
  - North Yorkshire's Alcohol Strategy (2014-2019)
  - North Yorkshire's Local Transport Plan (2016 – 2045)
  - North Yorkshire and York's Safer Roads, Healthier Places Strategy (2016-2020)
- 

**What do you want the Health & Wellbeing Board to do as a result of this paper?**

Key issues for Health and Wellbeing Board

- note the contents of the Healthy Weight, Healthy Lives Strategy 2016-2026 (green paper)
- provide any final comments and delegate the Director of Public Health to finalise and formally launch at the end of October 2016
- agree to the establishment of a Healthy Weight, Healthy Lives steering group to have oversight of the implementation of the action plan and provide an annual progress report to the Board.





## **Mental Health Strategy: Suicide Audit**

**Health and Wellbeing Board 14<sup>th</sup> September 2016**

**Presented by: Clare Beard**

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**PLEASE NOTE: THE SUICIDE AUDIT HAS BEEN CIRCULATED SEPARATELY, IN THE BOOKLET CONTAINING STRATEGY DOCUMENTS**

### **Summary:**

The North Yorkshire suicide audit 2010-2014 was the first to take place in the county. The audit will be used to better inform all stakeholders of suicide trends, common causes and demographic characteristics of people who died. Access to case files of deaths determined as suicide at inquest was granted by North Yorkshire coroners.

Individual suicide case files were reviewed systematically by five members of the Public Health team. In total 227 files were examined and used to populate electronic templates with demographic information, circumstance of individual deaths and where available details of the deceased's contact with medical, statutory or voluntary services prior to their deaths.

Information from the audit was collated and analysed by a member of the Public Health Intelligence Team. This analysis which forms the basis of the suicide audit report was used to identify key issues in respect of individuals most at risk and common circumstances and factors which contributed to their deaths. Examples of activity informed by the audit are contained in the table at Appendix 1.

Based on the analysis of the data and key trends the suicide audit report identifies five broad recommendations.

A North Yorkshire Suicide Prevention Implementation Plan has been produced. The refresh for 2016/2018 is enclosed at Appendix 2.

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

- Connected Communities
- Live well
- Age well

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

- North Yorkshire Mental Health Strategy
  - National Crisis Care Concordat
  - North Yorkshire Joint Alcohol Strategy
- 

**What do you want the Health & Wellbeing Board to do as a result of this paper?**

Key issues for Health and Wellbeing Board

- note the contents of the report and the current position on suicides within North Yorkshire
- agree the recommendations set out in the report
- agree how the HWBB can support the implementation of the report
- agree that the responsibility for the audit and management of the suicide surveillance and alert system is held by Public Health Intelligence
- consider how the HWBB can ensure that underlying work to improve mental health and emotional wellbeing is recognised as fundamental in tackling suicide and self-harm, especially considering how stigma of mental illness and suicide can be reduced?
- identify how there can be wider engagement across North Yorkshire in the [mindful employer](#) programme? Currently only NYCC and TEWV are signed up to this.
- note that the accountability of suicide prevention and suicide response will be reported to the HWBB

**Examples of activity informed by the North Yorkshire suicide audit**

Recommendation	Activities
1. Reduce the risk of suicide across the North Yorkshire population, particularly targeting high-risk groups	<ul style="list-style-type: none"> <li>• Stronger Communities promoting volunteering and targeted initiatives such as Men's Sheds, work to tackle social isolation and loneliness;</li> <li>• Recent developments of Street Triage, Mental Health (MH) support line, and work is beginning around the piloting of safe haven in North Yorkshire;</li> <li>• TEVW/PCU working on streamlining the Crisis care pathway that will enable people to access support before, during and after crisis;</li> <li>• Links to Frailty services across North Yorkshire flagging up potential risk;</li> <li>• Potential development of social marketing campaigns targeting recently bereaved and men.</li> </ul>
2. Recognising that 'multiple stresses multiply risk': enhance service provision in relation to common stressors	<ul style="list-style-type: none"> <li>• Mental Health Strategy Action Plan- including recent re-commissioning of housing related support contracts, HAS commissioners planning a MH community support review that will enable us to strengthen our social care offer in MH;</li> <li>• Living Well service providing support and signposting;</li> <li>• NYCC Income Maximisation team contributing to this work.</li> </ul>
3. Improve support for those affected by suicide in North Yorkshire in the days, months and years after a death	<ul style="list-style-type: none"> <li>• Public Health allocated 50k to bereavement services in 2016/17. We are currently working to agree how this will be utilised as part of the Innovation Fund.</li> <li>• Public Health have contributed 2.7k to the coroner's office in order for them to support individuals through the coroner's process.</li> </ul>
4. Further develop data collection and monitoring	Surveillance group established working with City of York and Police to detect initial trends and provide earlier alerts of any emerging patterns.
5. Training and awareness	Mental Health First Aid and Applied Suicide Intervention Skills Training (ASSIST) instructor training and associated courses funded by Public Health and now taking place across whole of North Yorkshire: Scarborough Survivors, York Mind, Y&H Ambulance Service.

In addition a "pink book" has been developed to provide guidance for staff working with children and young people in North Yorkshire and York under the age of 18 (under 25 for those with disabilities or for care leavers) who self-harm or feel suicidal. It is targeted at people working in schools, and with youth or community groups.

## APPENDIX 2

### North Yorkshire Suicide Prevention Implementation Plan (SPIP) Refresh 2016 - 2018

#### 1. Introduction

In response to the government's Preventing suicide in England a cross-government outcomes strategy to save lives (2012) and the subsequent Preventing suicide in England: one year on first annual report on the cross-government outcomes strategy to save lives (2014) a task group in North Yorkshire (and York) has been established to oversee the implementation and development of a suicide prevention plan.

#### Nationally (ONS data)

- There were 6,122 suicides of people aged 10 and over registered in the UK in 2014, 120 fewer than in 2013 (a 2% decrease).
- The UK suicide rate was 10.8 deaths per 100,000 population in 2014. The male suicide rate was more than 3 times higher than the female rate, with 16.8 male deaths per 100,000 compared with 5.2 female deaths.
- The male suicide rate in the UK decreased in 2014 from 17.8 to 16.8 deaths per 100,000 population; while the female suicide rate increased from 4.8 to 5.2 deaths per 100,000 population.
- The highest suicide rate in the UK in 2014 was among men aged 45 to 59, at 23.9 deaths per 100,000, slightly lower than the record high seen in 2013. This age group also had the highest rate among women, at 7.3 deaths per 100,000 population
- The most common suicide method in the UK in 2014 was hanging, which accounted for 55% of male suicides and 42% of female suicides.
- The suicide rate in England increased in 2014 (10.3 deaths per 100,000). The increase was driven by a rise in female suicides.
- The highest suicide rate in England was in the North East at 13.2 deaths per 100,000 population; London had the lowest at 7.8 per 100,000.

