Agenda

Meeting: Scrutiny of Health Committee

Venue: The Grand Committee Room, County Hall, Northallerton DL7 8AD (See location plan overleaf)

Date: Friday 23 January 2015 at 10.00 am

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

Business

1. **Minutes of the meeting held on 7 November 2014.** **(Pages 1 to 6)**

   Purpose of Minutes: To determine whether the Minutes are an accurate record.

2. **Chairman's Announcements** - Any correspondence, communication or other business brought forward by the direction of the Chairman of the Committee.

   (**FOR INFORMATION ONLY)**

   - Temporary changes to the opening time of the paediatric short-stay assessment unit at the Friarage Hospital
   - Scarborough Hospital, A&E major incident and A&E waiting times generally
   - Yorkshire Ambulance Services – Care Quality Commission Inspection
   - Leeds & York Partnership NHS Foundation Trust – Care Quality Commission Inspection
   - Re-opening of Worsley Court from 11 January 2015 following the temporary closure; and changes to meet CQC requirements

3. **Public Questions or Statements.**

Members of the public may ask questions or make statements at this meeting if they have given notice to Jane Wilkinson of Democratic Services *(contact details below)* no later than midday on Tues 20 January 2015. Each speaker should limit himself/herself to 3

minutes on any item. Members of the public who have given notice will be invited to speak:-

- at this point in the meeting if their questions/statements relate to matters which are not otherwise on the Agenda (subject to an overall time limit of 30 minutes);
- when the relevant Agenda item is being considered if they wish to speak on a matter which is on the Agenda for this meeting.

4. North Yorkshire Healthwatch

- Friarage Hospital, Northallerton - 'Enter & View' report **(Pages 7 to 32)**
- Oral report from David Ita Partnership- Co-ordinator Healthwatch

5. "Right Care First Time" – Improving Urgent Care Services in Scarborough & Ryedale – Report of North Yorkshire & Humber Commissioning Support Unit.

(Report To Follow)

Purpose of the report: To update the Committee with the latest developments surrounding the procurement of new urgent care services in Scarborough & Ryedale.

6. 'Fit 4 the Future' – Transforming The Care we Deliver in Whitby and the Surrounding Area Whitby Hospital – Report of Hambleton Richmondshire & Whitby Clinical Commissioning Group.

(Pages 33 to 35)

Purpose of the report: To update the Committee on developments in Whitby & the surrounding area, specifically the procurement of Community & Out of Hours Services and the future development of Whitby Hospital.

7. All Age Autism Strategy – Report of Janet Probert, Director of the Partnership Commissioning Unit on behalf of four local Clinical Commissioning Groups.

(Pages 36 to 65)

Purpose of the report: To update the Committee on development of a Joint All Age Autism Strategy and on procurement of NHS adult and child autism diagnostic services.

8. NHS Health Checks: An Update on Performance and Future Developments – Report of the Director of Public Health for North Yorkshire

(Pages 66 to 67)

Purpose of the report: To provide information on current performance of the NHS Health Check programme and planned actions to improve performance.

9. Review of Personal Medical Services Contracts – Report of Geoff Day, Head of Co-Commissioning for Localities, NHS England Yorkshire & the Humber.

(Pages 68 to 72)

Purpose of the report: To brief the Committee on the contracts review currently being undertaken by NHS England in conjunction with local Clinical Commissioning Groups.

10. **Work Programme –** Report of the Scrutiny Team Leader.

(Pages 73 to 75)

Purpose of report: To present the future Work Programme and to invite Members to comment/amend and suggest additional items to be included.

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

Barry Khan
Assistant Chief Executive (Legal and Democratic Services)

County Hall
Northallerton

15 January 2015

NOTES:

(a) Members are reminded of the need to consider whether they have any interests to declare on any of the items on this agenda and, if so, of the need to explain the reason(s) why they have any interest when making a declaration.

A Democratic Services Officer or the Monitoring Officer will be pleased to advise on interest issues. Ideally their views should be sought as soon as possible and preferably prior to the day of the meeting, so that time is available to explore adequately any issues that might arise.

(b) Tea and Coffee will be available outside the Meeting Room before the start of the meeting, will Members please help themselves.

(c) **Emergency Procedures for Meetings**

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

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

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

Accident or Illness
First Aid treatment can be obtained by telephoning Extension 7575.

Scrutiny of Health Committee

1. Membership

County Councillors (13)				
	Councillors Name	*Chairman/Vice Chairman*	*Political Party*	*Electoral Division*
1	ARNOLD, Val		Conservative	
2	BARRETT, Philip	Vice-Chairman	NY Independent	
3	BILLING, David		Labour	
4	CASLING, Elizabeth		Conservative	
5	CLARK, Jim	Chairman	Conservative	
6	CLARK, John		Liberal	
7	DE COURCEY-BAYLEY, Margaret-Ann		Liberal Democrat	
8	ENNIS, John		Conservative	
9	MARSHALL, Shelagh OBE		Conservative	
10	MOORHOUSE, Heather		Conservative	
11	MULLIGAN, Patrick		Conservative	
12	PEARSON, Chris		Conservative	
13	SIMISTER, David		UKIP	

Members other than County Councillors – (7) Voting		
	Name of Member	*Representation*
1	BARDON, Peter	Hambleton DC
2	McSHERRY, Kay	Selby DC
3	RAPER, John	Ryedale DC
4	MORTIMER, Jane E	Scarborough BC
5	ROBERTS, John	Craven DC
6	PELTON, Tony	Richmondshire DC
7	GALLOWAY, Ian	Harrogate BC

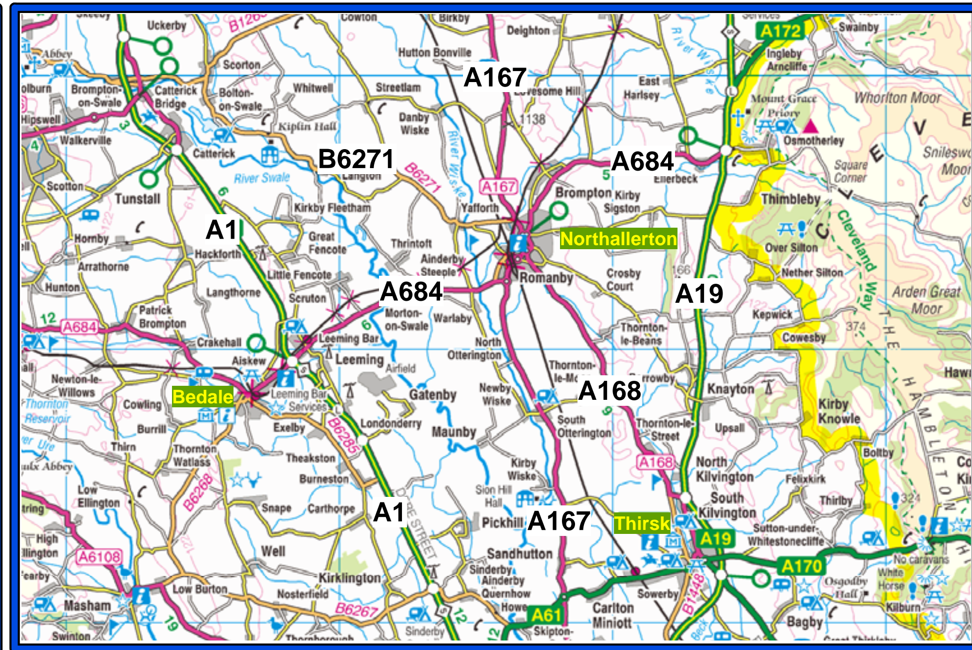
Total Membership – (20) **Quorum – (4)**

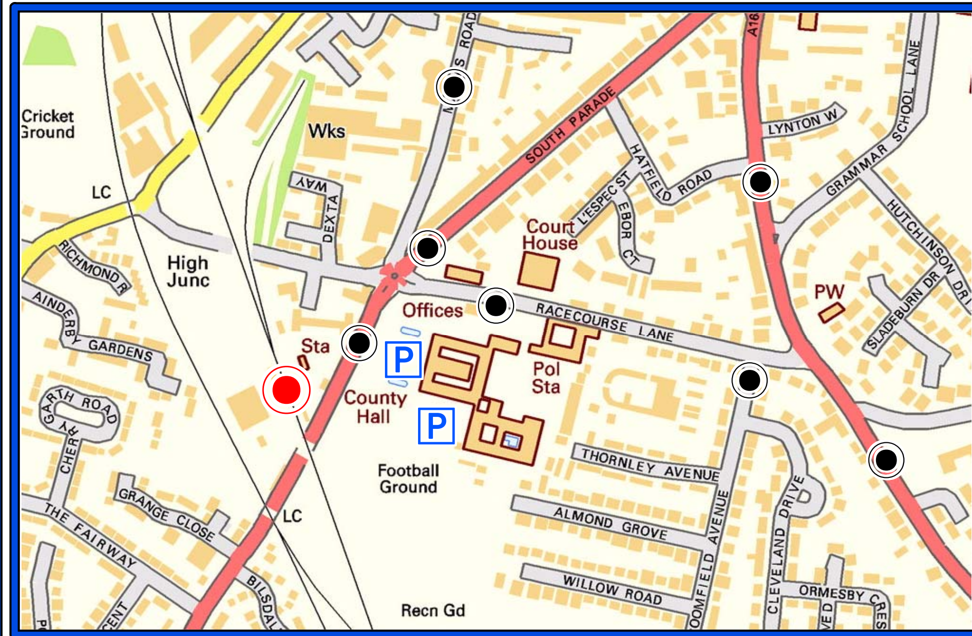
Con	Lib Dem	NY Ind	Labour	Liberal	UKIP	Ind	Total
8	1	1	1	1	1	0	

2. Substitute Members

Conservative		Liberal Democrat	
	Councillors Names		*Councillors Names*
1	HESELTINE, Michael	1	GOSS, Andrew
2	BUTTERFIELD, Jean	2	SHIELDS, Elizabeth
3	BASTIMAN, Derek	3	
4	SWIERS, Helen	4	
NY Independent		**Labour**	
	Councillors Names		*Councillors Names*
1	McCARTNEY, John	1	MARSHALL, Brian
2		2	
Liberal		**UKIP**	
	Councillors Names		*Councillors Names*
1	SAVAGE, John	1	
2		2	
		Substitute Members other than County Councillors	
		1	BLADES, David (Hambleton DC)
		2	DYSON, Michael (Selby DC)
		3	SHIELDS, Elizabeth (Ryedale DC)
		4	JENKINSON, Andrew (Scarborough BC)
		5	STAVELEY, David (Craven DC)
		6	DUFF, Tony (Richmondshire DC)
		7	FLYNN, Helen (Harrogate BC)

Danby
Brick Ho
Hilton Grange
Cemy
Brompton
The Banks
Low Wiske Moor
River Wiske
Thorntree Fm
Halfway Ho
Newsham Grange
Sheepcote Close
Greystones
Leisure Centre
Hotel
Harrogate Ho
Turker Beck
B 6271
Jeckelow Grange
NORTHALLERTON
Hosp
Castle Hills Fm
Potters Close
County Hall
Bank Close Fm
Prospect Ho
Bridge
Barstow Hall Fm
Romanby
Sch
Ladyfield Fm
County Hall
Lark Hall
Sewage Wks
High Thornborough
Viewley Hill Fm
Spittal House Fm
Helmersdale
A 684
Newsham Grange
A 168
South Thornborough Fm
Bridge
Watergate Fm
Warlaby
A 167
dismtd rly
Longlands
Otterington
Far End Fm
Northfield Ho





Visitor Parking at County Hall

Northallerton National Rail Station

Bus Stops

© Crown copyright. All rights reserved. North Yorkshire County Council 100017946 2008 (Produced by Corporate GI Team)

County Hall
Northallerton
North Yorkshire
DL7 8AD
Tel : 0845 8 72 73 74

North Yorkshire County Council

North Yorkshire County Council

Scrutiny of Health Committee

Minutes of the meeting held at County Hall, Northallerton on 7 November 2014.

Present:-

Members:-

County Councillor Jim Clark (in the Chair); County Councillors Val Arnold, Philip Barratt, David Billing, John Clark, John Ennis, Michael Heseltine (substitute for Liz Casling) Shelagh Marshall OBE, Heather Moorhouse, Patrick Mulligan, Chris Pearson and David Simister.

Co-opted Members:-

District Council Members:- Kay McSherry (Selby), John Raper (Ryedale), Jane Mortimer (Scarborough), John Roberts (Craven), Tony Pelton (Richmondshire) and Ian Galloway (Harrogate).

In attendance:-

North Yorkshire County Council: Executive Members County Councillors Clare Wood and Tony Hall.
Hambleton Richmondshire & Whitby Clinical Commissioning Group: Dr Vicky Pleydell Chief Clinical Officer
South Tees Hospitals NHS Foundation Trust: Prof Tricia Hart, Chief Executive
York Teaching Hospital NHS Foundation Trust: Mike Proctor, Deputy Chief Executive and Wendy Scott, Director of Community Services
NHS England North Yorkshire & Humber Area Team: Chris Clarke Assistant Head of Primary Care

County Council Officers: Bryon Hunter (Scrutiny Team Leader), Jane Wilkinson (Legal & Democratic Services) Dr Lincoln Sargeant (Director of Public Health for North Yorkshire), Mike Webster (NYCC Assistant Director – Health & Adult Services).

Apologies for absence were received from County Councillors Liz Casling and Margaret Ann de Courcey-Bayley

---

Copies of all documents considered are in the Minute Book

---

59. Minutes

Resolved

That the Minutes of the meeting held on 5 September 2014 be taken as read and be confirmed and signed by the Chairman as a correct record.

60. Chairman's Announcements

- **GP Out of Hours Service in Richmondshire** – The Catterick based GP Out of Hours service had been temporarily transferred to Northallerton. The move was in response to a fire risk assessment which had deemed the premises at Catterick Garrison to be unsafe. As from 11 November 2014 the service was to relocate to the Harewood Medical Practice in Catterick Garrison. In the long term the intention was to relocate the service to the Friary Hospital in Richmond. Talks between the relevant parties were on-going and assurances had been given that contingency plans were being reviewed in the event of similar problems occurring in other services so that communications would be handled effectively and any interim solutions would not seriously undermine access to services.
- **Children's Congenital Heart Disease** – The final overarching report bringing together the findings of three separate reviews had now been published. The Chairman undertook to continue to provide regular updates on progress but did not anticipate a final conclusion being reached before the May 2015 General Election.
- **Healthcare developments in Craven** – The Chairman and County Councillor Phil Barrett had met with Airedale Wharfedale & Craven CCG to discuss healthcare developments in Craven. At that meeting they had been told that a consultation on urgent care was planned for the New Year.
- **Right Care First Time - Urgent Care Services in Scarborough and Ryedale** – An announcement identifying the preferred bidder to deliver urgent care services in Scarborough & Ryedale was anticipated in the New Year. The Agenda for the Committee's January meeting would include urgent care services in Scarborough & Ryedale. A Local Member informed the Committee that in the locality there was a great deal of dissatisfaction with the interim arrangements which were not regarded as being an adequate substitute. The overview and scrutiny committee at Scarborough Borough Council was looking into this and a further update would be provided at the January meeting.
- **NHS Five Year Forward View** – Published on 23 October 2014, set out a vision for the future of the NHS and proposals for change.
- **North Yorkshire Healthwatch Activity Update** – Whilst not able to attend the meeting that day a number of drop-in sessions and visits had been planned and further updates would be provided at future meetings.

61. Public Questions or Statements

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

62. South Tees NHS Foundation Trust - Investigation by Monitor

Considered –

The covering report of Bryon Hunter, Scrutiny Team Leader describing work being carried out at South Tees Hospitals NHS Foundation Trust by Monitor, (the external regulator of NHS foundation trusts). Following investigations into a number of areas Monitor had announced that it remained concerned about the Trust's financial position and the rate of clostridium difficile infections.

Professor Tricia Hart, Chief Executive South Tees Hospitals HS Foundation Trust gave a presentation in which she summarised the actions that had been taken

across the Trust in response to tackling Clostridium difficile infection rates and improving the Trust's long term financial position.

