Agenda

Meeting: Scrutiny of Health Committee

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

Date: Friday 4 September 2015 at 10.00 am

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Business

1. Minutes of the meeting held on 12 June 2015. (Pages 1 to 8)

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)**

- Care Quality Commission Inspections (Yorkshire Ambulance Service, South Tees Hospitals NHS Foundation Trust and York Hospitals NHS Foundation Trust)
- Meetings with CCGs regarding Primary Care Commissioning
- Dentistry in Bedale, Hawes and Leyburn
- Comment on Draft Health and Wellbeing Strategy
- Scarborough and Ryedale CCG – "F.A.S.T." Campaign to Spot Signs of Stroke

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 Tuesday, 1 September 2015. Each speaker should limit himself/herself to

Enquiries relating to this agenda please contact Jane Wilkinson on **01609 533218**
Fax: 01609 780447 or e-mail jane.1.wilkinson@northyorks.gov.uk
www.northyorks.gov.uk

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. **Update on Developments at the Lambert Hospital, Thirsk –** Verbal report from representative from the South Tees Teaching Hospitals NHS Foundation Trust.

5. **Developments in the Tees, Esk and Wear Valleys NHS Foundation Trust** - The report of the Scrutiny Team Leader

(Pages 9 to 27)

Purpose of the report: To brief the Scrutiny of Health Committee on the outcome of the Care Quality Commission's (CQC) Inspection of the Tees, Esk and Wear Valleys NHS Foundation Trust (TEWVFT) and on work which the Trust is carrying out to address issues highlighted by the Inspection. To summarise the TEWVFT's plans for taking over mental health and learning disability services in the York and Selby area.

6. **The Role of Pharmacy in Primary Care** – Presentation by Jack Davies, Chief Executive Officer, Community Pharmacy North Yorkshire

7. **Joint All Age Autism Strategy -** Report of the Scrutiny Team Leader

(Pages 28 to 67)

Purpose of report: To update the Scrutiny of Health Committee on progress of the Joint All Age Autism Strategy and to give the Committee an opportunity to influence the content of the final version of the strategy.

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

(Pages 68 to 71)

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

9. **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

26 August 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) **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

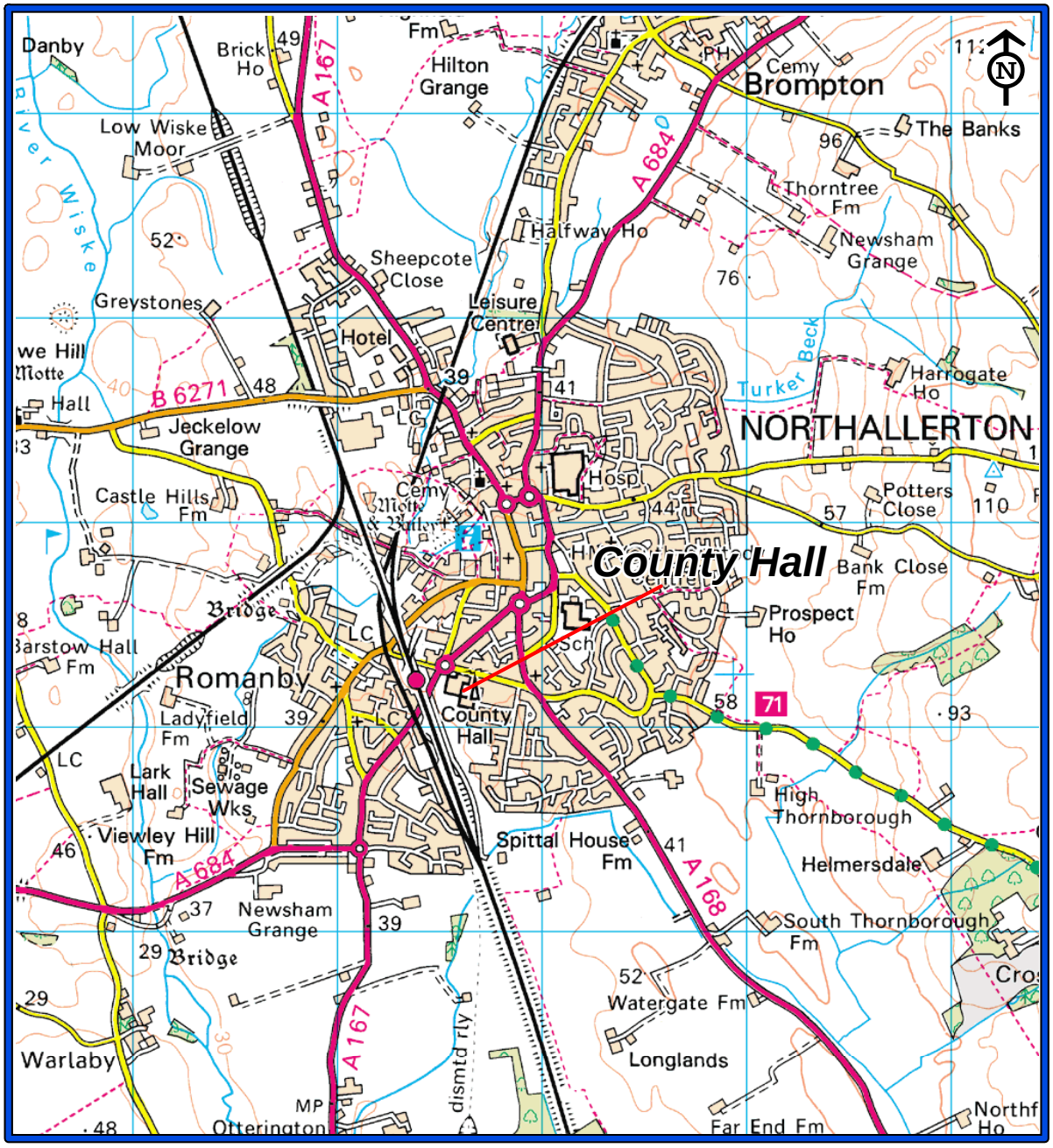
County Councillors (13)				
	Councillors Name	*Chairman/Vice Chairman*	*Political Party*	*Electoral Division*
1	ARNOLD, Val		Conservative	
2	BARRETT, Philip		NY Independent	
3	BILLING, David		Labour	
4	CASLING, Elizabeth		Conservative	
5	CLARK, Jim	Chairman	Conservative	
6	CLARK, John		Liberal	
7	DE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

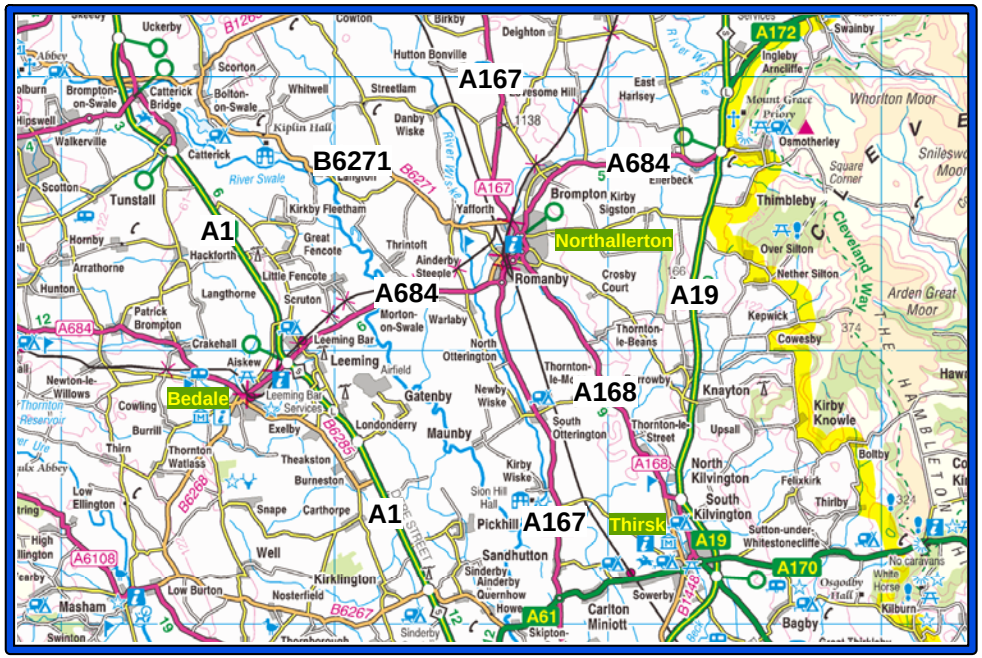
Members other than County Councillors – (7) Voting		
	Name of Member	*Representation*
1	HARDISTY, Kevin	Hambleton DC
2	CHILVERS, Judith	Selby DC
3	GARDINER, Bob	Ryedale DC
4	MORTIMER, Jane E	Scarborough BC
5	BROCKBANK, Linda	Craven DC
6	SEDGWICK, Karin	Richmondshire DC
7	GALLOWAY, Ian	Harrogate BC
Total Membership – (20)		**Quorum – (4)**

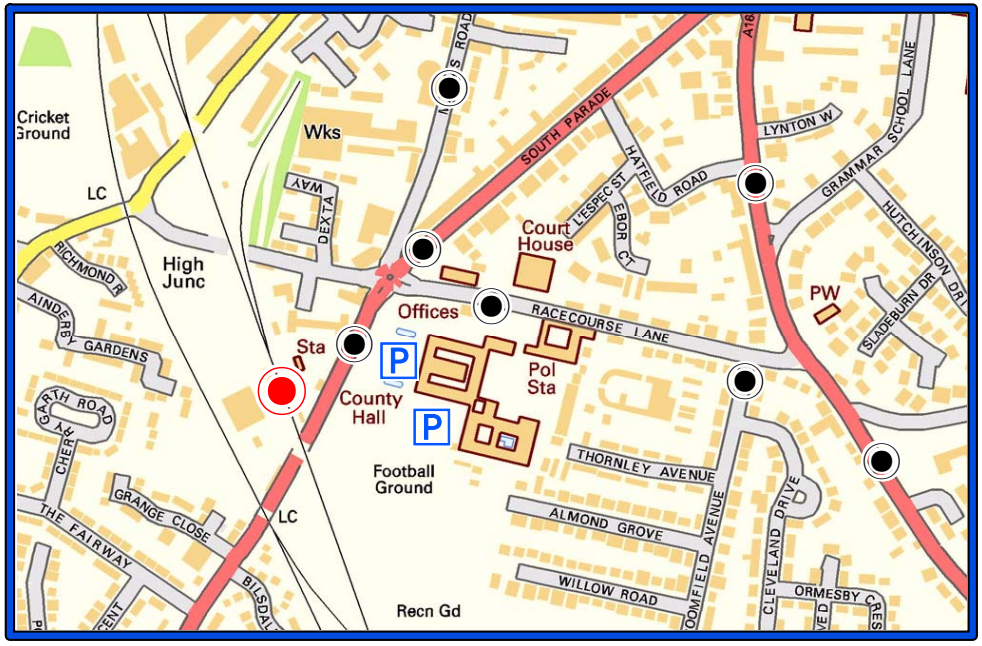
Con	**Lib Dem**	**NY Ind**	**Labour**	**Liberal**	**UKIP**	**Ind**	**Total**
8	**1**	**1**	**1**	**1**	**1**	**0**	

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	
Liberal		**UKIP**		
	Councillors Names		*Councillors Names*	
1	SAVAGE, John	**1**		
		Substitute Members other than County Councillors		
		1	VACANCY	(Hambleton DC)
		2	VACANCY	(Selby DC)
		3	SHIELDS, Elizabeth	(Ryedale DC)
		4	JENKINSON, Andrew	(Scarborough BC)
		5	HULL, Wendy	(Craven DC)
		6	CAMERON, Jamie	(Richmondshire DC)
		7	HASLAM, Paul	(Harrogate BC)







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North Yorkshire County Council

North Yorkshire County Council

Scrutiny of Health Committee

Minutes of the meeting held at County Hall, Northallerton on 12 June 2015.

Present:-

Members:-
County Councillor Jim Clark (in the Chair)
County Councillors: Val Arnold, Philip Barratt, Liz Casling, John Clark, Margaret-Ann de Courcey-Bayley, Tony Hall (Substitute for John Ennis), Heather Moorhouse, Chris Pearson and David Simister.

Co-opted Members:-
District Council Representatives:- Councillors Jane E Mortimer (Scarborough) and Ian Galloway (Harrogate).

In attendance:-
Healthwatch North Yorkshire: David Ita Project Co-ordinator
Scarborough & Ryedale CCG: Simon Cox Chief Officer
Airedale Wharfedale & Craven CCG: Dr Phil Pue
Airedale NHS Foundation Trust: Shaun Millburn
York Teaching Hospital NHS Foundation Trust: Juliette Walters
Yorkshire & Humber Commissioning Support Unit: Alex Trewhitt
District Council Nominees (Appointments to be ratified at the July meeting of the County Council): Councillors Kevin Hardisty (Hambleton), Bob Gardiner (Ryedale), Linda Brockbank (Craven) and Karin Sedgwick (Richmondshire).

