

**Notice of a public meeting of
Health and Wellbeing Board**

To:	Councillors Runciman (Chair), Craghill, Cannon and K Myers
	Dr Nigel Wells (Vice Chair) Chair, NHS Vale of York Clinical Commissioning Group (CCG)
	Sharon Stoltz Director of Public Health, City of York Council
	Michael Melvin Interim Corporate Director, Health, Housing & Adult Social Care, City of York Council
	Maxine Squire Interim Corporate Director, Children, Education & Communities, City of York Council
	Lisa Winward Deputy Chief Constable, North Yorkshire Police
	Vacant Chief Executive, York CVS
	Catherine Scott Manager, Healthwatch York
	Gillian Laurence Head of Clinical Strategy (North Yorkshire & the Humber) NHS England

Colin Martin	Chief Executive, Tees, Esk & Wear Valleys NHS Foundation Trust
Mike Proctor	Chief Executive, York Hospital NHS Foundation Trust
Dr Kevin Smith	Executive Director for Primary Care and Population Health, NHS Vale of York Clinical Commissioning Group
Mike Padgham	Chair, Independent Care Group

Date: Wednesday, 17 October 2018

Time: 4.30 pm

Venue: The George Hudson Board Room - 1st Floor West Offices (F045)

AGENDA

1. Declarations of Interest

At this point in the meeting, Board Members are asked to declare:

- any personal interests not included on the Register of Interests
- any prejudicial interests or
- any disclosable pecuniary interests

which they may have in respect of business on this agenda.

2. Minutes

(Pages 3 - 12)

To approve and sign the minutes of the last meeting of the Health and Wellbeing Board held on 11 July 2018.

3. Public Participation

It is at this point in the meeting that members of the public who have registered their wish to speak can do so. The deadline for registering is at **5.00 pm on Tuesday 16 October 2018**.

To register please contact the Democracy Officer for the meeting, on the details at the foot of this agenda.

Filming, Recording or Webcasting Meetings

Please note that, subject to available resources, this meeting will be filmed and webcast, or recorded, including any registered public speakers who have given their permission. This broadcast can be viewed at <http://www.york.gov.uk/webcasts>.

Residents are welcome to photograph, film or record Councillors and Officers at all meetings open to the press and public. This includes the use of social media reporting, i.e. tweeting. Anyone wishing to film, record or take photos at any public meeting should contact the Democracy Officer (whose contact details are at the foot of this agenda) in advance of the meeting.

The Council's protocol on Webcasting, Filming & Recording of Meetings ensures that these practices are carried out in a manner both respectful to the conduct of the meeting and all those present. It can be viewed at:
http://www.york.gov.uk/download/downloads/id/11406/protocol_f_or_webcasting_filming_and_recording_of_council_meetings_20160809.pdf

GOVERNANCE

4. Appointments to Health and Wellbeing Board (Pages 13 - 20)

This report asks the board to confirm new appointments to its membership and to its list of substitutes.

THEMED MEETING: MENTAL HEALTH

- 5. Report from the Mental Health Partnership** (Pages 21 - 56)
This report presents the Health and Wellbeing Board with an update on the work and activities undertaken by the Mental Health Partnership to date.
- 6. All Age Autism Strategy Update** (Pages 57 - 128)
This report looks at the priorities that have been established by the All Age Autism Strategy 2017-2021 and presents to the Board the challenges and progress seen to date.
- 7. Refresh of the Local Transformation Plan (Future in Mind)** (Pages 129 - 178)
This report presents the Board with the draft Local Transformation Plan for 2018/19 and requests authorisation to submit the plan to NHS England on 26 October 2018.

OTHER BUSINESS

- 8. Healthwatch York Report: LGBT experiences of health and social care services in York** (Pages 179 - 218)
This report presents to the Board the work of Healthwatch York in assessing the experiences of the LGBT+ community with regard to Health and Social Care Services in York. The report has recommendations that the Health and Wellbeing Board are asked to consider and respond to.
- 9. Better Care Fund Update** (Pages 219 - 230)
This report presents an update on the Better Care Fund for the 2017-19 period. The Health and Wellbeing Board are asked to note this report.
- 10. Report from the Place Based improvement Partnership** (Pages 231 - 234)
This report provides an update to the Health and Wellbeing Board on the progress of the York Health and Care Place Based Improvement Partnership (PBIP).

11. Report from the Health and Wellbeing Board Steering Group (Pages 235 - 244)

This report provides the board with an update on the work that has been undertaken by the Health and Wellbeing Board (HWBB) Steering Group. The board are asked to note the update and ratify the steering group's decision to establish an ageing well partnership.

FOR INFORMATION ONLY

12. Safeguarding Adults Annual Report (Pages 245 - 258)

This report provides information to the Health and Wellbeing Board on the work of the Safeguarding Adults Board over the course of 2018.

13. Annual Report from the Children's Safeguarding Report (Pages 259 - 340)

This report presents the Annual Report of the Independent Chair of City of York Safeguarding Children Board 2017/18.

14. Director of Public Health for City of York: Annual Report (Pages 341 - 348)

The Director of Public Health for the City of York would like to present her annual report and accompanying video to the Health and Wellbeing Board. The report can be found in the agenda papers and the link to the accompanying video can be found online or alternatively can be found here:

<https://www.youtube.com/watch?v=zxrntPM2DiA&feature=youtu.be>

15. Briefing Note: Care Quality Commission Follow Up Review (Pages 349 - 352)

This briefing note informs the Health and Wellbeing Board of the forthcoming follow up review by the Care Quality Commission which is scheduled for mid-November.

16. Urgent Business

Any other business which the Chair considers urgent under the Local Government Act 1972.

Democracy Officer:

Chris Elliott

Telephone No – 01904 553631

Email – christopher.elliott@york.gov.uk

For more information about any of the following please contact the Democracy Officer responsible for servicing this meeting:

- Registering to speak
- Business of the meeting
- Any special arrangements
- Copies of reports and
- For receiving reports in other formats

Contact details are set out above.

This information can be provided in your own language.

我們也用您們的語言提供這個信息 (Cantonese)

এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে। (Bengali)

Ta informacja może być dostarczona w twoim własnym języku. (Polish)

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

یہ معلومات آپ کی اپنی زبان (بولی) میں بھی مہیا کی جاسکتی ہیں۔ (Urdu)

 **(01904) 551550**

Extract from the
Terms of Reference of the Health and Wellbeing Board

Remit

York Health and Wellbeing Board will:

- Provide joint leadership across the city to create a more effective and efficient health and wellbeing system through integrated working and joint commissioning;
- Take responsibility for the quality of all commissioning arrangements;
- Work effectively with and through partnership bodies, with clear lines of accountability and communication;
- Share expertise and intelligence and use this synergy to provide creative solutions to complex issues;
- Agree the strategic health and wellbeing priorities for the city, as a Board and with NHS Vale of York Clinical Commissioning Group, respecting the fact that this Group covers a wider geographic area;
- Collaborate as appropriate with the Health and Wellbeing Boards for North Yorkshire and the East Riding;
- Make a positive difference, improving the outcomes for all our communities and those who use our services.

York Health and Wellbeing Board will not:

- Manage work programmes or oversee specific pieces of work – acknowledging that operational management needs to be given the freedom to manage.
- Be focused on the delivery of specific health and wellbeing services – the Board will concentrate on the “big picture”.
- Scrutinise the detailed performance of services or working groups – respecting the distinct role of the Health, Housing and Adult Social Care Overview and Scrutiny Committee.
- Take responsibility for the outputs and outcomes of specific services – these are best monitored at the level of the specific organisations responsible for them.
- Be the main vehicle for patient voice – this will be the responsibility of Health Watch. The Board will however regularly listen to and respect the views of residents, both individuals and communities.

This page is intentionally left blank

City of York Council

Committee Minutes

Meeting

Health and Wellbeing Board

Date

11 July 2018

Present

Councillors Runciman (Chair), Craghill and K Myers

Dr Nigel Wells (Chair, NHS Vale of York Clinical Commissioning Group)

Sharon Stoltz (Director of Public Health, City of York Council)

Martin Farran (Corporate Director of Health, Housing and Adult Social Care, City of York Council)

Jon Stonehouse (Corporate Director of Children, Education and Communities, City of York Council)

Phil Cain (Deputy Chief Constable, North Yorkshire Police)

Sarah Armstrong (Chief Executive, York CVS)

Gillian Laurence (Head of Clinical Strategy, NHS England: North Yorkshire and the Humber)

Mike Padgham (Chair, Independent Care Group)

Catherine Scott (Healthwatch York)

Darren Gargan (Tees, Esk and Wear Valleys NHS Foundation Trust)

Dr Kevin Smith (Executive Director for Primary Care and Population Health, NHS Vale of York Clinical Commissioning Group)

Keren Wilson (Independent Care Group)

Gillian Laurence (Head of Clinical Strategy,
NHS England: North Yorkshire and the
Humber)

Apologies

Councillor Cannon, Sian Balsom, Lisa
Winward, Colin Martin, Mike Padgham

1. Declarations of Interest

At this point in the meeting, Members were asked to declare:

- any personal interests not included on the Register of Interests
- any prejudicial interests or
- any disclosable pecuniary interests

which they may have in respect of business on this agenda.

No interests were declared.

2. Minutes

Resolved: That the minutes from the meeting of the Health and Wellbeing Board held on 9 May 2018 be approved and signed by the Chair as a correct record.

3. Public Participation

It was reported that there had been no registrations to speak at the meeting under the Council's Public Participation Scheme on general issues within the remit of the board.

4. Appointment to Health and Wellbeing Board

Members were asked to consider a report requesting the appointment of Catherine Scott to the Health and Wellbeing Board as the representative for Healthwatch York.

There were also two additional appointments that were verbally put to members for their approval;

1. To appoint Darren Gargan as second substitute for Colin Martin, Tees, Esk and Wear Valleys NHS Foundation Trust; and
2. To appoint Mike Proctor, Interim Chief Executive at York Teaching Hospital NHS Foundation Trust to replace Patrick Crowley who has recently retired.

It was noted that a full review of all substitutes will be undertaken and presented to the board at the next meeting in October.

Resolved: That the aforementioned appointments be made

Reason: In order to make relevant membership changes and for continuity of membership and substitutes

5. Inequalities within the Starting & Growing Well Theme

The board received a report from the Corporate Director of Children, Education and Communities on inequalities within the Starting and Growing Well Theme of York's Joint Strategic Needs Assessment (JSNA).

It was reported that there was an error on page 34 of the agenda papers. The papers state that nearly 44, 000 children in York live in poverty. This was an incorrect figure and should read that nearly 4,705 children in York live in poverty.

It was noted that there were three areas of focus, childhood obesity, hospital admissions for self harm and childhood poverty.

Officers explained that this was a new way of working for the board that involved workshops relating to key issues around health and inequality. This would allow the board to have a sharper focus and understanding of the inequalities and to ensure deployment of resources into areas of the city and to the individuals who need it most.

The first of these HWBB workshops was on childhood obesity and key issues raised in that session, were highlighted from the report.

The Board agreed that it would be a good idea to involve parents on the Healthy Weight Steering Group, it was suggested that the Healthy Weight Steering Group (HWSG) should consider how best to engage with parents and foster co-production.

The Board questioned whether statistics were available to show the direct link between income and obesity in York.

The Executive Director for Primary Care and Population Health, NHS Vale of York CCG, informed the board that:

- statistics were available for individual schools through the National Child Measurement Programme (NCMP), however it was not possible to compare these statistics to household income across York;
- there was a direct correlation between schools showing the highest levels of obesity and the schools that take children from the poorest areas of the city;
- poverty wasn't the cause of obesity. The issue was that in an affluent western country the availability of food is based on price and if you are comparatively poor, the food you will access will be the cheaper, higher calorie products.

However, the challenge is achieving an early behavioural change as there is much evidence to prove that intervening effectively with children can have a positive impact on adult health.

Members suggested that perhaps the Healthy Weight Steering Group could engage with 'Energise' to co-ordinate the delivery of activities.

The Director of Public Health suggested the Healthy Weight Steering Group continue to work with Public Health England, looking at all partners and how further proposals can be developed to tackle childhood obesity. It was also noted that this was a good opportunity to pilot the 'Health in All Policies' approach and how any proposals fed into the work of the YorOK Board.

Resolved: That the HWSG should continue their work to identify and develop proposals to reduce childhood obesity, with a focus on behavioural change rather than treatment led interventions.

That these proposals be brought back to a future meeting of the Health and Wellbeing Board.

Reason: To help address the inequalities around childhood obesity

6. Progress on the Starting & Growing Well Theme of the Joint Health and Wellbeing Strategy 2017-2022

The board were presented with a report from the Corporate Director of Children's Services, Education and Communities on the progress against the 'Starting and Growing Well Theme of the Joint Health and Wellbeing Strategy 2017-2022'.

Annex A set out the priorities within the Starting and Growing Well Theme and examples of where progress had been made to deliver against the priorities within this theme. Annex B set out information on the agreed performance indicators for the theme.

Members were interested in whether the board were closer to highlighting the key issues relating to why hospital admissions for tooth extraction were so high and why it makes up a significant proportion of paediatric surgery.

The Executive Director for Primary Care and Population Health informed the board that there were a number of factors that may help to explain the statistics, including:

- the availability of children's dental care
- the referral process for hospital extractions

Officers stated that the Oral Health Action Group would be conducting a survey with dentists over the summer to investigate practices further.

Resolved: That the Health and Wellbeing board note and comment on the report

Reason: To ensure the Health and Wellbeing board are informed on progress and delivery against the starting and

growing well theme of the joint health and wellbeing strategy
2017-2022

7. Student Health & Wellbeing: Progress Report on Student Health Needs Assessment Outcomes

The board received a report from the Operations Manager of Higher York on the progress on Student Health Needs Assessment outcomes.

Officers highlighted that waiting times had reduced for IAPT (Improving Access to Psychological Therapies) and in response to member questions, that services were looking at how they could provide more support to international and BME students, who for cultural reasons, are less likely to disclose mental health problems.

Officers stated that the Student Health and Wellbeing Network did not have representation from NHS Vale of York Clinical Commissioning Group (CCG). The Executive Director for Primary Care and Population Health, NHS Vale of York CCG, informed the board that he would be happy to represent the CCG at the Network and look at ways in which the network could better link with GPs.

Resolved: That the content of the report be noted and to approve the receipt of the annual progress update in year one.

Reason: The HWBB need oversight and assurance of the work that is being done on its behalf in relation to student health and wellbeing

8. Health Protection Assurance

The board were presented with a report on Health Protection Assurance from the Assistant Director of Public Health.

Officers noted that this was an update to the report brought to the board a year ago, that progress had continued on a majority of aspects and that contact rates are improving which is key in getting health messages out to parents.

It was noted that the previous report recommended the establishment of a local Health Protection Committee. York still has a membership to the North Yorkshire and York Health Protection Committee and whilst this has continued to be a useful committee, York would benefit from a committee focussed on York.

It was noted by officers that there had been improvements to health visitor contact rates with 6 months - 2 year olds and improved take up of immunisations.

The following amendment was noted on Page 78 of the Agenda: Text should read “Improve uptake of seasonal flu vaccine in 2 and 3 year olds...”

Resolved: That the report and content be noted and the establishment of a local Health Protection Committee to support a multi-agency approach to addressing health protection issues be approved.

Reason: To re-assure the HWBB that health protection measures are in place.

9. Better Care Fund Update

The board received an update from the Assistant Director, Joint Commissioning, NHS Vale of York Clinical Commissioning Group (CCG) and City of York Council on the Better Care Fund (BCF).

The officer reported that progress had been made on a number of indicators, including delayed transfers of care (DTC), however it was noted that targets would be very difficult to achieve.

It was also noted that some excellent events had taken place in May to re-launch the BCF including discussions around desired outcomes from the BCF, what our schemes were delivering and working together.

Officers responded to questions from members around the High Impact Change Model, its indicators, the improvements to the length of stay especially for elderly patients and the challenges associated with this.

Officers highlighted that we were seeing the impact of local area co-ordination, social prescribing, earlier intervention and prevention around mental health and the role of the voluntary and community sector is significant.

The Interim Chief Executive for York Hospital NHS Foundation Trust informed members that whilst it was clear that we were not on target, a cultural change of how we interact as agencies was needed to improve further. It was noted that:

- We have a better understanding of why people are delayed in hospital and we have become better at explaining this
- Residents were waiting for a specific type of care and not for assessments.
- There was a need for 'fast-tracking' patients.
- Discussions with patients regarding their future care is best not had in an acute setting as it is an artificial environment.

Resolved: That the HWBB note this report

Reason: To keep the HWBB updated in relation to the Better Care Fund

10. Update on Progress of the York Health and Care Place Based improvement Partnership (PBIP)

The Corporate Director for Health, Housing and Adult Social Care presented an update on the progress of establishing the Place Based Improvement Partnership (PBIP).

The director highlighted that the purpose of the partnership was to ensure that colleagues from different organisations came together to find innovative new ways to challenge some of the wider health challenges in York whilst also acting as a support mechanism for organisations represented on the partnership.

It was noted that meetings of PBIP would not be minuted in a traditional way so as to encourage the partnership to work as it was initially intended, as a sounding board and conduit for discussion on challenges that face the organisations present.

Members requested that a brief summary of topics discussed and any objectives agreed be brought to future Health and Wellbeing Board meetings. The Interim Chief Executive of York

Hospital NHS Foundation Trust, Mike Proctor, agreed to feed back this information to the board as the only member participating in both meetings.

Resolved: That the HWBB note:

- i) That the second PBIP meeting has taken place
- ii) The change of name from Place Based Improvement Board to Place Based Improvement Partnership
- iii) The terms of reference for PBIP

And endorse:

- iv) The approach taken by the PBIP to the development of a programme office to support its activity

Reason: To ensure that the HWBB is sighted on the work of the PBIP and endorse its approach.

11. Report from the Health and Wellbeing Board Steering Group

The board received a report from the Director of Public Health updating the board on the work of the Health and Wellbeing Board Steering Group.

Resolved: That the Health and Wellbeing Board note this update

Reason: To update the Board in relation to the work of the HWBB Steering Group

12. Urgent Business

The Chair highlighted that this would be the last meeting for a number of HWBB members and that it be noted in the minutes that the following members were thanked for all their dedication and support during their tenure:

- Patrick Crowley
- Sarah Armstrong

- Jon Stonehouse
- Martin Farran

It was also noted that replacement appointments will be made in the next meeting.

, Chair
[The meeting started at Time Not Specified and finished at Time Not Specified].



Health and Wellbeing Board**17 October 2018**

Report of the Assistant Director, Legal and Governance

Appointment to York's Health and Wellbeing Board**Summary**

1. This report asks the Board to confirm new appointments to its membership.

Background

2. The Council makes appointments at its Annual Meeting, to Committees for the municipal year. However, the Health and Wellbeing Board is able to appoint to or update its membership separate of Full Council, where there are no changes to statutory board positions. Therefore, the following changes are put forward for the Board's endorsement:
 - a) To appoint Michael Melvin (Interim Corporate Director for Health, Housing and Adult Social Care, City of York Council) to the Health and Wellbeing Board to replace Martin Farran and to appoint Pippa Corner, Assistant Director, Joint Commissioning for City of York Council and NHS Vale of York Clinical Commissioning Group as his first substitute.
 - b) To appoint Maxine Squire (Interim Corporate Director for Children, Education and Communities) to the Health and Wellbeing Board to replace Jon Stonehouse and to appoint Sophie Wales, Assistant Director of Children's Social Care at City of York Council as her first substitute.
 - c) To appoint Alison Semmence (Chief Executive at York CVS, in post from 5th November 2018) to the Health and Wellbeing Board to replace Sarah Armstrong.
 - d) To appoint Patrick Scott (Director of Operations, York and Selby, Tees, Esk and Wear Valleys NHS Foundation Trust) to the Health and Wellbeing Board to replace Colin Martin (Chief Executive,

Tees, Esk and Wear Valleys NHS Foundation Trust). Colin Martin will now act as first substitute for Patrick Scott.

- e) To appoint Phil Mettam (Accountable Officer, NHS Vale of York Clinical Commissioning Group) as first substitute for Dr Nigel Wells (Chair of NHS Vale of York Clinical Commissioning Group and Vice-Chair of Health and Wellbeing Board).
 - f) To appoint Julie Warren (Locality Director, NHS England, North Region, Yorkshire and Humber) as first substitute for Gillian Laurence (Head of Clinical Strategy, NHS England, North Region, Yorkshire and Humber).
 - g) To appoint Andrew Bertram (Deputy Chief Executive and Finance Director at York Teaching Hospital NHS Foundation Trust) as second substitute for Mike Proctor (Interim Chief Executive at York Teaching Hospital NHS Foundation Trust)
 - h) To appoint Lisa Pickard (Chief Executive at the Independent Care Group) as the first substitute for Mike Padgham (Chair of the Independent Care Group), replacing Keren Wilson.
3. Following confirmation of these appointments, the Board's Terms of Reference will be amended to reflect these changes. For clarity, a full list of Board members and substitutes is also attached as Annex A.

Consultation

4. As these are appointments to the existing Health and Wellbeing Board membership, no consultation has been necessary.

Options

5. There are no alternative nominations for the appointments.

Council Plan 2015-19

6. Maintaining an appropriate decision-making structure, together with appropriate nominees to that, contributes to the Council delivering its core priorities set out in the current Council Plan effectively. In particular, appointments to the Health and Wellbeing Board ensure that partnership

working is central to the Council working to improve the overall wellbeing of the city.

Implications

7. There are no known implications in relation to the following in terms of dealing with the specific matters before Board Members:
 - Financial
 - Human Resources (HR)
 - Equalities
 - Crime and Disorder
 - Property
 - Other

Legal Implications

8. The Council is statutorily obliged to make appointments to Committees, Advisory Committees, Sub-Committees and certain other prescribed bodies. The Board's Terms of Reference also make provision for substitutes.

Risk Management

9. In compliance with the Council's risk management strategy, the only risk associated with the recommendation in this report is that an appropriate replacement would fail to be made should the Board not agree to these appointments.

Recommendations

10. The Health and Wellbeing Board are asked to endorse the appointments as set out in Paragraph 2.

Reason: In order to ensure that the Health and Wellbeing Board has the full compliment of members as set out in it's Terms of Reference.

Author:

Chris Elliott
Democracy Officer
Telephone: 01904 553631

Chief Officer Responsible for the report:

Dawn Steel
Head of Civic & Democratic Services

**Report
Approved**



Date 09/10/2018

Specialist Implications Officers

Not applicable

Wards Affected:

All



For further information, please contact the author of the report.

Background Papers

None

Annexes

Annex A – Board Members and Substitutes

Annex A: List of Health and Wellbeing Board Members and Substitutes

Organisation	Position	Board member	Named Substitutes
City of York Council	Executive Member Adult Social Care and Health	Cllr Carol Runciman	None
City of York Council	Executive Member Education, Children and Young People	Cllr Keith Myers	First substitute: Cllr Helen Douglas
City of York Council	Elected member	Cllr Denise Craghill	First Substitute: Cllr Andy D’Agorne Second Substitute: Cllr Lars Kramm
City of York Council	Elected member	Cllr Mary Cannon	First Substitute: Cllr Janet Looker
NHS Vale of York Clinical Commissioning Group	Chair of NHS Vale of York Clinical Commissioning Group and Vice Chair of Health and Wellbeing Board	Dr Nigel Wells	First Substitute: Phil Mettam (Accountable Officer NHS Vale of York Clinical Commissioning Group)
NHS Vale of York Clinical Commissioning Group	Executive Director, Primary Care and Population Health	Dr Kevin Smith	First Substitute: Michelle Carrington (Chief Nurse, NHS Vale of York Clinical Commissioning Group)
City of York	Director of Public Health for City of York	Sharon Stoltz	First Substitute: Fiona Phillips (Assistant Director, Consultant in Public Health, City of York Council)
City of York Council	Interim Director of Health, Housing and Adult Social Care	Michael Melvin	First Substitute: Pippa Corner (Assistant Director, Joint Commissioning, City of York Council/NHS Vale of York Clinical Commissioning Group)
City of York Council	Interim Director of Children, Education and Communities	Maxine Squire	First Substitute: Sophie Wales (Assistant Director of Children’s Social Care, City of York Council)
North Yorkshire Police	Chief Constable	Lisa Winward	First Substitute: Phil Cain (Temporary

Annex A: List of Health and Wellbeing Board Members and Substitutes

Organisation	Position	Board member	Named Substitutes
			Assistant Chief Constable, North Yorkshire Police)
York CVS	Chief Executive	Alison Semmence (from 5 November 2018)	First Substitute: Jane Hustwit (Chair of York CVS)
Healthwatch York	Manager	Catherine Scott	First Substitute: John Clark (Chair of Healthwatch York)
NHS England	Head of Clinical Strategy	Gillian Laurence	First Substitute: Julie Warren (Locality Director, NHS England, North Region, Yorkshire and Humber) Second Substitute: Shaun Jones (Head of Assurance and Delivery, NHS England, North Region, Yorkshire and Humber)
Tees, Esk and Wear Valleys NHS Foundation Trust	Locality Director: York and Selby	Patrick Scott	First Substitute: Colin Martin (Chief Executive, Tees, Esk and Wear Valleys NHS Foundation Trust) Second Substitute: Darren Gargan (Adult Mental Health York & Selby - Tees, Esk and Wear Valleys NHS Foundation Trust)
York Teaching Hospital NHS Foundation Trust	Chief Executive	Mike Proctor	First Substitute: Wendy Scott (Chief Operating Officer, York Teaching

Annex A: List of Health and Wellbeing Board Members and Substitutes

Organisation	Position	Board member	Named Substitutes
			Hospital NHS Foundation Trust) Second Substitute: Andrew Bertam, (Deputy Chief Executive and Finance Director, York Teaching Hospital NHS Foundation Trust)
Independent Care Group	Chair	Mike Padgham	First Substitute: Lisa Pickard (Chief Executive, Independent Care Group)

This page is intentionally left blank



Health and Wellbeing Board**17 September 2018**

Report of the Independent Chair of the Mental Health Partnership

Update Report: Mental Health Partnership**Summary**

1. This report presents an update from the mental health partnership about their activities to date. It covers the following areas:
 - i. establishing the mental health partnership
 - ii. action planning to deliver the mental health strategy
 - iii. delivering the mental health priority in the joint health and wellbeing strategy
 - iv. performance and monitoring
 - v. local area sign up to the prevention concordat
2. The Independent chair of the partnership will be in attendance at the meeting to present this report.

Background

3. The [joint health and wellbeing strategy for 2017-22](#) identifies four principal themes to be addressed. One of these themes is mental health and wellbeing with the key priority for that theme being 'to get better at spotting the early signs of mental ill health and intervening early'. Other aims in the joint health and wellbeing strategy in relation to mental health are:
 - Focus on recovery and rehabilitation
 - Improve services for young mothers, children and young people
 - Ensure that York becomes a Suicide Safer city

- Ensure that York is both a mental health and dementia-friendly environment
 - Improve the services for those with learning disabilities (to be addressed in its own strategy)
4. These are expanded and explored in more detail in the Health and Wellbeing Board's [all age mental health strategy 2018-2023](#).

Consultation

5. Consultation with a wide audience took place when developing both the joint health and wellbeing strategy and the mental health strategy.

Establishing the mental health partnership

6. The mental health partnership first met in April 2018 and has, to date, met on a total of 3 occasions. It is chaired by an independent chair, with the vice-chair being the current interim director for health, housing and adult social care. The independent chair is also keen to raise awareness of the importance of good mental health and wellbeing more generally and has, for example, given his time to visit voluntary sector organisations/forums and attend the suicide prevention conference to increase his own knowledge in the field.
7. Terms of reference have been agreed by the partnership; including a core membership (**Annex A refers**).
8. To date agenda items have included starting the action planning process for delivering against the mental health strategy; priority setting; learning about the ways to wellbeing service and advising on and considering joint strategic needs assessment work in relation to mental health
9. Additionally there are a number of relationships between the partnership board and other existing groups in the city that need to be strengthened; these include the VCS forum for mental health; the YorOK Board; the two safeguarding boards and the strategic partnership for emotional and mental health (children and young people). Work is ongoing to ensure that the partnership works effectively and in a complementary way with these groups.

10. Work needs to start on mapping what is already happening in the city; looking at what the other groups' work streams are to avoid duplication and looking at whether there are other strategic and/or operational groups in the city with a focus on this agenda that we need to liaise with.
11. The partnership acknowledges that to make a significant difference a more collective approach is required to start making the cultural shifts to fully aligned delivery. There is an ambition to work in a more integrated way using community strength based approaches at a neighbourhood level.

Action planning to deliver the mental health strategy

12. The partnership has started to develop an action plan to deliver against the all age mental health strategy. At the moment this is at a very early stage and more work needs to take place to make the action plan manageable and focused; with the understanding that it is a live document and will need to be flexible and responsive. All partnership members are encouraged to own the action plan and at least one individual action within it.
13. However, from early discussion the mental health partnership have identified three priority areas to concentrate on, namely:
 - self harm
 - housing/supported accommodation
 - long term prevention
14. Additionally they have considered their role in sending positive messages via corporate communication channels as well as promoting occasions such as world mental health awareness day.
15. Also coming through as an important element of action planning is the need to promote the wealth of good quality information available in the city focusing on a suite of complementary resources such as:
 - Healthwatch York's mental health and wellbeing guide
 - Live Well York website
 - Family information service

➤ Carer's centre website

16. It should also be noted that the chair of the mental health partnership took an active role in the recent suicide prevention conference which was very well attended.
17. Further information about these can be found in Annex B to this report.

Delivering the mental health priority in the joint health and wellbeing strategy

18. We know that there is a lot of work already happening in the city. With a focus on the higher level priorities in the joint health and wellbeing strategy 2017 to 2022 **Annex B** sets out a brief overview of some of the more significant pieces of work that are helping to deliver against these. This information will be used by the Mental Health Partnership to complement the priorities in the all age mental health strategy and to begin to build a bigger picture of what is happening in the city and where any gaps might be.
19. One key area to report on is the priority of York becoming a suicide safer city. The York suicide safer community strategy was open for public consultation over the summer and received generally positive feedback. The strategy contains the seven key objectives of the national suicide prevention strategy plus two additional local objectives (training and preparedness/post incident management).
20. The Living Works Suicide Safer Community concept, which is a joint health and wellbeing strategy objective, is the central theme alongside fundamental principles of partnership working, suicide prevention being the responsibility of everyone rather than primary or secondary health services and of the need to talk more openly about suicide. The strategy does not set targets other than to reduce suicide, initially to below national and regional average levels and will be accompanied by a multi-agency operational delivery plan which requires commitment, contribution and resources of Health and Wellbeing Board partner organisations and the community.
21. Raising awareness of the ambition and objective was a primary aim of the York Suicide Safer Community multi-agency workshop held in July 2018 and of the conference in September 2018, both

of which received excellent feedback from delegates and press interest.

22. Another objective, that of improving support for people bereaved through suicide is demonstrated through the continued suicide postvention offer from the Major Incident Response Team (MIRT), the introduction of a new SOBS York branch (Survivors of Bereavement through Suicide) and the second York service of reflection for people bereaved through suicide held at All Saints Church on early September”.

Performance and monitoring

23. The mental health partnership has considered the suite of performance indicators included within the all age mental health strategy. The latest update is included at **Annex C** to this report.

Local area sign up to the prevention concordat

24. Finally the Chair and Vice-Chair of the Health and Wellbeing Board along with the Director of Public Health for the city of York and the Chair of the Mental Health Partnership have agreed that the York Health and Wellbeing board should sign up to the [Prevention Concordat for Better Mental Health](#).
25. The concordat is underpinned by an understanding that taking a prevention focused approach to improving the public’s mental health makes a valuable contribution to achieving a fairer and more equitable society. The concordat promotes evidence based planning and commissioning to increase the impact on reducing health inequalities.
26. Any further work and implementation associated with the concordat will be delegated to the mental health partnership.

Options

27. There are no specific options for the Health and Wellbeing Board to consider; however board members are asked to:
 - In relation to the sign up to the prevention concordat for better mental health: to delegate the completion of necessary documentation to the Chair of Health and Wellbeing Board and the Director of Public Health for city of York

- make a commitment, both as leaders within their own organisations and as leaders across the York health and social care system, to do what is required to transform the mental health of people living in York.

Implications

28. It is important that both the priorities around mental health and wellbeing in both the joint health and wellbeing strategy and the all age mental health strategy are delivered. The establishment of a mental health partnership should enable this to be achieved.

Recommendations

29. The Health and Wellbeing Board are asked to:
- delegate the completion of the necessary documentation for sign up to the prevention concordat for better mental health to the Chair of the Health and Wellbeing Board and the Director of Public Health
 - Make a commitment both as leaders within their own organisations and as leaders across the York health and social care system, to do what is required to transform the mental health of people living in York.

Reason: To give the Health and Wellbeing Board oversight of the work of the new mental health partnership

Contact Details

Author:

Tim Madgwick
Independent Chair of the
Mental Health Partnership

**Chief Officer Responsible for the
report:**

Michael Melvin
Interim Director for Health, Housing and
Adult Social Care; City of York Council

**Report
Approved**



Date 05.10.2018

Specialist Implications Officer(s)

None

Wards Affected:

All



For further information please contact the author of the report

Background Papers:

None

Annexes

Annex A – Terms of Reference

Annex B – Progress on the mental health theme of the joint health and wellbeing strategy

Annex C – Performance monitoring

This page is intentionally left blank

Terms of Reference Agreed: 19 June 2018

Agreed Review Date: 19 June 2019

Terms of Reference for the York Mental Health Partnership

A. Vision and purpose of the mental health partnership

1. The overarching strategic vision for health and wellbeing in York is set out in the joint health and wellbeing strategy 2017-2022
2. The joint health and wellbeing strategy has four priorities one of which is mental health. A separate mental health strategy expands and augments this priority.
3. The mental health partnership will translate the strategic vision within the mental health strategy into action; bringing partners together to focus on its delivery.
4. The partnership will work to achieve positive change in the area of mental health and build a shared approach to delivering against the priorities in the mental health strategy and its associated action plan(s).

B. The role of the mental health partnership

5. The mental health partnership is accountable to the York Health and Wellbeing Board for delivering against the priorities in both the joint health and wellbeing strategy 2017-2022 and the mental health strategy 2018-2023
6. To ensure that partners work together in relation to mental health on behalf of the whole health and social care system; acknowledging that some organisations work across multiple boundaries
7. To develop and implement an action plan to deliver against the mental health strategy 2018-2023
8. To drive improvement in the area of mental health
9. To develop a dashboard of performance indicators to monitor progress against delivery of the mental health strategy

Terms of Reference Agreed: 19 June 2018

Agreed Review Date: 19 June 2019

10. To provide assurance to the Health and Wellbeing Board that the mental health strategy is being delivered
11. To produce an annual report on its activities for the Health and Wellbeing Board
12. To lead on and report back on any other work in the area of mental health that the Health and Wellbeing Board requests
13. To lead on the refresh and/or renewal of the mental health strategy 2018-2023 as it nears its end

C. Membership of the Board

14. Partnership members will be required to represent their organisation with sufficient seniority and influence to take forward the vision and agenda of the partnership

Membership of the Board will consist of:

	Organisation	Position
1	Independent	Chair
2	NHS Vale of York Clinical Commissioning Group	Head of Joint Programmes
3	NHS Vale of York Clinical Commissioning Group	Executive Lead for Mental Health
4	City of York Council	Assistant Director Adult Social Care
5	City of York Council	Commissioning Manager
6	City of York Council	Public Health Specialist Practitioner Advanced
7	City of York Council	Assistant Director Children's Specialist Services (to act as the link on children's mental health and transitions)
8	York Council for Voluntary Service	Officer Representative
9	Community Representative	Chair of the Mental Health Voluntary Sector Forum
10	Community Representative	Member of the Mental Health Voluntary Sector Forum
11	Healthwatch York	Healthwatch Manager

Terms of Reference Agreed: 19 June 2018

Agreed Review Date: 19 June 2019

12	Higher York	Representative
13	Office of the Police & Crime Commissioner	Representative
14	Tees, Esk and Wear Valleys NHS Foundation Trust	Director of Operations for York and Selby
15	Tees, Esk and Wear Valleys NHS Foundation Trust	Deputy Medical Director
16	North Yorkshire Police	NHS Commissioning and Mental Health Liaison Inspector
17	York Teaching Hospital NHS Foundation Trust	Lead Nurse for Safeguarding Adults
18	Service User	Representative
19	Carer	Representative
20	Sustainability & Transformation Partnership	Transformation Programme Director, Mental Health
21	Independent/Private Sector	Represented by The Retreat

15. Membership of the partnership will be reviewed periodically and can be amended at any stage with the agreement of existing members. Partner organisations may substitute for their named representative with the prior agreement of the Chair.

16. All partnership members will have equal status.

17. Partnership members will be expected to individually lead on specific work streams to ensure delivery of the mental health strategy

D. Chair and Vice Chair

18. The partnership will have an independent chair and a vice-chair will be nominated by the partnership members.

19. The Independent Chair of the partnership's term of office will be for 3 years with the possibility of extending this if all partnership members are in agreement

20. The Chair is responsible for determining the forward plan and agenda items (with assistance from the lead officer), ensuring the

Terms of Reference Agreed: 19 June 2018

Agreed Review Date: 19 June 2019

efficient running of the meeting, maintaining focus and facilitating and enabling participation of all those present and ensuring that confidential items are handled accordingly.

21. The Chair is responsible for direct liaison with the mental health leads on the Health and Wellbeing Board; keeping them up to date in relation to the partnership's work and progress against the delivery of the mental health strategy and the mental health priority within the joint health and wellbeing strategy.

E. Leaving the partnership

22. A person shall cease to be a member of the partnership if s/he resigns or the relevant partner agency notifies the Chair of the removal or change of representative.

F. Lead Officer

23. The Lead Officer will assist the Chair and Vice Chair in determining the forward plan, prioritising, scheduling and coordinating agenda items. They are responsible for ensuring that appropriate reports, presentations and attendees are available for items tabled and act as a contact point for enquiries.

G. Other support for the Board

24. The Council and Vale of York Clinical Commissioning Group will ensure that the Board receives the necessary support to enable the Board to discharge its responsibilities effectively. This will include financial and legal advice and specific support to monitor and review performance.

H. Interests of Board members

25. Partnership members must declare any personal or organisational interest in connection with the work of the partnership. Where there is a potential conflict of interest for individual members, this should be openly and explicitly declared. At the Chair's discretion the partnership member may be excluded from the discussion and / or decision making related to that particular agenda item.

Terms of Reference Agreed: 19 June 2018

Agreed Review Date: 19 June 2019

I. Meetings

26. The partnership will normally meet on a two-monthly basis i.e. 6 meetings per annum. The partnership will be quorate when at least five members, including at least one representative from City of York Council or Vale of York Clinical Commissioning Group, and from two other partners, are present. If the meeting is not quorate it may proceed at the discretion of the Chair but may not take any decisions that would require a vote.

J. What the partnership doesn't do

27. The Board is not directly responsible for managing and running services but it does consider the quality and impact of service delivery across partner organisations. It does not have direct responsibility for budgets.

K. Involving people in the work of the partnership

28. The partnership expects that the views and involvement of local people will influence its work and its sub groups at all stages.
29. Reports to the partnership will be required to describe the way local people have been engaged in their preparation, and the partnership will adopt the co-production principles accepted by the Health and Wellbeing Board in 2017.

L. Accountability and reporting

30. The mental health partnership is formally accountable to the Health and Wellbeing Board
31. The partnership may establish 'task and finish' groups and/or working groups which focus on specific elements of the mental health strategy. These groups are accountable to the partnership and will report to it at least twice a year

M. Culture and values: how the Board exercises its responsibilities and functions

Terms of Reference Agreed: 19 June 2018

Agreed Review Date: 19 June 2019

32. The partnership will take into account the following behaviours and values in exercising its functions. Members will:
33. Participate on the basis of mutual trust and openness, respecting and maintaining confidentiality as appropriate;
34. Work collaboratively, ensuring clear lines of accountability and communication;
35. Share expertise and intelligence and use this synergy to provide creative solutions to complex issues;
36. Take account of any particular challenges, policies and guidance faced by individual partners;
37. Have regard to the policies and guidance which apply to each of the individual partners;
38. Adhere to and develop their work based on the vision and priorities within the mental health strategy 2018-2023
39. Where decisions of the partnership require ratification by other bodies the relevant partnership member shall seek such ratification in advance of any meeting of the partnership or promptly following the partnership's recommendations;

These terms of reference will be reviewed annually.

Priority	Progress/Action Planning already underway
<p>Top Priority:</p> <p>Get better at spotting the early signs of mental ill health and intervening early</p>	<p><u>Mental Health and Well-being Activities Programme</u></p> <ul style="list-style-type: none"> In July 2018 we entered into the second of a three year (£80k per year) contract awarded by City of York Council to York Mind, in partnership with eight other local organisations, to deliver a bespoke range of activities to support individuals' mental health and wellbeing across the city of York. In this second year, York Mind is working in conjunction with Converge, Kindlewoods, Kyra, York LGBT Forum, York Racial Equality Network, The Rowntree Society, Sunshine Changing Lanes, and Survive to deliver a range of activities including mindfulness, art and drawing, drama, yoga, walking groups, woodland well-being sessions, social events, and support groups. For more info please visit https://www.yorkmind.org.uk/our-services/mental-health-wellbeing-activities-programme/ <p><u>Mental Health Recovery Team (MHRT) at 30 Clarence Street</u></p> <ul style="list-style-type: none"> MHRT@30 Clarence Street has gone from strength to strength since moving back into the building last July. We are averaging 6 new referrals each week for either our wellbeing groups (all volunteer led) or our customer service skills training course. Our first cohort has now completed the whole kitchen training course with new trainees joining regularly. Demand for Information, Advice and Guidance is steady – averaging 8 – 10 people/sessions per week. York Explore recently took the decision to withdraw from 30 Clarence Street so we have opened our own community library. We appealed for donations of books and so far have in excess of 900 books available to borrow. Uptake of this service is gradually building up <p><u>The Haven' at 30 Clarence Street</u></p> <ul style="list-style-type: none"> Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) appointed 'Mental Health Matters' to

Priority	Progress/Action Planning already underway
	<p>deliver 'The Haven' service at 30 Clarence Street from November 2017. The service operates from 6:00pm–11:00pm, 7 days a week and provides an early intervention for adults in mental distress, to prevent an escalation into a mental health crisis. From 1 April 2018 to 31 August 2018, 528 people attended The Haven, of which 155 attended for the first time. Those attending present with a variety of reasons including anxiety, suicidal thought /intent, depression, as well as loneliness and isolation. To date, as far as we know, we have helped prevent 8 people from taking their life.</p> <ul style="list-style-type: none"> the intention of the service is to reduce unnecessary attendance at emergency departments, reducing hospital admissions and police detention. The impact of this service is to be evaluated after its first year. <p><u>30 Clarence Young People's Services</u></p> <ul style="list-style-type: none"> The Local Area Team's young people's offer which includes first level information, learning and work advice and confidential counselling is well established from 30 Clarence Street since the new service was launched in July 2017. The counselling service for young people age 16 to 25 has delivered 841 counselling sessions July 2017 to July 2017. 60% of young people are signposted or referred by GPs and mental health practitioners. Schools colleges and 6th forms also refer young people to the service. <p><u>Children and Young People</u></p> <ul style="list-style-type: none"> For children, young people and families, the Child and Adolescent Mental Health Service (CAMHS) Single Point of Access (SPA) accepts self referrals, as of July 2017. The SPA clinician

Priority	Progress/Action Planning already underway
	<p>will offer a 30 minute telephone consultation to ascertain how the service can help or if the CAMHS service is not indicated signpost it a more appropriate source of support or to the School Wellbeing Service via school. 90% referrals requiring full assessment are assessed in under 9 weeks from referral</p> <ul style="list-style-type: none"> • CAMHS SPA Lead and Team Leader for School Wellbeing Service have provided input to GPs on appropriate referral routes and signposting • The School Wellbeing Service has introduced an evidenced based whole class universal offer, with staff training provided 'How To Tame Your Meerkat' for KS1/2 and 'Mind Management' Years 9-13. • CYC investment in training 2 Wellbeing Workers s and 2 Educational Psychologists in Mental Health First Aid (MHFA) Youth to help staff and foster carers to spot the early signs and know how/when to refer on. • The Educational Psychology (EP) Service continues to deliver the 6-day training programme for ELSAs (Emotional Literacy Support assistants) on an annual basis. ELSAs are school staff who can offer intervention for emerging signs of social emotional and mental health needs • CYC Educational Psychology Service has produced a Critical Incident Guide for Schools to support children and young people experiencing emotional needs as a result of loss/f bereavement. • Information for parents is available at www.yor-ok.org.uk/sws.htm or through the York Local Offer at http://www.yor-ok.org.uk/2014%20YorOK%20Website/families/Local%20Offer/emotional-and-behavioural-difficulties.htm • Significant improvement in the delivery of the Access to Wellbeing service (which bridges the gap between Primary and Secondary care): dramatic reduction in numbers of those waiting to be seen, smoother processes means better integration with/referral to other services as appropriate.

Priority	Progress/Action Planning already underway
	<p>More responsive. Improved access to interventions to bridge the gap between primary and secondary services.</p> <ul style="list-style-type: none"> • IAPT has participated in a ‘deep dive’ review by NHS England’s Intensive Support Team and is following the recommendations from that action plan. • Older person’s community mental health services within Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) are going through a period of redesign with the view to enhance the offer and ensure earlier intervention and prevention is at the heart of service delivery. Key areas have been identified across community services to begin testing with a view to incorporating into a future service model. these include: <ul style="list-style-type: none"> ○ Developing separate access and crisis service for MHSOP (mental health services for older people) ○ Development of nursing and specialist ‘cells’ that are aligned to GP clusters. ○ Screening assessments within GP practices ○ Extending service hours to reflect need and accessibility for service users and families ○ Enhanced care home team
Other Priorities:	
Focus on recovery and rehabilitation	<p><u>Mental Health Housing and Support</u></p> <ul style="list-style-type: none"> • Following a report to Health and Wellbeing Board (HWBB) in January 2018, a great deal of work has been undertaken by the core project team (City of York Council, NHS Vale of York Clinical Commissioning Group, Tees, Esk and Wear Valleys NHS Foundation Trust) - working with a wide

Priority	Progress/Action Planning already underway
	<p>range of partners through meetings, workshops, and visits to other areas – to develop proposals for an improved mental health housing and support pathway. These include proposals to develop specialist mental health housing and support provision in the form of Supported Housing and an increased ‘Housing First’ service. Partners are now discussing how these proposals might be funded and these discussions will dictate the speed and phasing of implementation. An update report is scheduled for HWBB in February 2019.</p> <p><u>Other</u></p> <ul style="list-style-type: none"> • Community rehab team now established: to support repatriation back to York & Selby locality from external placements, and supporting mental health accommodation. • Contributing to a Trust wide piece of work to transform our approach to delivering Rehabilitation services
<p>Improve services for young mothers, children and young people</p>	<ul style="list-style-type: none"> • In partnership with York college and Independent Domestic Abuse Services (IDAS), Local Area Team Practitioners delivered a 6 weeks Life Skills programme over June and July to 9 vulnerable teenage parents at 30 Clarence Street focusing upon parenting, child development, learning and work and healthy relationships. 6 of the young people completed the course successfully. The success of the programme is still being evaluated with some of the young people taking up courses with York College and York learning. We are looking to offer the provision to vulnerable teenage parents again next year. • CAMHS crisis/liaison service started in August 2017 and is available every day (10am – 10pm). Plans are developing to extend this provision to 24/7. • TEWV was successful in its bid to deliver a perinatal mental health service across York & Selby

Priority	Progress/Action Planning already underway
	<p>and North Yorkshire localities. This team will be fully operational with effect from 1 April 2019 although staff are already in place and starting to see clients.</p> <ul style="list-style-type: none"> • The Haven at 30 Clarence Street is available to young people from 16 years • The Yorkshire and Humber forensic child and adolescent mental health service (FCAMHS), commissioned by NHS England is provided in partnership between South West Yorkshire Partnership NHS Foundation Trust, Humber Teaching NHS Foundation Trust, Sheffield Children's NHS Foundation Trust and Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV).
<p>Improve the services for those with learning disabilities</p>	<ul style="list-style-type: none"> • Successfully retendered the building based short breaks services to include short breaks from age 16+ therefore enabling smoother transitions from children's short breaks services in a more person centred way. • Successfully tendered a new Base at Burnholme Health and Wellbeing Campus in the Centre@Burnholme building with United Response as the selected provider and which has been open since July 2018. • The Supported Employment initiative with the Department of Work and Pensions (DWP) in partnership with United Response is still underway with 31 adults with a learning disability accessing the service (60 including Mental Health and Autism) and 8 with a learning disability having secured employment (13 over the whole scheme). • Adult Social Care have written an Accommodation Plan for Adults with Learning Disabilities (2018-2023), this includes the continued review and enhancement of supported living

Priority	Progress/Action Planning already underway
	<p>opportunities.</p> <ul style="list-style-type: none"> • The Learning Disabilities Partnership has met twice (June and September), and whilst still in its infancy, is starting to set its aims and objectives. • Transforming Care – where people wish to come home to York ensuring there is accommodation and support available and where people wish to remain where they are that this is the right placement for them. This includes working in partnership to contribute towards the North Yorkshire & York Transforming Care Partnership’s Housing Plan. Reviewing the needs of NHS assessment and treatment beds across the Transforming Care Partnership footprint. Exploring the development of forensic outreach teams for those leaving secure mental health/learning disability services. • Transforming Care Partnership across North Yorkshire and York works to ensure that children and young people with autism/LD and presenting with challenging behaviours are appropriately supported in the community with reduced need for inpatient admissions. The TCP has and continues to work successfully on systems of support, and the evidence of CETRs which involve social care, education, crisis team and specialist health commissioners is that fewer children and young people have required admission to inpatient units. • Work with children’s services planning for the future. • An all age learning disabilities strategy is currently being developed with input from service users and relevant stakeholders. • Ongoing programme to improve access to health checks, health action plans and screening for

Priority	Progress/Action Planning already underway
	<p>cancer and other conditions.</p> <ul style="list-style-type: none"> • Transport: The Council has adopted a personalised approach to adult's transport, whereby adult customers are able to choose their own transport from a range of council approved providers (or explore other creative options - travel training, access to an extended bus pass scheme, community transport, mobility vehicles). 67 transport direct payments have been taken up by adult customers since the launch of the initiative on 1st November 2017. The initiative has empowered people to make decisions and choices - and maintain control of their day to day lives accordingly • The personalisation of transport is part of a wider strategic approach to develop personal budget and direct payment support structures in York that are people focused, flexible, and responsive to diverse use and need. The intention is to encourage independent living by ensuring that direct payments are accessible, innovative and genuinely deliver citizen choice and empowerment. There has been a particular focus on ensuring that Direct Payment customers are adequately supported to support plan, recruit staff and manage their DPs effectively. • FIRST extension project is seeking NHSE capital funding to develop the offer of intensive short breaks for children, young people and families with autism and challenging behaviours • Forensic Outreach Liaison Service (FOLS) is currently being recruited to and will be referral ready by Jan 2019
<p>Ensure that York becomes a Suicide Safer</p>	<ul style="list-style-type: none"> • See update on 'The Haven' at 30 Clarence Street on first page of this annex • Draft York Suicide Safer Community strategy written and open for public consultation over the Summer 2018. Generally positive comments whilst some feedback related to the format of the

Priority	Progress/Action Planning already underway
City	<p>document , questions around priorities and the mechanism for delivery</p> <ul style="list-style-type: none"> • Multi-agency workshop (funded by York Samaritans) held in July, attended by 85 representatives of statutory, commissioned and voluntary services in order to further consult on the strategy and gain commitment and contribution to multi-agency delivery plan which is being developed. • Training strategy developed. York MIND commissioned through Public Health and the Safeguarding Adults Board to deliver 6 further Applied Suicide Intervention Skills workshops over the next fourteen months supported by monthly safeTALK workshops by the Suicide Prevention lead. Training will be free and open to general workforce and community members. • Service of Reflection for people bereaved through suicide held at All Saints Church on 8th September. Around 80 people attended the service including some people very recently bereaved. Very positive feedback received indicating that the event was greatly appreciated. • York Suicide Safer Community Conference, funded by Public Health, held on 20th September. 135 people attended including staff from a wide range of front line services, the private sector and people who are bereaved by suicide or who have experienced suicidal thoughts. The event included very powerful lived experience accounts plus presentations from a clinician from TEWV, the Chief Executive of Papyrus (national suicide prevention charity) and the founder of IfUcareshare , a suicide postvention service in Durham. Exceptionally positive feedback received. • A new branch of SOBS (Survivors of Bereavement Through Suicide peer support charity) has been set up led by Alex Sutcliffe manager of the MIRT and two acquaintances. The first meeting was held on 19th September and was very well attended, mainly by York residents.
Ensure that York is both a mental health and dementia friendly	<p><u>Dementia Friendly</u></p> <ul style="list-style-type: none"> • In line with the service redesign for TEWVs older person's mental health services, and in conjunction with the CCG, additional work is ongoing to improve the pathway for dementia assessment and diagnosis to ensure the future standard of 6 weeks from referral to assessment

Priority	Progress/Action Planning already underway
environment	<p>can be met.</p> <ul style="list-style-type: none"> • In September the first ever dementia awards event took place at the Priory Street Centre to recognise progress in making York a dementia friendly city. The category of award included: individuals, businesses, Health and Social Care Exceptional Dementia Volunteer Business, Charity and Community, Outstanding Professionals Award, Intergenerational Award and a Dementia Friendly Community Award. The judging panel was made up of professionals and people living with dementia from Minds & Voices. This event raised the profile and demonstrated the excellent work that continues to take place. The dementia action alliance has delivered on the previous strands and is now looking at developing a new model which will ensure the City of York is fit for purpose in terms of supporting people living with dementia. In addition partnership work with the CCG is taking place to develop a dementia pathway which will be incorporated into an overall strategy. <p><u>Mental Health Friendly</u></p> <ul style="list-style-type: none"> • Time To Change is a social movement aimed at reducing mental health stigma and discrimination within society. The programme is supported nationally through the Department of Health and Big Lottery Funding and co-ordinated by MIND • Locally a Time To Change Hub was established in March 2018 with priorities to support campaigns that enable challenges to stigma and discrimination and to recruit local champions. Activity has focussed on engagement and awareness raising through a range of events, meetings and promotion of Time To Change during Mental Health Awareness week in May • Links to developing school based peer mental health programmes, the school wellbeing service and the children and young people's mental wellbeing agenda are being established • A bid for national funding to support the hub is currently being prepared for submission in

Priority	Progress/Action Planning already underway
	<p>November</p> <ul style="list-style-type: none">• Engagement with individuals and organisations about how Time To Change can be supported locally in order to strengthen the sustainability and social movement focus of the programme is a focus for this years World Mental Health Day on October 10th

This page is intentionally left blank

Business Intelligence Hub

Joint Health and Wellbeing Strategy 2017-2022

Mental Health and Wellbeing Theme

Data Update

Author: Mike Wimmer, Senior Business Intelligence Officer

Date: 1/10/2018

Contents

Summary of Key Points.....	2
Introduction.....	4
Access to, and take-up of, talking therapies	5
Dementia diagnosis within primary care	6
Premature deaths among people with severe mental illness	7
People admitted to hospital for self-harm.....	9
Support through a crisis	10
Links to Scorecards	11

Summary of Key Points

Access to, and take-up of, talking therapies

- Referral rates, rates of entry to treatment, completion rates and recovery rates for IAPT are currently lower in the Vale of York CCG area compared with the national average.
- Wait times are currently shorter, having previously been longer than the national average.

Dementia diagnosis within primary care

- The percentage of people diagnosed with dementia in York is lower than the England average e.g. 3.96% of people aged 65+ compared with 4.33% in England.
- There are an estimated 2,644 people aged 65+ in York with dementia (NHS Digital modelled estimates), 1,645 people have been diagnosed in York i.e. 62.2% of all those estimated to have dementia. This is a lower percentage than the national average of 67.5%.

Premature deaths among people with severe mental illness

- The excess mortality rate in adults with serious mental illness in York is slightly lower than regional and national averages however this indicator has not been published since 2014/15.
- The suicide rate in York is higher than the national average although York is not as much of an outlier as in previous reporting periods.
- 70 people were registered as having died by suicide between 2014 and 2016. Local mortality data shows that the figure for 2015 to 2017 was 72 people. The PCMD shows that there has been a recent reduction in deaths by suicide in York.

People admitted to hospital for self-harm

- Admission rates for self harm (all ages) are higher in York compared with national averages.