The Committee noted that an external review had led to a detailed action plan being drawn up that had been agreed with Monitor. The Trust had now implemented a number of actions arising from the plan and was currently in the process of implementing the remainder and introducing systems to monitor its progress on a regular basis.

Members were advised that the target of no more than 49 cases of Clostridium difficile that had been set for reducing infection rates was challenging. As at the date of the meeting there had been 24 cases during the current year. This compared to a total of 54 cases in the previous year.

In respect of the financial shortfall the Committee noted that the Trust had hired management consultants to help cut costs and that it was in the process of appointing a transformation director to support delivery of its financial recovery plan. Members were advised that in order to achieve the level of savings required job losses were possible but assurances were given that patient safety would not be compromised. Other areas currently under consideration included making better use of IT and advances in technology as the Trust acknowledged it lagged behind in this regard. The Trust was also exploring a new service model for ophthalmology and had improved the productively of its operating theatres which had reduced patient waiting times.

The Chairman queried whether the current financial model for the Trust was sustainable given its financial situation and asked if and when cost savings would impact upon the services it currently provided.

Prof Hart acknowledged the scale of the challenge the Trust faced but was confident that further work would produce more efficiencies and service improvements. The Chairman wished the Trust well but said he was not convinced that the level of savings required could be achieved. In his experience greater reliance on technology was not always the answer and there was no evidence that service integration and providing care closer to a patient's home was cheaper than in an acute setting.

A Member questioned the cost and value of employing management consultants and was advised that the Trust had been given no choice but that they had proved to be extremely useful and had come up with some very valuable suggestions and ideas.

In response to questions the Committee was advised that within the hospital clinicians were fully engaged and supportive of the initiatives described in the presentation. The Trust stressed its close working relationship with Hambleton Richmondshire & Whitby Clinical Commissioning Group and described how it was exploring on a joint basis GP referral rates, prescribing rates (including the use of antibiotics) and the Friarage Hospital being a beacon for rural healthcare. Assurances were given that the future of the Firarage Hospital was secure but that the services it provided may change.

Members acknowledged the actions taken by the Trust to date and asked to be kept informed of future progress. Professor Hart agreed to keep the Committee fully informed and to provide further more detailed information on prescribing levels.

Resolved -

That the Scrutiny of Health Committee continues its open dialogue with South Tees Hospitals NHS Foundation Trust.

That the Scrutiny of Health Committee looks forward to further briefings and involvement in any formal consultation that may be necessary in the future as the Trust transforms how it operates and reviews the service it delivers in order to achieve a long term financial position.

That Members of the Committee be circulated with data on prescribing levels within South Tees Hospitals NHS Foundation Trust.

63. York Teaching Hospital NHS Foundation Trust - Investigation by Monitor

Considered -

The report of the Scrutiny Team Leader describing investigations by Monitor, the Foundation Trust regulator at York Teaching Hospital NHS Foundation Trust. The Regulator had on 29 August 2014 began a formal investigation into the Trust's compliance with its licence. Details of the concerns raised by the external regulator were set out in paragraph 2 of the report.

Members' attention was drawn to a statement they had been sent prior to the meeting which confirmed that Monitor had following the receipt of evidence from the Trust of its monitoring and governance processes now closed its formal investigation.

The meeting then received a presentation from Mike Proctor, Deputy Chief Executive at York Teaching Hospital NHS Foundation Trust who described the action taken by the Trust in response to the licence compliance investigation.

Members noted that recruitment continued to be a recurring problem in some disciplines and were concerned that some patients waited up to 6/7 weeks before receiving an appointment for suspected cancer. The Committee was advised that patients were given the option of an earlier appointment but that this involved them having to travel further afield to an alternative hospital. Members were critical of those GPs who did not advise their patients to seek immediate medical intervention. In response to questions Members were advised that generally speaking broadband access was not a major issue. It affected only the margins of service provision such as community nurses use of mobile technology.

Members said they were reassured that Monitor had closed its investigation and would welcome further briefings in the future.

Resolved -

That the Scrutiny of Health Committee continues its open dialogue with York Teaching Hospital NHS Foundation Trust.

64. 'Fit4Future': Transforming Care in Whitby and The Surrounding Area

Considered -

The report of Hambleton Richmondshire and Whitby Clinical Commissioning Group on healthcare developments with Whitby and the surrounding area, specifically the procurement of Community and Out of Hours Services and options for the future of Whitby Community Hospital.

The report was presented by Dr Vicky Pleydell, Hambleton Richmondshire & Whitby CCG who in response to a request gave a brief description of each of the three

bidders that had been shortlisted to provide Community & Out of Hours Services. Assurances were given that steps had been taken to ensure that formation of a federation by the CCG would not give rise to any conflicts of interest. The Committee was advised that nationally there was a lot of interest in the work the CCG was doing.

Members commended the CCG on the public engagement it had undertaken. Quality, frankness and transparency had all been excellent.

With regard to Whitby Community Hospital the CCG was again congratulated on the public consultation it had taken. Members expressed their support for the preferred option and looked forward to continued involvement in developments at Whitby Hospital and in the planning of the services it would provide.

Resolved -

That the report be noted.

65. 2014 Annual Report of the Director of Public Health for North Yorkshire

Considered –

The 2014 Annual report of the North Yorkshire Director of Public Health.

Dr Lincoln Sargeant introduced what was his second annual report and gave a power-point presentation on the report's seven recommendations which he said had implications for scrutineers.

A copy of the annual report had been circulated to Members prior to the meeting and was also available on the County Council's web-site.

With regard to obesity Dr Sargeant stressed the positive impact weight loss had on associated conditions and said that in North Yorkshire there were no structured clinical pathways for weight management. He urged the Committee to discuss this with partners as part of its forward work programme in the New Year.

In respect of Child Health Information Systems the Committee was advised that Public Health England and NHS England were responsible for commissioning and delivering immunisation programmes. Dr Sargeant said that in North Yorkshire the take-up rate could be better. This impacted on early prevention and he encouraged the Committee to investigate the reasons why some people chose not to participate in screening programmes.

In respect of mental health he invited the Committee to explore how access to mental health services was promoted, what could be done to promote good mental health and what was being to combat the stigma and discrimination associated with mental illness.

Finally he highlighted issues around the sustainability of some Better Care Fund schemes. Where the voluntary sector was critical to delivery, he said it was important that volunteers had a quality experience and suggested that an action plan was needed.

Members noted the report recommendations and were informed that an action plan was currently being developed that would enable the Committee to monitor progress against each of the recommendations. The aim was to produce performance monitoring data next year but it was acknowledged that this would not be easy given the wide ranging nature of the recommendations in the report.

The Chairman supported by Members agreed that an action plan was needed in order to oversee delivery and agreed to take forward the recommendations in the conduct of the Committee's business.

Resolved -

That the report and presentation be noted.

66. Application by Escrick GP Practice to close Wheldrake and Naburn Branch Surgeries

Considered

The report of NHS England asking Members to comment on the proposed closure of GP branch surgeries in Wheldrake and Naburn by Escrick GP Practice. The report set out the background and reasons for the proposed closures.

The report was introduced by Chris Clarke Assistant Head of Primary Care at NHS England. He advised Members that he had visited the premises in question and confirmed that in essence both were just rooms with no facilities. Both premises had no disabled access, did not meet with patient confidentiality guidance and gave rise to concerns about infection control. The Committee was advised that GPs at the practice had told him that they would prefer to do a home visit rather than use either of the surgeries. Both surgeries were no longer used by patients and the situation had only come to light upon discovery by the Practice of its on-going responsibility for maintenance.

Members of the Committee offered no objection to the proposed closures. Members said they were satisfied with the information provided at the meeting and the content of the report.

Resolved -

That the Scrutiny of Health Committee offers no objection to the closure of GP branch surgeries in Wheldrake and Naburn by Escrick GP Practice.

67. Work Programme

Considered -

The report of Bryon Hunter, Scrutiny Team Leader inviting comments from Members on the content of the Committee's programme of work scheduled for future meetings.

Members noted the items scheduled for the January meeting. A Member made a request for the Committee to receive an update on the Mental Health Street Triage scheme being piloted in Scarborough. The request was supported by the majority of Members on the Committee and the Scrutiny Team Leader agreed to action.

Res**olved -**

That the content of the work programme and schedule are agreed and noted.

The meeting concluded at 12:45pm.

JW

Enter and View Report | Single Provider

healthwatch North Yorkshire
Improving Health & Social Care Together

Details of visit:

Service address:	Friarage Hospital, Northallerton, North Yorkshire DL6 1JG
Service Provider:	South Tees Hospitals NHS Foundation Trust
Date / Time:	17th November 2014 / 10am – 4pm
Authorised Representatives:	Adrienne Calvert (Visit Lead), Julie Midsummer, Gill Stone, Sue Staincliffe, Julie Janes, David Ita (Supervisor).
Contact details:	Healthwatch North Yorkshire, Blake House, 2A St Martins Lane, York. YO1 6LN

Acknowledgements

Healthwatch North Yorkshire would like to thank the service provider, patients, visitors and staff for their contribution to the Enter and View programme.

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all patients, relatives or carers and staff, only an account of what was observed and contributed at the time.

What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

Purpose of the visit

- To gather the views of patients, relatives and carers in relation to their experiences of the services being provided.
- Identify examples of good working practice.
- Make observations as care is being provided to patients, and their interactions with staff and the surroundings.

Strategic drivers

- Contribute to our wider programme of work gathering evidence on our three Health and Social Care priorities for 2014/15, which is; Hospital Discharge and post Hospital support arrangements, GP Out of Hours services, and Support for unpaid Carers.
- Looking at the quality of care being provided, and the variation (if any), within the main hospitals serving the citizens and communities of North Yorkshire County.

Methodology

This was an announced Enter and View visit.

Following the formal notification of the visit sent to both the service provider and the clinical commissioning group responsible for commissioning this service, the visit lead arranged a telephone conference with the service providers' nominated person(s) in order to; complete a pre-visit questionnaire, explain the visit process, and answer any questions that the service provider may have about the visit. The visit lead also shared the visit plans with the service provider, including the areas of the service that the visit team planned on visiting, so that relevant staff would be notified in advance, thereby minimising or avoiding disruption to the normal day to day running of the service.

The visit team of six authorised representatives (including the visit lead) split into pre-arranged pairs and visited Accident and Emergency (including Ambulance Services), Romanby Ward, Post-Operative Surgical Day Unit, Gara Ward (Orthopaedic), Rutson Ward (Rehabilitation Unit), Allerton Ward (Surgery), Medical Assessment Unit, Paediatrics (inpatient/outpatient), Maternity Ward (outpatients), Ministry of Defence Health Unit, Ainderby Ward, Surgical Admissions Unit. In total over 30 patients and relatives/carers were spoken to, in addition to the nursing and ancillary staff that provided information and details about 'life on each ward'.

After time limited deliberations at the end of the visit, we communicated the key (headline) findings of our visit to the service providers' nominated person(s). We explained the protocol of "what happens next" following our visit, including timings and expectations contained within the Healthwatch North Yorkshire visit protocol, which was shared with the service provider prior to the visit. This allowed the service provider to respond immediately to some of our findings, as well as ask the visit team any further questions.

Ethical consideration

On entry to Wards we always introduced ourselves to the senior member of staff present and informed them of the reason for our visit. Without exception they were all expecting our visit, so we proceeded to find out if there were any patients we should not approach due to their medical condition, cognitive ability or our possible breach of infection control. This protocol was strictly adhered to by the visit team.

Prior to any conversation being held with a patient we introduced ourselves by name and showed our HW authorisation badge, gave them an explanatory leaflet on Healthwatch "Enter and View" purpose and procedure and then obtained their permission to continue with the conversation. It was also made clear to each patient that whatever they divulged to us in respect of their experience as a patient in the hospital would be anonymised for the purpose of this report.

In addition to our discussion with patients, we spoke to many staff and ancillary workers and family members who were visiting.

Summary of Findings

At the time of our visit, our overall observations show that the hospital was operating to a good standard of care in some areas.

- Staff are very passionate and committed across the entire hospital, and this was reflected in the feedback from patients, which was generally very complimentary.
- Staff are struggling to manage the amount of paperwork involved in the Trusts current policies.
- The application of Dementia policy is not consistent across all parts of the hospital.
- Discharge procedures are largely effective, although some targets are considered unachievable.
- Extra support required to assist at mealtimes.
- Inconsistent use of Patient Status at A Glance (PSAG) boards across each ward.
- Policy changes around paediatric & maternity work succeeding so far.

Results of Visit

The Friarage hospital is part of South Tees Hospitals NHS Foundation Trust which also runs The James Cook University Hospital in Middlesbrough. The Trust provides district general hospital services for the local population, and also offer a range of specialist regional services to 1.5million people in the Tees Valley and parts of Durham, North Yorkshire and Cumbria; with a particular expertise in heart

disease, neurosciences, children's services, renal medicine, cancer services and spinal injuries. It is also the major trauma centre for the southern part of the northern region.
The Friarage Hospital provides acute care within Northallerton, North Yorkshire and serves a rural population of 122,000 people. The hospital provides a range of services including an accident and emergency department, intensive care, surgical departments and theatres as well as general medicine wards and outpatient departments.

Environment (including Premises)

We found that the hospital layout was inviting. There were comfortable seats along corridors, good signs and attractive art work. Everywhere was light and airy with windows and patio doors where possible, making the place look very clean and tidy. The family room and bereavement room on A&E were well appointed and comfortable. There are planned changes due to the Clinical Decisions Unit as the reception area is not fit for purpose due to the number of patients going through the unit daily.

There was evidence of effective application of infection control measures, like hand gel dispensers at regular points, and toilets with posters showing hand washing guidelines. All toilet brushes had been removed to control the spread of infections, and any patient with an infection was quarantined with appropriate measures taken to improve the situation. There were posters prominently displayed on wards regarding infection control.

Patient Care (Wellbeing, Dignity, Respect and Safety)

All staff we spoke to found the level of paperwork excessive. 'Anything that takes you away from the patients has to be detrimental'. Staff would like to see the paperwork for the whole hospital streamlined.

Vital PAC hand held technology is liked by the staff as they give them the opportunity to stand with the patient while inputting the data. IPads on wards during ward rounds are also popular as these facilitate prompt blood tests, discharge and onward referral.

Where fully implemented, the Patient Status at A Glance (PSAG) board provides excellent information about patient treatment and progress, using a combination of symbols to anonymise patient information from the understanding of visitors and passers-by. The board highlights factors that might be, or is, causing delay. Hold-up points are very clear to see, which allows senior ward staff to take corrective action.

Some nurse's station are now located within the bays so that nurses are able to respond quicker to their patients and also catch up on paper work while there.

Patients who require physiotherapy after a surgery must have their mobility assessed, however the equipment observed for this purpose was said to be inadequate by the physiotherapists spoken to. The equipment appeared to be old and in need of replacement. Patients were being taken to the main physiotherapy department for stair training which was time consuming. Equipment observed was deteriorating due to frequent sanitisation. There was no overhead suspension frame or wall bars.

Paediatric and Maternity services

Both the children's ward and the maternity unit are locked units. The paediatric ward has space for 9 patients and is currently open 10.00am to 10.00pm only. It became a day unit only on 01/10/14. Any admissions should be referred to James Cook Hospital from this date, and this requires effective communication between the Friarage and James Cook Hospitals. However, we have been informed of delays in the availability of ambulances to transfer patients who require admission from the Friarage to James Cook. As a result, staff have often worked beyond 10.00pm purely on a 'good will' basis; although it is fair to say that since the new opening hours are only 7 weeks old the new system is still yet to be fully tested.

The paediatric unit deals with planned admissions and emergencies along with booked surgeries (day cases only). The Maternity Day Unit on the other hand carries out scans, runs anti natal clinics and gynaecological clinics. These changes are still considered to be in its transitional stages, although managing patient expectations during this period of change was difficult and challenging according to staff. The day unit is open 9.00am to 5.00pm Monday to Friday and is closed at weekends, hence outside of these hours patients must attend James Cook.