County Council Officers: Jane Wilkinson (Democratic Services), Bryon Hunter and Mark Taylor (Scrutiny), Wendy Balmain (Health & Adult Services)

Apologies for absence were received from: County Councillors David Billing, John Ennis, Shelagh Marshall OBE and Patrick Mulligan and District Council Nominees:- Judith Chilvers (Selby)

Copies of all documents considered are in the Minute Book

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78. Minutes

Resolved

That the Minutes of the meeting held on 23 January 2015 be taken as read and be confirmed and signed by the Chairman as a correct record.

79. Chairman's Announcements

The Chairman provided the Committee with an update relating to the following matters:-

- **Tees, Esk and Wear Valleys Foundation Trust** – The results of an inspection by the Care Quality Commission (CQC) published on 11 May 2015 would be scrutinised by the Committee in detail at its September meeting.
- **Yorkshire Ambulance Services** – Publication of CQC Inspection results were still awaited and would form the basis of further discussion at the September meeting of the Committee.
- **South Tees Hospitals NHS FT** – The results of an inspection by the Care Quality Commission published on 11 May 2015 would be scrutinised by the Committee in detail at its September meeting.
- **York Teaching Hospitals NHS FT** - Publication of CQC Inspection results were still awaited and would form the basis of further discussion at the September meeting of the Committee.
- **NHS Dental Services In Leyburn, Hawes and Bedale –** County Councillor John Blackie had raised concerns in an email to the Chairman. The Chairman stated his intention to deal with the matter outside of the meeting and to involve Richmondshire elected members in the discussions.

80. Public Questions or Statements

It was reported that Mrs Humphreys from Craven area had raised a number of questions around mental health and autism. Mrs Humphreys was not able to be present at the meeting. On her behalf the Chairman said he had taken up her concerns with Airedale Wharfedale & Craven CCG who had agreed to supply a comprehensive written response.

81. Order of Business

Resolved

That the order of business is amended as follows:-

Item 5 – Fit 4 the Future – Transforming Care In Hambleton & Richmondshire
Item 6 – Maternity & Paediatric Developments at Friarage Hospital, Northallerton
Item 7 – North Yorkshire Approach to Integration, Prevention & New Models of Care
Item 9 – Relocation of the Hyper Acute Stroke Services from Airedale NHS FT
Item 8 – Developments at Scarborough Hospital
Item 4 – North Yorkshire Healthwatch
Item 10 – Work Programme

82. 'Fit 4 the Future' - Transforming Care in Hambleton and Richmondshire

Presentation by Dr Vicky Pleydell, Clinical Chief Officer - Hambleton, Richmondshire and Whitby Clinical Commissioning Group.

Dr Pleydell spoke to a series of slides (copy in Minute Book) covering the objectives of the programme, current progress, the CCGs plan for future engagement and workstreams.

Dr Pleydell welcomed offers from Members to be a programme 'ambassador' for their area. She described a project that was due to be piloted in Wensleydale and Swaledale during the summer whereby one nurse would deliver both health and social care services to patients.

Dr Pleydell acknowledged Members comments about staff shortages and acknowledged that workforce issues were the biggest challenge. The Committee learned that partners across all sectors were working together looking at different models of care. Vocational training and the integration of different staff roles were being looked in an attempt to attract and retain staff as well as saving money.

Dr Pleydell referred to David Cameron's pledge to extend access to GP services. Hambleton Richmondshire & Whitby CCG had been one of the first in the country to receive funding to pilot a scheme to extend opening hours to cover weekends. After examining the initial results the CCG had taken the decision to terminate the pilot due to a lack of patient demand. The hub model of delivery had proved unpopular with patients who preferred to make appointments at their own surgeries. Dr Pleydell said the CCG did not consider the pilot to be a good use of resources and highlighted differences in demand between rural and urban areas. The CCG remained however interested in improving access to GP services and she assured the Committee that it would continue to look a different models of delivery.

Members commended the CCG on its innovative approach and asked to be kept informed of progress of the 'Dales Project'. Members noted that it was anticipated that the pilot due to be scoped in July would run for 12 months. Patient outcomes and staff and patient satisfaction levels would be taken into account as well as the costs involved when measuring the success of the project.

Resolved -

That the presentation be noted.

That further updates be submitted as appropriate in order that the Committee:

- is briefed as part of the engagement plan for the Fit 4 the Future programme
- receives progress reports on implementation of the Dales Project pilot

83. Update on Maternity and Paediatric Developments at Friarage Hospital, Northallerton

Dr Vicky Pleydell, Clinical Chief Officer- Hambleton, Richmondshire and Whitby Clinical Commissioning Group gave an oral report on the results of a 6 month post evaluation of reconfigured of maternity services. Attached to the agenda was a copy of a report considered by the CCGs Governing Body.

In speaking to the report Dr Pleydell highlighted additional commissioned ambulance service and the patient shuttle bus.

Members noted that confidence was growing in the reconfigured services and that it was hoped that patient numbers would continue to increase so as to make the unit sustainable. The patient shuttle bus had proved very popular and assurances were given that operating times were subject to regular review. The main issue was the departure time of the final journey from James Cook University Hospital at 5.00pm. Steps were being taken to extend the departure time to either 5.15pm or 5.30pm which would be more convenient for passengers.

Resolved -

That the information in the report and provided at the meeting be noted.

84. North Yorkshire Approach to Integration, Prevention and New Models of Care

Considered -

A report describing the collective response of North Yorkshire CCGs to the NHS Five Year Forward View published in October 2014. The report also described work the CCGs were doing towards the development of new models of care in North Yorkshire.

On behalf of North Yorkshire CCGs Simon Cox, Dr Vicky Pleydell and Dr Phil Pue responded to a number of questions from Members who sought clarification of the arrangements surrounding the co-commissioning of primary care in North Yorkshire.

The Committee was advised that a more detailed report on co-commissioning had been submitted to the Health and Wellbeing Board and that copies of the report were available upon request.

An explanation of the distinctions between co-commissioning levels was provided. Capacity and governance were cited as the main determinants for the individual choices made by CCGS. CCGs emphasised that the development of primary care co-commissioning should not be seen in isolation but should be viewed as part of wider service strategies such as new models of care the redesign of services. CCGs maintained that in due course the commissioning of primary care would be devolved to them in any event. It was stressed that arrangements surrounding the co-commissioning of primary care would not affect patient access to GP services.

In response to a request seeking clarification about the establishment of GP federations in North Yorkshire the Committee noted that each of the five North Yorkshire CCGs had established a federation. However not all GP practices in each CCG area had chosen to be a member of the federation. Members expressed concern about the potential this posed for conflicts of interest and the ability of GPs to treat patients equitably.

In view of the complex structure that existed in North Yorkshire Members said they would appreciate a more detailed written report to aid their understanding of the situation.

Simon Cox offered to be the author of the said report but suggested that it would be better if the Committee waited for 6/12 months to allow CCGs time to implement the changes outlined that day.

Wendy Balmain, NYCC Assistant Director – Integration and Commissioning reiterated that the transfer of primary care services should not be viewed in isolation. The changes discussed that day were positive and this change of direction had the approval of the Health & Wellbeing Board as it considered it would lead to improved health and social care service provision.

The Chairman acknowledged her comments but said it was important that Members were satisfied with the governance arrangements that had been put in place in case any problems arose.

Simon Cox urged Members not to underestimate the scale of the changes outlined in the covering report which he said would benefit from preparation of a more detailed paper and a longer discussion.

The Scrutiny Team Leader referred Members to the report appendices which described the position of each CCG and suggested that the Committee may like to comment on the direction of travel.

The Chairman acknowledged that the changes discussed that day were in the early stages of development. He said the Committee endorsed the integrated approach outlined in the report and at the meeting with the focus on improved delivery. He said the Committee would continue to work with CCGs on governance and looked forward to receiving further updates in due course.

Resolved -

That the report and information provided at the meeting be noted.

85. Relocation of Hyper Acute Stroke Services from Airedale NHS Foundation Trust to Bradford Teaching Hospitals NHS Foundation Trust

Considered -

The report of Dr Phil Pue, Chief Clinical Officer, NHS Airedale, Wharfedale and Craven CCG describing the delivery of current stroke services and the reasons behind proposals to relocate hyper acute stroke services from Airedale Hospital to Bradford Hospital.

In speaking to his report Dr Pue advised the Committee that over recent months Airedale NHS Foundation Trust had following the resignation and long term sickness of stroke consultants found it increasingly difficult to sustain 24 hour a day, 7 days per week stroke services. Several attempts at recruitment had provided unsuccessful and the Trust was currently relying on locum consultants. Even with the use of locum consultants the Trust was unable to staff the hyper acute stroke unit out of hours and consequently patients in Airedale, Wharfedale and Craven had been treated in the hyper acute stroke unit at Bradford Hospital. Looking ahead as from July the resignation of locums meant there would only be one consultant instead of three to manage the service during the hours 8am-6pm Monday to Friday.

The staff shortages experienced had led to a decrease in the performance of the hyper acute stroke unit at Airedale Hospital. Nationally there was a shortage of stroke consultants. Furthermore it was recommended that for a hyper acute stroke unit to operate efficiently and provide effective care it needed to admit 600 confirmed strokes per year. Based on previous figures the Airedale hyper acute stroke unit would expect to admit approximately 350 strokes per year.

Upon advice from NHS England it had been decided on the grounds of patient safety to relocate the hyper acute stroke beds at Airedale Hospital to Bradford Hospital. Acute stroke services and rehabilitation would continue at both hospitals. It was not proposed to conduct a formal consultation on these changes to stroke services as for the reasons recorded above there was little possibility that the CCG could consult meaningfully on a choice of options when there was no viable alternative option available. Therefore what was planned was meaningful engagement on the support patients, carers and the general public needed to enable them to access the new services.

In response Members whilst expressing concern at the distances Craven patients, carers and the general public would have to travel, recognised this had to be balanced against the improved outcomes of patients treated at specialist centres. They highlighted the lack of public transport available and sought reassurance that there were no plans to transfer further services from Airedale to Bradford.

The Committee was advised that travel would be a key issue during public engagement. In terms of facilities there was a family room at Bradford Hospital but it

was emphasised that the time spent by patients on the hyper acute unit would be minimal.

The Chairman said he had the previous evening attended a meeting of Bradford Metropolitan District Council's Scrutiny of Health Committee at which the same report had been discussed. The same issues surrounding travel arrangements and the distances involved had been raised by their Members. At that meeting Bradford Members had been advised that the additional travel involved was not likely to be longer than 15 minutes. The Chairman highlighted the failure of the CCG to communicate with both scrutiny committees simultaneously. Had this happened NYCC members from Craven area could he said have been given the option of attending the meeting in Bradford.

Members agreed there was little point in conducting public consultation if the options presented were unviable and asked to be kept updated on the results of the public engagements.

Resolved -

(a) That the report be noted.

(b) That the Committee supports the nine week engagement period.

(c) That discussions with the local communities involved explaining the changes to the hyper acute stroke service be supported.

(d) That a further update report be referred to the Committee in due course.

86. Developments at Scarborough Hospital

Considered -

The report of the Scrutiny Team Leader updating the Committee on developments in relation to hyper acute stroke services, neurology services and urology diagnostic services.

Simon Cox, Chief Operating Officer Scarborough & Ryedale CCG summarised the proposed changes to services detailed in the appendices attached to the covering report. Members were advised that in respect of hyper acute stroke services the changes were temporary. Changes to neurology outpatient services were described as short to medium term whilst patient feedback would be used to determine whether to continue with the proposals for the urology diagnostic services.

In respect of stroke services the Committee was advised that in seeking to provide a high quality stroke service issues such as staff recruitment/retention and patient numbers facing commissioners in Scarborough were the same as those experienced at Airedale Hospital (the subject of the previous agenda item). Members noted the proposed changes in stroke care pathways; which dependent upon patient locality of presentation meant that they would either be taken directly to York Hospital or undergo an initial assessment at Scarborough Hospital before being taken to York if necessary for acute stroke care. Not all Members were convinced that this model was the best option and despite assurances remained concerned that some patients would face a delay before receiving acute stroke care.

Members noted that it was anticipated that the temporary changes for stroke services would remain in force for approximately 12 months.

Resolved -

That the comments of Members and the content of report be noted.

87. North Yorkshire Healthwatch

Considered -

The report and presentation of David Ita, Partnership Co-ordinator North Yorkshire Healthwatch on the rationale, findings and approach to statutory 'Enter and View Visits' that had been carried out at Airedale, Harrogate, Scarborough and Friarage Hospitals. Full copies of all 'Enter and View' reports were available on the Healthwatch website.

The Committee was advised that a further response from Airedale Hospital was awaited and that some of the hospitals visited would be revisited to monitor whether they had addressed matters of concern. The focus of visits this year was end of life care and David Ita offered to attend a future meeting of the Committee to report the outcome of further visits to hospitals and care homes in the county.