Support through a crisis

- 5.2% of service users in the Vale of York had a crisis plan compared with 11.3% in England and 25.9% regionally.

Introduction

In the Joint Health and Wellbeing Strategy 2017-2022 under the Mental Health and Wellbeing theme we said we would monitor our progress on:

- Access to, and take-up of, talking therapies;
- Dementia diagnosis within primary care;
- A sustained reduction in premature deaths among people with severe mental illness;
- A sustained reduction in the number of people admitted to hospital for self-harm;
- Regular sharing of information between GPs and CYC about people with learning disabilities;
- More people telling us that they and their families feel well supported through a crisis and afterwards.

The approach taken has been to use high level published indicators for York (or the Vale of York CCG area where appropriate) which are taken from the Public Health England 'Fingertips' suite.

Proposed scorecards within each theme have been compiled and are presented in this report.

The scorecards show the York numbers and rates/percentages against the national and regional benchmarks.

Links to the scorecards are presented at the end of the report. The links provide the functionality to compare York to comparator local authorities.

No data is currently available to enable monitoring of the following.

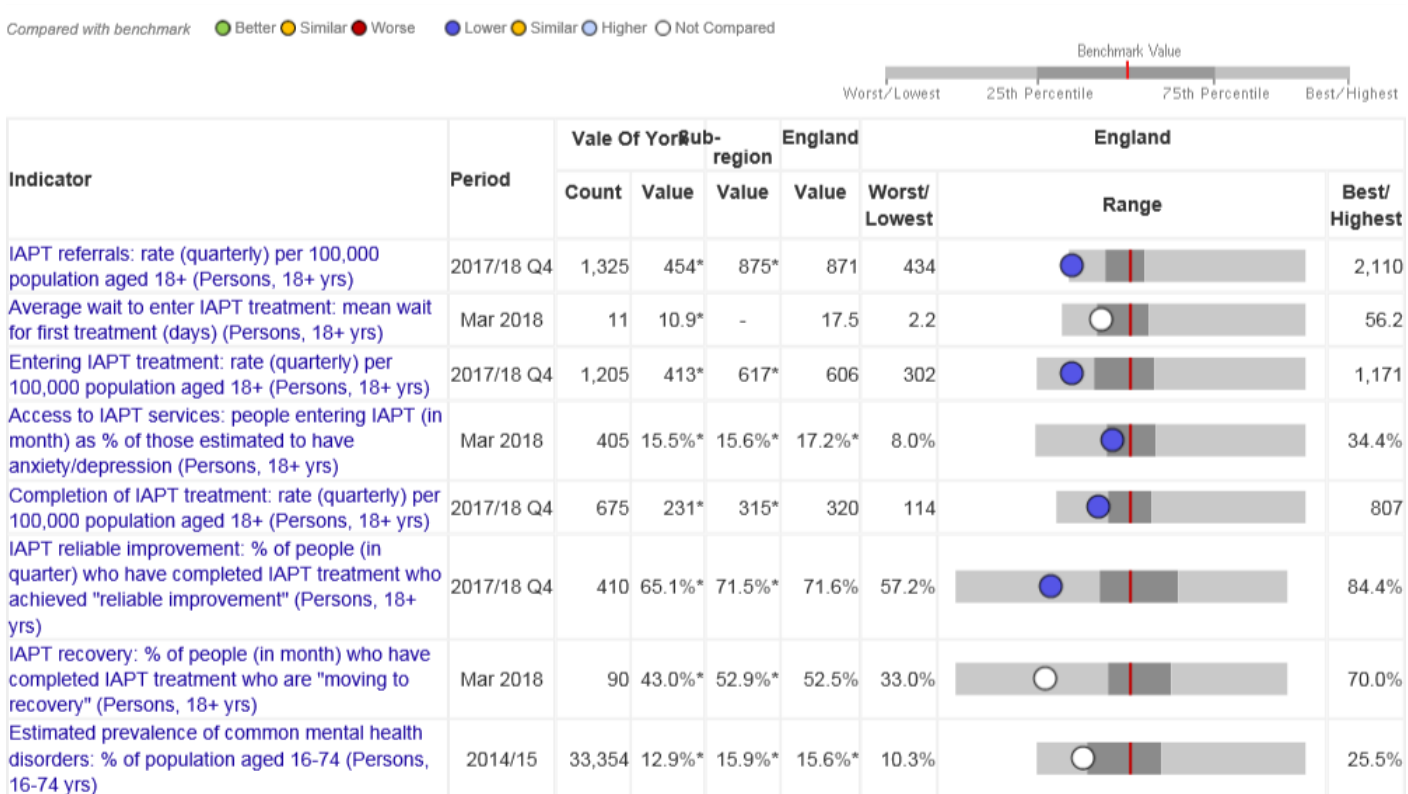
- regular sharing of information between GPs and CYC about people with learning disabilities;

Access to, and take-up of, talking therapies

Latest Data

- Data relating to IAPT is only available on a Vale of York CCG footprint.
- Referral rates, rates of entry to treatment, completion rates and recovery rates for IAPT are currently lower in the Vale of York CCG area compared with the national average.
- Wait times are currently shorter, having previously been longer than the national average.

Figure 1: Improving Access to Psychological Therapies

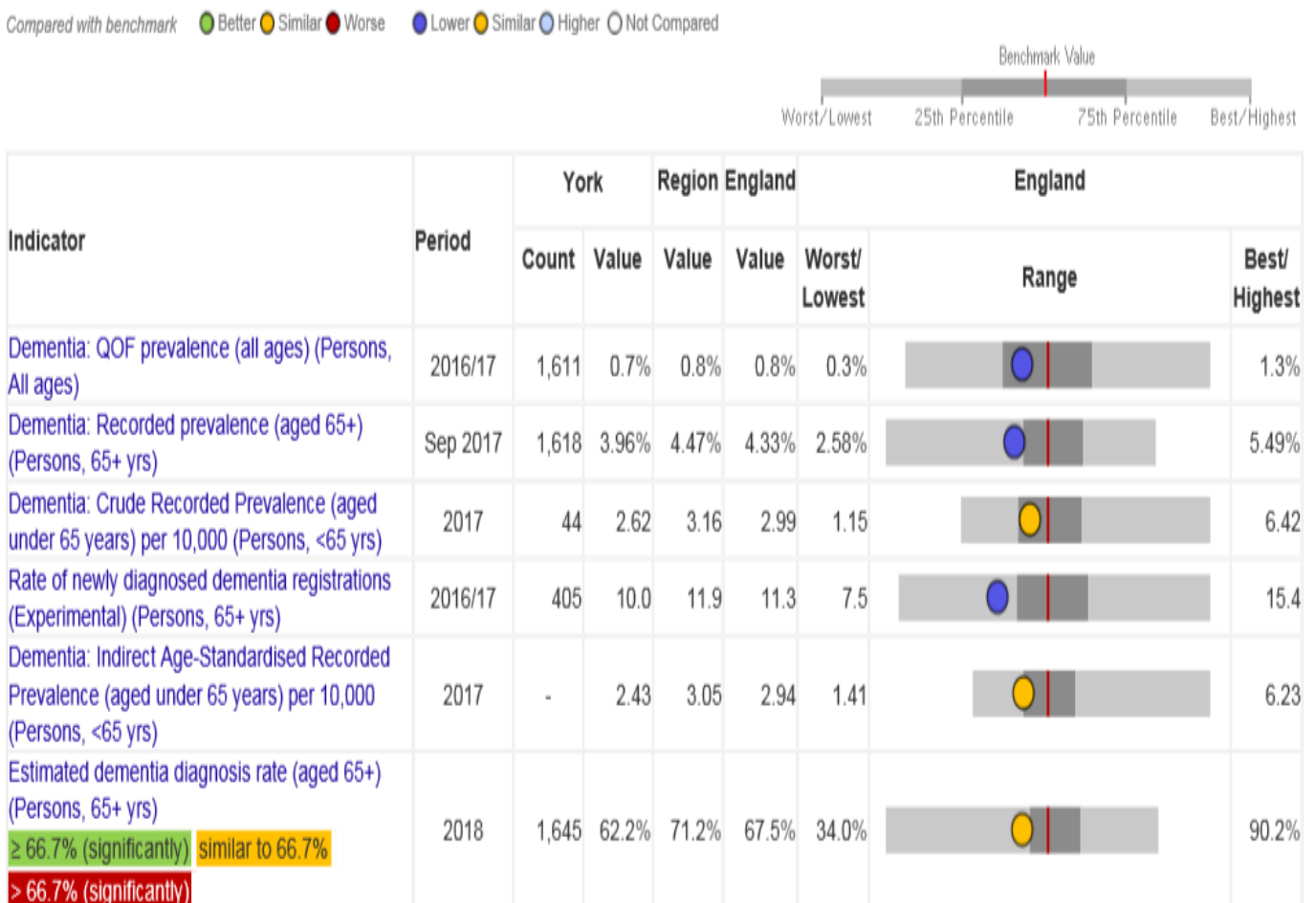


Dementia diagnosis within primary care

Dementia:

- The percentage of people diagnosed with dementia in York is lower than the England average e.g. 3.96% of people aged 65+ compared with 4.33% in England.
- There are an estimated 2,644 people aged 65+ in York with dementia (NHS Digital modelled estimates), 1,645 people have been diagnosed in York i.e. 62.2% of all those estimated to have dementia. This is a lower percentage than the national average of 67.5%.

Figure 2: Dementia Diagnosis



Premature deaths among people with severe mental illness

The Disability Rights Commission has reported on serious inequalities experienced, in terms of reduced life expectancy, by those with severe mental illness.

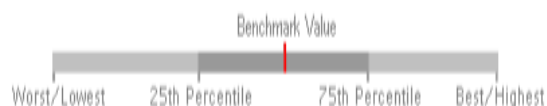
The excess mortality rate in adults with serious mental illness in York is slightly lower than regional and national averages however this indicator has not been published since 2014/15.

We know from the suicide audit conducted in 2016 York that deaths from suicide represent a significant premature loss of life. The sixty people included in the audit taken together were deprived of 2,249 ‘years of lost life’, around 37 years per person, as a result of suicide.

The suicide rate in York is higher than the national average although York is not as much of an outlier as in previous reporting periods. 70 people were registered as having died by suicide between 2014 and 2016. Local mortality data shows that the figure for 2015 to 2017 was 72 people.

Figure 3: Excess Mortality and Suicide

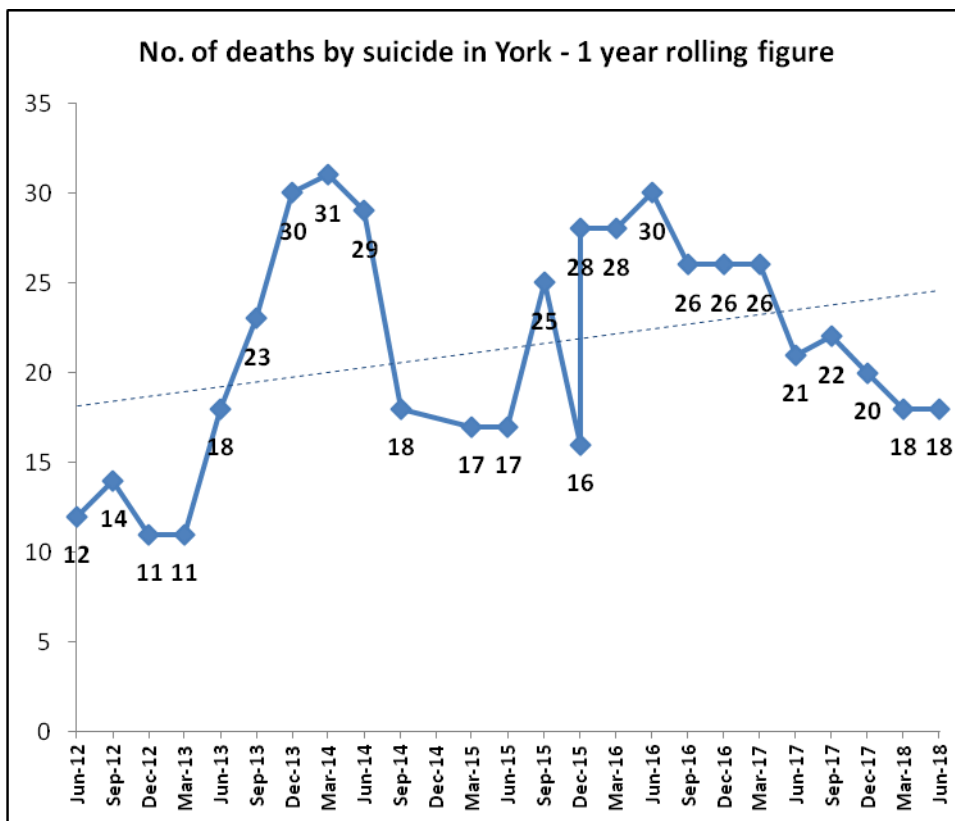
Compared with benchmark ● Better ● Similar ● Worse ● Lower ● Similar ● Higher ○ Not Compared



Indicator	Period	York		Region England		England		Best/Highest
		Count	Value	Value	Value	Worst/Lowest	Range	
4.09i - Excess under 75 mortality rate in adults with serious mental illness (Persons, 18-74 yrs)	2014/15	-	346.9%	376.9%	370.0%	570.4%		164.8%
4.10 - Suicide rate (Persons, 10+ yrs)	2014 - 16	70	12.7	10.4	9.9	18.3		6.1
4.10 - Suicide rate (Male, 10+ yrs)	2014 - 16	50	19.0	16.5	15.3	27.7		8.4
4.10 - Suicide rate (Female, 10+ yrs)	2014 - 16	20	6.7	4.6	4.8	11.3		2.3

Data from the Primary Care Mortality Database suggests that there has been a recent reduction in the number of deaths by suicide e.g. there were 18 in the year to June 2018 compared with 30 in the year to June 2016.

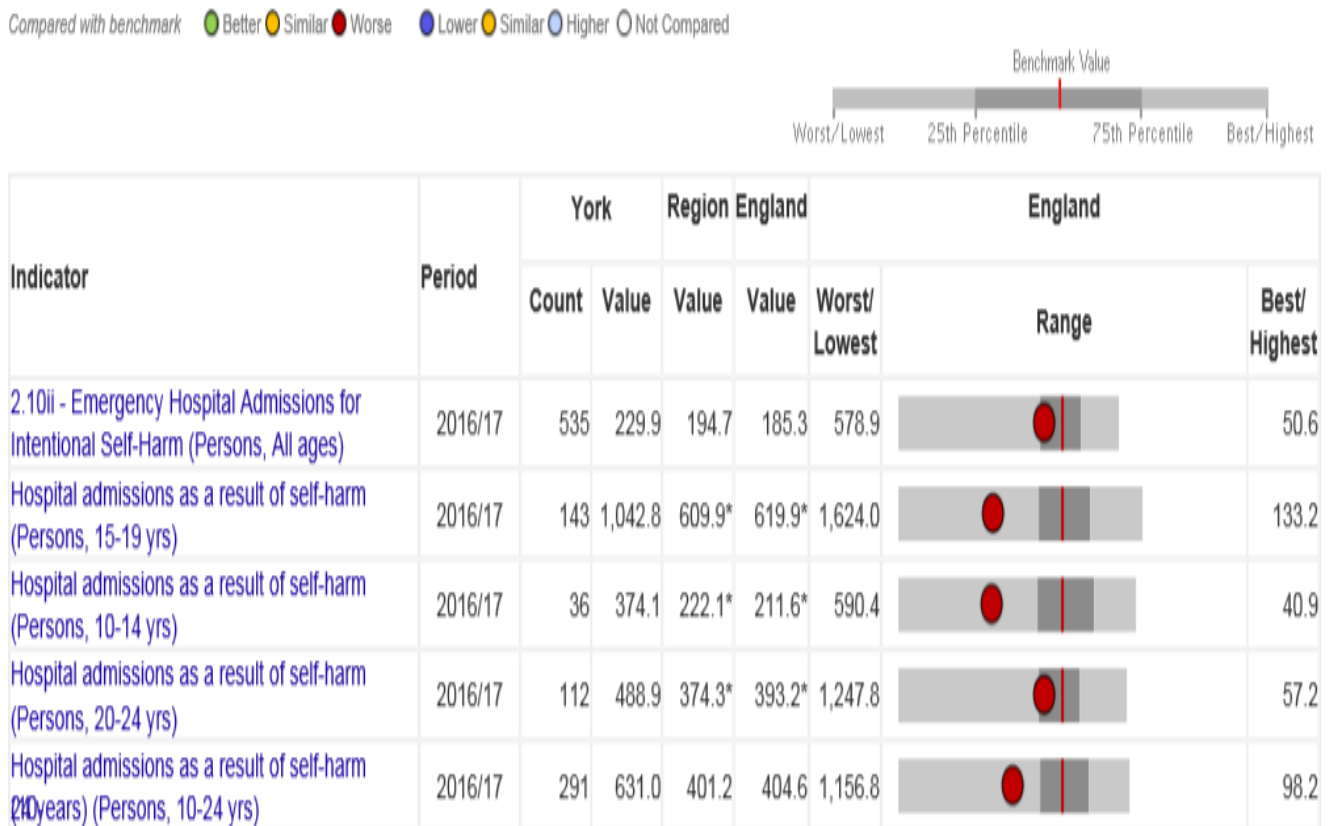
Figure 4: Deaths by Suicide in York by Rolling Year



People admitted to hospital for self-harm

- Admission rates for self harm (all ages) are higher in York.

Figure 5: Hospital Admissions for Self Harm



Support through a crisis

- More people telling us that they and their families feel well supported through a crisis and afterwards.

Local survey data from service users and their families would need to be collected to fully monitor progress on this measure. Some relevant published data is available on the % of people in contact with mental health services who have crisis plans.

Quality statement 9 in NICE guidance suggests that people using mental health services who may be at risk of crisis should be offered a crisis plan. This indicator measures the proportion of service users in contact who have one in place. A crisis plan is there as prevention tool to stop a service users symptoms becoming worse and averting a crisis.

5.2% of service users in the Vale of York had a crisis plan compared with 11.3% in England and 25.9% regionally.

Figure 6: % of people in contact with mental health services who have crisis plans

Area	Value	Lower CI	Upper CI
England	11.3	11.3	11.3
Yorkshire and Humber NHS region	25.9*	-	-
NHS North East Lincolns...	57.8*	56.9	58.8
NHS Sheffield CCG	54.6*	54.1	55.2
NHS Calderdale CCG	49.8*	49.0	50.6
NHS Greater Huddersfiel...	49.4*	48.7	50.2
NHS Doncaster CCG	47.4*	46.7	48.2
NHS North Kirklees CCG	46.4*	45.5	47.2
NHS Wakefield CCG	44.2*	43.5	44.8
NHS Bradford City CCG	39.7*	38.6	40.9
NHS Rotherham CCG	35.0*	34.4	35.7
NHS Bradford Districts...	31.7*	31.1	32.3
NHS Airedale, Wharfdale...	26.7*	25.9	27.6
NHS Barnsley CCG	18.3*	17.8	18.8
NHS North Lincolnshire...	13.6*	13.0	14.3
NHS Scarborough And Rye...	6.6*	6.0	7.3
NHS Hambleton, Richmond...	6.1*	5.6	6.6
NHS Vale Of York CCG	5.2*	4.9	5.5
NHS Harrogate And Rural...	5.1*	4.6	5.5
NHS Bassetlaw CCG	4.5*	3.9	5.1
NHS East Riding Of York...	1.0*	0.8	1.2
NHS Leeds North CCG	0.9*	0.8	1.1
NHS Leeds South And Eas...	0.8*	0.6	0.9
NHS Leeds West CCG	0.6*	0.5	0.7
NHS Hull CCG	0.4*	0.3	0.5

Source: NHS Digital Mental Health Services Data Set monthly reports.

Links to Scorecards

For the best view of the scorecard select 'Area profiles' (6th icon from the left)

The 'Area type' should say 'County and UA' and 'Area' should say York.

For 'Access to, and take-up of, talking therapies' Area type' should say 'CCGs (pre 4/2017)' and 'Area' should say Vale of York.

If the Area type has defaulted to say 'STP' change it to the required setting.

Access to, and take-up of, talking therapies

<https://fingertips.phe.org.uk/indicator-list/view/bnKRkUiY7k>

Dementia diagnosis within primary care

<https://fingertips.phe.org.uk/indicator-list/view/obcKXjypS0>

Premature deaths among people with severe mental illness

<https://fingertips.phe.org.uk/indicator-list/view/kgYU4yCCiE>

People admitted to hospital for self-harm

<https://fingertips.phe.org.uk/indicator-list/view/094KqMuR30>

This page is intentionally left blank



Health and Wellbeing Board17th October 2018

Report of the Interim Corporate Director of Children, Education and Communities

All Age Autism Strategy Update**Summary**

1. This paper looks at the priorities identified in the All Age Autism Strategy 2017-2021, progress to meeting this and on-going issues. The key areas that are focused on are:
 - Inclusive communities
 - Assessment and diagnosis
 - Transitions
 - Training / education
 - Employment
 - Parent / Carer support
2. There is significant public concern about the waiting time for autism diagnosis, the need for clarity about the pathway and lack of support during that time.
3. The paper asks the Health and Wellbeing Board to endorse the update on the All Age Autism Strategy action plan (contained within the All Age Autism Strategy).

Background

4. Between 1% and 1.5% of the population nationally are estimated to have autism. About 206,000 people live in York which means there are likely to be over 2,000 people living in York with autism, either diagnosed or undiagnosed. Autism is a lifelong condition which can be diagnosed at different points in a person's life depending on how it is affecting their daily lives.

5. There are increasing numbers of children and adults diagnosed with autism and consideration about how to meet their needs in education, health, employment and inclusion in society has become a focus of concern. For example there has been 112% increase in the identification of autism as the primary need for children in the schools census in the last 4 years (annex 1 refers). This rise is predicted to increase. Applefields Special School have 50% of their cohort with a diagnosis of autism for the first time from September 2018.
6. Nationally, we know that 70% of children and young people with autism develop mental health problems and parents report long waits for intervention from Children and Adolescent Mental Health Services (CAMHS).
7. Only 16% of adults with autism in the UK are in full-time paid employment, and only 32% are in some kind of paid work.
8. A large consultation event was held in March 2016 to consider what the key areas of focus should be. The vision for the All Age Autism Strategy 2017 – 2021 is:

‘to make York an autism inclusive City where people with autism have the same opportunities as everyone else.’
9. The strategy makes it clear that the approach we wish to promote in York is an inclusive one, where the skills and abilities of all are valued. The principles of the strategy are:
 - People with autism and their families and carers are at the centre of everything we do
 - Focus on people’s strengths to overcome barriers
 - Guidance, information and support are easily available
 - The right support at the right time
 - Increased awareness of autism across the city
 - Living in your community and being included
10. The All Age Autism Strategy was completed in August 2017, with the Autism Joint Strategic Needs Assessment (JSNA) finalised in October 2017. The Integrated Commissioning Group then held a deep dive looking at a number of case studies to consider the issues around support for children and young people further in November 2017.

11. Additionally delivery of the All Age Autism Strategy was discussed at a Health and Wellbeing Board Workshop in September 2018; this paper brings an update on the development of an action plan to meet the needs of children, young people and adults with autism.
12. There are six areas of focus identified in the All Age Autism Strategy and the update will consider each of these in turn.
 - Inclusive communities
 - Assessment and diagnosis
 - Transitions
 - Training / education
 - Employment
 - Parent / Carer support
13. The issues for the focus around parent/ carer support is considered within each of the other 5 sub groups.

Main/Key Issues to be considered

Inclusive communities

14. The priorities identified through the engagement events and outlined in the autism strategy were as follows:
 - Increase public awareness in the community
 - More social groups
 - More choice of activities across the City, including non specialist places
15. The following progress has been made towards these priorities:
 - A new social group called York Autism Meeting (YAM) for adults with autism meets monthly and is run by someone with Aspergers and for those who want to get to know others in a similar situation. The Autism Strategy Group has supported a bid to the Big Lottery to facilitate the development of the YAM group to become more sustainable to meet the needs of the growing numbers of those wanting to use the group.
 - Living Autism delivers Autism Champions Courses to tourist centres such as the Minster to become more autism-inclusive. Autism badges are given to the organisations demonstrating a level of awareness. Follow up 6 months after training has

shown the awareness has been cascaded and embedded. Below is an article from The Press on the difference the course has made already in York.

<http://www.yorkpress.co.uk/news/16344388.yorks-tesco-askham-bar-makes-strides-to-become-autism-friendly/>

- Live Well York (LWY) (formerly known as Connect to Support) has had a soft launch and provides extensive information on what is available locally to support adults in the community. Links to the Local Offer are included.

Assessment and diagnosis

16. The identified priorities include
 - reducing the waiting time
 - the need for information and support about the diagnostic process whilst waiting for an appointment
 - Psychological support to manage anxiety
17. The following progress has been made towards these priorities:
 - The under 5s pathway managed by the Community Paediatric clinic at York Hospital is running at capacity but does not have a waiting list. There is a high conversion rate of around 93%. This is to be expected, as the young children referred in will be showing very clear characteristics of autism.
 - 5-18 years diagnosis pathway
 - Demand for autism assessments is high and continues to increase. Since 2015/16 referral numbers have increased from 88 to 261 in 2017/18, and 143 between April and September 2018. This has placed significant pressure on Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) in managing the assessment and diagnostic pathway. Current (September 2018) information is that 197 children and young people are waiting for an assessment. The average waiting time from referral to specialist full assessment was 47 weeks. This has been an increasing trend. However, the conversion rate is 54%; this means that a very high number of children and young people are being referred for assessment whose needs do not reach the international ICD-10 threshold for a formal diagnosis. This is a matter that requires a clearer

understanding across schools, education support as well as health.

- In the current year, NHS Vale of York Clinical Commissioning Group (CCG) has committed £120K one-off funding for additional autism assessments. TEWV has committed £50K recurrently for the autism assessment pathway and staff are in post as at the beginning of October 2018.
- Also, there is now an improvement plan with TEWV to consider the issues around management of the pathway: TEWV has reviewed, and continues to keep under review its screening processes to ensure that children who are highly unlikely to receive a positive diagnosis are signposted at the earliest opportunity. TEWV expects the waiting time, and numbers waiting to reduce by the end of 2018/2019.
- A workshop looking at the assessment pathway and information is planned for December 2018.
- NICE guidance for autism assessment is that the assessment should be within 13 weeks of referral.
- There is increasing public concern about the waiting time and what support is available during this time. A current petition entitled York Autistic Assessment Crisis has almost 400 signatures and calls for reduced waiting and better support during the waiting times.
<https://you.38degrees.org.uk/petitions/york-autistic-assessment-crisis>.
- There is also concern that support is provided dependent on gaining a positive diagnosis.
- There is intensive support through FIRST, jointly funded between the Council and health, for those with autism or learning disability who exhibit very challenging behaviours. This very successful service offers intensive support to hold families and placements and prevent young people having to go into residential placements. The programme is currently being extended to include therapeutic short breaks as part of the new Centre of Excellence.
- Admission into tier 4 inpatient units have reduced significantly in the last year following the implementation of the local Crisis Team. However, there is no data on how many admissions concern children and young people with a diagnosis of autism. In 2017/18 there were 49 admissions overall from Vale of York. Currently there are 5 young people from Vale of York CCG in in-patient (diagnosis not known).

Adult Autism Assessment

18. The adult autism and ADHD assessment and diagnostic service is provided across North Yorkshire and York by the Tuke Centre.
19. The current contract with The Tuke Centre allows for 36 referrals a month. However there has been an increase with 146 referrals in May to July 2018, 90 of which were for autism. The largest age group is 20-29 year old males. There have been 252 individuals screened since January 2016 with 160 (77%) having had a positive diagnosis. Currently the average waiting time is 13 months to screening (where someone may be rejected at this point) and from screening to outcome an average 3 months
20. Key challenges are waiting times, with no clear pathway post diagnosis in terms of support. An assessment for social care support does not guarantee eligibility for social care support and we need to ensure that progress is made in developing community led support initiatives.
21. Local Area SEND Inspections: each local area is being inspected by Ofsted and Care Quality Commission (CQC) re: special educational needs and disability. Each area is due to be inspected before April 2019. The focus is on assessment, outcomes and experience of children, young people and their families.
22. The inspections have consistently highlighted local areas who are not meeting the NICE guidelines for times from referral to full assessment for autism. Each local area has been required to provide a written statement of action based on this alone, or on a combination of issues. York, like the majority of areas is not currently meeting NICE guidelines.

Training / education

The identified priorities include:

- Provision of primary Enhanced Resource Provision for children with autism
- More autism awareness in mainstream schools.
- Offer alternative educational provision for young people who cannot access mainstream school.
- Specialist training packages working with local employers, including the police.

- Peer awareness in education and training settings.
- Reduced waiting time to attend ASCEND course (a course from parents with newly diagnosed children)
- More post 16 work placements.

23. The following progress has been made towards these priorities:

- The Communication and Interaction Enhanced Resource Provision has been running from September 2017 and includes children with autism
- The specialist teaching team run two courses a term for teachers – Autism Awareness and Understanding Behaviour.
- Trained autism champions are in every secondary school and 17 primary schools.
- Ascend courses for parents of recently diagnosed children – now offer six per annum but there is still a waiting list.
- The specialist teaching team have increased capacity to work with doubled numbers of children and young people with autism in schools, providing support, training, guidance and some interventions
- There is a growing need for the Safe Base for young people with high anxiety unable to attend school
- York Learning currently has 90 students per year and offers work learning packages. York Learning have worked with Danesgate to support 4 students to access post 16 learning , as they would find college environment too difficult
- Blueberry Academy and Project Choice continue to offer a range of internships for students with autism or learning disabilities which can act as a springboard to work opportunities.

Transitions

24. The identified priorities include

- Joint commissioning 0-25 to reduce the number of changes with a parallel reduction in stress and anxiety for all concerned
- A wider knowledge of existing Autism provision within schools/education/community and increased provision 19.
- Specialist Autism workers within our Community Support/Community Short Breaks teams /Work with York

- Information has been improved through the development of new leaflets and continued through events. The What's Next Booklet, the Specialist Careers Advisors guidance and the Pathway for Students post school with an Education, Health and Care Plan moving on with their education have all improved information available this year. The Annual Opportunities Fair was held in July. Workshops and multiple information stands provided the young people and their families opportunities to find out what is available in York post school
- A new provision for young people 19+ with profound and multiple learning difficulties, including those with complex autism has opened at Askham Bryan College September 18.
- Work still has to be done re developing autism specialism within community support

Employment

25. The identified priorities include
 - Identify clear and realistic pathways to work
 - Improved information on jobsearch, work benefits
 - Participate in careers / jobs fairs
 - Increase access to supported employment schemes/providers
26. Prospects, Recruitment, Opportunities for young autistic adults (PRO Autism) have run workshops to support understanding of issues and identification of solutions with St John's University and North Yorkshire branch of the Chartered Institute of Personnel and Development (CIPD) to improve employment opportunities for young autistic adults leaving further and higher education.
27. Various programme are supporting adults with autism into work including the
 - Proof of Concept Project run by United Response and commissioned by the Department for Work and Pensions (DWP) and City of York Council (CYC)
 - Work & Health Programme run by the Department for Work and Pensions (DWP).
 - DWP Specialist Employability Support (SES) programme
 - Move Forward, delivered by I2I and Ixion

28. All programmes provide personal support to identify employment goals, match skills to work that's available and get training to find work.
29. Access to Work, the grant to cover cost of support in the work, continues to be promoted. Disability Confident is a scheme that is designed to help employers recruit and retain disabled people and people with health conditions for their skills and talent.

Key decisions

30. The action plan for the All Age Autism Strategy is being updated to include:
 - Promote Live Well York and Local Offer to ensure information about what is available in York is accessible
 - Provide information on autism pathway with expectations of waiting times and sign posting to support if needed
 - Review children's autism assessment pathway with aim of improving conversion rate to minimise delays in understanding need and to use resources efficiently. Develop an action plan on how to reduce waiting times.
 - Re commission adult autism diagnosis service with follow up support for those diagnosed
 - Publish an updated All Age Autism assessment pathway
 - Detail what support is available to families while waiting during assessment pathway and promote with local practitioners.
 - Living Autism to continue to deliver Autism Champions Courses with follow up to ensure autism friendly approaches are embedded
 - Provide/promote autism training for front line staff who see public in West Offices/short break workers, WWY staff
 - Promote guidance and information about supported work internships/work opportunities

- Consider joint commissioning of services through the Integrated Commissioning Group to support moving into adulthood.

Consultation

31. A large consultation event was held in March 2016 to consider what the key areas of focus of the strategy should be. Parents, young people and adults with autism, professionals and support workers all attended. The Integrated Commissioning deep dive held in November 2017 with a wide range of participants including parents, education, social care, health and police, voluntary sector. The York Parent Carer Forum AGM September 2018 included some consultation on what key priorities were for families. The overwhelming response was that there was concern over lack of capacity in a number of health services and a perceived inequality of service, based on those who complained most gaining a quicker response.
32. Engagement events re adult autism pathway were held in July 2018 as part of the re-procurement of adult diagnostic service.

33. Options

34. The Health and Wellbeing Board are invited to endorse the approach and detail of the All Age Autism Strategy action plan. Priority should be given to detailing information around the autism assessment pathway, support during waiting time and an action plan to become closer to NICE compliance.
35. Secondly, all Agencies to commit to roll out autism training with front line staff which will support greater understanding of need and reduce barriers to participation. Proactively promoting information about the Local Offer (0-25) and Live Well York (adults' information) will enable children, young people and adults with autism to know what is happening/available in York. This will enable York to be more inclusive and become an autism friendly city.

Analysis

36. Endorsing the action plan will ensure progress on this sensitive agenda is maintained. Focus on assessment of autism will support a response to the petition and avoid need for written statement of action in the impending Local Area SEND inspection.

Strategic/Operational Plans

37. The All Age Autism strategy is aligned to the priorities in the council plan and Children and Young People's Plan and the NHS Vale of York Clinical Commissioning Group's (CCG) Strategic Plan.
38. This report updates the Health and Wellbeing Board on the All Age Autism JSNA and Strategy.

Implications

Financial

39. Should the Health and Wellbeing Board endorse compliance with the NICE guidelines there would be financial implications due to the need to increase capacity in the assessment pathway for children and adults.

Human Resources (HR)

40. There are HR implications if all agencies endorse training of front line staff and providing sufficient capacity to

Equalities

41. Endorsing the action plan of the All Age Autism strategy supports a proactive approach to disability equality, breaking down barriers to inclusion.

Legal

42. There are no legal implications

Crime and Disorder

43. There are no crime and disorder implications

Information Technology (IT)

44. There are no IT implications

Property

45. There are no property implications

Other

46. There are implications to the impending Local Area SEND inspection. All other recent Local Area inspections have been required to write a written Statement of Action if they are not NICE compliant re the number of weeks between referral and assessment for autism.

Risk Management

47. There is a risk that following a Local Area SEND inspection there will be a requirement to provide a Written Statement of Action re autism waiting times as above.

Recommendations

48. The Health and Wellbeing Board are recommended to endorse the All Age Autism Strategy action plan to maintain progress to meeting need and proactively promoting and autism inclusive city.
49. The Health and Wellbeing Board are recommended to promote autism awareness training to all agency front line staff

Contact Details

Author:

Jess Haslam

Head of Disability and Special Educational Needs CYC

Katie Brown

Adult SC Commissioning Manager, CYC

Susan DeVal

CCG Commissioning Specialist

Chief Officer Responsible for the report:

Maxine Squire

Report of the Interim Corporate Director of Children, Education and Communities

Report Approved



Date 03.10.2018

Specialist Implications Officer(s) None

Wards Affected:

All

For further information please contact the author of the report
Background Papers:

All Age Autism Strategy
All Age Autism JSNA

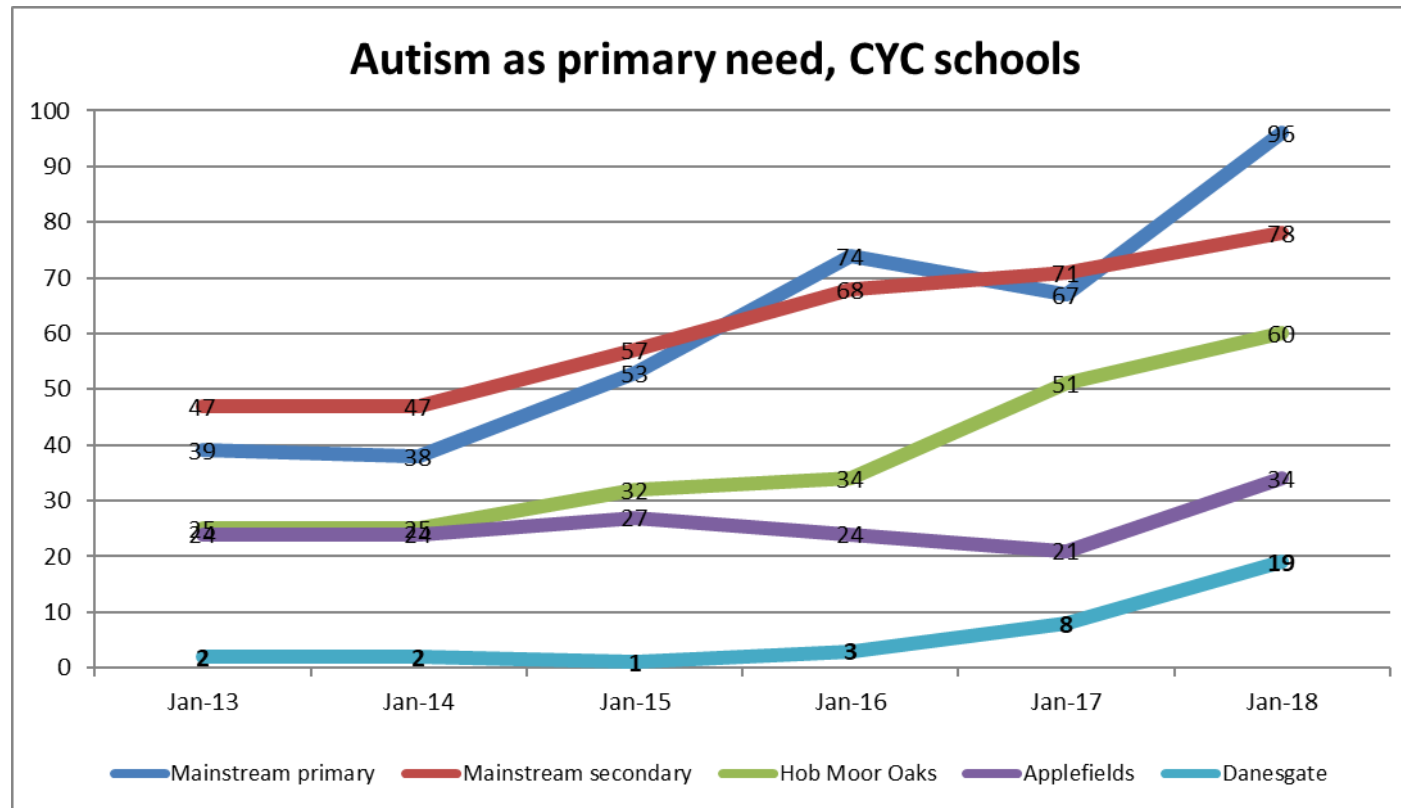
Annexes

Annex 1: Autism as primary need in CYC schools

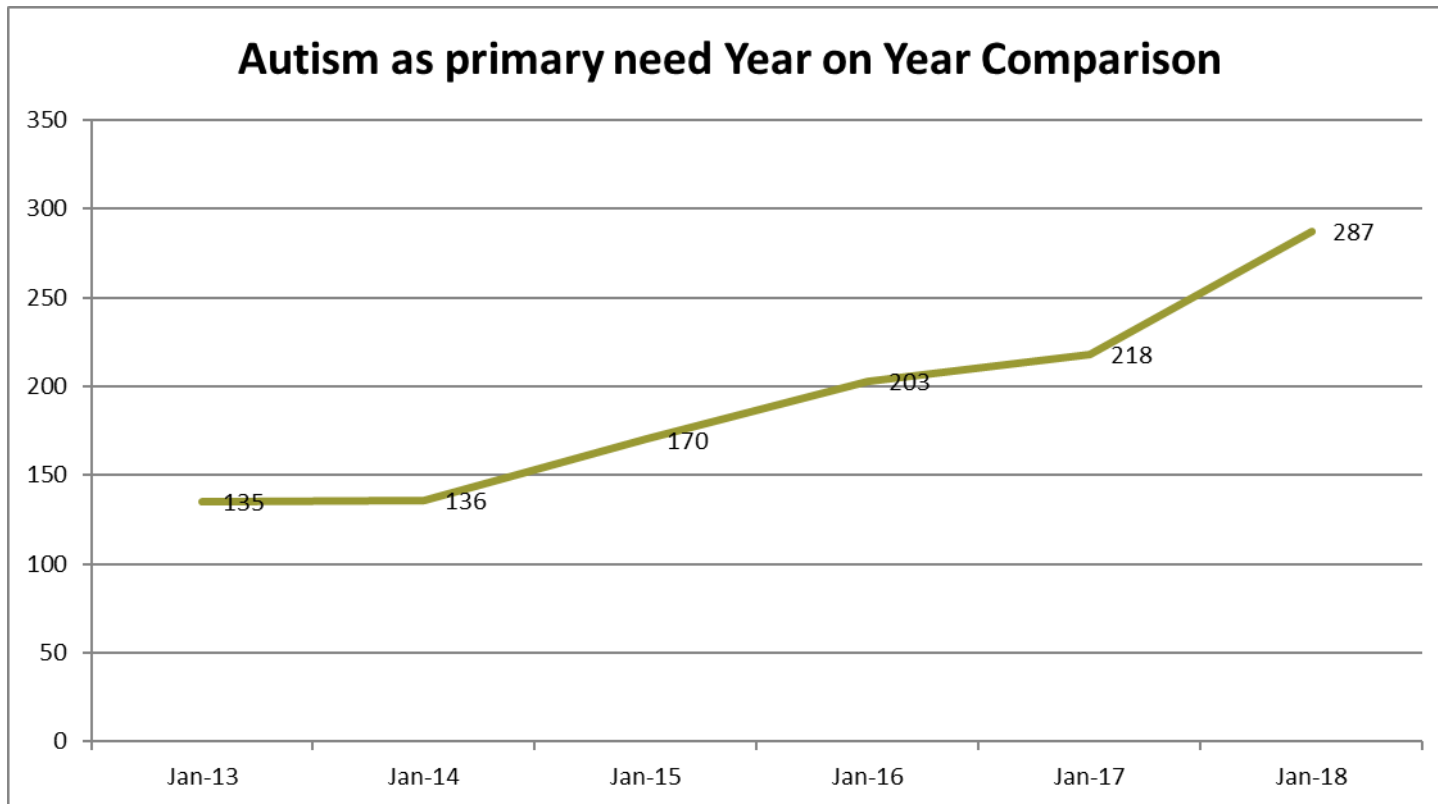
Annex 1

Autism as primary need in CYC schools (from Schools Census)

Type of School	Jan-13	Jan-14	Jan-15	Jan-16	Jan-17	Jan-18
Mainstream primary	39	38	53	74	67	96
Mainstream secondary	47	47	57	68	71	78
Hob Moor Oaks	25	25	32	34	51	60
Applefields	24	24	27	24	21	34
Danesgate	2	2	1	3	8	19



Comparison Year of Year	Jan-13	Jan-14	Jan-15	Jan-16	Jan-17	Jan-18
Autism as primary need	135	136	170	203	218	287
% increase from prev. year		1%	25%	19%	7%	32%
% increase from Jan 2013		1%	26%	50%	61%	113%

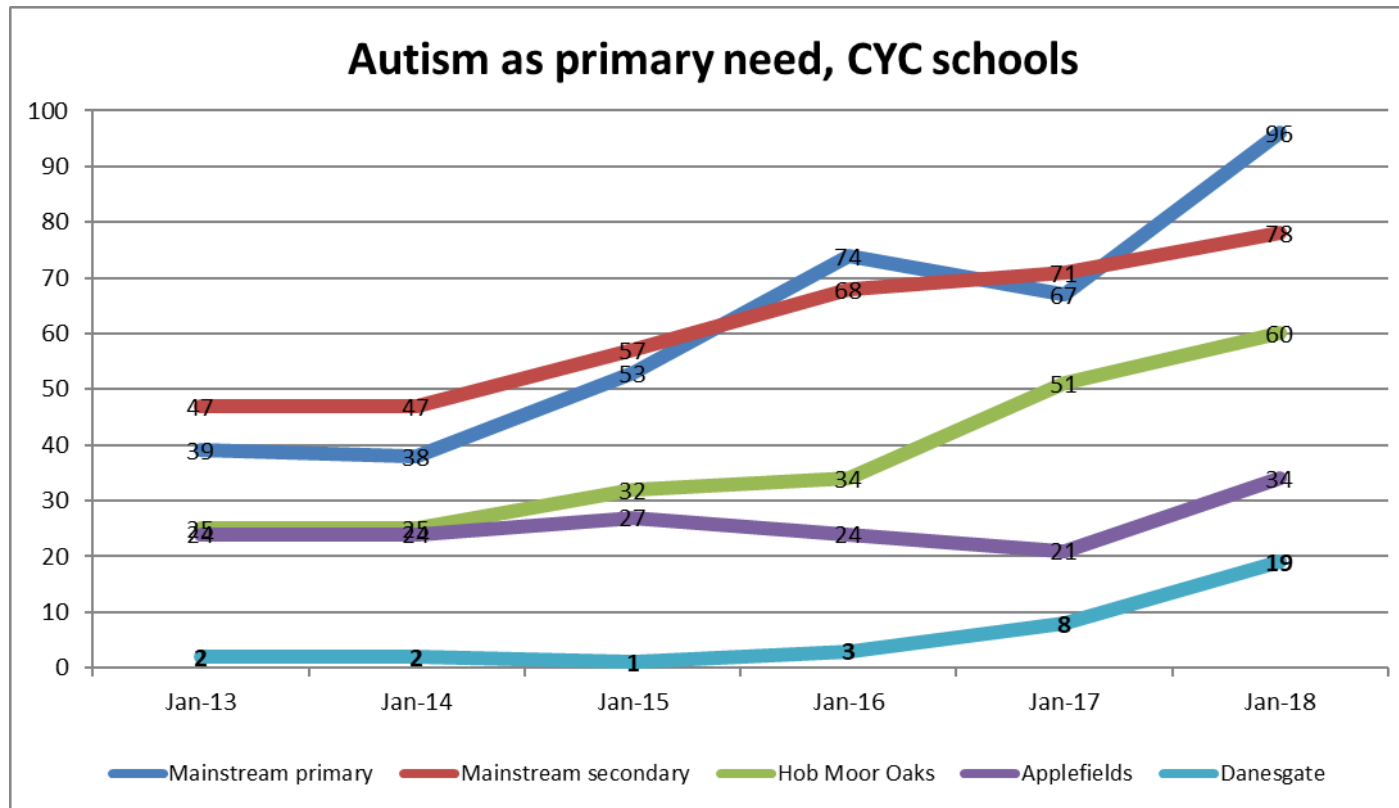


This page is intentionally left blank

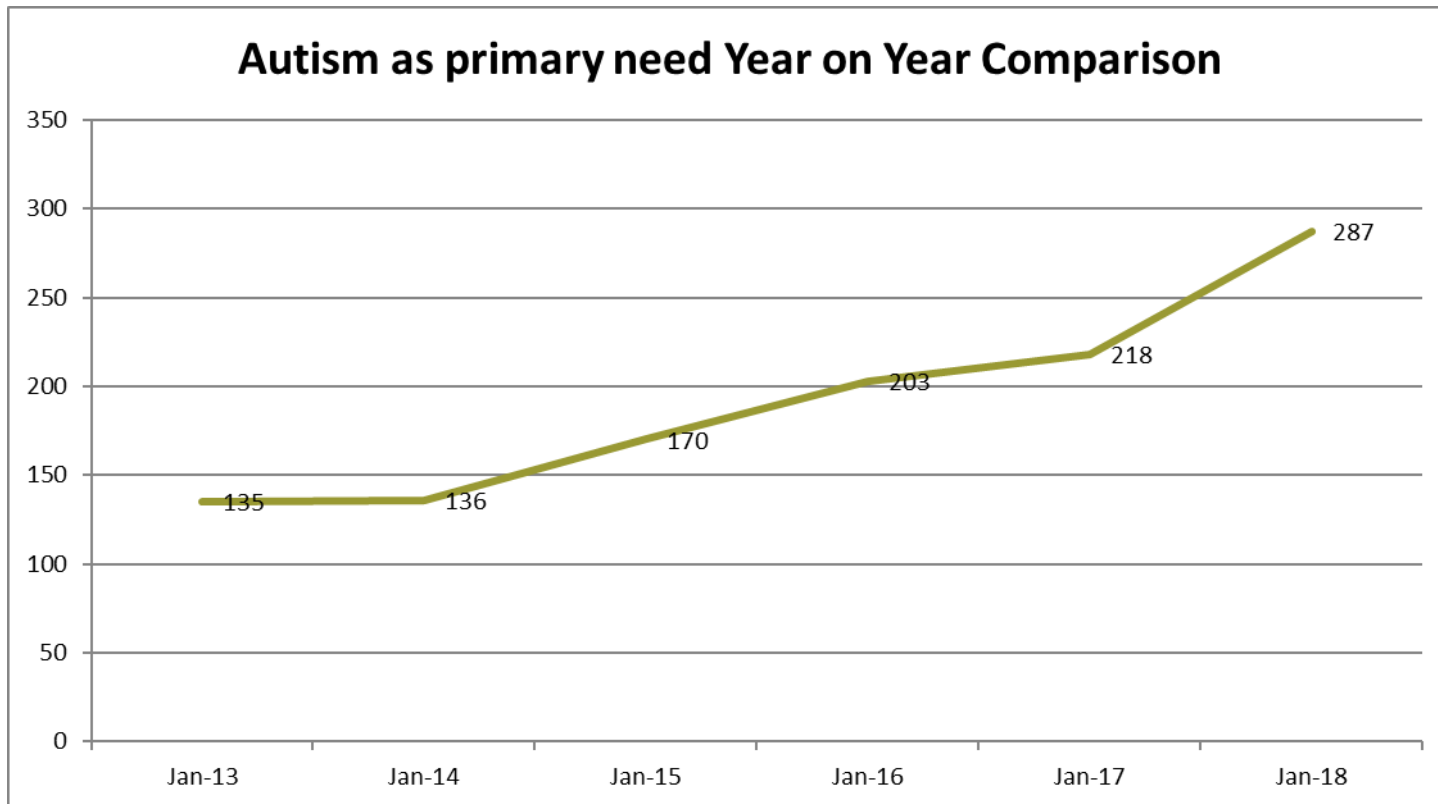
Annex 1

Autism as primary need in CYC schools (from Schools Census)

Type of School	Jan-13	Jan-14	Jan-15	Jan-16	Jan-17	Jan-18
Mainstream primary	39	38	53	74	67	96
Mainstream secondary	47	47	57	68	71	78
Hob Moor Oaks	25	25	32	34	51	60
Applefields	24	24	27	24	21	34
Danesgate	2	2	1	3	8	19

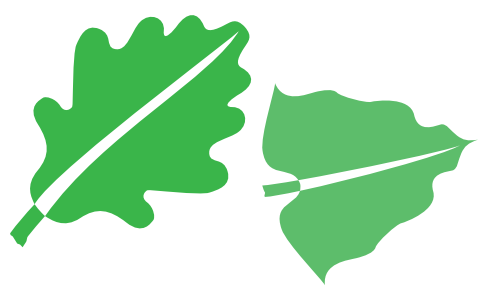


Comparison Year of Year	Jan-13	Jan-14	Jan-15	Jan-16	Jan-17	Jan-18
Autism as primary need	135	136	170	203	218	287
% increase from prev. year		1%	25%	19%	7%	32%
% increase from Jan 2013		1%	26%	50%	61%	113%





All Age Autism Strategy 2017-2021





The evidence base for this strategy sits within the Needs Assessment for All Age Autism (which can be found on our website) and the two documents are designed to complement each other.

Contents

Introduction.....4

What is Autism?.....4

The local picture.....5

Why do we need a strategy?.....5

Our Vision6

Our Principles6

Our Plan.....7

Making our plan happen7

 Assessment and diagnosis.....8

 Parent/carers9

 Training and education10

 Inclusive communities11

 Transitions.....12

 Employment.....13

Glossary: what words mean.....14



Introduction

This plan was written by The Autism All Age Strategy Board in consultation with York residents. It is really important that York has a plan around autism so that everyone can be involved in making York a more inclusive place to live and people with autism can get the help they need when they need it.

The Autism Strategy Board is made up of people from health and social care organisations, education, the police, charities, people with autism and their families and carers.

This plan is the first plan for people of all ages (children and adults) and it has been written by people with autism, their families, and lots of different professional organisations. It is for everyone with autism and those who support people with autism who live in York.

What is Autism?

Different words are sometimes used to describe autism. Words like Asperger's syndrome, Autism Spectrum Condition, Autism Spectrum disorder and sometimes just Autism.

Autism is a spectrum condition, this means that everyone with autism is different.

Autism can be defined as:

“a lifelong developmental disability that affects how a person communicates with, and relates to, other people. It also affects how they make sense of the world around them. It is a spectrum condition, which means that, while all autistic people share certain difficulties, their condition will affect them in different ways. Some autistic people are able to live relatively independent lives but others may have accompanying learning disabilities and need a lifetime of specialist support. People on the autism spectrum may also experience over- or under-sensitivity to sounds, touch, tastes, smells, light or colours.”¹

¹ National Autistic Society, website definition, March 2016,
www.autism.org.uk/about/what-is/asd.aspx

The local picture

It is estimated that approximately 1% of the population has autism with the prevalence rate being higher in men than it is in women (1.8% versus 0.2%)². Current thinking, however, is beginning to question this perceived gender split and querying whether there is a potential under diagnosis of autism in females. The Adult Psychiatric Morbidity Survey (2014)³ states “It has been suggested that assessments for autism may draw more on how the condition manifests in men, and this may lead to under identification of autism in women (Trubanova et al. 2014)”.

It is estimated that 60-70% of people who have autism will also have a learning disability.⁴

There are estimated to be 1,635⁵ adults with autism in York, either diagnosed or undiagnosed and 388 children.⁶

For more detail about the local picture in York please read the Joint Strategy Needs Assessment for All Age Autism which sits alongside and informs this Strategy.

Why do we need a strategy?

The Autism Act (2009) says what we need to do to make services better. It says people with autism may not always get what they need. This could be because services do not understand what they need or public places are not inclusive. It can also be difficult to find out if you have autism (a diagnosis).

A strategy is a plan. Every area in the country will have a plan. In York there were two plans for people with autism – one for children with autism and one for adults with autism. We decided to make a new plan for everyone with autism.

This plan is for the next four years – from 2017-2021

² NHS Information Centre, Estimating the Prevalence of Autism Spectrum Conditions in Adults: Extending the 2007 Adult Psychiatric Morbidity Survey, 2012

³ Adult Psychiatric Morbidity Survey of Mental Health and Wellbeing, England 2014, NHS Digital

⁴ NHS Information Centre, Estimating the Prevalence of Autism Spectrum Conditions in Adults: Extending the 2007 Adult Psychiatric Morbidity Survey, 2012

⁵ Projecting Adult Needs and Service Information website (18-65) and Projecting Older People Population Information System website (65+), February 2016

⁶ Estimate based on 2012 ONS census 0-17 population, York, assumed 1% prevalence.

Our Vision

Our vision is to make York an autism inclusive City where people with autism have the same opportunities as everyone else.

We asked the Autism Strategy Board to think about what our key areas should be and then we asked people in York at an event in March 2016 to tell us what they thought.







The Autism Strategy Board thought the key six areas to look at are:

-  Diagnostic support
-  Inclusive communities
-  Transitions
-  Training / education
-  Employment
-  Parent / Carer support

Our Principles

Principles are the most important things that will help to make the plan work.

Our principles are:




-  People with autism and their families and carers are at the centre of everything we do.
-  Focus on people's strengths to overcome barriers.
-  Guidance, information and support is easily available.
-  The right support at the right time.
-  Increased awareness of autism across the City.
-  Living in your community and being included.

Our Plan

We have worked hard to develop this all-age autism strategy in a joined up way which has included people with autism, their families and carers, the local authority, local providers and health colleagues. Autism can have an impact on so many areas of an individual's life that we needed to make sure the strategy reflected this.