#### Local data

Summary of the North Yorkshire Suicide Audit 2010 -2014:

- There were a total of 227 verdicts of suicide recorded by North Yorkshire coroners in adults
- 188 males (82%)
- 39 females (18%)
- Of males 25% were in the 40 to 49 age group
- 45% were employed at the time of their death
- 60% were single (including individuals who were widowed divorced or separated)

Place:

- The majority of incidents occur at the home postcode (131 out of 200 incidents which could be mapped, 65.5% of incidents)

Figures for risk factors are:

- 53% identified mental health issues as a contributory factor
- 41% were recorded as suffering with a chronic, long term illness or medical condition. In those aged 70 the proportion rose to almost 80%. This was typified by a growing despondency about the future and reduction in quality of life.
- 40% of cases identified emotional loss as a contributing factor
- 36% of all cases had a history of self-harm and was more common in females than males
- 33% had alcohol present at time of death
- 19% had relationship problems
- 15% had expressed suicidal ideation which was documented by their General Practitioner (GP)

Method:

- 56% died by hanging/strangulation
- 11% died by self-poisoning

Contact with services:

- 51% had contact with their GP in the four weeks leading up to death
- 48% cited mental health issues as a reason for contact
- Of the 49 individuals with information on accident and emergency attendance, 23 individuals had made contact in the four weeks leading up to death and 19 of these related to mental health issues

## **Implementing the suicide prevention plan**

The North Yorkshire Suicide Audit identified five recommendations which are used to inform the suicide implementation plan:

1. Reduce the risk of suicide across the North Yorkshire population, particularly targeting high-risk groups
2. Recognising that 'multiple stresses multiply risk': enhance service provision in relation to common stressors
3. Improve support for those affected by suicide in North Yorkshire in the days, months and years after a death.
4. Further develop data collection and monitoring
5. Training and Awareness

## Key area for action 1: Reduce the risk of suicide across the North Yorkshire population, particularly targeting high-risk groups

- Raise awareness of suicide and those at highest risk as identified from the audit and those other communities considered by national research to be at greater risk.
- Promote help seeking and engagement with services amongst high risk groups.
- Tailor approaches to improve mental health in specific communities.
- Explore innovative, non-traditional ways to engage the seldom-seen, seldom heard.
- Highlight the concept that 'past behaviour in an indicator of future behaviour' in raising awareness of risk to those who have previously attempted suicide or seriously self-harmed.
- Explore the support available to those with increased frailty and long term health issues. Working with CCGs and social care to identify those at risk and for staff to be aware of the options available to support those with increased frailty.

Key area for action 1. Reduce the risk of suicide across the North Yorkshire population, particularly targeting high-risk groups							
How will we know? Establishment of a suicide prevention task group for the coordination of a 5 year suicide audit							
Objective	Actions	Timeframe	Performance RAG			Update	Lead
			R	A	G		
Identify those high risk groups in North Yorkshire and York	Develop a suicide prevention group to lead the development of suicide prevention in North Yorkshire and York	2014				Group established and ToR signed off 2014.	Claire Robinson (CR) PH Suicide Lead



	Establish information sharing protocol (ISP) with the coroner's office, police, NYCC and health.	2014/2015		ISP agreed and data transfer in place for completion of audit and ongoing surveillance and early alert process.	Police – Allan Harder (AH)
Identify and clarify the link between suicide prevention activities and intervention and their impact on incidence of suicidal behaviours	<p>Conduct a 5 year suicide audit 2009 - 2013</p> <p>Produce a report from the audit to include the following:</p> <ul style="list-style-type: none"> <li>• Identify trends and hot spots</li> <li>• Demographics; age, employment, housing status, etc.</li> <li>• Whether individuals were in contact with GP</li> <li>• Contact with services and type e.g. criminal justice, social care, MH services</li> <li>• Reports of previous self-harm</li> <li>• Reports of substance misuse</li> <li>• Means of</li> </ul>	2015/16		<p>North Yorkshire Audit completed December 2015. Report finalised February 2016.</p> <p>York Audit on going due to be completed April 2016, report to follow.</p>	Claire Robinson (CR) PH Suicide Lead

	<p>suicides/hot spots</p> <ul style="list-style-type: none"> <li>Identify high risk groups, including children and young people</li> <li>Identify training gaps for professionals working across children and adult services</li> <li>Identify service change and inform commissioning intentions with CCG's</li> </ul>				
Consider the influence and impact on suicide of technologies/multimedia (e.g. face book, instant messaging)	<p>To provide the SPTG with evidence to inform approaches and education in relation to the influence of social media on suicides</p> <p>To provide CDOP with the same information.</p>	2016/17			PH suicide lead
Further analysis of self-harm data required	<p>To understand the links between self-harm and suicide further analysis will be required including:</p> <ul style="list-style-type: none"> <li>Understanding how self-harm is recorded in secondary care</li> <li>Learning from</li> </ul>	2016/17			PH suicide lead

	experiences of families and survivors of suicides				
Influence commissioners to adopt the recommendations within the suicide audit	<p>Identify commissioners responsible for those areas commissioned for High Risk Groups e.g. drug/alcohol services, MH services, GP's, secondary care.</p> <p>Look at opportunities for additional training for key staff</p> <p>Ensure that protocols are in place to protect and support those identified as 'at risk'.</p>	2016/17			PCU/CCG's/PH
To influence the Crisis Care Concordat (CCC) to ensure availability and timely access to responsive and appropriate support in crisis	Ensure CCC action plans take consideration of those risk factors identified in the audit reports	2016			PCU
NHS Health Checks to include signposting to MH services	Potential to identify suitable resources and work with the PH commissioner to ensure MH advice is available within NHS Health Checks	2016			PH

	Look at opportunities to audit MH advice/information during annual Health Check audit and improve access				
How to identify those with increased frailty and who have suffered a bereavement	<p>Look at opportunities for HAS staff to identify and support those who are experiencing increasing frailty or have had a bereavement. Including training for staff to start having conversations.</p> <p>Look at opportunities to influence the frailty work in CCG's</p>				HAS/CCG's

Target and develop 'talking therapy' and 'peer advocacy schemes' to provide support to the socially isolated or specific occupation groups.

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	To identify opportunities to enhance talking therapies and peer support models with colleagues in Stronger and the development of the MH strategy	2016/17			HAS commissioning team/PCU/Stronger Communities
	Ensure there is a robust evaluation and monitoring framework in place for the North Yorkshire MH strategy	2016/17			HAS commissioning team/PCU
To ensure a coordinated approach to alcohol and drug use in North Yorkshire	Ensure the Alcohol Strategy reflects the recommendations in the report and all contracted providers of drug and alcohol services are aware of the 'risk groups' and have protocols to support those identified at risk.	2016/17			PH
To ensure adequate support services for staff within NYCC	Identify opportunities to support employees who are at risk due to changes or circumstances relating to work	2016/17			HR-NYCC
	To maximise the impact of campaigns related to workforce/workplace health and Mindful Employer.	2016/17			Workforce Group NYCC



To ensure all staff have access to information and advice	To identify key training opportunities for staff groups in housing, district councils, CAB	2016/17			All
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### Key area for action 3 Improve support for those affected by suicide in North Yorkshire in the days, months and years after a death

- Consider experiences and views, where possible of people bereaved or otherwise affected by suicide in activity planning and awareness raising.
- Improve advice and support available to those concerned about suicidal ideation of family members, friends or colleagues including children and young people.
- Consider the importance and recommendations of Future in Mind.