Members agreed that it was important for regular communications between Healthwatch and the Committee on what Healthwatch was doing.

David Ita responded to a number of questions from Members. He advised that the timing of the visits to hospitals had been carefully planned. Inspectors from the Care Quality Commission used Enter and View reports (which focused on patient experience) to inform their own inspections. He acknowledged discharge arrangements for patients being transferred from a hospital to a care home had been identified as an area of concern. Practice was not consistent across the county. A lack of information provided to carers about the level of care needed and the location of suitable care homes had led to bed blocking. This was an area Heathwatch hoped to cover in their forthcoming visits to care homes. Members highlighted difficulties surrounding the recruitment of volunteers generally and were pleased to note a protocol was in operation setting out the working relationship between North Yorkshire and Bradford Healthwatch.

Resolved -

That the report and presentation be noted.

That further 'Enter and View Visit' reports be referred to the Committee in due course.

88. Work Programme

Considered -

The Scrutiny Team Leader presented the Committee's programme of work scheduled for future meetings.

Members noted that that suggested item put forward for inclusion on the Agenda for the September meeting included:-

- CQC Inspection results and Trust's responses
- The role of pharmacy in primary care

- Scoping work on CAMHS with Healthwatch

Resolved -

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

The meeting concluded at 1.00pm

JW

NORTH YORKSHIRE COUNTY COUNCIL

SCRUTINY OF HEALTH COMMITTEE

4 September 2014

Developments in the Tees, Esk and Wear Valleys NHS Foundation Trust

Purpose of Report

1. To brief the Scrutiny of Health Committee on the outcome of the Care Quality Commission's (CQC) Inspection of the Tees, Esk and Wear Valleys NHS Foundation Trust (TEWVFT) and on work which the Trust is carrying out to address issues highlighted by the Inspection.
2. To summarise the TEWVFT's plans for taking over mental health and learning disability services in the York and Selby area.

Introduction

2. The TEWVFT provides mental health and learning disability services across Harrogate, Hambleton, Richmondshire, Ryedale and Scarborough.

3. On 11 May 2015, the CQC published its inspection report for the trust:

Overall rating for services at this provider	Good
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Outstanding

4. It should be noted that the trust has requested a review of one or more of their ratings and they are currently under review by the CQC. The ratings could change once the review is complete.

5. The Summary of Findings section from the CQC Inspection report is attached as APPENDIX 1.

6. The Director of Operations, North Yorkshire, TEWVFT (Adele Coulthard) will be attending the meeting to summarise how the Trust has responded to the

Inspection, including how the Trust is investing in new services and in its estate across North Yorkshire.

7. The Vale of York Clinical Commissioning Group (CCG) has recently awarded the contract to deliver mental health and learning disability services in the York and Selby area to the TEWVFT. The contract will transfer from the Leeds and York Partnership NHS Foundation Trust on 1 October 2015. The Director will also summarise the TEWVFT's mobilisation plan for extending its services in to the York and Selby areas.

Recommendation

8. That Members offer advice to the TEWVFT on its plans for addressing issues raised in the CQC Inspection and on its mobilisation plan for taking over mental health and learning disability services in the York and Selby area.

Bryon Hunter
Scrutiny Team Leader
County Hall, Northallerton

21 August 2015

Background Documents: None

Tees, Esk and Wear Valleys NHS Foundation Trust

Quality Report

West Park Hospital, Edward Pease Way, Darlington,
County Durham, DL2 2TS
Tel: 01325 552000
Website: www.tewv.nhs.uk

Date of inspection visit: January 2015
Date of publication: 11/05/2015

Core services inspected	CQC registered location	CQC location ID
Acute wards for adults of working age and PICU	Cross Lane Hospital	RX3LK
	Friarage Hospital Mental Health Unit	RX3XX
	Roseberry Park	RX3FL
	West Park Hospital	RX3MM
	Lanchester Road Hospital	RX3CL
	The Briary Unit	RX3YE
	Sandwell Park	RX3NH
Longstay/Rehabilitation for adults of working age	Primrose Lodge	RX3AD
	Roseberry Park	RX3FL
	West Park Hospital	RX3MM
	163 Durham Road	RX3WE
	Earlston House	RX3AE
	Park House	RX3PV
	Abdale House	RX3XK
Forensic inpatient/secure wards	Roseberry Park	RX3FL
Child and Adolescent Mental Health Inpatient wards	West Lane Hospital	RX3LF
	Roseberry Park	RX3FL
	West Park Hospital	RX3MM
Wards for people with a Learning Disability or Autism	Bankfields Court	RX3NT
	Lanchester Road Hospital	RX3CL
	163 Durham Road	RX3WE
Wards for older people		
	Cross Lane Hospital	RX3LK

Summary of findings

	Roseberry Park	RX3FL
	West Park Hospital	RX3MM
	Springwood	RX3KW
	Sandwell Park	RX3NH
	Auckland Park Hospital	RX3AT
	Friarage Hospital Mental Health Unit	RX3XX
	Lanchester Road Hospital Alexander House	RX3CL RX3XL
Community services for adults of working age	Trust Headquarters	RX301
Crisis and HBPoS	Trust Headquarters	RX301
Community services for children and young people	Trust Headquarters	RX301
Community based services for older people	Trust Headquarters	RX301
Community LD and Autism	Trust Headquarters	RX301
Substance Misuse Services	Trust Headquarters	RX301
Adult Social Care	367 Thornaby Road Durham and Darlington Crisis and Recovery House	RX3LD RX3X5

This report describes our judgement of the quality of care at this provider. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for services at this provider	Good 
Are services safe?	**Requires improvement** 
Are services effective?	**Good** 
Are services caring?	**Good** 
Are services responsive?	**Good** 
Are services well-led?	**Outstanding** 

Mental Health Act responsibilities and Mental Capacity Act/Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

We do not give a rating for Mental Health Act or Mental Capacity Act; however, we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Health Act and Mental Capacity Act can be found later in this report.

Summary of findings

Contents

Summary of findings

Overall summary

When aggregating ratings, our inspection teams follow a set of principles to ensure consistent decisions. The principles will normally apply but will be balanced by inspection teams using their discretion and professional judgement in the light of all of the available evidence.

We found that the provider was performing at a level which led to a rating of Good.

Mostly patients were protected from avoidable harm or abuse, but we found some patient safety issues that need to be addressed:

- There were breaches of same sex accommodation guidance on Earlston Ward, a 15 bed rehabilitation ward.
- There were some environmental and ligature risks identified on Ward 15, Cedar ward, Abdale House and Primrose Lodge. On the acute wards not all risks had an associated intervention plan.
- On Ceddesfeld and Hamsterley wards, medicines were being administered covertly, but the information about this was not recorded in line with the trust policy.

The trust strongly encouraged openness and transparency. The trust carried out a thorough investigation following serious untoward incidents. We did note that relatives and carers were not as engaged in the process as they should be. Other healthcare professionals and staff were engaged in the process of the review. Lessons were learned and improvements to safety were made and then monitored.

There were clearly defined and embedded systems, processes and standard operating procedures to keep people safe and safeguarded from abuse. There was executive team leadership in safeguarding. The trust actively worked with other organisations and were engaged in local safeguarding boards and procedures.

Staffing levels were planned, reviewed and implemented to keep people safe. The trust published their staffing levels on their website.

Staff recognised and responded appropriately to changes in risks to people who use services. The trust had developed a physical restraint reduction plan and were using positive behaviour support to manage behaviours that challenge.

The trust had developed a strategy to minimise restrictive practices. We did however see some restrictive practices taking place in the trust although they were working towards improving this problem. We saw this in the acute wards and on Fulmar and Kirkdale rehabilitation wards.

Patients had good outcomes because their care and treatment was effective at meeting their needs. Patients had comprehensive assessments of their needs carried out at the point of admission. Care and treatment was planned and delivered in line with current evidence based practice. Information about patient care and treatment, and their outcomes, was routinely collected and monitored. This information was used to improve care. However in the learning disabilities wards patients did not have a comprehensive person-centred, holistic discharge plan in place to support commissioners and other authorities to find accommodation that will meet individual needs and preferences on discharge.

Patients that were detained had their rights protected. With the exception of the recording of seclusion on Ward 15, staff complied with the Code of Practice.

With the exception of 367 Thornaby Road, staff were in receipt of clinical and management supervision and appraisals. Learning needs were identified and training set up to meet those needs.

Issues about capacity and consent were mostly understood. However staff on Earlston House, the CAMHS community teams and the older peoples' wards did not fully understand how the Mental Capacity Act and Deprivation of Liberty Safeguards applied to their work.

Patients were respected and were partners in their care and treatment. We observed and saw records that demonstrated active patient engagement in all aspects of their care. Patients also contributed to the running of the wards and changes to services. The trust participated in the 'triangle of care'. Carers' were seen as an integral partner, alongside the patient and staff in the care and

Summary of findings

treatment delivered to the patient. Patients' privacy and dignity was maintained with the exception of Ward 15 and Cedar ward which were both located in acute general hospitals.

With the exception of 367 Thornaby Road, there was information available about advocacy services and Independent Mental Health Advocacy for detained patients.

Patients' needs were met through the organisation and delivery of services. Services were planned in collaboration and consultation with health and social care partners or commissioners. We heard that the trust was willing to engage in future strategy planning and delivery of services. However we noted that patients in the learning disability wards had been in the service between 2-14 years. The service struggled to discharge patients because external authorities did not identify suitable places for patients to move to. There were delays in funding from external authorities which meant patients remained in hospital longer than necessary.

There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met those needs and promotes equality. There were interpreting services that could be accessed easily if needed. Reasonable adjustments were made and action taken to remove barriers when patients found it difficult to access services. Lessons from complaints were discussed at 'daily report out' meetings, team meetings or clinical supervision. Feedback was shared with patients via the 'you said, we did' boards.

The leadership, governance and culture were used to drive and improve the delivery of high quality patient-centred care. Leaders had an inspiring shared purpose, were determined to deliver and motivated staff to succeed. There was ownership of the vision, values and quality improvement system throughout the organisation. There were high levels of staff satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff felt engaged in the delivery and continuous improvement of services. The trust quality improvement system was embedded at every level across the organisation. The trust participated in external peer review and accreditation.

Summary of findings

The five questions we ask about the services and what we found

We always ask the following five questions of the services.

Are services safe?

Requires improvement

We rated safe as requires improvement because:

- There was a breach of same sex accommodation guidance on Earlston ward which is a 15 bed rehabilitation ward.
- During our inspection, a male patient who had been admitted as an emergency was admitted into a single bedroom on the female wing of Oak ward which is a ward for older people.
- There were some environmental and ligature concerns identified on Ward 15, Cedar ward, Abdale House and Primrose Lodge.
- On the acute wards not all risks identified for patients had an associated intervention plan.
- Medicines were managed safely across trust sites. On wards for older people we found that some medicines were administered covertly (disguised by mixing with food or drink) but authorisation for this was not recorded in patient notes in line with trust policy. This was on Ceddesfeld and Hamsterley wards.
- When something went wrong, there was a thorough review or investigation that involved all relevant staff. However it was clear that relatives and carers were not always engaged in this process, despite the trust trying to address this issue in the last year.
- Restrictive practices had been identified within the trust at a number of inspections and MHA monitoring visits prior to this inspection. The trust had developed a strategy to minimise restrictive practices. We did however see some restrictive practices taking place on some wards in the trust although they were working towards compliance with this issue.
- However we also found that :
- Lessons were learned and communicated widely to support improvement in other areas as well as services that are directly affected.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. The board understood the duty of candour and their roles and responsibilities. Awareness training for all staff had been undertaken.
- Safeguarding vulnerable adults, children and young people was a given priority. The trust took a proactive approach to safeguarding.

Summary of findings

- Safety and risk were routinely monitored. The trust had an integrated assurance framework and risk register.
- Patients risk assessments were person-centred, proportionate and reviewed regularly.
- The trust had developed a physical restraint reduction plan and were using positive behaviour support to manage behaviours that challenge.
- Staffing levels and skill mix were planned, implemented and reviewed to keep people safe at all times.

Are services effective?

Good

We rated effective as good because:

- Care and treatment was planned and delivered in line with current evidence based guidance, standards, best practice and legislation. This was monitored to ensure consistency of practice.
- Patients had comprehensive assessments of their needs, which include consideration of clinical needs, mental health, physical health and wellbeing, and nutrition and hydration needs.
- Information about patient care and treatment, and their outcomes, was routinely collected and monitored. This information was used to improve care.
- There was participation in relevant local and national audits, including clinical audits and other monitoring activities such as reviews of services, benchmarking, peer review and service accreditation.
- Where patients were subject to the Mental Health Act 1983 (MHA), their rights were protected and staff complied with the MHA Code of Practice. There was an exception in the recording of seclusion on Westwood ward and Ward 15.
- Staff were qualified and had the skills they needed to carry out their roles effectively and in line with best practice. The learning needs of staff were identified and training was put in place to meet these learning needs.
- With the exception of 367 Thornaby Road, staff were in receipt of clinical and management supervision
- Staff work collaboratively and across teams to understand and meet the range and complexity of patient needs.
- With the exception of the wards for people with a learning disability or autism, patients were discharged at an appropriate time and when all necessary care arrangements were in place.