There are real concerns among patients and staff about the journey to James Cook in an emergency, especially during the heavy traffic of the tourist season in the summer or the bad winter weather, although this situation is yet untested. To date 5 patients have been transferred to James Cook, and there have been 29 births. The unit was previously dealing with 1300 births per annum.

The Maternity Unit became a midwife-led unit from 06/10/14, with staff making the decision as there are no medical staff present. Despite the changes, no leadership or other specialist training has been provided to nurses to assist them manage the units on their own.

Dementia strategy

There are no specific dementia wards, as patients are accommodated according to their medical needs. This means that a frail elderly patient could be sent to any ward that may not necessarily cater properly for their needs as a dementia patient.

The level of specific dementia training on some wards was surprisingly low. Dementia patients are usually accommodated in a bay nearest to a nurse's station and moved to a side room if disruptive. We observed one patient who was very challenging and needed one to one supervision, as he was subject to a Deprivation of Liberty Safeguards (DoLS) decision for the next two months.

We observed no experienced reference point to offer advice for handling challenging dementia patients. The hospital would benefit from a Mental Health Specialist as a reference point/advisor.

Staff in A&E were not aware of how dementia patients were identified. There was no procedure in place for assessing dementia patients. If a patient was suspected of having dementia then staff did their own verbal test for cognitive ability. A&E was not considered to be dementia friendly.

Discharge from Hospital

The Trust target of discharge by lunchtime was generally agreed to be achievable as they have found smarter ways of working. The target of discharge by 10.00am, which we understand was an Executive Board decision, was less popular because meeting this target was considered more challenging.

Single Point is an excellent, time saving system for tracking availability of beds in the community hospital. It improves staff relations and facilitates purposeful conversations.

The intensive monitoring of patient progress assists discharge to go smoothly as seen in Rutson ward (Rehabilitation unit). Case conferences to discuss and plan for each patient's needs and checks that the ward meets NICE guidelines of specific goals for each patient all assist a smooth discharge. The use of the PSAG board is an excellent driver to discharge as seen on Gara ward (Orthopaedic).

Nursing and Ancillary Staff

On Rutson ward (Rehabilitation unit) four patients in a six bed bay were highly dependent needing help to eat, drink, toilet and dress. Another patient in another bay was also as highly dependent. There was only one staff member to assist these patients with eating and drinking. Meals had to be kept in a hot oven until patients could receive assistance. One patient told us that his breakfast was regularly so late that by the time he was up and dressed he had missed his physiotherapy appointment.

Staffing on Romanby ward was considered inadequate to meet the needs of patients who required more hands on care because of dementia.

Additional Findings

- 'Time to Care' an approach to release time for nurses to care by increasing efficiency has worked exceedingly well on Gara ward. The before and after pictures are very revealing and having a designated member of staff for each area works well.
- In two wards the sister had arranged a separate work area for Doctors, as this keeps the nurse's station clear and more welcoming to patients and relatives.
- There is no central hospital discharge lounge. Some wards have a waiting or discharge room and others do not. Patients can wait some time before departing the premises and can feel that no one is responsible for their care or welfare.
- Patients on the Clinical Assessment Unit seem to be moved more often than is necessary, primarily due to lack of bed space.
- We were informed that the North East Ambulance service had been diverted to the Friarage without warning two days ago. Since the changes, there are still patients being taken to the Friarage by the Ambulance service when they should be taken to James Cook instead. For example; patients with conditions like Stroke, Paediatrics, Gynaecology and Trauma.
- Ambulances can be diverted from North Tees and James Cook on Saturdays to the Friarage and also Sundays 3.15pm to 7.15pm.
- The Friarage is a 'stocking centre' for drugs to be replenished on ambulances.

- Patients who are about to be discharged are able to purchase nutritionally balanced meals through the hospital Café in order to take home, which means patients don't have to worry about having to cook as they continue their recovery at home.
- Although not unique to Friarage Hospital, there is currently no process for identifying patients who are also unpaid carers, either on admissions or at discharge. This process could help alleviate the anxiety of unpaid carers about the person they are caring for, who may have been left at home without support.

Recommendations

- The paperwork for each process should be looked at with a view to streamlining, with more effective use of technology platforms like the IPads.
- Dementia policy to be seen to be applied across all service areas, and staff training brought up to speed.
- Discharge policy to be refined with a view to speeding up the discharge process.
- More volunteers to be recruited, as well as family and friends encouraged to assist staff at mealtimes.
- Consider introducing a Mental Health Specialist on site as a reference point to advice and support nursing staff with challenging dementia patients.
- Stroke Rehabilitation equipment to be reviewed.
- Yorkshire Ambulance Service to be requested to provide an exception report to cover any patient delivered to the Friarage who should not be there according to the current policy.
- Paediatric & Maternity services to continue to be monitored.
- Consider asking all patients on admission and discharge whether they currently look after anyone (family, friend, neighbour etc.), and use this information to identify appropriate support within the community for the cared for person.

Service Provider response

Thank you for your report following the Health Watch NY enter and view visit which took place at the Friarage Hospital Northallerton on Monday 17 November. Your report was widely circulated both to staff and the managers for those areas visited by you and your team. We have considered the detail provided in the report and I am now in a position to respond.

Page 4: Physiotherapy

The physiotherapist for the Rutson Unit feel that they have good equipment, however the outer coating of the parallel bars has deteriorated due to frequent wiping. This is not an infection control

risk and they do not need replacing at present but they will continue to be monitored. The Bobath plinths do have rips in their covering and have been measured and replacement tops ordered.

Page 5: Paediatric and Maternity Unit

The activity within the ante natal clinic and Gynaecology out patients remains unchanged and therefore there is no transition for these services. The Maternity Day Unit activity has been reduced although early pregnancy services managed within this area also remain unchanged. Information for women and families regarding the services offered in the Maternity Day Unit and when women needed to attend the James Cook University Hospital was very clear, although some women were unhappy with the consequences of reconfiguration.

The maternity unit is midwifery led with no medical staff present with midwives risk assessing all women prior to admission. The community midwives also ensure that continuous risk assessment of all women is undertaken at all ante natal visits to define the suitability for the Midwife Led Unit and continuous discussions regarding her choice of place of birth are undertaken. Midwives have always undertaken these risk assessments and discussion regarding choices of birthplace so there was no need for any additional training in this area of practice.

A midwifery manager is in post in the Maternity Led Unit who was a also a manager at the Friarage Hospital prior to the reconfiguration. She has undertaken the relevant management and leadership training and does not work in isolation but is supported by the Head of Midwifery and the Clinical Matron who both work across site and attend the Maternity Led Unit on a regular basis.

There are no nurses in post in the maternity unit, only midwives supported by health care assistants.

Page 5: Dementia Strategy

The A&E department staff rotate between the James Cook University Hospital (JCUH) site and the Friarage (FHN) site. Several staff at the JCUH A&E department have completed the relevant city and guilds training and the champions training although as yet this may not have had such an impact on the FHN site.

A new dedicated dementia educator funded by Hambleton, Richmondshire and Whitby CCG started in December 2014. However, as soon as the enter and view report was circulated, the dementia educators were asked to prioritise the Friarage site and in particular the A&E department. The educators were requested to put together a training plan for the new educator to undertake after induction.

Page 6: Nursing and Ancillary Staff

The report refers to "Staffing on Romanby ward (Cardiology Outpatients) was considered inadequate to meet the needs of patients who required more hands on care because of dementia".

The Trust undertakes a quarterly review of staffing levels in every ward using the nationally approved Safer Nursing Care Tool. The review monitors staffing levels and patient acuity for each shift over a 7 day period (including weekends). The last review showed that levels of staffing in the Rutson Unit were within the recommended ratio given the acuity of the patients on the ward at the time although patient dependency can vary significantly from day to day so we do ask our ward managers to

escalate staffing pressures and use staff flexibly where possible.

On the day of the visit staffing numbers on Romanby ward were above national guidance for qualified nurses. This guidance suggests 1 registered nurse to 8 patients. There are 26 beds on Romanby and there were 4 registered nurses and 3 health care assistants on duty with a ward assistant and a ward clerk. The ward does take a significantly higher number of patients with challenging behaviour and this is reflected in the staffing numbers. The ward does use volunteers for help at mealtimes and has therapeutic volunteers.

We have passed your comments regarding dementia patients to our dementia team and asked them to discuss with the ward managers whether further support and training for staff would be useful and if any further adjustments can be made for dementia patients in this area.

Page 6 & 7: **Additional Findings**

Bullet 4: "Patients on the Clinical Assessment Unit seem to be moved more often than is necessary, primarily due to lack of bed space"

The Friarage Hospital Clinical Decisions Unit (CDU) is specifically designed for patients suffering from medical conditions. Tests and investigations are started to determine the correct course of treatment and whether admission to hospital is required. If a hospital admission is deemed essential then the patient will be transferred to one of the inpatient wards to continue any necessary investigations and / or treatment. There are times when bed moves are made within the unit and this is primarily for privacy and dignity reasons to ensure that all patients are cared for within a same sex environment.

Bullet 5: "We were informed that the North East Ambulance service had been diverted to the Friarage without warning two days ago. Since the changes, there are still patients being taken to the Friarage by the Ambulance service when they should be taken to James Cook instead. For example; patients with conditions like Stroke, Paediatrics, Gynaecology and Trauma"

This statement is incorrect. The managing Director on call Saturday 15 November states the divert was arranged with mutual aid agreed with the Friarage site manager prior to the divert being put in place with North East Ambulance Service (NEAS). The Friarage site had more available beds than the James Cook University Hospital site and mutual aid was sought first from County Durham and Darlington FT and North Tees Hospitals FT to no avail. Mutual aid was requested from the Friarage site and was agreed before being put in place with NEAS. All further extensions were subsequently requested via mutual aid policy to the Friarage and mutually agreed and then put in place with NEAS. We would not expect all staff to have a full understanding of the divert process as this is always arranged by the managing director on call and the respective site manager.

Bullet 6: "Ambulances can be diverted from North Tees and James Cook on Saturdays to the Friarage and also Sundays 3.15pm to 7.15pm".

Any diverts can only be agreed with mutual consent via the mutual aid policy. Therefore if ambulances are diverted at any time it would only be if the receiving hospital has been able to offer mutual aid and then once this is agreed the ambulance service are contacted to facilitate the divert process. Ambulance diverts are not put in place without mutual aid being agreed first. If an

ambulance divert is agreed within our own Trust sites this is always communicated and is never "without warning".

Page 7: Recommendations

Bullet 1: "The paperwork for each process should be looked at with a view to streamlining, with more effective use of technology platforms like the IPads".

A rapid process improvement workshop was held in November to review the paperwork used on admission, and is currently being implemented and reviewed. The review looked to standardise and streamline the paperwork used across the organisation. The trust has implemented the electronic recording of physiological observations across the James Cook University Hospital and Friarage Hospital sites. In addition to this the trust is currently exploring the option of introducing clinical noting.

Bullet 2: "Dementia policy to be seen to be applied across all service areas, and staff training brought up to speed".

Please see previous comments in terms of the dementia strategy and attached action plan.

Attached as Appendix 1

Bullet 3: "Discharge policy to be refined with a view to speeding up the discharge process".

The discharge policy is currently under review by the Clinical Lead for the Case Management Team.

Bullet 4: "More volunteers to be recruited, as well as family and friends encouraged to assist staff at mealtimes".

Bay nursing has helped to alleviate some problems associated with feeding patients however the Friarage manager has contacted Head of Fundraising and Volunteering to explore if additional support can be provided at meal times.

Bullet 6: "Consider introducing a Mental Health Specialist on site as a reference point to advice and support nursing staff with challenging dementia patients".

In relation to employing Registered Mental Health Nurses on the wards at the Friarage Hospital, this has been considered, although it is felt that it would be difficult to attract staff and difficult to recruit. However, the ward staff are able to access the Hospital Mental Health Liaison Team from 8am – 8pm seven days per week, who offer support and advice to staff when nursing patients with an existing diagnosis of dementia or a newly diagnosed dementia. A referral system is used, however should emergency situations arise ward staff are able to bleep members of the team to attend the ward environment immediately. As alluded to above, the Trust is committed to continue educating all staff and increase their knowledge about dementia to ensure our patients receive high standards of safe care.

Bullet 7: "Stroke Rehabilitation equipment to be reviewed".

Please see previous comments on page 1.

Bullet 8: "Yorkshire Ambulance Service to be requested to provide an exception report to cover any patient delivered to the Friarage who should not be there according to the current policy"

It is expected practice for the A&E staff to complete an incident form for any patient who is transported by ambulance to the Friargae A&E department who should be taken elsewhere according to the current policy. This will be investigated and the outcome shared by the A&E manager with the YAS and CCG colleagues at the monthly SDIP meeting.

Bullet 9: "Paediatric & Maternity services to continue to be monitored"

The changes to the paediatric and maternity services were monitored by the Friarage A&E department, the maternity unit, the paediatric unit and the Yorkshire ambulance service. If any issues did occur these were investigated and the outcomes discussed at a weekly teleconference. Key personnel representing these areas participated in a weekly teleconference where if any specific issues did occur these were investigated, discussed and necessary actions taken to prevent any reoccurrences. There were very few issues raised therefore the teleconference was dissolved and these services are monitored and discussed monthly with the CCG.

Bullet 9: "Consider asking all patients on admission and discharge whether they currently look after anyone (family, friend, neighbour etc.), and use this information to identify appropriate support within the community for the cared for person".

All nursing staff are encouraged to establish if the patient is a carer on admission and if this is identified the appropriate services would be contacted.

South Tees Hospitals NHS
NHS Foundation Trust

We will become a dementia friendly organisation with environments and processes that cause no harm to patients with dementia.

together we do the amazing

Elizabeth Swanson April 2013
Adapted from National Audit of Dementia Care - Royal College of Psychiatrists and D-KIT DAA & NHS Institute of Innovation and Improvement

Strategic Aim 2
We will become a dementia friendly organisation with environments and processes that cause no avoidable harm to patients with dementia.

Objectives:

- By year 5 - All our care environments used by those with dementia will be fully compliant with best practice recommendations contained within the supporting documentation.
- By year 5 - All service and environmental improvements will consider impact of change on patients with dementia

Location: FHN A&E **Date: 11/3/2014** **Present: Gina Warren**

Section 1 Self Assessment

Markers of best practice from the National Dementia Audit-Royal College of Psychiatrists	RAG Year 1	Evidence	Actions /Areas for improvement
People with dementia are cared for in an environment that is adaptable to their needs and preferences			
Orientation			
Does the approach to the ward/department look and feel welcoming. Is there an obvious reception desk? Are views of nature maximised.		The waiting areas are not in full view of staff, but some of the bays are. There are	Suggest use of bays in view of desk for patients with Dementia. Ideally an improved reception area

Markers of best practice from the National Dementia Audit-Royal College of Psychiatrists	RAG Year 1	Evidence	Actions /Areas for improvement
		lots of pictures of natural scenes on the walls and indoor plants promoting a welcoming atmosphere. The lack of an obvious reception detracts from this slightly.	required with a clear view of reception staff, this may not be possible in current space.
Patients with dementia and/or who are being assessed for cognitive impairment are situated on the ward where they are visible to staff and staff are visible to them, so that they can be observed unobtrusively.		Yes; when placed in a bed near the nursing desk or in the Mental health assessment room.	
Are patients cared for in the least restrictive environment possible while maintaining the appropriate level of security? Is the bedrail policy being adhered to?		No locked door, but all patients have rails up on the trolley beds. If someone is considered a risk they are accompanied at all times.	Further clarification required regarding application of bedrail policy in relation to the trolley beds when stationary.
Colour schemes are used to help patients with dementia to find their way around the ward *e.g. doors and bays are painted in a different colour*		Some toilet doors are a contrasting colour, but others are similar to wall colour. There is no distinction between bays.	Short term; Clear signage to be installed Long term; Doors to be painted in a contrasting colour except those that are leading to non-patient areas.
Signs and maps use large and clear (easy to read) fonts and colours		No. Some signs are small or lost	Clear signage needed, LED display needs to be set to a slower speed.