To begin the process of writing a strategy that is meaningful to York we held an event in March 2016 where we talked about the six key areas and asked people to tell us:

-  What works well
-  What could work better
-  What we need to do

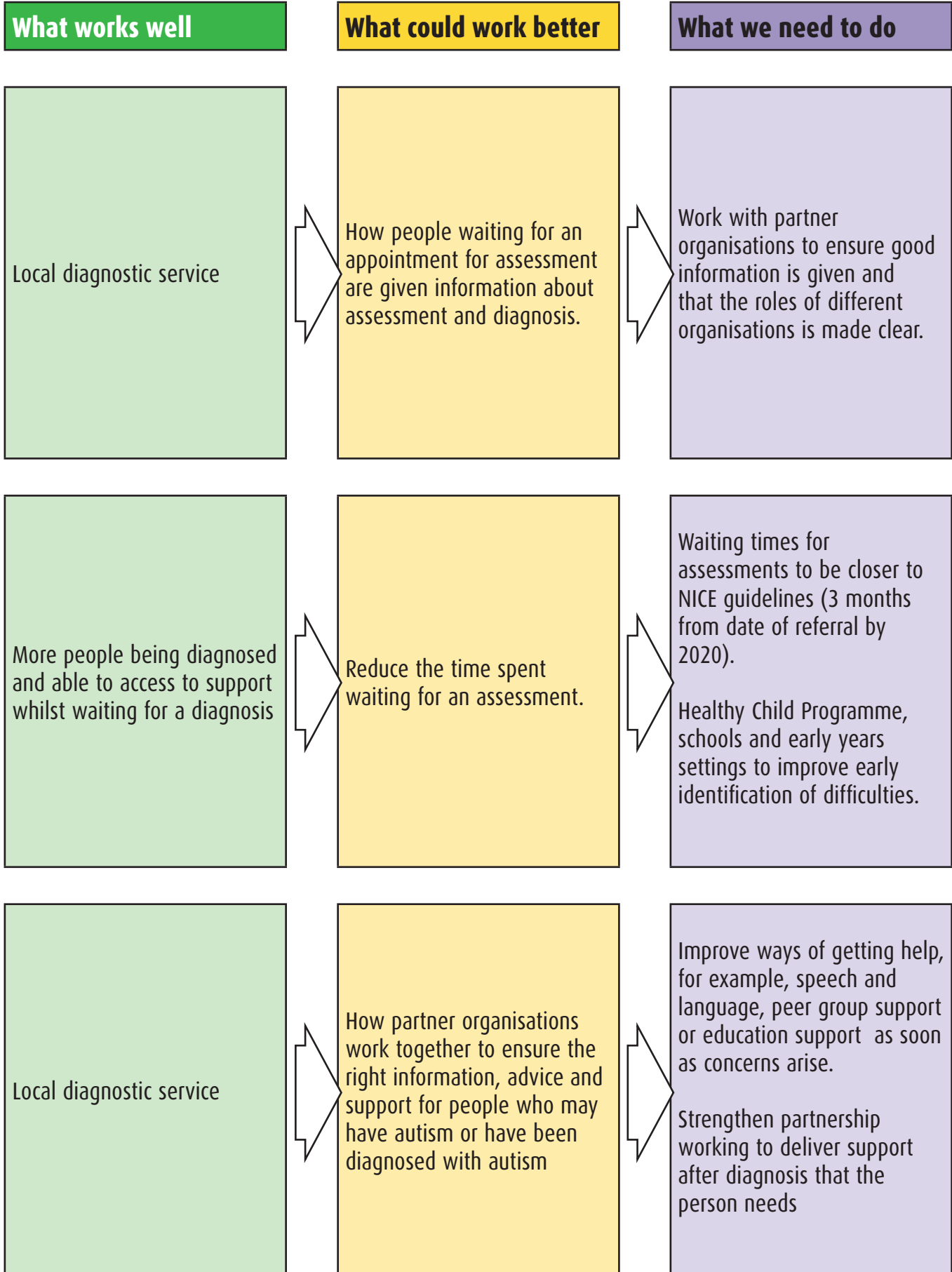
Making our plan happen

We need to make sure that our plan happens and that we make a difference. The Autism Strategy Board will make sure this happens. There will be working groups for each area which has to answer to the Board and let them know how the action plans are progressing. The people involved will have the experience and knowledge to help work on each of the tasks.

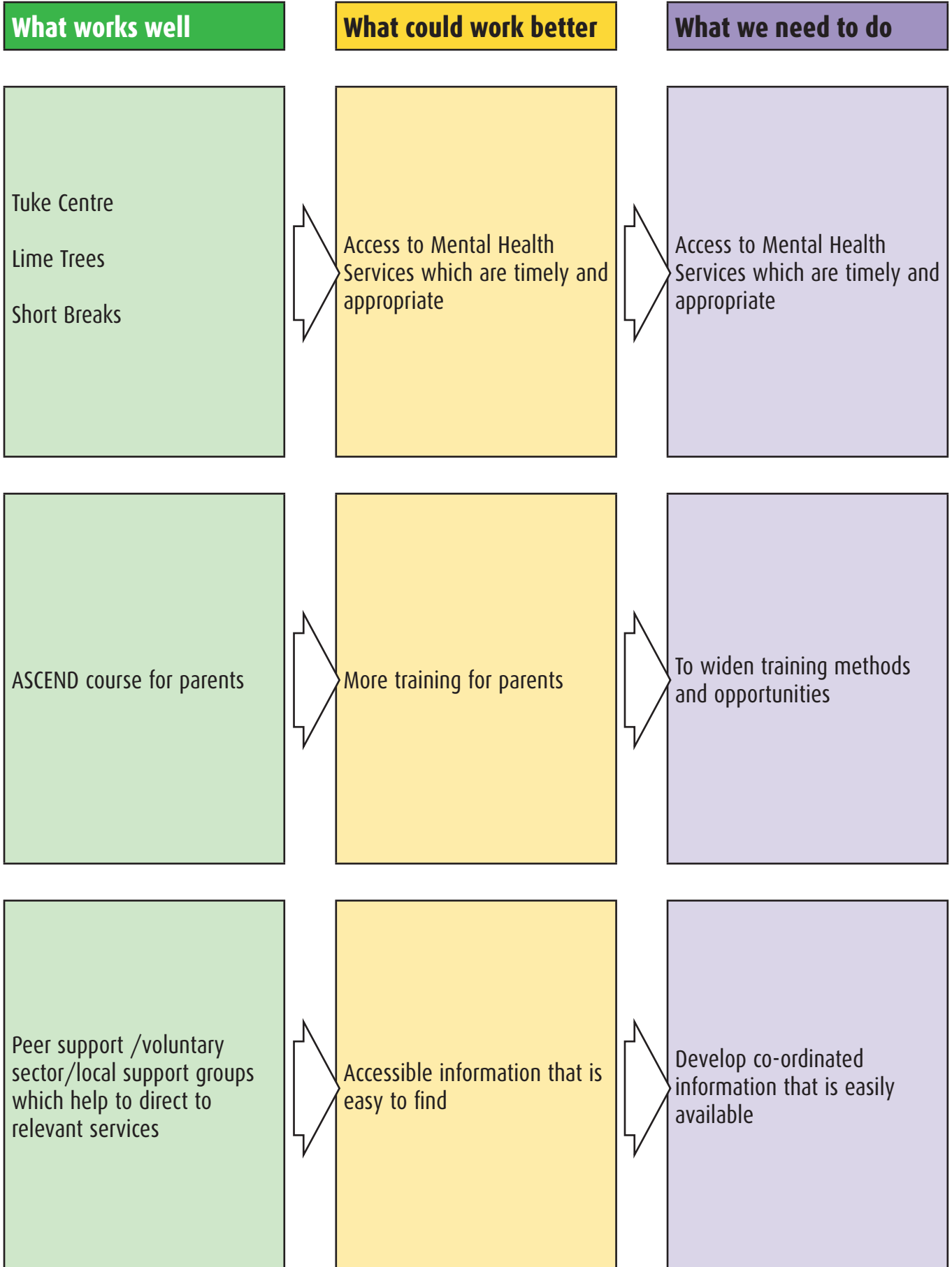
These six working groups have taken the feedback from our autism day in March 2016 and created a plan which has 3 sections which mirrors feedback from the day.

From these high level plans action plans have been formed which the working groups will make happen. These are not attached to the strategy as they are working documents which will be updated and changed as the work progresses. These are available for anyone to see on request.

Assessment and diagnosis



Parent/carers



Training and education

What works well

What could work better

What we need to do

Autism specific classes at special schools

Enhanced Resourced Provisions (ERPs) at two secondary schools

Specialist Teaching Team for autism support in mainstream schools

ASCEND parent course

ERPs in primary schools.

More autism awareness in mainstream schools

Peer awareness in education and training settings

Reduced waiting time to attend ASCEND course

Increase autism awareness training offer to schools.

Open two new primary ERPs

Offer alternative educational provision for young people who cannot access mainstream school

Offer more frequent ASCEND or other Parent training courses

Specific training providers from Post 16

Connexions

Specialist training packages working with local employers, including the police

Increased awareness for some providers

Improving the learning environment - more autism friendly

Specialist training package for employers/police

Have a designated point of contact with the local police who is autism aware

Develop peoples understanding of sensory and environmental factors for people with autism

Some individual work placements

More post 16 work placements

More mentoring (adapted for people with autism)

More bespoke training for individuals

Develop supported internships

Focus on specific strengths of people with autism and develop opportunities in these areas of work

Inclusive communities

What works well

What could work better

What we need to do

Some good activities and reasonable adjustments have been made across York

For example, autism friendly cinema screening

More choice of activities across the City, including non specialist places

For example, libraries, restaurants, shops, GP surgeries

Make everyone aware, involve a broad base of parties signing up to initiatives

Peer support groups

For example, Aspire

Groups for different ages/abilities/interests

Work with groups to help facilitate group start ups

Public awareness – people in the community would like to help

Increase public awareness in the community

Joint working, creating specific initiatives, use ideas from other initiatives

Transitions

What works well

What could work better

What we need to do

Transition from Primary to secondary is effective and managed well

Part of the 0-25 agenda would suggest that commissioning support across this age range or at least 14-25 would reduce the number of changes with a parallel reduction in stress and anxiety for all concerned

To discuss with those who commission support to see if this can be extended

Early intervention, introduction days, meeting staff prior to transition, having a detailed plan

Specialist Autism workers within our Community Support/Community Short Breaks teams/Work with York

To discuss with Work with York and other providers

Applefields transition team on site to assist post school provision

A wider knowledge of existing Autism provision within schools/education/community. There is a lot of provision but not a lot of knowledge

To scope the current provision including the support that is given outside the specialist sector
To have an Autism Map of York 0-100 which indicates where good support exists and where the gaps are. This would help with planning any type of Transition

Employment

What works well

What could work better

What we need to do

Supported Employment Schemes including Work Choice and Access to Work

Raise awareness of existing schemes in the community and businesses

Increase access to supported employment schemes/providers

Promote Work Choice and Access to Work for people with autism to help them find employment

Use Access to work grants regularly

Ensure schemes are reviewed so that outcomes are transparent to service users and providers are aware of funds available

Need to identify jobseekers with autism

Promote the possibility of work at every opportunity for people with autism and their support groups.

Connexions (Careers Advice)

Young people from Y9 need information about future employment opportunities which is broader than now

Connexions links with DWP and Scheme providers/Employers

Identify clear and realistic pathways to work

Participate in careers/jobs fairs

Working in partnership

Employing people with autism

Trade Union and other local partners' involvement and support

Transition from education to work includes advice on careers, jobsearch, work benefits and opportunities

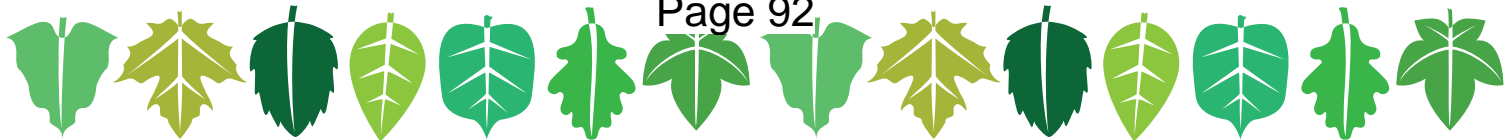
Increase links with business organisations locally

Encourage local organisations to make their workplaces autism-friendly, identifying progress and future actions

Glossary: what words mean

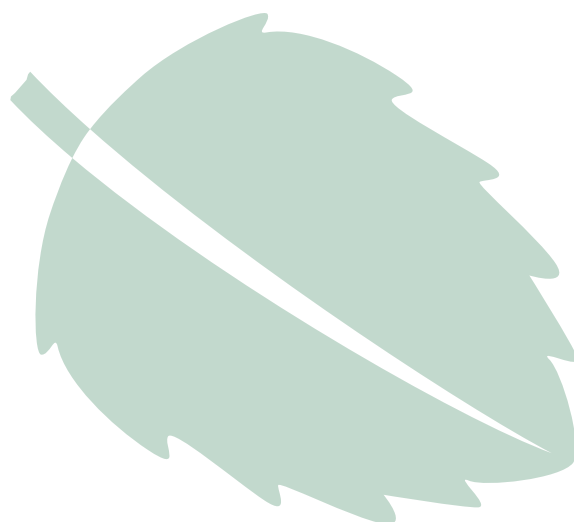
City of York Council	is the local authority in York which manages social care and other Public Services.
Clinical Commissioning Group	is a group of doctors and other health professionals who decide what local health services spend their money on.
Diagnosis	is when the symptoms or problems you are having are recognised as being caused by a known illness or condition.
Public Services	are services provided for local people by the council. This includes things like buses, bin collection and traffic wardens.
Priorities	are the things that you must do first because they are the most important.
Transition	a word used to describe when something changes, like when a child grows up into an adult.





For more information contact the team at
autism@york.gov.uk

or write to the Commissioning Team,
Freepost RTEG-TYYU-KLTZ
1st Floor, West Offices, Station Rise,
York, YO1 6GA



If you would like this information in an accessible format (for example in large print, in Braille, on CD or by email) please call (01904) 551550



This information can be provided in your own language.

Informacje te mogą być przekazywane w języku ojczystym.

Polish

Bu bilgi kendi dilinizde almanız mümkündür.

Turkish

此信息可以在您自己的语言。

Chinese (Simplified)

此資訊可以提供您自己的語言。

Chinese (Traditional)

 01904 551550



City of York

Needs Assessment for All Age Autism

December 2016

Contents

Ronnie’s Story	4
Definitions	5
Summary	7
Key issues / Gaps	8
Introduction	9
The bigger picture – national policy	11
The local picture – demographic information	15
Diagnosis for children	15
Under five years old diagnostic process	15
Five to 18 years old diagnostic process	15
Diagnosis data for children (5-18 years old)	16
Student female / male diagnosis	17
Diagnosis for adults	18
Diagnosis process for adults with autism	18
Diagnosis process for adults with autism and a learning disability	18
Education and autism (age three to 19 years)	19
Adults and autism - Self Assessment Framework, 2016	20
Adult Social Care – Care & Support	20
The local picture	22
The Strategic Partnership	22
Services available	22
Post Diagnostic support	22
Post diagnostic support for parent / carers of children 0-18 years old	22
Post diagnostic support for adults who have received a recent diagnosis	22
Social Care and other support for children and young people	22
The Local Offer	22
Short Breaks for families / children	23
The Family Intervention Rapid Support Team (FIRST)	23

Education (Early years to 19)	23
Further/Higher Education and options Post 16	25
14-25 year olds with autism, the Transitions Team	26
York Special Educational Needs and Disability Information, Advice and Support Service (SENDIASS)	26
Adults with a Learning Disability and autism	27
Adults with complex autism	27
Adults with autism and no learning disability	27
Parents / carers of someone with autism	28
Employment	28
Criminal Justice System	29
Voluntary sector / local support groups	29
Projected service use	30
Education (Early years to 19)	30
Adult population (18+)	31
Residents Views	33
All Age Autism Joint Strategic Needs Assessment Survey	33
Focus Group	35
Inclusive Communities Survey results	36
Unmet need and information gaps	37
Recommendations for consideration	37
Key Challenges.....	38

Ronnie's Story

As a child I was never invited to birthday parties. I wasn't even aware that this was a 'thing' until I had children of my own. I was the child who felt somehow different, who found social situations confusing and who would stim and make strange noises. The signs were there but were dismissed by family as something I would grow out of and by teachers as eccentricities. I was of a generation where the autism spectrum was still in the early days of being fully understood and all but the severest of cases were overlooked or, in some cases, misdiagnosed. I managed to get through childhood and early adulthood with a mixture of copying my peers and the fact that I was completely unaware that not everybody experienced the world in the way that I do.

By chance, I found myself reading about autism in my early 40's and quickly realised that many of the signs applied to me, both as a child and now. Not only the main signs of autism but also many of the common co-morbid conditions. Throughout my life I'd baffled doctors with my constant stomach problems and severe vertigo and light sensitivity. I'd had decades of tests, medications and even psychiatric counselling but nothing seemed to help and nobody could find a root cause. How obvious it now seemed, researching autism and finding all the pieces suddenly fitting together.

After a couple of years of researching autism on a daily basis I finally decided to visit my GP. My doctor looked through my medical history in light of my findings and agreed that it warranted investigation. At the time there were no facilities locally for adult assessments and I was placed on a waiting list in West Yorkshire. I remained on the waiting list for a couple of years before the opening of an autism assessment centre for adults at The Tuke Centre in York, part of The Retreat. I arranged myself to transfer the referral and funding. From there the process was very quick including the approval of funding. The staff at The Tuke Centre were excellent and after a series of appointments and tests with both myself and a family member, a diagnosis of Autism Spectrum Disorder was confirmed. I had just turned 45 and it really feels that it was then that my life truly began. The sense of relief was enormous. A huge weight was lifted off my shoulders and I really had a sense of who I was. Everything finally made sense and I was slowly able to forgive myself for a lifetime of my own perceived failings. Yes, I had been happily married for many years with happy, successful children but I had always struggled with everyday life when others didn't seem to. Social situations, theory of mind, sensory differences and many other challenges were all something I'd just lived with without explanation. Now I knew that I was autistic. For me this revelation was huge and certainly nothing to be embarrassed or ashamed about. I've discovered many times that autism only seems to be seen as this terrible condition that can be a devastating diagnosis by neurotypicals, usually parents or peers. For myself, as an autistic person, it is no such thing. It is rather the lack of understanding from others that is the real cause of problems. I am not neurotypical and so I see, feel, hear and experience everything differently in a world that is not built for me. However, armed with my diagnosis and this knowledge I can accept and understand these differences.

Since my diagnosis the world has opened up for me. I am now doing things I wouldn't have even considered attempting before I was diagnosed. I know my limitations but I also now know my strengths. It would be so easy to be bitter about my late diagnosis. Would I rather I'd been diagnosed as a child? Of course. I spent a lot of time wondering what my life would have been like with that knowledge. However, I will be forever grateful for my diagnosis, no matter how late in life it came. I finally know who I am. Autism is part and parcel of who I am. I am autistic but I wouldn't change a thing even if it were possible. I'm a Mac in a PC world. I'm wired a little differently with a different operating system but I can still reach the same goals when allowed to do things the way that I'm designed to.

Definitions

ADHD	Attention deficit hyperactivity disorder (ADHD) is a group of behavioural symptoms that include inattentiveness, hyperactivity and impulsiveness.
ASCEND	Autism Spectrum Condition Enhancing And Nurturing Development is a course for adults with children who have recently received a diagnosis.
ASD	Autism Spectrum Disorder
CAAT	The Customer Access and Assessment Team (CAAT) is the first point of contact for any adult with social care enquiries for new customers who reside in the City Of York Area.
CAMHS	Stands for Child and Adolescent Mental Health Service
CDC	Child Development Centre
City of York Council	is the local authority in York which manages social care and other Public Services.
Clinical Commissioning Group (CCG)	is a group of doctors and other health professionals who decide what local health services to spend money on.
CYP	Children and Young People
Diagnosis	is when the symptoms or problems you are having are recognised as being caused by a known illness or condition.
EHCP	An Education, Health and Care (EHC) Plan is for children and young people aged up to 25 who need more support than is available through special educational needs support. EHC plans identify educational, health and social needs and set out the additional support to meet those needs.
ERP	is an enhanced resource provision within a mainstream school for young people with autism
ESC	Early Support Coordinator works in the Early Support is a programme designed to deliver better coordinated service for parents/carers of disabled children aged 0-5, as soon as the child is identified as needing additional support.
GP	General Practitioner (doctor)
IQ	intelligence quotient - an intelligence test score that is obtained by dividing mental age by chronological age and multiplying by 100: a score of 100 therefore indicates a performance at exactly the normal level for that age group

LAC	Looked After Children – a child is ‘looked after’ if they are in the care of the local authority for more than 24 hours.
LTT	Long Term Team (adults) is one of the Local Authority’s adult social care teams.
PA	Personal Assistant
Personal budget	is an agreed amount of money that is allocated to a person by the local council (and other funding streams) following an assessment of their care and support needs
Portage	is a home visiting education service for pre-school children with disabilities and/or additional needs. The aim of Portage is to help parents help children develop and learn.
Priorities	are the things that you must do first because they are the most important.
Public Services	are services provided for local people by the council. This includes things like buses, bin collection and traffic wardens.
SAF	Self Assessment Framework – is primarily for adults and is a return by Local Authorities for Central Government to identify progress in the implementation of Think Autism (2014)
SALT	Speech and Language Therapy
SEND	Special Educational Needs and Disabilities
SEYT	Specialist Early Years Teachers
Transition	a word used to describe when something changes, like when a child grows up into an adult.
Autism	Includes those with a diagnosis of autism, Asperger’s syndrome, ASC/ASD

Summary

Between 1% and 1.5% of the population are estimated to have autism. About 206,000 people live in York which means there are over 2,000 people living in York with autism, either diagnosed or undiagnosed. Autism is a lifelong condition which can be diagnosed at different points in a person's life depending on how it is affecting their daily lives.

The local picture in York – demographic information:

- ⇒ **Diagnosis for children** - the diagnosis service for children in York is not currently performing well. As at September 2016 there was a waiting list of 107 children with an average waiting time of 35 weeks from referral to first appointment. Once the diagnostic process has been completed only 50% will have a positive diagnosis which is low in comparison to surrounding CCG areas.
- ⇒ **Diagnosis for adults** - there is a diagnosis service for adults with autism York but this service does not assess those with complex learning disabilities and autism. The service in York started in January 2016 and has a limited budget. From August 2016 it started to hold a waiting list. Of those who have been assessed there is a 96% positive diagnosis for autism.
- ⇒ **Education** – there are currently 250 students (including year 14) in York who have a diagnosis of autism which is a 70% increase in autism diagnosis for students in York schools. 65% of those 250 students are supported in mainstream settings compared to 35% in more specialised settings.
- ⇒ **Student female / male diagnosis** – Although male student diagnosis remains higher than female diagnosis, it is to be noted that from 2012-16 there was a 63% increase in male diagnosis but a 115% increase in female diagnosis. This trend is likely to continue.
- ⇒ **Adults known to social care** – collation of data for the SAF has become more robust and there is a significant increase from 23 to 38 adults who are known to social care who have autism but no learning disability from 2014 to 2016.

The local picture in York – services available

- ⇒ **Post diagnostic support** – post diagnostic support is limited and further work is being undertaken with regards to the pathway for support.
- ⇒ **Education** – the support provided is dependent on the needs of the individual student.
- ⇒ **Adults with a learning disability and autism** – if support is required it will be through the Community Learning Disability Team which is a multi-disciplinary and multi-agency team.
- ⇒ **Adults with autism and no learning disability** – if an individual requires support and is in agreement to an assessment this will be delivered through the adult social care teams.

- ⇒ **Parent / carers of someone with autism** – if someone wishes to receive support in their role as a carer, an assessment of need can be undertaken and ongoing support or a carers grant are available, where appropriate.
- ⇒ **Voluntary sector / local support groups** – there is a vibrant voluntary sector in York and a few proactive groups have been started at a grass roots level.

Projected Service Use in York:

- ⇒ **Education** – if the trend of increased diagnosis continues there could be an increase of approximately 97 students with an autism diagnosis in schools by 2021.
- ⇒ **Adult population** – as the increase in diagnosis continues in childhood this means there will be an increased population of adults with autism who have a formal diagnosis. This will need to be recognised and adjustments made in higher education and into work environment. As the general population live longer into old age so too with adults with autism.

Residents in York views:

- ⇒ An all age autism joint strategic needs assessment survey was undertaken which was responded to by 39 people, there was also a focus group and information from the Inclusive Communities survey (152 responses) were also reviewed. Key points were with regards:-
 - waiting times for an assessment although there were no issues with the process of the actual diagnosis;
 - over 40% of those who responded have not been able to access mental health services when they needed them;
 - more easily accessible and available information and advice;
 - parent training courses at different times in a persons life; and
 - more employment support.

Key issues / Gaps

- Robustness and consistency of data collection and recording of people with a diagnosis of autism.
- Disparity in prevalence as between males and females, arising from inbuilt bias in diagnostic tests
- Some adults with high functioning autism continue to be excluded from accessing health and social care services because they do not fit the perceived remit of learning disability or mental health services.
- There may be some gaps in training / knowledge amongst frontline staff in the Local Authority and Health Services with regard to how to work effectively and efficiently with people with autism.

Introduction

Autism is defined as:

“a lifelong developmental disability that affects how a person communicates with, and relates to, other people. It also affects how they make sense of the world around them. It is a spectrum condition, which means that, while all autistic people share certain difficulties, their condition will affect them in different ways. Some autistic people are able to live relatively independent lives but others may have accompanying learning disabilities and need a lifetime of specialist support. People on the autism spectrum may also experience over- or under-sensitivity to sounds, touch, tastes, smells, light or colours.”¹

Asperger syndrome is a condition on the autistic spectrum most commonly used to describe people with autism with average to above-average intellectual ability. Therefore individuals with Asperger syndrome generally will not be classified as having a learning disability. In the UK adults with Asperger syndrome are often excluded from accessing statutory health and social care services because they do not fit the perceived remit of having learning disability or need for mental health services.

The term autism in this needs assessment includes those with Asperger syndrome.

It is currently estimated that approximately 1% of the population has autism with the prevalence rate being higher in men than it is in women (1.8% versus 0.2%)². Current thinking, however, is beginning to question this perceived gender split and querying whether there is a potential under diagnosis of autism in females. **The Adult Psychiatric Morbidity Survey (2014)**³ states “It has been suggested that assessments for autism may draw more on how the condition manifests in men, and this may lead to under identification of autism in women (Trubanova et al. 2014)”

The gender split is being researched more and a summary of current theories can be found in a National Autistic Society (NAS) article, **Gender and Autism**⁴

It is estimated that 60-70% of people who have autism will also have a learning disability.⁵

¹ National Autistic Society, website definition, March 2016, <http://www.autism.org.uk/about/what-is/asd.aspx>

² NHS Information Centre, *Estimating the Prevalence of Autism Spectrum Conditions in Adults: Extending the 2007 Adult Psychiatric Morbidity Survey*, 2012

³ *Adult Psychiatric Morbidity Survey of Mental Health and Wellbeing*, England 2014, NHS Digital

⁴ How does autism present differently in women and girls, NAS article, November 2016, <http://www.autism.org.uk/about/what-is/gender.aspx>

⁵ NHS Information Centre, *Estimating the Prevalence of Autism Spectrum Conditions in Adults: Extending the 2007 Adult Psychiatric Morbidity Survey*, 2012

There are estimated to be 388 children⁶ (0-18) and 1,635⁷ adults (18+) with autism in York, either diagnosed or undiagnosed.

⁶ Estimate based on 2012 ONS census 0-17 population, York, assumed 1% prevalence.

⁷ Projecting Adult Needs and Service Information website (18-65) and Projecting Older People Population Information System website (65+), February 2016

The bigger picture – national policy

The Autism Act (2009) identifies the collective commitment to improve the lives of all people with autism and their families. It was the first legislation which focussed on autism and ensured the government made a commitment to improving service provision and support for those with autism. The Act made two key provisions; that the Government produce an adult autism strategy by 1 April 2010, and that the Secretary of State for Health issue statutory guidance for local authorities and local health bodies on supporting the needs of adults with autism by 31 December 2010.

It is important to note that all adults with autism are now formally recognised as having a disability by the Autism Act (2009). This is a slightly stronger position than that of the Guidance published in 2006 to accompany the Disability Discrimination Act which makes it clear that the definition of disability can cover people with all forms of autism, including Aspergers Syndrome. This is especially relevant given the difficulties people with autism report in accessing mainstream services in Health and Social Care. It gives added weight to the legal duties on the NHS bodies and local authorities, for example to ensure access to diagnosis, assessment, information and advice.

In 2010 **Fulfilling and rewarding lives. The strategy for adults with autism in England**⁸ was published with the key aim of improving the lives of people with autism and their families. Following on from this the first year delivery plan was published in April 2010, **Towards fulfilling and rewarding lives: the first-year delivery plan**⁹ This set out the governance structure and the actions, with timescales and responsibilities, to be taken in the first year to support the implementation of the adult autism strategy.

In December 2010, the Department of Health published **Implementing Fulfilling and rewarding lives: Statutory guidance for local authorities and NHS organisations to support implementation of the autism strategy**¹⁰ This provided guidance to local authorities, NHS bodies and NHS Trusts on the following key areas; training of staff who provide services to adults with autism, identification and diagnosis of autism in adults, leading to assessment of needs for relevant services, planning in relation to the provision of services to people with autism as they move from being children to adults; and local planning and leadership in relation to the provision of services for adults with autism.

⁸ "Fulfilling and rewarding lives" *The strategy for adults with autism in England*, Department of Health, 2010

⁹ *Towards "Fulfilling and rewarding lives" The first year delivery plan for adults with autism in England*, Department of Health 2010

¹⁰ *Implementing Fulfilling and rewarding lives: statutory guidance for local authorities and NHS organisations to support implementation of the autism strategy*, Department of Health, 2010

Children and Families Act (2014) amends existing legislation and services for children and young people, and provides a new special educational needs and disability support system, covering education, health and social care.

In January 2015, the Government published a new **Special Educational needs and disability code of practice**¹¹ for children and young people between 0 – 25 which provides statutory guidance for organisations which work and support children and young people who have special educational needs or disabilities.

The Care Act (2014) builds on recent reviews and reforms, replacing numerous previous laws, to provide a coherent approach to adult social care in England. It states clearly that all staff who undertake autism assessments must have appropriate training.

In 2014 **Think Autism strategy**¹² was published. This builds on rather than replaces the themes in *Fulfilling and Rewarding Lives* (2010). *Think Autism* sets out fifteen priority challenges for action from the perspective of people with autism and carers. There are three new key proposals in the *Think Autism* strategy (building communities that are more aware of and accessible to the needs of people with autism, which have autism champions for change; promoting innovative local ideas, services or projects which can help people in their communities through new models of care, and focusing on how advice and information on services can be joined up better for people.) which are in addition to the existing duties of the 2010 strategy.

In 2015 The Government published a new statutory guidance, which replaced the existing statutory guidance. **Statutory guidance for Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy**¹³. This guidance tells local authorities, NHS bodies and NHS Foundation Trusts what actions should be taken to meet the needs of people with autism living in their area. The guidance was revised to take account of responses to a related consultation¹⁴. It also takes into account progress made since the 2010 guidance, and recent legislation including the *Health and Social Care Act 2012*, the *Care Act 2014* and the *Children and Families Act 2014* which provided new duties for people with autism.

In March 2015 the Government published the consultation paper, **No voice unheard, no right ignored** which was for people with learning disabilities, autism and mental health conditions. The consultation examined how people's rights and

¹¹ *Special educational needs and disability code of practice: 0 to 25 years; Statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities*, Department of Education, 2015

¹² *Think Autism Fulfilling and Rewarding Lives, the strategy for adults with autism in England: an update*, Department of Health 2014

¹³ *Statutory guidance for Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy*, Department of Health 2015

¹⁴ *The Government response to the consultation on revised statutory guidance to implement the Strategy for Adults with Autism in England*, Department of Health, March 2015

choices can be strengthened. The Government provided a response to this consultation in November 2015. **Government response to No voice unheard, no right ignored – a consultation for people with learning disabilities, autism and mental health conditions.**¹⁵ The Government set a series of proposals grouped into three implementation phases, early actions that seek to sustain momentum generated, chiefly through the use of existing powers and building on work currently underway, further changes, including proposed legislative changes that cannot be achieved via existing powers (and which relate principally to the Mental Health Act 1983), and, a third phase, which explores more radical solutions to longer-term issues, as well as ongoing monitoring and review, and a commitment that the Government will intervene further, including through legislation if necessary, if the improvements sought continue not to be realised in practice.

In 2016 the **Progress report on Think Autism: the updated strategy for adults with autism in England**¹⁶ was published. This report details what has been achieved since the publication of *Think Autism*. It also sets 31 new actions to continue to help local areas implement the autism strategy and focuses on education, employment, the criminal justice system and better data reporting.

In 2011 the Winterbourne View Hospital scandal occurred when a BBC Panorama programme revealed widespread abuse by staff of people with learning disabilities. . The Department of Health undertook a review and In response to this **Transforming care: A national response to Winterbourne View Hospital**¹⁷ was published which committed to producing a report 2 years later setting out the progress that had been made to ensure what happened at Winterbourne View is not repeated.

The subsequent report, **Winterbourne View: Transforming Care Two Years On**¹⁸, set out what had been achieved but recognised that there was still progress to be made. The national plan, **Building the Right Support**¹⁹, 2015, has been developed jointly by NHS England, the LGA and ADASS, and is the next key milestone in the cross-system Transforming Care programme. This programme includes those with more severe autism who are in residential care.

¹⁵ *Government response to No voice unheard, no right ignored – a consultation for people with learning disabilities, autism and mental health conditions*, Department of Health, November 2015

¹⁶ *Progress report on Think Autism: the updated strategy for adults with autism in England*, Department of Health, 2016

¹⁷ *Transforming care: A national response to Winterbourne View Hospital*, Department of Health Review, 2012

¹⁸ *Winterbourne View: Transforming Care Two Years On*, Department of Health Review, 2015

¹⁹ *Building the Right support, A national plan to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition*, NHS England, the LGA and ADASS, 2015

NICE guidance

The National Institute for Health and Clinical Excellence (NICE) has published the following clinical guidelines on autism:

- *Autism diagnosis in children and young people: Recognition, referral and diagnosis of children and young people on the autism spectrum;*²⁰
- *Autism: The management and support of children and young people on the autism spectrum);*²¹
- *Autism: recognition, referral, diagnosis and management of adults on the autism spectrum.*²²

The NICE guidance states that the local services (including health, mental health, learning disability, education and social care services) for children and young people with autism, should be coordinated by a local autism multi-agency strategy group and that the coordination of care should be provided through local specialist community-based multidisciplinary teams ('local autism teams') which should include professionals from health, mental health, learning disability, education and social care services. A recent self-assessment exercise to map progress locally and nationally with delivery of the adult autism strategy showed that structures are in place in many areas, including the creation of diagnostic leads.

NICE has also published a Quality Standard (QS51, January 2014) to help inform the commissioning of autism services for children, young people and adults, focusing on the key areas for improving the quality of existing services.

NICE guidelines describe best practice to help reduce variations in service provision for people with autism, but they are not mandatory. However, the Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality.

The Strategic Partnership for Integrating Services for Disabled Children is the commissioning group that oversees the partnership work through health, education, social care, and voluntary sector for disabled children and young people, including to children and young people with autism (0-25 years). It is accountable to the YorOK board and responsible for the forward planning of services.

²⁰ *Autism spectrum disorder in under 19s: recognition, referral and diagnosis*, Clinical guideline [CG128] Published date: September 2011

²¹ *Autism spectrum disorder in under 19s: support and management* Clinical guideline [CG170] Published date: August 2013

²² *Autism spectrum disorder in adults: diagnosis and management* Clinical guideline [CG142] Published date: June 2012, updated: August 2016

The local picture – demographic information

Diagnosis for children

In York there is a diagnostic service for children and a separate service for adults. The service for children is delivered by the National Health Service. The assessment is undertaken by York Hospital for those aged 0-5 and at Lime Trees for those aged 5-18.

Under five years old diagnostic process

Children under the age of five are referred into the paediatric service in York for assessment.

- ✓ The child is seen by a paediatrician, and also by a specialist speech and language therapist, and sometimes other therapists (for example occupational therapists).
- ✓ Clinical observation and information gathering takes place. As young children often have a rapidly changing presentation and develop different skills at different rates, the timing of the process is not fixed.
- ✓ Once sufficient information has been gathered, and the child's overall developmental profile considered, the child is discussed at the multi-agency autism forum (convened in conjunction with CAMHS) and a decision as to whether the child meets the ICD 10 criteria²³ for a diagnosis of autism is reached.
- ✓ Sometimes a further period of observation or further assessments are recommended as a result of discussion at the autism forum, and the child is then taken back for further discussion at the autism forum once these are completed.

Five to 18 years old diagnostic process

Children aged 5 to 18 are assessed by trained staff (including Clinical Psychologists and Clinical Nurse Specialists) at Lime trees Clinic in York. All children and young people referred have an initial screening by a trained health worker, this includes gathering information from school and parents. Following screening if indicated the family are offered a full assessment for Autism Spectrum Disorder by the multi-disciplinary team. . This will include an autism specific diagnostic interview with the parents and an Autism Diagnostic Observation Schedule (ADOS) with the child. Where needed an observation of the child/young person will be completed in school. A multi-disciplinary discussion then takes place in order to determine whether the

²³ <http://www.autism.org.uk/about/diagnosis/criteria-changes.aspx>

child/young person meets the ICD-10 criteria for a diagnosis of an Autism Spectrum Disorder.

At the moment the whole pathway from 0-18 is being reviewed in order to make the process meet the standards set out in NICE Guidance 128 for the referral, assessment and diagnosis of children and young people with suspected autism. In particular in the pathway for 5-18 year olds this would include a reduction in waiting times and the inclusion of Speech and Language Therapy in the diagnostic process. To make the pathway fully compliant a number of developments are being undertaken.

Diagnosis data for children (5-18 years old)

Referrals for autism are increasing in York. As at September 2016 there was a waiting list of 107 children with an average waiting time of 35 weeks from referral to the first appointment.

	Numbers of individuals (5-18 year old)		Weeks		
	Total no. referrals	Waiting list – <u>NOT</u> had apt by end of reporting period	<u>Average</u> wait time from referral to 1 st Apt.	<u>Longest</u> wait time to 1 st Apt.	<u>Average</u> wait time from 1 st Apt to diagnosis
April 2014 to March 2015	88	31	22	26	18
April 2015 to March 2016	130	66	16	39	17
April 2016 to Sept. 2016	70	107	35	51	15
HALF YEAR					

Professionals working in this area are sensitive to the emotional impact of the diagnostic process as it can be complex and challenging for families and individuals. The assessment process and the confirmation of diagnosis through a multi disciplinary panel can take up to 15 weeks or longer in some cases. This means currently individuals and their families / carers can wait for up to a year from referral to diagnosis.

	No. completed diagnosis process (age 5-18)	Outcome		Percentage (%) Positive autism diagnosis
		Yes	No	
April 2014 to March 2015	89	49	40	55%
April 2015 to	89	54	35	61%

March 2016				
April 2016 to Sept. 2016 HALF YEAR	22	11	11	50%

From April 2016 to September 2016 there were 22 assessments with a conversion rate of 50%. This is low in comparison to other surrounding areas where there is a conversion rate of about 75-80% which is the expected level if inappropriate referrals are screened out at an early stage.

CCG Area	Percentage (%) Positive autism diagnosis April 2016 – September 2016 (age 5-18)
HaRD (Harrogate & Rural District)	77%
HRW (Hambleton, Richmondshire & Whitby)	78%
SR (Scarborough & Ryedale)	75%
VoY (Vale of York)	54%

The low conversion rate in York needs to be explored as there may be a number of contributing factors.

If there is no diagnosis of Autism Spectrum Disorder then the multi-disciplinary team will consider if further assessment or intervention is necessary.

Student female / male diagnosis

From 2012 there has been a 0.4% growth in students with autism in the general school population to 1% in 2016. The diagnosis for male students remains far higher than for female students with a 63% increase in diagnosis from 2012 to 2016. However, in that same period there has been a 115% increase in female diagnosis. Anecdotal evidence suggests that the increase in female diagnosis will continue as a trend.

Year	Male	% Male	Female	% Female	Total
2012	127	86%	20	14%	147
2013	146	84%	28	16%	174
2014	140	85%	24	15%	164
2015	175	85%	32	15%	207
2016	207	83%	43	17%	250

If autism were compared to other disabilities, for example, learning disabilities, where the gender split is approximately 60/40 (male/female)²⁴ the disparity in diagnosis further demonstrates that female presentation and diagnosis is an area which needs to be explored.

Diagnosis for adults

Diagnosis process for adults with autism

The adult service is commissioned and delivered by the Tuke Centre at the Retreat in York. The service assesses for autism and ADHD, but does not assess those with complex learning disabilities.

This is a new local diagnosis and assessment service which started in January 2016. The service has a limited budget and as of August 2016 started to hold a waiting list. Up to that date there was a 96% conversion rate from referral to a positive diagnosis. This is to be expected in an adult diagnostic service.

Data from the Tuke Centre for the period January to September 2016 for the whole of the Vale of York CCG area shows:

- 47 screenings for ASD
- 41 assessments for ASD
- 57 waiting for screening or assessment
- 7 discharged without screening or assessment

It has not been possible to disaggregate the screenings and assessments for those people referred from the City of York.

These figures are significantly higher than for other North Yorkshire CCG areas, but the commensurately larger population will explain the disparity in figures.

Recording for adults receiving a diagnosis up to the new service starting in January 2016 wasn't recorded specifically for York. Historic data in the Vale of York in 2014 indicates an average of 2 to 3 referrals a month for autism and ADHD.²⁵ The conversion rate of these referrals is unknown.

Diagnosis process for adults with autism and a learning disability

For adults who have a learning disability and are known to mental health services, the assessment will be undertaken by the adults' service. The small number not

²⁴ *People with Learning Disabilities in England 2010, Services and Support*, E Emerson, C Hatton, J Robertson, H Roberts, S Baines & G Glover, Improving Health and Lives : Learning Disabilities Observatory and DH, 2010

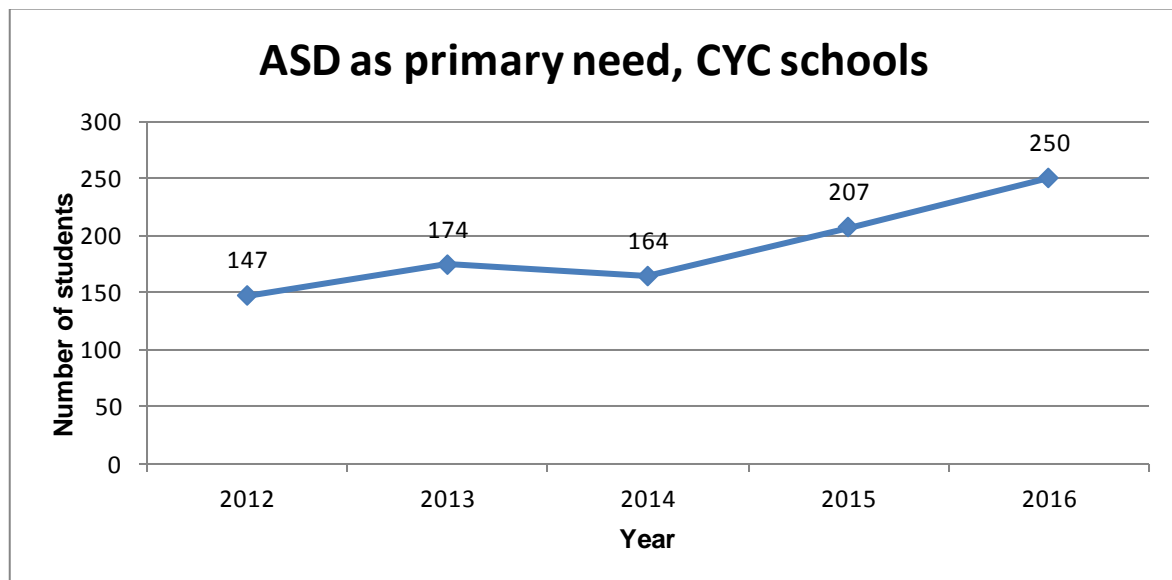
²⁵ Attention deficit hyperactivity disorder

known to services would need to be referred by their GP to a specialist out of area service.

Education and autism (age three to 19 years)

Within the general school population there has been a growth from 0.62% students diagnosed with autism in 2012 to 1% of students being diagnosed with autism in 2016 (1.1% in primary and 0.8% in secondary)²⁶.

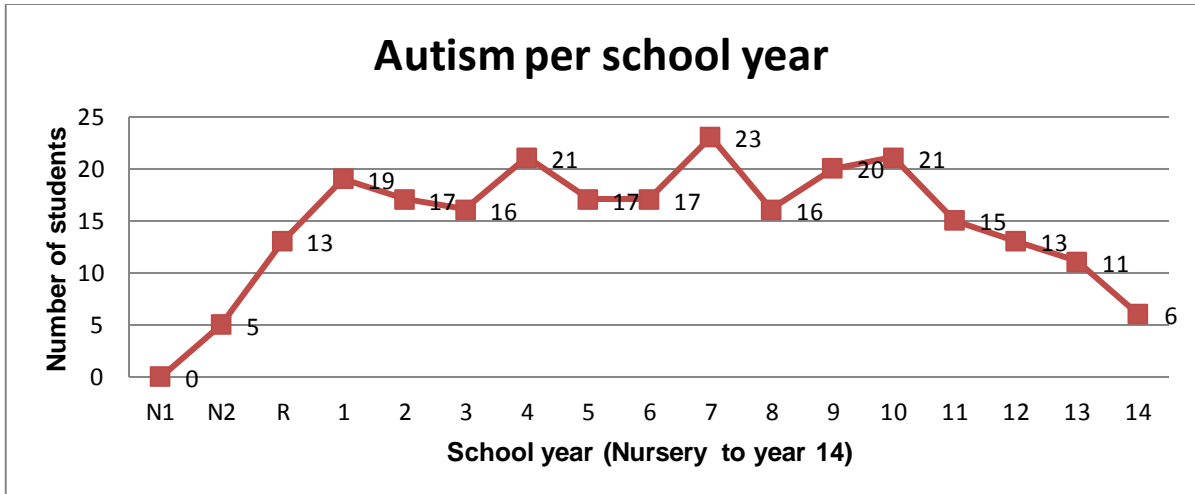
There are currently 250 students (including year 14) in York schools who have a diagnosis of autism. In addition to these 250 there are also 6 students who are currently not attending school who have autism. In January 2012 there were 147 students (including year 14) in York schools with autism - a 70% increase in autism diagnosis for students in York schools from 2012 to 2016.



There are more students with autism being supported in mainstream schools (65%) as compared to those in more specialised settings (35%).

Diagnosis before age five will continue to remain low because of the difficulties giving a firm diagnosis in this age group. Autism diagnosis rises from age five when children enter formal education where there are over ten students a year with autism, peaking at 23 in year 7.

²⁶ School Census, January 2016



Adults and autism - Self Assessment Framework, 2016

The purpose of the self-assessment is to enable local strategy groups to review their progress and to assist in future planning with partners including people with autism and their families. The self-assessment is primarily for adults and sets out and expands on the priorities set out in **Think Autism** (2014) and updated in the **Progress Report on Think Autism: the updated strategy for adults with autism in England** (2016). The process is the key means of identifying progress in the implementation of the strategy at a local level.

The process has just been completed and returned to the Department of Health for York. This will be analysed and published in early 2017. Results from the 2014 Self Assessment Framework (SAF) are available online.²⁷

From 2014 to the 2016 SAF some of the questions changed to enable more meaningful data analysis. Where there is comparable data progress can be evidenced. Transitions data is much more robust across all children services with a diagnosis being included whereas previously this was mainly for children with autism and a learning disability. Therefore the figures have increased substantially from 26 in 2014 to 71 children aged 15-18 years in 2015-2016.

Adult Social Care – Care & Support

As part of the SAF return the following data was submitted with regards to adult social care.

1	What is the number of adults assessed as being eligible for adults social care services who have a diagnosis of autism and in receipt of a personal budget?	87
---	---	----

²⁷ <http://www.improvinghealthandlives.org.uk/projects/autsaf2014results>

2	What is the number of those in question 1, who have a diagnosis of autism but not a learning disability	38
3	What is the number of those in question 1, who have a diagnosis of autism AND a learning disability	49

The questions with regards to autism and adult social care have been modified but where it is comparable it shows there has been an increase of those with diagnosis of autism but no learning disability from 23 to 38 which is a significant increase.

The local picture

The Strategic Partnership

There is a Strategic Partnership for Disabled Children whose members are senior representatives from across the YorOK partnership and representatives from the York Parent Carer Forum. Decisions are taken in relation to funding and service development within their own organisations and on behalf of the YorOK board.

Services available

Post Diagnostic support

Post diagnostic support for parent / carers of children 0-18 years old

For the parents of children / young people who have received a diagnosis there is a course called ASCEND (Autism Spectrum Condition Enhancing and Nurturing Development). The programme aims to share theoretical and practical strategies with parents and carers of children on the autism spectrum and to give opportunity for parents to meet with and gain support from each other as well as from the course facilitators. This is currently managed by CAMHS and co-delivered with the Specialist Teaching Team for Autism.

Post diagnostic support for adults who have received a recent diagnosis

When an adult is diagnosed they are offered either 2 one to one follow up sessions or 5 group sessions to help to understand the diagnosis.

As autism is not a medical condition, once the diagnostic process has been undertaken and a diagnosis of autism has been given support from Health is limited and this is the reason further work on joint pathways is being undertaken.

Social Care and other support for children and young people

In general the wider services in York are able to meet the needs of children who have autism and we are continually striving to improve services.

The Local Offer

A Local Offer gives children and young people with special educational needs/disability and their families information about what is available in their area. This includes information about education, health social care, positive social activities and things to support preparation for adulthood.

York's Local Offer can be found following the link below.

<http://www.yor-ok.org.uk/families/Local%20Offer/local-offer-original.htm>

Short Breaks for families / children

Short Breaks have two main aims which are:

- To give parents or full time carers of disabled children and young people a break from their caring responsibilities.
- To enable disabled children to have an active social life and join in with safe, fun and interesting activities.

Short Breaks are provided for families with children / young people with a permanent and substantial impairment or illness, which has a profound effect on their health, development and social functioning. They are provided for families that are unable to access universal activities, services and provision without additional support.

Short Breaks can be for a few hours or longer, in some circumstances overnight and can be provided in lots of different ways. A Short Break could include additional support so that a child or young person can join a club or recreational activity in their community, someone caring for a child in their own home or within the child's home or it could be extra support for the child to join in family life.

There is an online self referral form for parents who wish to access Short Breaks. If the child is eligible for short breaks, they may be able to access up to 100 hours of support for short breaks. This would then be reviewed through school review meetings for My Support Plans or an Education and Health Care Plan. A social worker would not need to be allocated for this level of support. If a child or young person has a higher level of need they would be allocated a social worker.

<http://www.yor-ok.org.uk/2014%20YorOK%20Website/families/Local%20Offer/short-breaks-2.htm>

The Family Intervention Rapid Support Team (FIRST)

For a very small number of children and young people the local community (or aspects of their day to day lives) can be extremely challenging. The Family Intervention Rapid Support Team (FIRST) provides intensive, specialist, holistic assessment and treatment for a small number of children, young people, and their families. FIRST becomes involved with families if there is a significant risk a young person is not able to access school/short breaks and /family breakdown due to the child / young person's use of severe challenging behaviour.

Education (Early years to 19)

Early Support is a way of working that aims to improve the delivery of services for disabled children, young people and their families. It enables services to coordinate their activity better and provide families with a single point of contact and continuity through key working. It ensures that service delivery is child, young person and

family-centred. It focuses on enabling services and practitioners to work in partnership with children, young people and their families.

Portage is a home visiting education service for pre-school disabled children and children with special educational needs. Visits are made on a weekly or fortnightly basis. It helps parents and carers to support their child's learning by breaking skills down into small steps. The service is available to families who have a child under five years old with difficulties or delays in more than one area of development. The service was expanded in 2004 to also include children at risk of developmental difficulties through low birth weight and/or premature birth or those who are 'looked after' (LAC) by the local authority.

Educational Psychologists, alongside the Specialist Early Years Teachers (SEN) and Portage Home Visitors, play a major role in supporting transitions to nursery or school and provides advice toward statutory assessment when required. They also provide advice on children's development to practitioners, staff and parents/carers through direct casework, training and consultation

The Specialist Early Years Teachers (SEN) provide support and advice for children from 2-5 years with additional needs. They have expertise and training in child development, early learning and teaching children with additional needs. They work directly with pre-school children as well as providing information and advice to others: parents and carers, staff in early years settings, medical practitioners and therapists in the community and at the Child Development Centre (CDC), York Hospital and any other professionals involved with a child

The post of Early Support Coordinator (ESC) within the Specialist Early Years Specialist Teachers (EYST) was developed in 2007 as part of the original Early Support Programme for young disabled children age 0-5 years and their families. The Early Support Key Worker Coordinator (ESC) works closely support services and practitioners from education, health and children's social care, and particularly the health and disabilities team.

City of York Council also has a Specialist Teaching Team for Autism. This team consists of two specialist teachers and two specialist teaching assistants who work in mainstream nurseries, schools and York College with children, young people, teachers and support staff in these settings. A new referral system to the team is being introduced. The referral can be made by the school SENCO after a diagnosis has been given, if it is felt that additional advice and support is needed, beyond what the school currently provides. Parents may request a referral through the SENCO in some circumstances, for example, where a child presents very differently in the home situation, which may be related to the school day. Specialist Teacher's (SPT) make an initial assessment and then make recommendations for each child or young person using a variety of methods including school observation, parent consultation, discussion with school staff, attending reviews etc. Their involvement will vary according to the needs of the child or young person. A specialist teaching assistant may then visit to support the setting implement the advice, for example to establish a social communication group, write a Social Story or set up an individual structured teaching activity. The team will assess and review progress of each child to make sure children are benefiting from the team's interventions. Specialist teachers are

involved in contributing to My Support Plans (MSP) and Education Health Care Plans (EHCP)

In York there are two Enhanced Resourced Provisions (ERPs) at secondary school; these are Joseph Rowntree and Fulford School. These both support ten students with a diagnosis of autism in the mainstream school. The nature of the support depends up the individual needs of each student. Inclusion is a priority and the students spend most of their time in mainstream lessons with their peers. To enable this to happen there is liaison between Subject Teachers, Form Tutors, Directors of Learning, the Senior Leadership Team and Student Support. Additional help and support is given with communication, social interaction and organisational skills and personal development lessons are planned to meet the individual needs of each student in the context of a busy secondary school environment.

Small step transition programmes are designed for students moving from Year 6 to Year 7, from KS3 to KS4 and then finally from Year 11 to post-16 provision. The ERPs work closely with families and many other agencies (EPS, Lime Trees, SALT, Occupational Therapists, Social Services etc.) to provide a holistic approach giving each student the opportunity to thrive and succeed.

In addition to this there is a new Enhanced Resourced Provision (ERP) for primary aged pupils opening at Haxby Road School in September 2017 which will offer specialist provision for up to 8 children. There is also an inclusion class at Hob Moor Oaks offering specialist provision to children who can access some mainstream learning.

Hob Moor Oaks Special school is federated with Hob Moor Primary and offers specialist autism provision, as does Applefields Secondary special school, for those pupils who have autism and significant learning needs.

St. Paul's Nursery School is also classed and funded by the Local Authority (LA) as an Enhanced Resource Centre (ERC), offering 12 additional part-time places for children with a range of special needs and disabilities (SEN), including social communication difficulties/autism.

Further/Higher Education and options Post 16

Young people with autism can study further at York College and Askham Bryan College. Support is available, including mentoring, for young people with an EHCP. There are a number of other learning programmes available for young people through community providers such as Blueberry Academy and Choose2Youth. Programmes are offered that support learning including independence skills and social skills. Both York University and York St John University offer a range of support to students with autism according to their needs.

There are a number of alternative Post 16 options for young people with autism; including apprenticeships, supported internships and personalised packages.

Advice and further information is in the Local Offer:

<http://www.yor-ok.org.uk/families/Local%20Offer/growing-up.htm>

14-25 year olds with autism, the Transitions Team

The Transitions team is a multi-agency co-located team that works primarily with young people with a learning disability who are aged 14-25. The team is comprised of social care from the children's health and disability team and adult social workers from the Adult Learning Disability Team. Learning and Work Advisors (formally Connexions) advisors are also part of the team as are independent travel trainers. Young people with Autism can make a referral via adult or children's social care or via your school or college. The team works with local education and social care providers to be as creative as possible to support the young person to plan for their future in order for young people to reach their goal and achieve their full potential.