Most staff understood the issues relating to capacity and consent. The exceptions were Earlston House, CAMHS community teams and the older peoples' wards.

Summary of findings

Are services caring?

Good

We rated caring as good because:

- Feedback from patients who use the service, relatives and carers was positive about the way staff treat people. People were treated with dignity, respect and kindness during all interactions with staff and relationships with staff were positive.
- Patients' privacy and dignity was maintained with the exception of Ward 15 and Cedar ward.
- Patients told us and we observed that they were involved in all aspects of their care and treatment. Patients actively contributed to the running of wards and changes to the services.
- The trust are members of the 'Triangle of Care' project. Wards used triangle of care self-assessments alongside carer surveys to improve the partnership arrangements with carers. There were a number of carers groups and carer support groups throughout the trust.

Across the services, with the exception of 367 Thornaby Road, there was information visible and available about local advocacy services or Independent Mental Health Advocacy for detained patients.

Are services responsive to people's needs?

Good

We rated responsive as good because:

- Feedback from commissioners of services, clinical commissioning groups, local authorities and NHS England told us that the trust was very willing to engage in future strategy regarding planning and delivery of services.
- Commissioners told us that there was an opportunity for patients and commissioners to feedback on service planning and delivery of services each year for learning disability services.
- In the specialist community teams for children and adolescent, a gap had been identified in the provision of crisis services for children and young people. In response, the trust had developed a crisis service that was open seven days a week 8am to 10pm.
- The hours some of the children and adolescent mental health services open made them more accessible to young people out of school hours.
- We saw that services were planned in consultation with other health and social care partners to deliver services effectively.
- Staff had access to interpreting services. Services we visited had disability access and disabled facilities such as toilets and

bathrooms. Where there was no wheelchair access in community based services, alternative appointments were made either at the person's home or a venue close to where they lived.

- Information about raising concerns and complaints was available to all patients in the wards, health based places of safety and community mental health services with one exception. At 367 Thornaby Road, there was no visible information on how to make a complaint for the people living there or their carers. There were no records of complaints being made at the service.
- Lessons from complaints were discussed at 'report out' meetings, team meetings or clinical supervision. Feedback on lessons learned were shared with patients via the 'you said….we did' boards located in all the ward environments.
- However in the learning disability services some patients had been in hospital between 9 and 14 years. We looked at the discharge plans and saw the minutes of recent 'Care and Treatment' reviews stating they were ready for discharge. There was no written discharge plans in place and commissioners still had not identified any placements in the community for patients.

Are services well-led?

Outstanding ☆

We rated well-led as outstanding because:

- The trust had a clear vision, mission and quality strategy, supported by clear values. All staff in the trust understood these and had translated the visions and values into their own work.
- There was clear ownership of the vision and values throughout the organisation.
- There was a clear governance structure that ran through the organisation and was understood by all.
- Staff knew that there was a whistle blowing policy in the organisation and felt confident that if they needed to raise concerns, they could do so without fear of victimisation.
- Staff within the organisation were able to tell us who the senior leaders were and said they were visible and approachable.
- Staff feel engaged in the planning, delivery and continuous improvement of services. They told us that they were motivated and proud to work within the organisation.
- The trust had developed a quality improvement system which all staff routinely use. The trust use the quality improvement tools and methods to drive up quality, eradicate waste and improve services. We found that it was embedded at every level across the organisation.

Summary of findings

- The trust also participated in external peer review and accreditation and the majority of services that participated were accredited as excellent.
- The trust had achieved the 'Gold Standard' in Investors in People award.

Summary of findings

Our inspection team

Our inspection team was led by:

Chair: David Bradley, Chief Executive, South West London and St Georges NHS Mental Health Trust

Head of Inspection: Jenny Wilkes, Care Quality Commission

Team Leader: Patti Boden, Care Quality Commission

The team included 11 CQC inspectors and a variety of specialists: consultant psychiatrists, consultant nurses, experts by experience who had personal experience of using or caring for someone who uses the type of services we were inspecting, junior doctors, MHA reviewers, mental health social workers, nurses, occupational therapists, student nurses, pharmacy inspectors, psychologists, recovery co-ordinator, senior managers and specialist registrars.

Why we carried out this inspection

We inspected this trust as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

To get to the heart of people who use services' experience of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before visiting, we reviewed a range of information we hold about the trust and asked other organisations to share what they knew. We held listening events at each main hospital location for detained patients. We met with groups of carers prior to the inspection at a number of hospital locations. We held a focus group prior to the inspection, facilitated by a voluntary organisation, Darlington Mind on 16 January 2015. We carried out announced visits to all core services on 20, 21, 27, 28 and 29 January 2015. We carried out an unannounced visit to the forensic service at Roseberry Park at night on the 29 January and visited Brambling ward (MH) and Robin, Kingfisher and Heron ward (LD).

During the visit we held focus groups with a range of staff who worked within the service. This included nurses, doctors, psychologists, allied health professionals, and administrative staff. We met with 507 trust employees. We met with representatives from other organisations including commissioners of health services and local authority personnel. We met with 209 patients who use services who shared their views and experiences of the core services we visited. We observed how patients were being cared for and talked with carers and/or family members and reviewed 281 care or treatment records of patients who use services. We looked at a range of records including clinical and management records.

Information about the provider

Tees, Esk and Wear Valleys NHS Foundation Trust provides a range of mental health, learning disability and substance misuse services for the people of all ages living in County Durham; Darlington; the four Teesside boroughs of Hartlepool, Stockton, Middleborough and Redcar and Cleveland; Scarborough, Whitby, Ryedale, Hambleton, Richmondshire and Harrogate districts of North Yorkshire and the Wetherby area of West Yorkshire.

Summary of findings

The trust also provides learning disability services to the population in Craven and regional specialist eating disorder services to the North East and beyond.

Tees, Esk and Wear Valleys NHS Foundation Trust was authorised foundation trust status on 1 July 2008.

The trust serves a population of 1.6 million people and have more than 6000 staff working in over 150 locations. Their annual income is £290 million. The trust's services are commissioned by eight clinical commissioning groups and NHS England and they work with seven local authorities.

Tees, Esk and Wear Valleys NHS Foundation Trust was first registered with CQC on 1 April 2010. It has 21 locations that are registered with CQC.

There have been 28 inspections at registered locations of Tees, Esk and Wear Valleys NHS Foundation. These inspections have occurred at 10 locations.

Roseberry Park was last inspected on the 26 March 2014 and was not meeting the essential standards relating to care and welfare of people who use services (regulation 9) and safeguarding people who use services from abuse (regulation 11). These compliance actions were inspected as a part of this comprehensive inspection. The action plans were not all due for completion at the time of the inspection so we only reviewed those actions that the trust informed us were completed.

163 Durham Road was inspected on 10 May 2014. It was found not to be meeting the essential standards relating to care and welfare of people who use services (regulation 9) and safeguarding people who use services from abuse (regulation 11). These compliance actions were inspected as a part of this comprehensive inspection.

Roseberry Park has been inspected on four occasions, while Auckland Park Hospital, Lanchester Road Hospital and Bankfields Court have all been inspected on 3 occasions.

The trust provide the following core services:

Mental health wards:

- Acute wards for adults of working age and psychiatric intensive care units.
- Long stay/rehabilitation mental health wards for working age adults.
- Forensic inpatient/secure wards.
- Child and adolescent mental health wards.
- Wards for older people with mental health problems.
- Wards for people with learning disabilities or autism.

Community-based mental health and crisis response services:

- Community-based mental health services for adults of working age.
- Community-based mental health services for older people
- Mental health crisis services and health-based places of safety.
- Specialist community mental health services for children and young people.
- Community mental health services for people with learning disabilities or autism.

We also inspected the following services that the trust provide:

- Substance misuse services
- Adult social care services

In addition the trust also provides eating disorder services, IAPT (Improving access to psychological therapies) and provide mental health services to six prisons.

What people who use the provider's services say

We spoke with 209 patients during the inspection. Nearly all of the patients we spoke with were very happy with the quality of the care and treatment they were receiving, with the approach of the staff and they felt involved in the decisions about their care. We include their comments in the core service reports

Community Mental Health Patient Experience survey

The CQC Community Mental Health survey is sent to people who received community mental health services from the trust.

Summary of findings

Similar surveys of community mental health services were carried out in 2010, 2011, 2012 and 2013.

However, the 2014 survey was substantially redeveloped and updated in order to reflect changes in policy, best practice and patterns of service. This means that the results from the 2014 survey are **not comparable** with the results from the 2010-2013 surveys.

Community Focus Groups

Before the inspection, we held a focus group in Darlington. The focus group was hosted by Mind. We did this so that people who use, or have used, the services provided by the trust, could share their experiences of care. It was a small group with only five attendees.

The group provided responses to the five questions we always ask about services.

Participants on the whole were positive. They talked about caring staff and attending meetings with doctors. One person said that their CPN was very supportive and increased frequency of meetings when they felt the person needed it to keep safe. People felt the service was well led but could be more responsive. Two of the attendees said they knew how to make a complaint and two did not know. The other attendee felt that it would be a waste of time complaining.

Patient Opinion

Patient opinion offers people who use services a forum for honest and meaningful conversations between patients and providers.

The information on the Patient Opinion website offered that the following is good about the trust:

- **Caring staff who reassure and respect patients** Newberry, Holly Unit, Auckland Park Hospital, Oak Lodge.
- **Patients and families included in decisions** about care provision.

However there were also some negative comments:

- **West Park Crisis Team**: Poor/ rude telephone manner on Crisis help line and difficulties making initial contact in general, with calls not returned,
- **Lack of care provision** due to low staff capacity (West Park Hospital).
- **Rude and insensitive staff** (West Park Crisis Team, Cedar and Maple Wards)
- **Little contact with key nurse** (Newberry)
- **Staff require training** with regards to safeguarding and understanding mental health issues (West Park Hospital)

During our inspection, with the exception of staff not receiving mandatory training in the Mental Health Act, we did not find evidence to support the negative comments posted on the patient opinion website.

Comment cards

Before and during the inspection, we left comment cards in all in patient wards and areas where patients might spend time. This was so that they could write their comments down about their experiences of care within the trust services. People posted their comments in sealed boxes which we opened and looked at as part of the inspection.

- 346 comment cards received
- 151 (43%) were positive
- 82 (26%) were negative
- 62 (17%) were mixed
- 41 (11%) were blank or illegible.

Out of the 97 boxes issued to the trust 40 (11%) were received back with no comments in.

Top ranking wards with the most comment cards were:

1. Tunstall Ward (Lanchester Road) 36 (10%)
2. Parkside 22 (6%)
3. Unknown (no location) 20 (5%)
4. Cedar Ward 20 (5%)
5. CAMHS Rosewood 15 (4%)
6. Overdale Ward 11 (3%)
7. Unit 2, Bankfields 11 (3%)

Positive Comments:

- 62 (41%) were all in relation to Staff – very good, welcoming, professional, excellent, caring, hardworking and 1st class.
- 32 (21%) were in relation to the excellent treatments/ service provided by the trust - appointments are on time, treatment was what was required.
- 31 (20%) were in relation to the Environment – It was safe, clean, and hygienic.