Key area for action 3. Improve support for those affected by suicide in North Yorkshire in the days, months and years after a death							
How will we know? Reduction in suicides in those affected by suicides							
Objective	Actions	Timeframe	Performance RAG			Update	Lead
			R	A	G		
To ensure access to early information to allow for early identification of suicides	Development of hotspots and cluster/contagion plans for North Yorkshire and York. To use PH frameworks.	2016/17				Local work re: contagion and clusters currently being under taken in York with PH and York University.	PH intelligence /police

	Development of early alert systems and process for the monitoring of suicides.	2016/17		Local work with police no clear process in place	PH intelligence/police
Identify services that support people who are bereaved	<ul style="list-style-type: none"> <li>Establish current provision of services to support individuals and those affected by suicide or bereavement</li> <li>Provide information to commissioners to inform gaps in provision.</li> <li>Produce and provide information for individuals and organisations to raise awareness of current services available</li> </ul>	2016		<p>Mapping of provision completed.</p> <p>There is a requirement to review current provision with 2 main providers and review evidence base for effectiveness.</p> <p>Need to work with commissioners, 2020 and MH strategy to identify opportunities to develop further bereavement services.</p> <p>Development of the Pink Book (aid for professionals working with Young people) with CYPS in on-going. Final version to print.</p>	Stronger Communities, HAS commissioners/CCG's
Develop and promote universal services that build life skills and enhance individual and community resilience	Work collaboratively with Stronger Communities to promote and implement capacity building activities	2016/17			Stronger Communities

	<p>Connect to existing community networks and particularly those that provide support for mental health</p> <p>Continue to develop services that build healthy and resilient communities and reduce social isolation and low level mental health</p>				
Look at opportunities to support individuals through the coronial process following a death	Commission Coroners Court Support Service (CCSS) to support individuals through the coronial process	2016		<p>Public Health have commissioned 1 years support from CCSS.</p> <p>Service to be evaluated re: effectiveness.</p>	PH and Registration, Archives & Coroners, Library and Community Services (CSD)

## Key area for action 4: Further develop data collection and monitoring

- Ensure national guidelines assimilated into NY policies.
- Maintain up-to-date suicide prevention strategy.
- Repeat suicide audit bi-annually.
- Encourage on-going relationship with coroner, police to support improved data collection.
- Consider expanding the scope of future audits to include likely suicides amongst deaths by accident/poisoning of undetermined intent, and the availability of partner agency information in relation to suicide attempts and serious self-harm incidents including children and young people.
- Report to and/or attend the York and North Yorkshire Safeguarding Adults Boards as required to update the boards periodically and to raise any emerging concerns connected to the adult safeguarding agenda.

Key are for action 4: Further develop data collection and monitoring					
How will we know? Public Health suicide rate indicator					
Objective	Actions	Timeframe	RAG		
			R	A	G
Collect baseline data on suicide and suicide prevention	Complete Suicide audit	2015/16			
Ensure timely collection of suicide data	Development of early alert system	2015/16			
Improve collection of suicide data					

Promote the role of evaluation and research in expanding the evidence base of suicide prevention	<p>Regularly review activities under the Suicide Prevention Implementation Plan.</p> <ul style="list-style-type: none"> <li>PH intelligence to provide quarterly reports and a final annual report to the SPTG to annually review suicide rates and trends.</li> </ul>	2015/16		Audit completed and SPC updated SPTG.	PH
Improve the evidence base for the early identification and management of people at high risk of suicide.	Annually review data on suicide rates.	As required		<p>Evidence search included within the suicide audit.</p> <p>Further in-depth analysis required</p>	PH
Develop a better understanding of positive and negative impacts of economic, social and environmental influences on suicides.	Annual review of data.	As required		Further analysis required from future audits and real time surveillance	PH
Ensure services and the SPIP is informed by evidence.	<p>Identify current evidence to inform delivery of local services to prevent suicides in North Yorkshire</p> <ul style="list-style-type: none"> <li>Provide evidence based examples to the SPTG</li> <li>Share learning from other areas work on suicide prevention</li> </ul>	As required			Claire Robinson

	<ul style="list-style-type: none"><li>Attend regular regional events in relation to suicides and mental health</li></ul>				
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## Key area for action 5 Training and Awareness

- Promote the delivery of suicide prevention training to professionals in regular contact with people most at risk of suicide. Consider bespoke on-going training for primary care and other clinically trained staff who are most likely to routinely encounter individuals with suicidal ideation.
- Support the delivery of recognised suicide prevention and mental health awareness courses.
- Consider adopting a target of 1% of the County population to be trained e.g. ASIST, Mental Health First Aid or Safe Talk by 2020 in accordance with 'No Health without Mental Health' and 'Parity of Esteem.'

### Key area for action 5: Training and Awareness raising

**How will we know?** Reduction in stigma associated with suicide and increase in people accessing supportive services and increase in staff knowledge

Objective	Actions	Timeframe	RAG			Update	Lead
			R	A	G		
Promoting the responsible reporting and portrayal of suicide and suicidal behaviour in the media;	Working with the media to ensure messages are promoted responsibly  Establish key communication messages	2015/16					NYCC/CCG's
	Develop a communication plan Provide media with information including; <a href="https://www.nuj.org.uk/news/guidelines-on-reporting-on-mental-health-suicide/">https://www.nuj.org.uk/news/guidelines-on-reporting-on-mental-health-suicide/</a> and <a href="http://www.samaritans.org/media-centre/media-guidelines-reporting-suicide">http://www.samaritans.org/media-centre/media-guidelines-reporting-suicide</a>	2015/16				A communication Plan has been developed for the dissemination of the suicide audit report.  A wider communication still needs developing to look at other opportunities for effective	NYCC



				communication. The communication plan needs to link to any communication plan for the wider MH strategy.	
Look at opportunities to target information campaigns to those at risk target groups	Look for opportunities for a joint approach with the MH strategy, workforce and crisis carer concordat to enhance mental health information	2016/17			NYCC/PH/PCU
Reduce the reporting of high lethality methods of suicide	Working with the media to ensure messages are promoted responsibly  Establish key communication messages	2015/16			PH/NYCC
Identify training needs of front line staff	Define frontline staff  Map current level of training available to staff in North Yorkshire and York including Foster Carers	2016/17		Worked with HAS to identify targeted MHFA training for staff (internally). ASIST to be reviewed at later date	PH