York Special Educational Needs and Disability Information, Advice and Support Service (SENDIASS)

York Special Educational Needs and Disability Information, Advice and Support Service (SENDIASS) (formerly known as York Parent Partnership Service) provides information, advice and support (IAS) to parents, carers, children and young people in relation to Special Educational Needs (SEN) and Disability and related health and social care issues.

The service is free, impartial and can be provided over the telephone, during home visits or through support at meetings concerning SEN and disability.

The service is for:

- parents of children and young people with special educational needs or disabilities
- children with special educational needs / disabled children (SEND) young people up to the age of 25 years with SEND

Many children will access information, advice and support via their parents, but older children and young people may want to access the service themselves. SENDIASS will offer information, advice and support whether or not they have a statement of special needs or an education, health and care plan. There does not need to be a medical diagnosis to contact SENDIASS either. Information and advice is given in order to help the parent, child or young person to fully understand a particular process, make sure they can make choices and decisions in an informed way. It is expected that the parent, child and / or young people will be able to be part of any decision process, helping contribute to outcomes along with the professionals working with the parent, the child or the young person.

Adults with a Learning Disability and autism

If an individual has a learning disability and autism, and requires support, this will be delivered through The Community Learning Disability Team. This is a multi-disciplinary and multi-agency team that includes a range of professionals (including Consultant Psychiatrist, Community Learning Disability Nurse, Social Worker, Physiotherapist, Occupational Therapist, Speech and Language Therapist, Clinical Psychologist and Administrative support). It acts as the gate-keeper to services for adults with a learning disability and / or autism living in the community.

Services in the community range from day activities, hydrotherapy, supported living opportunities to short breaks if the individual still lives at home with their parents / carers. There are different referral routes for the health and social care parts of the team.

Adults with complex autism

An Autism Hub was opened in October 2016 which provides support for adults with more complex autism. The Autism Hub provides a safe, predictable, comfortable and autism friendly environment for people to spend time accessing support. Individuals receive training and life skills development and increased confidence leading to an improved quality of life.

“An individual’s special interests are nurtured and used as the base for learning and skills can be built around these that can be used in different situations. For example; one person who comes to The Hub has a special interest in The X-Factor. We are supporting him to ‘be a judge’, he watches clips of the show and decides who he is going to vote to stay in or vote out of the show. We then spend time with him looking at how the decision he has made might make the contestant feel, exploring empathy and consequence.

This gentleman recently had his annual review and the feedback we received at that review was amazing. His support team told of how attending The Hub had actually ‘changed his life’. He now has reason to get out of bed in a morning and has more meaningful conversations when at home, talking about the things he has done whilst at The Hub. He has also started doing more things for the person he lives with such as setting the table for tea for both of them rather than just for himself and buying his housemate a birthday card. These are things which he wouldn’t have thought about doing previously.”

The Autism Hub, November 2016

Adults with autism and no learning disability

If an individual, who has autism and no learning disability, requires support and is in agreement to an assessment, this is delivered through the adult social care teams.

Customers who are transitioning from children's services who have a diagnosis and have an IQ of over 70 are routed either through the Long Term Team (Adults) or Mental Health Team depending on their main presenting need.

Customers who are not known to the children's team and are not known to adult social care already come via CAAT (Customer Access and Assessment Team) for an assessment.

The Long Term (Adults) Team (LTT) currently supports a number of customers who have had an assessment of their needs and require assistance with maintaining their personal care or home environment, maintaining their nutritional needs, and / or family and personal relationships. The Long Term Team can also assist customers in accessing work, education, volunteering or training opportunities and give advice as to options within the wider community for recreational opportunities. The team work alongside individuals to meet their identified outcomes whether this is via a commissioned service, a direct payment to employ a PA or support to access voluntary services.

Parents / carers of someone with autism

City of York Council's Carers Support Workers work alongside York Carers Centre to provide ongoing support to carers of adults with Autism who wish to receive support in their role as a carer. York Carers Centre also work with parent carers and also support parents of young people with autism.

An assessment of needs is carried out and ongoing support or carers grants are available, where appropriate, to sustain this caring role.

Employment

There is no robust data with regards to employment and autism. Research undertaken by the National Autistic Society, in 2009,²⁸ indicated that the number of people with autism in employment is very low, indicating that just 15% of adults with autism in the UK are in full-time paid work. The research also found that many of those not in work were also excluded from the benefits system with one third currently without a job or benefits.

Sustainable employment is still difficult to achieve with no evidence that the findings from 2009 have improved. The Department for Work and Pensions have recently published **Improving Lives, the work, health and disability green paper**²⁹, which highlights the inequalities faced by those with disabilities, for example, 52% of

²⁸ *Don't write me off, make the system fair for people with autism*, National Autistic Society, 2009

²⁹ *Improving Lives, the Work, Health and Disability, Green Paper*, Department for Work and Pensions, October 2016

disabled people are not in employment and 54% of those people will experience mental health conditions.

Criminal Justice System

Recording autism as a condition is not required by the criminal justice system (CJS) which means there is no reliable data and therefore there has been only limited analysis regarding prevalence of individuals within the CJS. An individual with autism may enter the CJS as a victim, witness or as a suspect/offender.

It is unclear how many adults with autism are within the CJS but limited research studies indicate that they are over represented within the whole system, both as victim and perpetrator.

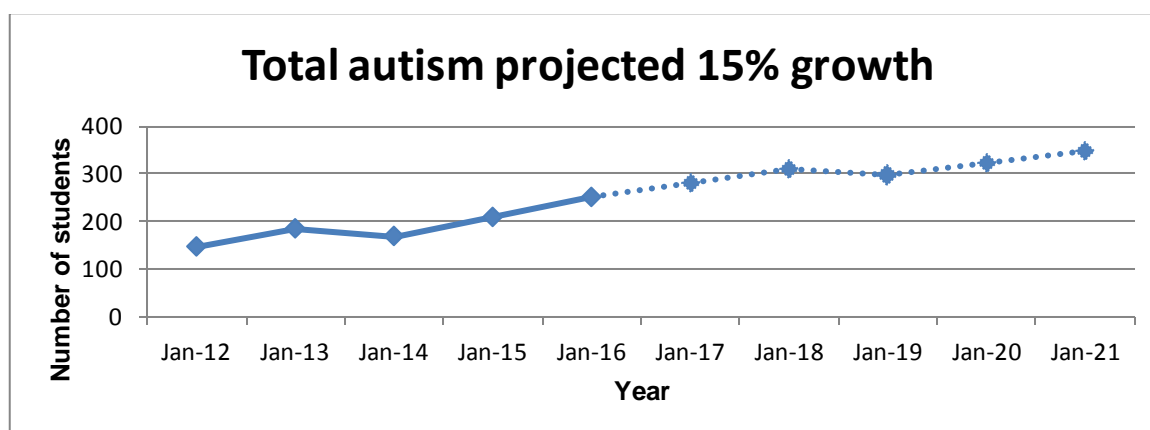
Voluntary sector / local support groups

York has a vibrant voluntary sector and proactive groups which have started at grass roots level. A comprehensive mapping of opportunities and groups needs to be undertaken and information made accessible and kept up to date.

Projected service use

Education (Early years to 19)

From 2012 to 2016 there has been a 70% increase of students diagnosed with autism. If this trend is averaged out over this period it means an approximate 15% increase year on year during this period. If this is projected forward this would mean that there would be 347³⁰ students with a diagnosis of autism by 2021 in both mainstream and specialist school settings, a growth of approximately 97 students which is a 39% overall growth in students with autism.



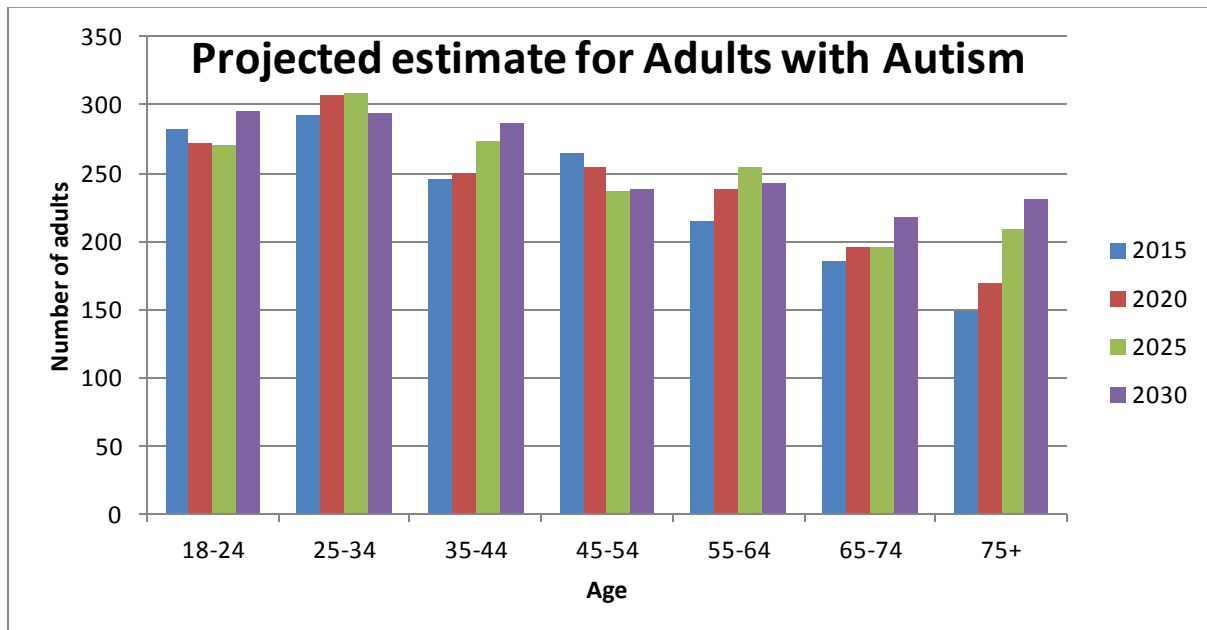
It must be noted that this also means that approximately 66 students will become adults and this may impact on adult services depending on presenting need.

To note – due to the long waiting times for an assessment (at September 2016 there was a waiting list of 107), taking into account current conversion rates of 50% this would mean that the actual figures in 2017 could potentially be low but the projection should still be accurate as assessments are completed.

³⁰ Based on current yearly intake minus students leaving school (total 66 estimated school leavers)

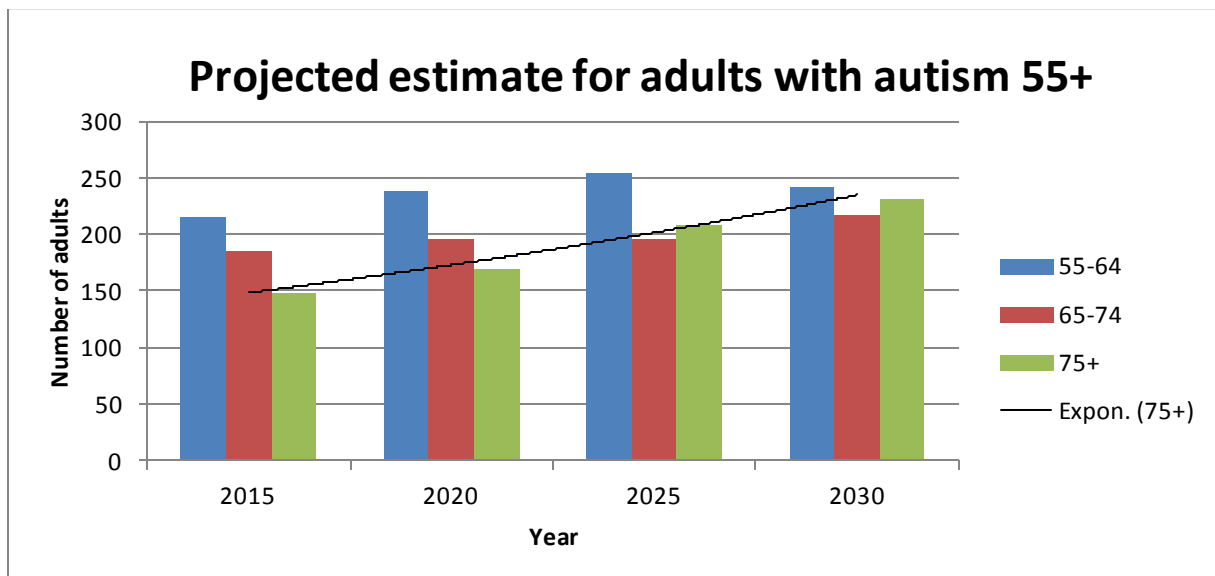
Adult population (18+)

General population estimates³¹ show an increase in line with overall population. Data is projected using a 1% growth assumption.



POPPI/PANSI data, November 2016

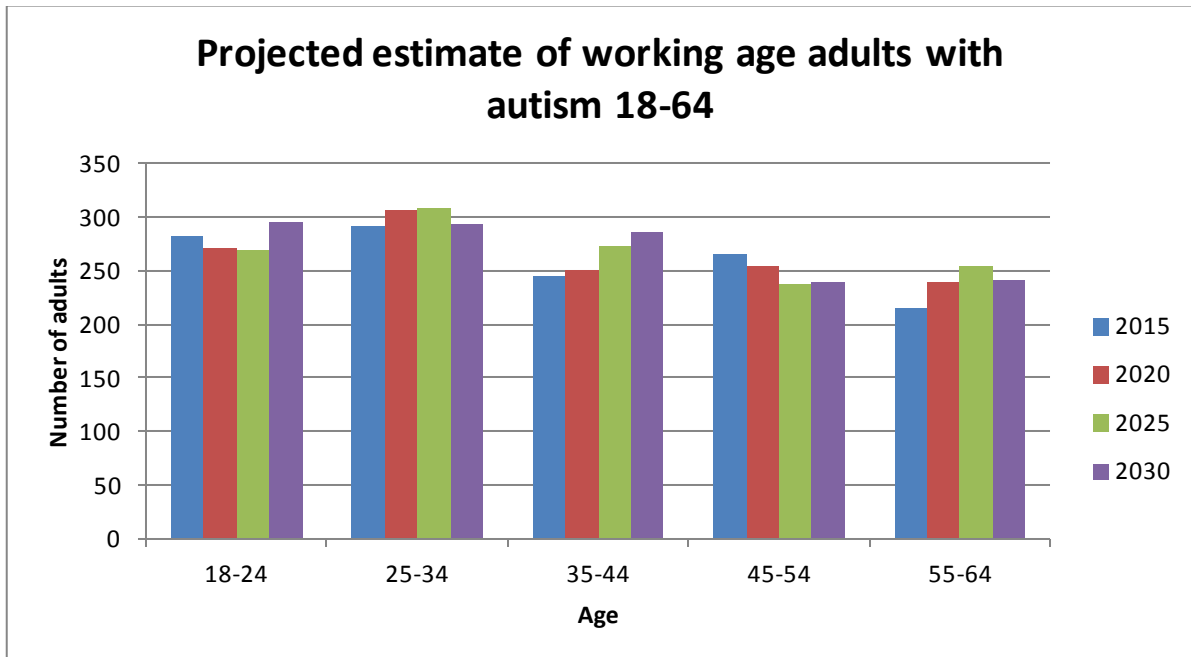
As with the general population, people are living longer into old age. This means that the autism population is also aging.



POPPI/PANSI data, November 2016

³¹ Projecting Older People Population Information (POPPI) and Projecting Adult Needs Service Information (PANSI)

Projections indicate, working age adults with autism will also increase, especially amongst the 18-24 year olds. If the trend of increased diagnosis in childhood continues this will increase the number of working age adults with autism.



POPPI/PANSI data, November 2016

Residents Views

Residents views with regards to living in York with autism or supporting someone with autism are very important.

In March 2016 an engagement event took place in relation to writing the first All Age Autism Strategy for York. Over 100 people attended and the themes discussed at this event have been the bedrock of the Strategy and the work which has unfolded from it.

- ⇒ Diagnostic support
- ⇒ Inclusive communities
- ⇒ Transitions
- ⇒ Training / education
- ⇒ Employment
- ⇒ Parent / Carer support

Views from residents were also sought through a survey which was available on line, by post or by email.

Invitations were also sent out for people to participate in a focus group. This group had representation of an adult with autism, parent/carers and professionals who work both with people with autism and their families.

The All Age Autism Strategy Sub-Group 'Inclusive Communities' has also recently undertaken a survey with regards to inclusive venues and feedback from this is also incorporated.

All Age Autism Joint Strategic Needs Assessment Survey

This survey was undertaken during November and closed on 16th December 2016. In total there were 39 responses from individuals with autism, parent/carers and professionals.

Questions and key points were:

- Diagnosis
 - There were no issues with the diagnostic process.
 - The waiting time for an assessment was too long

"Parents repeatedly report frustration with the wait for an assessment."

"The waiting times were quite lengthy, however once the diagnostic process started the diagnosis was pretty quick."

- Local groups and information

- Just under 50% of those who responded were not confident that they could find information regarding local groups.
- Of those that responded. Over 60% said there was not a local group which would fit their needs.

“There are a few groups but I think we need a wider range and maybe one for girls, or groups around specific interests eg cookery group, computer group eg coding, train interest. Also need a support to access groups by someone other than parents eg a befriender to take some young people to a group.”

“Sometimes there are suitable groups but not always.”

“I have attended one of these groups and did not find people who were interested in the same things as me.”

- Mental Health
 - Over 40% of those that responded have not been able to get support from Mental Health services when they needed it.
 - Of those that have accessed Mental Health services over 60% considered the support helpful.
- Other areas of importance (Inclusive communities, support through change, training/education, employment, parent/carer support and access to support / information.
 - The majority of respondents considered all these areas of high importance.
- What information would you find useful – themes in these responses were:
 - Information,
 - Practical strategies for managing behaviours,
 - More links with employment

“It would be useful to have a service that has the skills and knowledge to work with adults with a dual diagnosis – ie autism and complex health needs as going to two different services that can’t communicate with each other and often provide conflicting information is helpful.”

“I would like to know what is available when the young person turns 18 and he is legally an adult if has not been able to access education due to his condition. I have not been able to find out what the next step to get help for him.”

“Comprehensive list of autism services in one leaflet or website that covers mental health support to autism friendly public places likes shops.”

“The mistake most people make when dealing with autistics is they “sign post” us rather than “taking us” or “helping us”. This distinction is crucial. There is

often information but no one to help or to guide us through it or help us in our lives.”

- Other comments – themes in these responses were:
 - Information
 - Parent training courses at different levels
 - Mental health support to be improved
 - More employment support

“We need more Parent training courses at different levels eg pre- 5, school age and teenage to meet the needs of families with CYP with autism. faster referral routes so CYP are not waiting for long periods of time for assessments, ongoing awareness training for communities, the public to enable CYP with autism to feel welcome in their communities. More accessible mental health services with quick easy access, and more training for professionals in mental health and autism, so early intervention can be offered.”

“There is a need for a 'drop in' service where people can go for low level advice/ support to help them through a mini 'crisis/ change. There are some people on the Autism Spectrum who currently use the Mainstay drop in for this.”

“An information pack with all the above info after diagnosis would be most useful instead of learning as you go on in a hotchpotch manner”

Focus Group

A Focus Group took place in January 2017 and included representation of an adult with autism, parent/carers and professionals who work both with people with autism and their families/carers.

The discussions involved experiences of services and key points were:

- Peoples experiences of waiting for a diagnosis varied but on the whole waiting for a diagnosis took a long time but the actual diagnostic process was fine.
- There have been poor experiences of Lime trees with individuals having to see multiple staff and having to repeat information previously given.
- There has been little support / advice on the effects / implications of a diagnosis for the individual.
- There has been good experience of York Hospital with staff understanding and adjusting practises for those with autism.
- There have been variable experiences of transition from primary to secondary schools and support within secondary seeming to be dependent on the individual teachers understanding of autism.
- A neuro-typical view of a 'good social life' is not always relevant – there should be an acceptance of different lifestyles and different ways / methods of socialising.

Suggestions for a better experience:

- An integrated approach between Health and Social Care.
- Consistency of professionals working with the person / family and where there are changes to be informed in advance. Alongside a robust handover between professionals so the person / family does not have to repeat themselves.
- Consider environments and sensory implications, CYC offices and Lime Trees were given as an example of a poor sensory experience.
- Consistency of procedures and pathways.

Funding for initiatives, broad autism awareness training programmes and support was seen as a barrier. However being creative and trying to do things differently was also seen as a way of making a positive difference.

Inclusive Communities Survey results

As part of the work the Inclusive Communities sub-group are doing a 'Survey Monkey' was sent out with regards to accessible venues and public places. A 152 people responded to this survey and some really interesting and useful information was gathered. This has been shared with the organisations who have been on the 'Train the Trainer' courses commissioned for public venues / spaces in York.

Key points raised were:

- Staff who are autism aware and are approachable – 89% of respondents said this would be helpful.
- A 'safe' / quiet space
- Clear signage showing exits etc.
- A good / accessible website
- An autism friendly guide which tells individuals what to expect (eg sudden noises, smells etc.)
- Autism friendly openings.

Unmet need and information gaps

National and international evidence suggests that people with autism can have increased mental health issues, such as anxiety, as opposed to the general population. If timely support and interventions are readily available this would lead to a decrease in longer term mental health issues. The full use of mental health services by people with autism is not well documented.

There are significant issues in recording of information with regards to people with autism and there are significant gaps in robust data and information which is needed to inform future policy and direction.

Recommendations for consideration

1	Review diagnostic pathways and waiting lists
2	Improve the quality of primary care data including the improvement of recording those with autism.
3	Review uptake of Health and Social Care autism training within York.
4	Review pre and post diagnostic advice, support and information.
5	Ensure Health and Social Services work with people who use their services in a way which looks at peoples strengths and the capacity of the community.
6	Engage with mental health services to work towards timely and appropriate access to services for people with autism.
7	Increase public awareness in the community and work with mainstream services and employers to ensure they are as inclusive as possible.
8	Increase autism awareness across the City.
9	Create a specialist training package for employers, police and others in the criminal justice system.
10	Consult and engage with people with autism, and their families and carers, to understand their particular needs and experiences.
11	Scope information available and gaps and how to make accessible and keep up to date.
12	Aging well with autism – scope information available on those who are aging with autism.
13	Work with education providers- early years, schools and colleges to promote autism accessible environments and to proactively support effective transitions

Key Challenges

- Achieving the recommendations without any new investment.
- Development of sufficient local expertise for the needs of the population.



Health and Wellbeing Board**17 October 2018**

Report of the Director of Transformation ; NHS Vale of York Clinical Commissioning Group (CCG)

Local Transformation Plan Refresh 2018**Summary**

1. The Local Transformation Plan (LTP) is refreshed each year. The draft LTP for 2018/2019 is presented for comment, and authority is requested for the Chair to endorse the final draft prior to submission on 26 October 2018.

Background

2. Future in Mind in 2015 set the direction for the transformation of the emotional and mental support for children and young people. The LTP reflects the aims and ambitions of the local area and describes how it will work collaboratively to achieve those aims.
3. The CCG is accountable to NHS England for the LTP, and receives assurance from NHS England that the LTP is fulfilling the ambitions set out in Future in mind. The assurance statements from NHS England for the Vale of York Transformation Plan have consistently endorsed the ambition for local area planning: in its feedback letter for the 2018 Quarter 1 return, NHSE commented that

‘The information submitted was found to be comprehensive, clearly evidencing key challenges and achievements and demonstrates work is being delivered to address all the Future in Mind recommendations. The panel felt the report clearly identified progress made during Quarter 1 with a clear direction of travel. The panel also noted a number of examples of positive working and achievements:

- Schools Wellbeing Service (SWS)– The panel welcomed the CCG’s commitment to continue recurrent funding of the SWS post-2020 and look forward to seeing the results of the

SWS activity and outcomes data in the October refresh. The panel also noted that the Peer Support Mental Health Champion training had received a very positive evaluation.

- Children and Young People (CTP) Waiting times – The panel noted the one off data collection exercise with NHSE/NHS Digital showed 40% CYP treated. This is well in excess of the national target.
- Additional funding for Child and Adolescent Mental Health Services (CAMHS): £120k recurrent from the CCG and £50K recurrent from Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)

Main/Key Issues to be Considered

4. Attached to this report are the draft narrative assurance statement and action plans for 2018/2019 (**Annexes 1 and 2**). These set out the achievements both overall since 2015 and in the last year, and the plans for the coming year.
5. In summary, the achievements for the last year include:
 - a. Additional £120K recurrent CCG funding and £50K recurrent TEWV funding into specialist CYPMH services to support the emotional treatment pathway and aligned to priorities jointly identified by the CCG and TEWV.
 - b. In year non-recurrent CCG funding of £90K to increase the number of autism assessments.
 - c. The Well-Being Worker Service in City of York is now well-embedded: 6 workers, jointly funded by the CCG and schools worked with over 300 pupils in 2017/2018 delivering evidence based therapies, advice and information, achieving high satisfaction ratings.
 - d. The Lime Trees Single Point of Access managed over 1900 referrals in the year, and offered every family a 30 minute phone call to discuss concerns and facilitate a decision on whether the child or young person needs a full face to face assessment.

- e. Crisis support team in York, operational from September 2017, working 10am-10pm seven days a week to support children and young people in crisis
 - f. 40% of children and young people received mental health support against the NHS national target of 32%
 - g. Community eating disorder service received parent and patient feedback describing the support received as excellent
 - h. Mental Health Champions trained in 10 secondary schools and colleges.
 - i. Schools workforce development plan for schools in City of York showed all staff increased knowledge, and between 84% and 97% felt more confident in responding to emotional and mental health need.
 - j. The Transforming Care Partnership for children and young people offers new approaches for supporting at risk children and young people. Extension of the City of York FIRST project through the commitment of funding for a new centre of excellence.
6. The focus for 2018/19 is on:
- a. Embedding effective early support across emotional and mental health and autism
 - b. Ensuring that specific tailored support for some very vulnerable children and young people is robustly developed and provided.
 - c. Implementation of mental health and related strategies.
 - d. Reducing CYPMH and autism assessment waiting times
 - e. Operationalising of the Dynamic Support Register for those within the scope of the Transforming Care Partnership
7. The draft LTP is submitted for comment by the Health and Wellbeing Board (HWBB). Members should note that these are working documents, and will continue to evolve to the point of submission as partners provide more information and comments are received.

Consultation

8. The draft LTP has been widely consulted on with colleagues around the local system, and has included discussion at the Strategic Partnership for Emotional and Mental Health. The LTP

also reflects discussion and consultation with children and young people, and feedback from services around the City.

Options

9. The Health and Wellbeing Board is asked to comment on the LTP, and therefore options are not set out.

Analysis

10. The LTP provides the framework for work across the area to ensure that children and young people's emotional and mental well-being is well-supported.

Strategic/Operational Plans

11. The LTP reflects and takes forward:
 - a. NHS Five Year Forward View for Mental Health
 - b. CCG's operational plan priority around mental health
 - c. All-Age Mental Health Strategy
 - d. The Joint Health and Wellbeing Strategy
 - e. All Age Autism Strategy
 - f. SEND Strategy

Implications

12.
 - **Financial:** There are no specific financial implications in delivery of the LTP
 - **Human Resources (HR)** *Not applicable*
 - **Equalities** *Not applicable*
 - **Legal** *Not applicable*
 - **Crime and Disorder** *Not applicable*
 - **Information Technology (IT)** *Not applicable*
 - **Property** *Not applicable*

- **Other:** Good approaches towards promotion of good emotional and mental well-being help reduce the need for more intensive work and interventions, thus ensuring better life outcomes and reducing longer term costs across the public sector.

Risk Management

13. Not applicable

Recommendations

The Health and Well-Being Board is asked to:

- a. Comment on the draft LTP
- b. Authorise the Chair to endorse the final draft prior to submission to NHS England on 26 October 2018.

Contact Details

Author:

Susan De Val
Commissioning Specialist
Vale of York CCG

Chief Officer Responsible for the report:

Denise Nightingale
Director of Transformation
Vale of York CCG

**Report
Approved**



Date 05.10.2018

Specialist Implications Officer(s)

Wards Affected:

All

**For further information please contact the author of the report
Background Papers:**

Annexes

All annexes to the report must be listed here.

1. Draft Local Transformation Plan Narrative 2018/2019
2. Draft Local Transformation Plan Action Plans 2018/2019

Glossary

CCG: Clinical Commissioning Group

CYP: Children and young people

CYPMH: children and young people's mental health

FIRST: Family Intensive Rapid Support Team

LTP: Local Transformation Plan

NHSE: NHS England

SEND: special educational needs and disabilities

TEWV: Tees Esk and Wear Valleys NHS Trust



NHS Vale of York CCG

TRANSFORMATION PLAN FOR CHILDREN AND YOUNG PEOPLE'S EMOTIONAL AND MENTAL HEALTH 2015-2020

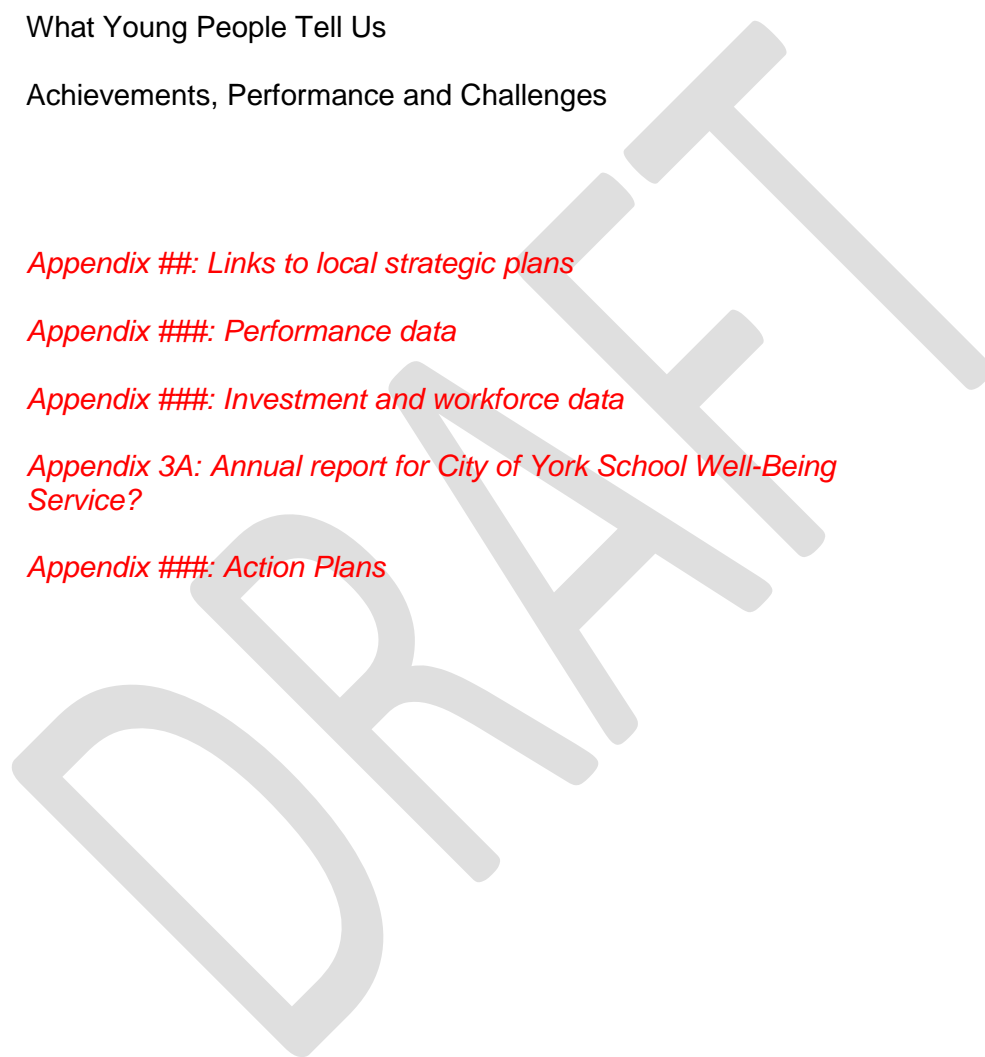
Refreshed Plan October 2018

WORKING DRAFT 3 October 2018



Local Transformation Plan 2018 refresh

Contents	Page
Introduction and summary	
Strategy and Policy update	
The context for Planning: Need for Support	
What Young People Tell Us	
Achievements, Performance and Challenges	
<i>Appendix ##: Links to local strategic plans</i>	
<i>Appendix ###: Performance data</i>	
<i>Appendix ###: Investment and workforce data</i>	
<i>Appendix 3A: Annual report for City of York School Well-Being Service?</i>	
<i>Appendix ###: Action Plans</i>	



Introduction and Summary

'One of my main concerns in which I would like to see a change is people's views and the amount of help children and young adults get with mental health problems. I feel like this is still a very taboo topic but it is experienced in everyday life. I feel the family, relatives and carers also need support on how to deal and help someone who has a mental health problem.' A young person in Year 10.

When we published the Local Transformation Plan (LTP) in 2015, we made a joint commitment across health and local authorities that:

By 2020, we will work together and share resources across North Yorkshire and York to make sure that children and young people:

- Grow up confident and resilient and able to achieve their goals and ambitions
- Can find help easily when they need it
- Receive help that meets their needs in a timely way
- Are fully involved in deciding on their support and are actively involved in deciding how services are developed and provided.

We will achieve this ambition through:

- Investment in prevention, promotion and early intervention
- Co-commissioning of support provision
- Integrated pathways and co-located multi-disciplinary teams
- Engagement and involvement of children and young people at all stages in the commissioning cycle and in monitoring services

There are principles that are shared across our partner organisations:

- Early help prevents problems escalating and causing more damaging problems
- The protective factors of family, friends and supportive schools are critical in developing emotional resilience and avoiding problems
- Organisations that work closely together, with shared vision, plans and delivery structures will offer the most successful support at any point in the journey of the child or young person
- Transparency and accountability: change must be demonstrable and resources spent effectively: the public has legitimate and high expectations that monies are spent where they will do most good

The key actions we committed to achieve this ambition were:

- Establish a community eating disorder service across North Yorkshire and York
- Establish Single Points of Access into specialist CAMHS services to reduce waiting times and achieve a consistent approach for managing referrals
- Establish Well-being Worker services in schools across the CCG area, working in partnership with colleagues in the City of York and North Yorkshire County Council.

- Review and develop more robust ways of working across all agencies and sectors to broaden the offer for children and young people and ensure that they receive the best possible and timely care.

We have acted in response to what children and young people and families tell us:

- Reduced waiting times to access support and see clinicians at CAMHS
- Improved communications about waiting times and how to contact clinics
- Rapid support at times of crisis
- More services like mentoring and counselling which can be accessed quickly and easily: themes that came across included managing emotions, life skills, and social skills
- Online forms of support, but face to face as well

The CCG is accountable for delivery of the LTP, however, the Plan is written to meet local needs across a wide partnership and is delivered and overseen collaboratively with providers, local authorities and the Health and Well-Being Boards. The LTP reflects the close working with other CCGs, particularly in North Yorkshire, with whom there is a shared specialist CAMHS provider and pan-North Yorkshire services for eating disorders and crisis support. We intend to work more closely with colleagues in East Riding of Yorkshire this coming year.

We have worked in the last year to improve outcomes across the local area: some significant successes were:

- **Additional funding and investment in services:**
 - £120K recurrent CCG funding and £50K recurrent TEWV funding into specialist CAMHS services to support the emotional treatment pathway, and aligned to the priorities jointly identified by the CCG and TEWV.
 - non-recurrent CCG funding of £90K to increase the number of autism assessments
 - A specialist local peri-natal service has been funded and in development, which will provide support for 220 mums, and signposting advice for a further 1200.
 - Additional recurrent funding for a psychiatric liaison service which will support over 16's in A&E out of hours
- **Easier access to early support:**
 - The Well-Being Worker Service in City of York is now well-embedded: 6 workers, jointly funded by the CCG and schools worked with over 300 pupils in 2017/2018 delivering evidence based therapies, advice and information, achieving high satisfaction ratings: Over 80% of children stated they achieved their goals, and SDQ scores fell from 16.5 to 11.8. There was also a reduction in onward referrals on to CAMHS indicating that the earlier support received prevented difficulties escalating. The service also worked closely with CAMHSD to ensure assessments and interventions for any primary school aged child on the emotional pathway.
 - Buzz Us texting service was set up for pupils in North Yorkshire: it has initiated 200 texting conversations to advise and signpost young people, meeting secondary school pupil's aspirations for 'instant access'.

- Mental Health Champions in York: 10 secondary schools and colleges have been trained to provide peer support and roll out school based mental health campaigns so that pupils have rapid access to advice and information
- Strengthened Family Early Help Assessments developing support plans with families, schools and other agencies
- Mental health workers in the Unity practice, which serves the university student population.
- Compass Buzz school well-being service in North Yorkshire County Council provided training for ##### staff in the CCG area and worked on co-facilitation of support for ##### pupils. Schools stated the training helped them support pupils more effectively.
- **Improved access to specialist support**
 - Community eating disorder service improved performance against trajectories to meet national targets and received parent and patient feedback describing the support received as excellent.
 - Group work offered by TEWV has become the norm for children and young people on the emotional pathway, offering earlier support and reducing the numbers requiring individual one to one interventions.
 - The Single Point of Access managed over 1900 referrals in the year, and offered every family a 30 minute phone call to discuss concerns and facilitate a decision on whether the child or young person needs a full face to face assessment.
 - Crisis support team in York, working 10am-10pm seven days a week to support children and young people in crisis: in the first 6 months, over 600 children and young people accessed the service. We have seen a fall in presentations at A&E, and a significant drop in admissions to inpatient units, as young people can access intensive support for up to eight weeks.
 - 40% of children and young people received support against the national target of 32%
 - The Transforming Care Partnership for children and young people has set new approaches to CETRs and inter-agency support arrangements are now in place: fewer than 5 CETRs were undertaken for Vale of York, and all were able to be supported in the community.
 - Extension to No Wrong Door in North Yorkshire has provided intensive support for more looked after children who are not engaged in services.
 - Extension of the City of York FIRST project through the commitment of funding for a new centre of excellence to offer intensive short breaks to those children who at risk within the Transforming Care Partnership group, and also increase the number of overnight short breaks for children and young people with autism or physical disabilities. Supported by the CCG, the project has applied for over £900K of capital funding to NHS England.

These developments have and will make a difference to the outcomes for children and young people: shown in reduced SDQ scores, feedback around the effects on young people and their families, and early access to advice and support.

Case study

CAMHS notified SWW of a child who had been referred to them via Relate, as the child was seeing ghosts and suffering with regular panic attacks. Consultation with the school identified that child was presenting with extreme anxiety in class which was affecting her peers. Parent consultation and six sessions with SWW took place using emotional literacy techniques and a 'how to tame your Meerkat' intervention – child engaged well, panic attacks ceased and she was able to become an emotional ambassador for class. SDQ demonstrated a significant reduction: SDQ scores -Teacher from 12 to 0, child from 18 to 9, parent 14 to 8.

There remain challenges for the future:

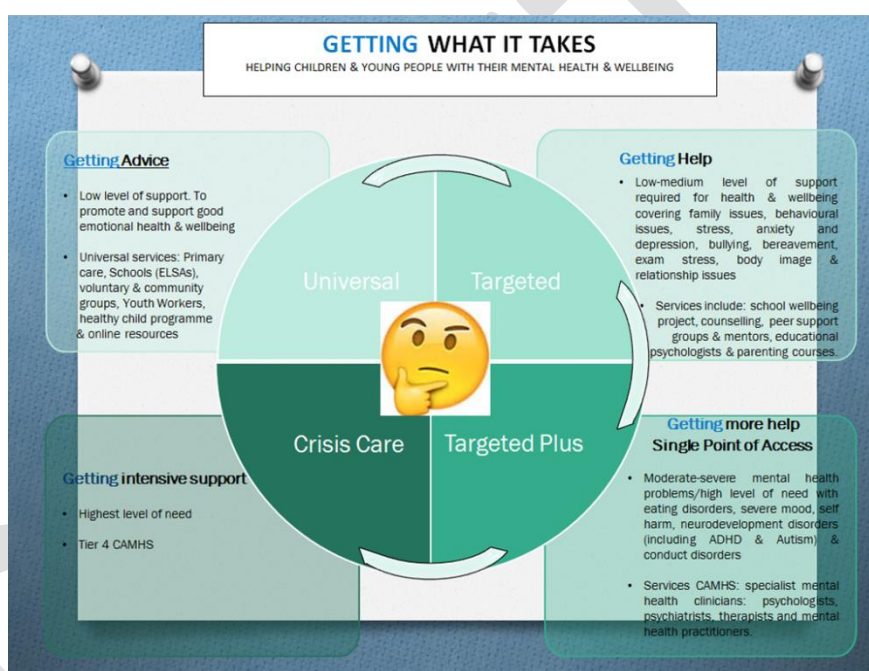
- Health and local authority budgets remain challenged, with strongly competing calls for funding. The CCG has prioritised mental health funding, in particular children's mental health funding for further investment, and has confirmed that it will continue to invest in school based projects and eating disorders, in addition to increasing investment in core mental health services for children when funds allow.
- Integration of services across agencies to ensure seamless provision especially some very complex groups.
- Overstretched specialist services. There remain delays in accessing treatment, and although we expect the school well-being services and other community services such as Healthy Child programme and counselling services to reduce demand in the longer term, these projects will take some time to work through. In the meantime, TEWV is developing its range of approaches such as group therapeutic work with young people with emotional difficulties and online offer.
- Need to develop further the capacity of schools and community settings to encourage children and young people's resilience, and provide an environment of support: the area was unable to bid for trailblazer status as proposed by the Department for Health in its response to the Green Paper, and we will follow the training elements of the trailblazer bids to learn how the local area can develop leadership skills still further.

Despite these challenges, there is a lot that **the area plans** to do:

- Train schools staff to spot and respond to early signs of difficulty
- Ensure that communication and information for families is supportive
- Work with maternity services, health visitors and school nursing services, particularly with the newly re-structured service in York to ensure that all families receive advice and support for emotional and mental health
- Ensure support for vulnerable groups of children and young people offers the best possible support
- Explore more collaborative working with the third sector
- Explore scope of services in future, to develop joint commissioning and service integration
- Developing online forms of support alongside face to face

This refreshed plan sets out how we intend to improve still further in supporting children, young people and families. The plans have been driven by:

- Engagement with service users, Youth Councils, parent groups
- Needs analysis based on the JSNA and monitoring and performance data for the locality
- National policy drivers and guidance through the Five Year Mental health Forward View
- The local health and well being strategy, mental health strategies, autism strategies
- Thrive Model of support, which maps sources of advice and support to the domains of Advice, Getting Help, Getting More Help and High Levels of Need. The Thrive Model helps ensure there are no gaps in sources of support, and agencies work well together



<http://www.implementingthrive.org/wp-content/uploads/2016/03/Thrive.pdf>

The **action plans** for 2018/219 are at **Appendix ###**

These reflect the key themes from *Future in Mind*:

- Promotion, prevention and early intervention
- Specialist support
- Transparency/joint working

A key strategic issue for the local area is how to ensure that at for every level of individual need there is an appropriate response. We know from feedback, and also from the data from the Single Point of Access that there are needs for less intensive forms of support and the CCG is committed with partners, to focus on meeting these needs. This entails fresh

thinking about how we work across agencies; success comes from collaboration and offers a challenge to all those working with children and young people to achieve better, and so an additional theme of joint commissioning and partnership working has been added to the plan.

The remainder of this document sets out the narrative plan and the **assurance statement** both for NHS England and the local area, detailing how we are performing and plan to improve the emotional health and mental well-being of children and young people.

DRAFT

Strategy and Policy Update

“My hope for the future is that young people’s mental health becomes a priority. Schools need to focus more on mental health and life skills and less about exams so that I learn to manage my finances and emotions to live a happy life”

“ Many referrals to CAMHS reflect failure in the local system of support”

The national agenda for mental health has progressed since 2015 in response to *No Health Without Mental Health* (2012), *Future in Mind* (2105) and the *Five Year Forward View for Mental Health* (2015).

A crucial and very positive result of the national focus on mental health is the open national debate and conversation about children and young people’s mental health and regular media items about this. There is a better understanding of emotional and mental health needs and the drivers – both positive and negative - that affect emotional well-being and the dangers of failing to offer the right support for those facing difficulties. Advice is increasingly aimed at providing support in schools and community settings and moving away from medical models of care and support; this can be seen in the Green Paper published in 2017 which set out proposals for schools based mental health support pilot projects. The CCG is unable to apply for funding under the proposals, as it is too distant from the universities delivering training courses for staff to provide schools based services.

Commissioning at regional and local level continues to develop following the inception of Sustainability and Transformation Partnerships (STP). The Humber Coast and Vale STP Plan is at high level across a wide geographic and demographic area. A lead priority is ‘ensuring mental health is seen to be equally important as physical health and that the services we offer promote the best mental health for our local population. The Plan sets out 6 workstreams, of which the following are relevant to children and young people, and are reflected in the LTP:

1. Eliminating out of area placements for patients: the crisis care team has reduced numbers of inpatient admissions and with it the number of out of area placements.
2. Implementing a 24/7 Mental Health Crisis Care and Liaison Services: currently there is specialist support 10-10 , and a bespoke children and young people’s out of hours crisis team will be in place by April 2019.
3. Increasing access to locally based Specialist Perinatal mental health community services: funding is secured for the local service and it is now being developed

The CCG’s Strategic Plan 2014-19 includes the strategic priorities of transforming mental health and learning disability services and also improving children’s and maternity services; the Operational Plan for 2017-19 places renewed emphasis on:

- Move to strategic commissioning with partner local authorities. There are jointly commissioned universal and targeted services, and bespoke commissioning for individuals with highly complex needs
- Goal of safe resilient services working 7 days a week to provide access for those with mental health needs: the local crisis team is in place, and will extend to 24/7 working by April 2019
- For mental health services:

- Access early intervention and avoidance of crisis management
- Improved working on physical health for those with mental illness: the community eating disorders service is reviewing the approach to ensuring a robust system of physical health checks. Those children and young people over 14 will receive an annual health check via primary care services.

Local authority strategy has developed in the last year with a new all-age mental health strategy in City of York; this adopts the Trieste community approach as the foundation for care and support. Particularly relevant to this plan are the themes around:

- **Getting better at spotting the early signs of mental ill health and intervening early.** Priorities are: technology; positive workplaces; mental health first aid training; information and advice; increase community resilience; increase timeliness of diagnosis; encourage the uptake of support; Crisis Care Concordat; signposting and support for carers
- **Improve services for mothers, children and young people.** Priorities are: *Future in Mind*; resilience and good mental wellbeing; access to support in schools; support for those who are vulnerable or in crisis; transitions; support during and after pregnancy; alignment with student mental health strategy; links to families and carers.

Strategic plans are underpinned by a wide network of partnership boards and meetings, involving commissioning staff, providers, parent representatives, children’s services, public health, and Healthwatch. These include the key strategic partnerships for children’s emotional and mental health for North Yorkshire and City of York Councils and the joint commissioning strategy group in East Riding of Yorkshire Council.

The governance structures for children’s services are clearly set out, ensuring lines of accountability to strategic partnerships and the Health and Well-Being Boards. The LTP will form the basis of monitoring across these sub- groups and the strategic partnerships.

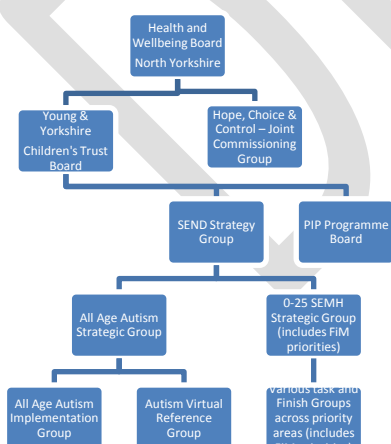


Table 1: North Yorkshire County Council governance structures

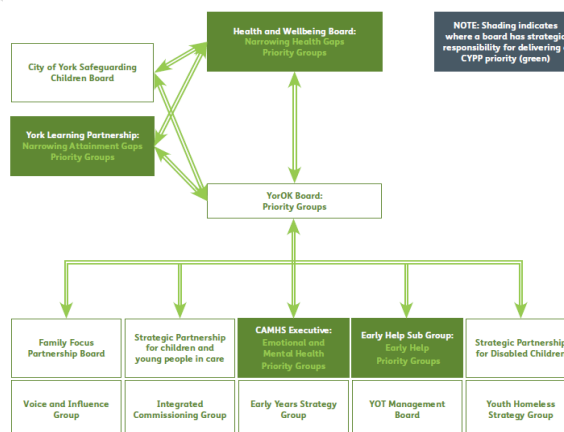
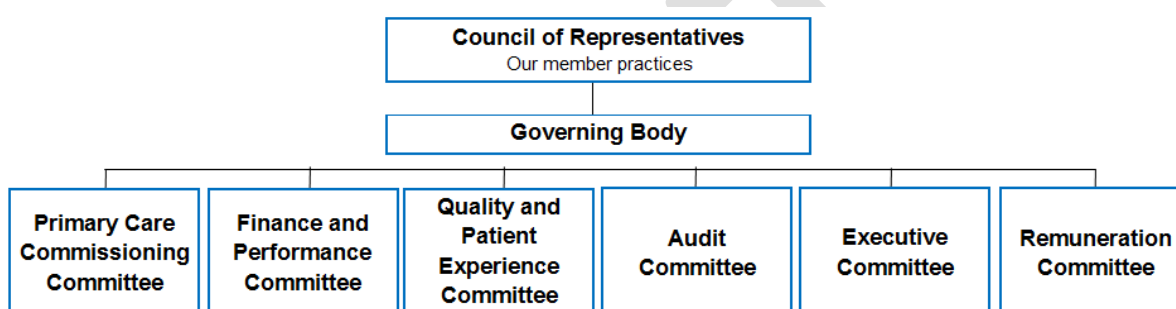


Table 2: City of York Council governance structures

Terms of reference for these groups set and partnerships clarify the roles and responsibilities of organisations in leading on and delivering identified projects.

Across the region, commissioners from health and local authority are part of the regional Yorkshire and Humber Children and Young People's Mental Health Lead Commissioning Forum, and STP Commissioning Group. There are also the SEND regional health commissioner's forum, and the North Yorkshire and York Transforming Care Partnership group for children and young people which all enable engagement at strategic level across areas of specialist needs.

Within the CCG, the programme of work for children and young people's mental health is overseen by the Director of Transformation: regular reporting to Finance and Performance Committee, Quality and Patient Experience Committee and Governing Body ensure that performance and service development are scrutinised and also that children's emotional and mental health is fully incorporated into strategic and commissioning plans.



The CCG risk register includes CAMHS as a corporate risk, recognising that specialist CAMHS services do not meet targets for waiting time and assessment: mitigating actions involve a Service Development Improvement Plan overseen by Contract Monitoring Board. This focus has enabled the additional investment in the last year along with joint discussions regarding risk between the CCG and providers.

The context for Planning: Need for Support

“I want someone to help me get sorted and to not feel like I’m being judged.”

‘A clear joined up approach so care pathways are easier to navigate for all children and young people, so people do not fall between gaps’

The majority of adult mental health disorders have their beginnings in childhood; 50% of adult mental health disorders (excluding dementia) start before the age of 14, and 75% (excluding dementia) start before the mid-twenties, so tackling problems when they first emerge is both morally right and cost effective. Studies show that rates of anxiety in teenage years have increased by 70% since 1995.

Vale of York CCG covers a complex demographic and geographic split between City of York Council (46% of the population), North Yorkshire County Council (34% of the population) and East Riding of York Council (6% of the population); demographic data is often provided on a local authority footprint and we continue to work with North Yorkshire and East Riding Councils to better understand the demographics for children in the CCG area

The demographic of the CCG has children and young people making up 22% of the population (approximately 74,405).

2017	Population aged 0-4 years (2017)	Population aged 5-9 years (2017)	Population aged 10-14 years (2017)	Population aged 15-19 years (2017)
Male	8531	9363	8767	10514
Female	7946	8940	8717	11656
Total	16477	18303	17484	22170
Change	-561	487	486	382
%age Change	-3.4%	2.7%	2.8%	1.7%

Vale of York has a comparatively healthy population, reflecting the general socio-economic position; we know that for our population of children and young people that:

- Our population is mainly white British or Eastern European. However, since the 2011 Census, our population of black and ethnic minority groups has increased and now accounts for around ##### of the population.
- The estimated prevalence of mental health disorders in children aged 5-16 in Vale of York is 8.3%. This is lower than the national (9.2%) and regional (9.6%) position
- There are an estimated 133 young people under 19 with anorexia nervosa, and around 221 young people with bulimia nervosa based on NICE guidance prevalence data issued in 2017. Overall, around 1730 have an eating disorder.
- There are an estimated ##### young people under 19 in Vale of York who have ADHD.
- Around 60% of those assessed are found to have autism
- Around 80% of children and young people accessing the crisis team are aged 14-16
- There are significantly higher rates of hospital admissions for intentional self-harm in those aged 10-24, although regional figures are closing the gap and the numbers are also falling locally following the inception of the crisis team in 2017.

- Between 20% and 30% of students state their mental health is poor: loneliness was highlighted as a particular problem alongside work related stress and concerns around image and self-esteem.

The JSNA tells us that:

- In Vale of York it is estimated that there are around 3,600 children and young people aged 5-16 with clinically diagnosable mental health disorders.
- In addition to the 8.3% of children with diagnosable disorders there are a further 15% - 20% that are likely to be experiencing emotional or mental health difficulties at any time. This would equate to a further 3,570 to 7,150 children in Vale of York in the 5-16 age group.
- Since 2012 there has been an increase in numbers of children of school age with a diagnosis of autism, and now is around 1% of the population. The numbers of girls having a positive diagnosis has increased 117% over the period, and continues to rise, although boys still account for the majority of referrals.
- The student well-being survey found that 24% students had a diagnosed mental health condition, and a further 29% thought they had an undiagnosed mental health condition.
- Some children are struggling to cope with the effects of family breakdown, illness or bereavement, or they may be experiencing bullying. They may not go on to be diagnosed with a mental health problem, but their emotional wellbeing, functioning and ultimately adult mental health is likely to be impaired if they aren't offered timely support
- Children who self-harm are more likely to live in areas of higher socio-economic deprivation
- Children and young people experiencing mental health difficulties are more likely to live in a single parent household or a household where there is a higher degree of worklessness, or the family lives on low income.
- Children in care and those in the Youth Justice system are more likely to suffer from a mental health disorder (40% and 70% respectively)
- There has been a decrease in emotional resilience and mental well-being in the 14-16 age group
- It is estimated that between 490-975 women will suffer adjustment or stress disorders after giving birth, and around 100 will have PTSD.

What Young People Tell Us

“A lot of people my age are dealing with depression but nobody knows because they don’t want to talk to anyone.”

“ Make sure everyone has a place to chill out”

“For schools to teach about work stress nad how to cope”

The LTP draws for a range of sources to tell us the views of children and young people: local authority, Office of Police and Crime Commissioner Youth Commission, Provider feedback and Youth Councils all offer views and opinions about services and needs to influence service development and strategic direction.

School surveys have emphasised:

- The percentage of pupils stating they are emotionally resilient drops between Year 6 and Year 10: whole school approaches via Compass Buzz and the School Well-Being and Thrive programme help schools and colleges foster a resilient culture and approach. Counselling and mentoring support via Mind has enabled young people to re-acquire resilience and be self-supporting
- In Year 6, concerns are moving to secondary school and exams. However, body shape and appearance together would be second to concerns about moving to secondary school. One to one and group approaches help here, for example Tame Your Meerkat presentations for pupils. We have seen a sharp drop in SDQ scores with these approaches.
- In Year 10 the main concerns are exams. School approaches and Buzz Us have supported Year 10 and above pupils, whilst Mental Health Champions offer a peer led service.

I put one of my saying as ‘I can do this’ because in a lot of situations I think I can’t do this and I would like to make myself believe that I can

I think this has really changed how I think about myself

York Mind

The Office of the Police and Crime Commissioner Youth Commission report, published in August following discussions with over 3,000 children and young people highlighted issues around the relationship between young people and Police and made recommendations around the priority theme of mental health:

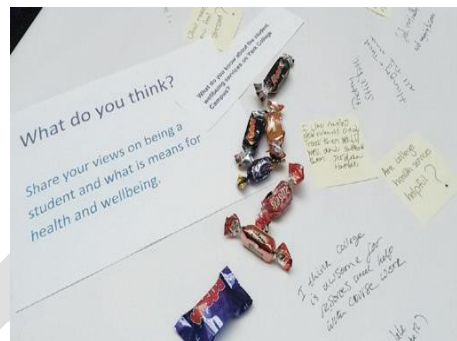
- Awareness campaigns
- More work with education institutions and youth groups
- Improved accessibility of support services
- Support and peer groups

84% of young people felt Mental Health and Vulnerable Young people was important or very important

45% of young people said that Mental Health and Vulnerable Young People was the most important priority to them

- Police and community engagement
- More advertisement of the 101 number (for police)

These recommendations are being taken forward by the OPCC, but are also reflected in the area approach, through school staff training, mental health peer champions, local crisis service and increased investment targeted at reducing waiting lists.