Negative Comments:

Summary of findings

- 35 (38%) were in relation to staff – dismissing patients, not interacting with patients, staff attitudes. The biggest concern was staffing levels
- 16 (17%) were in relation to the environment/facilities – places are old and lack modern facilities, old, unhygienic, mice, shower rooms have broken seals.
- 14 (15%) were in relation to medication/treatment - refusal of medication, no monitoring of medication, side effects of medication, no proper diagnosis after 9 months, no care plan or follow up plan

Good practice

- Each location had a report out meeting every morning. We observed several of these meetings. These were attended by all staff disciplines. Each patient was discussed using a visual display board. The team considered current care and risk factors and tasks were set for staff for the day. We attended a 'report out' meeting on each hospital site and found these to be an effective system for ensuring care was patient focussed, therapeutic, informed by risk and formulated with discharge as a focus.
- The learning disability and autism service had a steering group and champions for positive behaviour support. The role and purpose of the group and champions was to embed teaching and learning across the locations to ensure positive behaviour support was an effective tool to manage complex behaviours which challenged.
- The trust had implemented a Naloxone programme, within the substance misuse services, specifically for those identified as high risk of opiate overdose. Naloxone is an opioid antagonist used to counter the effects of opioid overdose; this can be injected directly into the muscle. Staff have been trained to deliver Naloxone kits and instructions on use to those identified to reduce deaths by overdose. Although there are no formal mechanisms to collect outcomes for the use of these kits, staff had informally been advised they had prevented a number of deaths in the community.
- Staff on both Holly and Baysdale (CAMHS LD wards) liaised with the community services to provide the most appropriate services needed at the time for the patients and families. Staff worked flexibly to enable this to happen.
- In the wards for older people service specifically on Springwood and Rowan Lea they were using specialist computer programmes to enable staff to interact with people with memory problems in a positive way.
- The street triage team captured people's feedback instantly through using tablet devices.
- There were excellent examples of some crisis teams encouraging advance directives to help people determine their future crisis care needs.
- A clear assessment and comprehensive physical health check was undertaken, usually by a paramedic, on arrival to the health based place of safety.
- Initiatives such as the retreat which all staff could request to participate in.
- The pharmacy team had worked with some of the wards to develop and implement robust step down procedures to support patients in managing their own medicines in preparation for when they moved on from the ward.
- We found some good examples of how the rehabilitation teams had developed good working relationships with partner organisations both internal and external of the trust. This included the use of volunteers through a voluntary agency to support patients and good links with community mental health teams, housing organisations and the trust wide recovery college.
- The CAMHS teams in Durham and Darlington had recognised there was a gap in provision of crisis intervention for young people and children. In response using patients' feedback to shape the service the teams had developed a crisis service, open seven days a week 8 am to 10 pm, and piloted overnight. The service had good working relationships with the local police and had resulted in a reduction of admissions to hospital by over 50%. We were told this model was to be adopted in other areas.
- The hours some of the CAMHS services open made the services more accessible to young people out of

school hours. For example, Stockton opened till 8 pm twice a week and would open at weekends to alleviate waiting lists. South Durham reported opening 8 am to 8 pm and home visits from 7 am when requested.

- Middlesbrough CMHT showed us information on the recovery support groups which had been developed by the psychologists and run by a qualified nurse with a support worker. The CMHT set up the first recovery group in Middlesbrough and all recovery groups were linked to the trust's recovery college, 'cognitive stimulation therapy pathway'. This was available for dementia patients and developed by a student nurse on a placement. All student nurses' were now required to produce a service improvement project as part of their placement.
- Patient involvement in clinical governance meetings, events planning, training and research activities in the forensic services was substantial. The recovery and outcome team had a significant impact in driving involvement.
- The administration of the Mental Health Act was considered to be of a very high standard.

Areas for improvement

Action the provider MUST or SHOULD take to improve

Action the provider MUST take to improve

The provider must review the covert administration of medication without reference to the pharmacist or through a best interest meeting on Ceddesfeld and Hamsterley.

The provider must ensure that administration records for medication for patients on Hamsterley Ward are signed as the medication was administered.

The provider must ensure that in the acute wards, current risks have an associated intervention plan which clearly outlines measures to manage the risk with the input of the patient.

The provider must ensure that all staff on Ward 15 are given clear guidance on the management of ligature risks and current risks posed by patients and make the appropriate adjustment to observation levels.

The provider must ensure an effective quality monitoring system is in place for joint working with partner NHS trusts where services are provided from.

The provider must ensure that Earlston House is compliant with the Department of Health guidance regarding Same Sex Accommodation (SSA) to ensure patients privacy and dignity is protected.

The provider must ensure that each patient in the learning disability wards has a comprehensive discharge plan which is holistic and person-centred.

Action the provider SHOULD take to improve

The process of frequent documented checks of medicine prescription and administration records by nursing staff should be embedded into routine practice on all wards to reduce the incidence of medicines omissions

The provider should take steps to ensure where patients ,in the wards for people with a learning disability or autism, have complex needs and require additional support they have routine access to psychology, speech and language therapists (SALT) and occupational therapy

The provider should make sure that staff always complete the correct documentation and the documentation should contain a clear step by step account of any episodes of seclusion in every instance and ensure the records adhere to the Mental Health Act Code of Practice.

The provider should continue to monitor the use of restraint and reduce prone restraint on Newberry and Westwood.

The provider should make sure that ward managers have an accurate record of staff supervision to demonstrate that trust policy is being followed.

The provider should ensure that same sex accommodation guidance is followed on Elm.

The provider should ensure that privacy and dignity is maximised in the bed bays of ward 15 and Cedar at the Briary Unit.

The crisis teams should consistently evidence patient involvement in their intervention plan and ensure people receive a copy of their intervention plan.

Summary of findings

The provider should ensure conditions of CTOs provide clarity about the lack of compulsion for treatment for mental disorder whilst people are in the community.

The provider should ensure that the restrictive practices on Kirkdale ward and Fulmar ward are reviewed to make sure they are based upon patients individual risk assessments. These include; searching patients following a period of unescorted leave, the locking of bedroom windows and access to the internet and mobile phones on these ward.

The provider should ensure that staff at Earlston House fully understand the principles of the Department of Health Same Sex Accommodation (SSA) guidance and issues in relation to the Mental Capacity Act on the ward.

The provider should ensure that where evidence indicates that a patient does not have capacity, that a capacity assessment is completed in accordance with the Mental Capacity Act.

The provider should ensure that the clinic room is relocated on Earlston House to ensure the privacy and dignity of patients on the ward.

At Abdale House, the provider should ensure that special instructions regarding the administration of medicines are recorded on all patients' medicine administration records.

The provider should ensure patients who lack capacity at Abdale House are referred to the advocacy service and information regarding the IMHA service is available to them.

The provider should make sure all the team managers monitor the uptake of supervision in the CAMHS services, to ensure it meets the new supervision guidance fully.

The provider should ensure the environment is safe for people to visit for treatment and care. In particular at the Old Vicarage with regards to the doors which should be kept locked at all times and the hot water geyser next to the patient area.

The provider should ensure that all teams and staff members have clinical and management supervision. At Derwentside supervision had not been occurring for functional community psychiatric nurses.

NORTH YORKSHIRE COUNTY COUNCIL

SCRUTINY OF HEALTH COMMITTEE

4 September 2015

Joint All Age Autism Strategy

Purpose of Report

1. To update the Scrutiny of Health Committee on progress of the Joint All Age Autism Strategy and to give the Committee an opportunity to influence the content of the final version of the strategy.

Introduction

2. The Joint All Age Autism Strategy for meeting the needs of children, families and adults with autism in North Yorkshire 2015-2020 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.

3. Joint working is not confined to the local authority and the NHS but to other public and independent sector organisations. As part of the consultation phase for the strategy, other public and independent sector organisations are being asked for their views on the strategy's proposed aims and outcomes, and invited to formally endorse the strategy.

4. Members will recall that this Committee at its meeting in January contributed to the development of the consultation document shown in Appendix 1.

5. An on-line consultation was launched in June 2015 and closes on Friday 11 September 2015.

6. Consultation events have been held during the summer, the last of which is on Friday 11 September 2015, 2.30pm - 4.30pm, Golden Lion Hotel, 114 High Street, Northallerton, DL7 8PP.

7. This report will provide the Committee with assurances that the consultation is on schedule, and provide an opportunity to comment and influence thinking before the final strategy is signed off by the Health and Wellbeing Board at its meeting on 30 September 2015.

8. Janet Probert (Director of Partnership Commissioning) will be attending the meeting to summarise the emerging themes received to date as part of the consultation. A summary of the themes is attached as Appendix 2.

Recommendation

9. Members note the progress being made on the Joint All Age Autism Strategy and to offer advice and comment to be taken into account in the final version of the strategy.

25 August 2015

Bryon Hunter
Scrutiny Team Leader

County Hall
NORTHALLERTON

25 August 2015

Background Documents: None

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

North Yorkshire County Council

Strategy for meeting the needs of children, families and adults with autism in North Yorkshire 2015-2018

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Strategy for meeting the needs of children, families and adults with autism in North Yorkshire 2015-2018

Foreword: A message from North Yorkshire's autism leads

It is likely that there are around 7,000 people with autism who live in North Yorkshire. The extent to which an individual is affected varies enormously 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. It is important to note that people with autism with average or high levels of functioning can still be disabled and vulnerable with regard to some skills and abilities and may therefore be at risk of missing out on the support they need due to a lack of understanding from professionals.

The benefits of developing one strategy that meets the needs of all children, young people and adults with autism across North Yorkshire is that it will enable a more integrated coordinated approach across partner organisations. It means we can plan more efficiently and support people more effectively. 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. Their views have enabled us to identify joint priorities, which will have benefits for all people living with autism in North Yorkshire. This strategy has been developed 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 NHS Cumbria CCG (representing the town of Bentham). Senior colleagues from these two organisations have given their support to the development of this strategy.

This strategy is endorsed by a number of organisations that work with people with autism in the North Yorkshire area. These include North Yorkshire Police, Richmondshire District Council. Hambleton District Council, Craven District Council, Selby District Council, Ryedale District Council and Scarborough District Council

Signatures of:

Councillor Tony Hall, executive member for children's services, special needs, youth justice, youth service and adult learning

Councillor Clare Wood, executive member for adult social care and health integration

Richard Webb, Corporate Director of Health and Adult Services

Pete Dwyer, Corporate Director of Children and Young People's Services

Chief Executive Hambleton, Richmondshire and Whitby Clinical Commissioning Group
Chief Executive Harrogate and Rural District Clinical Commissioning Group
Chief Executive Scarborough and Ryedale Clinical Commissioning Group
Chief Executive Vale of York Clinical Commissioning Group
Chief Executive Airedale, Wharfedale and Craven Clinical Commissioning Group

Deputy Chief Constable, North Yorkshire Police

Chief Executive Hambleton District Council

Chief Executive Harrogate Borough Council

Chief Executive Selby District Council

Chief Executive Craven District Council

Chief Executive Scarborough Borough Council

Chief Executive Richmondshire District Council

Chief Executive Ryedale District Council

Executive Summary

What is this strategy for?

This is a strategy for meeting the needs of people with autism in North Yorkshire. It runs for a three-year period from October 2015 to October 2018.

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 know that they can depend on mainstream public services to accept, understand them and to treat them fairly as individuals.

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, in line with current national policy e.g. Think Autism (2014).

What will this strategy do?

Engagement with children, young people and adults with autism and their families has highlighted a number of local themes. This strategy will consider these emerging themes and identify priority actions.

- **Raising awareness of autism**

People with autism and their families would like to access mainstream services and find suitable "reasonable adjustments" have been made to ensure provision is "autism friendly".

- **Assessment and diagnosis**

People with autism and their families would like to be able to receive a diagnosis closer to home, without waiting for long periods of time.

- **Information and signposting**

We know that navigating services is difficult for people with autism and their families and it can be difficult to understand different access criteria.

- **Employment and education**

Many young people find school difficult and understanding of autism varies significantly across educational settings. We also know not enough people with autism are supported to gain or maintain employment.

- **Family Support**

It can be challenging for people with autism and their families or carers to know where to go in a crisis.

Why do we need a strategy for people with autism in North Yorkshire?

- There are an estimated 7,000 people with autism across North Yorkshire. This is assuming 1% prevalence.
- There is a projected growth in demand for diagnostic assessment and support services.
- There should be a continuum of provision to support positive outcomes for people with autism ranging from universal services to highly specialist support.

How have we developed this strategy?

We have developed this strategy with direction from a virtual reference group of people with autism, their families and organisations that work with people with autism. We will be holding a public consultation about the strategy in summer 2015 and will be asking for people's feedback so that the strategy can be improved and strengthened prior to its final publication in October 2015.

What work has already been done for people with autism in North Yorkshire?

As a result of previous autism strategies in North Yorkshire there have been a number of achievements, including the establishment of joint strategic groups consisting of senior managers from the NHS and North Yorkshire County Council. The joint strategic groups are driving the work around the development of the autism strategy and the associated actions within it. This strategy will supersede the previous strategies and build upon the foundations established. The work that has been undertaken so far is summarised in Chapter 5.

How will we know whether the strategy is working?

The actions within the strategy will be monitored regularly by the joint strategic groups and the virtual reference group. Reports on progress will be taken to the North Yorkshire Health and Wellbeing Board on a regular basis.

This strategy is endorsed by a number of organisations that work with people with autism in the North Yorkshire area. These organisations will be provided with regular updates on progress of the strategy actions.

We will monitor a small group of people with autism during the course of the strategy to determine whether their lives have improved as a result of the actions undertaken. We will report the results so that everyone can see the progress that has been made.

Plan on a page

This strategy achieves the following objectives:

- One strategy across children, young people and adults services in the county
- Agreement with local NHS commissioners
- Highlights the key priorities of local people
- Considers national policy and guidance

The strategy highlights additional issues in accessing services for people with autism in relation to

- Gender
- Age
- Disability
- Looked after children
- Disability

The strategy identifies some key themes for implementation:

- Diagnosis
- Raising awareness
- Information and signposting
- Employment and education
- Support for people in crisis
- Working together

Chapter 1 – Introduction

Why has this strategy been produced?