To develop a range of training options for internal/external staff	Develop a training programme for 'front line' staff/volunteers/Foster Carers.	2015/16		<p>Training and learning will deliver MHFA training in-house to targeted staff in both HAS and CYPS Key frontline staff has been identified.</p> <p>Further work is underway to develop a 'train the trainer' model for external organisations</p>	PH
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NYCC North Yorkshire County Council  
 PHE Public Health England  
 PH Public Health  
 SPC Suicide Prevention Coordinator  
 SPTG Suicide Prevention Task Group  
 PCU Partnership Commissioning Unit



**Annual Report of the Director for Public Health for North Yorkshire 2016:  
Good Work – Good for You, Good for Business**

**14 September 2016**

**Presented by: Lincoln Sargeant**

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**PLEASE NOTE: THE ANNUAL REPORT HAS BEEN CIRCULATED SEPARATELY, IN THE BOOKLET CONTAINING STRATEGY DOCUMENTS**

**Summary:**

This year's report theme encourages a healthy collaboration - It's good for Business and it's good for you. In this report we aim to engage with employers, health and social care professionals and individuals as potential employees, so that we can 'work well' together and raise the awareness of the health benefits of good work. The report uses information collated from the Local Enterprise Partnership Economic Review and complements the themes of many partners working to inspire growth in North Yorkshire. The report describes how every employer needs to recognise the potential of their finite workforce, create healthy workplaces if they are to be successful in the future and highlights some of the challenges employers face due to our shrinking working age population.

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**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?

- The Council Plan
  - North Yorkshire Community Plan
  - Mental Health Strategy – Hope, Control, Choice
  - Business and Environment Services Ambition for Growth
- 

What do you want the Health & Wellbeing Board to do as a result of this paper?

- The ***Health and Wellbeing Board*** are asked to receive the report and to consider the actions that members can make to implement the recommendations
- Consider how to make North Yorkshire a young, vibrant, healthy place to live and promote North Yorkshire as a good place to live and work, rather than a place to 'retire and die'
- Consider how to reduce sickness absence and increase productivity
- Consider how to avoid making social exclusion worse



Health and Wellbeing Board

14<sup>th</sup> September 2016

**Annual Report of the Director for Public Health for North Yorkshire 2016**

**1 Purpose of the Report – Health, Work and Wellbeing**

- 1.1 To present the Annual Report of the Director for Public Health for North Yorkshire 2016, “Good Work – Good for You, Good for Business.”
- 1.2 The **Health and Wellbeing Board** are asked to receive the report and to consider the actions that members can make to implement the recommendations.

**2 Background**

- 2.1 It is the duty of the Director of Public Health (DPH) to write an annual report on the health of the local population. This is my fourth report.
- 2.2 This year’s report theme encourages a healthy collaboration - It’s good for Business and it’s good for you. In this report we aim to engage with employers, health and social care professionals and individuals as potential employees, so that we can ‘work well’ together and raise the awareness of the health benefits of good work.
- 2.3. The report uses information collated from the Local Enterprise Partnership Economic Review and complements the themes of many partners working to inspire growth in North Yorkshire.

**3 Executive Summary**

- 3.1 The report describes how every employer needs to recognise the potential of their finite workforce and create healthy workplaces if they are to be successful in the future. Although the North Yorkshire population is forecast to grow by almost 5% between now and 2039, 12.3% of the working age population will reach retirement by 2022 (about 45,000 people).
- 3.2 In this 2017 Calendar-style report, each chapter highlights some of the challenges employers face due to our shrinking working age population. In some situations, these challenges can be removed or the impact reduced. However, this is not always possible and we need to work together across public and private sectors to be resilient – to overcome the obstacles that may threaten a productive healthy working adulthood in North Yorkshire.

- 3.3 For the purpose of the report the working age population (WAP) are those aged 15-65 years. To illustrate the scale of the challenge in North Yorkshire the report notes that:
- 61% of our population are in the working age (366,483 people)
  - Of these 59% are over 40 years old (213,800 people)
  - One in three people in the working age will retire by 2022
  - Between now and 2039 there will be a 10% reduction in WAP
  - In 2014, twice as many 15-39 year olds left the County compared to the 40-64 year age group who entered the workforce (7,524).
  - 41,000 people are employed in the public sector (NHS, NYCC and District Councils)
  - 80% work-related illness is musculoskeletal (e.g. back, neck and muscle pain), stress, depression and anxiety.
- 3.4 In addition there are groups that are vulnerable and need additional support to gain, retain or remain in employment. These include the unemployed, those living with long term conditions and people with additional needs / responsibilities e.g. parents and carers.
- 3.5 When thinking about the impact of this on North Yorkshire in the future, we can consider how to:-
- make North Yorkshire a young, vibrant, healthy place to live?
  - support a productive, growing, thriving economy?
  - increase our workforce and prevent problems in recruitment?
  - make North Yorkshire more attractive to a younger workforce?
  - support employers and reduce the numbers on benefits?
  - increase the job market and the potential recruitment field?
  - create a healthy living wage for everyone?
  - recruit appropriately skilled workers for the jobs in North Yorkshire?
  - avoid making social exclusion worse?
  - reduce sickness absence and increase productivity?
  - promote North Yorkshire as a *good place to live and work* rather than a place to 'retire and die'?
- 3.6 This report makes two key Recommendations and then includes nine "Focus for Actions" to address specific issues. Whether employers employ less than 10 people (microbusiness) or more than 250 people (large employers), or whether people are employed, self-employed, unemployed or in unpaid employment, there are things we can all do to improve our future in North Yorkshire so that it's somewhere people want to live and work in 2050.

#### **4 Summary Annual Report Recommendations - 2016**

The recommendations and focus for action are either **workplace** or **workforce** issues and are highlighted throughout the report.

##### **1. Create Healthy Workplaces**

Policies, plans and programmes that promote the health and wellbeing of the workforce as a priority are a long term investment.

1. Increase physical activity
2. Create Smokefree workplaces
3. Raise alcohol awareness
4. Promote Healthy Eating

##### **2. Build a Healthy Workforce by creating a culture that is diverse and inclusive**

Raised awareness and increased understanding in the workforce of a positive health and wellbeing culture. Encourage minor adjustments to the workplace to increase the field for recruitment and utilise the skills of those with particular needs.

1. Develop healthy recruitment, retention, training and rehabilitation processes
2. Make adjustments to broaden the potential recruitment field
3. Work in partnership with others to enhance recruitment and retention of young people
4. Overcome the skills shortages and up-skill the workforce
5. Make adjustments to allow people living with long term conditions to work

#### **5 Appendices**

- 5.1 Appendix 1 – Report of the Director of Public Health for North Yorkshire 2016 – final pdf.

**Dr Lincoln Sargeant**  
**Director of Public Health for North Yorkshire**

**24<sup>th</sup> August 2016**



**North Yorkshire Safeguarding Children Board – Annual Report**

**14<sup>th</sup> September 2016**

**Presented by: Pete Dwyer, Corporate Director for Children and Young People's Service and a representative of the North Yorkshire Safeguarding Children Board**

**PLEASE NOTE: THE ANNUAL REPORT HAS BEEN CIRCULATED SEPARATELY, IN THE BOOKLET CONTAINING STRATEGY DOCUMENTS**

**Summary:**

To present a summary of the Annual Report of the NYSCB.