Markers of best practice from the National Dementia Audit-Royal College of Psychiatrists	**RAG Year 1**	**Evidence**	**Actions /Areas for improvement**
		amongst cluttered walls/noticeboards and the LED display is moving too fast to follow easily.	
Information (words and pictures) on signs is in clear contrast to the background		Pictures are not used in signage.	Adding signage in pictures as well as words.
Key areas are clearly marked *e.g. the nursing station, the bathrooms/toilets, any side rooms or waiting areas*		Some areas are not clearly signed. (Initial reception window)	Improved signage needed in the waiting area.
All patients with dementia are able to see a clock from their bed		Not in the assessment bays.	Calendar clocks required.
All patients with dementia are able to see a calendar (or orientation board) from their bed		Not in the assessment bays.	As above.
Signs to locate the toilet are visible from the patient's bed		Yes.	
For patients with dementia, messages from relatives and personal objects including self care items are situated where the patient can see them at all times		N/A	
A room/area is available for patients to use for a break from the ward environment *e.g. a patient lounge, "quiet" room, seating area*		Yes. Appropriately furnished with contrasting	

Markers of best practice from the National Dementia Audit-Royal College of Psychiatrists	RAG Year 1	Evidence	Actions /Areas for improvement
		comfortable furniture and facilities.	
Are spaces and walls clutter free?		No.	Some of the signage visibility is compromised by the amount of information on the walls and noticeboards.
Are doors to exits clearly marked, but staff only areas disguised by painting doors and door handles the same colour as the walls?		Yes.	
Toilet and bathroom doors carry signs utilising a picture and words that are a different colour to the walls		All signage present but not of a distinctive colour in waiting area.	Toilets need improved signage in waiting area, utilising pictures and words in a distinctive contrasting colour.
Activities of Daily Living			
Items such as the soap dispenser, the bin, the hand dryer are clearly labelled with pictures as well as words so that the patient can identify them		No.	Improved signage.
There are call/alarm buttons visible in the toilet/bathroom		Yes, but only in the ward toilet.	Alarm required in the waiting area toilet area.

Markers of best practice from the National Dementia Audit-Royal College of Psychiatrists	RAG Year 1	Evidence	Actions /Areas for improvement
There are hand rails, large handles and a raised toilet seat to support the patients		Yes, but only in the ward toilet.	There is clear signage directing towards the toilet with disability equipment in place.
Door handles are a different colour to the wall so that they stand out		No.	
Toilet paper is a different colour to the wall so that it stands out		No.	
The toilets are big enough for assisted toileting		Yes.	There is clear signage directing towards the toilet with disability equipment in place and appropriate space.
The bathroom is big enough for assisted bathing		N/A	
Single sex toilet/washing facilities are provided for patient use		Yes.	
Facilities are available so that patients have choices about bathing or assisted bathing, *e.g. at the sink, overhead showering, hand held shower head, full bath*		N/A	
There is space for restless patients with dementia to walk up and down where they are visible to staff.		Yes.	

Markers of best practice from the National Dementia Audit-Royal College of Psychiatrists	RAG Year 1	Evidence	Actions /Areas for improvement
Obvious social area with chairs arranged in small groups to encourage conversation	?	There is a quiet room which could be utilised as a time limited social area, but signage to this is limited and it is generally used for sensitive discussions so may not be available. The waiting room is not laid out in a social manner.	One option would be improved seating arrangement in the waiting area; this may be hampered by limited space.
Are activities encouraged other than passively watching TV?		Small selection of magazines.	Improved selection of magazines, provision of a welcome folder.
Do patients have control/choice over the sounds they hear? (Radio, TV, Music)		Yes, only in waiting area.	
The ward is adapted to assist people with mobility difficulties, *e.g. large handles, hand rails.*		Yes, but corridor rails are not clearly identified due to unusual shape and may be difficult to grasp by some patients.	Improved rails in corridor, replacement with a distinctive rail that is able to be fully grasped.
Is there somewhere to eat other than beside the bed? Is there space for patients /or carers and patients to eat together socially?		Waiting area and cafe. Food is presented on green crockery.	

Markers of best practice from the National Dementia Audit-Royal College of Psychiatrists	RAG Year 1	Evidence	Actions /Areas for improvement
The ward is able to provide adapted utensils to encourage patients to assist themselves with their meals and eat independently.	**?**		
The ward can readily provide equipment to assist mobility, *e.g. walking frames, wheelchairs.*	?		
The ward can readily provide hearing aids such as amplifiers/communicators/hearing loops/batteries for personal aids or other assistive devices.	?		
Vision and Mobility			
Floor Level changes and contrasts (gentle slopes and steps) are clearly marked		None present.	
Floors are plain or subtly patterned, not "busy" *e.g. without bold or high contrast design or pattern which could affect orientation*		Yes.	

Markers of best practice from the National Dementia Audit-Royal College of Psychiatrists	RAG Year 1	Evidence	Actions /Areas for improvement
Floor surfaces are subtly polished rather than high gloss		Yes.	
Floor surfaces are non slip		No.	
Have strong patterns been avoided in wall coverings, curtains, furnishings and screens?		Two sets of curtains used. The inner set is patterned but the outer privacy set is plain blue. Walls do not contrast with the floor, but do have a black skirting to identify where they change. The ward toilet area does have a contrasting floor covering.	All curtains and wall coverings need to be a plain solid colour that contrasts with floor.
Is the level of light comfortable and appropriate for what the patients want to do in the space? Is lighting even (without shadows or patterns forming on the floor)?		No. Light in the corridor is too low, the brighter light from the rooms along the corridor throw stripes of shadow across the hallway floor.	Brighter lighting in the corridor would resolve these issues.
Is it possible to adjust lighting according to time of day and care needs? Is lighting designed to support normal sleep and wake patterns?		N/A	

Markers of best practice from the National Dementia Audit-Royal College of Psychiatrists	RAG Year 1	Evidence	Actions /Areas for improvement
Planning			
All life cycle refurbishment and re-decoration plans should consider the needs of older people and those with dementia.			
Is there inclusion of markers of dementia friendliness within all environmental audits and assessments for areas used by patients with dementia and/or older people.			

The RAG rating for individual performance measures is determined as:

- Green, if on or better than target
- Amber if worse than target, but within an acceptable tolerance level
- Red, if worse than target, and below an acceptable tolerance level

Section 2
Relevant National standards

Section 2
Relevant standards

NICE CG 103: Delirium. Priority ii. Give a tailored multi-component intervention package to prevent delirium

Elements of Person Centred Care (Brooker 2007)

V- A value base that asserts the absolute value of all human lives regardless of age or cognitive ability.
I - An individualised approach, recognising uniqueness.
P- Understanding the world from the perspective of the service user.
S- Providing a social environment that supports psychological needs.

Resources to help you **All the resources below can also be found at www.dementiaaction.org.uk/DKITresources**
Kings Fund EHE Assessment tool http://www.kingsfund.org.uk/projects/enhancing-healing-environment/ehe-design-dementia
RCN Commitment to care: How to Guide (pages 26- 28) http://www.rcn.org.uk/__data/assets/pdf_file/0011/480269/004235.pdf
SCIE Dementia Gateway http://www.scie.org.uk/publications/dementia/environment/index.asp
The South – West Dementia Partnership Competency Framework: (Standard 4 page 26 - 44) http://www.dementiapartnerships.org.uk/wp-content/uploads/dementia-care-in-hospital-positive-practice-compendium.pdf
Stirling University – Dementia Design Audit Tool http://dementia.stir.ac.uk/node/1918
The wander some patient – case study http://www.dementiaaction.org.uk/assets/0000/0804/BTH_The_Wander_Some_Patient_-_Case_Study.pdf
Yorkshire Outdoors (RCN PowerPoint presentations) www.dementiaaction.org.uk/assets/0000/0805/BTH_Yorkshire_Outdoors_-_RCN_Presentation.pdf

References

Allen D (2009) Designed for a better life. *Nursing Older People* 21(3) pp. 28-29.
Looks at the value of audit tool for in designing improved care environments used by people with dementia.

Andrews J (2012) How acute care managers can support patients with dementia. *Nursing Management (UK)* 19(2) pp. 18-20.
Guidance for nurse managers including some discussion on redesigning the care environment.

Benham L (2008) A sensory stairwell. *Journal of Dementia Care* 16(5) pp. 16-17.
A stairwell was decorated in a day hospital in Weymouth, Dorset to provide increased mental stimulation.

Burns A (2011) Help patients see more clearly. *Health Service Journal* 121(6282) pp. 26-27.
Suggests ways to make hospital wards easier for patients with dementia to use.

Cook G (2011) Dementia care: sensory environments. *Nursing & Residential Care* 13(5) pp. 240-243.
Includes discussion on finding a balance between over-stimulating and under-stimulating environments.

Cosh J (2007) Lost in space. *Mental Health Today* pp. 18-19.
Use of colours and other factors to provide a dementia-friendly environment.

Cowdell F (2010) The care of older people with dementia in acute hospitals. *International Journal of Older People Nursing* 5(2) pp. 83-92.
Looks at some research done on the experiences of nurses and patients on care received in acute hospitals including the ward environment.

Cunningham C (2009) Auditing design for dementia. *Journal of Dementia Care* 17(3) pp. 31-32.
Describes development of an audit tool for evaluating design in dementia care environments by Stirling University's Dementia Services Development Centre.

Cunningham C (2006) Understanding challenging behaviour in patients with dementia. *Nursing Standard* 20(47) pp. 42-45. **FT**
Includes examples of how the environment might contribute to the development of challenging behaviour.

Daykin N et al (2008) The impact of art, design and environment in mental healthcare: a systematic review of the literature. *Journal of Royal Society for the Promotion of Health* 128(2) pp. 85-94. **FT**
Systematic review on the impact of the arts, design and the environment in mental health care settings.

Dewing J (2009) Caring for people with dementia: noise and light. *Nursing Older People* 21(5) pp. 34-38. **FT**
This literature review looks at causes of sensory overload or underload in relation to improvements to the environment.

Duffin C (2008) Designing care homes for people with dementia. *Nursing Older People* 20(4) pp. 22-24. **FT**
Use of colour and materials in fitting out care homes to create a restful environment.

Hughes J and Harris D (2004) The environment and dementia: shaping ourselves. *Nursing & Residential Care* 6(8) pp. 394-398.
Effects of social and physical environment on people with dementia in a care home.

Hunt L (2011) Environments designed to heal. *Nursing Older People* 23(1) pp. 14-17. **FT**
Looks at a number of Enhancing the Healing Environment (EHE) projects including creation of a palliative care suite.

Hunt L (2010) A change of scenery. *Nursing Standard* 24(52) pp. 18-20. **FT**
This also explores the importance of the environment in palliative care using a project at Bodmin Hospital Cornwall as an example.

James J and Hoddenett C (2009) Taking the anxiety out of dementia. *Emergency Nurse* 16(9) pp. 10-13. **FT**
Improving the design of A&E environment and services at a London NHS trust including designated cubicles for patients with dementia.

Johnson R (2009) Signing up. *Journal of Dementia Care* 17(5) pp. 20-21.
Use of individualised bedroom door signs for dementia patients on a hospital ward.

Marshall M Delaney J (2012) Dementia-friendly design guidance for hospital wards. *Journal of Dementia Care* 20(4) pp. 26-28.
Looks at the guidelines and audit tool developed for general hospitals and emergency departments by the Dementia Services Development Centre (DSDC) at the University of Stirling.

Mason M (2011) Environmental health. *Nursing Standard* 26(13) pp. 23-25. **FT**
Work done by the dementia nurse specialist-led project to improve the physical environment of the King's College Hospital dementia unit.

Peace S and Reynolds J (2004) Managing different experiences of place and space, part 2. *Nursing & Residential Care* 6(9) pp. 452-454.
Looks at some of the issues around space and territory.

Phair L and Heath (2001) Environments and older people with dementia. *Mental Health Practice* 4(9) pp. 32-38.
Continuing professional development article on promoting a positive care environment with special reference to non-specialist care homes.

Pollock R (2008) Shedding new light on design for dementia. *Journal of Dementia Care* 16(6) pp. 22-23.
Advice on improving lighting in care homes and what needs to be taken into account when designing new facilities.

Price L and Grout G (2009) Environments that help, not hinder. *Journal of Dementia Care* 17(3) p. 21.
Describes project to improve the environment in a continuing care ward for dementia patients.

Richardson S and Richards V (2007) Nurses leading on activities in hospital. *Journal of Dementia Care* 15(5) pp. 16-17.
Development of a nurse-led therapeutic activities centre in a Swansea hospital.

Swann J (2006) Helping residents reminiscence: the role of the environment. *Nursing & Residential Care* 8(10) pp. 459-462.
Explains how a care home's environment helped to promote memory in residents.

Turner L (2012) A legacy of inspiration. *Journal of Dementia Care* 20(4) pp. 29-34.
Describes the transformation of a hospital ward into a dementia friendly environment through participation in the King's Fund Enhancing the Healing Environment (EHE) programme.

Walker W (2004) Promoting a safe environment for confused older people at risk from falling in hospital. *Journal of Orthopaedic Nursing* 8(2) pp. 72-76.
Suggests strategies for risk assessment and provision of a safe environment in hospitals.

Waller S (2012) Redesigning wards to support people with dementia in hospital. *Nursing Older People* 24(2) pp. 16-21. **FT**
Overview of the nurse-led initiative Enhancing the Healing Environment programme which encouraged staff and dementia patients to work together to create more therapeutic environments.

NHS
Hambleton, Richmondshire and Whitby
Clinical Commissioning Group

Fit 4 the Future

Transforming the care we deliver in Whitby and surrounding area

Date: 23 January 2015

Report for: Assurance

Author: Abigail Barron, Senior Transformation Project Manager

---

1. Introduction and Purpose

The purpose of this report is to update the Health Overview and Scrutiny Committee on developments in Whitby and surrounding area, specifically, the procurement of Community and Out of Hours Services and the future development of Whitby Community Hospital.

2. Background

The procurement for a new provider of community and out of hours services has entered its final stage of dialogue and assessment, following the announcement of two shortlisted bidders.

Following the transfer of these services to a new provider on 1 July 2015, NHS Property Services will become the owners of the Community Hospital through an asset transfer from the incumbent owners York Teaching Hospitals NHS Foundation Trust.

NHS Hambleton, Richmondshire and Whitby Clinical Commissioning Group (HRW CCG) are committed to ensuring a sustainable future for Whitby Community Hospital as part of the vision for the transformation of community and out of hours services they have developed through public consultation. In support of this HRW CCG commissioned an option appraisal from Community Ventures to assess the options for the future development of the Community Hospital.

3. Key Developments

3.1 Procurement of Community and Out of Hours Services

HRW CCG is pursuing a competitive dialogue process to procure a new service provider. The second stage of the procurement evaluation has been completed. This included a technical questionnaire and submission of draft service specifications which were assessed by a group of clinical and non-clinical subject matter experts. On 19th December 2015 the CCG announced the names of the bidders who were successfully evaluated to enter into continued dialogue and final tender assessment.

The two bidders selected to enter into continued dialogue with the CCG were:

Humber NHS Foundation Trust – http://www.humber.nhs.uk/

Virgin Care – http://www.virgincare.co.uk/

This next phase of evaluation will continue in January and will be followed by a rigorous final assessment and evaluation process. HRW CCG has determined that the weighting for final evaluation scoring will be 70% quality and 30% financial.

A preferred bidder will be selected, and announced, in March 2015. The CCG will then work with the preferred bidder to mobilise the contract with an expected start date of 1 July 2015.

3.2 Development of Whitby Community Hospital

3.2.1 Project Initiation Document

After discussion with NHS England, it has been agreed that HRW CCG, as the main commissioner of services provided on site, will act as the project sponsor for the re-development of the Community Hospital.

The CCG Project Team has developed a Project Initiation Document (PID) in partnership with NHS Property Services, the future site owner.

The PID is a short, early stage agreement by sponsors on the strategic case for the project proposal. It contains high level estimates on capital and revenue implications for the project and explicit confirmation on the costs to work up at the next stage of the scheme. The purpose of the PID is to ensure all stakeholders are committed to the development of the scheme and are prepared to accept a level of risk associated with the early stages of the development.