York Parent Carer Forum provide regular feedback reports from parents setting out their experience of CAMHS and autism diagnostic services and the support within the local system. There will be a review of the pathway for autism support across the area to help bring transparency for parents and provide the basis for information packs for parents, schools and primary care



York Youth Council talked with us about the protective factors that young people use to keep safe when feeling down: these are very simple things such as reading, taking a nap, walking, exercise, watching a film. The Youth Council also talked about how to improve these simple protective factors:

- Better and more sport in schools
- Calming places in school
- Letting people know its ok to be feeling like

this and it's ok to cry

- Youth groups
- Places to practise calming activities, eg cooking

TEWV set up a service user group which highlighted:

- The theme they wanted to explore was stigma and breaking down barriers to talking about mental health.
- The group also felt parents needed more support in understanding young people's issues, and suggested a group to help this.
- The group is also helping TEWV access feedback from the wider service users,
- Volunteered for interview panels

TEWV ran a focus group with parents of young people in the eating disorder service. This established that the support received is excellent.....#####

In summary, engagement with young people and families tells us the following are important:

- **Easy access to advice:** we've linked to the Healthwatch online guide, commissioned Buzz Us texting service in North Yorkshire, all schools and colleges have access to well-being workers to advise on emotional and mental well-being, and school mental health champions in York are providing peer group advice and information.
- **Information for families:** we have looked again at the Local Offer and the CCG Referral Support System, and reviewing with TEV what information is provided for families
- **Reduced waiting times for CAMHS:** additional investment in 2018/19 and ongoing will reduce waiting times.
- **Emergency support:** the Crisis Team is now operational 7 days a week, and has had real impact on how families access emergency support. We have seen a significant reduction in admissions to inpatient units, and reductions also in ward admissions for self-harm

CASE STUDIES INSERT

TEVV feedback

Achievements, Performance and Challenges

'The service has provided another layer of support, given us a better understanding of services available which has prevented cases from progressing to CAMHS'

'Thank you for giving me back my little girl'

'Thank you for coming in and helping us all to deal with our problems! I really appreciate everything you've done and all the time you've put in!'

'I wish we had more sessions. I loved all the sessions and I feel a lot calmer.'

In the LTP and the refresh in 2016 we set out a clear statement of what we wanted to achieve by 2020 to fulfil the ambition in *Future in Mind*. We have achieved a lot in the time

- Community eating disorder service is operational across North Yorkshire and York, and received over 120 referrals in 2017/18, of which 77 were from Vale of York.
- There is a Single Point of Access, managing 1,900 referrals into CAMHS in 2017/18.
- Self referral into CAMHS: parents state the ability to contact CAMHS directly is very helpful in clarifying how to care for their children.
- Established Well-Being Worker service in City of York: 6 workers, jointly funded by the CCG and schools worked with 807 pupils in 2016/17 delivering evidence based therapies, advice and information, and achieving high satisfaction ratings, including reductions in SDQ scores from an average of #####17.5 to 15. *The Year 1 service report is at Appendix 3A*
- Training through the School Well-Being Service in York for **423 staff in 25 schools with over 70% of school staff reporting an increase in knowledge and confidence.**
- **Funding secured (£100,000) over 2 years to train mental health peer champions in City of York in 2017-19**
- Established Well-Being Worker Service (Compass Buzz) in North Yorkshire County Council, in partnership with North Yorkshire County Council, and 4 North Yorkshire CCGs, providing advice, support and training to school staff. One Well-Being Worker is based in Selby serving Selby, Tadcaster and Sherburn Schools, with other staff supporting Easingwold, Helmsley and Pickering Schools. The service has provided awareness training for **98 staff at Selby High School, with further training scheduled up to March 2017.**
- Successful transfer of the CAMHS contract from Humber Trust to TEWV in respect of the children and young people in the Pocklington area.
- Thrive model of support in Selby schools for children with low-esteem
- Enhanced crisis support team in York as part of New Models of Care, working 10am-10pm seven days a week to support children and young people in crisis:

A very good training session which encouraged everyone to reflect on their own role in improving mental health and wellbeing

- Revised S136 Mental Health Act 1983 Protocol and low numbers of detentions in 2016/17 within Vale of York: 3 children and young people were assessed, and 1 admitted for care.
- Buzz Us texting service in North Yorkshire to offer information and signposting advice. Although not the intention when the service was set up, it was involved in preventing a suicide by texting with a young person whilst medical aid was on the way.
- Think First Programme run by City of York Youth Offending Team, to work with young people with lower level offending history to raise their self-esteem and manage their emotional responses: the feedback from participants has been very positive
- Contract between NHSE and York Hospital to provide child sexual assault assessment services. There is additional out of hours support across 3 centres.
- Funding for psychology and SLT support for YOT in York and North Yorkshire from NHS England and OPCC
- Improved transition planning for 17 ½ year olds in response to the national CQUIN for CAMHS transitions: for 2016/17 the figure rose from 8% to 44% and currently around 90% have plans agreed on time, after deducting exceptional reasons for delay.
- Agreement for provision of psychiatric and psychological liaison support for children and young people with diabetes at York Hospital, and also provides advice for specialist nursing teams caring for children and young people with long term or life-limiting conditions and the CSAC team.
- Additional clinical psychologist support for FIRST: there are now 1.8 WTE working with this small but high group.
- Extension of the FIRST project by York City Council for to include therapeutic short breaks for families with children at the edge of care or outward placement, together with an improved short breaks offer for children and young people with autism or physical disabilities. **NHS England is providing over £900K of capital funding for the project #####**
- Improved offer for students at York College: with 3,500 students age 16-19 the College twice the number of 6th form students than schools in York combined and has worked to reduce referrals into its counselling service through training 150 tutors as Emotional Literacy Support Advisors (ELSAs), together with ASSIST training for staff and now have access to Well being worker support.
- York University has also restructured its student mental health services to improve the offer for advice and counselling.
- York Healthwatch *Guide for Mental Health Services* detailing statutory and third sector services and support groups which has been well received
- Establishment of SEND health network, bringing together health, CAMHS service, parent groups and commissioners to discuss best practice and improve communications for a group which frequently crosses physical and mental health services
- Significant reduction in T4 inpatient admissions and reduced costs of placements in 2017/18 now that the crisis team is in place

- Mental health nurse in Police Force Control Room to advise frontline staff and support decision making. The service is planning to extend its hours of operation.
- Work on the Dynamic Support Register for children and young people at high risk of admission to inpatient unit and revised management of CETRs means that no child or young person assessed has required admission in the last year.
- Forensic CAMHS service is working with York YOT at risk case panel to work across agencies to improve diversion from custody or other placement.

School Well-Being Service: Case Study

A child was struggling with identity and with a history of anxiety. School requested a consultation as the child had been unhappy and some of their anxious behaviour had escalated significantly and parents considering a referral to CAMHS. A parent consultation was followed by 6 sessions utilising a CBT approach around anxiety focusing on feeling associated with family and change. Feedback was provided to the family with advice and strategies. School were able to continue to provide support. SDQ score was reduced and the family felt more able to manage.

City of York

NHSE statement check ##### For those children and young people who need highly specialist in patient care, NHS England commissions care and treatment. The National Specialised Commissioning Oversight Group (SCOG) decided in March 2016 that a single national procurement for inpatient provision would not be in the best interest of patients and the approach taken would need to strengthen the requirement for regional planning and delivery. It would need to align with, and support the move to population based commissioning and the outputs of this work would need to be embedded in local systems. To reflect this, NHS England revised its approach to one of local ownership and delivery under the umbrella of national co-ordination and oversight and is now referred to as the Mental Health Service Review (MHSR) programme.

A key factor and driver in the service review has been a lack of capacity in some areas that has led to out of area placements. The proposed changes in bed numbers aim to address this and ensure that for the majority of services, the right number of beds are available to meet local demand in each area. It is predicated on the principle that there is regard to patient flows so each local area should “consume its own smoke”. As these services are specialist in nature, there is national oversight of this process but with a strong emphasis on local engagement and ownership.

The implementation of local plans will see the re-distribution of beds across the country so patients will be able to access services closer to home rather than having to travel to access appropriate services, except for a few particularly specialist services that it is uneconomic to provide in each area. NHS England is collaborating with local commissioners on the CAMHS Tier 4 bed changes in Yorkshire and the Humber to ensure the interdependencies between localities are managed effectively.

Local performance data is set out at **Appendix #####**

The Department of Health proposes there be an additional 10,000 mental health professionals by 2020, and whilst this will, if achieved, enable those children and young people who need it to access more specialist support, there is equally a need for all those whose work entails contact with children and young people to be able to respond and help effectively. Within the local area, as a result of *Future in Mind*, aligned local authority and NHS England led projects, there are additional:

- 6 WTE staff working on eating disorders across disciplines including psychiatry, nursing and dietetics
- 6 WTE additional clinical psychologists
- 4 WTE additional generic CAMHS staff
- 7.5 school well-being workers
- 6 crisis team staff
- Funded contributions from SLT, psychiatry and paediatrics.

The local area has seen a focus on early intervention through Future in Mind and the remit of the Healthy Child Programme has seen development and/or increase in training for staff and families, including:

- Whole school training approach around universal/targeted/specialist training offer
- Implementation of Thrive approach to build self-esteem
- Directed training for over ##### school staff on emotional and mental health, including Mental Health First Aid, basic CBT and 'Tame Your Meerkat'
- 175 College staff trained in ELSAs Over 200 school staff trained as ELSAs
- TEWV training including PTW#####
- Improved offer in parenting programmes for baby and child development, attachment and speech and language
- Training into schools on Early Help



'Excellent training - insightful and workable strategies which makes me feel confident'

'Useful techniques and skills to develop for myself and to use in sessions'

'Very recently Introducing the Little Meerkat's Big Panic this summer term will hopefully reap benefits in school terms and years to come'

School Well-Being Service staff training feedback

York College training in 2017/2018

COLLEGE TRAINING 2017/18	
Safetalk	36
Asist	12
Basic Suicide Awareness	4
Basic Mental Health support	116
ELSA (one day event for York College)	175

In terms of specialist training through the CYP IAPT collaborative, the area has seen:

- CBT:
- Transformational Leaders:
- CBT Supervisor:
- Family Systemic Therapy training for eating disorders:

There remain some challenges, reflected in the plans for 2018/2019:

- Numbers of referrals into specialist CAMHS and the Community Eating Disorder Service are still high and performance against waiting time standards needs to improve further
- There is work to be done across the local area and with primary care to better explain and understand the the range of provision available through early intervention as alternatives to referral to CAMHS
- How to address emotional and mental well-being without medicalising the issue.
- Addressing attachment and neuro-developmental issues through early help approaches via LATS, Prevention and Health Visitors, as well as exploring the scope for psychology services at York Hospital
- Transition planning needs strengthening particularly for children and young people with SEND
- Extending the crisis service to 24 hours, development of an offer for eating disorders and reducing length of inpatient stay.
- Ensuring clear pathways of support for a small number of groups of children and young people with the most complex needs.
- Financial challenges across all partners.

The detailed action plans are at [Appendix #### SEE ATTACHED](#)

Appendix ###**Links to local strategy documents CHECK LINKS**

Strategy	Link
Humber Coast and Vale Sustainability and Transformation Plan 2016-21	http://humbercoastandvale.org.uk/wp-content/uploads/2017/08/HCV-October-Submission_FINAL-VERSION-PUBLISHED.pdf
Vale of York CCG Strategic Plan 2014-2019	http://www.valeofyorkccg.nhs.uk/publications-plans-and-policies-1/five-year-integrated-operational-plan-2014-19/
Vale of York CCG Operational Plan 2017	http://www.valeofyorkccg.nhs.uk/our-plans-and-strategic-initiatives/
City of York Health and Well-Being Strategy 2017-22	https://www.york.gov.uk/downloads/file/12806/joint_health_and_wellbeing_strategy_2017_to_2022
North Yorkshire County Council Health and Well-Being Strategy 2015-2020	http://www.nypartnerships.org.uk/sites/default/files/Partnership%20files/Health%20and%20wellbeing/jhwbs.pdf
East Riding of Yorkshire Health and Well-Being Strategy 2016-19	file:///P:/Users/susan.deval/Downloads/Joint%20Health%20and%20Wellbeing%20Strategy%202016%20-%202019%20(July%202016)%20(3).pdf
<i>Hope Control and Choice</i> : North Yorkshire County Council Mental Health Strategy 2015-2020	http://www.nypartnerships.org.uk/sites/default/files/Partnership%20files/Health%20and%20wellbeing/Public%20health/Mental%20health%20strategy.pdf
<i>Dream Again</i> : City of York Children and Young People's Plan 2016-2020	http://www.york.org.uk/2014%20York%20Website/workforce2014/Dream%20again%20and%20York%20Board/Children%20and%20Young%20Peoples%20Plan%202016-2020.pdf
<i>Young and Yorkshire 2</i> : North Yorkshire County Council Children and Young People's Plan	https://www.northyorks.gov.uk/sites/default/files/fileroot/About%20the%20Council/Strategies%2C%20plans%20and%20policies/Young_and_Yorkshire_-_happy_healthy_achieving.pdf

To include:**COY mental health strategy****SEND strategies**

Appendix 3 Performance data TO BE FINALISED

School well being reports at **Appendix ### To be finalised**

Appendix #### investment and workforce data to be finalised

DRAFT

This page is intentionally left blank

Vale of York CCG Local Transformation Plan 2018/19 Action Plan **Working draft 30 Sept 18**

Introduction

The Local Area Transformation Plan (LTP) for children and young people's emotional and mental health sets out the aims of the CCG and local authority partners to 2020:

By 2020, we will work together and share resources across North Yorkshire and York to make sure that children and young people:

- Grow up confident and resilient and able to achieve their goals and ambitions
- Can find help easily when they need it
- Receive help that meets their needs in a timely way

Are fully involved in deciding on their support

In the last year significant progress has been made towards meeting the needs of children and young people's emotional and mental well being and health.

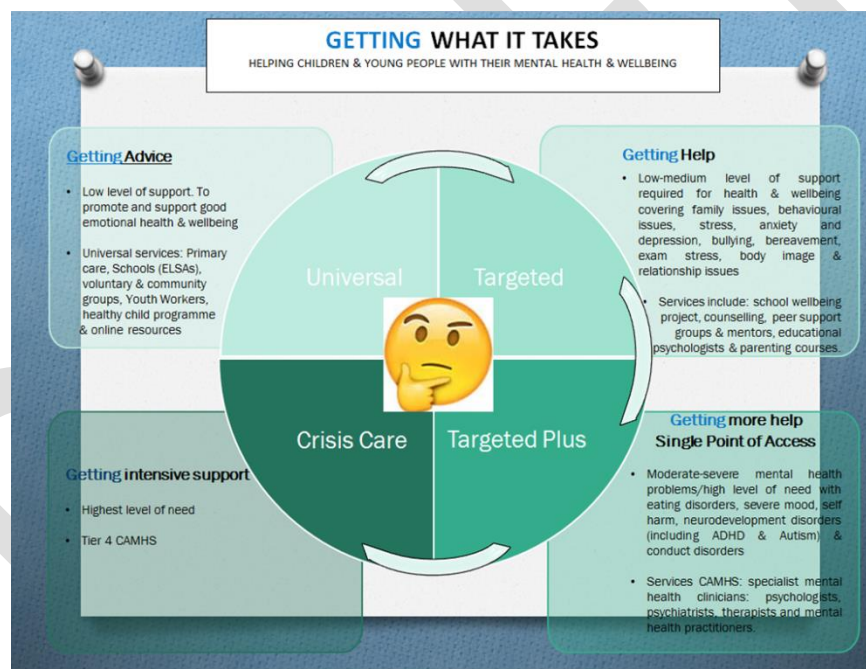
- Additional £120K recurrent CCG funding and £50K recurrent TEWV funding into specialist CAMHS services to support the emotional treatment pathway, reduce waiting times for autism assessments, and provide additional resource for eating disorders.
- In year non-recurrent CCG funding of £120K to increase the number of autism assessments
- Community eating disorder service received parent and patient feedback describing the support received as excellent.
- Group work has become the norm for children and young people on the emotional pathway, offering earlier support and reducing the numbers requiring individual one to one interventions:
- The Single Point of Access managed over 1900 referrals in the year, and offered every family a 30 minute phone call to discuss concerns and facilitate a decision on whether the child or young person needs a full face to face assessment.
- The Well-Being Worker Service in City of York is now well-embedded: 6 workers, jointly funded by the CCG and schools worked with over 300 pupils in 2017/2018 delivering evidence based therapies, advice and information, achieving high satisfaction ratings: Over 80% of children stated they achieved their goals, and SDQ scores fell from 16.5 to 11.8. There was also a reduction in onward referrals on to

CAMHS indicating that the earlier support received prevented difficulties escalating. The service also worked closely with CAMHSD to ensure assessments and interventions for any primary school aged child on the emotional pathway.

- Compass Buzz school well-being service in North Yorkshire County Council provided training for ##### staff in the CCG area and worked on co-facilitation of support for #### pupils. Schools describe the training as excellent, #####
- Buzz Us texting service was set up for pupils in North Yorkshire: it has initiated 200 texting conversations to advise and signpost young people, meeting secondary school pupil's aspirations for 'instant access'.
- A specialist peri-natal service has been funded and is setting up, providing support for 220 mums, and signposting advice for a further 1200.
- Crisis support team in York, working 10am-10pm seven days a week to support children and young people in crisis: in the first 6 months, over 600 children and young people accessed the service. We have seen a fall in presentations at A&E, and a significant drop in admissions to inpatient units, as young people can access intensive support for up to eight weeks.
- 40% of children and young people received support against the national target of 32%
- Mental Health Champions in York: 10 secondary schools and colleges have been trained to provide peer support and roll out school based mental health campaigns so that pupils have rapid access to advice and information.
- Strengthened Family Early Help Assessments developing support plans with families, schools and other agencies.
- Schools workforce development plan for schools in City of York showed all staff increased knowledge, and between 84% and 97% felt more confident in responding to emotional and mental health need.
- The Transforming Care Partnership for children and young people has been set new approaches to CETRs and inter-agency support arrangements are now in place: fewer than 5 CETRs were undertaken for Vale of York, and all were able to be supported in the community.
- Extensions to No Wrong Door in North Yorkshire has provided intensive support for more looked after children who are not engaged in services.
- Extension of the City of York FIRST project through the commitment of funding for a new centre of excellence to offer intensive short breaks to those children who at risk within the Transforming Care Partnership group, and also increase the number of overnight short breaks for children and young people with autism or physical disabilities. **The project has also applied for over £900K of capital funding from NHS England to support the project.**
- 2 schools in the Vale of York area (Kirbymoorside and Barwic Parade, have adopted the Thrive Approach across the schools to support the social emotional and mental health of children. This has resulted in improved attendance, reduced exclusion and improved developmental scores around emotional development.
- A Back on track project in NYCC aimed at building the capacity of mainstream school to meet the SEMH needs of children with SEMH and reduce the exclusions led to increased attendance of a small cohort of pupils through integrated multi-disciplinary support.

This refreshed plan sets out how we intend to improve still further in supporting children, young people and families. The plans have been driven by:

- Engagement with service users, Youth Councils, parent groups
- Needs analysis based on the JSNA and monitoring and performance data for the locality
- National policy drivers and guidance through the Five Year Mental health Forward View
- The local health and well being strategy, mental health strategies, autism strategies
- Thrive Model of support, which maps sources of advice and support to the domains of Advice, Getting Help, Getting More Help and High Levels of Need. The Thrive Model helps ensure there are no gaps in sources of support, and agencies work well together



<http://www.implementingthrive.org/wp-content/uploads/2016/03/Thrive.pdf>

There remain challenges which we aim to address this year and next:

- Health and local authority budgets remain challenged, with strongly competing calls for funding. The CCG has prioritised mental health funding, in particular children's mental health funding for further investment, and has confirmed that it will continue to invest in school based projects and eating disorders, in addition to increasing investment in core mental health services for children when funds allow.
- Integration of services across agencies to ensure seamless provision especially some very complex groups.
- Overstretched specialist services. There remain delays in accessing treatment, and although we expect the school well-being services and other community services such as Healthy Child programme and counselling services to reduce demand in the longer term, these projects will take some time to work through. In the meantime, TEWV is developing its range of approaches such as group therapeutic work with young people with emotional difficulties and online offer.
- Need to develop further the capacity of schools and community settings to encourage children and young people's resilience, and provide an environment of support: the area was unable to bid for trailblazer status as proposed by the Department for Health in its response to the Green Paper, and we will follow the training elements of the trailblazer bids to learn how the local area can develop leadership skills still further.

Despite these challenges, there is a lot that we plan to do:

- Train schools staff to spot and respond to early signs of difficulty
- Ensure that communication and information for families is supportive
- Work with maternity services, health visitors and school nursing services, particularly with the newly re-structured service in York to ensure that all families receive advice and support for emotional and mental health
- Ensure support for vulnerable groups of children and young people offers the best possible support
- Explore more collaborative working with the third sector
- Explore scope of services in future, to develop joint commissioning and service integration
- Developing online forms of support alongside face to face

The plan for 2018/19 is divided into:

1. Prevention, promotion and early intervention
2. Specialist support for those with higher needs
3. Ensuring transparency, joint commissioning and partnership working

The LTP is subject to assurance by NHS England, and is monitored through the Strategic Partnership for Emotional and Mental Health, and the Mental Health Partnership Board

DRAFT

1. Promotion, Prevention and Early Intervention

Scope:

- Local Authority area teams, LATS in City of York, and Prevention Service in North Yorkshire (Selby and Ryedale localities) both operate on a locality place basis to pull together multi-agency partners to identify needs as they emerge and address them at the earliest stage possible. The services support children, young people and families through a holistic understanding of whole family need: their work contributes to the agenda of emotional well-being and mental health but also reflects wider needs within families. The teams are all about working in partnership with families, communities and partner agencies. Team members include a range of multi-skilled 0-19 practitioners and deliver the Healthy Child Programme for 0-19
- The jointly funded City of York School Well-being service works with staff and pupils in all schools and colleges in the City. Each cluster has an assigned well-being worker to provide training and advice to staff and undertake 1:2:1 and group work with pupils: interventions are evidence based, around CBT and talking therapies. The service works closely with TEWV and LATS providing the crucial bridge between early support and specialist CAMHS services.
- City of York Counselling Service: Mind has successfully bid for the contract for counselling for 16-25 age group.
- Compass Buzz and Buzz Us in North Yorkshire County Council. The *Future in Mind* funded service works to build capacity in schools and colleges to improve the whole school and pastoral team response to emotional and mental health problems, and also offers limited time-limited co-facilitation with staff members of low level approaches to help pupils. Working out of NYCC Prevention offices it enables liaison with local authority early intervention services. Buzz Us offers a texting service for pupils to share concerns and be signposted to self-help support or other services.

2017/18 performance

Schools service:

School Well-being Service in COY:

- The service now offers whole class interventions in addition to individual and group work.
- Over 980 consultations, and 316 interventions,
- An average improvement in SDQ scores of 16.5 to 11.8.
- A 61% decrease in onward referrals to CAMHS, and the service now works with CAMHS to ensure that all primary school age children referred to CAMHS are first assessed by the SWS.
- Feedback from parents, teachers and pupils has been excellent, with 80% achieving goals and 90% feeling listened to and happy with the support.
- The CCG has committed to future funding beyond 2020, ensuring the future sustainability of the service.
- Mental Health Champions have been trained in 8 secondary schools and 2 colleges

Compass Buzz and Buzz Us:

- 31 schools in the CCG area have participated in whole school training for over 400 staff. 11 schools booked onto level 2 and 3 training for pastoral leads and SenCos.
- Positive feedback with 92% staff stating they have an increased knowledge of emotional and mental health
- Co-facilitated interventions with individual pupils, and delivered within 21 days. 90% stated they achieved their goals.
- 74 Buzz Us text conversations between February and March, meeting aspiration of secondary school pupils for instant access.

Healthy Child Service fully operational in City of York following transfer of staff to City of York.

Summary of achievements:

1. Successful bid for NHSE peri-natal funding across STP footprint to support 220 women, and signposting advice for a further 1600.
2. Access to support for women in the peri-natal period with mental illness is through the fast track adult IAPT pathway
3. Midwifery service has a lead mental health midwife and training, and pathway
4. City of York School well-being services worked with 316 individual pupils and groups, saw a decrease in onward referrals to CAMHS, and had a larger improvement in SDQ scores following interventions.
5. Holiday appointments are offered through the School Well Being Service
6. Feedback from all staff training in North Yorkshire Schools through Compass Buzz reporting increased confidence in working with pupils
7. Buzz Us texting service well-received by pupils.
8. Refreshed counselling offer in City of York
9. Safe Haven for over 16s at 31 Clarence St in York
10. Crisis team well established with 6WTE providing support 7 days a week
11. Strengthened parenting support through LATS in York to help with attachment and positive support approaches.
12. GP leaflets for signposting in NYCC area
13. Revised RSS guidance and forms for GPs
14. Completion of the HCS restructure in August 2017 and embedding the service within Local Area Teams.

No	Outcomes	Actions and Measures	Lead	Action update at Q end	RAG at Q end
1	Rollout of community peri-natal support team in North Yorkshire and York	<p>Primary care, midwives, health visitors and TEWV working together to identify mums at risk and ensure appropriate advice and support provided.</p> <p>Clear whole system approach evidenced</p> <p>High level of satisfaction with support provided.</p> <p>High numbers of positive outcomes for mums and families</p>	TEWV: Carol Redmond to advise	Q2 Funding secured and delivery board in place.	
2	Effective support for families in early years through Healthy Child Programme, health visitors, school nurses and early support teams	<p>Continue to increase performance levels against the mandated contacts from 0-5</p> <p>Refresh partnership based interventions supporting the priority of “best start in life”</p> <p>Evidence of effective engagement with mothers, families and young children regarding their emotional and mental health</p> <p>Demonstrate KPIs for measurement by Q4 2018/19</p>	COY: Niall Mc Vicar NYCC: Emma Lonsdale	Q2.	

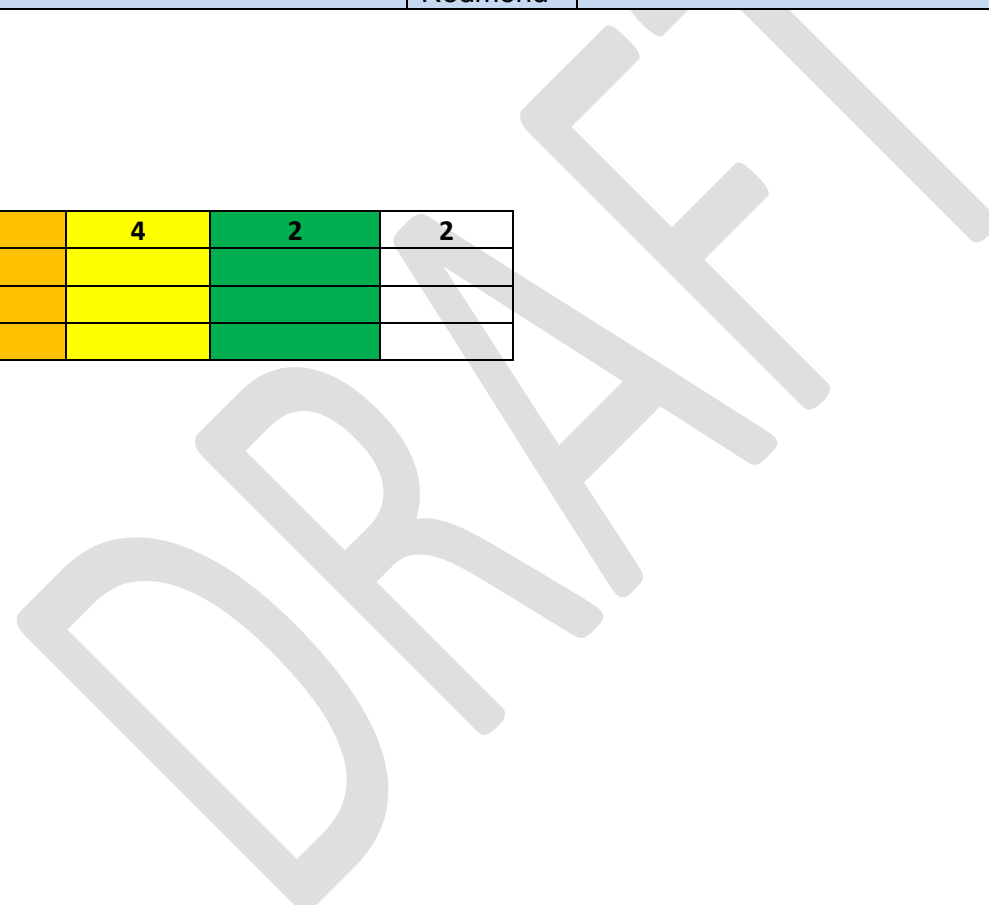
3	Effective counselling service and diversionary services for children and young people	Rollout of City of York Counselling offer contracted to York Mind for delivery through Clarence St Development of APPs/online/group work support from CAMHS	COY Niall McVicar TEWV Kath Davies	Q2: Mind awarded contract for Counselling Service in COY Thrive embedded within 24 NYCC schools to support early identification of SEMH needs and provide early intervention within school. SEMH intervention guidance for schools developed. Back on Track project providing therapeutic support for 53 children in NYCC identified as having SEMH but no mental health disorder in the first year of the project	
4	Effective school well-being service in City of York	Effective service measured by reduction in SDQ scores Positive feedback from staff/parents and pupils Training programme delivered with positive impact on staff confidence and approach	COY: Emma Hughes	Q2: for 2017/18 SDQ average score after intervention is 11.8, down from 16.5 90% stated felt listened to 80% achieved their goal 90% happy with the service 73% staff felt had increased confidence in supporting CYP EMH 72% pupils reported increase in resilience and well-being Reduction in onward referrals to specialist CAMHS, and all primary school children referred to CAMHS have preliminary appointment with SWS Appointments offered in school holidays School Mental Health Champion programme launched with training in schools: enables early access to information and advice Funding assured by CCG for future.	
5	North Yorkshire Schools offering early support through Compass Buzz training offer	Level of take up and satisfaction with training Increased use of Buzz Us texting service Level of positive feedback around Buzz and Buzz Us Increase in non-facilitated	<i>Compass Lisa Gale</i>	#####	

		sessions with pupils			
6	Development of integrated schools offer in ERYC area	Engagement and support in developing a schools based offer.	CCG Susan De Val		
7	Improved referrals process through RSS and training and support for primary care in directing families	GPs have ready access to details of referrals to signpost or refer children and young people and families Under 10% referrals returned for lack of information	CCG Susan De Val TEWV Angie Casterton	Q2: GP training and consultation event led by TEWV around role of SPA and referral process. Review of RSS to improve access to information.	
8	Improve speed of access for assessment and treatment	<i>X% receive call from SPA within 48 hours by (date)For discussion and negotiation with TEWV</i> 90% referrals requiring full assessment are assessed in under 9 weeks from referral. Work with GPs and early intervention services to help with early identification and support to reduce demand for CAMHS support Development of alternative approaches such as APPs and online to broaden the offer of instant access and reduce waiting times for 121 therapeutic support.	TEWV Carol Redmond	Q2 Current referral to assessment is 57% against target. CCG has invested additional funds, staff commence in post in Q3. Expect reduction in waiting times by end Q4. Capacity and demand gap analysis considered at CMB and will inform decisions around further investment.	
9	Effective staff training programmes	Measure effectiveness of training programme, target of at least 80% finding the	COY: Emma Hughes	Q2: COY SWS : pupils state 90% felt listened to and 90% happy with service. Staff state that 84% -97% feel confidence increased depending on course provided.	

		training useful	NYCC: Lisa Gale TEWV: Carol Redmond	IN NYCC Compass Buzz training returns state 92% staff feel better informed NYCC: YMHFA training delivered to staff within mainstream secondary schools.	
--	--	-----------------	---	--	--

Section Summary

Q2		1	4	2	2
Q3					
Q4					
Q1					



2. Specialist Support for Those Who Need It

Scope:

Some groups of children and young people are particularly vulnerable, because of life history or home circumstances, illness or disability, being looked after, or in contact with youth justice service. The Local Offer, Youth Justice support, No Wrong Door (North Yorkshire County Council), the FIRST (City of York) project for those on the edge of care or placement, or the Transforming Care Partnership ensure specialised care and support. CYPMH specialist services at Limetrees and Selby offer therapeutic interventions across all scales of need, including learning disabilities, assessment service for autism and eating disorders support. For children looked after in NYCC, there is a bespoke service based in Northallerton.

Performance in 2017/18

Health checks for LAC: 98% provided in accordance with target

Referrals to CAMHS: 1904

40% CYP receiving mental health support against the national target of 30%

Access to CAMHS: 75% performance against target of 90%

Children signed off as medically unable to attend school: 25 between September 2017 and August 2018 in City of York.

CEDS: 79 referrals both external and internal to service. 57 were assessed as requiring treatment and support for eating disorders. 40% against target for urgent cases and 20% against target for routine cases and 21 completed treatment and were discharged from service.

T4 admissions: 23, with a drop in Q3 and 4 and 70% reduction in out of area placements following the implementation of the crisis team

Funding for 36 additional ASC assessments

80% 17 ½ with a transition plan

Satisfaction with transition plan (CQUIN) #####

No Wrong Door:

Summary of achievements to date

1. FIRST extension project in COY to develop intensive short breaks approved and grant funding sought from NHSE
2. No Wrong Door project in NYCC secured additional psychology support for young people in care
3. Sexual assault assessment service across North Yorkshire and York run by York Hospital
4. Outcome Panel for all children and young people coming into contact with
5. FCAMHS service working with local authority staff to offer early interventions for high risk children and young people
6. Think First Programme in City of York to develop self-esteem and decision making among young offenders
7. Dedicated CAMHS LAC service in North Yorkshire
8. No Wrong Door extension for CYP with SEMH offering therapeutic support to access education
9. No Wrong Door project in NYCC secured additional psychology support for young people in care
10. High levels of satisfaction with the support provided by CAMHS: ##### felt they had been listened to, involved in their care and well-supported.

Specialist Support for Those Who Need It

No	Outcome	Action/Measures	Lead	Action update at Q end	RAG at Q end
1	COY FIRST extension project: therapeutic short breaks and autism short breaks	Service ready to commence Successful NHS England capital bid	COY William Shaw	Q2: project well advanced through planning process. Grant application made to NHS England for capital funding. #####	
2	Transforming Care Partnership is effective in reducing number of children in 38/52 week placements and CAMHS inpatient beds in 2018/19 measured against 2017/18	Timely CETRs with monitored outcomes and care plans Effective CETR and care plans to ensure children and young people stay at home. Dynamic Support Register provides basis for support for those children and young people at risk of admission 2017/18 T4 admissions: 24	CCG Josie Tatum COY Jenny Bullock NYCC Emma Lonsdale?	Q2: CETR manager in post, working with colleagues to review and assess CETRs. Work on Dynamic Support Register format and parental information and consent forms finalised. CETRS have all enabled CYP to remain in community services.	
3	No Wrong Door	#####	NYCC Cerys Townend	Q2 All secondary schools in the Selby, Tadcaster, Easingwold and Kirbymoorside area have been offered the one day DFE funded YMHFA training. Additionally 6 staff across the secondary schools have received the YMHFA two day training and become Mental health champions. Back on Track have supported 53 children with SEMH in the first year of the programme, the cohort have received less exclusions during the year than within previous years and in comparison to a similar cohort from previous years.	

4	Ensure clarity of pathway of support for children and young people with most complex needs through the Specialist Support Sub Group of the Strategic partnership for Emotional and Mental Health.	Roll out the programme of task and finish groups in City of York	TEWV Carol Redmond COY Sophie Keeble	Q2: Agreement around task and finish group to review and identify gaps in support for complex children and young people out of school and waiting for treatment. First task and finish group will be to improve the system response for pupils out of school with mental	
5	Reduction in need for complex packages of care through improved community support	NEED DETAILS	Sophie Keeble		
6	LAC CAMHS services are effective in offering support for children and carers to reduce numbers of out of area placements and prevent placement breakdown	Outcomes of therapeutic support Reduction in numbers of failed or at risk placements	COY Sophie Keeble NYCC?	Q2: successful bid with the NSPCC to be partners in a Reflective Fostering programme which is one way we plan to reduce placement instability and support/improve emotional resilience of our foster carers. We continue with our Placement Review looking at our placement sufficiency and all options to meet our need.	
7	Children and young people with eating disorders are assessed and treated in line with national guidance and standards	2018/19 target: 75% urgent cases and 25% routine cases. Clear pathways around physical health checks	TEWV Carol Redmond	Q2: Performance is improving against trajectories, and 60% urgent and 40% routine cases meet targets. CEDS working group working on shared care arrangements for physical health checks.	
8	Reduction in admissions to acute and CAMHS units for eating disorders	2017/18 as baseline: below 5 admissions for either eating disorders or with associated eating disorder.	TEWV: Carol Redmond	Q2: TEWV crisis team reviewing approach towards community support for those with eating disorders. Additional teaching time at Mill Lodge inpatient unit, afternoons will now include teaching time, with staff also able to undertake outreach teaching for those on edge of admission or recently discharged.	
9	Reduction in admissions to acute wards for young people in mental health distress (self-harm)	2017/18 part year measures as baseline: 65 admissions of which 44 were out of hours.	TEWV: Carol Redmond	Q2: TEWV crisis team developing options for 24 hour service from early 2019.	

10	Children and young people within the YOT have access to effective support for emotional and mental health needs	<p>Effective interventions from CAMHS.</p> <p>Effective interventions form Psychology support and SLT support funded through NHSE and OPCC</p> <p>Effective signposting and support through FCAMHS service</p>	<p>YOT Sara Orton</p> <p>NYCC YOT Steve Walker</p>	<p>Q2: FCAMHS risk panel meeting with support from FCAMHS to advise and case plan for at risk children and young people. Funding received from NHSE and OPCC for psychology and SLT support</p>	
11	Outcomes for children and young people accessing CYPMH support are improving	<p>Outcome measures include din DQIOP for 2018/19, including the national indicator due in 2019/20.</p>	<p>TEWV Carol Redmond</p>	<p>Q2: DQIP on target to offer outcome measure in Q1 2019/20</p>	
12	Reduction in waiting times for CAMHS assessment and treatment	<p>Target: 90% assessed in under 9 weeks from referral.</p> <p>Reduction in waiting times for start of therapeutic support</p> <p>Reduction in waiting times for autism assessments, and improved communications and information for families</p>	<p>TEWV: Carol Redmond</p>	<p>Q2: performance 57% against target. CCG additional investment of £120 K recurrently and additional TEWV investment of £50K recurrently to tackle issue following capacity and demand gap analysis: staff appointed and second half improvement expected.</p>	
13	Meet actions and recommendations for the JTAI inspection in September 2018	TBA	TBA		

Section Summary

Q2	1	4	4	1	3
Q3					
Q4					
Q1					

DRAFT

Ensuring Transparency, Joint Commissioning and Partnership Working

Scope:

The 2015 LTP commits the CCG and partners in local authority to working together to improve children and young people's emotional and mental health. Increasingly the approach is for joint commissioning structures to deliver change against a backdrop of limited resources.

Summary of achievements to date

1. Health and Well-Being Boards for all local authorities actively engaged in emotional and mental health issues
2. Integrated Commissioning Board, Strategic Partnership for Emotional and Mental Health for COY/NYCC, and Children's Trust Board and YorOK Board develop and monitor the actions to deliver the mental health strategies
3. All-age autism strategy for City of York and North Yorkshire County Council
4. All-age Mental Health Strategy for City of York and North Yorkshire County Council
5. Co-production of SEND Strategy for North Yorkshire County Council
6. Co-production of LD Strategy for City of York
7. Local Transforming Care Partnership Board
8. New Models of Care Programme Board with NHSE and TEWV
9. Jointly funded with COY Head of Joint Commissioning
10. System Leaders forum in North Yorkshire to drive closer working and joint commissioning
11. Co – commissioning of school well-being worker services in City of York and North Yorkshire County Council

Ensuring Transparency, Joint Commissioning and Partnership Working Action Planning 2018/19					
No	Action	Outcomes	Lead	Action update at Q end 2018/19	RAG at Q end
1	Implementation of all age mental health strategy (City of York) and action plan: <ul style="list-style-type: none"> Getting better at spotting the early signs of mental ill health and intervening early Improve services for mothers, children and young people 	Actions reflect strategic aims and deliver to MH strategic outcomes: metrics reflect improvement	Who/all?	Q2: Partnership Board established	
2	Effective implementation of NYCC mental health strategy		NYCC: Cerys Townend	Q2: SEMH joint implementation plan for NYCC CYP	
3	Engagement with local authority youth councils and young people	Demonstrable involvement of children and young people in strategic planning and service improvement	Who/all	Q2 OPCC: Youth Commission Report published regarding relationships between Police and children and young people COY: engagement with Youth Council to think about protective factors and how to promote them TEWV: #####	
4	Consider with partners the long term approach to service delivery for emotional and mental well-being to ensure integrated services to meet all levels of need	Strategic view of long term joint commissioning approaches in conjunction with local authority partners			
5	Improved transparency for children, young people and families around pathways of care and information about waiting times, and care	Pathway mapping with partners and parents as base for improved communications and partnership working with parents.			
6	Monitor increase in numbers of children and young people receiving interventions for a diagnosable mental health condition receiving support from an	NHSE target is 7% increase in numbers: 2018/19: 32% 2019/20: 34% 2020/21: 35%	TEWV: Carol Redmond	Q2: performance against national indicator currently 39%. Discussions with LA colleagues in COY establish that there are not resources to enable regular flow of data. Issue being discussed with Embed as the CCG's data support provider. CCG	

	<p>NHS community funded service</p>	<p>All NHS funded MH services able to flow data to NMHDS</p> <p>Work on flowing non NHS funded work to NMHDS</p>	<p>COY: Emma Hughes</p> <p>CCG: Susan De Val</p> <p>NY: Lisa Gale</p> <p>NYCC: Emma Lonsdale</p>	<p>involved in work to review how to bring non-NHS funded data into the MHDS</p>	
--	-------------------------------------	--	--	--	--

Section Summary

Q2	1		2		3
Q3					
Q4					
Q1					

This page is intentionally left blank



Health and Wellbeing Board

17 October 2018

Report of the Health and Wellbeing Board Healthwatch York Representative and York LGBT Forum

Healthwatch York Report – Lesbian, Gay, Bisexual and Trans+ (LGBT+) experiences of Health and Social Care services in York

Summary

1. This report asks Health and Wellbeing Board (HWBB) members to receive a new report from Healthwatch York about LGBT+ experiences of health and social care services attached at **Annex A** to this report.
2. Health and Wellbeing Board members are asked to respond to the recommendations within the report.

Background

3. Healthwatch York produces several reports a year arising from work undertaken as part of their annual work programme. These reports are presented to the Health and Wellbeing Board for consideration.
4. York LGBT Forum contacted Healthwatch York to help them do some work to find out the experiences LGBT+ have of health and social care in York, as there is little local research on LGBT+ experiences of these services in York. Conducting a survey allowed Healthwatch York and York LGBT Forum to understand what LGBT+ people were experiencing, and provided an opportunity for an underrepresented community to be heard.

Main/Key Issues to be Considered

5. There are a number of recommendations arising from the report and these are set out in the table below:

	Recommendation	Recommended to
1.	<p>Treat all those accessing services with equal respect to ensure services are more inclusive.</p> <p>Make simple changes such as asking people their preferred name, using this and keeping a record of it.</p>	<ul style="list-style-type: none"> • All GPs practices in York; • York Teaching NHS Hospital Foundation Trust; • NHS Vale of York CCG (VoYCCG); • Tees Esk and Wear Valleys NHS Foundation Trust (TEWV); • City of York Council (CYC)
2.	<p>Improve training to include more on LGBT+ issues and health care.</p>	<ul style="list-style-type: none"> • All GPs practices in York • VoYCCG • TEWV • CYC
3.	<p>Ensure complaints and concerns are dealt with in a sensitive and appropriate manner enabling the LGBT+ community to feel they will be supported when raising issues</p>	<ul style="list-style-type: none"> • All GPs practices in York • VoYCCG • TEWV • CYC
4.	<p>Improve signposting and access to specialist services, including sexual health, mental health, and gender identity services.</p>	<ul style="list-style-type: none"> • All GPs practices in York • VoYCCG • TEWV • CYC • York Teaching NHS Hospital Foundation Trust

Consultation

6. There has been no consultation needed to produce this accompanying report for the Board. Healthwatch York consults extensively to produce their reports.

Options

7. This report is for information only and as such there are no specific options for members of the Board to consider. However, those Health and Wellbeing Board organisations with recommendations against their organisation's name are asked to formally respond to Healthwatch York.

Analysis

8. Analysis of responses and comments received are set out in Annex A.

Strategic/Operational Plans

9. The work from Healthwatch contributes towards a number of the themes, priorities and actions contained within the Joint Health and Wellbeing Strategy 2017-2022.

Implications

10. There are no implications associated with the recommendations set out within this report. However there may be implications for partners in relation to the recommendations within the Healthwatch York report.

Risk Management

11. There are no known risks associated with the recommendations in this report.

Recommendations

12. Health and Wellbeing Board members are asked to:
 - Consider the report and recommendations within their own organisations
 - Respond to Healthwatch York within 20 working days from the date of the board meeting, acknowledging the receipt of the report, and detailing any actions they intend to take
 - Refer the report to the Joint Commissioning Group for consideration of any implications for joint commissioning.

Reason: To keep members of the Board up to date regarding the work of Healthwatch York.

Contact Details

Author:	Chief Officer Responsible for the report:
Catherine Scott Manager Healthwatch York Tel: 01904 621133	Catherine Scott Manager Healthwatch York Tel: 01904 621133

Report Approved **Date** 05.10.2018

Specialist Implications Officer(s) None

Wards Affected: All

For further information please contact the author of the report

Background Papers:

None

Annexes

Annex A – Healthwatch York Report: Lesbian, Gay, Bisexual and Trans+ (LGBT+) experiences of Health and Social Care services in York

Glossary

VoYCCG – Vale of York Clinical Commissioning Group
TEWV – Tees, Esk and Wear Valleys NHS Foundation Trust
CYC – City of York Council



healthwatch
York

In partnership with



**Lesbian, Gay, Bisexual
and Trans+ (LGBT+)
experiences of Health and
Social Care services in
York**

September 2018

A report based on local peoples' experience

Contents

Lesbian, Gay, Bisexual and Trans+ (LGBT+) experiences of Health and Social Care services in York	
Lesbian, Gay, Bisexual and Trans+ (LGBT+) experiences of Health and Social Care Services in York CVS	3
Introduction	3
Local and National research.....	3
Why is Healthwatch York looking at LGBT+ experiences of Health and Social Care Services in York?.....	5
What we did to find out more	5
What we found out.....	6
Conclusion.....	24
Recommendations.....	25
Appendices.....	26
Appendix 1 –. Questionnaire.....	26

Lesbian, Gay, Bisexual and Trans+ (LGBT+) experiences of Health and Social Care Services in York CVS

Introduction

This report presents the results of a joint Healthwatch York and York LGBT Forum survey looking at Lesbian, Gay, Bisexual, Trans+ (LGBT+) people's experiences of Health and Social Care services in York.

LGBT stands for Lesbian, Gay, Bisexual and Transgender. Here we use the term LGBT+ to include all other minority sexual orientations and gender identity groups (e.g. asexual, non-binary and intersex).

Local and National research

There is no local research on LGBT+ people's experiences of accessing Health and Social Care services in York.

There is national evidence demonstrating that LGBT+ people have significant health inequalities. In July 2015, Stonewall published a report called 'Unhealthy Attitudes'.¹ This found evidence of discrimination and unfair treatment of LGBT+ staff and patients across the health and social care sector. The Stonewall report found that LGBT+ people:

- Report poorer experiences when accessing health and social care
- Are likely to delay access to healthcare based on previous negative experiences and low expectations of service
- May have poorer health outcomes than their heterosexual and non-trans peers

It also found that a quarter of all health and social care staff have never received any equality and diversity training. It found that one in ten health and social care staff directly involved in patient care, have

¹ Stonewall (2015) Unhealthy Attitudes The treatment of LGBT people within health and social care services

witnessed colleagues express the belief that someone can be 'cured' of being lesbian, gay or bisexual.

According to The National Institute for Mental Health in England report², LGBT+ people are:

- At higher risk of suicidal behaviour than non-LGBT+ people
- 50% are more likely to develop depression and anxiety than the rest of the population

In July 2017, the Government launched a survey to gather more information about the experiences of LGBT+ people in the UK. Over 108,000 people participated. Of these, 61% identified as gay or lesbian, and a quarter (26%) identified as bisexual. A small number identified as pansexual (4%), asexual (2%) and queer (1%). One of the areas covered the experiences of LGBT+ people in relation to health. The research report³ was published in July 2018.

Some of key issues included in the summary were:

- A high proportion of trans respondents reporting negative experiences due to their gender
- Some people felt that healthcare providers often just make an assumption of heterosexuality, meaning they had to disclose their sexuality.

Comments frequently focused on the NHS not having a full understanding of LGBT+ specific issues.

Of the 2,900 respondents who discussed gender transition and gender identity services, a picture was painted of hard-to-access services, a lack of knowledge among GPs about what services are available and how to access them.

Government has recently published an LGBT+ Action Plan to address some of the issues from the survey results.

² NIESR (2016), 'Inequality among lesbian, gay bisexual and transgender groups in the UK July 2016'

³ Government Equalities Office (2018) National LGBT Research Report

Why is Healthwatch York looking at LGBT+ experiences of Health and Social Care Services in York?

As there is no local research in this area in York, York LGBT Forum contacted Healthwatch York to help them do some work to find out the experiences LGBT+ have of health and social care services in York.

Healthwatch York are committed to making sure everyone's experiences of health and social care in York are heard. We agreed to work with York LGBT Forum to help gather LGBT+ people's experiences of health and social care in York. We hope that the findings of the survey help highlight the need to make sure LGBT+ people are properly represented in strategies for health and social care across the city.

What we did to find out more

We agreed that a survey would be ground breaking, unique, and an opportunity for an underrepresented voice to be heard.

We created 19 questions together with York LGBT Forum and Dr Eleanor Formby, a senior social research fellow who has particular interest understanding the life experiences of LGBT+ young people, including issues related to homophobic, biphobic and transphobic bullying, and their impact on education, employment, and health.

The questions asked about LGBT+ people's experiences of accessing health and social care and support, disclosing sexuality, barriers to accessing services, negative attitudes related to sexuality or gender identity, confidence in reporting negative attitudes, and for examples of positive experiences of services.

We ran an article in York Press publicising the survey. We also promoted it through events run by York LGBT Forum, Healthwatch York, and through social media.

The survey was open from 22 January 2018 to 2 April 2018.

What we found out

Q1. Do you live in York or care for somebody who does? If No, please do not continue with this survey. (116 respondents)

Yes: 98.28%

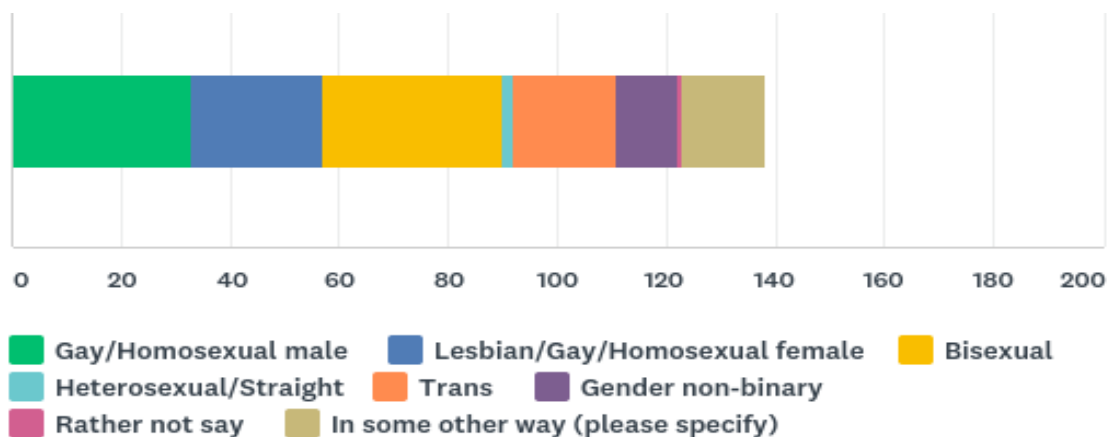
No: 1.72%

Q2. Do you identify as being LGBT+? (108 respondents)

94% of those who answered the question said yes.

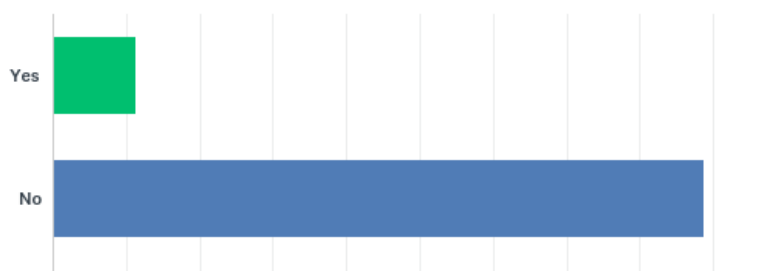
One person commented: 'I'm asexual and we're often forgot about/ignored'

Q3. How do you identify? Please tick as many as you would like. (106 respondents)



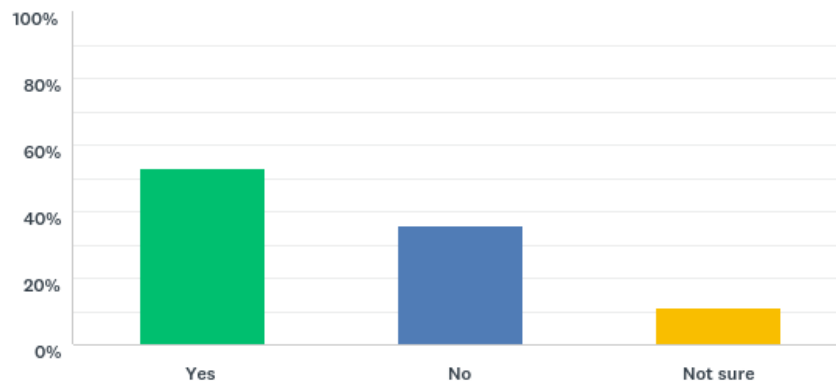
Answer Choices:	% (based on the number of question respondents)
Gay/Homosexual Male	31%
Lesbian/Gay/Homosexual Female	23%
Bisexual	31%
Heterosexual/Straight	2%
Trans	18%
Gender non-binary	10%
Rather not say	0.9%
In some other way:	14%
- Asexual	4.6%
- Pansexual	5.6%
- Queer	1.9%
- Other	1.9%

Q4. Are you a carer? (107 respondents)



11% said yes.

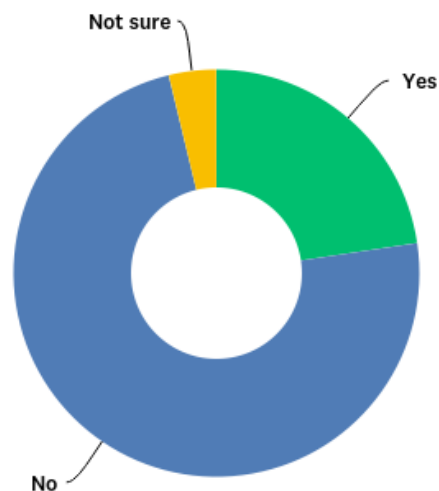
89% said no.

Q5. Do you have a mental health condition? (106 respondents)

52.8% said yes.

35.9% said no.

11.3% said they were not sure.

Q6. Do you describe yourself as a disabled person? (106 respondents)

22.6% said yes.