**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?**

Consistent with Children's Trust policy

**What do you want the Health & Wellbeing Board to do as a result of this paper?**

Note the Annual report of the Safeguarding Children Board



Ensure information flow and liaison between the two Boards



Health and Wellbeing Board

14<sup>th</sup> September 2016

**North Yorkshire Safeguarding Children Board Annual Report April 2015 to March 2016**

**1 Purpose of the Report**

- 1.1 To present the Annual Report of the North Yorkshire Safeguarding Children Board for April 2015 to March 2016.
- 1.2 The **Health and Wellbeing Board** are asked to receive the report and accept the report.

**2 Background**

- 2.1 All Local Authorities are required to establish a Local Safeguarding Children Board (LSCB) in accordance with Section 13 of the Children Act 2004. Section 14 of the Children Act 2004 identifies the objectives of the LSCB as being:
  - (a) to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and
  - (b) to ensure the effectiveness of what is done by each such person or body for those purposes.
- 2.2 In accordance with Working Together (2015):

*“The Chair [of the LSCB] must publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area. The annual report should be published in relation to the preceding financial year and should fit with local agencies’ planning, commissioning and budget cycles. The report should be submitted to the Chief Executive, Leader of the Council, the local police and crime commissioner and the Chair of the health and well-being board.”*

**3 Executive Summary**

- 3.1 The North Yorkshire Safeguarding Children Board (NYSCB) annual report provides a summary of the NYSCB’s activities in relation to its functions for the period of 1 April 2015 to 31 March 2016. The report is separated into seven chapters outlining:
  - The local background and context
  - Governance and accountability arrangements
  - Performance and quality assurance

- Development areas
- The Child Death Overview Process
- Training and Workforce Development
- Formal summary statement

3.3 The report outlines the work undertaken by the Board in respect of the NYSCB Business Plan. The report highlights the auditing and quality assurance work undertaken to ensure the effectiveness of what is done by agencies and how the NYSCB has coordinated the work of agencies to safeguard and promote the welfare of children.

#### **4 Appendices**

4.1 Appendix 1 – North Yorkshire Safeguarding Children Board Annual Report April 2015 to March 2016.

**Prof. Nick Frost**

**Independent Chair of the North Yorkshire Safeguarding Children Board**

***26 August 2016***



### **Healthwatch North Yorkshire (HWNY) 2015/16 Annual Report**

**14/09/2016**

**Presented by:** The report will not be formally presented – it is for the Board's information.

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**PLEASE NOTE: THE ANNUAL REPORT HAS BEEN CIRCULATED SEPARATELY, IN THE BOOKLET CONTAINING STRATEGY DOCUMENTS**

#### **Summary:**

This report highlights the work undertaken by Healthwatch North Yorkshire over the last financial year.

With the organisation emerging from a period of transition midway through this year, the report carries a forward-looking tone. There is a specific focus on the organisation's internal reviewing of its own operations; from a new communications strategy, the make-up of the HWNY Board, and working more efficiently with limited resource.

Finally, the Report discusses HWNY's work plan priorities for the 2016/17 year.

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

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?**

- HWNY's involvement with statutory and non-statutory partners, connects us to services and their users at all stages of life; creating an on-going link to the 5 strands of this Board's Joint Health and Wellbeing Strategy.

- HWNY's plan to deliver a research project focusing on young people's mental health and wellbeing will aid NYCC's Young and Yorkshire agenda.
  - HWNY's obligation to be led by the experiences and preferences of both patients, and the public, is in line with the NYCC Community Plan which seeks to *"support and enable North Yorkshire communities to have greater capacity to shape and deliver the services they need and to enhance their resilience in a changing world."*
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**What do you want the Health & Wellbeing Board to do as a result of this paper?**

- To continue to support the new staff team, board members, and volunteers, at Healthwatch North Yorkshire as they seek to:
  - Renew the organisation's engagement with the public
  - Rebuild relations with stakeholders and partners across the county.
  - Deliver on their 5 2016/17 work plan projects, on top of any reactive work.
- To successfully complete a collaborative project between the H&W Board and HWNY; focusing on best practice in North Yorkshire's End of Life Care provision.



**NHS Complaints Advocacy Service North Yorkshire Annual Report 15/16**

**14<sup>th</sup> September 2016**

**Presented by:** The report will not be formally presented – it is for the Board's information.

**PLEASE NOTE: THE ANNUAL REPORT HAS BEEN CIRCULATED SEPARATELY, IN THE BOOKLET CONTAINING STRATEGY DOCUMENTS**

**Summary:**

This report covers the period of 1<sup>st</sup> April 2016 to 31<sup>st</sup> March 2016. It captures the range of support activities delivered to citizens of North Yorkshire who need support to raise their concerns when making a complaint about an NHS service which was provided to them.

The service helps individuals to get a clear response to their complaint which aids resolution, learning and service improvements in the future. This statutory service is free, independent and confidential and it helps avoid matters being perused through Legal channels. Different arrangements apply for progressing Social Care complaints. The report contains anonymised data and provides analysis of information to demonstrate complaint activity levels, causes and areas of complaints and overall trends. The report also shows a breakdown of cases escalated to the Parliamentary and Health Service Ombudsman within the financial year and the outcome of these cases.

Awareness and networking activities have been outlined and show what work has been done to help ensure that North Yorkshire citizens are aware of the service and can access the available support.

Case studies of clients' experiences are included and a breakdown of client's perspectives of their responses from the NHS and the outcomes they believe they have achieved through raising their concerns. The report shows some examples of feedback we have received from clients to enable us to continue reviewing and improving our service.

Continued overleaf/...

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

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?**

Linkage exists with elements of the North Yorkshire: Joint Strategic Needs Assessment, Joint Health and Wellbeing Strategy and the NYCC Council Plan.

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**What do you want the Health & Wellbeing Board to do as a result of this paper?**

1. To consider how the essential outcome learning from all NHS complaints, including those supported by North Yorkshire Independent Health Complaints Advocacy Service, can best be shared and used to enhance processes and help shape the future quality of delivery.
2. To ensure that the leadership across the health sector actively encourage and support patients to raise concerns so as to secure where appropriate effective resolution, explanation, an apology and learning at the earliest possible opportunity, while also supporting a more “open” culture change.
3. Consider how the local health sector can improve how an individual complainant or patient who considers that their NHS care or treatment was not of the expected quality can best be made central to all investigations and subsequent decision making.
4. The Board should note that a number of national reviews have taken place which have recommended improvements to the NHS Complaints processes and supporting regulations, but to date no changes have actually been adopted for future implementation.
5. To note that the service will progressively adopt the Local Government Association Practice Guidelines developed with DoH/HealthWatch

England/Which etc. so that the service is identified as the North Yorkshire Independent Health Complaints Advocacy Service.