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. The Autism Act (2009) statutory guidance places a duty on all local authorities to produce an autism strategy. North Yorkshire's strategy is written with due regard for all relevant UK legislation and statutory guidance. A summary of this can be found in Appendix 1, "Autism Policy Framework".

People with autism have the right to the same life opportunities as all local residents. They should have fair and equitable access to services and support as required to meet their life aspirations. The Equality Act requires that North Yorkshire County Council (NYCC) and its partners advance equality of opportunity, foster good relations between people and eliminate unlawful discrimination. Following feedback from the public on the two previous autism strategies, NYCC and partners have decided to design a joint approach that will continue to raise awareness of autism and to improve services for people with autism.

This strategy outlines a shared vision that people with autism will receive an assessment in line with NICE guidance and diagnosis as early as possible, access additional support if they need it and know that they can depend on mainstream public services to accept, understand them and treat them fairly as individuals.

What is the 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 upon 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 objectives.

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 personalised.

Through early identification of autism and by providing appropriate support we plan to improve opportunities for people throughout their lives with the aim of reducing unemployment and the need for mental health services in adult life. This strategy will review commissioning activity and monitor key performance indicators in line with NICE guidance. The strategy will also consider services available for people with

autism and their families locally and aim to ensure the services available meet the needs of those who access them.

Chapter 2 - What do people with autism tell us?

So far we have identified some key themes in North Yorkshire that are important to people with autism and their families.

How have we learnt this?

- 2011-12 children's autism strategy development and consultation
- 2012 National Autism Society consultation for adults with autism, commissioned by NYCC
- 2013-2014 adults' autism strategy development and consultation
- 2014-2015 development of commissioning plan for NHS assessment and diagnosis service
- Feedback from virtual reference group from June 2014

What are the themes that have come up so far?

1. *Raising awareness of autism*: we know people with autism and their families would like to access mainstream services and find suitable "reasonable adjustments" have been made to ensure provision is "autism friendly"
2. *Assessment and diagnosis*: we know families and people with autism would like to be able to receive a diagnosis closer to home, without waiting for long periods of time
3. *Information and signposting*: we know that navigating services is difficult for people with autism and their families and it can be difficult to understand different access criteria
4. *Employment and education*: we know that many young people find school difficult and understanding of autism varies significantly across educational settings. We also know that not enough people with autism are able to find or maintain work
5. *Support for people with autism in crisis*: we know that it can be challenging for people with autism and their carers to know where to go in a crisis

In order to respond to the needs of local people, we will consider these themes when considering the priorities for action for 2015-2018. The views of children, young people and adults with autism and their families are central to the development of services. We want to gather people's views, opinions and experience further to help us understand what works well and what needs to improve locally.

In the summer of 2015 we will consult through existing autism networks across partnership agencies and invite people with autism, their families and other interested parties to attend events in their local area. We will hold additional focus groups for children and adults with autism via the Enhanced Mainstream Schools and the Flying High group and ask our existing adult Partnership Boards for their feedback.

We are also giving people the opportunity to comment via an online questionnaire 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. We will post out questionnaires to individuals on request and receive feedback via post. Once the consultation period has concluded, we will reflect the feedback received in the final version of the strategy. There will be a public launch event following the strategy's publication in October 2015.

Chapter 3 - What's the bigger picture?

How does national policy influence this strategy?

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. In March 2015 "Statutory guidance for Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy" was also published. The policy framework governing our work on autism is extensive. An overview of this can be seen at Appendix 1.

What is the national prevalence of autism?

Owing to variable identification rates and a general lack of data, it is difficult to quantify with certainty the number of people with autism. Studies have found the prevalence of autism is approximately 1% in the UK and this estimate is used by the National Autistic Society (NAS) and National Institute for Clinical Excellence (NICE). If the 1% prevalence figure is applied to the UK population, this means that over 695,000 people in the UK may have autism.

Uncertainty about the prevalence of autism means that it is also difficult to estimate its associated cost. It is estimated that autism costs the UK economy around £28.2 billion per year (£25.5 billion for adults, and £2.7 billion for children). Of the £25.5 billion cost for adults, 59% is accounted for by services, 36% by lost employment for the individual with autism, and the remainder by family expenses. (Knapp et al. 2009).

What about people with protected characteristics and autism?

People may have stereotypes and preconceptions about what someone with autism is like. For example, "male", "white", "good at maths" are often things people have in their mind. Some of these pre-conceptions may prevent people accessing support that they need, for example, in relation to their sexuality or what is considered to be "right" for their cultural or religious background. It may also lead to significant under-diagnosis amongst certain groups, for example, people from a Black or Minority Ethnic (BME) background.

There is strong evidence to suggest that there are more males with autism than females. However, females are less likely to be identified with autism even when their symptoms are equally severe. This is because their traits can be more subtle and females may be more able to mask their difficulties by modelling their behaviour on others. In addition autism diagnostic criteria has historically been developed using the behaviours that males display. Many females are never referred for diagnosis and are missed from the statistics.

Autism is a development disorder, which is also considered a disability, recognised by the Equality Act of 2010. Although autism is not a mental health condition or a learning disability, it is estimated that between 44% - 52% of people with autism may have a learning disability and an estimated 71% of people with autism are likely to have a mental health condition.

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. Some minority ethnic communities have a limited understanding of autism and 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.

It is recognised that Looked After Children (LAC), children from military families and those from travelling communities may be less likely to be referred for a diagnosis of autism. There may be a reluctance to engage with services either because of a lack of trust or a lack of knowledge of services available. Sometimes there are difficulties with diagnosis due to the behaviours of attachment disorder which some children display being similar to autism.

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. Older people are less likely to have received a diagnosis.

We don’t yet know enough about the Lesbian, Gay, Bi-sexual and Transgender (LGBT) population and autism. Nationally the Department of Health has committed to bring together groups and networks that work on equality issues, including race, gender and sexuality, with third sector and other experts on autism to look at the issues experienced by women and people who are lesbian, gay, bi-sexual or transgender, and members of BME groups, who have autism.

What is the local prevalence of autism in North Yorkshire?

Between April 2014 and March 2015 in the areas covered by the four North Yorkshire and York CCGs, there were 239 children diagnosed with autism. As at March 2015 there are 1,721 children and young people with autism up to the age of 25 in North Yorkshire known to service providers. There are 154 children and young people who have a statement of SEN or an Education Health Care plan with autism identified as their primary need. This reflects 23% of all statements.

There has been a 25% increase in the number of children and young people with autism who require additional support from the Inclusive Education Service since 2010 and as of April 2015 there are 489 supported by the service, equivalent to 28% receiving educational support. Projection figures for 2015 suggest a further increase in requests for assessment and diagnosis services and the involvement of the Inclusive Education Service of approximately 30%. This puts a huge pressure on all diagnostic, educational, and social care services.

In 2015, 50 young people with autism transitioned from school to Post-16 provision. Consideration needs to be given to increasing the number of people with autism being supported in higher and further education and to gain or maintain employment.

In 2014, 17 adults per month were referred for diagnosis of autism and/or ADHD 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 autism. The average age of patients referred in 2014 was 28 years old.

There are 270 adults with autism supported by Health and Adult Services (as at February 2015). 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.

Chapter 4 - What is on offer in North Yorkshire?

This strategy reflects the 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. Further information on all North Yorkshire services can be found on our local offer.

There is a continuum of provision to support positive outcomes for people with autism ranging from universal services to highly specialist support. The needs of children, young people and adults with autism will be met on an individual basis and support will be personalised to the needs of each person.

What health provision is available for people with autism?

The majority of healthcare for people with autism will be provided through primary care, and the key coordinator will be the person's GP.

How do I get a diagnosis of autism?

A health professional will make the referral for an autism diagnostic assessment. For children and young people, a health professional will carry out an initial assessment, and then make the decision to refer on to the autism diagnostic assessment team. A health professional could include a paediatrician, child psychiatrist, clinical psychologist or speech and language therapist. For adults over 18 years of age, a GP will refer on their behalf, or another health professional involved in their care.

There is a local service provider in each locality for children and young people (Harrogate, York, Scarborough and Northallerton). Currently adult services are provided outside of the county, so people may have to travel out of the area for their assessment. The service patients are invited to attend will also vary on their location and individual needs.

The autism diagnostic assessment teams are multidisciplinary in line with NICE guidance QS51. For children and young people the team may consist of a paediatrician, psychiatrist, speech and language therapist, clinical psychologist, and specialist CAMHS consultant. The adult autism diagnostic team could include a psychologist, psychiatrist or other mental health professional. These teams have specialist skills in autism diagnostic assessments. They can advise other professionals involved in the patient's care about the impact of a diagnosis or treatment, education or social support. 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 and work within the most up to date NICE guidance and diagnostic tools e.g. ICD 10 or DSM-V for children and young people.

Following an assessment, support will be offered dependent on the presenting healthcare needs of the patient. This may include further signposting and support to access relevant services for people who have not received a diagnosis. For those who do receive a diagnosis, post diagnostic support for children and young people includes a parent information pack and access to autism specific parent training programmes which is offered jointly by the NHS and CYPS. Post diagnostic support is provided on an individual basis for adults and may include carer support, information, signposting or attending a group.

If another NHS provision is required or is more appropriate the person with autism may be signposted. For example, children may be referred to CAMHS, therapy services, and adults to social support or counselling. This may involve joint working with mental health or learning disability NHS providers to achieve a personalised approach for the individual.

What education provision is available for children and young people with autism?

The majority of children and 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 Special Educational Needs (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 Inclusive Education Service encourages all settings to continually develop their provision through the implementation of 'The Autism Education Trust Quality Standards and Competency Framework'.

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 person with additional support needs including children and young people with autism. The code emphasises that having an SEN 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. Some children and young people will require specialist educational provision. Further information on the specialist educational provision available can be found here.

What provision is available for families with autism?

Parents of, or professionals working with 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 here.

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

Carers of people with autism are also entitled to request a carers' assessment to identify their own support needs in caring for an adult with a disability. Carers can include spouses, family, children and young people. A range of carers' resource centres have been established across the county to provide information and signposting.

How do we prepare young people with autism 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 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. 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. It will also ensure integrated person-centred planning and assessment approaches through the transition period, using the Preparing for Adulthood section of the Education, Health and Care plan.

What support is available for adults with autism?

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.

The local authority will consider prevention measures that reduce social care needs, e.g. adults with autism can also access adult education classes and local support groups where these are available, and for those in further education, disability advice workers may be able to signpost students to the right support and help to maintain their education.

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 advisers 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. They are able to support people with autism to gain and retain employment. Supported Employment staff also work with employers to advise on reasonable adjustments in the workplace.

What provision is available in my 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 for people with autism and their families. These include leisure and sport activities, youth provision, after school clubs, parent support groups and peer support groups.

Chapter 5 - How will the strategy make a difference for people with autism?

Themes

In the following pages each theme identified by people with autism and their families will be considered and joint priorities identified. An implementation plan containing Specific, Measurable, Achievable, Realistic and Timely (SMART) targets will be written following the publication of the strategy. Under each theme we have listed:

- What are the priorities going to be?
- What is the progress so far?
- What next?
- How will we know if it's working?

Theme 1 - Diagnosis

There is an increasing demand for diagnostic services for people of all ages 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 the same time as accessing an autism assessment, including education, social care, and primary and secondary health services, including mental health.

What are the priorities going to be?

- To review and improve local pathways for assessment and diagnosis
- Improve transitions for young people
- Provide diagnostic services close to home

What is the progress so far?

- A 0-19 pathway for local assessment and diagnosis has been established for children and young people
- An information pack for parents and autism specific parent training is available for parents of children and young people who receive a diagnosis of autism
- A North Yorkshire and York autism assessment and diagnosis service for adults with autism which is close to home, will be procured in 2015 on behalf of NHS Vale of York, NHS Hambleton, Richmondshire, Whitby, NHS Scarborough, Whitby, Ryedale and NHS Harrogate and Rural District
- A diagnostic service was commissioned from Bradford District Care Trust in April 2015, in the Craven area of North Yorkshire, as part of Bradford and Airedale, Wharfedale and Craven CCG's commissioning plan. This is the Bradford and Airedale Neuro Developmental Disorder Service (BANDS) and assesses for Autism Spectrum Condition, Asperger's and ADHD in adults. It then works in support and consultation with other services to provide for mental health problems which may be encountered
- A GP survey has been completed to assess current understanding of the adult referral pathway and areas for improvement
- From April 2014 the PCU have begun collecting baseline data around referrals and NICE compliance, which will be used to inform future commissioning intentions for children
- Commissioners adopt autism-friendly approaches in commissioning and include a requirement to signpost to relevant available post diagnostic support including education, social care and the voluntary sector in the service specifications.

What next?