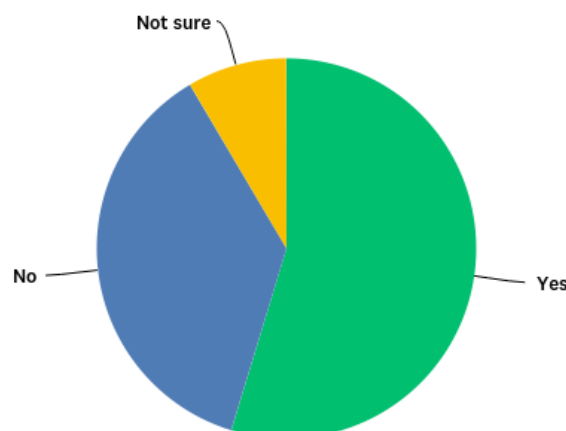
73.6% said no

3.8% said not sure.

Q7. What is your ethnic group? (106 respondents)

Answer Choice	
Prefer not to say	0.9%
White – English/Welsh/Scottish/Northern Irish/British	89.6%
White – Irish	0.9%
Any other White background	3.8%
Mixed – White and Black Caribbean	0.9%
Mixed – White and Black African	0.9%
Mixed – White and Asian	0.9%
Any other Mixed/multiple ethnic background	1.9%
Any other ethnic group	0.9%

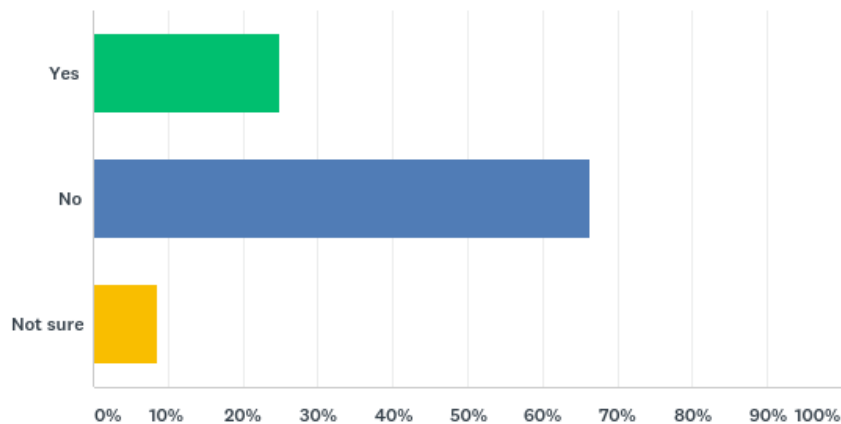
Q8. Have you ever felt reluctant to disclose your sexual orientation or gender identity when accessing health and/or social care services in York? (106 respondents)



54.7% said yes.

36.8% said no.

Q9. Have you ever experienced barriers to accessing health and/or social care services as an LGBT+ person in York? (104 respondents)



25% said yes.

66.4% said no.

8.6% said not sure.

Themes from comments:

Issues/fear around Disclosure:

- 'I haven't mentioned the fact I'm bi/queer because I worry about being denied help'
- 'I haven't disclosed it before'
- 'Feeling unable to be open about my sexuality'
- 'lack of space to mention sexuality in both health and social care'
- 'I do not disclose my sexuality'

Lack of training, knowledge from medical professionals:

- 'My doctor was uninformed, but made referrals based on passing me to someone who is trained and informed'
- 'lack of actually knowing what's available and what I need to be doing'
- 'Doctors frequently say they are not trained in Trans medical'
- 'finding a doctor who will refer you is also tough, doctors weren't'

- 'familiar with the process'

Poor experience and care as a result of issues around sexuality:

- 'I have had to explain my gender identity to multiple health professionals repeatedly, had the wrong name used, and had my sexuality questioned by both health professionals and social care services'
- 'Transphobic NHS doctors'
- 'Distressing and inappropriate questions'
- 'Doctors frequently say they are not trained in Trans medical and decline to provide post op routine hormone monitoring'
- 'It took 6 months and repeated requests to update name and gender on medical records, despite provision of deed poll and a copy of NHS England's instructions on how to update a patient's gender'
- 'finding a doctor who will refer you is also tough, doctors weren't familiar with the process'
- 'Having gynaecological surgery at York Hospital, pre-theatre waiting rooms are one male, one female. As an afab non-binary person, I did not feel comfortable entering either space, and opted to wait in the corridor. Staff redirected me to a side room being used for storage. Post-surgery was more comfortable (G1).'
- 'Had difficulty getting appropriate treatment for a UTI'
- 'Don't understand sexual orientation and in particular gender identity'
- 'Misgendering'

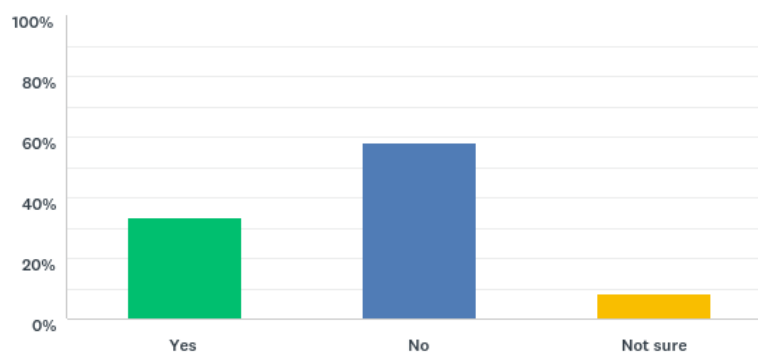
Provision of services:

- Wait times on Gender Identity Clinic
- 'Having gynaecological surgery at York Hospital, pre-theatre waiting rooms are one male, one female. As an afab non-binary person, I did not feel comfortable entering either space, and opted to wait in the corridor. Staff redirected me to a side room being used for storage. Post-surgery was more comfortable (G1).'
- 'Don't understand sexual orientation and in particular gender identity. Only the voluntary sector has support.'
- 'Nothing for an Agoraphobic Lesbian.'

Q10. Which health and/or social care services do you or have you accessed in York? Please select all that apply (36 respondents)

Answer Choices	Responses
GP (doctor)	94.4%
Hospital (emergency department, e.g. Accident + Emergency)	72.2%
Hospital (outpatient, e.g. visit to outpatient clinic such as podiatry, physiotherapy, dermatology etc.)	52.8%
Hospital (inpatient, e.g. admission onto a ward)	27.8%
Mental health services/support	58.3%
Dentist	55.6%
Opticians	52.8%
Pharmacies	69.4%
Health and/or social care services/support from the City of York Council	19.4%
Community transport (e.g. Dial & Ride/York Wheels)	2.8%
Carer and/or voluntary organisations	27.8%
Other (please specify): <ul style="list-style-type: none"> - GU Clinic - Social support groups - Family planning/midwifery - Private support 	11.1%

Q11. Have you experienced negative attitudes related to your sexuality or gender identity when accessing or trying to access services in the last 12 months? (36 respondents)



33.3% said yes.

58.3% said no.

8.3% said not sure.

Q12. Please select all the relevant services you have experiences negative attitudes related to your sexuality or gender identity from the list below. Please state whether you were trying to access this service or were accessing this service. (30 respondents)

Answer Choices	
GP (doctor)	43.3%
Hospital (emergency department, e.g. Accident + Emergency)	20%
Hospital (outpatient, e.g. visit to outpatient clinic such as podiatry, physiotherapy, dermatology etc.)	10%
Hospital (inpatient, e.g. admission onto a ward)	3.3%
Mental health services/support	33.3%
Opticians	6.7%
Pharmacies	0%
Community transport (e.g. Dial & Ride/York Wheels)	0%
Health and social care support/services from the City of York Council	3.3%
Health and/or social care support/services from another provider	0%
Carer and voluntary organisations	0%
No discrimination or negative attitudes experienced	33.3%
Other (please specify)	6.7%
- Care home of relative	
- Family planning	

One person commented: 'Most services assume I am straight and don't provide space for that conversation to come up'

Q13. Are there any specific experiences you would like to tell us about? (17 respondents)

Themes from comments:

General comments:

- 'ALL services seem to have no idea how to address Trans, or how to treat (normal human contact) Frequently feel pushed away, ignored.'
- 'I think all services are accessible if you have your right voice. i.e. you are accessing as a human being not a person trying to prove to dubious persons that you are not a robot or an outsider who has their own opinions and ideas...not into cloning heterosexuals.'
- 'Lack of inclusion at meetings about my relative and negative attitude to me.'
- 'Always having to come out - health services are very heteronormative'
- 'We had an appointment where my wife was having an ultrasound and the consultant presumed we were friends again having to come out and then making inappropriate jokes about men'
- 'Hetero normative practice'

Misgendering:

- GP:
 - 'It took 6 months and repeated requests for my doctor's surgery to update my name and gender on my medical records, despite me providing them with my deed poll and a copy of NHS England's instructions on how to update a patient's gender.'
- Outpatient and inpatient hospital services:
 - 'receptionists joking about me having changed my name, while misgendering me ("She's a spy!") and nurses misgendering me, despite my records having my correct gender on, and my making repeated requests not to.'

Accessing birth control/ sexual health care / family planning

- 'I was going to get my smear and the nurse was very persistent on me going on some sort of hormonal contraception and tried to give me condoms and I was refusing them. It took around four

uncomfortable conversations before I told her I was in a same sex relationship.'

- 'I was asked about birth control by my GP so had to say I had a same sex partner'
- 'My wife was forced to take a pregnancy test in A and E when she has never had intercourse in her life with a man but we were told it was protocol.'
- 'When getting contraception postnatally, my husband and I were assumed to be straight and monogamous. I chickened out of correcting the assumption.'
- 'when I told a nurse giving me a cervical smear that I was transgender, she asked me distressing and inappropriate questions (e.g. "Do you use sex toys?")'
- 'no real idea of how to advise patients who don't require contraception or have non biological children in same sex relationship.'
- 'Previous GP surgery refusing to pursue endometriosis prognosis because 'I'm not getting pregnant'

Gender Identity Clinic (GIC) / Gender Identity Service (GIS) / Hormone Replacement Therapy (HRT)

- 'transphobic/ignorant comments regarding hormone replacement therapy'
- 'Trying to access GIC, doctors don't have the information of wait times and can't give good advice to the applicant. Puts the pressure on the patient to research so they can get the best treatment.'

Referrals to specialist services:

- 'My GP did not know how to refer me to the correct service and never took my distress over period pain and the misery that caused me in relation to gender.'

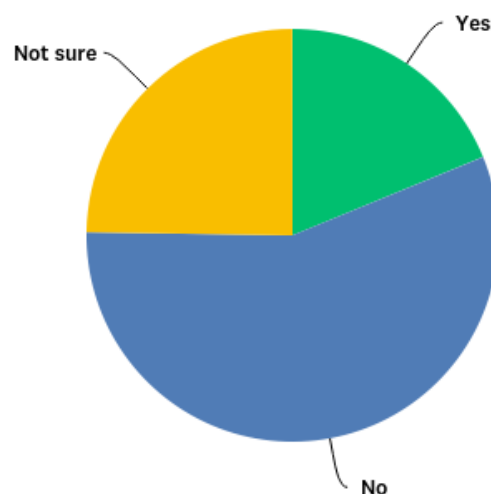
Referrals to mental health services:

- 'In 2006 I went to see my GP because I felt I was transgender and had gender dysphoria but I was pushed through the mental health system which then did not go anywhere. I suffered on until 2013 until I went again to see my GP about this and she then referred

me to Leeds GIS. Things have changed now for the better I think but still a long way to go but all my suffering could have been avoided if things had been done differently. I am now on the pathway under Leeds GIS and got grs surgery coming up. Life is lots, lots better than it was and I continue to progress at a fast rate.'

- 'Mental health services: it was very difficult to find a counsellor who would see me for anxiety and didn't think my trans status made me a "too specialised/complicated" case. When I did find one, she was convinced I was autistic because I'm transgender and there is some evidence of correlation.'
- 'I underwent a mental health evaluation in early 2016 as my GP had referred me to them and not the GIS. The experience was awful, with the specialist I saw demanding that I relate the experience which is the source of my PTSD in great detail, then belittled me for being upset about it. The specialist concluded that I wasn't transgender but had mother issues that needed addressing. They also told me that I could not access gender related treatment unless I was a student, working or volunteering, which is a lie.'
- 'A lot of the mental health services label my sexuality choices as a symptom of my mental ill health'

Q14. If you felt that you had experienced negative attitudes in your health and/or social care relating to your sexuality or gender identity, would you know how to report it? (101 respondents)



Yes: 18.8%

No: 56.4%

Not sure: 24.8%

Themes from comments:

Lack of knowledge around how to report:

- 'I wouldn't know how to go about reporting it'
- 'I have no clue what to do then'
- 'I'd want to but not know how or who to'
- 'would be unsure how to proceed'

Lack of information given:

- 'there just seems to be a lack of being told where to look for help or where to go if I need support and as a young person in York I do feel a little disillusioned with this'
- 'No information is given about reporting'

Confusion over what is discrimination:

- 'I likely wouldn't know if what I was experiencing was discrimination or not'
- 'You never get to know what is really going on and most of it just leads to paranoia.'

Fear/concern around reporting:

- 'I would know how to, but I might not be inclined to due to power imbalance and future impact of doing so'

Good experience of highlighting issue:

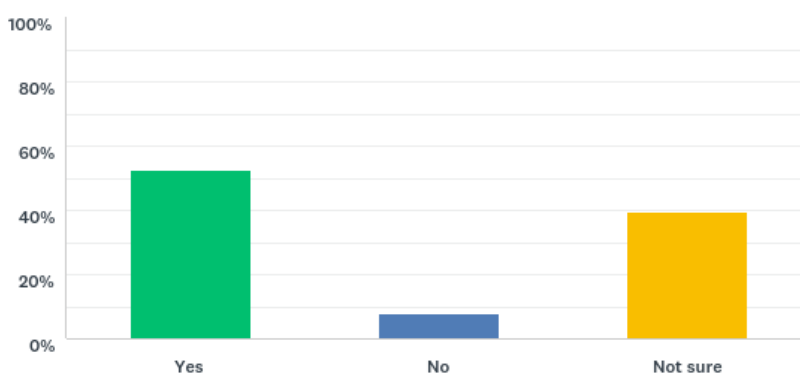
- 'My doctors initial reaction was disbelief, and confusion, but she went away, read up on stuff, and is now so good that I have recommended her'

Ideas of who to report to:

- 'I think I would use a service's complaints procedure'
- 'I would look on the internet but probable make a formal complaint to the practice as well'

- ‘Maybe PALS if it were the hospital? My regular GP if it were someone else in her practice, but that's not really her job to deal with.’
- ‘I don't know off hand, but would know where to look/ who to ask for help’
- ‘I'm sure I could figure it out though’

Q15. If you felt that you had experienced negative attitudes in your health and/or social care relating to your sexuality or gender identity, would you report it? (99 respondents)



Yes: 52.5%

No: 8.1%

Not sure: 39.4%

Comments included:

- ‘Often it is subtle use of language or the way you are looked at or spoken to its not always overt or abusive so very little to report’
- ‘I would want to, but may not follow through’

Themes from the comments:

Concern nothing would happen as a result of reporting it:

- ‘It's very intimidating to be challenged by health professionals and does not inspire confidence in the health care system to have gender identities/sexual identities vindicated via a complaints system within that context’
- ‘I am not sure whether it would make any difference’

- 'If I felt confident that things would change'

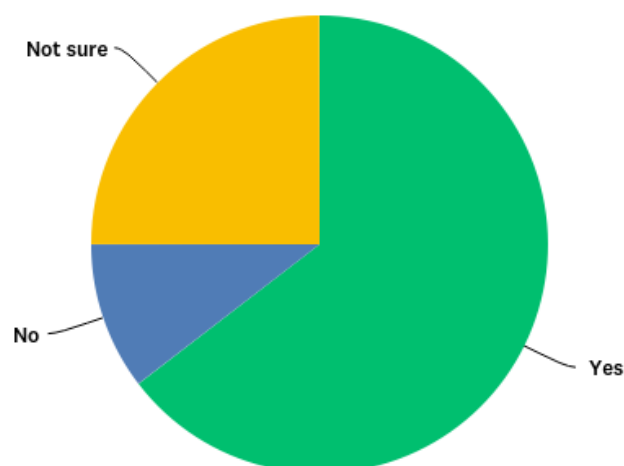
Concern it wouldn't be taken seriously:

- 'I'm not sure if it would be taken seriously'
- 'I feel that I would not be believed and my complaints would be dismissed as being overly sensitive'
- 'It would mean outing myself as a massive slut (aka poly and bisexual) or as genderqueer to someone who probably wouldn't care or get why it was a big deal to me. I would expect the experience to be upsetting'

Concern around negative consequences of reporting:

- 'I'm far too worried about possible negative impact on my care to report bad experiences. Trans people are already seen as "difficult" by medical practitioners and I'm worried they would refuse to see me if I developed a reputation for complaining. This would be catastrophic for me as I depend on the NHS to prescribe hormone replacement therapy, refer me for treatment etc.'

Q16. If you felt that you had experienced negative attitudes in your health and/or social care relating to your sexuality or gender identity, would you feel you could talk to somebody about your experience? (96 respondents)



Yes: 64.6%

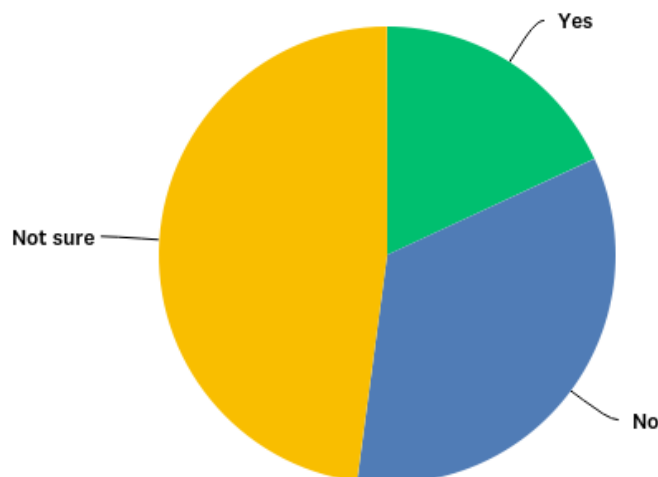
No: 10.4%

Not sure: 25%

Comments included:

- 'You can never put prejudice right. It is evil and devastates so many lovely lives'
- 'I wouldn't know who to talk to'
- 'But wouldn't know who could actually influence change'
- 'Depends on what. Often it's ill thought out comments or awkwardness, the language used or the way you are spoken to - not always enough to mention'
- 'Probably just my partner/parents...'
- 'In a personal capacity, yes, but again, how does one broach the issue of the fallout from having LGBTQ+ identities challenged by health services within the context of health services?'
- 'Only to other LGBT people'
- 'Maybe with a person I felt I knew well, like my GP, but I don't think I even came out to my Community Midwife and I saw the same one my whole pregnancy.'

Q17. If you made a complaint about experiencing negative attitudes in your health and/or social care relating to your sexuality or gender identity, would you feel confident that it would be taken seriously? (94 respondents)



Yes: 18.1%

No: 34%

Not sure: 47.9%

Comments included:

- 'It's just a general fear from our community that we hear nearly all the time growing up or in the news that our issues or complaints will be the last on the pile and I don't feel like were being reassured that if anything happens that if I chose to report it then it would be taken as seriously as it should be'
- 'Depends on the situation'
- 'I did make some complaints (not formally), and nothing happened'
- 'I'm not sure it always is - health staff are often so archaic in the ways they work they don't even think about alternatives'

Q18. Are there any things a service provider does really well, that you think other service providers could learn from? (26 respondents)

Good practice included:

- Listening
- Being supportive
- Treating everybody equally
- Being inclusive of everyone
- Being open minded
- Not making assumptions
- Recognising signs of anxiety and an individual being uncomfortable
- Being sensitive
- Having knowledge around LGBT+ issues and healthcare
- Being person-centred
- Taking all concerns from an individual seriously
- Having the option to have a 'preferred name' in the computer system, and health care professionals using these
- Being accepting of LGBT+ community
- Giving practical and supportive advice
- Learning more about LGBT issues and health care to ensure care provided is correct, helpful and supportive

Poor practice included:

- 'lipservice'
- Lack of respect

- Showing shock when a person discloses their sexual identity/orientation to them
- ‘Inappropriate curiosity’

Q19. How do you think access to health and/or social care services for LGBT+ people in York could be improved? (47 respondents)

Key themes:

- Increase knowledge + awareness of health and social care staff and providers about the LGBT+ community: transgender healthcare; all LGBT+ sexualities and identities, including non-binary; use of pronouns; unconscious bias training; discrimination – homophobia, transphobia, queerphobia etc.; use of language; inappropriate jokes; general LGBT+ issues, challenges and identities; mental health providers specifically, around distinguishing LGBT+ and mental health problems
- Information, advertising and publicity of;
 - Existing services
 - LGBT+ friendly/inclusive services
 - Health care staff who have specialist knowledge of/training to support LGBT+ issues
 - Support of sexual and gender equality
 - No judgement towards LGBT+ community
 - Service providers that understand LGBT+ community and issues
 - How to access LGBT+ specific services
 - Understanding and sensitivity towards trans issues
- Only asking for/recording and referencing gender/sexuality when necessary/essential
- Better use and knowledge of pronouns, including on forms
- Involving and consulting LGBT+ community more
- Transparent + accountable complaints system which takes complaints seriously
- Treating LGBT+ issues equally with non-LGBT+ issues
- Specific sexual health services and screenings
- Drop-in centres
- Making health and social care services more inclusive to LGBT+

Other ideas:

- Have an 'LGBT+ champion'
- 'Carers wellbeing and needs'
- Help to instigate conversations about LGBT+ issues
- Increased awareness LGBT+ people's isolation
- 'More references to same sex couples'
- 'More positive LGBT+ imagery'
- 'More personalised approach'
- 'Zero tolerance of homophobia and transphobia'
- Increased accessibility
- 'Gender neutral toilet facilities everywhere'
- 'Wider scope of sexual health clinic to support LGBT+ community'
- 'Reduce stigma around issues that may make people afraid to seek help'
- 'Clear pathway for access to gender related services which GPs must adhere to, instead of referral to local CMHT'
- Both 'sex segregated and mixed sex wards/waiting rooms'
- 'stop presuming everyone is heterosexual'
- Have 'less deficit based' services
- 'a section on York.gov.uk focused around LGBT+'
- 'support through email for those who don't feel confident seeing someone or talking on the phone'
- 'initial support to younger LGBT+ kids'
- 'Cut GIC waiting times between GP referral and first GIC appointment'
- 'more targeted services for LGBT+ people'
- 'LGBT+ groups run by LGBT+ people'
- 'open communication'
- 'make it clear that LGBT+ people will be safe and supported'
- 'Never assume somebody's sexuality no matter how casual the reference or conversation'
- 'For trans post-op, treat as the gender they are. I.e. treat me the same as any other woman'

Conclusion

Over half (55%) of those responding had felt reluctant to disclose their sexual orientation or gender identity when accessing health and/or social care services in York. A quarter of those responding said they had experienced barriers to accessing such services as an LGBT+ person. A third of respondents (n=36) said they had accessed health or social care in York and one in three of those (n=12) had experienced negative attitudes related to their sexuality or gender identity when accessing or attempting to access services in the previous 12 months.

The negative attitudes experienced were across a range of health providers; GPs, Accident and Emergency, hospital out patients and in-patients, mental health. Comments indicated a perceived lack of knowledge and training about LGBT+ issues which led to them having to explain things multiple times and being asked inappropriate questions. There were also some clear examples of inappropriate questioning or language being used in health settings. This may make people less likely to disclose information in future.

Only one in five (18.8%) of respondents would know how to report negative attitudes in health and social care settings. While half (52.5%) would report such issues the rest of the respondents said they were unsure or would not do so. There was concern about potential consequences of reporting problems, the view that nothing would happen or that they would not be taken seriously. Only 18.1% felt any complaint would be taken seriously, over a third felt it would not be with the remainder unsure.

Similarly to the national picture the Healthwatch York survey found difficulties in accessing services such as sexual health, mental health, gender identity services and clinics as well as other specialist services.

In terms of making improvements education and awareness of staff was seen as a key need alongside improved communication listening to LGBT+ community and taking their preferences into account. If everyone was treated with equal respect and understanding this would go some way to meeting the needs of the LGBT+ community.

Recommendations

These recommendations focus on reducing negative experiences.

	Recommendation	Recommended to
1.	<p>Treat all those accessing services with equal respect to ensure services are more inclusive.</p> <p>Make simple changes such as asking people their preferred name, using this and keeping a record of it.</p>	<ul style="list-style-type: none"> • All GPs practices in York; • York Teaching NHS Hospital Foundation Trust; • NHS Vale of York CCG (VoYCCG); • Tees Esk and Wear Valleys NHS Foundation Trust (TEWV); • City of York Council (CYC)
2.	<p>Improve training to include more on LGBT+ issues and health care.</p>	<ul style="list-style-type: none"> • All GPs practices in York • VoYCCG • TEWV • CYC
3.	<p>Ensure complaints and concerns are dealt with in a sensitive and appropriate manner enabling the LGBT+ community to feel they will be supported when raising issues</p>	<ul style="list-style-type: none"> • All GPs practices in York • VoYCCG • TEWV • CYC
4.	<p>Improve signposting and access to specialist services, including sexual health, mental health, and gender identity services.</p>	<ul style="list-style-type: none"> • All GPs practices in York • VoYCCG • TEWV • CYC • York Teaching NHS Hospital Foundation Trust

Appendices

Appendix 1 –. Questionnaire

Healthwatch York Lesbian Gay Bisexual Trans+ (LGBT+) Health and Wellbeing Survey for York 2018

Healthwatch York's aim is to put you at the heart of health and social care services in our city. By getting feedback from as many people as possible we can see what is working well and what needs to be improved.

This survey provides an opportunity to gather both positive and negative stories to establish a picture of what people from the LGBT+ community experience in York.

All the feedback you give us will be included in our report on LGBT+ experiences of Health and Wellbeing services which will be published later this year.

Our survey is anonymous and we will not publish any information to identify you.

This survey closes on Monday 2 April 2018.

If you would like a copy of the survey in another format please contact us:

E mail: Healthwatch@yorkcvs.org.uk

Phone: 01904 621133

1. Do you live in York or care for somebody who does?

- Yes No

If No, please do not continue with this survey.

2. Do you identify as being LGBT+?

- Yes No Unsure

If no or unsure, please explain your relationship to the LGBT+ community:

3. How do you identify?

Please tick as many as you would like.

- Gay/Homosexual male
- Lesbian/Gay/Homosexual female
- Bisexual
- Heterosexual/Straight
- Trans
- Gender non-binary
- Rather not say
- In some other way (please specify)

4. Are you a carer? (Do you provide unpaid care to a family member, friend, or neighbour?)

Yes No Not sure

5. Do you have a mental health condition?

Yes No Not sure

6. Do you describe yourself as a disabled person?

Yes No Not sure

7. What is your ethnic group?

- Prefer not to say
- White - English / Welsh / Scottish / Northern Irish / British
- White - Irish
- White - Gypsy or Irish Traveller
- Any other White background
- Mixed - White and Black Caribbean
- Mixed - White and Black African
- Mixed - White and Asian
- Any other Mixed / multiple ethnic background
- Asian - Indian
- Asian - Pakistani
- Asian - Bangladeshi
- Asian - Chinese
- Any other Asian background
- Black - African
- Black - Caribbean

- Any other Black / African / Caribbean background
- Other – Arab

Any other ethnic group (please specify)

8. Have you ever felt reluctant to disclose your sexual orientation or gender identity when accessing health and/or social care services in York?

- Yes
- No
- Not sure

Comments:

9. Have you ever experienced barriers to accessing health and/or social care services as an LGBT+ person in York?

- Yes
- No
- Not sure

Comments:

10. Which health and/or social care services do you or have you accessed in York?

- GP (doctor)
- Hospital (emergency department, e.g. Accident + Emergency)

- Hospital (outpatient, e.g. visit to outpatient clinic such as podiatry, physiotherapy, dermatology etc.)
- Hospital (inpatient, e.g. admission onto a ward)
- Mental health services/support
- Dentist
- Opticians
- Pharmacies
- Health and/or social care services/support from the City of York Council
- Community transport (e.g. Dial & Ride/York Wheels)
- Carer and/or voluntary organisations
- Other (please specify)

11. Have you experienced negative attitudes related to your sexuality or gender identity when accessing or trying to access services in the last 12 months?

- Yes

 No

 Not sure

If No, please go to question 14.

12. Please select all the relevant services you have experienced negative attitudes related to your sexuality or gender identity from the list below. Please state whether you were trying to access this service or were accessing this service.

- GP (doctor)
- Hospital (emergency department, e.g. Accident + Emergency)
- Hospital (outpatient, e.g. visit to outpatient clinic such as podiatry, physiotherapy, dermatology etc.)

- Hospital (inpatient, e.g. admission onto a ward)
- Mental health services/support
- Dentist
- Opticians
- Pharmacies
- Health and/or social care services/support from the City of York Council
- Community transport (e.g. Dial & Ride/York Wheels)
- Carer and/or voluntary organisations
- Other (please specify)

13. Are there any specific experiences you would like to tell us about? Please include the service and what service you were trying to or already accessing when you experiences this.

14. If you felt that you had experienced negative attitudes in your health and/or social care relating to your sexuality or gender identity, would you know how report it?

- Yes No Not sure

Comments:

15. If you felt that you had experienced negative attitudes in your health and/or social care relating to your sexuality or gender identity, would you report it?

Yes

No

Not sure

Comments:

16. If you felt that you had experienced negative attitudes in your health and/or social care relating to your sexuality or gender identity would you feel you could talk to somebody about your experience?

Yes

No

Not sure

Comments:

17. If you made a complaint about experiencing negative attitudes in your health and/or social care relating to your sexuality or gender identity, would you feel confident that it would be taken seriously?

Yes

No

Not sure

Comments:

18. Are there any things a service provider does really well, that you think other service providers could learn from?

19. How do you think access to health and/or social care services for LGBT+ people in York could be improved? (Please give no more than 3 suggestions)

1.

2.

3.

About you – Monitoring information

You do not need to answer any of the following questions, but it helps us if you do.

40. Please tell us the first half of your postcode:

41. Please tell us your age: 0-18 19-35 36-50

51-65 66-75 76+

42. How would you describe your gender?

43. How would you describe your ethnicity?

44. How would you describe your sexual orientation?

45. How would you describe your religious beliefs?

46. How did you hear about this survey?

47. Are you happy for us to use your comments anonymously within our report?

48. Would you like to be kept informed about Healthwatch York news and activities through our quarterly magazine? If yes, please leave your preferred contact details – either email or postal address:

Please return this survey to

Healthwatch York (Access to GP Services Survey)

Freepost RTEG-BLES-RRYJ

15 Priory Street

York

YO1 6ET

Thank you!

Contact us:

Post: Freepost RTEG-BLES-RRYJ
Healthwatch York
15 Priory Street
York YO1 6ET

Phone: 01904 621133

Mobile: 07779 597361 – use this if you would like to leave us a text or voicemail message

E mail: healthwatch@yorkcvs.org.uk

Twitter: @healthwatchyork

Facebook: Like us on Facebook

Web: www.healthwatchyork.co.uk

York CVS

Healthwatch York is a project at York CVS. York CVS works with voluntary, community and social enterprise organisations in York. York CVS aims to help these groups do their best for their communities, and people who take part in their activities or use their services.

This report

This report is available to download from the Healthwatch York website: www.healthwatchyork.co.uk

Paper copies are available from the Healthwatch York office
If you would like this report in any other format, please contact the Healthwatch York office



Health and Wellbeing Board

17 October 2018

Report of the Assistant Director - Joint Commissioning, (BCF Lead)

NHS Vale of York Clinical Commissioning Group and City of York Council.

Better Care Fund Update**Summary**

1. This report is for information. It sets out the following:
 - An update on the Better Care Fund (BCF).

Background

2. The Health and Wellbeing Board has received regular reports from the Better Care Fund Performance and Delivery Group. These reports have previously informed the board of planning requirements and assurance processes for the 2017-19 period. This report includes an update on the current position.

Main/Key Issues to be Considered**Better Care Fund Quarterly Returns – governance and assurance**

3. The quarterly returns for BCF and iBCF (Improved Better Care Fund) were submitted in line with requirements, covering Q1 of the 2017-19 Plan. The Q2 return is due for submission on 20th October.
4. The return requires a self-assessment of the area's progress on the High Impact Change Model.
5. The 2017-18 Quarter 1 return was due for submission on 20th July. As a result of this timing, the quarterly return relied on forecasts and provisional data for performance targets.

6. York has not met the quarterly target on Non Elective Admissions (NEA). NEA activity is 363 admissions (6%) above plan at the end of Q1. There have been increases in NEA for General surgery, General Medicine and Geriatric Medicine. Growth in admissions in these specialties is consistent with the introduction of the 'Acute Medical Model' within the main provider, which aims to reduce waiting times in A&E and the ability to diagnose, treat and discharge patients back to their usual place of residence within 24 hours. This reduces the need for admission onto general and acute wards within the hospital.
7. The Delayed Transfer of Care (DTC) target has also been missed. There were decreases in all cases during 2017-18, but performance has worsened in the NHS during spring because of the lack of availability of places in nursing homes and due to patient / family choice. Recent measures implemented (seven day working, Integrated Complex Discharge Hub, getting patients ready for discharge from admittance to hospital) will begin to reduce delays. Delays of patients from mental health beds are a significant factor, with about twice as many delays compared with other systems in the Yorkshire and Humber region. Some of the relatively small numbers of patients affected have been delayed in beds for months.
8. Long-term support needs met by admission to residential and nursing care homes, per 100,000 population also missed the target in Q1. The number of admissions at 656 per 100,000 population, was 11% above the target rate. This was primarily due to an unexpectedly large number of admissions in the Oct-Dec period. The Future Focus programme was launched during the year and one of its explicit aims is to reduce this number in future years.
9. Number of permanent admissions to residential & nursing care homes for older people (65+) missed the Q1 target. There were 77 admissions during 2018-19 Q1, a rate of 203 per 100,000 population aged 65+. This is a higher number of admissions than in 2017-18 Q1. Challenges have included embedding the Future Focus programme. In addition, The Older People's Accommodation Programme will aim to reduce the numbers entering residential and nursing care homes.
10. Our working outturn position on the BCF Dashboard for Q1 is attached at **Annex 1**.

Integration – local perspective

11. Building on the multi-agency events held in May, the Better Care Fund Performance and Delivery Group will hold an afternoon co-production event on the 26th of November, which will once again bring together system leaders, members of the delivery group and scheme providers.
12. The focus of this event will be to bring stakeholders together to share our vision of BCF going forward in 2019/20 in line with organizational strategic aims and to explore how we can use BCF funded schemes to transform our system, and improve outcomes for people.
13. There is a strong consensus among stakeholders who took part in the events in May that the York approach will continue to be focused on prevention, collaboration and building community capacity and individual resilience.

Performance Framework

14. During Q4, the York BCF Performance and Delivery Group has made significant progress on the population of the BCF Performance Framework. The Q4 submission showed a much more complete picture in terms of metrics, supporting narrative and embedded qualitative information. We are starting to be able to gauge our overall performance in the context of how well the schemes are delivering against their anticipated outcomes as well as gathering information that will help the group make informed decisions about the 2019/20 plan.
15. Keith Dodd has been appointed as Project Manager for the Better Care Fund and will principally be supporting the Assistant Director – Joint Commissioning with the performance management and future investment decisions around the BCF. He will be working 18.5 hours per week until March 31st 2019.
16. The York BCF Performance and Delivery Group are committed to providing the HWBB with case studies to highlight the positive outcomes of a BCF funded scheme contained in **Annex 2**. We are featuring Local Area Coordinators in this report. Local Area Coordinators help people stay well, independent and connected to their local community. They help raise awareness of available resources, provide links to local services, support people with a

wide range of issues and develop resilience and social inclusion in communities.

Capacity and Demand – Venn Consulting

17. Agreement has been made in principle to fund a capacity and demand exercise covering the York footprint. It is anticipated that the outcome will enable a whole system understanding of capacity and demand that will inform future planning, redesign and sustainability.

Consultation

18. None.

Options

19. Not applicable.

Analysis

20. Not applicable.

Strategic/Operational Plans

21. As above:
- Integration and Better Care Fund Plan

Implications

22. There are no new implications as a result of this report. While formal conditions may be placed on York's use of the iBCF, this will not result in any loss of income, and there is currently no expectation that the plan will not be compliant with the requirements of these conditions.

Risk Management

23. Risks which have been previously reported to the board in relation to BCF remain relevant.

Recommendations

24. The Health and Wellbeing Board is asked to note this report.

Reason: To keep the Health and Wellbeing update in relation to the BCF

Contact Details

Author:

Pippa Corner
Assistant Director - Joint
Commissioning.
CYC / NHS VOY CCG
01904 551076

Chief Officer Responsible for the report:

Michael Melvin
Interim Corporate Director Health,
Housing & Adult Social Care
City of York Council

Phil Mettam
Accountable Officer
NHS Vale of York Clinical
Commissioning Group

Report **Date** 04.10.2018
Approved

Specialist Implications Officer(s) None

Wards Affected:

All

For further information please contact the author of the report
Background Papers:

Annexes

Annex 1 – BCF National Metrics – outturn 2017-18

Annex 2 – Local Area Coordination case studies

This page is intentionally left blank

BCF National Metrics - Quarterly Performance to end of Q1 2018/19

Indicator	Description	Previous Years outturn			2017/18						2018/19					Polarity	
		2014/15	2015/16	2016/17	Actuals				Total Plan	Outturn	Total plan	Actuals					Q1 plan
					Quarter 1	Quarter 2	Quarter 3	Quarter 4				Quarter 1	Quarter 2	Quarter 3	Quarter 4		
CCG_NEL	Reduction in non-elective admissions (General & Acute)	19,662	20,819	22,639	5,676	5,520	5,984	5,955	22,850	23,135	22,977	6,017				5,653	Missing Target
BCF1	Delayed Transfers of Care: Raw number of bed days	8,130	8,463	10,535	1,895	1,840	2,445	2,263	5,913	8,443	7,347	2,784				1,837	Missing Target
ASCOF2a2.1 & BCF2	Long-term support needs met by admission to residential and nursing care homes, per 100,000 population (older people) (YTD Cumulative) (New definition for 2015/16)	683	683	648	163	187	197	109	589	656	592	203				148	Missing Target
BCF2	Number of permanent admissions to residential & nursing care homes for older people (65+)	241	260	248	61	70	74	41	221	246	222	77				56	Missing Target
ASCOF 3A	Overall satisfaction (very or extremely satisfied) of people who use services with their care and support	0.671	0.64	0.624	No Data	No Data	No Data	0.629	0.63	0.629	0.64	No Data	No Data	No Data		N/A	Unkown
ASCOF2B(1)	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	0.815	0.7571	0.793	No Data	No Data	No Data	0.925	0.83	0.925	0.93	No Data	No Data	No Data		N/A	Unkown

BCF National Metrics - Quarterly Performance to end of Q1 2018/19 - Narrative Summary

Indicator	Description	Narrative Summary of performance
CCG_NEL	Reduction in non-elective admissions (General & Acute)	NEA activity is 363 admissions (6%)above plan at the end of Q1. There have been increases in NEA for General surgery, General Medicine and Geriatric Medicine. Growth in admissions in these specialities is consistent with the introduction of the 'Acute Medical Model' at the main provider, which aims to reduce waiting times in A&E and the ability to diagnose, treat and discharge patients back to their usual place of residence within 24 hours, reducing the need for admission onto general and acute wards within the hospital.
BCF1	Delayed Transfers of Care: Raw number of bed days	Decreases in all causes during 2017-18, but performance has worsened in the NHS during spring because of lack of availability of places in nursing homes and due to patient / family choice. In ASC, recent measures implemented (seven day working, Integrated Complex Discharge Hub, getting patients ready for discharge from admittance to hospital) will begin to reduce delays. Delays of patients from mental health beds are a significant factor, with there being about twice as many delays compared with other systems in the Y & H region – some of the relatively small numbers of patients affected have been delayed in beds for months.
ASCOF2a2.1 & BCF2	Long-term support needs met by admission to residential and nursing care homes, per 100,000 population (older people) (YTD Cumulative) (New definition for 2015/16)	The number of admissions at 656 per 100,000 population, was 11% above the target rate. This was primarily due to an unexpectedly large number of admissions in the Oct-Dec period. The Future Focus programme was launched during the year and one of its explicit aims is to reduce this number in future years.
BCF2	Number of permanent admissions to residential & nursing care homes for older people (65+)	There were 77 admissions during 2018-19 Q1, a rate of 203 per 100,000 population aged 65+. Challenges have included embedding the Future Focus programme. This is a higher number of admissions than in 2017-18 Q1.
ASCOF 3A	Overall satisfaction (very or extremely satisfied) of people who use services with their care and support	There was a marginal increase in satisfaction with care and support services, from 62% to 63% during the year. Older people in the community, as has been the case in previous years, are the least satisfied, possibly because they get lower levels of service. People with learning disabilities are the most satisfied group.
ASCOF2B(1)	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	This has been measured during Q3 and Q4. Provisional data suggests that around 92% of those who were offered a reablement service in 2017-18 Q3 were still at home during Q4. This is a substantial increase from the level reported in 2016-17 (80%), achieved through better identification of a pathway for clients where reablement is the most suitable option. The development of the "One Team" working (between hospital and social care) should improve discharge pathway working.

Naomi's Story – Tang Hall

Introduction

Naomi was introduced to her LAC by her Counsellor at the Young Person's Counselling service. Naomi was 17 and experiencing severe depression and anxiety which was so unmanageable she was finding it hard to engage with the short term counselling sessions. Naomi's counsellor said she spent most of their sessions crying and found it difficult to talk, she had expressed suicidal ideation and described feeling stuck in her flat most days with very little to fill her time.

Situation

Naomi and her father shared a flat together. Naomi had moved in with him a few years ago when she could no longer live with her mother, who had a drink problem. Naomi had been struggling with her mental health for some time and found school hard, she had therefore left without any qualifications. The situation at home was difficult, finances were very limited and Naomi felt under a lot of pressure to get a job, although she did not feel well enough to work. This caused a lot of tension between Naomi and her father – she felt he didn't understand how depressed she was or how her mental health impacted on her. She described feeling 'lost and alone' and 'stuck' and was often tearful. Naomi was seeing her GP regularly and had previously been referred to CAMHS, but due to a negative experience she did not want to be referred back for treatment.

Naomi met her LAC following one of her counselling sessions at 30 Clarence Street. Naomi found it hard to imagine what a good or better life might look like other than working towards a time when she would feel different and happy.

What happened?

The LAC spent time visiting Naomi at home, listening and building a relationship with her so she felt able to open up and talk about what was important. This involved getting to know Naomi, her interests, passions and good qualities and to explore these. They also explored her practical options. This led to completing a PIP application together to alleviate some of the financial pressure to get a job she wasn't ready to. Together they explored volunteering opportunities working with animals, though these were very limited. Naomi expressed an interest in the environment and sustainable communities so the LAC introduced her to a local nature reserve and Ecocentre, St Nick's, where she showed interest in an Ecotherapy programme and conservation volunteering opportunities. When she visited Naomi quickly found this was a place she felt comfortable around like minded people.

Naomi shared this was a difficult time when some close friends started using substances heavily and she was very frightened about their wellbeing. A close friend had died suddenly three years previously and she was worried her other friends would die. This affected her deeply as she is a very caring and conscientious person.

The LAC offered emotional support and advice regarding Naomi rebuilding her relationship with her father and her friends, who she felt distanced from. The LAC gave Naomi information about self care and websites which provided useful tools for managing symptoms and learning CBT skills to change negative thinking patterns.

Naomi's confidence grew a little over the next 6 months – impacted by changing relationships with her father and friends. She was awarded PIP which helped her to rebuild her social life. She also got a part time job with one of her sisters which is flexible as she can choose her own hours. This responsibility and reason to get up on a morning has made a big difference to her wellbeing and recovery. She is now applying to volunteer at St Nick's twice a week.

Critical elements

- The LAC was able to build a relationship with Naomi slowly at her pace, which was less pressure so she found it easier to talk. They talked about all sorts of things so the conversation wasn't just focussed on her mental health problems but also her interests, beliefs and things which were important.
- Naomi said "it helped when *the LAC* got involved as we looked at practical things and different options – before I felt like I had no options, finding out there were made a big difference. ...It helped me gain confidence to show my friends that they had options too."
- The LAC was physically able to support Naomi to go to St Nick's for the first time, which she found hard to do alone due to her anxiety. The flexibility of the service allowed this – even though it took a few attempts before Naomi was ready.

Outcomes for individual:								
Assisted to access daily entitlements and/or benefits?	Y	Connected with others in the community?	Y	Supported to groups/clubs in the community?	Y	Provided with advocacy?	Y	How? - with PIP claim – spoke with assessor over the phone so she didn't have to attend a face to face assessment
Attending health appointments as appropriate?	N	Taking medication correctly?	N	Supported to formally volunteer?	Y	Require formal service from Adult Social Care?	N	What service?
Supported with accommodation?	Y	Does the individual feel safer in the community?	Y	Supported to share skills in their community?	Y	Referred to Public Health service?	N	What service?
Was the individual given fire safety advice?	N	Was the individual supported to access police advice?	N/A	Does the individual feel more confident?	Y	Were family / carers / friends supported?	Y	How? Support and advice offered to Naomi's father regarding benefits and MH
Any perceived/evidenced preventions or savings as a result of Local Area Coordination intervention:								
i.e. Reduction in health support, reduction in services, community providers/groups involvement, what may of happened without Local Area Coordination, etc.								
<ul style="list-style-type: none"> - Possible avoidance of mental health crisis through engagement with LAC worker and building emotional resilience through means other than accessing formal mental health services. - Reduced GP appointments - Naomi is now feeling more confident and able to contribute to her community through volunteering, paid work and supporting her friends. - Support with benefits/maximising income helped to improve quality of life and wellbeing for Naomi and her father, helping alleviate tensions at home which long term could have resulted in Naomi feeling forced to move out. 								

Introduction (New Earswick)

Dawn was introduced to me by the local school.

Situation

Dawn lives in New Earswick with two children and husband. Unfortunately last year Dawn lost her leg due to a rare cartilage cancer called Chondrosarcoma. Unfortunately there is no cure for this illness or any treatment available except removal of tumour as it doesn't react to chemo or radiotherapy, the survival rate is not the best, so everyday that Dawn is alive then it is a miracle. The only cure for Dawn was removal of her leg along with the tumour at a specialist unit in Birmingham. Dawn continues to be under close monitoring and have scans, tests etc every three months to make sure that the cancer doesn't return as secondary.

During the day Dawn was alone at home when the children were at school and spent her days cleaning the house over and over again; cooking in the kitchen (She loves making cakes). Dawn takes the children to school herself either by propelling in her wheelchair which is very hard work. The paths in New Earswick are not made for wheelchairs they are very narrow, Dawn had a 4mph scooter which is very slow and had broken down loads (it has been condemned by the scooter shop) it's on it's way out, plus it's not ideal as it's too small and with being an amputee makes balancing difficult. Dawn just wanted to have some independence again and be able to go to Monks Cross alone or get involved in the Open Shop and other community groups which she would have love to attend but couldn't, due to current scooter.

What happened?

Together the LAC and Dee started to look at funding options for Dee to get a scooter to be able to get out and about and to be an active citizen in the local community. The LAC and Dee wrote a funding bid to the local resident group. The group turned the bid down but out of that the citizens in the group decided to start a small community group called Community Mobility Scheme and the raised money so that Dee could get a scooter which was suitable. Dee was able to get out and about picking up her children from school, getting involved in community projects and being independent.

Outcomes / What difference for the person

- Dee's depression improved
- Dee became an active citizen and was no longer isolated
- It gave a purpose to other people in the community. It put 'fire in their bellies'
- People helping people
- Dee has much more confidence and can see a future.
- Dee has felt more confident to hold her previous GP practice to account.

Critical elements (what mattered in the practice or made the difference)

- Collaboration between the local school and LAC

Outcomes for individual:								
Assisted to access daily entitlements and/or benefits?	Y	Connected with others in the community?	Y	Supported to groups/clubs in the community?	Y	Provided with advocacy?	Y	How? – through challenge to JRHT grants panel
Attending health appointments as appropriate?	N	Taking medication correctly?	N	Supported to formally volunteer?	Y	Require formal service from Adult Social Care?	N	
Supported with accommodation?	N	Does the individual feel safer in the community?	Y	Supported to share skills in their community?	Y	Referred to Public Health service?	N	
Was the individual given fire safety advice?	N	Was the individual supported to access police advice?	N/A	Does the individual feel more confident?	Y	Were family / carers / friends supported?	Y	How? Engagement of partner and children in the process
Any perceived/evidenced preventions or savings as a result of Local Area Coordination intervention:								
i.e. Reduction in health support, reduction in services, community providers/groups involvement, what may of happened without Local Area Coordination, etc.								
<ul style="list-style-type: none"> - Children now attending school regularly - Dawn's wellbeing has significantly increased, resulting in less reliance on services - Dawn passionately shared her story publicly at the Volunteering People Helping People conference in 2018 - Dawn is now feeling more confident and contributing to a number of community groups and considering becoming a Community Health Champion 								



17 October 2018

Update on progress of the York Health and Care Place Based Improvement Partnership (PBIP)

Summary

1. The following provides an update to the Health and Wellbeing Board on progress of the York Health and Care Place Based Improvement Partnership (PBIP).

Background

2. The PBIP was established in April 2018 as part of York's response to the Care Quality Commission (CQC) Local System Review and operates at a Chief Officers level, drawing the experience and skills of key partners to secure transformation and wide system change to Health and Social Care Services in York. It is chaired by the Chief Executive of City of York Council (CYC) and members of the group consists of the following:
 - City of York Council
 - NHS England
 - North Yorkshire Police
 - Tees, Esk, and Wear Valleys NHS Trust
 - Vale of York CCG
 - York CVS
 - York Teaching Hospital NHS Foundation Trust
 - GP representative
3. The PBIP is at a strategic level and an action focussed partnership. It supports cross-organisational change by collectively and proactively working together to address delivery of longer term

improvements across the city's health and social care services, benefitting York residents, communities and health and social care staff. Through the collective working and coherent planning of activities, it will accelerate improvement across the whole system.

4. It was agreed that the partnership would meet on a quarterly basis. The partners have met in April, May and September 2018.
5. The York Teaching Hospital trust representative, Mike Proctor, is a member of the Health and Wellbeing Board and is the key representative of the PBIP who will provide updates, as and when necessary, to the Health and Wellbeing Board on behalf of the PBIP.

Actions to Date

6. In April and May 2018, the group focussed on setting out the ground work for implementing change through the establishment of terms of reference, behaviour principles and governance for the partnership. The programme of work is focussed on the improvement plan following the CQC review and the group have identified transformation work stream themes of Digital, Workforce and Capital & Assets. The partnership also agreed sponsor leads for each theme as follows, in addition to better utilisation of resources:

- Digital – Lisa Winward, North Yorkshire Police
- Workforce – Corporate Director, HHASC, City of York Council
- Capital & Assets – TBC, City of York Council

The work streams align with the priorities of the Humber, Coast and Vale, Sustainability and Transformation Partnership, however these themes are focused on a York Place Based approach.

7. In September 2018, the PBIP agreed to establish 1.5 FTE of programme support to co-ordinate the management and delivery of the partnership's programme of activity and the recruitment process is now being prepared.

In September 2018, the Partnership also considered a previously commissioned piece of work jointly with Public Health / GP representative on the wider determinants of health. This looked at further implementing a Primary Care Home approach for York with a focus on three target areas:

- Improving mental health resilience
- Improving access to stop smoking advice and support for those on low incomes
- Increasing the uptake of NHS health checks

The group gave broad support for the Primary Care Home model and future proposals, whilst acknowledging work had already been undertaken to tackle public health inequalities in the city. Further updates on this work will be received by the Partnership at future meetings;

8. The partnerships also considered progress against the improvement plan linked to recommendations set out in the CQC Local System Review undertaken in 2017. Clear progress has been made in most areas, and the partnership has confidence that the existing and planned activity will address the issues identified. The follow up visit by the CQC in November 2018 is a good opportunity to present the progress, with the group clear that the programme of work must remain a priority to drive improvements across the system;
9. It also received updates on key issues in the city, including the future of the Bootham site and how this related to challenges across the system. Partners agreed to have a more detailed discussion on Mental Health accommodation at the next meeting.

The York Health and Care Place Based Partnership – October 2018

Chair – Mary Weastell, Chief Executive, City of York Council

*Officer Author – Will Boardman, (interim support for the Partnership)
Head of Corporate Strategy and City Partnerships, City of York Council*

Glossary

CQC – Care Quality Commission

CYC – City of York Council

HWBB – Health and Wellbeing Board

PBIP - York Health and Care Place Based Improvement Partnership

This page is intentionally left blank



Health and Wellbeing Board

17 October 2018

Report of the Chair of the Health and Wellbeing Board Steering Group

Update on the work of the Health and Wellbeing Board Steering Group**Summary**

1. This report provides the board with an update on the work that has been undertaken by the Health and Wellbeing Board (HWBB) Steering Group. The board are asked to note the update and ratify the steering group's decision to establish an ageing well partnership.

Background

2. The HWBB Steering Group has met twice since it last reported to the Health and Wellbeing Board. There is a commitment from the group to meet at least once every two months.
3. The paragraphs below provide an update on some of the recent work of the HWBB Steering Group.

Main/Key Issues to be Considered**HWBB Work Programme**

4. As part of their remit HWBB Steering Group manage the business on the HWBB's work programme. This ensures the board receives and considers the most appropriate material at its meetings. The Steering Group considered the HWBB's draft work programme at their September 2018 meeting. There have been no significant changes to the work programme since it was last presented to the Health and Wellbeing Board.
5. Ongoing attention is needed to manage the volume of business scheduled into the work programme so that individual meeting agendas are manageable and remain themed. The Steering Group will continue to monitor this.

Joint Strategic Needs Assessment (JSNA)

6. Health and Wellbeing Board Steering Group receive regular updates from the JSNA Working Group. Recently the Working Group have started work on a mental health inequalities report and this will be presented to the Health and Wellbeing Board at a later date.
7. The JSNA Working Group have also started work on scoping a falls prevention needs assessment and on a needs assessment focused around adults who self fund their own social care.

Establishing an Ageing Well Partnership

8. The HWBB Steering Group was presented with a business case for establishing an Ageing Well Partnership. The main purpose of this partnership would be to oversee the implementation of the recommendations arising from the older people's survey and to implement the ambitions of the ageing well theme in the joint health and wellbeing strategy. On consideration the HWBB Steering Group agreed that an Ageing Well Partnership should be established and the Health and Wellbeing Board are now formally asked to ratify this decision. A proposed terms of reference for the partnership is at Annex A to this report.

Lead Health and Wellbeing Board Members

9. There have been a number of changes to Health and Wellbeing Board membership in the past months which has necessitated changes to the lead board members for the themes in the joint health and wellbeing strategy. The lead board members are as follows:
 - Interim lead for the starting and growing well theme – Maxine Squire (Interim Corporate Director for Children, Education and Communities, City of York Council)
 - Lead for the living and working well theme – Sharon Stoltz (Director of Public Health for the City of York)
 - Interim lead for the ageing well theme – Sharon Stoltz (Director of Public Health for the City of York)

- Lead for the mental health theme – Patrick Scott (Director of Operations, York and Selby at Tees, Esk and Wear Valleys NHS Foundation Trust)

Application for a new pharmacy

10. It had previously been reported to Health and Wellbeing Board that an application to open a pharmacy at Kimberlow Hill on the Heslington East University of York Campus had been successful.
11. The Steering Group have since been alerted that an appeal was lodged and the decision to allow a pharmacy at Kimberlow Hill overturned.
12. The Steering Group will be looking at ways of strengthening the mechanisms they use when applications for new pharmacies are received to ensure that responses are submitted in a timely manner.

Other work

13. The Steering Group are also developing an induction pack for new Health and Wellbeing Board members. This will be shared with all board members on completion.

Consultation

14. Consultation and engagement around specific projects and topics is ongoing. The current HWBB Steering Group is a multi-agency group with the ability to co-produce, engage and consult on specific areas of work.

Options

15. The Board are asked to note the contents of this report and ratify the decision to establish an Ageing Well Partnership.

Strategic/Operational Plans

16. The Health and Wellbeing Board have a statutory duty to produce a Joint Strategic Needs Assessment; a Joint Health and Wellbeing Strategy and a Pharmaceutical Needs Assessment.

Implications

17. There are no known implications associated with the recommendations in this report.

Risk Management

18. The production of a JSNA, a Joint Health and Wellbeing Strategy and a PNA are statutory responsibilities for the HWBB. Delivering against these is resource intensive and needs to be managed to ensure they are fit for purpose and subsequently delivered.

Recommendations

19. The Health and Wellbeing Board are asked to note this update and ratify the HWBB Steering Group's decision to establish an Ageing Well Partnership.