## Future in Mind – Transformation Plan

14<sup>th</sup> September 2016

Presented by: Victoria Pilkington

### Summary:

To provide an update to the Health and Wellbeing Board on progress against the Transformation Plans for children and young people's emotional and mental health, and to outline next steps with regards to the refresh of Transformation Plans.

### 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?

- North Yorkshire Mental Health Strategy 2015-20, 'Hope, Control and Choice'
- Children and Young People's Plan 2014-2017 'Young and Yorkshire'

**What do you want the Health & Wellbeing Board to do as a result of this paper?**

- Note the contents of the attached position statement
- Agree to receiving further updates on the progress of plans for children and young people's emotional and mental health

***Position Statement Update for  
Future in Mind – Local Transformation Plan Refresh***

## **1. Background**

The Future in Mind local Transformation Plans for the CCG's in North Yorkshire were approved by NHS England October 2015, following approval of the plans CCG's received funding. The transformation plan was written in partnership with colleagues from North Yorkshire County Council, City of York Council, NHS England, young people, families and the voluntary sector. The Transformation Plans were approved by the Health and Wellbeing Board and commitment was made to the transformation of children and young people's emotional and mental health. The plan submitted in 2015 was the first version and it was stated in guidance of plans that plans should be live documents. To implement improvements through the whole pathway the priorities and commitment is planned over the next five years.

CCG's reviewed the stated priorities in February 2016 in line with what could be delivered in 2016/17. CCG's and the Local Authority recognise the importance of and continue to be supportive of the transformation required in children and young people's emotional and mental health services.

The implementation of the two main priorities have commenced this year. The first priority stated in Future in Mind and commissioning guidance is the improvements in Eating Disorders Service to ensure access and waiting times are improved. Tees, Esk and Wear Valley NHS Foundation Trust are the provider who are implementing an improved enhanced service for children and young people with eating disorders. The service is underway with recruitment to additional posts and creating a hub and spoke model. CCG Commissioners will ensure the service works towards meeting the new access and waiting time standards.

The second priority which is currently being implemented is the development of the School Wellbeing Project. This is part of a procurement exercise and the Invite to Tender for the service closes in September 2016, with an expected implementation date of January 2017. The outcomes of this project is to offer earlier intervention and support to children and young people with emotional and mental health issues. The PCU is working closely with North Yorkshire County Council to ensure the model of support and access is well defined. This is an innovative and welcomed approach for schools.

CAMHS across North Yorkshire as part of service transformation have implemented a single point of access for referrals, and they are piloting working with the North Yorkshire screening and referral team. In addition funded in North Yorkshire schools was an academic resilience tool to be launched in September 2016, which will aid towards whole schools approach towards emotional health.

## 2. Current Position

The Mental Health Five Year Forward View (July 2016) stated ‘.....all local areas should have expended, refreshed and republished their Local Transformation Plans for children and young people’s mental health by 31 October 2016. Refreshed plans should detail how local areas will use the extra funds committed to support their ambitions across the whole local system.’

The PCU for the CCG’s is working closely with North Yorkshire County Council and City of York Council to work towards the deadline of 31<sup>st</sup> October. We envisage the refresh of plans to summarise the work undertaken so far and to articulate priorities over the next 12 months. The revised plan and priorities are currently being developed in line with planned consultation and engagement with stakeholders and young people. In addition the revised Transformation Plan will be one document to cover the four North Yorkshire CCG’s. As part of the refresh we have held one reference group which was attended by a range of stakeholders. We are planning to do further engagement with this group. In addition we have planned engagement sessions with young people.

In September a North Yorkshire Social and Emotional, Mental Health (SEMH) strategy group will be launched to deliver Future in Mind and the SEMH SEND agenda across North Yorkshire. This group will provide delivery assurance to the Children’s Trust programme board.

## 3. Key Issues to be Considered

It is requested that the final refresh of the transformation plan is shared with the board at the next meeting. The sharing of the transformation plan will ensure senior ownership. It is recommended that sign off for the next version of transformation plan is delegated to the appropriate senior representative due to the limited time we have.

*Report by Laila Fish, Senior Commissioning Specialist, NHS Partnership Commissioning Unit*



## North Yorkshire Better Care Fund Plan

14<sup>th</sup> September 2016

Presented by: Michaela Pinchard

**PLEASE NOTE: THE NARRATIVE PLAN HAS BEEN CIRCULATED SEPARATELY, IN THE BOOKLET CONTAINING STRATEGY DOCUMENTS**

### Summary:

The report updates Health and Wellbeing Board (HWB) on the submission of the 2016/17 North Yorkshire Better Care Fund Plan and subsequent arrangements to further improve joint working between health and social care in North Yorkshire

**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?**

The Better Care Fund is a financial incentive for the integration of health and social care and as such enables delivery of a number of joint strategies and plans within North Yorkshire. E.g. Joint Health and Wellbeing Strategy, New Care Models, Dementia etc

**What do you want the Health & Wellbeing Board to do as a result of this paper?**

It is recommended that Health and Wellbeing Board:-

- Note the submission and draft approval of the North Yorkshire Better Care Fund Plan
- Acknowledge the cooperation between partners in reaching agreement to the North Yorkshire Better Care Fund Plan
- Note the development of a joint commissioning programme by the North Yorkshire Commissioner Forum and agree to receive updates in due course.

## **North Yorkshire Better Care Fund Plan 14<sup>th</sup> September 2016**

### **1. Purpose**

- 1.1. The purpose of this report is to update Health and Wellbeing Board (HWB) on the submission of the 2016/17 North Yorkshire Better Care Fund Plan and subsequent arrangements to further improve joint working between health and social care in North Yorkshire.

### **2. Background**

- 2.1. Better Care Fund plans for 2016/17 were due for submission to NHS England for assurance on the 3<sup>rd</sup> of May 2016.
- 2.2. Whilst informal feedback at that time indicated North Yorkshire had developed a good narrative plan, arrangements were made with NHS England to extend the submission date to the 13<sup>th</sup> of May. This was to allow additional time for health and social care partners in North Yorkshire to agree how to meet the requirements of the Better Care Fund to maintain social care and submit a fully signed plan. Without this the plan would not meet all national conditions and therefore would not be assured by NHS England.
- 2.3. At its meeting of the 6 May the Health and Wellbeing Board considered the draft plan and agreed delegated arrangements for signing off the plan.
- 2.4. Agreement to maintain social care to the required level was not reached by the 13<sup>th</sup> of May leading to the submission of an unsigned plan. This triggered an escalation process requiring Clinical Commissioning Group Chief Officers, North Yorkshire County Councils Chief Executive and the Health and Wellbeing Board Chair to attend a national panel on the 7<sup>th</sup> of June. The outcome of the panel was an agreement which would enable North Yorkshire HWB to ensure the protection of social care to the sum of £13.4m and submit a compliant plan for assurance by the 29<sup>th</sup> of July.
- 2.5. A progress update was provided to NHS England on 10<sup>th</sup> July and an updated but still unsigned narrative plan was submitted on the 15<sup>th</sup> of July following discussion at Health and Wellbeing Board on that day.
- 2.6. The Board acknowledged, the financial challenges faced by the NHS and the Council along with the difficult decisions needed and the efforts of all involved to reach agreement. The Board also reiterated delegated arrangements for signing off the plan.