The Project Initialisation Document outlines details of the project sponsor and provides a brief description and strategic need for the scheme and demonstrates its consistency with the CCG commissioning plan.

The PID does not set out detailed plans for the development which will be prepared as part of forthcoming stages of the project - the outline and full business case.

The PID will be presented to the CCG Governing Body on 23 January for approval and following sign off from NHS Property Services Finance and Investment Committee, will be submitted to NHS England Area Team to secure PID approval to proceed to an Outline Business Case.

3.2.2 Post PID Options Appraisal and Next Steps

Although the Community Ventures report identified a number of options to the CCG for redevelopment, the Project Team will conduct a post PID option appraisal. The post PID options appraisal will confirm the preferred options to be pursued further and validate that the procurement route will achieve the best value for money going forward.

At this point the Project Team will discuss the options for co-locating services with stakeholders. Interest has been shown by a range of stakeholders in occupying residual land on the current site. NHS Property Services are currently defining the process for the release of any residual land for sale.

The Project Team considers that it is essential to fully involve the new provider of Community and Out of Hours Services in Whitby and the surrounding area in establishing the requirements of a remodelled Hospital, particularly the patient flows and internal space requirements. Therefore, these elements of the outline Business Case will be developed following the appointment of the new provider.

3.2.3 Key Milestones for Hospital Redevelopment

Key milestones have been established with NHS Property Services to determine proposed timescales for each stage of the scheme. These milestones will be reviewed by the project team regularly and the Governing Body will be updated accordingly. At present the estimated key milestones are:

- Project Initiation (including Post PID Options Appraisal) – November 2014 to February 2015
- Outline Business Case – February 2015 to August 2015
- Full Business Case – September 2015 to February 2016
- Construction – commences May 2016
- Transition and Completion – Dec 2017

Further public engagement and formal consultation form part of the CCG project plan and exact timescales and details for these events will be shared with the Committee and the public once finalised.

3.3 Communications and Engagement

The CCG has recently completed a public engagement exercise to seek the publics' views on the Fit 4 the Future programme, specifically focussing on the options for the redevelopment of the Hospital. Indications show that the public are very supportive of retaining the hospital in its current location and would like to see the remainder of the site being used to meet future housing needs, more specifically used for the development of extra care housing accommodation, housing for those with complex health needs and private housing.

The full Communications and Engagement Report detailing the findings of the public engagement exercise will be available on the CCG website in March 2015.

Regular communications will continue with key stakeholders and the public on the redevelopment of the Hospital and the procurement of community and out of hours services.

4 Conclusions

HRW CCGs Fit 4 the Future programme in Whitby and surrounding areas focusses specifically on the procurement of Community and Out of Hours services and options for the future of Whitby Community Hospital, with the aim of transforming the care delivered to the local population to improve health outcomes.

The CCG Project Team for Whitby and the surrounding area have developed a Project Initiation Document (PID) which sets out a high level description of the scheme for the redevelopment of Whitby Hospital. The PID was developed in partnership with NHS Property Services, the future owners of the site, and advice has been sought on the development of the PID from NHS England Project Appraisal Unit.

Following approval from the CCG Governing Body, the PID will be considered by the NHS England Area Team to go to the next stage. The project team will then complete a post PID options appraisal before developing an Outline Business Case.

The CCG has announced the names of the two shortlisted bidders entering into the final stage of the dialogue and final tender evaluation for the procurement of community and out of hours services A preferred provider is due to be selected in March 2015 following a rigorous assessment and evaluation process and the contract will start on 1 July 2015.

NORTH YORKSHIRE COUNTY COUNCIL

HEALTH OVERVIEW & SCRUTINY COMMITTEE

23 JANUARY 2015

PARTNERSHIP COMMISSIONING UNIT UPDATE ON AUTISM ON BEHALF OF THE NORTH YORKSHIRE AND YORK FOUR CLINICAL COMMISSIONING GROUPS

Purpose of Report

1. To update Members of the Health Overview & Scrutiny Committee on progress of the Joint All Age Autism Strategy and related work streams
2. To provide an update on NHS adult and child autism diagnostic services procurement.

Background:

The Partnership Commissioning Unit (PCU) works on behalf of the four local Clinical Commissioning Groups (CCG's) in developing and managing services for children and for vulnerable adults, people with mental illness or disability. The Commissioning team within the PCU are supporting the development of autism services across the county on behalf of the local NHS. This report provides an update on overall progress including developments in commissioning services for adults.

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

The joint strategy for meeting the needs of children, families and adults with autism in North Yorkshire 2015-2020 (Appendix 1) is being developed by North Yorkshire County Council (NYCC) and NHS Partnership Commissioning Unit (PCU) on behalf of the 4 North Yorkshire and York Clinical Commissioning Groups (CCG) with input from neighbouring CCG representatives and others.

A joint strategy offers a much better chance of succeeding in our ambitions. Joint working is not confined to the Local Authority and Health but to other public and independent sector organisations. During the consultation phase for the strategy, other public and independent sector organisations will be asked for their views on the strategy's proposed aims and outcomes, and invited to formally endorse the strategy.

To support the strategy and understand progress made with our ambitions for children's autism assessment services, the PCU are collecting and collating data on local activity including waiting times which NICE guidelines state that once a decision for an autism diagnostic assessment has been made, this should start within 3 months of the initial referral to the autism team, this

remains a challenge for service providers. The PCU will be commencing a quality review of service provision in 2015.

From April to October 2014, 215 new referrals were received by the four children's diagnostic centres and 191 1st appointments for an Autism Diagnostic Assessment were offered. The wait from date of the referral to the autism team to the 1st appointment date offered was for the majority of children not within 3 months as per NICE guidelines. As of October 2014 288 young people were waiting for a 1st appointment across the 4 services. The PCU will continue to work with the CCGs and providers to ensure that there are improvement plans and trajectories in place to bring waiting times in line with the NICE guidance. Over the last year Harrogate and Rural District CCG and Hambleton, Richmondshire and Whitby CCG have increased investment into the local services and are closely monitoring trajectories. The PCU has also worked with Scarborough and Ryedale CCG and Hambleton, Richmondshire and Whitby CCG to enable a number of long waiters from the Scarborough waiting list to be seen under a waiting list initiative at Socrates, Huddersfield. This represents additional CCG investment.

This strategy builds on the progress and achievements to date of the separate existing children's and adult autism strategies and sets out plans for the next five years to continually improve services, information and support for people with autism.

Whilst the strategy highlights achievements to date these are not viewed as end points but indicators of what has been and what can be achieved.

The overarching ambition of the strategy is to use the eight 'Think Autism' targets below. Whilst these are ambitious and challenging they are seen as being priorities which both health and social care will work to achieve.

1. Increase awareness and understanding of autism among all services and professionals;
2. Develop a clear, consistent pathway for diagnosis and post-diagnostic support in every area, including early intervention;
3. Improve access to services and support, ensuring good quality, clear and accurate information on the range of services available;
4. Enable local partners to plan and develop appropriate services for people with autism and ensure that agencies work together;
5. Increase the involvement of families and people with autism in service planning and delivery and involve people and their families in making decisions that affect them;
6. Reduce any barriers to the participation and inclusion of families and people with autism particularly at stages of transition;
7. Provide sustainable services which are managed within available resources;
8. Help adults with autism into work.

The strategy is complete in draft form and will go out for public consultation during summer 2015. Priority areas for development are already being proactively progressed including:

- raising the awareness and understanding of autism among all services and professionals; we are already in the process of making available to all health professionals a free autism awareness online training course alongside the more specialised RCGP online autism training course for GP's and Practice Nurses http://www.rcgp.org.uk/courses-and-events/online-learning/ole/autism-in-general-practice.aspx
- Promoting the NAS Autism Access Award Scheme which is suitable for *all* front line services and it is hoped will be included in service specifications going forwards. http://www.autism.org.uk/accessaward
- Continuing to support 18 day, respite and outreach services that are working towards achieving full National Autistic Society accredited status. Continuing to roll out an autism champions programme across the wider workforce following the successful implementation in NYCC's Health and Adult Services; Planning and developing communication and engagement with people with autism and their families on the strategy
- Exploring joint commissioning with NYCC to enhance the development of autism pathways for adults

2. An update on adult and child autism diagnostic service procurement

The PCU is due to tender a county-wide service on behalf of the local Clinical Commissioning Groups in 2015, providing assessment and diagnosis for adults with developmental conditions including Attention Deficit Disorder with Hyperactivity (ADHD) and autism. This will provide a central focus for training and development and pathway redesign within the NHS. The contract will be awarded in summer of 2015. In January 2015 the NHS will be consulting with people with autism and ADHD on their views on how this service should look, learning lessons from the NYCC draft adult strategy and recent commissioning of children's services.

The Vale of York Clinical Commissioning Group is undertaking a mental health re-tender which will incorporate children's mental health services, including children's autism provision. The award of the new contract will commence from autumn 2015. Extensive consultation and engagement with local service users and carers as well as professionals has taken place, and further work to support the NHS in hearing the point of view of children and young people is planned across North Yorkshire in 2015.

Through the existing feedback gained through the Vale of York engagement programme, a key theme that stands out is the need for seamless transitions for children and young people into adult services. The PCU hosted a discussion with children's and adults autism providers in November 2014 around how this could be developed and opportunities for joint commissioning of children and adults services in the future will continue to be explored by the PCU in conversation with the CCG's.

Recommendations

3. Members of the Committee are requested to note and comment on the information in this report.

County Hall
NORTHALLERTON

Author: Jayne Hill, Head Children, Young people and Maternity (NHS) on behalf of the PCU and NYCC
Contact Details: Tel - 01904 694709
E-mail -Jayne.Hill@nhs.net

Presenter of Report: Janet Probert, Director of Partnership Commissioning (NHS)

14 January 2014

Background Documents: None

Annexes: Appendix 1

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

VERSION 14 – as at 14 January 2014

Chapter 1 – Introduction

About this strategy

This is a strategy for meeting the needs of people with autism in North Yorkshire. It runs for a five-year period from October 2015 – October 2020.

People with autism deserve the same life opportunities as all local residents. They should have fair and equal access to services and support as required to meet their life aspirations. Following the implementation of the strategy for meeting the needs of children and young people with autism and the interim strategy for meeting the needs of adults with autism, it is imperative that work continues to raise awareness of autism and to improve services for people with autism.

This strategy has been developed as a joint strategy between North Yorkshire County Council's Children & Young People's Service (CYPS), Health & Adult Services (HAS) and the Partnerships Commissioning Unit (PCU) on behalf of the four Clinical Commissioning Groups (CCGs) that operate within North Yorkshire.

North Yorkshire's boundaries also extend into parts of the county administered by Airedale, Wharfedale and Craven CCG and South Lakes CCG (representing the town of Bentham). Senior colleagues from these two organisations have been involved in the development of this strategy.

Vision statement

The partner organisations in North Yorkshire that have collaborated to produce this strategy share a vision that people with autism will receive an assessment in line with NICE guidance and diagnosis as early as possible, that they will be able to access additional support if they need it and to know that they can depend on mainstream public services to accept and understand them and to treat them fairly as individuals.

Why this strategy has been produced

People with autism and their families have expressed the need for local services that meet their needs, central government have also identified this need and have produced guidance for local authorities to adopt.

DRAFT

The National Autism Plan for children was published in 2003. This was followed by the Autism Act which was passed in 2009. The Autism Act placed a number of obligations on a range of public bodies to improve opportunities for people with autism. The strategy for adults with autism in England 'Fulfilling and Rewarding Lives' followed in 2010 and provided clear direction in terms of how public services must transform to better address the needs of adults with autism. More recently 'Think Autism', published in April 2014 shared detailed consultation and research into the views of people with autism and their families on how progress has been taken forward in implementing the 2009 Autism Act. The findings include a set of "I statements" which emphasis what is important to people with autism and their families.

The total estimated UK cost of autism is around £28 billion. This averages out at £500 each year for everyone with autism. The economic costs include lost job opportunities, impact on the criminal justice system, and the cost of supporting vulnerable adults via, for example, social housing and state benefits. [1]

The overall objective of a strategy for autism is to ensure that services are identified, commissioned and improved to meet current and future needs and improve services for people with autism.

Scope of this strategy

This strategy is for people with autism and their families and carers. It recognises that there is a range and severity of need.

The strategy has been informed by national priorities and best-practice models. It reflects the work that has been carried out in the previous children's and adults' autism strategies and extends this work to set new longer-term targets.

The strategy does not cover details of interventions for autism. Autism means many different things to each individual person, family and setting, and can present very different challenges. Each person is an individual and, as such, pathways and interventions need to be individualised.

A message from North Yorkshire's autism leads

A five year joint strategy for meeting the needs of people with autism in North Yorkshire will ensure that there is more effective support for people with autism and reinforces the enormous potential benefits that can result from collaboration.

---

[1] Knapp, M. et al (2009). Economic cost of autism in the UK. Autism, 13(3), pp317-336

The benefits of developing one strategy that meets the needs of all children, young people and adults across North Yorkshire are that one strategy will enable a more integrated coordinated approach across CYPS, HAS and Health. It means we can plan more efficiently and support people more effectively from a very early stage of their lives.

A joint strategy offers us a much better chance of succeeding in our ambitions by working together as agencies, with families and carers, and with the voluntary and community sector. Together, we are determined to improve services for people with autism.

We are proud that we have worked alongside people with autism and their families and carers to develop this strategy. Further details on engagement and consultation can be found in Chapter 4. Their views have enabled us to set targets which will have benefits for all people living with autism in North Yorkshire.

Signatures of:
Councillor Tony Hall, Lead Executive Member for Children's Services
Councillor Clare Wood, Chair of Health and Wellbeing Board
Richard Webb, Corporate Director of Health and Adult Services
Pete Dwyer, Corporate Director of Children and Young People's Services
Janet Probert, Director, Partnership Commissioning Unit, on behalf of the following CCGs:

- Hambleton, Richmondshire and Whitby
- Harrogate
- Scarborough and Ryedale
- Vale of York

CYPS Health representative

This strategy is endorsed by a number of organisations that work with people with autism in the North Yorkshire area.

DRAFT

Chapter 2 - Aims and principles

In April 2014 the Department of Health published 'Think Autism', its review of the Government strategy for adults with autism 'Fulfilling and Rewarding Lives'. 'Think Autism' states three aims for improving the lives of people with autism. These are:

1. An equal part of my local community
2. The right support at the right time during my lifetime
3. Developing my skills and independence and working to the best of my ability

In North Yorkshire, health, social care and education share these three aims. Our ambition in this strategy is to use the targets set out in Think Autism to improve the lives of everyone with autism. We will do this by:

1. Increasing awareness and understanding of autism among all services and professionals;

2. Developing a clear, consistent pathway for diagnosis and post-diagnostic support in every area, including early intervention;

3. Improving access to services and support, ensuring good quality, clear and accurate information on the range of services available;

4. Enabling local partners to plan and develop appropriate services for people with autism and ensuring that agencies work together;

5. Increasing the involvement of families and people with autism in service planning and delivery and involve people and their families in making decisions that affect them;

6. Reducing any barriers to participation and inclusion for families and people with autism particularly at stages of transition;

7. Providing sustainable services which are managed within available resources;

8. Helping adults with autism into work.

DRAFT

Chapter 3 - What do we know about autism?

In line with the national autism strategy, North Yorkshire has chosen to use the word 'autism' as an umbrella term to include all conditions on the autistic spectrum. These include Autism, Autistic Spectrum Disorder, Autistic Spectrum Condition, Kanner's Syndrome, Asperger Syndrome, High Functioning Autism, Rett Syndrome, Childhood Disintegrative Disorder, Pervasive Development Disorder Not Otherwise Specified (PDD-NOS), and Neuro-Diversity.

'Fulfilling and Rewarding Lives'[2]: defines autism as:

'*A lifelong condition that affects how a person communicates with, and relates to, other people. It also affects how a person makes sense of the world around them'*

This definition is used by North Yorkshire throughout this strategy. The extent to which an individual is affected varies from person to person. There is a wide range of cognitive, social and communicative abilities which can include people with profound learning difficulties, with little or no verbal communication through to those with average or high levels of functioning (we use the term autistic spectrum to describe this).