Reason: To update the Board in relation to the work of the HWBB Steering Group.

Contact Details

Author:

Tracy Wallis
Health and Wellbeing
Partnerships Co-ordinator
City of York Council/NHS
Vale of York Clinical
Commissioning Group

Chief Officer Responsible for the report:

Sharon Stoltz
Director of Public Health
City of York

**Report
Approved**



Date 09/10/2018

Tel: 01904 551714

Specialist Implications Officer(s) None

Wards Affected:

All

For further information please contact the author of the report

Background Papers:

None

Annexes

Annex A – proposed terms of reference for an ageing well partnership

**Draft Terms of Reference for the Ageing Well Partnership
Vs 1 September 2018****A. Vision and purpose of the Ageing Well Partnership**

1. The overarching strategic vision for health and wellbeing in York is set out in the joint health and wellbeing strategy 2017-2022
2. The joint health and wellbeing strategy has four priorities one of which is ageing well.
3. The Ageing Well Partnership will translate the strategic vision for ageing well within the joint health and wellbeing strategy into action; bringing partners together to focus on its delivery.
4. The partnership will work to build a shared approach to delivering against the priorities for ageing well in the strategy.

B. The role of the Ageing Well Partnership

5. The Ageing Well Partnership is accountable to the York Health and Wellbeing Board for delivering against the priorities in the joint health and wellbeing strategy 2017-2022
6. To ensure that partners work together in relation to older people on behalf of the whole health and social care system; acknowledging that some organisations work across multiple boundaries
7. To develop and implement an action plan to deliver against the priorities set out in the ageing well theme of the joint health and wellbeing strategy 2017-2022.
8. To drive improvement in the area of healthy ageing.
9. To develop a dashboard of performance indicators to monitor progress against delivery of the ageing well theme.
10. To provide assurance to the Health and Wellbeing Board that the priorities identified in the ageing well theme of the strategy are being delivered
11. To deliver the recommendations arising from the York Older People's Survey 2017
12. To produce an annual report on its activities for the Health and Wellbeing Board
13. To lead on and report back on any other work in the area of older people that the Health and Wellbeing Board requests

14. To lead on the refresh and/or renewal of the ageing well theme of the joint health and wellbeing strategy 2017-2022 as it nears its end

C. Membership

15. Partnership members will be required to represent their organisation with sufficient seniority and influence to take forward the vision and agenda of the partnership

Membership will consist of:

	Organisation	Position
1	Health and Wellbeing Board Lead Board Member for Ageing Well	Chair
2	NHS Vale of York Clinical Commissioning Group	TBC
3	City of York Council	Assistant Director Adult Social Care
4	City of York Council	Commissioning Manager
5	City of York Council	Public Health Specialist Practitioner Advanced
6	York Council for Voluntary Service	Officer Representative
7	Community Representative	Chair of the Older People Voluntary Sector Forum
8	Community Representative	TBC
9	Healthwatch York	Healthwatch Manager
10	Tees, Esk and Wear Valleys NHS Foundation Trust	TBC
11	York Teaching Hospital NHS Foundation Trust	Clinical Lead for older People
12	Carer	Representative
13	Independent/Private Sector	Independent Care Group
14	TBC	Primary Care Representative

16. Membership of the partnership will be reviewed periodically and can be amended at any stage with the agreement of existing members. Partner organisations may substitute for their named representative with the prior agreement of the Chair.
17. All partnership members will have equal status.
18. Partnership members will be expected to individually lead on specific work streams to ensure delivery of the ageing well theme of the health and wellbeing strategy

D. Chair and Vice Chair

19. The partnership will be chaired by the nominated Health and Wellbeing Board member for ageing well and a vice-chair will be nominated by the partnership members.
20. The Chair is responsible for determining the forward plan and agenda items (with assistance from the lead officer), ensuring the efficient running of the meeting, maintaining focus and facilitating and enabling participation of all those present and ensuring that confidential items are handled accordingly.

E. Leaving the partnership

21. A person shall cease to be a member of the partnership if s/he resigns or the relevant partner agency notifies the Chair of the removal or change of representative.

F. Lead Officer

22. A Lead Officer will be identified who will assist the Chair and Vice Chair in determining the forward plan, prioritising, scheduling and coordinating agenda items. They are responsible for ensuring that appropriate reports, presentations and attendees are available for items tabled and act as a contact point for enquiries.

G. Other support for the Partnership

23. The Council and Vale of York Clinical Commissioning Group will ensure that the Partnership receives the necessary support to enable it to discharge its responsibilities effectively. This will include financial and legal advice and specific support to monitor and review performance.

H. Interests of members

24. Partnership members must declare any personal or organisational interest in connection with the work of the partnership. Where there is a potential conflict of interest for individual members, this should be openly and explicitly declared. At the Chair's discretion the partnership member may be excluded from the discussion and / or decision making related to that particular agenda item.

I. Meetings

25. The partnership will normally meet on a two-monthly basis i.e. 6 meetings per annum. The partnership will be quorate when at least five members, including at least one representative from City of York Council or Vale of York Clinical Commissioning Group, and from two other partners, are present. If the meeting is not quorate it may proceed at the discretion of the Chair but may not take any decisions that would require a vote.

J. What the partnership doesn't do

26. The Partnership is not directly responsible for managing and running services but it does consider the quality and impact of service delivery across partner organisations. It does not have direct responsibility for budgets.

K. Involving people in the work of the partnership

27. The partnership expects that the views and involvement of local people will influence its work and its sub groups at all stages.
28. Reports to the partnership will be required to describe the way local people have been engaged in their preparation, and the partnership will adopt the co-production principles accepted by the Health and Wellbeing Board in 2017.

L. Accountability and reporting

29. The Ageing Well Partnership reports to the Health and Wellbeing Board
30. The partnership may establish 'task and finish' groups and/or working groups which focus on specific elements of the ageing well agenda. These groups are accountable to the partnership and will report to it at least twice a year

M. Culture and values: how the Partnership exercises its responsibilities and functions

31. The partnership will take into account the following behaviours and values in exercising its functions. Members will:
- Participate on the basis of mutual trust and openness, respecting and maintaining confidentiality as appropriate;

- Work collaboratively, ensuring clear lines of accountability and communication;
- Share expertise and intelligence and use this synergy to provide creative solutions to complex issues;
- Take account of any particular challenges, policies and guidance faced by individual partners;
- Have regard to the policies and guidance which apply to each of the individual partners;
- Adhere to and develop their work based on the vision and priorities within the Joint Health and Wellbeing Strategy
- Where decisions of the partnership require ratification by other bodies the relevant partnership member shall seek such ratification in advance of any meeting of the partnership or promptly following the partnership's recommendations;

Terms of Reference Agreed on:

Review Date:

These terms of reference will be reviewed annually.

This page is intentionally left blank



Health and Wellbeing Board**17 October 2018**

Report of the Independent Chair of the Safeguarding Adults Board

Annual Report – Safeguarding Adults Board 2018**Summary**

1. This report provides information on the work of the Safeguarding Adults Board over the course of 2018. The full report is at **Annex A** to this report

Background

2. The Safeguarding Adults Board is a multi-agency board whose role is to plan strategically and ensure the safety of vulnerable adults within the City of York Council's geographical area.

Main/Key Issues to be Considered

3. The Annual Report is for information only but clearly sets out the work the Board carried out over the past twelve months.

Consultation

4. This report is for information only.

Options

5. There are no options for the Health and Wellbeing Board to consider; this report is for information only.

Analysis

6. This section is not applicable to this report.

Strategic/Operational Plans

7. The Safeguarding Adults Board has a statutory duty to produce an annual report.

Implications

- 8. There are no implications associated with the recommendations set out in this report; the Annual Report is for information only.

Risk Management

- 9. There are no risks associated with the recommendations in this report.

Recommendations

- 10. The Board are asked to note the Safeguarding Adults Board's Annual Report.
- 11. Reason: To keep the Board apprised of the work of the Safeguarding Adults Board

Contact Details

Author:

Tracy Wallis
Health and Wellbeing
Partnerships Co-ordinator
Public Health Team
Tel: 01904 551714

Chief Officer Responsible for the report:

Kevin McAleese
Independent Chair of the Safeguarding
Adults Board

**Report
Approved**



Date 01.10.2018

Specialist Implications Officer(s) None

Wards Affected:

All

For further information please contact the author of the report

Background Papers:

None

Annexes

Annex A – Safeguarding Adults Board: Annual Report 2018



Safeguarding Adults Board (SAB) Annual Report 2018



Introduction	3
Our role and vision	4
Safeguarding Adults Board	5
Our year in figures	6
Making Safeguarding Personal (MSP)	8
Case Study 1: John.....	8
Case Study 2: Joyce.....	9
Training	10
Developments.....	10
Partnership working	11
Contributions from partners.....	12
Management plan actions	16
Year 2 of the 2016-2019 Strategic Plan.....	16
What are we going to be doing in the 2018/19 year?	18
Closing comments	19



Kevin McAleese CBE
Independent Chair, City
of York Safeguarding
Adults Board

It has been my privilege to Chair the City of York Safeguarding Adults Board since March 2013. The Board itself has been in place since 2009. The implementation of the Care Act in 2015

made all Boards across the country statutory bodies, which means that their powers and responsibilities come directly from Parliament.

As a Board we have three statutory duties:

- To publish our strategic plan.
- To publish an Annual Report detailing what the SAB has done to achieve its objectives and implement its plans.
- To conduct any Safeguarding Adults Reviews (SARs) in accordance with Section 44 of the Care Act.

Membership of the Board is drawn not just from the statutory partners of the City Council, North Yorkshire Police and the Vale of York Clinical Commissioning Group, who fund the SAB between them, but also from a range of other partners committed to adult safeguarding.

This is because there are at any time up to 40,000 people who are at any time potentially vulnerable citizens of York, a city of some 200,000. They are made vulnerable by having a long term mental and/or physical health problem, by having a learning and/or moderate or serious physical disability, by living alone and/or by age or by any combination of those conditions.

The responsibility we have as a Board is to ensure that all of those potentially vulnerable people in York's population should be kept as safe as possible from abuse or neglect, wherever they are a hospital patient, a care home resident or are living in their own home.

As a Board we meet four times a year and have three Board sub-groups with a similar pattern. These cover Quality & Performance, Staff Development & Training and Lessons Learned & SARs.

I am hugely grateful to all our partners for their continuing work and commitment to keeping people safe from abuse or neglect here in this beautiful city.

I hope you find this report helpful and reassuring.

Kevin McAleese CBE

Our role and vision

York Safeguarding Adults Board is a statutory body which oversees and leads adult safeguarding across the city, in order to ensure that all partner agencies contribute effectively to the prevention of abuse or neglect of vulnerable people. The SAB has always had a strong focus on partnership working, with 12 different member organisations:

- City of York Council
- North Yorkshire Police
- NHS organisations including the Vale of York Clinical Commissioning Group; York Teaching
- Hospital NHS Foundation Trust; The Retreat and York House which both take NHS patients;
- NHS England
- Tees, Esk and Wear Valleys NHS Foundation Trust
- Stockton Hall
- Independent Care Group
- Healthwatch York
- York CVS

Our Vision, stated in our Strategic Plan, is that we will do our best to ensure that agencies supporting adults who are at risk or in vulnerable situations, and the wider community, can by successfully working together:

- Ensure that Safeguarding is Everybody's Business
- Develop a culture that does not and will not tolerate abuse
- Raise awareness about abuse
- Prevent abuse from happening wherever possible

Where abuse does unfortunately happen, the SAB and its partners will support and safeguard the rights of people who are harmed to: stop the abuse happening, access services they need, including advocacy and post-abuse support, have improved access to justice and have the outcome which is right for them and their particular circumstances.



Safeguarding Adults Board



Our year in figures



1,056

Completed safeguarding cases

365

Completed S42 enquiries

Ratio of concerns received

Female 57%	Male 43%
18-64 32%	18-64 49%
65-84 32%	65-84 33%
85+ 36%	85+ 18%



Location of abuse

- 32% in own home
- 21% in hospital*
- 12% in nursing home
- 19% in residential home
- 6% in community setting
- 7% other settings
- 1% in services in the community

* Mental health **13%** Acute **4%**
Community **4%**

Source of abuse

- 58% Service provider
- 37% Known to individual
- 5% Unknown to individual



Gender

Female 64%
(18-64 **34%**; 65-84 **35%**; 85+ **31%**)
Male 36%
(18-64 **41%**; 65-84 **43%**; 85+ **16%**)

Type of abuse

26% Neglect	5% Sexual abuse
25% Physical abuse	2% Sexual exploitation
18% Psychological / emotional	1% Discriminatory
9% Organisational	1% Domestic abuse
12% Financial	1% Modern slavery
	1% Self-neglect

Making Safeguarding Personal

61%

of those who were asked expressed an opinion

Of those: **63%** outcomes fully achieved
33% outcomes partially achieved
4% outcomes not achieved



Making Safeguarding Personal (MSP)

We have been encouraging the development of this approach across the city, and the matter has been reviewed at Board Development Days, too. There has undoubtedly been progress on the matter, which you will see in our partners success stories in this report.

MSP is challenging work, not least because not all vulnerable people have the capacity to decide what is in their best interests and may need

assistance to do so. Also, many safeguarding situations are complex, often involving the actions of friends or relatives, and the problems created are seldom easy to resolve.

The two real life MSP case studies below, of people with capacity who were able to make their own decisions, were managed this year, illustrating how we have kept the patient's wishes at the centre of any actions taken.

Case Study 1: John

John has been at a medium secure hospital for 2½ years at the time that a safeguarding concern was raised. He has two previous convictions for serious criminal offences. He has been diagnosed with a number of problems, including personality disorder and autism. His willingness to engage with the clinical team was considered to be improved.

John began to receive an increasing number of telephone calls and letters from outside the hospital which he did not want to discuss with the clinical team. He was reported as becoming more secretive and was withdrawing money from his hospital account which he sent to various individuals and companies in the community. John has had a long standing interest in buying and renovating cars and motor bikes which in the past he has stored at his grandmother's property, effectively preventing her from using large areas of her house due to hoarding. It was estimated that John had withdrawn in excess of £3,000 for this purpose. He refused to provide any further information, saying that it "was a private matter".

A mental capacity assessment indicated that John had capacity to manage his financial affairs, even though he may have made unwise choices. John said that it was his right to pursue his own interests and to spend his money on hobbies that were not harming anyone. A comprehensive mental capacity assessment was undertaken and a Safeguarding Plan were agreed in a meeting which John attended. Despite him being unhappy that a safeguarding concern had been raised, he disclosed a comprehensive account of his financial arrangements and agreed to consult the clinical team about all further "investments" that he was considering. He admitted to experiencing increased stress due to demands from creditors and the need to sell items to third parties.

A subsequent meeting between John, the Social Worker and his grandmother focused on the secrecy surrounding his buying and selling of items, which had been problematic for his mental health. There were also potential risks associated to the public with regard to the buying and selling of vehicles that may have been un-roadworthy. John's feedback was that he was able to express his views and feelings throughout the safeguarding process and that he had access to all relevant documentation. John's grandmother's house is no longer being used for his business which has significantly enhanced the quality of her life and her relationship with her grandson.

Case Study 2: Joyce

Joyce died at home following a period of self-neglect. A safeguarding concern was raised following her death in relation to the response and care she had received from services when her situation became known. Joyce had been dependent on alcohol for many years, she also had chronic pulmonary disease and severe leg ulceration. She had two adult children who were working full-time.

After many years together, latterly with her husband as her carer, Joyce's husband moved out of the family home. Joyce mostly remained downstairs sleeping in a chair. She lost weight in the couple of months since her husband had left. Joyce's son made an online referral for a social care assessment for his mum. This generated a telephone contact to Joyce where she said that she was OK and didn't want any help and that she would tell her son the same.

The GP visited her and Joyce agreed to have referral to the community rehabilitation team. The following day she was seen by the nurse practitioner and it was agreed she would have twice daily supportive visits. The nurse was also able to meet Joyce's son and daughter. The nurse was concerned about Joyce's condition and questioned whether she should be admitted to hospital. Joyce did not want to go to hospital, she wanted to stay at home. The nurse asked the GP to review the decision. It was agreed that this could wait until the following day when the GP who had originally seen Joyce and knew her best was back on duty.

The following morning a carer from the community team arrived at Joyce's house to support her with personal care. Joyce was found unresponsive in her chair and had died during the night. Appropriate services were called and as the nurse arrived at the house, so did Joyce's son and daughter.

A multi-agency review meeting was subsequently held which Joyce's son and daughter were invited to. They didn't want to attend but were happy that their mum's care was being reviewed and wanted to receive feedback after the meeting. They felt that social care should have contacted them about Joyce instead of taking Joyce's word that she was ok and didn't need help.

At the meeting the timeline of events was pulled together and each episode of contact was discussed. It was agreed that staff and family had responded appropriately to Joyce needs. As a result of the family concerns the online form was changed to enable a referrer in future to request feedback if they were making a referral on behalf of someone else.

Joyce's views had been respected in keeping her at home and the nursing team were beginning the process of getting to know her. Joyce's death was from an acute episode which could not have been predicted. All agreed that Joyce had capacity to make her own decisions. The nurse had arrived at the house in time to provide some support for the family and dignity in death for Joyce. The family were contacted after the meeting and information was provided to them regarding bereavement support. They were satisfied with the outcome.

57
courses attracting
599
delegates

Themes for courses were wide ranging and included:

- Safeguarding General Awareness
- Working Together to safeguard Adults (Level 3)
- Introduction to the Mental Capacity Act
- Mental Capacity Act Complex Decision Making
- Mental Capacity Assessment and Best Interest Decision Making for Practitioners
- Working with the Mental Capacity Act
- Working with the Mental Capacity Act (Building Good Practice)
- Deprivation of Liberty In the Community
- Deprivation of Liberty Safeguards (Care Homes and Hospitals)
- Managing the Safeguarding Adults Process
- Safeguarding General Awareness Train the Trainer
- Train the Trainer Introduction to the Mental Capacity
- In-house Mental Capacity Act – LD Team

Developments

- The Safeguarding Training programme has been extended to include courses covering both the Mental Capacity Act and Deprivation of Liberty Standards. (DoLS).
- The general Safeguarding training programme was revised in 2017 to embed the principles of Making Safeguarding Personal.
- The Workforce Development Unit has provided support to Public Health by facilitating two training programme to address suicide prevention, Assist and Safe Talk. Both courses have been well received, with 123 delegates attending Assist training and 75 attending Safe talk. Over 30 organizations were represented.
- During 2017/18 City of York Council has also trained over 40 Best Interest Assessors (BIA), together with additional Independent Best Interest Assessors.
- The Board's Training and Development Subgroup continues to meet regularly and links with the 'Lessons Learned/SAR' sub-group are developing.



Partnership working on safeguarding cases

SABs never hear safeguarding cases themselves because their role is **assurance** rather than executive action. That assurance role includes ensuring the effective operation of three sub-groups of the SAB, each dealing with safeguarding details which require them to meet at least once between SAB meetings or more often if circumstances require it. Sub-group membership is drawn from the partner organisations which are members of the main SAB.

One sub-group is responsible for monitoring the most serious safeguarding cases which are referred to it. In any year there will be some 1,100 or so safeguarding concerns raised with City of York Council from a population of some 200,000 citizens. Of those 1,100 cases, up to a third of them will result in an investigation known as a Section 42 Enquiry, carried out by the Council's safeguarding team. A very small number of cases, usually less than 10 a year, will be referred to the Board's Lessons Learned/SAR sub-group for further consideration. The action plan from a Lessons Learned case must be approved by the SAB, but it will have no further involvement in the matter.

Very exceptionally the sub-group might decide that the death or serious injury of an adult as the result of abuse or neglect needs a formal **Safeguarding Adults Review (SAR)**, as specified under the 2014 Care Act. This would be put in writing to the Chair of the SAB, who must establish an SAR or put their reasons in writing if they do not accept the recommendation. An SAR involves the recruitment of an independent author to write a detailed report for the SAB and other affected parties after a detailed investigation of all the evidence available. SARs take several months to complete. It is a requirement of the Care Act 2014 that the details of any Safeguarding Adults Reviews (SARs) conducted during the year must be in the Annual Report for that year.

There were no SARs recommended to the SAB Chair to be conducted in 2017/18, though a number of cases were considered to see if they met the threshold.

There are currently two cases which are in the early stages of the lessons learned process:

Case 1 – involves the death of an individual who had complex health problems and was receiving care services. The individual died following a physical assault.

Case 2 – involves the death of an individual with drug and alcohol problems. The individual had health problems, a long history of mental health problems and also a mild learning disability.

These cases will be reported fully in next year's Annual Report.



Contributions from partners

The impact of parental mental ill-health on children is well researched, and **City of York Safeguarding Children Board** has become even more aware of this in 2017/18. Multi-agency case file audits, and a look at research into adverse childhood experiences, resulted in CYSCB being interested in how well equipped mental health workers are to recognise this impact on children when working with adults. Colleagues from Tees and Esk Wear Valley Trust shared the PAMIC ('Potentiality for the Adult's Mental Ill-health to Impact on the Child') tool with CYSCB members. They confirmed that this is used by mental health staff when the adult has any children in their care. This was recognised in the CQC safeguarding inspection last year as good practice. On CYSCB recommendation, the tool was subsequently shared with members of SAB as a reminder about the connections between adult and child wellbeing. Parental mental ill-health is an issue that CYSCB looks forward to picking up again with SAB during 2018/19.

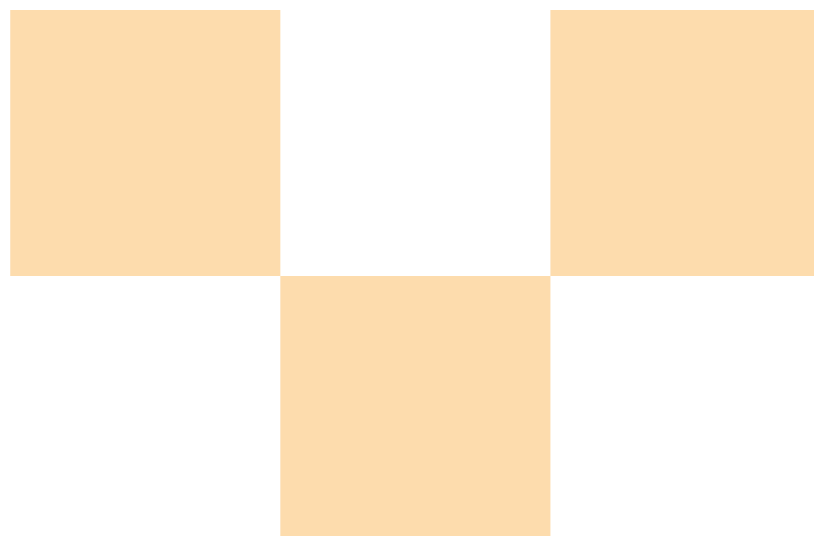


Garrow House ensure that all clinical staff are fully aware of how to raise a safeguard concern and the principles of 'Making safeguarding Personal'. Safeguarding at Garrow House is everyone's business and not held with one department. The safeguarding and involvement lead ensure this process is implemented and monitored.

During the reporting period when services users have felt at risk from each other safety/preventative measures have been implemented resulting in safeguarding incidents not occurring.



The inaugural meeting of the North East and Yorkshire Safeguarding Adults Cluster Group was at **Stockton Hall Hospital** in September 2017. The quarterly meetings involve the safeguarding leads from the Priory Group secure units within the region, with the terms of reference including safeguarding supervision, lessons learned from Safeguarding Adult Reviews/Section 42 Enquiries/Investigations, a focus on person centred approaches and the co-ordination of training requirements. Supervision is integral to the meetings with issues discussed including safeguarding for service users with dementia who lack capacity and the management of agency staff. A confidential forum has been established in which complex ethical, legal and best practice issues can be raised and options for resolution considered. An informal network is also available for consultation on some of the challenges faced by professionals within the jurisdiction of Safeguarding Adult Boards with differing priorities and policies.



In the last year, **North Yorkshire Police** have delivered internal training to police officers and staff to increase people's awareness of adult safeguarding and the referral route to share concerns about an individual's vulnerability. As a result of this training the Vulnerability Assessment Team have identified that the quality of referrals being submitted has increased. This improvement has allowed for a more informed and timely discussion with partners to identify the issues that need to be resolved and the support necessary to reduce or remove the vulnerability.

In addition to this, and to reduce the financial exploitation of adults, which has been a developing national trend, officers from the Forces Economic Crime Unit are now involved with the referral process. The officers review the referral details to that financial exploitation can be identified and where necessary proactively investigated to prevent this continuing.



Think Family approach **Tees, Esk and Wear Valleys NHS Foundation Trust** have adopted a Think Family approach into the way safeguarding is addressed within every day clinical practice. Everyone has a responsibility to take a Think Family approach. Think Family is an approach that requires all agencies to consider the needs of the whole family, from working with individual members of it, making sure that support provided by adults, childrens and family services is coordinated and takes account of how individual problems effect the whole family. The Trusts safeguarding adult and childrens teams work closely alongside each other to achieve this through training and multi-agency working and will continue to embed this in practice in the forthcoming year.

York House has recently joined the York Safeguarding Adults Board; previously communication and representation has been informally through the Retreat, our partnering organisation.



York House as an independent hospital and specialised service is now in a position to have involvement and input in to significant issues in regards to safeguarding across the city. We are also able to raise the profile and difficulties being faced by, what we feel is an under represented group within society- adults with an acquired brain injury and complex behaviours that challenge. As a hospital we are looking forward to development as a Trust and as a service with plans in 2018 onwards to expand and develop.



'It Lasts a Lifetime...'

For National Safeguarding Week in 2017 we delivered a session to voluntary and community sector organisations to help them understand the reality of child sexual exploitation (CSE), grooming and trafficking, and the impact into adulthood. The session was titled 'It Lasts a Lifetime...'

This was delivered by sharing a real life story. This approach enabled professionals to understand more about the lasting effects, to explore how services can work more effectively together, and to share examples of good practice. This session was very positively received.

Participants said;

'I loved the training - I found it very useful and very real'

'I have already used skills I have gained in a professional and personal level'

'... she showed such strength in articulating her history and the conversation that followed was great. It was such a clever way to consider how we think about safeguarding.'

York Teaching Hospital NHS Foundation Trust

York Teaching Hospital NHS Foundation Trust We recognise, strategically, the Safeguarding Adults Profile continues to rise and in doing so has assurance required from health providers. Greater emphasis is placed on Making Safeguarding Personal which has its challenges in acute Trust settings. The Trust Safeguarding Adults Team are therefore focused in supporting staff to provide inclusive and individualised safeguarding. Priority is also being given to Mental Capacity Act adherence and Deprivation of Liberty safeguards. The 2018 Work Programme evidences where actions planning is in place and an intensive ward based training programme is already indicating improvement. A revision of the governance structure of safeguarding Adults Agenda has also been completed which will provide both greater strategic and operational scrutiny and monitoring.



NHS Vale of York Clinical Commissioning Group



Chief Nurse Michelle Carrington is Executive Lead for Adult Safeguarding for NHS Vale of York Clinical Commissioning Group (CCG). In 2017 following the realignment of services previously managed by the Partnership Commissioning Unit, Scarborough & Ryedale CCG hosts adult safeguarding on behalf of the four North Yorkshire CCGs. The new model has established two Designated Professionals and two Safeguarding Officers alongside the already embedded roles of Nurse Consultant for Safeguarding in Primary Care and Named GPs for the CCGs.

Aside from developing the new model of service one key achievement for the safeguarding team has been to develop new links with MAPPAs (Multi-Agency Public Protection Arrangements) agencies. A pathway for sharing relevant and proportionate information relating to risk and vulnerability about individuals managed under MAPPAs processes has been established with primary care and other relevant health providers.

The new pathway has been put in place following learning from a national serious case review.



Management plan actions

Year 2 of the 2016-2019 Strategic Plan

Priority Area 1 **Empowerment:** People know what abuse and neglect is and what they can do to keep safe and seek help

Action 1	Action 2	Audit Result
The Safeguarding Adults Board will produce an information leaflet about Adult Safeguarding. This will contain information about keeping safe, advice that explains types of abuse and neglect, and contact information to be used by anyone with a safeguarding concern.	All Board partners will be required to assure the Safeguarding Adults Board that their organisation is using the Making Safeguarding Personal approach, when undertaking enquiries into safeguarding concerns.	All items successfully completed.

Priority Area 2 **Prevention:** We will demonstrate how we are working to prevent adults experiencing, or being at risk of experiencing avoidable abuse and neglect

Action 1	Action 2	Audit Result
The Safeguarding Adults Board partners will be required to explain the actions they are taking locally to prevent people experiencing abuse or neglect.	The Safeguarding Adults Board will update and maintain the public section of its website using the accessible information standards, with a section on staying safe.	All items successfully completed except for creation of a forum for safeguarding users and carers. Item carried forward to 2018/19 Plan.

Priority Area 3: **Proportionality:** People are asked what they want to happen as a result of a safeguarding concern being raised and their views directly inform what action follows

Action 1	Audit Result
The Safeguarding Adults Board will ensure that when partners undertake an enquiry into safeguarding concerns, any actions taken are based on an assessment of the level of risk and are informed by the expressed wishes and feelings of the person.	All items successfully completed.

Priority Area 4: **Protection:** We will support people to manage the risks they experience as a result of abuse, or neglect and the help they receive makes their situation better

Action 1	Action 2	Audit Result
The Safeguarding Adults Board will expect all partners to ensure that there is an up to date assessment of mental capacity and any best interest decision on file, and will ensure the person is supported by an advocate and, or independent mental capacity advocate.	The Safeguarding Adults Board partners will ensure that when abuse or neglect has occurred, safeguarding adult's plans are developed in a way which shows a balance between quality of life and concerns about peoples' safety.	All items successfully completed.

Priority area 5: **Partnership:** We will work together to ensure adults receive help and support from the people best placed to help them feel safer.

Action 1	Action 2	Audit Result
Each Safeguarding Adults Board partner will ensure their organisation upholds their individual and collective responsibilities to safeguard adults in accordance with the requirements of the Care Act 2014.	The Safeguarding Adults Board will work with the Children's Safeguarding Board and other local partners to host an annual Safeguarding week across the City of York.	All items successfully completed.

Priority area 6: **Accountability:** The roles and responsibilities of individuals and organisations who have a responsibility for safeguarding adults is clearly understood and people know what action they can take if individuals or organisations do not fulfil their responsibilities

Action 1	Audit Result
The Safeguarding Adults Board will agree, maintain and develop safeguarding adults' policies and procedures for all partners to use.	All items successfully completed.

Full details of the Management Plan for 2017/18 are available on the Safeguarding Adults Board's website at: www.safeguardingadultsyork.org.uk

What are we going to be doing in the 2018/19 year?

On the SAB's website at www.safeguardingadultsyork.org.uk under "Board" is a copy of the SAB's Strategic Plan for 2016/19. It is a legal requirement for this to be published. The Plan follows the six guiding principles of the Care Act 2014: **Empowerment, Prevention, Proportionality, Protection, Partnership and Accountability**. (The definition of each of these terms is on pages 16 and 17 with the Management Plan Actions for 2017/18.)

The SAB has a Management Plan for each year, setting out what changes the SAB is planning to make in order to progress the three-year Strategic Plan. For 2018/19, the SAB plans to:

- Monitor usage of the SAB website and report it to every SAB meeting.
- Widely circulate the Keep Safe Guide, including to GP surgeries, York Hospital Emergency Department and other public outlets.
- Establish a forum for safeguarding service users with the assistance of York CVS.
- Regularly consider evidence from partners on their implementation of Making Safeguarding Personal within their own organisations
- Ensure that all partners provide an annual report to their own governing bodies summarising their safeguarding activities.
- Actively engage the safeguarding team with preventative initiatives across the city.
- Receive an updated Risk Register at every SAB meeting.
- Monitor and report on the use of Advocates and also monitor waiting times for Deprivation of Liberty (DoL) assessments.

- Be kept informed of case file audits to ensure that decisions taken continue to be in peoples' "best interests" and with the least restrictive interventions.
- Work with SABs across the region in a designated Safeguarding Week in 2019 to raise the profile of how to make people safer.
- Continue to work with the West, North and York Safeguarding Consortium to implement the revised multi-agency policies and procedures from April 2018.
- Present the Annual Report to the Council's Health & Wellbeing Board, to community forums organised by York CVS and to any other community groups which request a presentation.

Progress on these plans will be audited and presented in the 2018/19 Annual Report.



Closing comments

The 2017/18 year has been a busy and eventful one for the City of York SAB. Hopefully this Annual Report gives you a sense of what we have been continuing to do to help ensure the safety of the citizens of York from abuse and neglect, by finding solutions to problems which, above all, put the person being safeguarded at the centre of actions agreed and also ensuring that any actions taken are no more intrusive than they need to be. We call this **Making Safeguarding Personal**, or MSP. Pages 8 and 9 of this Report provide two case studies of actions taken which hopefully illustrate this for readers.

The statistics set out on pages 6 and 7 confirmed that there were 1,056 completed safeguarding cases during 2017/18, a decrease on 2016/17 when there were 1,215 concerns raised with the Council. Also, the figures this year showed that 63% of those who expressed an opinion had their desired outcomes fully achieved whilst 33% were partially achieved. Whilst this may seem disappointing, it reflects the complexity of resolving a safeguarding case, often because the alleged abuser is known to the victim and is most often a family member. We will also continue to work so that future yearly reports show an increase in the number of victims who expressed an opinion from its present level of 61%. Our ambition is to move much closer to 100%, despite the challenges of working with people without capacity or with mental or physical illnesses which may make communication difficult.

The SAB always has an annual Development Day for its members. This year's was on 19 February 2018, when we spent the day looking at "A Different Dimension of York". This included Organised Crime, Action by Trading Standards against scamming, Harm Reduction measures and finally, the implications when they become adults for childhood victims of sexual abuse. It was a sobering day and out of it have come a number of immediate actions, including increasing SAB membership with a member of the Trading Standards Team and ensuring that Safeguarding Week activities include sessions on how to avoid being scammed by a stranger at home, on the phone or on the computer.

The previous page shows you the actions we intend to take during 2018/19 to ensure that our three-year Strategic Plan is fully implemented. I hope you agree that we did make significant progress during 2017/18.

Thank you to all of the member organisations of the SAB for their support, the efforts of individual members of the SAB and to you for taking the trouble to read this report. We hope you are reassured by its contents.

Kevin McAleese CBE



York Teaching Hospital
NHS Foundation Trust



If you would like this information in an accessible format (for example in large print, in Braille, on CD or by email) please call **(01904) 551550**

This information can be provided in your own language.

Informacje te mogą być przekazywane w języku ojczystym.
Polish

Bu bilgi kendi dilinizde almanız mümkündür.
Turkish

此信息可以在您自己的语言。
Chinese (Simplified)

此資訊可以提供您自己的語言。
Chinese (Traditional)

01904 551550



This page is intentionally left blank



Health and Wellbeing Board

17 October 2018

City of York Safeguarding Children Board: Annual Report 2017/18

Report of the Independent Chair of the City of York Safeguarding Children Board.

Summary

1. The purpose of this report is to present the Annual Report of the Independent Chair of City of York Safeguarding Children Board 2017/18 (Annex A) to the Health and Wellbeing Board (HWBB). This provides an opportunity to share the key issues and priorities for CYSCB with the HWBB . (An Executive Summary of the Annual Report is also made available to the Health & Wellbeing Board (Annex B).)

Background

2. The Independent Chair of the Safeguarding Children Board is required by statutory guidance to publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area. The report is submitted to the Chief Executive, Leader of the Council, the local Police and Crime Commissioner and the Chair of the Health and Wellbeing Board.
3. The City of York Safeguarding Children Board has the statutory objective set out in Section 14 of the Children Act 2004 *to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and to ensure the effectiveness of what is done by each such person or body for those purposes*
4. To provide effective scrutiny, the CYSCB should be independent. It should not be subordinate to, nor subsumed within, other local structures.

5. Under the Children and Social Work Act 2017 and new statutory guidance Working Together to Safeguard Children 2018 the Local Safeguarding Children Boards will become partnerships made up of the three safeguarding partners: Local Authority, the Police and the Clinical Commissioning Group plus other relevant partners. CYSCB will become the City of York safeguarding Children Partnership (CYSCP) at the beginning of 2019.

Main/Key Issues to be Considered

6. In order to achieve the best outcomes, it is critical that all Boards work closely together to drive forward improvements in prevention, early help and ensuring local safeguarding arrangements are effective. The Inter-Board Protocol is now agreed in full and encompasses the work of the Health and Wellbeing Board; the Safeguarding Adults Board; the YorOk Board; and the Safer York Partnership. The protocol will be refreshed this year.
7. The Chairs of these strategic boards meet regularly to ensure good collaboration and cooperation between the Boards and an absence of unnecessary duplication. The operational support officers for each Board meet to facilitate and take forward the agreed work of the Chairs' group.

Consultation

8. CYSCB partners have been consulted in the process of compiling the Annual Report and key partners have contributed accounts of the actions their organisations have undertaken during 2017/18 to safeguard children. These accounts have been included in full in the Annual Report.

Options

9. The CYSCB Annual Report is presented to enable the HWBB to note the key messages and priorities in regard to safeguarding children and young people.

Analysis

10. The key messages and priorities set out in the CYSCB Annual Report should be helpful when HWBB members are looking at future health and wellbeing priorities and plans.

Strategic/Operational Plans

11. The publication of a Local Safeguarding Children Board (LSCB) Annual Report is a statutory requirement of the Working Together 2015 and of the new 2018 Guidance.
12. Under the Children and Social Work Act 2017 and new statutory guidance Working Together to Safeguard Children 2018 the Local Safeguarding Children Boards will become partnerships made up of the three safeguarding partners: Local Authority, the Police and the Clinical Commissioning Group plus other relevant partners. CYSCB will become the City of York safeguarding Children Partnership (CYSCP) at the beginning of 2019. A proposal for the new arrangements will go to chief officers via the Chief Officers Reference and Accountability Group (CORAG) and will be signed off by CYSCB at the October Board meeting. This has been an opportunity to strengthen the partnership and to review and refresh the board and the sub-groups.
13. A key objective of the Health and Wellbeing Strategy, under *Starting and Growing Well*, includes the aim to 'Ensure children and young people are free from all forms of neglect and abuse'. The CYSCB has a significant role to play in contributing to this objective. Member organisations of the Health and Wellbeing Board and the YorOk Board are represented on the Safeguarding Board. The Inter-Board Protocol ensures that the priorities and plans of the key strategic Boards are complementary and mutually supportive.

Implications

- **Financial**
14. The Board is currently funded by partners and there is no intention currently to change that arrangement. Should the arrangement change this could pose a potential risk to the functioning of, and support to, the Board.
 - **Human Resources (HR)**
 15. There are no HR implications posed as a direct result of the CYSCB Annual Report nor by the transition to the new partnership.

- **Equalities**

16. There are no equalities implications to be considered.

- **Legal**

17. There are no legal implications to be considered.

- **Crime and Disorder**

18. There are no crime and disorder implications to be considered

- **Information Technology (IT)**

19. There are no IT implications to be considered

- **Property**

20. There are no property implications to be considered

21. There are no other known implications.

Risk Management

22. There are no direct risks associated with the CYSCB Annual Report. Presentation of this report to the Health & Wellbeing Board plus the existence of the Inter-Board Protocol should mitigate against the risk of any absence if joined up thinking and collaboration to ensure that 'Safeguarding is everybody's business'

Recommendations

23. The Health and Wellbeing Board members are asked to receive the Annual Report of the Independent Chair of the CYSCB and reflect on the key messages and priorities when considering plans.

Reason: Communication between Boards and an understanding of each Board's key messages and priorities enhances collaborative work and optimum outcomes.

Contact Details

Author:

Simon Westwood

Independent Chair
City of York Safeguarding
Children Board

City of York Safeguarding
Children Board

Chief Officer Responsible for the report:

Maxine Squire

Interim Director of Children's Services,
Education and Communities

City of York Council

01904 553007

**Report
Approved**



Date 27 September 2018

Specialist Implications Officer(s) *List information for all i.e*

Financial Officer's name N/A

Job Title

Dept Name

Organisation name

Tel No.

Wards Affected:

All

**For further information please contact the author of the report
Background Papers:**

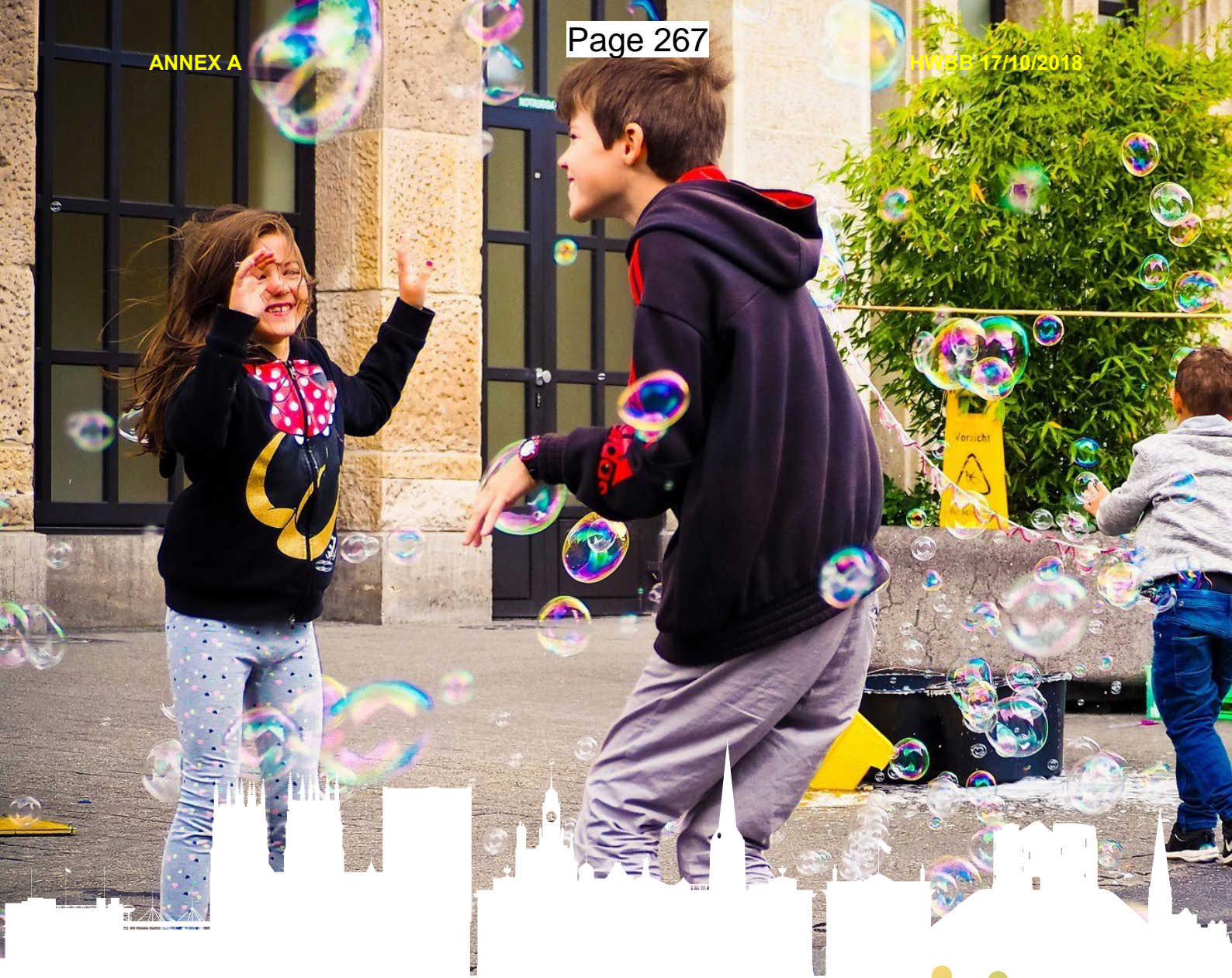
All relevant background papers must be listed here.

Annexes

Annex A – CYSCB Full Annual Report 2017-18 and Executive Summary
Annual Report 2017-18

Glossary

CYSCB	City of York Safeguarding Children Board
HWBB	Health and Wellbeing Board
LSCB	Local Safeguarding Children Board
YorOK	York Children's Trust
CORAG	Chief Officers Reference and Accountability Group (Safeguarding)



City of York
Safeguarding Children Board



Executive Summary of Annual Report 2017/18

About this Document

This document is a short summary of the 2017-18 Annual Report for the City of York Safeguarding Children Board. The full report, with additional supporting information as appendices, is available on the Safeguarding Children Board website at:
<http://www.saferchildrenyork.org.uk/annual-reports-and-business-plan.htm>

Foreword by the Chair

This is the final year that we will publish an Annual Report as the City of York Safeguarding Children Board (CYSCB). Next year, in accordance with the new Working Together to Safeguard Children 2018, there will be a report as the new City of York Safeguarding Children Partnership. I am proud to have been the Independent Chair since 2013 and that the CYSCB was judged outstanding by Ofsted during that time. This year we have continued to sustain improvements in safeguarding children through effective partnership working and I want to commend all members of the Board for their continued support in prioritising safeguarding children in the work of their agencies.



A key purpose of the report is to assess the impact of the work undertaken in 2017-18 on safeguarding outcomes for children and young people in York. Some highlights are:

- Every child reported to Children's Social Care as missing was found
- An increasing number of cases were signposted for early help. This is a positive move towards ensuring that no child slips through the net
- Children's Social Care report that social workers have an average of 15.3 cases which is lower than the England average of 17.8
- The number of children subject to child protection plans and looked after is relatively stable
- Workshops on neglect have been delivered across agencies to reflect the lessons learned from a case review in 2017
- The vulnerability of disabled children to abuse has been well recognised and in multi-agency training on this, we have ensured that awareness of the vulnerabilities of this group of children is explicit.

We can never eliminate risk entirely. We need to be as confident as we can be that every child is supported to live in safety, free from abuse and neglect. The Board is assured that, whilst there are areas for improvement, agencies are working well together to safeguard children in York.

**Simon Westwood, Independent Chair,
City of York Safeguarding Children Board**

¹ <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>



Some facts and figures

The City of York continues to be a relatively prosperous city with a changing population which is recorded as 208,367² of which 36,705 are children and young people.

What children and young people have told us

The Schools' 'Voice' Events

During 2017 Primary and Secondary School 'Voice' events took place. The children and young people made some very pertinent points such what could be done about mental health issues, litter, road safety and increased positive interactions with older people.

Make your Mark

York Youth Council had another busy year. 'Make Your Mark' proved successful with winning campaigns in York featuring Curriculum for life, Mental health and Transport.

17.7% of York's population are children



York Schools

Pupil Referral Unit = 1

Special = 2

Independent = 6

Secondary = 9

Primary = 51

² <https://www.ons.gov.uk/peoplepopulationandcommunity/>



Performance Data

The Children's Front Door (CSC) received 5468 enquiries during the year. Of these 1095 (20%) met the threshold for a Children's Social Care assessment and intervention. An increasing number were signposted for early help this year. This is positive move towards ensuring that no child slips through the net. Neglect is still the most prevalent category for child protection plans followed by Emotional Abuse, Sexual Abuse and Physical Abuse.

How we are doing as a Partnership

Neglect: A 'One Minute Guide' to Child and Adolescent Neglect was published including information and links to research. Following on from this a new Neglect Screening Tool for use by all practitioners will be published in June 2018.

Domestic Abuse: Feedback from Operation Encompass indicates that both children and parents who experience domestic abuse in the home are able to seek support through contact with school staff as a result of the notification process that is in place.

Partnership: CYSCB has continued to work closely with other strategic Boards, the Health and Wellbeing Board (HWBB), the Children's Trust (YorOk) Board, the Safeguarding Adults Board (SAB) and the Safer York Partnership (SYP) under the auspices of the City of York Inter-Board Protocol.

Formal audits and Reviews

Voluntary Sector Audit

The key messages from the 2018 Voluntary Sector Audit were:

- Ensuring that the voice of children and young people and adults at risk is heard throughout the organisation.
- Having key contact information e.g. designated person and where to report concerns on display (or easily accessible) to all workers, volunteers, trustees, management committee members and directors.

Case Review Outcomes for York

- Findings from the local Learning Lessons Review have been embedded in multi-agency 'Neglect' training.
- The use of the Graded Care Profile (assessment of neglect) has been extended to include early help practitioners in the Local Area Teams.
- The 'Was Not Brought' policy ('Was Not Brought' recorded for children who have not attended medical appointments rather than as 'Did Not Attend' as children do not take themselves to appointments) has been rolled out from York Hospital staff to include the Healthy Child Service and GP records too.

Outcomes from Case Audits in 2017/18

- The CYSCB/NSPCC "It's Not Ok" CSA and CSE campaign which took place in 2016-17 has been fundamental with children now being able to spot the signs and seek help.
- Checks are made to ensure that information is on police systems for children flagged on child protection plans.
- Training and awareness for adult safeguarding and mental health service workers on the effects of parental mental ill health on children have been highlighted and disseminated through our colleagues in the Safeguarding Adults Board.
- The York Hospital Safeguarding Team now receives information on every child who attends the Emergency Department for whom there is a safeguarding concern.

Learning and Development

In September 2017, CYSCB re-launched its Online Basic Safeguarding Awareness course updating the content to be York specific. This opportunity provided the Board with detailed data on volumes of users and their sectors.

In total, there were 745 attendances at 36 face to face courses in the year including Safeguarding Disabled Children, Understanding Child Sexual Abuse and Exploitation, and Awareness of Neglect in Children and Young People.





Impact of training

Practitioners who took safeguarding courses reported that as a result:

- More positive outcomes were secured for children, by working closely with another organisation and sharing information.
- A referral to Children's Social Care was more likely to reach the intervention threshold, which the practitioner felt was due to training which improved their ability to articulate the information in the referral form.

The School Safeguarding Advisor has delivered 25 training inputs to schools during 2017-18, ranging from full day sessions to twilight sessions in individual schools. She has also provided training for the drivers and staff of the taxi and bus companies holding contracts for school transport.

Priorities and challenges for next year

The new City of York Safeguarding Children Partnership (CYSCP)

CYSCB is well ahead with planning for the transition and the proposal for the new arrangements as a result of new government guidance Working Together 2018³. The new model makes some changes to the overall structure of the Board but in principle recognises the strength of the

³ <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

current functioning of the Board which was endorsed by Ofsted, via inspection, as 'Outstanding'. As we enter 2018-19, CYSCB has learnt that it has been successful in a bid to become 'early adopters' of the new safeguarding partnership model. As one of the 17 areas in the country which were awarded the funding, the safeguarding partnership in York will focus on enhancing an already strong relationship with schools and colleges producing clear learning which can be shared across other areas.

Attendance at Board meetings remains consistently high along with the commitment of all Board members.

Focus on vulnerable groups

The last year has highlighted some of the issues regarding the impact of parental mental ill health on children and young people. This is something which CYSCB will be following up with our colleagues in adults' services and via the Inter-Board Protocol.

The vulnerability of disabled children to abuse has been well recognised and in addition to specific training on this, CYSCB has ensured that awareness of the vulnerabilities of this group of children is explicit throughout all multi-agency safeguarding training.

CYSCB will continue to work with the Safer York Partnership and the York & North Yorkshire Joint Commissioning Group to ensure that the needs of, and services for, children impacted by domestic abuse form part of every strategy and action plan.

Nationally there is increasing awareness of modern slavery, trafficking and 'County Lines' issues (gangs criminally exploiting children and vulnerable people to move drugs and money). CYSCB is working with partners across the city and county to raise awareness of these issues.





Key messages for readers

For children and young people

- We constantly look for new ways to keep your views (your 'voice') at the centre of what we do.
- Your safety and happiness is our focus.

For the community

- We believe that you are best placed to know what is happening in your community.
- If you have a concern about a child or a young person, contact the Children's Front Door (contact details below) with as many details as you can.
- If your concern is about a child or young person at immediate risk of harm, contact the police.

For City of York Safeguarding Children Board partners and organisations

- The 'voice' of children and young people should inform your service development and improvements.
- Keep looking for new ways of listening to children and young people, including pre- or non-verbal children, and consider other ways of communicating.
- Make sure you keep up-to-date with the changes in guidance and arrangements for child safeguarding set out in the Children & Social Work Act 2017.
- Continue to provide assurance to the Board of your organisation's commitment to safeguarding children and young people.

- CYSCB is always eager to know the views of your front line practitioners.
- Multi-agency training is a vital part of the Board's remit and is consistently well-attended by partners. Please continue to ensure your staff take an active part in training and feed back their views.
- The work of the Board in safeguarding the children and young people of York is the responsibility of all partners and should be shared equally among them.

For schools

- Look out for new schools guidance on safeguarding children and young people, in Keeping Children Safe in Education 2018⁴, including safer recruitment processes, and make sure you are implementing them.
- There is a comprehensive range of training commissioned by the Board please make sure to take advantage of this.

For practitioners

- The voices of children and young people should be paramount in your assessments and be aware that some of the most vulnerable children eg very young, disabled etc can be at higher risk of abuse but may find it more difficult to communicate.
- Keep in mind the range of support and information that your LSCB provides eg newsletters, website including news, guidance, policy, procedures, regular Twitter feed, training online and face-to-face.
- Remember that your views are important to the Board. Find out who your organisation's representative is on the Board or give feedback via 'Contact Us' on the CYSCB website.



⁴ <https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>

- Understand that while some issues such as CSE, Modern Slavery, Human Trafficking and FGM can seem more prevalent in other areas, they do happen in York.
- However, it is clear that the 'usual suspects' of domestic abuse, neglect, inter-familial sexual abuse and emotional abuse are still happening.
- Be sure to take advantage of the multi-agency safeguarding training which is offered by CYSCB here: <http://www.saferchildrenyork.org.uk/learning-and-development.htm>

For everyone

Remember that:

'SAFEGUARDING IS EVERYBODY'S BUSINESS'

If you have safeguarding concerns about any child or young person please act on them; you might be the only one who has noticed.

Contact details for the Board

CYSCB website

<http://www.saferchildrenyork.org.uk/>

Twitter: @YorkLSCB

CYSCB Chair: Simon Westwood

CYSCB Manager: Juliet Burton

CYSCB, City of York Council, West Offices, Station Rise, York, YO1 6GA

<http://www.saferchildrenyork.org.uk/contact-us.htm>

How to report concerns about a child or young person

If you have a concern that a child is vulnerable or at risk of significant harm please contact the Children's Front Door:

Phone for advice: 01904 551900 or, using a referral form:

Email: childrensfrontdoor@york.gov.uk

Post: The Children's Front Door, West Offices, Station Rise, York, YO1 6GA

Out of hours please contact the Emergency Duty team on: 01609 780780

More information and a referral form are available at:

<http://www.saferchildrenyork.org.uk/concerned-about-a-child-or-young-person.htm>



City of York
Safeguarding Children Board



Annual Report 2017/18



CITY OF
YORK
COUNCIL

Contents

Foreword by the Chair	3
Formal Summary Statement.....	4
Chapter 1: About York	6
Chapter 2: What children and young people have told us	7
Chapter 3: What the performance data tells us.....	12
Chapter 4: How we are doing as a Partnership.....	16
Chapter 5: Individual Agency Assessments.....	22
Chapter 6: Formal audits of our safeguarding arrangements.....	37
Chapter 7: Learning and Development	44
Chapter 8: How are we doing as a Board?	49
Chapter 9: What we have learnt: the priorities and challenges for next year.....	51
Chapter 10: Key messages for readers	54
Contact details for the Board.....	56
How to report concerns about a child or young person	56
Appendix A. Illustrative Scorecard	57
Appendix B. CYSCB Reporting Cycle.....	58
Appendix C. Members of City of York Safeguarding Children Board (31 March 2018).....	59
Appendix D. The Board and sub-group structure	63
Appendix E. The Board's Finances.....	65

Foreword by the Chair

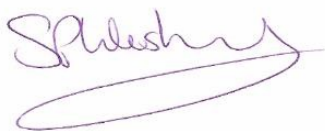


This is the final year that we will publish an Annual Report as the City of York Safeguarding Children Board (CYSCB). Next year, in accordance with the new Working Together to Safeguard Children 2018¹, there will be a report as the new City of York Safeguarding Children Partnership. I am proud to have been the Independent Chair since 2013 and that the CYSCB was judged outstanding by Ofsted during that time. This year we have continued to sustain improvements in safeguarding children through effective partnership working and I want to commend all members of the Board for their continued support in prioritising safeguarding children in the work of their agencies.