### **3. Current position**

- 3.1. There has been good cooperation between partners in meeting the requirement to maintain social care and as a result agreement to the plan was reached on the 29<sup>th</sup> of July with a fully signed plan being submitted to NHS England on the 5<sup>th</sup> of August. A copy of the narrative plan is provided as an appendix.
- 3.2. The additional delay in submission was agreed with NHS England in acknowledgement of the work required to make final amendments to the plan and liaise with multiple Clinical Commissioning Groups.
- 3.3. To ensure the submitted plan reflected the required level of support, the Council agreed a 'cash flow' amount to meet a funding gap in 2016/17 on the basis that full year effect of the proposals will be achieved in 2017/18.
- 3.4. On the 15<sup>th</sup> of August notification was received via email from NHS England to advise that following assessment against the Better Care Fund assurance process, the plan is approved though with a caveat that this is a draft rating with a formal approval rating to be communicated via letter from the National Team. .
- 3.5. Partners acknowledge that reaching agreement to the 2016/17 Better Care Fund plan for North Yorkshire has been difficult and as a result are committed to learning from the experience and building on the progress made over last few years in order to work better together in the future.
- 3.6. Consequently, and borne in part out of discussions and proposals to meet the requirements of the Better Care Fund, the North Yorkshire Commissioner Forum are currently developing a programme of joint commissioning reaching beyond the confines of the Better Care Fund, to support sustainability of the local health and social care system over the longer term. Progress updates will be provided to Health and Wellbeing Board in due course.

### **4. Recommendations**

- 4.1. It is recommended that Health and Wellbeing Board:-
  - Note the submission and draft approval of the North Yorkshire Better Care Fund Plan
  - Acknowledge the cooperation between partners in reaching agreement to the North Yorkshire Better Care Fund Plan
  - Note the development of a joint commissioning programme by the North Yorkshire Commissioner Forum and agree to receive updates in due course.

### **5. Report Author**

Michaela Pinchard  
Head of Integration





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

WORK PROGRAMME/CALENDAR OF MEETINGS 2016/2017 - Updated 5<sup>th</sup> September 2016

Date	Meeting	Details	Item (contact)
<b>September 2016</b>	<b>Commissioner Forum</b>  <i>Report Deadline Tuesday 30 August</i>	Date: Thursday 8 September  Time: 2.00 pm  Venue: Sovereign House, York	<u>Strategy</u> <ul style="list-style-type: none"> <li>Section 75 Agreement (Paul Cresswell/Debbie Newton)</li> <li>Developing Joint Commissioning – Transformation Programme (Wendy Balmain/Simon Cox)</li> </ul> <u>Assurance</u> <ul style="list-style-type: none"> <li>Update on Sustainability and Transformation Plans (CCG Representatives)</li> </ul> <u>Information Sharing</u> <ul style="list-style-type: none"> <li>Work Programme</li> <li>Dates for meetings in 2017</li> </ul>

Date	Meeting	Details	Item (contact)
<b>September 2016</b>	<b>Health &amp; Wellbeing Board</b>  <i>Report Deadline Friday 2 September</i>	Date: Wednesday 14 September  Time: 2.00 pm  Venue: Selby District Council	<u>Strategy</u> <ul style="list-style-type: none"> <li>• Joint Health and Wellbeing Strategy Theme: Focus on Dying Well (Alex Bird)</li> <li>• Healthy Weight, Healthy Lives Strategy</li> <li>• Mental Health Strategy – Suicide Audit (Clare Beard)</li> <li>• Annual Report of the Director of Public Health (Lincoln Sargeant)</li> </ul> <u>Assurance</u> Annual Reports from:- <ul style="list-style-type: none"> <li>• North Yorkshire Safeguarding Children Board</li> <li>• North Yorkshire Healthwatch</li> <li>• North Yorkshire NHS Complaints Advocacy Service</li> <li>• Update on refresh of Future in Mind Transformation Plans (Victoria Pilikington)</li> <li>• Better Care Fund (Wendy Balmain)</li> </ul> <u>Information Sharing</u> <ul style="list-style-type: none"> <li>• Work Programme</li> <li>• Notes of North Yorkshire Delivery Board 14<sup>th</sup> July</li> </ul>
<b>October 2016</b>	<b>Delivery Board</b>  <i>Report Deadline: Not applicable</i>	Date: Thursday 13 October  Time: Full day (timings tbc)  Venue: York Pavilion Hotel	This Delivery Board will be extended to a full day Workforce Development Summit for development of an Integrated Workforce Strategy and Implementation Plan.

Date	Meeting	Details	Item (contact)
<b>November 2016</b>	<b>Commissioner Forum</b> <i>Report Deadline Tuesday 1 November</i>	Date: Thursday 10 November Time: 2.00 pm Venue: Sovereign House,	<u>Strategy</u> <ul style="list-style-type: none"> <li>Update on End of Life Care Joint Strategic Needs Assessment “deep dive” (Clare Beard/Victoria Turner)</li> </ul> <u>Assurance</u> <ul style="list-style-type: none"> <li>Community Services Equipment – Update (Lindsay Springall)</li> </ul> <u>Information Sharing</u> <ul style="list-style-type: none"> <li>Work Programme</li> </ul>
	<b>Health &amp; Wellbeing Board</b> <b>NOTE: Will be used as a Development Session</b>	Date: Friday 25 November Time: Full day – timings tbc Venue: Evolution Centre, Northallerton	Programme for the day to be notified once confirmed
<b>December 2016</b>	<b>Commissioner Forum</b> <i>Report Deadline Tuesday 29 November</i>	Date: Thursday 8 December Time: 2.00 pm Venue: Sovereign House	<u>Strategy</u> <u>Assurance</u> <u>Information Sharing</u> <ul style="list-style-type: none"> <li>Work Programme</li> </ul>
<b>January 2017</b>	<b>Delivery Board</b> <i>Report Deadline Tuesday 3 January</i>	Time: 2.00pm Date: Thursday 12 January Venue: Sovereign House	<u>Strategy</u> <u>Assurance</u> <u>Information Sharing</u> <ul style="list-style-type: none"> <li>Work Programme</li> </ul>