- Improve and develop local autism assessment and diagnostic services within North Yorkshire as identified through on-going reviews of service availability and quality

- Review and improve existing post diagnostic support pathway with local partners to support assessment and diagnosis
- Build on existing established baseline data within children's services to monitor activity across all ages
- Monitor data on how assessment services are accessed by groups with protected characteristics e.g. Looked After Children, older people, women, Black and Minority Ethnic (BME) and Lesbian, Gay, Bisexual and Transgender (LGBT) communities
- Joint working across all CCG partners within NYCC area, including NHS Airedale, Wharfedale and Craven to agree shared pathways for patients
- Developing a pathway for young people in transition
- Implement any new international criteria for diagnosis (ICD) once published, relevant statutory guidance and NICE Quality standards
- Explore tools for identifying and supporting differential diagnosis in children that are looked after and develop service specifications to ensure that LAC receive the opportunity for assessments as required
- Ensure that the diagnosis and assessment services have clear pathways into mainstream provision for people with autism e.g. speech and language therapy/paediatricians for children and mental health/learning disability services for adults
- People with autism are more likely to have mental health issues. An on-going review of the NHS mental health provision currently commissioned in the four CCG areas aims to improve access to services for children, young people and adults with autism who require specialist mental health support and services in 2015.

How will we know if it's working?

- Referral pathways are working efficiently
- Patient's first appointment for an autism assessment is within three months of initial referral (in line with NICE guidance)
- Local outreach as part of the provider pathway for assessment and diagnosis in each CCG area
- Increased number of Education, Health and Care plans developed jointly for young people with autism (SEND)
- Increased number of people receiving a diagnosis in North Yorkshire
- Staff working with people with autism are appropriately trained e.g. GPs, psychiatrists, and counsellors
- Increase in the positive outcomes reported by patients and families, through the commissioning process e.g. provider and PALS feedback

Theme 2 - Awareness raising and training

Raising awareness is key to improving the lives of people with autism in all areas of day to day life. A prevalence level of 1% means that most teachers, social care workers, general practitioners and other health professionals will support a person with autism at some point during their career.

What are the priorities going to be?

- Map current training on autism throughout public sector agencies in North Yorkshire and identify training pathways for professionals who work with people who have autism
- Support the development of universal, targeted and specialist training opportunities available to all public sector agencies
- Increase the number of autism champions across a range of local services. Autism champions are existing staff who undertake enhanced training modules in elements of autism in order to improve their knowledge and experience

What is the progress so far?

- 1,593 of North Yorkshire County Council's workforce have undertaken online autism awareness training; 159 non-local authority staff have also undertaken this training as at May 2015
- North Yorkshire has been awarded the position of Yorkshire and Humber Autism Education Trust Early Years and Post 16 training hub, it also offers the school programme through a reciprocal arrangement with Leeds STARS
- North Yorkshire Police Community Support Officer 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
- The number of autism-specific training programmes for families has increased

What next?

- Improve knowledge, understanding and inclusive practice in educational settings
- Contribute to the development of skills, knowledge and understanding of the workforce, across NYCC, the NHS

- Partnership Commissioning Unit (PCU) to liaise with Education Yorkshire and Humber to identify new opportunities for commissioning training on autism for the local NHS
- NHS, public health and social care commissioners to include reference to autism in service specifications for commissioned services where relevant e.g. Looked After Children, Mental Health, CAMHS, Healthy Child Programme
- Encourage front line services to become “autism friendly” e.g. promoting the National Autism Society accredited status and the Autism Education trust Standards and Competency framework

How will we know if it’s working?

- Clear pathway to access training and development in autism across partner agencies
- Increased awareness and knowledge across universal, targeted and specialist services workforce in supporting children, young people and adults with autism
- People with autism and their families report better experience of accessing services
- Local services gain NAS accredited status

Theme 3 - Information and signposting

Key to achieving a fulfilling life with autism is having easy access to information and advice about what support is available. This is important regardless of whether someone wishes to sit exams at school, leave home and go to university, apply for a new job or maintain a new tenancy. Later in life, it may be important for someone with autism to have consistent caring arrangements in place for themselves or a loved one, and to have clear information about accessing welfare, benefits or other welfare rights information. Adults with autism and their families involved in national consultations have said that it can sometimes be hard to know where to go for advice and information locally.

What are the priorities going to be?

- Public sector agencies will provide information that is "autism friendly" i.e. use clear and straightforward language
- Web-based information will be maintained regularly
- A wide range of communication methods will be used to interact with people with autism
- Services will be tailored to people's individual needs
- Communication that is written by NYCC or the PCU and is designed for people with autism will be developed in partnership with people with autism.

What is the progress so far?

- An information pack for parents was developed in 2012 jointly between parents, the NHS and NYCC, for assessment and diagnostic teams to share with parent
- Autism specific parent training is available for parents of children and young people who receive a diagnosis of autism
- The local offer has been developed
- NYCC and NY Police are jointly developing Safe Places with third party, voluntary sector and statutory bodies. Safe Places have been created so that people are able to travel independently and safely in their own communities
- NYCC's Customer Service Centre staff have undertaken basic autism awareness training in order to better understand the needs of people who ring up requesting advice and guidance
- A member of staff in NYCC's customer service centre is an autism champion and has undertaken five enhanced training modules in different issues around autism, enabling a greater level of knowledge of autism within the customer service centre
- NYCC has developed a guide to developing accessible information

What next?

- Adult assessment and diagnosis services commissioned will be required to provide information and signposting as part of the post diagnostic support planning
- Inform and involve people with autism and their carers in changes resulting from the Care Act
- Single point of referral for the Inclusive Education Service
- Advice and support for GPs on referral criteria
- Local information and signposting resources to be developed to support implementation of adult assessment and diagnosis service
- Liaise with public health teams to ensure information is widely available for people with autism
- Develop appropriate peer support
- Ensure that the NYCC and North Yorkshire Partnerships websites are useful local sources of information for people with autism and their families

How will we know if it's working?

- People with autism report that information is easily accessible and useful
- People with autism and their families feel confident that they will receive appropriate advice and guidance when contacting public sector agencies
- People with autism report that information is easy to understand

Theme 4 - Employment and education opportunities for people with autism

What are the priorities going to be?

- Improve the knowledge, understanding and inclusive practice in educational settings (0-25) through implementing excellent continuing professional development opportunities for staff
- Increase access to intensive support for reintegration of children and young people with autism that are excluded or at risk of exclusion to reduce breakdowns in educational placements
- Continue to improve the support offered to people with autism and potential employers through NYCC's Supported Employment service

What is the progress so far?

- 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
- A range of training and development opportunities have been made available for schools and settings to access
- The inclusive education service commission specialist services to provide outreach support for schools and settings requiring support to improve inclusive provision
- North Yorkshire County Council's Supported Employment service works with a number of people with autism to find suitable work
- The Supported Employment service supports potential employers to provide job opportunities for people with autism. This service also offers advice to employers and employees about making reasonable adjustments within the workplace to enable people to stay in their job

What's next?

- Support schools in developing their knowledge of therapeutic and educational autism interventions and their implementation through the "assess, plan, do, review" model
- Introduce the Autism Education Standards and Competency framework across educational establishments to support them in improving their offer to children and young people with autism.
- Improve transition to Further Education (FE) by developing relationships with independent providers, offering training and tracking pupils at the transition phase
- Include support for employers within the post diagnostic pathway for adults with autism e.g. advice on reasonable adjustments within the workplace

- Link with the Department for Work and Pensions regionally to discuss their targets and objectives for supported adults with autism into employment
- Adjustments in education settings, such as providing quiet or low-light areas, can benefit people with autism. The Disabled Student Allowance supports people with autism with the academic aspects of university life. This includes funding a note-taker for lectures, electronic equipment and software, social skills training, travel training, and 1:1 support

How will we know if it's working?

- Educational outcomes for people with autism are improved and the attainment gap is reduced
- Increased teacher confidence in supporting children and young people with autism within Early Years settings, schools and post 16 establishments
- Children, young people and their families report better school experience
- The number of schools and settings using the AET competency framework and national standards increases
- Reduction in school exclusion, family breakdown and out of authority placement
- More people working with the Supported Employment service to achieve employment are successful in finding and maintaining a job
- Employers feel more confident in making reasonable adjustments in the workplace so that people with autism can keep their job
- The Department of Work and Pensions, on a regional level, become involved in the work of the Steering Group

Theme 5 - Support for people with autism in crisis

Crisis can mean different things to different people. Different situations can prompt a crisis at different times. The aspiration of this strategy is that services respond in a personalised way to individuals, regardless of the scale of the crisis.

What are the priorities going to be?

- Improve support for families and carers to avoid breakdown of social support
- Support for people with autism to self-care and manage day to day life
- Appropriate advice and urgent response from a trained professional in high risk situations

What is the progress so far?

- Local Crisis Care Concordat agreed for mental health services includes developments for people with autism
- Mental health staff employed by NYCC's Health and Adult Services (HAS) have received specialist training on how autism can affect a person's mental health
- Three mental health staff are autism champions within HAS and have completed five enhanced training modules around specific issues for people with autism

What next?

- Review CAMHS pathways for children in crisis
- Review the urgent care pathway for adults with autism and mental health needs
- To review support for people with autism/complex needs in a crisis
- Increase access to intensive support for the most vulnerable children and young people with autism to ensure success in educational placements
- Ensure that all mental health staff can identify the mental health needs of people with autism effectively particularly during a point of crisis.
- Support parents and families by delivering effective, and timely, autism specific parent programmes
- Contribute to the development of the skills, knowledge and understanding the workforce requires, across CYPS including children's social care, through creating autism champions

How will we know if it's working?

- Reduction in school exclusion, family breakdown and out of authority placement
- Parental confidence in meeting the needs of their child or young person increase.

- Families of children with autism report improved experience of social care support
- Increased knowledge and understanding of autism reported by social care staff.

Theme 6 - Working together

The 2015 “Statutory guidance for Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy” sets out that every local area is expected to have an Autism Partnership Board (APB) or a similar mechanism in place to ensure that all relevant stakeholders, including people with autism and their families and senior commissioners of health and care services, help identify local need and plan appropriate services and support. The Autism Partnership Board for North Yorkshire is called the “York and North Yorkshire Steering Group (Autism)”.

We think it is vital that individuals, families and organisations know what the priorities are, that they have contributed to the development of these priorities and know how they are going to be achieved. That way, everyone can be confident that we are working together as consistently and effectively as possible.

What are the priorities going to be?

- Continuing to hold discussions with public and voluntary sector agencies that have not, to date, been part of the development of the all-age strategy to bring them on board
- Ensuring that all public and voluntary sector agencies have representation on the York and North Yorkshire Steering Group (Autism)
- Encouraging representation on the Steering Group from people with autism and their families
- Enabling people who cannot or do not wish to attend the Steering Group to have their say using a wide variety of resources, such as email and social media
- Being transparent and honest about progress by regularly sharing progress against the priorities in the strategy to as wide an audience as possible

What is the progress so far?

- Governance structures have been set up to review and implement this strategy across CYPS and HAS (see structure below)
- 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. People expressed a preference to be proactively engaged and involved in producing this strategy and the group operates mainly by email to reflect that not everybody is able, or wishes to attend meetings

- Initial engagement has taken place with North Yorkshire Police and the seven district and borough councils in North Yorkshire to inform them of the strategy, request their endorsement and discuss future involvement

What next?

- Work together to improve pathways and better manage expectations for young people moving from being a child to an adult;
- Support the development of autism friendly communities through the NYCC community delivery managers
- Work with universal services to raise awareness of how people with autism may present differently (GP's, hospitals, schools, youth centres etc.)
- Explore community development opportunities to support people with autism (e.g. sports and leisure)
- Improve preparation to adulthood through enhanced partnership with further education providers
- Explore community development opportunities to ensure people with autism have local access and involvement
- Develop personalised pathways of support for people with autism

How will we know if it is working?

- There is endorsement from all local public sector agencies for the priorities in this strategy
- People with autism, their families and public sector agencies will be centrally involved in the work of the Steering Group
- Universal services are aware of the potential needs of people with autism, and these are considered when producing strategies, policies and procedures

Chapter 6 – How will we bring the strategy to life?