There is strong evidence to suggest that there are more males with autism than females. Brugha surveyed adults living in households throughout England, and found that 1.8% of males surveyed had autism, compared to 0.2% of females[3].

However, females are less likely to be identified with autism, even when their symptoms are equally severe. Many females are never referred for diagnosis and are missed from the statistics.

Autism is considered a disability which is recognised by the Equality Act of 2010. Autism is not a mental health condition or a learning disability although it is estimated that between 44% - 52% of people with autism may have a learning disability[4]. One study suggested 71% of young people with autism were going to have one existing mental health condition and 40% have two or more[5].

As the population changes and life expectancy increases, there are likely to be more people over 65 with autism, although older people are less likely to have received a diagnosis.

[2] Fulfilling and rewarding lives: the strategy for adults with autism in England (2010), Department of Health
[3] Brugha, Autism Spectrum Disorders in Adults Living in Households Throughout England (2007), Report from the Adult Psychiatric Morbidity Survey
[4] http://www.autism.org.uk/about-autism/myths-facts-and-statistics/statistics-how-many-people-have-autism-spectrum-disorders.aspx. Accessed 26/11/14.
[5] Sims, Mental Health and autism: a guide for child and adolescent mental health practitioners (2011), National Autistic Society

DRAFT

There is limited research around ethnicity and autism which has given an inconsistent picture as to whether autism is more prevalent or frequently diagnosed in particular ethnic groups. However the NAS Black and Minority Ethnic Communities Project[6] and other information collated for a recent NAS report has highlighted that some minority ethnic communities have a limited understanding of autism and that the condition is perceived differently by some communities. This is important as it is likely to have implications for how families, carers and professionals respond to autism and how likely and easy an individual may find it to access appropriate support. Of the adult population of North Yorkshire, 97% are white. However it is important to note that this information does not reveal if they are British, or speak English as a first language. The distribution of BME adults does not differ dramatically across the districts of North Yorkshire; however there is the greatest proportion of white adults in Ryedale and Selby, and the smallest proportion of white adults in Harrogate and Richmondshire.

Looked After Children, children from military families and those from travelling communities are also less likely to receive a diagnosis of autism.

National context and prevalence

Recent prevalence studies of autism indicate that 1% of the population in the UK may have autism[7]. This means that over 695,000 people in the UK may have autism. This is an estimate derived from the 1% prevalence rate applied to the 2011 UK census figures.

What remains unclear is whether the actual prevalence of autism is on the rise, or whether the increasing number of people with autism is the result of broadening or improved diagnosis.

Local context and prevalence

We estimate there are 5643 people with autism under 65 living in North Yorkshire and 1,272 people over 65[8]. Locally, our understanding of how these people are supported is evolving and we know that a multi-disciplinary approach is necessary. Data on people with autism is held by a number of providers and we need to improve the way we analyse data.

---

[6] Corbett & Perepa, Missing Out? (2007), National Autistic Society

[7] http://www.autism.org.uk/working-with/autism-strategy/local-planning/data-collection/prevalence-rates-of-autism-in-adults.aspx. Accessed 27/11/14

[8] http://www.streamlis.org.uk//(S(p3x4wdiksn2xb2jvod5kbi55))//code/MasterFrame/MasterFrame.aspx?type=Profiler. Accessed 27/11/14. (1% prevalence rate applied to North Yorkshire population).

DRAFT

People's needs should be met on an individual basis. There is a continuum of provision to support positive outcomes for people with autism ranging from universal services to highly specialist support.

Some local facts about autism

A small number of children and young people with autism (154) have a statement of SEN. This reflects 23% of all statements (as at 2013). The local authority will work with families to review statements and convert them to Education, Health and Care Plans over the forthcoming years.

There has been a 25% increase in the number of children and young people with autism who require additional support from the Specialist Support Service since 2010. Projection figures for 2015 suggest a further increase in requests for assessment and diagnosis services and the involvement of the Specialist Support autism outreach service of approximately 30%. This puts a huge pressure on all diagnostic, educational, specialist support services and social care.

In 2014, 49 young people with autism transitioned from school to post 16 provision. Consideration needs to be given to how to support young people leaving school. We estimate that a further 50 young people with autism known to the children and young people's service became adults (18 years old) in 2014. Consideration also needs to be given to how services will support the increased prevalence of young people moving into adult services.

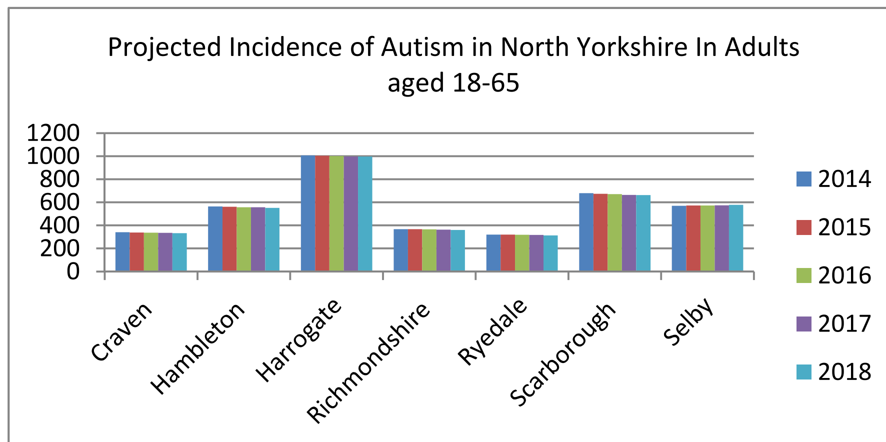
From April 2014 Health commissioners have been collating data relating to the autism diagnostic service locally across North Yorkshire and York. In 2014,17 adults per month were referred for diagnosis by their GP across the four CCG areas (which includes City of York). Current rates of referral (205 for a practice population of 752,346) are well below the expected prevalence rates for ADHD and ASD. The average age of patients referred in 2014 was 28 years old.

People with autism are more likely to have mental health issues. The PCU is undertaking a review of the provision currently commissioned and aims to radically improve service provision for children, young people and adults with autism who require specialist mental health support and services in 2015.

There are 345 adults with autism supported by Health and Adult Services (as at November 2014). There are many more people with autism who may never come to the attention of services. This is because they have learned strategies to overcome any difficulties with communication and social interaction and found fulfilling employment that suits their particular talents.

According to the projected figures for adults between 18-65 with autism in North Yorkshire, there will be a decrease of around 1% of the adult population, which equates to 54 fewer adults with autism in this age group by 2018[9].

Figure 1 – projected incidence of autism in North Yorkshire in adults aged 18-65



Overall population figures for the North Yorkshire districts (from the 2011 census)[10] are as follows:

Craven: 55,409

Hambleton: 89,140

Harrogate: 157,869

Richmondshire: 51,965

Ryedale: 51,751

Scarborough: 108,793

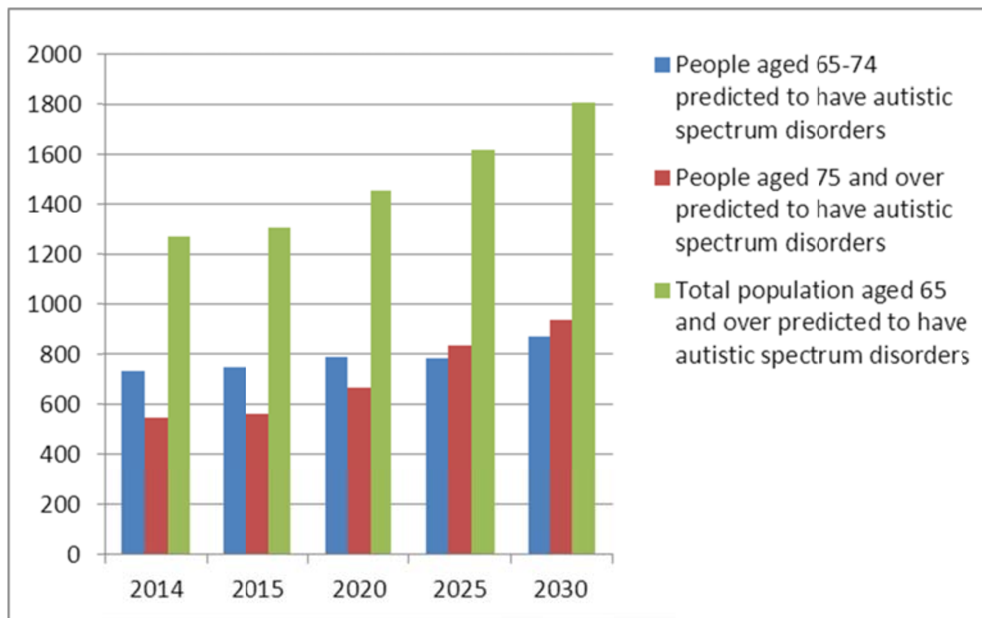
Selby: 83,449

DRAFT

[9] Projecting Adult Needs and Service Information. Available at www.pansi.org.uk. Accessed 27/11/14
[10] http://www.streamlis.org.uk//(S(p3x4wdiksn2xb2jvod5kbi55))//code/MasterFrame/MasterFrame.aspx?type=Profiler. Accessed 27/11/14

Using the 1% prevalence rate it is expected that there are around 1,272 adults over the age of 65 with autism in North Yorkshire. As the older adult population grows it is estimated that this figure will increase by over 500 people by 2030[11].

Figure 2 - Number of over 65's in North Yorkshire estimated to be on the autistic spectrum (POPPI)



Implications for education, health and care

There is an increasing demand for diagnostic services for people of all ages in health services and an increase in the overall volume of referrals to the teams that support those with a diagnosis. Many people will require support from a range of services at various points, including education, social care, and primary and secondary health services, including mental health.

A prevalence level of 1% will mean that most teachers, social care workers and health professionals will support a person with autism at some point during their career. One in three children in special schools now have an educational need related to autism which highlights the need for an effective educational approach to meet the needs of this complex population of students. It is essential that all staff have an awareness and understanding of autism and how to implement strategies to enable these children and young people to access all aspects of school life and to reach their full potential.

[11] http://www.poppi.org.uk/index.php?pageNo=428&loc=&mapOff=1. Accessed 27/11/14

DRAFT

Chapter 4 – How are we going to find out what people think about the strategy?

In order to formulate this strategy our first priority is to engage with children, young people, adults with autism and their families living in North Yorkshire. We want to gather their views, opinions and experiences, understand what is working well for them, and what areas they would like to see improve. The aim of engaging with people with autism and their families is to identify priority areas for development.

We propose to consult on this draft strategy between May 2015 and July 2015 through existing autism networks across the partnership agencies. We will hold a number of consultation events across North Yorkshire. We will invite people with autism, their families and other interested parties to attend. We will hold additional focus groups for children and adults with autism via the Enhanced Mainstream Schools and the Flying High group.

We will also give people the opportunity to comment via an online survey or by emailing their feedback to a dedicated email address. In addition we will promote the consultation via social media such as Facebook and Twitter. Existing Facebook groups will be approached to help disseminate the information to a wider audience.

Once the consultation period has concluded, we will reflect the feedback received in the final version of the strategy.

DRAFT

Chapter 5 - What is on offer in North Yorkshire?

This strategy reflects the local ambition to improve the range of services available locally. The information below highlights the different types of provision for adults and children with autism. In future we aim to reduce the impact of transitions from children's to adults' services. The policy framework governing our work on autism is extensive, an overview of this can be accessed at (add link to framework document). Further information on all North Yorkshire services can be found on our local offer http://www.northyorks.gov.uk/article/23542/SEND---local-offer.

There are many routes to access help, support and advice should you think a child young person or adult has autism (for example, by contacting your GP, speech and language therapist or paediatrician). These specialists can provide advice and guidance and refer onwards to the most appropriate service. This may include a referral to an assessment and diagnostic team.

Assessment for autism

There are five autism diagnostic assessment teams for children (0-19) across North Yorkshire. These are commissioned from the following NHS providers:

- Harrogate District NHS Foundation Trust (2 autism diagnostic assessment teams for children)
- York Teaching Hospital NHS Foundation Trust
- Airedale NHS Foundation Trust
- Leeds & York Partnership NHS Foundation Trust

The autism diagnostic assessment teams are multidisciplinary in line with NICE guidance for assessment and diagnosis of children with autism. The teams consist of a paediatrician or a child and adolescent psychiatrist, a speech and language therapist, and a clinical and/or educational psychologist. These teams have specialist skills in autism diagnostic assessments and inform and advise parents and colleagues of their findings.

The diagnostic process can be complex and challenging for some families and individuals. Professionals working in this area are sensitive to the emotional impact of this process. It is also important that the correct diagnosis is given; therefore this process can sometimes take up to 30 hours of clinical assessment. If there is uncertainty regarding the diagnosis, in some instances, professional clinical judgement may indicate the need for 'watchful waiting' to take into account any new information. Children and young people in this category will be monitored for up to 12 months. NHS England commission some specialised services for very complex assessments.

DRAFT

The assessment and diagnostic services across North Yorkshire are currently using the International Classification of Diseases (ICD) 10 (World Health Organisation WHO 2010) or ISD 10 and DSM-V as a diagnostic assessment tool. This is due to be revised in 2015. They also assess through interaction with and observation of the child or young person's social and communication skills and behaviours, focusing on features consistent with ICD-10 or DSM-V criteria.

During the post-diagnostic follow-up meeting provided by the assessment diagnostic team, the key worker will provide a North Yorkshire autism information pack (add link) for parents and discuss the possibility of attending a parent training programme. These are jointly commissioned by the NHS and the Local Authority Specialist Support Service. A range of training programmes are available to suit individual circumstances.

The Partnership Commissioning Unit are undertaking an exercise to procure a local diagnostic service for adults in North Yorkshire. Currently this is provided outside of the county, so people may have to travel for their appointment.

When a person does not meet the criteria for a diagnosis of autism the diagnostic assessment team will signpost them and their family to relevant and appropriate services.

Education provision for children with autism

The majority of young people with autism attend their local nursery, pre-school, maintained mainstream school or academy and have their needs met within the mainstream from delegated funding. Resources are delegated to Early Years settings and schools to enable them to meet the needs of pupils with SEN including autism. For children with higher levels of need, the local authority may provide resources through an Education, Health and Care Plan.

The local authority encourages all education settings to develop their knowledge, skills and competencies to meet a wide range of needs including autism. The Autism Education Trust Quality Standards and Competency Framework are recommended to enable settings to evaluate their practice in addressing the needs of pupils on the autism spectrum and the Specialist Support Service encourages all settings to continually develop their provision for children and young people with autism.

All children and young people, including those with autism, benefit from quality first teaching. Some will require additional specialist support from the Autism Outreach service (link to local offer), others will need a personalised approach to teaching and learning.

In line with the 2014 SEN Code of Practice, local authorities have a duty to ensure that they provide adequate and efficient educational provision for any child or young

DRAFT

person with additional support needs including children and young people with autism. The code emphasises that having a special educational need is not a reason for poor educational attainment. North Yorkshire promotes the personalisation of learning for children and young people with autism. The local authority pattern of provision aims to develop the capacity of local education provision, by sharing expertise in autism.

North Yorkshire recognises the need to have the right specialist support in place and the right pattern of provision to meet the needs of children with autism and their families. We promote a mixed economy of provision, some provided directly through centrally based local authority staff and other services procured on its behalf.

Some children and young people will require specialist educational provision. Specialist educational provision available within North Yorkshire includes:

Enhanced Mainstream Schools (EMS)

The EMS form part of the Specialist Support Service. The provision is commissioned by the local authority and is led and coordinated by the Children and Young People's Service, through the Access and Inclusion directorate. There are five primary EMS for communication and Interaction and five secondary schools that are enhanced for students with a diagnosis of autism. (Link to local offer)

Special School provision

North Yorkshire's special schools are highly regarded by the local authority and Ofsted. Two of the special schools have National Autism Society Accredited Status. Appropriate provision is based on individual needs (link to local offer)

Autism outreach team

The autism outreach team (previously known as ASCOSS) operates across North Yorkshire to provide support for children, Early Years settings, schools and families. The service is able to offer specialist support, advice and training to enhance learning, development, achievement and the social inclusion of children and young people with autism.