Date	Meeting	Details	Item (contact)
<b>January 2017</b>	<b>Health and Wellbeing Board</b>  <i>Report Deadline Friday 6 January</i>	Time: 2.00 pm  Date: Wednesday 18 January  Venue: TBC	<u>Strategy</u> <ul style="list-style-type: none"> <li>Autism Strategy – update on progress (Jane LeSage CYPs)</li> <li>Carers Strategy Green Paper (Avril Hunter)</li> <li>Dementia Strategy - draft (Mike Rudd)</li> </ul> <u>Assurance</u> <ul style="list-style-type: none"> <li>Annual Report of the North Yorkshire Safeguarding Adults Board</li> <li>Performance</li> </ul> <u>Information Sharing</u> <ul style="list-style-type: none"> <li>Work Programme</li> <li>Delivery Board Notes of 13<sup>th</sup> October</li> </ul>
<b>February 2017</b>	<b>Commissioner Forum</b>  <i>Report Deadline Tuesday 31 January</i>	Time: 2.00pm  Date: Thursday 9 February  Venue: Sovereign House,	<u>Strategy</u>  <u>Assurance</u>  <u>Information Sharing</u> <ul style="list-style-type: none"> <li>Work Programme</li> </ul>
<b>March 2017</b>	<b>Health and Wellbeing Board</b>  <i>Report Deadline Tuesday 7 March</i>	Time: 10.30 am  Date: Friday 17 March  Venue: Falsgrave Community Resource Centre	<u>Strategy</u> <ul style="list-style-type: none"> <li>Dementia Strategy – final version (Mike Rudd)</li> </ul> <u>Assurance</u> <ul style="list-style-type: none"> <li>Performance</li> </ul> <u>Information Sharing</u> <ul style="list-style-type: none"> <li>Work Programme</li> </ul>

**NOTE:** To be agreed for consideration by a Health and Wellbeing Board Development Session or a Delivery Board Workshop: Accountable Care Systems. **Dates for meetings in 2017/18** – to be confirmed

## North Yorkshire Delivery Board Workshop 14<sup>th</sup> July 2016 – Notes

### Present

Richard Webb	Corporate Director of Health and Adult Services, NYCC – in the Chair
Nigel Ayre	Delivery Manager, Healthwatch, North Yorkshire
Wendy Balmain	Assistant Director, Integration, NYCC
Neil Bartram	Technology and Change Business Partner, NYCC
Michelle Beaumont	Learning Disability Consultant, Tees, Esk and Wear Valleys NHS Foundation Trust
Alex Bird	Chief Executive Officer, Age UK, North Yorkshire
Katie Brown	Commissioning Manager, Adult Social Care, City of York Council
Kathy Clark	Assistant Director, Health and Adult Services, NYCC
Simon Cox	Chief Officer, Scarborough and Ryedale CCG
Dilani Gamble	Chief Finance Officer, Harrogate and Rural District CCG
Liz Hodgkinson	Deputy Executive Nurse, Harrogate and District CCG
Shaun Jones	Head of Assurance & Delivery NHS England – North (Yorkshire & The Humber)
Colin Martin	Chief Executive, Tees, Esk and Wear Valleys NHS Foundation Trust
Victoria Pilkington	Head of the Partnership Commissioning Unit
Michaela Pinchard	Head of Integration, NYCC
Rachel Potts	Chief Operating Officer, Vale of York CCG
Janet Probert	Chief Officer, Hambleton, Richmondshire and Whitby CCG
Mike Proctor	Deputy Chief Executive, York Teaching Hospitals NHS Foundation Trust
Philip Pue	Chief Clinical Officer, Airedale, Wharfedale and Craven CCG
Keren Wilson	Chief Executive, Independent Care Group

Richard Webb welcomed people to the Workshop. He advised that the discussion on the Better Care Fund with the full Delivery Board would not now be required, so the sole Item for consideration was Building the Right Support.

### **Building the Right Support across York and North Yorkshire – A local plan to develop community services and close in-patient facilities for people with learning disabilities and/or autism for all ages**

Richard stressed that this was an important issue for the health economy and one which included substantial risks and responsibilities.

A report by Victoria Pilkington had been circulated, which outlined the background to this initiative; its objectives; and risks.

Kathy Clark and Victoria Pilkington delivered a presentation and highlighted the following points in particular:-

- The initiative was driven by the outcomes of the Inquiry into Winterbourne View.
- The programme was centrally driven and its main driver was to reduce the number of people with learning disabilities in hospital settings.
- The programme was an all age one and aimed at those in in-patient care; people at risk of being admitted to hospital; people known to local services; and everyone with a learning disability and/or autism.
- Amongst the commitments made were:-
  - greater choice for patients and carers;
  - personalised support from multi-disciplinary teams, both in the community and close to home;
  - ensuring people are only in hospital for as long as there was a clinical need
- Currently, there were 15 CCG inpatients. By 2017/218 we will be expected to have reduced that figure by one bed. By March 2019 the target was to reduce down to 9, which would be challenging.
- A £30 million Transformation Fund had been established nationally, of which £150,000 had been awarded to the North Yorkshire and York Transforming Care Partnership. This resource, which was non-recurrent, required match funding. Initial conversations had been held with TEWV NHS Foundation Trust.
- The new service had to be in place by December 2016.
- Options included:-
  - increase positive behavioural support services; and
  - increase crisis prevention
- This would be high profile and tightly performance managed. The key question was: *Would the additional monies deliver the requirements of Building the Right Support?*
- A piece of work had been undertaken looking at the reasons why any people with learning disabilities had been in hospital for more than 12 weeks.

## Discussion

The following comments were made by Delivery Board Members:-

- We need to work with the market to ensure providers are equipped to provide the support required.
- PIPS – an initiative involving health, social care and housing - had accessed grants in Durham and Stockton.
- There is a responsibility on everyone to understand the whole funding envelope, as a reduction in beds would be required.

- There is a balance to be struck in that, although the reduction in people in hospital would govern release of funding, it was important not to solely concentrate on the number, as that did not tally fully with the principle behind building the right support.

Victoria Pilkington posed the following questions:-

- What are the key risks?
- How can we mobilise the health economy to create the right outcomes for individuals?

### **Feedback**

- Finance was an issue at every level. Could the resource be phased in?
- Might it be possible to help people who do not meet the criteria for the initiative to have a better quality of life? The quality of the workforce could be upscaled.
- Providers need to be ready for this.
- It is crucial to understand the population locally. We need to work with providers to assist people at the highest risk.
- Could we re-invest existing resources differently?
- There is a need to engage with the market.
- Given the potential for people to come back into the community, the community needs to be able to respond accordingly.
- Service users must be involved in the design of services.
- National Models of good care would be useful.
- A shared understanding is required as to how to use the funding and shape workstreams.

Kathy Clark advised that a Regional Event would be held to get views of people affected once and thereby avoid duplication.

### **Summary**

- The principle of reducing the number of people with a learning disability in hospital settings is supported.
- Engagement to take place with the provider market.

- Consideration be given as to how to support people around positive behaviour support.
- We should not be unduly constrained in our thinking by the requirement of reducing the number of people in hospital settings.
- Be creative e.g. rather than seeing the £150,000 (£300,000 with match funding) as definitive, consider if we could pull in other spend to work alongside this.

### Next Steps

Report back to the Transforming Care Partnership Board.

**Action:** SC/VP/KC

Update the Commissioner Forum at its meeting on 11<sup>th</sup> August or 8<sup>th</sup> September 2016.

**Action:** VP

Adjust the draft Learning Disabilities Strategy to reflect elements of today's discussion.

**Action:** KC/VP