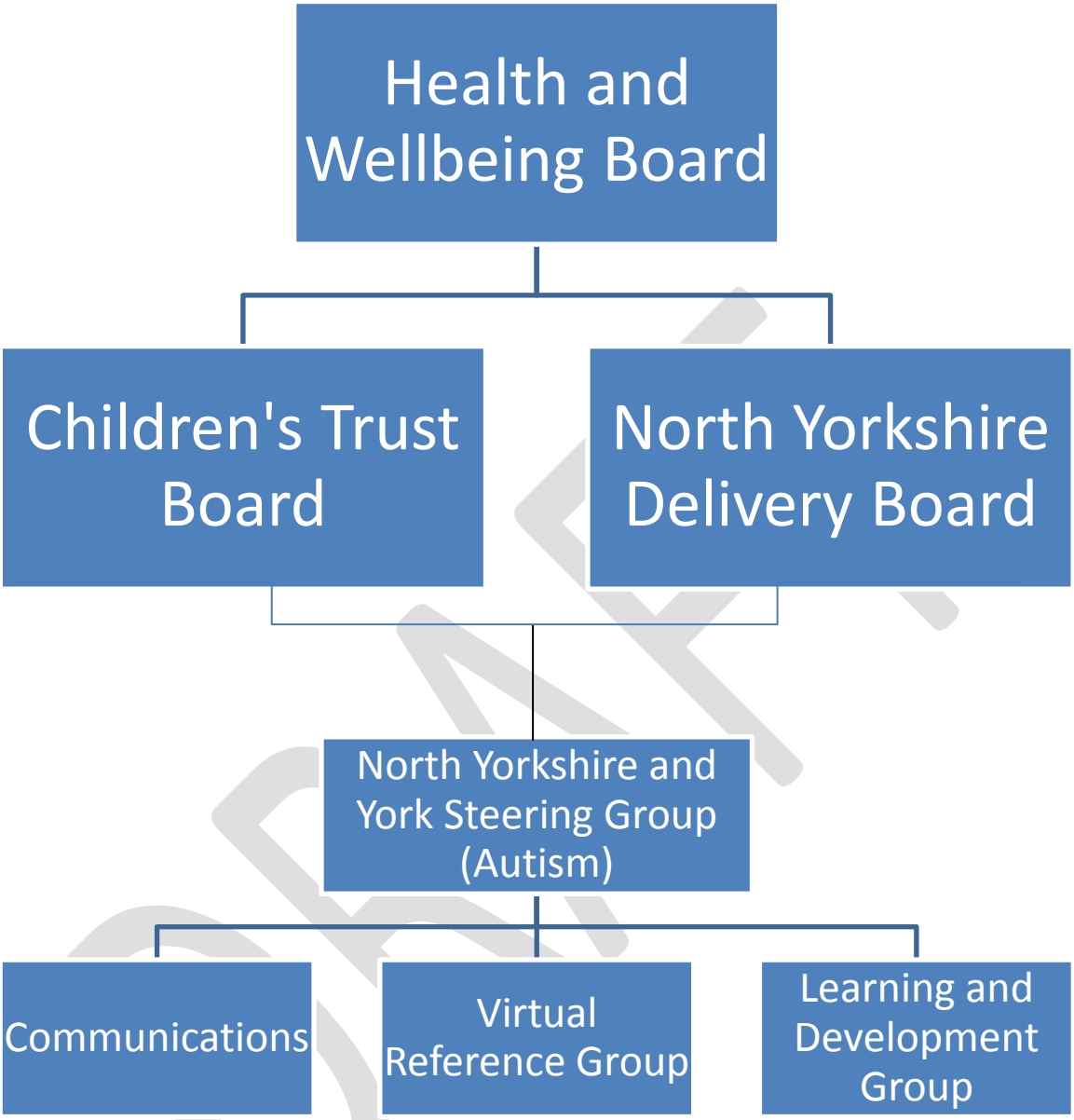
The monitoring of the implementation plan for this strategy will be overseen by the North Yorkshire and York Steering Group (Autism). This group will be jointly chaired by senior managers from North Yorkshire County Council and the Partnership Commissioning Unit. Membership will comprise representation from NYCC Health and Adult Services, Children and Young People's Service, NHS Partnership Commissioning Unit, NHS Foundation Trust service providers and a senior representative from Airedale, Wharfedale and Craven CCG. Other public sector agency members will be sought. The virtual reference group members will also be active in the development of plans and actions
The Steering Group will receive regular reports on progress against the priorities and planned improvements, and will monitor progress against these priorities and improvements. An annual summary will be published demonstrating progress against the commitments made within this strategy.

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

North Yorkshire Health and Wellbeing Board
Children's Trust Board
North Yorkshire Delivery Board
Care and Independence Overview and Scrutiny Committee
Scrutiny of Health Committee
Partnership Commissioning Unit Management Board
CYP Leadership Team
HAS Leadership Team
North Yorkshire learning disability partnership board

The success of the strategy will be measured against the themes presented in chapter 5. 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



APPENDIX 2

Autism Strategy consultation events
Main feedback by theme

Diagnosis

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

Awareness raising (Should this be called awareness raising and training?)

- Needs to be about awareness, knowledge and understanding – awareness is not enough.
- Knowledgeable teachers, support staff, GP's, social care staff, hospital staff, mental health services, provider services are needed that really understand autism and know how to work effectively with children, young people and adults with autism. Knowledge of autism needs to be across all agencies and all communities and everybody needs to be aware of what services are available.
- GP's need to know about the referral pathway
- There is a need for parent training/support at different stages through the child/young person or adults journey.
- There needs to be increased understanding around girls with autism and children with autism who are looked after or adopted and those with PDA.
- More needs to be done to raise awareness of higher functioning children with autism and the subtle difficulties that they are experiencing.
- Provider services need training in autism as they are not always aware of autism and the needs of those with autism.

- Autism champions should be expanded across different agencies NHS, police housing, district councils the START team
- ESW's need a good understanding of autism
- There is a need to raise awareness of autism within communities

Information and signposting

- An online hub would be useful that contained information and a chat forum
- A single database of children, young people and adults with autism would be helpful for informing people of events and activities.
- Information on interventions and strategies need to be available to families as well as schools.
- An information pack post diagnosis is not enough
- A single point of contact would be helpful for advice, guidance and signposting "A one stop shop"
- Clear support plans need to be developed and maintained for children, young people and adults with autism to support information sharing.
- Literature is needed for children, young people and adults with autism, their siblings and the extended family. Library hubs would be good that include fiction and reference books.
- There is a lack of information for services about how to support children, young people and adults with autism.
- The NYCC website needs to be more user friendly for those with autism
- Consideration needs to be given as to how we communicate services for autism through social media and apps to make it accessible for young people with autism.
- Professionals on the frontline do not always know what services and support is available.
- An online chat facility for local people would be helpful for information and signposting.

Employment and education

- Primary to secondary transition is difficult for many families
- Schools need to make more reasonable adjustments to make the environment and curriculum work for children and young people with autism.
- Transition from education to employment and careers advise for young people with autism is poor
- Peers need to be better informed in relation to autism
- There is a need to measure the number of people with autism in paid employment.

- Employers need to be better informed about autism and there needs to be job coaching and employment support for young people with HFA.
- There needs to be more of an incentive for employers to recruit people with autism.
- NYCC and the NHS should provide supported internships for people with autism and lead by example
- Schools need more knowledge of autism interventions
- Job centre plus need a better understanding of autism
- Schools should be more accountable and transparent in demonstrating how they are using SEN funding to support individuals.
- Schools need to value the parents knowledge of their child and of autism and work with the family not against them.
- Schools need to develop their knowledge of the C&FA and the EHCP process.
- Consideration needs to be given to how the LA can achieve engagement from all schools even those that are resistant.
- There is a need for autism champions in every school
- The strategy needs to consider how best to support parents seeking a good education establishment for their child.
- There need to be better links between schools, the LA and OFSTED to ensure that all schools improve their autism knowledge and provision
- The LA need better links with local employers
- Support needs to be available when leaving school and transitioning into college or work.
- Residential placement specifications need to consider access to work opportunities
- Parents need effective signposting and guidance when choosing a school
- Bullying is a big issue for children with autism attending mainstream schools

<u>Support for people with autism in crisis (this needs to be called something else supporting families/ social support?)</u>

- Parent support needs to be strengthened this could be facilitated by parents for parents. It is as important to provide support for parents as it is to support the individual with autism.
- There is a lack of social activities for children, young people and adults with autism.
- There is a need for positive handling training for parents of children with autism.
- Families need support with planning for the future as they get older.
- When a person disengages with services the family still require support
- Families do not feel well supported

- The LA need to ensure that carers assessments are available for parents of children and young people with autism
- There is a need to develop safe environments within the community for people with autism
- Crisis support needs to be available 24 hours a day, 7 days a week
- The emphasis needs to change from supporting children and families at crisis point to early intervention and better understanding and acceptance
- A single point of contact would be helpful for advice, guidance and signposting,
- There need to be courses available to ensure emotional wellbeing, to reduce anxiety, stress and isolation. Some people with autism may never work but there needs to be access to activity and occupation.
- Families need support to adapt when children become adults and leave home and when planning for the future of their adult with autism as they become older
- There need to be different levels of support available at different times depending on the needs of the family at that time, families should not be in crisis before support is available
- Family support needs to be in the right venue and at the right time for the family
- It is not clear who undertakes carers assessments in children's services
- The Mental capacity act is not fit for purpose for those with HFA.
- Carers need support when their child becomes an adult
- Families would rather one service that supports the family rather than numerous different services all offering different aspects of support.

<u>Transition</u>

- Transition is not considered sufficiently within the strategy and this is a major difficulty for young people with HFA moving into adulthood.
- There are no specific transitions roles within NYCC and parents have to find things out for themselves.
- The strategy needs to address those that fall through the cracks during transition from education.
- There is a lack of resources for supporting those with HFA transitioning into adulthood.
- Additional support is required for transitions from primary to secondary school many children can cope in primary school but don't manage the transition to secondary school.
- There are too many people with HFA who are supported through education who then become reclusive and stay in their flats with no support to seek employment or continue their education. Support for this group is limited.

- There is a gap in for young people with autism who transition into adult-hood. They need support with confidence, self-esteem, making choices about their future, applying for courses or work and support undertaking the chosen activity.

Working together

- There needs to be collaboration with the police and district councils to develop skills in children with autism in relation to stranger danger, road safety, health eating etc.
- There need to be better links and collaboration with the voluntary sector
- Feedback relating to the strategy needs to be circulated with a range of organisations (job centre, district councils, schools, care providers etc.)
- Agencies need to understand each others roles and how these interlink
- Resources across health, social care and education need to be pooled to ensure that there are no gaps in service provision and that there is a reduction in the number of separate services that become involved with a person with autism.
- Parents do not want to fight to get what they need.

NORTH YORKSHIRE COUNTY COUNCIL

SCRUTINY OF HEALTH COMMITTEE

4 September 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 Secretary of State for Health.

Scheduled Committee Dates

5. The Committee meetings up to May 2016 are:

2015

- 6 November

2016

- 22 January
- 22 April

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

Areas of Involvement and Work Programme

7. The Committee's on-going and emerging areas of work involvement are summarised in APPENDIX 1.

8. Key issues which Members are invited to note include:

- Child and Adolescent Mental Health Services (CAMHS)

  The Committee has a long standing interest in CAMHS. The Department of Health have published Future in mind - Promoting, protecting and improving our children and young people's mental health and wellbeing: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

  Locally developments are being taken forward under the umbrella of the **Children and Young People's Emotional and Mental Health Strategy 2014-17**.

  On behalf of the Clinical Commissioning Groups and the North Yorkshire Children's Trust the North Yorkshire Partnership Commissioning Unit (PCU) A draft delivery plan will be considered by this Committee in November. This will then provide an opportunity for the Committee to consider how it may be able to contribute towards improving the CAMHS locally.

- Fracking

  This issue will be considered in detail at the Committee meeting on 22 January 2016 with a view to providing policy advice to the Executive at its meeting on 15 March 2016.

Recommendation

9. 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

21 August 2015
Background Documents: None

NORTH YORKSHIRE COUNTY COUNCIL

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

(Note: Shading denotes period of on-going involvement/monitoring; ✓ = Confirmed agenda item)

	2015	2016	
Scheduled Committee Meetings	**6 Nov**	**22 Jan**	**22 April**
Local Healthcare Services			
1. Hambleton, Richmondshire & Whitby CCG: Whitby – Out of Hours and Community Services + Whitby Hospital			
2. Hambleton, Richmondshire & Whitby CCG: Hambleton and Richmondshire - "Fit 4 the Future"			
3. Opening Hours of the Short Stay Paediatric Assessment Unit, Friarage Hospital			
4. Relocation of Hyper Acute Stroke Services from Airedale NHS Foundation Trust to Bradford Teaching Hospitals NHS Foundation Trust			
5. Temporary Changes to Hyper Acute Stroke Services at Scarborough Hospital			
Strategic Service Developments			
6. Child and Adolescent Mental Health Services (CAMHS)	✓		
7. All Age Autism Strategy	✓		
8. Hydraulic fracturing (Fracking)		✓	
9. Primary Care Commissioning			
10. National Review of Congenital Heart Surgery (Adults and Children)			

	2015	2016	
Scheduled Committee Meetings	**6 Nov**	**22 Jan**	**22 April**
Performance			
11. South Tees Hospitals NHS Foundation Trust – Outcome of CQC Inspection, financial situation and Impact on Services and Opening Hours of the Paediatric Short Stay Assessment Unit, Friarage Hospital	✓		
12. York Teaching Hospitals NHS Foundation Trust - Outcome of CQC Inspection	Timescale to be determined.		
13. Yorkshire Ambulance Service – Outcome of Care Quality Commission Inspection (Including planned service developments and improvements to response times)	Timescale to be determined.		