All educational establishments can request involvement from the autism outreach team. Further information on the team can be found at:

http://cyps.northyorks.gov.uk/index.aspx?articleid=15825
http://cyps.northyorks.gov.uk/index.aspx?articleid=13162

Social care services for children with autism

DRAFT

Parents or professionals of children and young people with autism may consider a referral to access services provided by Children's Social Care (higher functioning conditions) or Disabled Children's Services (for children with a Learning Disability). They can request that a Child in Need Assessment is carried out to see if their child is eligible to receive support or short breaks, either from social care or from Inclusion Services under the Common Assessment Framework (CAF).

Short Breaks are available to some children, young people and their families where their caring responsibilities are significant and where they need a break. Information on Short Breaks provision can be found on the local authority website www.northyorks.gov.uk/SEND.

There is also advice available around parenting, behaviour management and sleep. Agencies work together to coordinate support in order to provide a consistent response.

Training and education for short break services (TESS) delivers individual training to leisure short break providers to enable disabled children to access inclusive activities. Children and young people with a diagnosis of autism, and who are in receipt of short break services are eligible for this service.

Preparing for adulthood

Making the transition from childhood, through adolescence and into adulthood is challenging for any young person. Young people with special educational needs or disabilities generally and those with autism can face additional barriers. This period of time, often referred to by professionals as 'transition' can be both daunting and frustrating for young people and their parents.

Transition is most successful where there is good communication and planning between the young person, their parents, school and professionals.

Significant work has been undertaken to improve the process of transition for young people. In 2008 the National Transitions Support Programme was introduced by the government to develop systems which would improve the experience of young people including those with autism. Further work has been undertaken by the Preparing for Adulthood Team.

Ambitious about Autism (www.**ambitiousaboutautism**.org.uk) are leading on a government funded project in which North Yorkshire schools and Askham Bryan College in York are involved. This project focuses on supporting young people with autism making the transition from school into further education. North Yorkshire is committed to:

- improving local provision for post-16 learning opportunities, including the development of flexible and personalised packages of support to continue in education or training;

- integrated and person-centred planning and assessment approaches through the transition period, using the Preparing for Adulthood section of the Education, Health and Care Plan;
- closer working with colleagues in Health and Adult Services and with NHS health providers and commissioners to improve the pathway from children's services to adulthood;
- further improvements to information, advice and support to families;
- implementation of the Local Offer.

Adults with autism

Following diagnosis health professionals, such as a person's GP will be informed. Adults who have been diagnosed with autism are entitled to have a social care assessment that will consider individual communication preferences. Those with social care needs may be eligible to receive support from the local authority. This support is means-tested, and may be free of charge subject to eligibility. North Yorkshire County Council's brokerage service has access to a wide range of social care providers who can support a range of needs. Social care assessors will liaise with the brokerage service on behalf of the person with autism.

Alternatively North Yorkshire County Council has an online community directory where providers list the services they offer. The community directory can be accessed via this link (add link).

Often adults with autism also need support with mental health issues or a learning disability. Further assessment may be required to ensure people access appropriate services.

Carers of people with autism are also entitled to request a carers assessment should they feel this is appropriate.

Helping adults with autism into work

Job Centre Plus is part of the Department for Work and Pensions. It provides services that support people of working age from welfare into work, and helps employers to fill their vacancies. Disability Employment Advisors (DEAs) are available to support people who have disabilities, including people with autism. DEAs will act as advocates for those who experience difficulty in communicating with employers. DEA training covers a wide range of conditions including autism, and advisors undertake autism specific training.

In addition, North Yorkshire County Council's Health and Adult Services offer a Supported Employment Service which includes support for people with autism. Staff are based in adult social care teams and integrated mental health teams countywide. They are able to support people with autism to gain and retain employment. Supported Employment staff also work with employers to advise on reasonable

DRAFT

adjustments in the workplace. The Supported Employment Service is undertaking the NAS Autism Accreditation process alongside16 other North Yorkshire Health and Adult Services providers.

Provision in the local community

There are a number of organisations and independent groups that support people with autism, such as the National Autistic Society (NAS). The NAS website, www.nas.org.uk, contains a list of useful local contacts and support groups.

There are a range of local community groups and support available in the community for people with autism and their families. These include leisure and sport activities, youth provision, after school clubs and peer support groups. As part of developing this strategy we have liaised with, and will continue to work with, a number of voluntary organisations to map activities available and signpost families to opportunities.

This information will be included in the local authority's Local Offer which advertises the range of things on offer for children and young people with special educational needs and disabilities. The local offer can be found here: http://www.northyorks.gov.uk/article/23542/SEND---local-offer

DRAFT

Chapter 6 – what have we achieved so far?

The actions stated within the previous North Yorkshire autism strategies have ensured progress towards developing services for autism. This strategy builds on the progress and achievements made to date and sets out the plans for the next five years to continually improve services for children, young people and adults with autism in North Yorkshire. Link to highlight reports and implementation plans.

Some targets already achieved – the highlights:

- The establishment of joint strategic groups comprising officers from HAS, CYPS, Health, parents and the voluntary sector working collaboratively to improve services for people with autism in North Yorkshire;
- A business case for an autism assessment and diagnosis service for adults with autism has been developed;
- As the prevalence of autism is on the rise, and our understanding of autism and available training for professionals is increasing, NYCC are ensuring that staff are appropriately trained in autism. The NHS are raising awareness of available autism training through signposting to online resources;
- 1431 of North Yorkshire County Council's workforce have undertaken online autism awareness training; 123 non-local authority staff have also undertaken this training (as at Jan 2015);
- The above online autism awareness tool is available from NYCC and the aim is for this to be made available for all NHS staff through the e-learning portal;
- North Yorkshire has been awarded the position of Yorkshire and Humber Autism Education Trust Early Years training hub;
- North Yorkshire Police PCSO training based on NAS resources is provided;
- 61 Health and Adult Services operational staff are registered Autism Champions and have received enhanced level training on autism;
- 18 North Yorkshire County Council services are undertaking a National Autistic Society programme to achieve accreditation for autism-friendly services;

DRAFT

- The number of autism-specific training programmes for families has increased extensively;

- York St John University have established a community of practice for staff working with people with autism across the Vale of York;

- A 'virtual reference group' has been created in order to involve people with autism, their families and interested groups in the development of autism provision across the county;

- A young people's DVD has been produced – describing their views on how to best support young people with autism. This will be used as an educational resource for teachers;

- A mental health and emotional wellbeing in autism prevalence study of children and young people with autism in North Yorkshire has been undertaken;

- A "Review of Evidence Based Educational Interventions for Autism in North Yorkshire" has been written to highlight the national recommendations and best practice guidelines; leading to an NYCC statement regarding autism and evidence based intervention.

DRAFT

Chapter 7 - Actions for 2015-2020

The actions below are grouped within our 8 key aims and principles stated in Chapter 2. An implementation plan will be developed following the publication of the strategy. During the consultation period we will be asking people for their views on the actions we need to take to achieve the following targets.

1. Increase awareness and understanding of autism among all services and professionals. To do this we will:
    - Provide guidance on implementing autism standards and competency frameworks within schools and education settings (Early Years and post-16);
    - Map current training and produce a training needs analysis;
    - Develop a detailed training pathway monitored by the learning and development multi–agency group and publish this to raise awareness of available training to other organisations locally;
    - Continue to support front line services that are working towards achieving NAS accredited status;
    - Continue to roll out an autism champions programme across the wider workforce following the successful implementation in HAS;
    - Develop peer mentoring within staff teams to increase levels of knowledge and awareness of autism.

2. Develop a clear, consistent pathway for diagnosis and post-diagnostic support in every area, including early intervention. To do this we will:
    - Procure local autism assessment and diagnostic services within North Yorkshire as identified through on-going reviews of service availability and quality;
    - Collaborate with agencies that support adults to facilitate pathways of support (for example, Department for Work and Pensions, North Yorkshire Police and the criminal justice system);
    - Continue to offer autism-specific training programmes to families that have received a diagnosis of autism (0-18 years);
    - Review opportunities to develop autism specific training programmes for family carers (post 18);
    - Establish, develop and evaluate a mechanism for data collection and monitoring of the autism diagnostic process;
    - Implement the new international criteria for diagnosis once published.

DRAFT

3. Improve access for all people with autism to the services and support they need by ensuring good quality, clear and accurate information on the range of services available. To do this we will:
    - Support the development of autism friendly communities through the NYCC community delivery managers;
    - Ensure the local offer is, and continues to be a source of quality information for children, young people and adults with autism and their families;
    - Use a range of methods to provide information in an accessible format (e.g. email, text, Skype, letter, face to face);
    - Listening to the voice of those with autism and their families to ensure their views are heard within the relevant statutory assessment framework. Review the autism information pack for parents;
    - Develop an autism information pack for adults post diagnosis.

4. Enable local partners to plan and develop appropriate services for people with autism and ensure that agencies work together. To do this we will:

- Create a multi-agency Steering Group for this strategy to ensure that agencies are working collaboratively;
- Continue to include autism within the North Yorkshire Joint Strategic Needs Assessment;
- Implement Education, Health and Care Plans for all children with autism who currently have a statement;
- Develop personalised pathways of support for people with autism through maximising personal health budgets and direct payments;
- Develop a multi-agency training pathway;
- Scope joint commissioning opportunities for post diagnostic support.

5. Increase the involvement of families and people with autism in service planning and delivery and involve people and their families in making decisions that affect them. To do this we will:

- Continue to use the expertise of people with autism and their families via the virtual reference group;
- Support parents or adults with autism to be involved in planning using person-centred approaches;
- Give people with autism the opportunity to use personal budgets;
- Include people with autism and their families in the development and delivery of training;
- Improve pathways and better managed expectations for young people moving from being a child to an adult;
- Increase parent support and sibling groups.

6. Reduce any barriers to the participation and inclusion of families and people with autism particularly at stages of transition. To do this we will:

- Seek the guidance of the virtual reference group to establish the most appropriate way to ensure participation of children, young people and adults with autism, including expanded use of social media, email and online methods of communication;
- Promote the NAS accreditation and access award to all organisations to reduce barriers and increase awareness (link to access award);
- Develop appropriate methods of gaining children, young people and adults' views to establish how we can improve provision for them;
- Explore opportunities for developing a joint commissioning pathway to support a smooth transition into adulthood;
- Work with universal services to raise awareness of how young people with autism may present differently (GP's, hospitals, schools, youth centres etc.);
- Ensure that all mental health staff can identify the mental health needs of people with autism effectively particularly during a point of crisis.

7. Provide sustainable services which are managed within available resources. To do this we will:

- Consider the need to develop traded services and/or social enterprise initiatives to develop non-statutory services for autism;
- Ensure that existing services are accountable and providing good value for money;
- Explore opportunities for joint commissioning to ensure resources are pooled effectively;
- Collaborate to review new funding opportunities as these arise;
- Maximise the use of personal budgets to ensure that support is tailored to the individual needs of the person with autism;
- Explore community development opportunities to support people with autism (e.g. sports and leisure).

8. Help adults with autism into work. To do this we will:

- Continue to improve local personalised pathways for post-16 and post-19 learning opportunities;
- The NYCC Supported Employment Service will continue to support people with autism;
- Ensure the Transitions steering group consider the needs of young people with higher functioning autism/Asperger syndrome;
- Include support for employers within the post diagnostic pathway for adults with autism e.g. advice on reasonable adjustments within the workplace;
- Promote the rights of people with autism in the workplace;

DRAFT

- Encourage large employers within North Yorkshire to provide apprenticeships or supported internships for people with autism;
- Ensure that young people with autism are supported through the proposed Integrated Transitions pathway;
- Link with the Department for Work and Pensions to develop approaches to support people into work.

DRAFT

Chapter 8 - How will we measure what we have achieved in this strategy?

Chapter 7 summarised the actions we will take to improve local services and provision for children, families and adults with autism. A comprehensive implementation plan will be developed and published after the strategy is launched.

The implementation and monitoring of the action plan relating to this strategy will be overseen by the North Yorkshire and York Steering Group (Autism). This group will be jointly chaired by senior managers from North Yorkshire County Council and the Partnership Commissioning Unit. Members will include representation from NYCC Health and Adult Services, Children and Young People's Service, NHS Clinical Partnership Commissioning Unit and NHS Foundation Trust service providers. The virtual reference group members will also have the opportunity to contribute to the steering group.

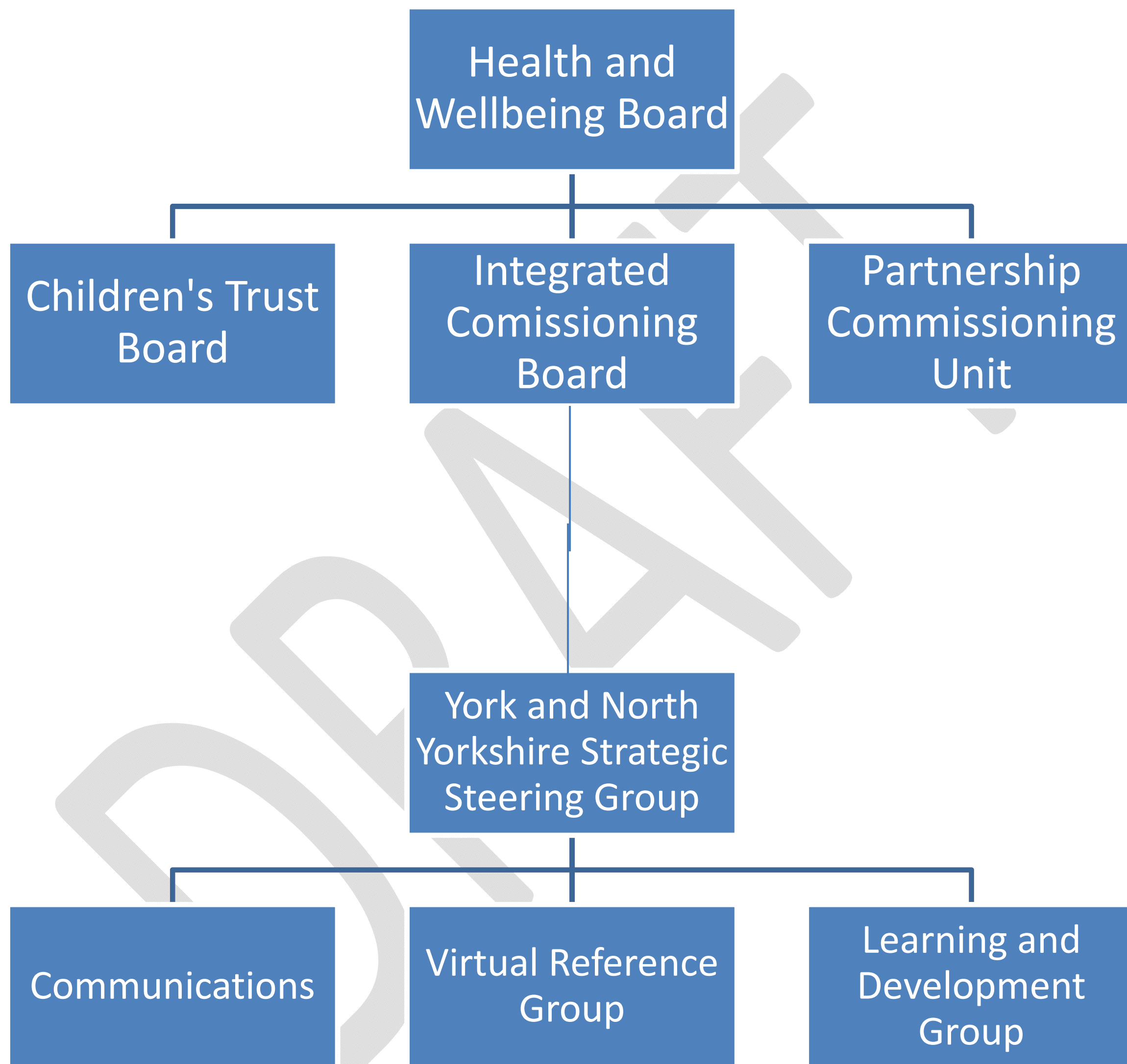
They will receive regular reports on progress against the actions within Chapter 7 and will hold those responsible for action to account for delivering these commitments. We will publish an annual summary of progress against the commitments made within this strategy.

The North Yorkshire and York Steering Group will report progress made within this strategy to the following groups (see visual 1 overleaf):

Children's Trust Board
Integrated Commissioning Board
The Health and Wellbeing Board
Care and independence Overview and Scrutiny Committee
Partnership Commissioning Unit Management Board

The success of the strategy will be measured against the priority actions summarised in chapter 7. We will also track the outcomes of a cohort of children families and adults with autism throughout the life-span of the strategy to ascertain whether the actions have had a direct impact on individuals with autism and their families.

Visual 1 – Governance arrangements



DRAFT

NORTH YORKSHIRE COUNTY COUNCIL

SCRUTINY OF HEALTH COMMITTEE

23rd January 2015

NHS Health Check: An Update on Performance and Future Developments

Purpose of Report

1. The purpose of this report is to provide information on current performance of the NHS Health Check programme and planned actions to improve performance.

Background

2. The NHS Health Check programme is a national programme for systematic and integrated vascular risk assessment and management. It aims to identify people between the ages of 40-74 who are at risk of developing vascular disease and offer them appropriate lifestyle interventions and treatment to reduce their overall risk.

3. NHS Health Checks is a mandated programme.

4. NHS Health Checks in North Yorkshire are currently delivered by GP practices. 74 out of 78 practices are registered to deliver NHS Health Checks in North Yorkshire.

5. The success of the Programme is measured against two nationally defined indicators:
   - The proportion of those eligible invited for an NHS Health Check (20% of eligible population every year over 5 years)
   - The uptake rate i.e. the number of NHS Health Checks delivered as a proportion of the number invited.

6. NYCC is working closely with GP providers to promote prevention and to ensure that the NHS Health Check can deliver the maximum possible benefits.

7. The Public Health Team has reviewed the Programme against national quality standards and has developed several key actions to improve both the uptake and quality of the Programme.

Delivery model and performance

8. The NHS Health Check programme is solely delivered by GP practices in North Yorkshire. Delivery models vary across the region; some local authorities use leisure services, health trainers and pharmacies and GPs in a mixed model.

9. North Yorkshire's current GP delivery model is a big benefit to the local programme. Having such a wide coverage enables a large number of the eligible population to be invited using an up to date and accurate GP register. This ensures a systematic call and recall programme that could not be achieved without GP engagement.

10. Since April 2013 to October 2014 20% (n=40,975) of the eligible population in North Yorkshire have been *invited* to receive an NHS Health Check, which is slightly below the regional figure of 22% and the national figure of 28%.

11. Since April 2013 to October 2014 46% (n=18,919) of those that were offered an NHS Health Check across North Yorkshire *received* an NHS Health Check, which is below the regional uptake rate of 56% and slightly below the national uptake rate of 48%.

12. Public Health England (PHE) has set an initial aspirational target of 66% uptake of NHS Health Checks by March 2015 with a further aspiration to reach 75%. NYCC has reviewed the current programme in conjunction with GP providers and has developed several key actions to improve both the quality of the programme and the uptake.

13. Several high level actions have been identified and will be carried out over the next 12 to 18 months:

    - NYCC is implementing a plan, agreed with the Local Medical Committee (LMC) and practices, to audit GP practices against new programme standards that were published by Public Health England (PHE) in March 2014. The audit will inform future programme developments and commissioning and contract arrangements.
    - NYCC published a county-wide and practice specific performance report in October 2014 to illustrate what level of activity each GP practice would need to reach to meet PHE's ambition of 66% uptake. The intention is for an annual report to be published for subsequent years to further strengthen communication with GP practices regarding service developments and performance.
    - NYCC will launch a marketing campaign with the aim of increasing the uptake of NHS Health Check. This will be in line with the new national branding and promotion campaign. The marketing campaign will use a universal approach with more targeted marketing in areas of deprivation and low uptake. The purpose is to encourage people to respond to their invite and attend the NHS Health Check, thus increasing uptake rates. Practices have already received some new marketing material in October 2014. The 2015 campaign will aim to build on this, in-line with the national approach.
    - NYCC is seeking to improve links between other health and support services such as stop smoking service and the emerging tier 2 lifestyle services. This will increase patient options following the results of an NHS Health Check as well as providing evidence-based interventions that enable patients/ individual to manage their own risk factors. This is to ensure that those who have a NHS Health Check have a menu of

options available to them, and that practices are clear where to sign post and refer to for lifestyle support. The NHS Health Check will be considered as a key entry point for both smoking and lifestyle services as those services are developed and configured.

14. In addition to these high level actions, NYCC has agreed to commission an outreach element of NHS Health Check to support an improvement of the uptake of NHS Health Checks. This element will work specifically in areas of deprivation and also increase uptake amongst rural communities, particularly farmers. The outreach element will focus on taking the NHS Health Check out to populations in community settings. This approach will be more agile; and can tackle health inequalities in a manner that practices cannot. Funding has been agreed, specifications have been developed, and the aspiration is for the planned services to go live in July 2015.

Case study example of good practice

15. For the purposes of this report a GP practice has been identified as an example of good practice in terms of the progress against their target for inviting their eligible population and the uptake rate of NHS Health Checks.

16. Since April 2014 Quakers Lane Surgery in Richmond have invited 62% of the Practice's eligible population and have an uptake rate of 68% (using November 2014 data).

17. The practice has provided a useful insight into how this has been achieved:
    - Using Questbrowser, the practice consistently invites 45 clients per month to receive an NHS Health Check.
    - The success of the uptake of the NHS Health Check is felt to be mainly as a result of the personal approach that the Practice takes when inviting patients and the explanation provided on the purpose of the NHS Health Check in identifying early signs of cardio-vascular disease in order to prevent or minimise the potential for disease to develop. The Practice population, generally, is felt to be health conscious and often positive regarding the practice's efforts to investigate preventative measures and initiate lifestyle change.
    - The format of the NHS Health Check delivery within the Practice is felt to work well. The NHS Health Check is delivered by a practice nurse; the appointment length being 20 minutes. The checks and investigations, including blood tests, are all completed during the appointment as well as the provision of lifestyle advice and information regarding results and follow up. The Practice feel this approach is successful in ensuring the appointment is potentially a single visit, thus saving the patient time and inconvenience.
    - Print outs of lifestyle advice are used to re-enforce verbal advice given. Blood results are checked and filed by the nurse who completed the NHS Health Check, and the risk score is also calculated by the same nurse. This ensures good continuity of care and follow up of any

abnormal results. High risk scores and other abnormalities are followed up by phone call or letter.

- The Practice has in-house services that are used primarily for lifestyle management of any identified risks from the NHS Health Check. In-house services include smoking cessation, hypertension management, diabetes clinic, initiation of appropriate medication e.g. statins. The Practice has also recently registered with Richmondshire District Council's lifestyle referral services and anticipates this to be a useful service for onward referral, particularly for weight management and physical activity programmes.
- Through the NHS Health Check many patients have been diagnosed with diabetes or at risk of developing diabetes and have received specific advice regarding risk reduction. Since 1st April 2014 to December 2014 6 patients have been diagnosed with chronic kidney disease, diabetes or hypertension or identified as high risk within 60 days of receiving and NHS Health Check. These are six people who are now receiving the appropriate level of care and support thanks to the NHS Health Check.

  A patient case study has been provided by the Practice:

  A 73 year old man was seen in early 2012 for an NHS Health Check; initial CVD risk of over 20% in the next 10 years. The patient was subsequently diagnosed with diabetes and hypertension. Medication and lifestyle advice was given and regular monitoring took place. The patient was referred to a community dietician and achieved a subsequent substantial weight loss. The patient's diabetes and blood pressure are now well controlled.

- High risk patients are re-called annually for assessment.

Recommendations

18. Members of the Committee are requested to note and comment on the information in this report.

County Hall
NORTHALLERTON

Author: Ruth Everson
Contact Details: Tel 01609 797027
E-mail: ruth.everson@northyorks.gov.uk

Presenter of Report: Lincoln Sargeant

7th January 2015

Background Documents: None
Annexes: None

NHS England

PMS REVIEW NORTH YORKSHIRE

PMS REVIEW
NORTH YORKSHIRE

Prepared by Geoff Day
Head of Co-Commissioning for Localities
NHS ENGLAND Yorkshire & The Humber

Introduction

The purpose of this paper is to provide committee members with a briefing on the Personal Medical Services (PMS) contracts review that is currently being undertaken by NHS England in conjunction with the local CCG's. To set out the rationale for the review and raise awareness of potential issues that may arise as the negotiations reach a conclusion.

Background
There are 3 types of contract available to commission General Practice services:

1. General Medical Services (GMS)
2. Personal Medical Services (PMS)
3. Alternate Provider Medical Services (APMS)

GMS contracts are negotiated nationally on an annual basis whereas PMS contracts are locally negotiated, but in the main reflect the national picture in relation to services delivered. APMS contracts are commissioned following an open tender process and as such individually negotiated based around an agreed specification. The difference between the two main contract types GMS and PMS has eroded over the years following the introduction of the new GMS contract in 2004 and PMS contract holders have had access to the same range of additional and enhanced services as GMS practices.

NHS England is committed to ensuring equitable funding across all contract types and undertook a national analysis of PMS contracts last year which suggested that PMS contracts cost more than GMS contracts with no demonstrable difference in the range of services being delivered. This resulted in the opinion that a premium was being paid to PMS practices. As a result of this exercise Yorkshire & The Humber were instructed to undertake a review of PMS contracts. The aims of the review are to determine the level of premium, if any, being paid to practices and take action to release the premium back into the system. Yorkshire & The Humber are required to agree the timeframe for the removal of the premium, fully understand the implications of such actions and ensure that any premium released is invested back in general practice services by the CCG. The reinvestment of the premium can be across all GP practice contracts and whilst ring fenced to general medical services in the CCG area it is not solely for investment back into PMS contracts. Its re-investment will be monitored by the Yorkshire & Humber and the Local Medical Committee (LMC)

Process To Date:

Following a desktop review of PMS contracts we have met with all of our PMS practices and their local LMC representatives along with commissioning colleagues from the CCG. The aims of the meetings were to ensure practices had the opportunity to understand the financial calculations and comment on them. Provide an opportunity for practices to set out what services the practice believed they were providing over and above the GMS definition of essential services and finally to understand the impact on individual practices if the premium was removed without any services being re-commissioned.

This information has been collated and shared with the CCG's to feed into their commissioning plans. There are some general themes emerging around services being delivered and CCGs will now start to consider if they wish to commission the additional services moving forward.

As part of the review Yorkshire & The Humber was keen to lessen the impact of changes at practice level and provide some certainty around planning that would soften the transition towards the convergence of GMS and PMS funding, per weighted patient at 1st April 2020/21. Based on best estimates nationally we envisage that this will be in the region of £79.15 per weighted patient.

The financial year 2020/21 is the point at which the on-going removal of MPIG from GMS contract holders, where applicable, will have completed and changes to seniority payments will have been re-invested into core funding. We have therefore agreed to fund PMS practices at a level of £79.15 per weighted patient from the 1st April 2015 and should the GMS figure exceed that rate within the time period the new GMS figure will be used. This guarantees that PMS practices will not receive less than GMS practices at a patient level.

The national guidance suggested a 4 year pace of change agreement for the removal of the premium commencing 1st April 2014. We have therefore agreed that there will be no changes to funding up to 31st March 2015, however, 100% of the premium will be removed from the contract baseline from the 1st April 2015. The pace of change process will see 75% of the premium paid back in the financial year 2015/16, 50% in 2016/17 and 25% in 2017/18. CCGs will therefore not have the full amount of resource to re-invest until the financial year commencing 1st April 2018.

Local Impact

The following table sets out the impact locally and is based on discussions to date:-

OSC Area	No. of GMS Practices	No. of PMS Practices	No. of APMS Practices	Total No. of Practices	Amount identified in PMS Review & Re-invested in GP Services (as at 15.1.15)
HARD	15	3	0	18	418,795
HRW	19	3	0	22	130,035
SR	12	2	1	15	198,539
TOTAL	**46**	**8**	**1**	**55**	**747,369**

Next Steps:

We are currently meeting with CCGs feeding back our findings and setting out funding flows through the system. We are keen to flag at this stage with Overview Scrutiny Committee that there could be an impact on services currently being delivered by practices, that is not to say that services will be stopped, which is unlikely, but they may be commissioned and delivered in a different way. At this stage we cannot identify specific issues, however moving forward as CCG's firm up their commissioning approach the committee will be kept updated appropriately.
It is worth noting that the pace of change sees 25% of funding released this year the majority will remain within practice contracts.

NORTH YORKSHIRE COUNTY COUNCIL

SCRUTINY OF HEALTH COMMITTEE

23 January 2015

Remit of the Committee and Main Areas of Work

Purpose of Report

1. The purpose of this report is to highlight the role of the Scrutiny of Health Committee (SoHC) and to review the work programme taking into account current areas of involvement and decisions taken in respect of earlier agenda items.

Introduction

2. The role of the SoHC is to review any matter relating to the planning, provision and operation of health services in the County.

3. Broadly speaking the bulk of the Committee's work falls into the following categories:
   a) being consulted on the reconfiguration of healthcare and public health services locally;
   b) contributing to the Department of Health's Quality Accounts initiative and the Care Quality Commission's process of registering NHS trusts;
   c) carrying out detailed examination into a particular healthcare/public health service;

4. The Committee's powers include:
   - reviewing and scrutinising any matter relating to the planning, provision and operation of health services in the local authority's area;
   - requiring NHS bodies to provide information within 28 days to and attend (through officers) before meetings of the committee to answer questions necessary for the discharge of health scrutiny functions;
   - making reports and recommendations to local NHS bodies and to the local authority on any health matters that they scrutinise;
   - requiring NHS bodies to respond within a fixed timescale to the health scrutiny reports or recommendations;
   - requiring NHS bodies to consult health scrutiny on proposals for substantial developments or variations to the local health service;
   - referring contested proposals to the Sectary of State for Health.

Scheduled Committee Dates

5. The Committee meetings up to May 2016 are:

2015

- 24 April
- 12 June
- 4 September
- 6 November

2016

- 22 January
- 22 April

6. All of the above meetings start at 10.00am. Venues are yet to be confirmed.

On-Going and Emerging Areas of Work

7. The Committee's work programme and areas of involvement are summarised in APPENDIX 1.

Recommendation

8. That Members review the Committee's work programme, taking into account issues highlighted in this report, the outcome of discussions on previous agenda items and any other healthcare developments taking place across the County.

Bryon Hunter
Scrutiny Team Leader

County Hall
NORTHALLERTON

12 January 2015

Background Documents: None

APPENDIX 1

NORTH YORKSHIRE COUNTY COUNCIL

Scrutiny of Health Committee – Work Programme/Areas of Involvement - 2015 (as at January 2015)

(Note: Shading denotes period of involvement; ✓ = Confirmed agenda item)

	2015				
Scheduled Committee Meetings	**23 Jan**	**24 Apr**	**12 June**	**4 Sept**	**6 Nov**
1. South Tees Hospitals NHS FT - Investigation by Monitor and financial situation of the Trust					
2. Hambleton, Richmondshire & Whitby CCG: Whitby - "Fit 4 the Future"	✓				
3. Hambleton, Richmondshire & Whitby CCG: Hambleton and Richmondshire - "Fit 4 the Future"					
4. Scarborough & Ryedale CCG: Integrated Urgent Care Model – Implementation	✓				
5. National Review of Congenital Heart Surgery (Adults and Children)					
6. Outcome of Government Task Force on CAMHS – Local Implementation					
7. Mental Health services in the Craven area					
8. Health checks	✓				
9. All Age Autism Strategy	✓				
10. Crisis Call					
11. Review of General Medical Services contracts	✓				
12. Yorkshire Ambulance – Care Quality Commission Inspection					
13. Quality Accounts					