A key purpose of the report is to assess the impact of the work undertaken in 2017-18 on safeguarding outcomes for children and young people in York. Some highlights are:

- Every child reported to children's social care as missing was found
- An increasing number of cases were signposted for early help. This is a positive move towards ensuring that no child slips through the net
- Children's Social Care report that social workers have an average of 15.3 cases which is lower than the England average of 17.8
- The number of children subject to child protection plans and looked after is relatively stable
- Workshops on neglect have been delivered across agencies to reflect the lessons learned from a case review in 2017
- The vulnerability of disabled children to abuse has been well recognised and in multi-agency training on this topic, we have ensured that awareness of the vulnerabilities of this group of children is explicit.

We can never eliminate risk entirely. We need to be as confident as we can be that every child is supported to live in safety, free from abuse and neglect. The Board is assured that, whilst there are areas for improvement, agencies are working well together to safeguard children in York.



**Simon Westwood, Independent Chair,
City of York Safeguarding Children Board**

¹ <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

Formal Summary Statement

In this final report from the CYSCB, we are pleased to present the activity which has taken place in 2017-18 to safeguard children.

Our commitment to hearing the voices of children and young people has continued. Chapter 2 of this report makes it clear how dialogue with children and young people has resulted in their input to the business of the Board including the CYSCB website.

Chapter 3 explains what the Board has learnt from some of the performance data we collate from our partner organisations, which informs our Board's priorities. This includes child protection data; data about children in the care of the local authority; and other data about services for children and young people. This is one of the ways in which CYSCB gains a regular picture of some of the outcomes for vulnerable children in York.

In Chapter 4 we describe the work that CYSCB and our sub-groups have carried out during 2017/18. This includes how we have worked with our colleagues on other strategic boards, namely the Health and Wellbeing Board; the YorOk (Children's Trust Board); the Safer York Partnership; and the Safeguarding Adults Board. The progress and activity against our priorities is clear.

Chapter 5 contains individual agency assessments from our partners who are members of CYSCB. We challenge our partners to describe what they have done in 2017-18 to safeguard children in York and this chapter incorporates an account from each partner in response to this challenge. Chapter 6 describes the audits CYSCB has carried out during the past year. Our audit group, the Partnership Practice Scrutiny and Review Group (PPSRG), has carried out several themed audits and you can see the findings from these and the actions which have taken place as a result of these findings.

The activity of the Case Review Group (CRG) is also explained. Although we have undertaken no Serious Case Reviews in the last year, some alternative case reviews have taken place and learning from Serious Case Reviews from other local authorities has been discussed and disseminated. This has resulted in some local practice recommendations and actions.

In 2017-18 CYSCB, jointly with North Yorkshire Safeguarding Children Board, carried out a safeguarding survey of organisations in the voluntary sector. This was designed to support these organisations with their safeguarding policies and to offer them an opportunity to evaluate their own arrangements. We gave information on the survey, the findings and shared some of the good practice we were told about.

In this chapter you will also find information from the Child Death Overview Panel. We work alongside our colleagues in North Yorkshire to learn from the circumstances of child deaths in York and North Yorkshire, and from elsewhere in the country, to ascertain whether there is anything which could be done to prevent such circumstances from occurring again.

The work of the Local Area Designated Officer in investigating concerns about professionals who work with children, is also outlined in Chapter 6. You can see the figures for referrals, the agencies who referred and the categories under which these concerns were dealt with.

The CYSCB training courses are described in Chapter 7. This chapter refers to both face-to-face courses and to those online which are commissioned by CYSCB. There is also information about the delegates' evaluation of the courses and the impact they believe the courses have had on their practice.

Chapter 8 is about the business of the Board. It will tell you how we work as a Board; that attendance at our meetings has been good; and how our communications strategy has developed and been implemented over the past year.

CYSCB is a Board which never stops learning and developing. In Chapter 9 you can see the challenges we have faced during 2017-18, particularly with changing legislation. During 2018 will mean that we move to new safeguarding partnership arrangements as required by Government. You will see that far from being daunted by the changes, we are taking the opportunity to move forward with reviewing our current arrangements and re-energising the functioning of what is already a successful partnership (judged as 'Outstanding' in our Ofsted inspection report published in February 2017).

We believe firmly that safeguarding is everybody's responsibility and in Chapter 10 we deliver key messages for children and young people, communities, practitioners, Board partners, schools and for everyone, which we hope will serve to keep children and young people in York safe.

At the end of the report there are contact details for the Board and information about what to do if you are concerned about a child and in the appendices, you will find information about CYSCB data set; the reporting cycle; the membership; the structure of the Board and the sub-groups; and the Board's finances.

A shorter Executive Summary of this report is available on our website².

This report is formally the responsibility of the Independent Chair, Simon Westwood, who is tasked by the statutory guidance Working Together 2015 to produce an Annual Report. This Annual Report has been accepted by the CYSCB. In line with statutory guidance in Working Together 2015, it will be submitted to Chief Executive of the Local Authority, the Leader of the Council, the local Police and Crime Commissioner and the Chair of the Health & Wellbeing Board. The Annual Report 2018/19 will be published following the guidance in Working Together 2018, published in July 2018 and will be the work of the 'safeguarding partners'. This will set out what the new City of York Safeguarding Children Partnership has done to implement the new arrangements and how effective these arrangements have been in practice.

² <http://www.saferchildrenyork.org.uk/annual-reports-and-business-plan.htm>

Chapter 1: About York

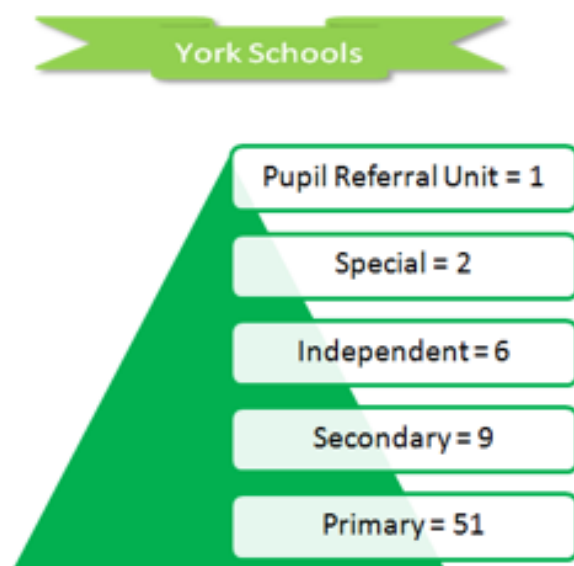
The City of York continues to be a relatively prosperous city with a changing population. The population is recorded by the Office of National Statistics³ as 208,367 which is an increase of 1,467 since 2016. Children and young people aged 0-17 (inclusive) make up 17.7% of this total which is 36,705 children and young people.



At the end of March 2018, 1.2% of adults in York were claiming benefits of some kind.⁴ This is fewer than the percentage for Yorkshire (2.5%) and for England as a whole (2.1%). Latest statistics⁵ (from September 2017) suggest that 11.16% of these children live in poverty. This is below regional and national averages.

In 2016-17 10% of children lived in low income families, which is lower than the regional and national averages (19% and 16.8% respectively). This equates with the percentage of York children who are eligible for free school meals which, in 2018, is below half of the national average⁶.

As noted in our last Annual Report for 2016/17, City of York is becoming more culturally and religiously diverse. York's most ethnically diverse ward is Heslington, due to the number of international students attending the University of York. Exact numbers and percentages remain unknown until the next census in 2021 but local statistics suggest that in 2015 the black and minority ethnic (BME) population had at least doubled during the previous 10 to 15 years. In 2017 Public Health England found that 10.6% of the school population were BME children.



There are 51 primary schools in York; 9 secondary schools; 6 independent schools; 2 special schools; and 1 pupil referral unit. At the end of March 2018, 19 of the primary schools and 5 secondary schools had been granted academy status. Twenty three of these schools belong to academy trusts.

The percentage of York children achieving a good level of development at the end of Reception was 74.3%, higher than the regional and national average.

³ <https://www.ons.gov.uk/peoplepopulationandcommunity/>

⁴ <https://www.ons.gov.uk/employmentandlabourmarket/peoplenotinwork/unemployment/datasets/claimantcountbyunitaryandlocalauthorityexperimental>

⁵ <http://www.endchildpoverty.org.uk/poverty-in-your-area-2018/>

⁶ <https://fingertips.phe.org.uk/profile/child-health-profiles>

Chapter 2: What children and young people have told us

Voice Priorities for 2017/18

During 2017-18 the key priorities set in 2016/17 have been achieved:

- The new Voice and Involvement Strategy for 2017-2020 has been completed.
- The terms of reference and membership of the Voice and Involvement Group have been agreed.
- The 2017 “Review of Voice”, with a focus on workforce development and voice within Special Educational Needs and Disability (SEND) arrangements, is due to be published later in 2018.
- A new Young Advisors model for young people is being established. Young Advisors will offer young people accessing support through Family Early Help Assessments, Children in Need plans, and Child Protection Plans opportunities to take part in consultations, inspections of services as well as training and interview panels.

In addition, a significant amount of other work has taken place, much of it by young people themselves.

The Voice & Involvement Group:

The Voice and Involvement Group (VOIG) is the leading city-wide forum taking forward work to promote and develop opportunities for children and young people to have a say and be involved in services that affect their lives. The VOIG reports directly into the YorOK Board and to the City of York Safeguarding Children Board. In 2017 the decision was taken that the VOIG should also link into the Strategic Partnership for Emotional and Mental Health. This will strengthen partnership arrangements to ensure children and young people are represented in the strategic and operational development of provision to support well-being and good mental health.

During 2017/18:

- City of York Council moved services for children and young people from Castlegate to 30 Clarence Street and consulted with young people on counselling services that are offered there.
- Vale of York Clinical Commissioning Group consulted with young people in care around what they wanted from their GPs and very constructive feedback was given. As a result, ‘hot topic’ training is being delivered for GPs in relation to children and young people in care. Plans are being drawn up to have a named GP in each practice who will champion the rights of young people in care.

- The York Lord Mayor's Awards 2017 were presented at the Vale of York High School. The awards are very flexible with the categories being chosen after nominations are made, to ensure a diverse range of nominees. Colleagues were asked to nominate children and young people that they believed to be worthy of receiving an award. Previous categories have included awards for being inspirational, for being braver and for volunteering. Awards are also presented to those working with children and young people.

Children's Engagement Strategy:

The new Children's Engagement Strategy was approved by the YorOK Children's Trust and City of York Safeguarding Children Board. The strategy places the involvement and participation of children, young people and families at the core of the work of these Boards, and adopts the following vision statement:

Children and young people are at the heart of our strategic arrangements. We are committed to ensuring that children and young people have a voice in decision-making, planning, commissioning, design and delivery of services.

Children and young people's feedback

The Schools' 'Voice' Events



During 2017 Primary and Secondary School 'Voice' events took place. The issues raised by children and young people at these events enable agencies and elected council members to understand where they can focus awareness-raising of relevant existing provision as well as carry out further research into new areas.

The children and young people made some very pertinent points about how safe they feel in the City of York. Issues included litter and what could be done about it; road safety; interactions with older people including the suggestion of 'buddy' schemes. Lack of youth clubs and general "social space for teens" was a concern for young people and mental health was identified as a pressing issue with suggestions of how young people might be able to access support via text, email and voice-call services.

Show Me That I Matter

Show Me That I Matter (SMTIM) is York's Children in Care Council (CiCC). It is a monthly forum where care-experienced young people (13+ years of age) raise important issues for discussion with elected council members and senior managers, with the aim of helping to shape and improve services for children in the care of the local authority in York. Alongside the forum, a separate focus group has been established to provide an additional opportunity for discussion.

This year there has been a focus in SMTIM on virtual schools and recruitment of a virtual head. The group also looked at apprenticeships and the relationship between young people and their social worker. The group is currently drafting a Children's Rights and Advocacy Statement.

'Aspire to More', the creative project delivered by Inspired Youth in partnership with the Children's Rights and Advocacy Service, has continued during 2017/18. Working in close partnership with SMTIM, 'Aspire to More' has enabled young people who are currently in care to meet with former care leavers who have been able to go on to maximise their opportunities for training and employment.

Speak Up – Access to advocacy provision

In 2017-18 the Children's Rights and Advocacy Service received around 50 referrals for advocacy. Most of these related to children and young people in care, with some in relation to children subject to child protection plans. This service supports children receiving a service from Children's Social Care to give their views.

York Youth Council

York Youth Council has had another busy year. 'Make Your Mark' proved successful in 2017/18. 'Make Your Mark' is a national vote coordinated by the UK Youth Parliament to inform their priorities. 2017-18 was another exceptional year for completed votes, with 5,530 young people taking part locally. The ballot boxes were distributed to a range of locations including through SMTIM, Danesgate, Young Carers, York Learning, as well as schools and apprenticeship schemes.

The leading issue receiving the national vote will become the priority for the Youth Parliament for the following year and the priority receiving the most votes in York will become the focus of the York Youth Council locally.

The winning campaigns voted for in York are:

- Curriculum for life
- Mental health
- Transport

In early 2018 young people checked out the 30 Clarence Street building both to inspect the facilities as well as to develop the Young Inspectors' resources. They met with School Wellbeing staff to discuss the Minding Minds award (see below) and looked at ways to promote it. They also reviewed the Primary Voice event feedback and wrote to schools and councillors.

The Youth Council is re-writing its constitution and restructuring, with the hope of forming three sub-groups: one for campaigns, one for consultation and one group to encourage involvement from other youth vehicle groups.

Minding Minds

The Minding Minds award, developed by York Youth Council, is awarded to schools for supporting their students to better deal with stress, balance academic study with wellbeing and improve overall mental health. York Youth Council awarded Scarcroft Primary School its first Minding Minds Award in recognition of the school's commitment to improving pupils' mental health and wellbeing.

Schools are supported by City of York Council Wellbeing Workers who liaise with school staff to identify and support pupils with early and emerging signs of mental health issues. These staff members then work with the pupils or students to identify strategies or provide support and intervention that help improve their mental health and wellbeing, and to build their resilience. As part of its bronze level Minding Minds project, Scarcroft School worked with their Wellbeing

Worker to pick three areas and develop an action plan. The areas they identified were the school's friendship bench and analysing its impact; friendship skills and looking at setting up a skills group to help others build friendships; and looking into establishing a quiet area of the playground.

Dominic Bielby from York Youth Council said: "Members of the Youth Council hope that other schools will follow the amazing example of Scarcroft Primary and commit to improving their students' mental health and wellbeing by engaging in the Minding Minds award."

You are Not Alone booklet

Care-experienced young people came together from across the three participation groups that form York's Children in Care Council (Show Me That I Matter; Speak Up Youth and York's Care Leavers Forum; I Still Matter) to create a resource to highlight some of the issues faced by young people going into care, with a particular focus on mental health, in an attempt to raise awareness amongst young people in the form of an electronic and paper-based booklet.

Young people took part in a series of workshops with Speak Up and Inspired Youth and had the opportunity to develop their creative writing skills, at the same time as exploring some of the feelings and emotions that are often experienced by children and young people in care. Young people identified key issues that they wanted to focus on which were grouped into the following themes:

- Dealing with coming into care
- Managing ongoing relationships
- The impact of pre-care experiences
- Identity
- Mental health issues

The You Are Not Alone booklet will be rolled out to all young people in care, aged between 11-17 years, and the booklet will be included in the information packs that are given to young people when they first come into care. The Show Me That I Matter group plans to share information about how this resource was created with other Children in Care Councils across the region, via the Yorkshire and Humber Children in Care Council Conference that is taking place in May 2018.

UMatter Survey for children in the care of the Local Authority

The next U Matter survey for children who are in the care of the local authority is due to take place in 2019.

Young People and CYSCB

We are very grateful to children and young people from the Show Me That I Matter (SMTIM) group and in the York Youth Council (YYC) for the work they have done in 2017-18 with CYSCB.

CYSCB Website - Children and Young People Page

CYSCB asked children and young people in SMTIM and in the YYC to tell us what they thought we could change about the young people's page on our website⁷. This is what they said and what we did in response.

⁷ <http://www.saferchildrencyork.org.uk/children-and-young-people.htm>

You said	We did
<ul style="list-style-type: none"> • The page is “clearly aimed at professionals” • “colours are very bland” • “there should be more images aimed at young people” 	<p>We made some of the information into a table, added background colour and more images.</p>
<ul style="list-style-type: none"> • “not built for phones and that’s how most young people would access it” • “The set up is a bit too complex – try to make the website look a bit more tidy” • “too much writing, shorten it” 	<p>We tidied up the links and made the page more accessible for phones. We changed the layout of the images at the top of the page and took out some of the text.</p>
<ul style="list-style-type: none"> • “Sections on child deaths and serious case reviews are inappropriate” • [Young people commented that links to child deaths guidance and serious case reviews in a young person’s section and could be very upsetting.] 	<p>We made sure that there is no reference to child deaths or serious case reviews visible on the young people’s page as those sections are really for professional guidance.</p>
<ul style="list-style-type: none"> • “Feels tokenistic” • “What’s the point in it when we have websites already e.g. Childline” 	<p>Although it is standard – and hopefully helpful – for Local Safeguarding Boards to have websites with information for children and young people, we can look to how this kind of information might have closer links to some of the other sites.</p>

We know that the young people’s section of the CYSCB website page is accessed hundreds of times a month, hopefully by children and young people themselves, so we are pleased to be able to have the involvement of young people in York in developing it.

Young People’s Annual Report

SMTIM and the YYC wrote a young people’s version of the CYSCB Annual Report⁸ from 2016/17. They pulled out some of the information that would be of particular interest for young people and produced a very accessible document. The report received praise from Board members and each young person involved received a letter of thanks from the Chair.



⁸ <http://www.saferchildrenyork.org.uk/annual-reports-and-business-plan.htm>

Chapter 3: What the performance data tells us

The performance reporting of CYSCB remains aligned to our five priorities:

- Early Help
- Neglect
- Child Sexual Abuse and Exploitation
- Children Missing from Home, Care and Education
- Children Affected by Domestic Abuse.

These priorities are the subject of performance updates at Board meetings. In addition, each sub-group of the Board reviews data relating to their specific priority area, highlighting and responding to issues and exceptions.

Our data comes from a variety of sources including: Children's Social Care; North Yorkshire Police; York Teaching Hospital Foundation Trust; NSPCC; Public Health; and Independent Domestic Abuse Services (IDAS). Together with other information from partners, including regular assurance reports and audit activity, this data helps us to build a picture of what is happening in terms of safeguarding children across York.

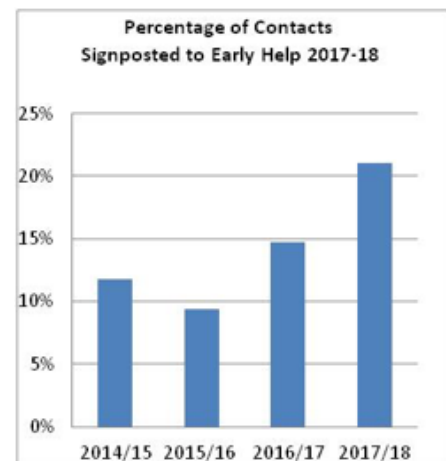
At Appendix A you can see examples of the kind of data that the CYSCB monitors and challenges. At Appendix B you can see the cycle of reports to the Board throughout the year and the activity which goes on in between Board meetings.

CYSCB priorities

Some of what we learnt this year:

Early Help

- In 2017-18 an increasing number of cases not meeting the threshold of Children's Social Care assessment and intervention were signposted for early help. This is a positive move towards ensuring that no child slips through the net. If the concerns do not merit Social Care intervention, a package of early help support can be coordinated with the family's consent.



Neglect

- The percentage of child protection listings under the category of neglect continues to rise in line with national trends. At the end of 2017-18 a snapshot shows that 56% of all listings were under this category, although the figure had been up to 60% during the year.
- The number of Graded Care Profiles (a specialist assessment for neglect cases) undertaken has increased since the start of the year. This is in response to training for specific groups of practitioners and CYSCB raising awareness of the value of this assessment tool.

Child Sexual Abuse and Exploitation (CSA&E)

- The percentage of referrals to Children's Social Care for Child Sexual Exploitation has doubled over the year. This may, to some extent, be positive in that more children identified at risk can be protected. It may be partly due to the introduction of the recording of 'criminal exploitation' by NYP and in part due to awareness-raising in line with training about the new exploitation review process used by the police.
- Enquiries regarding Harmful Sexual Behaviour (HSB) between children and young people rose at the end of 2017-18. This is not necessarily about an increase in incidents but may be in response to increased activity from CYSCB and sub-groups in disseminating information on HSB and raising awareness
- We will continue to monitor this risk to ensure we understand the reasons influencing the increase
- The percentage of referrals in which Child Sexual Abuse, Exploitation or Harmful Sexual Behaviour are a concern at the point of referral to Children's Social Care, has nevertheless remained consistently lower in comparison than other factors such as domestic abuse and neglect.

Missing from Home, Care and Education

- Every child reported to Children's Social Care as missing was found.
- There were 250 children reported as missing from education (CME) during 2017-18. Changing regulations meant that schools were reporting more cases when children had moved away without giving information about their new school.
- A total of 78% of these CMEs were located. The other 22% were not assessed as being a cause for concern and were mostly the children of students or academics who were known to have completed their studies and moved to another country.

Domestic Abuse

- One of the most common reasons for referrals and contacts to the Children's Front Door (Children's Social Care) was domestic abuse.
- Domestic abuse ranks high as a factor in child protection plans.
- Data is now being collated from Operation Encompass (the initiative by which schools are informed if a child's family has been involved in a domestic abuse incident.) It is too early to report definitively on this data yet.

Other data

Young People and Youth Offending

- The rate of first time entrants to the youth justice system was higher than in 2016-17 (425 in 2017-18 (per 100,000 of 10-17 year old population) compared to 385.46 in 2016-17) However, the actual numbers in 2016-17 were particularly low. More detail about this is given in the Youth Offending Team partner contribution in Chapter 5.

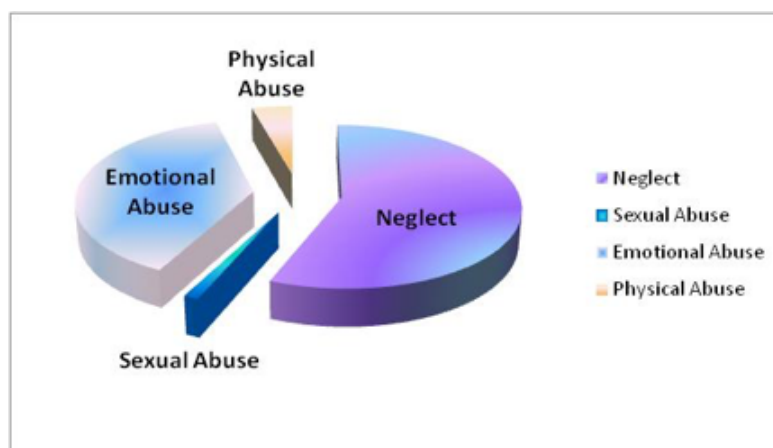
Disabled children

- The percentage of final Education, Health & Care Plans for disabled children issued within statutory time limits remains fairly constant, when compared with figures for previous years. Enquiries and Referrals to Children's Social Care (CSC)
- The Children's Front Door (CSC) received 5468 enquiries during the year. Of these 1095 (20%) met the threshold for a Children's Social Care assessment and intervention. Although this is less than the percentage which met the threshold in 2016-17 (26%), the new Local Area Teams have been able to pick up the coordination of some of these cases at early help level (as demonstrated in the increasing number of enquiries which were signposted for early help.)
- There was an increase in the number of enquiries to the Children's Front Door about children with mental health issues.
- Children's Social Care report that social workers have an average of 15.3 cases, which is lower than the England average of 17.8. Caseloads, however, depend on the complexity and nature of the cases held.

Child Protection

- Neglect is still the most prevalent category for Child Protection Plans followed by Emotional Abuse, Sexual Abuse and Physical Abuse.

Category of Child Protection Plans 2017/18



The total number of children subject to a child protection plan at the end of March 2018 was 167. This is a marginal decrease since the same time last year (171).

Children in the care of the local authority

- There were 197 children in the care of the local authority at the end of March 2018 which is marginally less than a year earlier (204).
- Nationally there has been a 2.7% decrease in 2017-18 in applications to court for care orders.

Child Deaths

- A total of 11 child deaths in York were notified to the Child Death Overview Panel (CDOP) in 2017-18.

- Of these, two were unexpected deaths. An unexpected death means that the child became ill very suddenly having previously been relatively or completely well, or has suffered a sudden traumatic experience e.g. a road traffic accident.
- The CDOP has reviewed a total of 11 deaths (some of which will be from previous years); four of these were expected (the child had a life limiting illness) and seven were unexpected.
- Of the deaths reviewed four were found to have modifiable factors. These factors were: smoking and unsafe sleeping practices. This does not mean that these were the cause of death but that they are issues which could be changed.

(You can find more about CDOP in Chapter 6)

Chapter 4: How we are doing as a Partnership

The five priorities we set ourselves last year and the work of the sub-groups

Information about the structure of the Board and the remit of each sub-group can be found at Appendix D.

Priority 1: Early Help

The Early Help Sub-group became the Local Area Development Partnership (LADP) in 2017. The aim of LADP is to promote and ensure implementation of effective integrated multi-agency arrangements and practices that will support the delivery of early help and intervention services for children, young people and their families. During 2017-18, LADP has been focusing on self-evaluation of early help services via the Department for Communities and Local Government; 'Early Help Service Transformation Maturity Matrix'⁹. The model helps partners to assess current progress and determine next steps. Group members, which comprise both managers and frontline practitioners from early help services, including the voluntary sector, have been working together to understand how early help is working in York. Local Area Outcome Plans are establishing a suite of performance indicators through which the impact of the work of Local Area Teams and the Local Area Delivery Partnership is measured.

Priority 2: Neglect

Following the publication of the CYSCB Multi-agency Neglect Strategy in late 2016, the Neglect Sub-group produced a delivery plan to achieve the outcomes set out in the Strategy. Actions have included:

- Raising awareness of child and adolescent neglect
- Ensuring that partners' Agency Assurance Reports to CYSCB include activity against the neglect priority
- Making certain that practice lessons from the Learning Lessons Review regarding neglect were disseminated across the workforce.
- Delivering Graded Care Profile training (a specific assessment for cases of neglect) to all relevant practitioners.
- Escalating school attendance concerns through the Local Area Teams and the Healthy Child Service, to enable health or social needs to be addressed that may be restricting the ability of the child to attend school.

Progress has been made on all of the above and the following actions have been achieved during 2017-18:

⁹ <https://www.gov.uk/government/publications/troubled-families-early-help-service-transformation-maturity-model>

- A 'Was Not Brought' policy is embedded in York Teaching Hospital, York Healthy Child Service and Primary Care. Children are recorded as 'was not brought' to appointments rather than that they 'did not attend' because children do not take themselves to appointments.
- The use of the Graded Care Profile, as a specialist assessment tool for neglect, has been rolled out across Children's Social Care and the Healthy Child Service. Practitioners in the Local Area Teams (Early Help) are also being trained to use this tool.
- A 'One Minute Guide' to Child and Adolescent Neglect¹⁰ has been published including information and links to research.
- Workshops on neglect have been delivered across agencies to reflect the learning from a Learning Lessons Review in 2017.
- A new Neglect Screening Tool for use by all practitioners will be published in June 2018.

The Board has also agreed updates to the Neglect Storyboard¹¹ which is now published.

Priority 3: Sexual Abuse and Exploitation

During 2017 the Child Sexual Abuse & Exploitation (CSA&E) Guidance and Storyboard were revised and updated in response to new government guidance and a revised national definition of Child Sexual Exploitation¹². The CYSCB Guidance, Storyboard and screening tool can be found on our website¹³.

A stronger connection has been established with the Office of the Police & Crime Commissioner (OPCC) to enable the CSA&E/Missing from Home Sub-group to understand, and have input into the commissioning of services for children and young people in York. The Commissioning Manager from the OPCC now attends sub-group meetings and provides regular updates to the group in addition to taking feedback from the sub-group to the OPCC.

The CSA&E/Missing from Home Sub-group set up a task and finish group to look at the services available for children and young people displaying, and those who are victims of, Harmful Sexual Behaviour (HSB). A draft pathway for assessment and intervention across the spectrum, from early help to statutory services, has been developed and there will be a further focus on HSB during 2018 and 2019.

The sub-group has been concerned about the particular vulnerabilities of disabled children not only in relation to HSB but to all forms of abuse and exploitation. Further work is ongoing in 2018 to understand what information partners keep on safeguarding vulnerable children, sexual abuse and what we can seek to find out.

¹⁰ <http://www.saferchildrenyork.org.uk/neglect.htm>

¹¹ <http://www.yor-ok.org.uk/workforce2014/storyboards.htm>

¹² <https://www.gov.uk/government/publications/child-sexual-exploitation-definition-and-guide-for-practitioners>

¹³ <http://www.saferchildrenyork.org.uk/child-sexual-abuse-and-exploitation.htm>

The CYSCB's audit group considered cases of child sexual abuse as a retrospective exercise to ascertain whether there were any warning signs and whether, with hindsight, situations could have been prevented. There was no evidence of concern and appropriate action was taken in the cases audited. Further information on audits can be found at Chapter 6 in this report.

During the year the NSPCC produced web pages with resources and frameworks which have been discussed at various Board sub-groups. The Business Unit also used social media and a new web page to publicise them.

Priority 4: Missing from Home, Care and Education

CYSCB recognises that children and young people, who go missing from home or care settings, are vulnerable to exploitation of all kinds. Our Board is therefore interested in the numbers of these children and the processes that support them.

The Board is assured that there is good communication between North Yorkshire Police and Children's Social Care on missing children and that those who are particularly vulnerable are discussed at multi-agency meetings with agreed action plans put in place.

The CSA&E/Missing from Home Sub-group has also received assurance from North Yorkshire Police about the disruption tactics they are using for known addresses to which young people go missing.

Children reported as missing from education in York tend, predominantly, to be children who have moved to another school – almost entirely the children of overseas academics or students – without the school in York being informed of the name of the new school. Schools are extremely vigilant in letting the local authority know about children missing from education. For the very few children who do not fit into the category above, discussion takes place with Children's Social Care to ascertain whether there are any concerns. There have been none identified during 2017-18 of specific concern.

Priority 5: Children affected by Domestic Abuse

The Domestic Abuse Sub-group – a task and finish group - reported to CYSCB in July 2017 on its findings regarding the impact of domestic abuse on children and young people and potential gaps in services for these children. The report was subsequently delivered to the Safer York Partnership (SYP) from CYSCB. The Inter Board Protocol (described later in this chapter) cites SYP as the lead partnership for considering the issue of domestic abuse in York. In turn the SYP has reported to the York & North Yorkshire Joint Commissioning Group for Domestic Abuse.

CYSCB has asked SYP to take forward the recommendations of the Domestic Abuse Sub-group and CYSCB, and report back to CYSCB on the actions and outcomes in October 2018.

Operation Encompass involves the police reporting to schools before the start of the next school day (in strict confidence) when a child or young person has been involved or exposed to a domestic abuse incident the previous evening. It has ensured that an early response and support can be given to children affected by domestic abuse.

Feedback from Operation Encompass indicates that both children and parents who experience domestic abuse in the home can seek support through contact with school staff because of the

notification process that is in place.

Uniquely to York and North Yorkshire, Operation Encompass now includes an information sharing process whereby if a pregnant woman (or up to 28 days postnatal) is involved in a domestic abuse incident a notification is sent to the woman's community midwife. This informs more effective safeguarding responses for unborn babies and new-borns. New information sharing protocols means that this process will very shortly extend to the Healthy Child Service.

Representatives of Independent Domestic Abuse Services (IDAS) have worked with CYSCB via representation on the Board and on sub-groups. IDAS deliver services to victims of Domestic Abuse and Sexual Violence including services for young people who perpetrate domestic abuse but may also be subject to other adverse childhood experiences themselves. CYSCB has been pleased to see the appointment of an IDAS Service Manager specifically to focus on services for children and young people.

Inter Board Protocol

During 2017-18 CYSCB has continued to work closely with other strategic Boards, the Health and Wellbeing Board (HWBB), the Children's Trust (YorOk) Board, the Safeguarding Adults Board (SAB) and the Safer York Partnership (SYP) under the auspices of the City of York Inter-Board Protocol. Board Chairs and the operational leads for each Board have held regular meetings to discuss and agree on action for cross-cutting issues. A Safeguarding Conference was coordinated along with counterparts from North Yorkshire in October 2017. Work has taken place to cross reference the membership of the Boards and to map the strategic aims to reduce duplication and promote collaboration. CYSCB has contributed to the City of York Mental Health Strategy produced by the HWBB and to the SYP's refresh of the Community Safety Strategy, to specify actions to keep children and young people in York safe.

Each Board has its own priorities, many of which have relevance for children and families. Our colleagues in these strategic boards have contributed the following information to our Annual Report about their work.

Health and Wellbeing Board

The Health and Wellbeing Board (HWBB) focuses on safeguarding children by way of twice-yearly meetings between the chair of the HWBB, the chair of CYCSB and other chairs of key groups, through the commitment to the Inter-Board Protocol and via the quarterly meetings of the operational leads.

The HWBB also receives and discusses the CYCSB's annual report at one of its formal meetings.

The HWBB's Joint Health and Wellbeing Strategy 2017-2022¹⁴ is an all age strategy with four main themes, one of which is 'starting and growing well'. The top priority in this theme is 'support for the first 1001 days, especially for vulnerable communities'. Additional issues that HWBB are working on in this area are:

- Reducing inequalities in outcomes for particular groups of children

¹⁴ https://www.york.gov.uk/downloads/file/12806/joint_health_and_wellbeing_strategy_2017_to_2022

- Ensuring children and young people are free from all forms of neglect and abuse
- Improving services for students
- Improving services for vulnerable mothers
- Ensuring that York becomes a breastfeeding friendly city
- Making sustained progress towards a smoke free generation

Through its recently published Mental Health Strategy 2018-2023¹⁵ the HWBB is acutely aware of how important it is to support good emotional and mental wellbeing for children and young people. The aim, via this strategy, is to build and maintain high emotional resilience and protect children and young people from harm, including self-harm, whilst tackling those factors that damage self-esteem and cause emotional and mental distress, including bullying in all its forms. It also recognises the importance of good mental health support for mothers during pregnancy and after giving birth. Unidentified or poorly managed mental ill health can have lasting effects on maternal self-esteem, partner, family and carer relationships as well as the mental health and social adjustment of children.

Safeguarding Adults Board

• Making Safeguarding Personal (MSP)

A key part of the Care Act 2014 is the establishment of a person-centred approach to safeguarding adults across all agencies. The City of York SAB has been encouraging the development of an MSP approach across all partner agencies in the city, and the matter has been reviewed at SAB Development Days too. There has undoubtedly been progress on the matter.

MSP is challenging work, not least because not all vulnerable people have the capacity to decide what is in their best interests and may need assistance to do so. Also, many safeguarding adults situations are complex, often involving the actions of friends or relatives, and the problems created are seldom easy to resolve. There are particular challenges when a person is assessed as having the mental capacity to make their own decisions, even if those choices are seen by others as unwise and even dangerous to their personal well-being.

The Safer York Partnership (SYP)

The Safer York Partnership has strengthened its links to the City of York Safeguarding Children Board through membership of the Inter-Board network and commitment to the Inter-Board Protocol. The Community Safety Strategy 2017-20 contains six strategic priorities for the Safer York Partnership. The priority of Protecting Vulnerable People from Harm incorporates CYSCB priorities of child sexual abuse and exploitation, missing from home, neglect and domestic abuse and ensures that the Community Safety Partnership captures the contribution to delivery that is made through CYSCB. The refresh of the Community Safety Strategy during 2017-18 has further strengthened these links ensuring that there is focus on children and young people throughout the delivery of all community safety strategic priorities.

¹⁵ https://www.york.gov.uk/downloads/file/15492/mental_health_strategy_2018_-_2023

The YorOk (Children's Trust) Board

The YorOK Board ensures that partners work together so that children and young people in York are “safe, resilient and achieving” and have access to services and support that are the best in the country. Specifically, the YorOk Board monitors progress against the four priorities in the Children & Young People's Plan¹⁶; challenges partners where more needs to be done; ensures that services are working in the best interests of families and children; and confirms that public money is spent well on services for children and young people.

• Early Help

The Board has contributed to the development of an Early Help Strategy¹⁷ and overseen the implementation of the Local Area Teams which deliver early help to the most vulnerable families in the city. The Local Area Development Partnership (LADP) has provided assurance that the safeguarding agenda is embedded within early help arrangements. Additionally, the YorOK Board has overseen the creation of the Healthy Child Service, which works alongside the Local Area Teams and the implementation of the 30 Hours Free Childcare Programme.

• Emotional and Mental Health

The YorOk Board has monitored both the successful pilot and subsequent city-wide expansion of the innovative School Wellbeing Service. Updates on the Local Transformation Plan have been received from the Strategic Partnership for Emotional and Mental Health, which focuses on early help and easier access to services for children and young people, the All Age Mental Health Strategy, the new counselling services, the Single Point of Access and the Mental Health Crisis Team.

• Narrowing Gaps in Outcomes

The YorOk Board has scrutinised the work being undertaken to narrow gaps in the educational outcomes for children and young people in the city, including how the Local Area Teams are working with schools on pupil attendance and how pupil premium funding is making a difference. The YorOk Board also heard from the Director of Public Health about how gaps in health outcomes are being narrowed.

• Vulnerable Groups

The YorOk Board has considered several vulnerable groups. The findings of the Inclusion Review have been shared with Board members and they received a presentation on the work of IDAS and the Domestic Abuse Forum. The Integrated Commissioning Group, a sub-group to the Board, also recently commissioned a deep dive into issues relating to children and young people with autism. The Voice And Involvement Group reports to both the YorOK Board and the CYSCB, and works to ensure that the voices of children and young people are heard across the spectrum of services from early help to child protection, and influences service design.

The YorOK Board is committed to working alongside other strategic boards in the city, including the Safeguarding Boards (Adults and Children). The YorOK Board has worked with the Safeguarding Boards to promote Safeguarding Week and the “It's not Okay” campaign, and YorOk Board members receive a regular update from the CYSCB at YorOK Board meetings.

¹⁶ <http://www.yor-ok.org.uk/workforce2014/Dream%20again%20and%20YorOK%20Board/dream-again---the-children-and-young-peoples-plan.htm>

¹⁷ <http://www.yor-ok.org.uk/workforce2014/Dream%20again%20and%20YorOK%20Board/early-help-strategy.htm>

Chapter 5. Individual Agency Assessments

In this chapter our CYSCB Board partners have given their own reports on what their organisations have done during 2017-18 to safeguard children in York.

NHS Partners

Vale of York Clinical Commissioning Group (CCG)

The CCG has established good safeguarding children assurance processes, both within the CCG and between the CCG and health provider organisations. The Designated Nurse for Safeguarding Children (DNSC) provides comprehensive bi-monthly reports to the CCG Quality and Patient Experience Committee. This report provides a detailed update of any current safeguarding children risks with the associated action plans.

The report also includes updates against the CCG Designated Professionals Strategic Plan, and key highlights for 2017-18:

- The DNSC has led a piece of work between NHS providers and Healthy Child Service (City of York Local Authority) to develop robust pathways and processes for information sharing in relation to safeguarding children
- The team continues to work with partners to ensure the CCG meets its statutory responsibilities with regard to children in care
- There have been further developments in safeguarding children practice across the health economy in North Yorkshire and York, including domestic abuse notifications to midwifery colleagues, improvements in health safeguarding links into Multi-Agency Public Protection Arrangements (MAPPA) processes and the development of practice guidance for managing Fabrication and Induction of Illness¹⁸
- The Designated Professionals Team has continued to monitor progress against Care Quality Commission: Children Looked After and Safeguarding Review action plans.

- **Safeguarding Arrangements in Primary Care:**

The Nurse Consultant and the Named GP for Safeguarding have worked with General Practices across York to audit safeguarding arrangements in primary care. The outcome of these audits has been very positive with all practices returning the audit and with very few practices not achieving full compliance against NHS Englands standards. Any practices where full compliance is not achieved have agreed action plans in place.

A comprehensive safeguarding children training plan for primary care continues to be well received. The Nurse Consultant has identified a clear correlation between safeguarding subjects covered in training and the requests for safeguarding advice to the Designated Professionals Team.

¹⁸ <http://www.saferchildrenyork.org.uk/child-protection-procedures.htm>

- **Supporting the work of the CYSCB:**

- The Chief Nurse, DNSC, Nurse Consultant and Designated Doctor for Safeguarding all continue to play an active role in supporting the work of the CYSCB and its sub-groups
- During the latter part of 2017-18 the Chief Nurse has been involved in detailed discussions with senior colleagues from North Yorkshire Police and the Local Authority to develop the new safeguarding children partnership arrangements which will be required as part of revised statutory guidance in Working Together 2018
- The Designated Nurse continues in the role as Chair of the CYSCB Case Review Group. This group has demonstrated that there are robust arrangements in place for referring cases for consideration and seeking assurance that action plans arising from reviews are complete and embedded in practice
- The Designated Nurse is a member of the CYSCB Priority Delivery and Scrutiny Group (PDSG) and is involved in providing feedback regarding the proposals for the new safeguarding arrangements
- The Nurse Consultant for Safeguarding is a member of the CYSCB audit group Partnership Practice Scrutiny and Review Group (PPSRG) where she is able to contribute significant information in respect of primary care involvement with cases subject to audit.

- **Involving Children and Young People:**

The Designated Professionals continue to work closely with colleagues across the health economy to ensure that children's and young people's views are fully considered throughout the commissioning cycle.

York Teaching Hospital and NHS Foundation Trust (YTHFT)

York Teaching Hospital and NHS Foundation Trust (YTHFT) continues to develop and strengthen safeguarding practice within the organisation and play an active role in the CYSCB's Case Review Group, the PPSRG and the Children in Care Strategic Group.

We have reviewed our safeguarding governance arrangements to reflect the increased level of activity at both operational and strategic level within the Trust. This has resulted in an operational group that now meets bi monthly and a quarterly strategic group to which our multi-agency partners are invited. This arrangement is enhancing scrutiny and transparency both within the Trust and from our external partners.

In order to support prioritising key work-streams, a safeguarding work plan has been developed. This encompasses action plans from inspections, audits and learning from safeguarding reviews. The CQC CLAS (Children Looked After and Safeguarding) inspection, undertaken in December 2016, highlighted key areas for development in the Emergency Department (ED). We recognised that a different approach was required to meet the safeguarding needs of children. Following consultation with ED staff a new Safeguarding Liaison Nurse role has been developed. The role is based in the ED and is initially funded by the Trust until April 2019. During this period, key performance indicators will be used to evidence the effectiveness and impact of the role.

Through analysis we identified omissions in our data collection for Looked After Children's Initial Health Assessments (IHA). Recognising the risk this presented, the Trust has implemented a new system of data collection that better reflects the timeliness and quality of the IHA child's journey. This has resulted in an increasingly robust system that provides both the Trust and our partners with accurate data.

The training packages developed and delivered by the Safeguarding Children Team (SCT) continue to reflect the CYSCB's priorities. The SCT delivered joint training with social care colleagues following a Learning Lessons Review in order to maximise the impact and learning opportunity for multi-agency staff. Safeguarding training compliance continues to present challenges across the Trust.

Recognising the need to explore new approaches the SCT now report on key performance indicator (KPI) compliance and improvement at both the Trust operational and strategic governance groups. This has resulted in focused senior manager support to improve compliance across Trust directorates. The Trust has developed a training programme for new starters to the organisation who require level 3 safeguarding training (Intercollegiate document 2014). This training combines theory but also practical workshops and has an emphasis on the child's world. The programme has been developed and agreed collaboratively with our colleagues in Children's Social Care which ensures training of the highest quality is planned and delivered. Through this approach we aim to enrich learning and embed a multi-agency, partnership approach with our staff.

Whilst recruitment is undertaken to appoint a substantive Named Midwife post the Trust has taken the opportunity to offer an interim midwife role within the SCT. The aims of this role include supporting individual professional development, development of knowledge and skills within the midwifery team and ensuring these are used in the future to strengthen safeguarding practice within midwifery. As a result of this role we are currently revising our holistic assessment with the aim that this will assist midwifery colleagues in their contribution to Graded Care Profiles but also in the assessment of risk and protective factors.

Learning shared by the Safeguarding Board is disseminated in a variety of ways including at the Trust strategic and operational groups where senior managers have a commitment to locally cascade as appropriate. The Trust also optimise the use of quarterly newsletters, inclusion in staff training programmes and the Trust monthly newsletter "Staff Matters" which is widely read and disseminated to all Trust staff. Tees & Esk Wear Valley Foundation Trust

Following the CQC 'Review of Health Services for Children Looked After and Safeguarding' in York (2016), the Trust responded by implementing the recommendations identified. The safeguarding team developed a managers' pack for safeguarding children which has been piloted in York, amended then rolled out across the organisation. This has been developed to enable team managers to have more oversight of any safeguarding children issues within their teams. Teams also have a daily 'huddle' in place which enables managers and senior colleagues to support staff and each other to provide timely support for safeguarding concerns.

The managers' pack has also supported the implementation of the 'PAMIC' tool: 'impact of parental mental health on children.' This tool is used across the organisation and staff are

reminded to use it. This was positively received by the CQC during the review identified above. This is not only used within Adult Mental Health but also within Child and Adolescent Mental Health Services (CAMHS) when there is consideration that there could be parental factors impacting upon the child.

CAMHS now have a Clinical Nurse Specialist trained in the provision of safeguarding supervision which enables timely supervision to be delivered to CAMHS professionals. The Clinical Nurse Specialist is supported by the Safeguarding Team in this role.

In 2017-18 within the CAMHS service there has been the implementation of a CAMHS Crisis Service which is in place from 10 am to 10 pm. This has been very positive in enabling children and young people to be seen at the point of contact in the Emergency Department when they present, rather than being admitted to a paediatric ward and waiting for assessment, unless required medically.

The Trust's safeguarding children team is part of a Safeguarding and Public Protection Team, working closely with the adult team to deliver a 'think family' approach. This has enabled a holistic approach to safeguarding, ensuring appropriate representation at meetings such as MAPPAs. If it is a child who is to be discussed, it would involve a member of the safeguarding children team. This approach is also taken with 'Prevent' referrals and attendance at 'Channel' panels (held to discuss young people who may be at risk of radicalisation.)

The Trust has a dedicated Multi Agency Risk Assessment Conference (MARAC) (domestic abuse) advisor to attend MARACs, again as a holistic approach, being aware of children where there has been domestic violence and, if known to the Trust, making the clinician aware.

There is also a safeguarding link professional network across the organisation. These professionals have an enhanced training for safeguarding and meet regularly. This network enables relevant information regarding safeguarding updates to be shared across the Trust. They are locality based so there is a York based group. This group also enables issues within services to be shared and addressed by the safeguarding team. NHS England

- **Introduction**

NHS England (NHSE) is the policy lead for safeguarding across health and social care and leads and defines improvement in safeguarding practice and outcomes. It is the responsibility of NHSE to ensure that the health commissioning system is working effectively to safeguard children and adults.

- **Sharing learning from safeguarding reviews**

In order to improve local health services, NHSE has responsibility for sharing learning from safeguarding serious incidents. A North region newsletter is now circulated weekly to safeguarding professionals. Learning is also shared with GP practices via quarterly safeguarding newsletters, and annually for pharmacists, optometrists and dental practices.

An annual North region safeguarding conference is hosted by NHSE North for all health safeguarding professionals; this year's event included learning on neglect, and asylum seekers. NHSE held a conference for named GPs to share good practice and learning; topics included domestic violence and safeguarding.

- **Safeguarding Serious Incidents**

All safeguarding serious incidents and domestic homicide reviews are reported onto the national serious incident management system. NHSE works in collaboration with CCG designated professionals to ensure a robust oversight of all recommendations and actions from reviews. Prior to publication the NHSE communication team liaises with the relevant local authority regarding the findings and recommendations.

- **Training & Development**

Designated safeguarding professionals are jointly accountable to CCGs and NHSE and oversee the provision of safeguarding training for primary care services. The main source of training for other primary care independent contractors is e-learning packages.

In 2017-18 NHSE launched the NHS Safeguarding Guide App¹⁹

A number of leadership programmes for designated safeguarding professionals have been commissioned. The CSE training provided by BLAST 'Not Just Our Daughters' has also been provided for front line health professionals.

- **Assurance of safeguarding practice**

An online version of the Safeguarding Assurance Tool for use with CCGs has been piloted locally in 2017-18 in order to develop a national assurance tool. A primary care version is also being piloted by a couple of CCGs in Yorkshire and the Humber.

- **Prevent**

NHSE North has two regional Prevent coordinators who work across the North region to support Prevent implementation. This year has seen an increased focus on Prevent implementation within health and safeguarding.

A national task and finish group has been established to oversee the progress that is being made with implementation, with particular focus on training.

A number of projects have been funded to enhance understanding of Prevent and to support staff, including work with partners in the development of a graphic novel titled 'Hurt by Hate', an interactive training package designed to raise awareness of Prevent issues and safeguarding.

A Prevent training framework has been developed plus e-learning packages specifically for health and guidance for mental health practitioners has been shared.

- **LeDeR (Learning Disabilities Mortality Review)**

The Learning Disabilities Mortality Review (LeDeR) Programme aims to guide improvements in the quality of health and social care services for people with learning disabilities. The programme includes supporting local reviews of deaths of people with learning disabilities and undertaking a number of associated projects.

Some specific examples of change are:

¹⁹ http://www.myguideapps.com/nhs_safeguarding/default/

- learning disability awareness training for staff
- promoting a wide range of health and wellbeing resources
- wider awareness of the benefits of health screening programmes for people with a learning disability, their family and carers
- involvement of criminal justice system e.g. police-force awareness
- events with providers, self-advocates and families.

Local Authority

Children's Social Care

In November 2016 a Single Inspection by Ofsted graded City of York Children's Social Care as Good. (The report was published in February 2017) Activity in 2017-2018 within the service has focused on addressing the areas identified for improvement as well as building and consolidating the many areas of strength.

We have made great strides in improving the timeliness of single assessments and the percentage of those completed within 45 days has increased from 59.6% (2016) to 88.38% (2017).

As seen in Chapter 3 of this report, neglect remains the most prevalent reason for children being made subject to child protection plans. In an attempt to address this we have, alongside the Healthy Child Service, trained over 150 staff in the use of the Graded Care Profile. This is a practical, evidence-based tool which supports practitioners in measuring the quality of care delivered to an individual child by their parent or carer(s).

Our numbers of children in care remains stable and the number subject to child protection plans has only marginally varied, which is in contrast to our regional and national neighbours.

We continue to be amongst the best performing authorities for the duration of care proceedings, with the associated positive impact on the children subject to those proceedings.

This positive performance was evidenced in the Hestia Group research undertaken by York University²⁰ in which they found that in comparison to the other local authorities in the study Family risk factors, including caregiver mental health and substance misuse problems, were more often identified in York than elsewhere.

'Support for specific child and care givers problems was more likely to be offered in York'

This is evidence of the effective multi-agency partnership work which characterises York.

²⁰ <https://www.york.ac.uk/spsw/research/researchproject-thehestiastudy/>

Youth Offending Team (YOT)

During 2017-2018 there has been an increase in first time entrants to the youth justice system, 425 (per 100,000 of 10-17 year old population) compared to 385 in 2016-17. The figures for 2016-2017 were exceptionally low and, therefore, this increase was expected within York, due to this and to the introduction of the Youth Outcome Panels. The panel ensures that York Youth Offending Team are working with more of the city's young people on lower level interventions, whereas previously the YOT would not have been involved. The percentage of reoffending recorded has also increased to 36.70%.

The Home Office published a 'Concordat on Children in Custody' in October 2017. The aim of the concordat was to clarify the legal and statutory duties of the Police and Local Authorities and is intended to prevent the unnecessary detention of children in police stations following charge. York YOT has been working hard to improve this process for several years and this work has continued following the publication of the concordat.

A York and North Yorkshire Police and Criminal Evidence (PACE) Act Youth Working Group meets quarterly and reviews cases of interest as they arise to make sure everything was done to prevent each child spending the night in police custody. York has clear pathways and processes in place to access overnight beds with Howe Hill Hostel, the Peaseholme Centre and local Foster Care placements to ensure that the authority can meet its responsibilities of preventing children staying in police custody overnight. It is extremely positive that, following a lot of joint working, the overnight detention of children in custody has reduced by 90% since 2012.

The YOT has continued to improve assessment and intervention services for young people displaying harmful sexual behaviour (HSB). We are presently in the process of training further staff in the AIM2 assessment process which will increase knowledge and skills and increase the overall offer from the local authority in this area. The YOT lead on HSB has been able to develop the services the YOT can offer in assessment and intervention. This will confirm clear processes on early intervention as well as continuing and developing the statutory court-imposed work following the Good Lives model.

With regard to the nationally rolled-out assessment tool, ASSET Plus, the YOT has continued to quality assure every assessment completed by the team using a national quality assurance tool. These assessments are then audited annually by Practice Managers and key staff, which then inform an assessment improvement plan and provide the opportunity to identify key themes. A further development with ASSET Plus is that the assessment is now transferable to the Secure Estate (young offender institutions, secure children's homes and secure training centres) through a national online portal. This ensures all live cases with sentence plans in place, can be accordingly adapted when there are safeguarding or risk of harm concerns identified. This process ensures we respond to the needs of young people in a more collaborative way, and jointly own the assessment and plan with secure establishments.

Local Area Teams (LAT)/Healthy Child 0-19 Service

Local Area Teams (LATs), launched in January 2017, are the centre piece of York's early help arrangements for children, young people and families from pregnancy through to adulthood. The purpose of a Local Area Team is:

- to prevent the escalation of needs which may require, if not addressed, complex and costly interventions at a later point.
- to reduce inequality of outcomes for our communities across York.

Local Area Teams are not just a set of council services. They are multi-agency and bring together all partners in a local area that exist in the lives of children, young people and families. In August 2017 the Healthy Child Service joined the Local Area Teams arrangements following a restructure.

The first year of the service has been strongly characterised as one of establishing a new way of working. The programme of structural, operational and cultural change to introduce Local Area Teams is significant and complex.

There are a good number of strong and positive stories demonstrating the impact of the new operating model.

- A new Early Help Strategy has been developed and launched in consultation with partners.
- Partners within each locality have come together to review data and identified need in their area. This has formed three Local Area Outcome Plans. These plans set out the key early help priorities for each area and how all the partners will work together in response.
- Every school has a team of professionals to support the school to play a leading role in the early help agenda. This includes a Local Area Support Practitioner, a Wellbeing Worker, a school nurse and a learning and work advisor.
- Establishing a new Healthy Child Service continues to be a highly active area of work. Significant improvements have been made to performance against mandated contacts with families, development of a traded offer to schools and the reintroduction of the universal school nursing element of the service.
- Every GP surgery has a linked health professional to support effective information sharing and to improve links to early help and safeguarding arrangements.
- A new system called Singleview has launched giving practitioners a consolidated view on data held about children, young people and families across multiple systems.
- New problem solving meetings have been established to bring together multi-agency partners around a community or thematic issue. These have addressed issues relating to school readiness, school attendance and anti-social behaviour.
- A new approach has been developed to build capacity in partner organisations in response to need. This has seen the development of a new commissioning and grants programme, links with other local and regional funders, strengthened links with ward members and made creative use of resources.
- New programmes of volunteering have been introduced, greatly expanding the reach and impact into communities.

- Performance in relation to young people who are Not in Education, Employment or Training (NEET) has been maintained, and opportunities to integrate our approach further within LATs could drive future improvements.

For all areas of Local Area Teams, including the Healthy Child Service, this still is very much a time of transition. As further strands of the new arrangements become more established the true potential of the new operating model will be demonstrated.

North Yorkshire Police

North Yorkshire Police is responsible for maintaining law and order, protecting members of the public and their property and the prevention and detection of crime. The Control Strategy sets out the policing priorities to fulfil these responsibilities and includes Safeguarding Vulnerable and Exploited people. This is reflected within the Police and Crime Plan that states one of the priorities for the police and crime plan is to have ‘an in-depth understanding of how we can best protect the most vulnerable people in our society and will invest in services, skills and partner relationships to deliver the best possible outcomes’²¹.

The exploitation of a child or young person can take several different forms and North Yorkshire Police are working in partnership with other agencies to deal with these forms of exploitation. The first York exploitation meeting was held earlier this year and this multi-agency meeting is intended to tackle the perpetrators of exploitation and their victims. This is supported by the local policing teams and partner agencies that provide information so that a multi-agency risk management plan can be formulated.

To enhance the service, we deliver to the public, police officers and police staff work continually with partner agencies to improve how we can collectively improve safeguarding and responding to the needs of children and young people. In the last year a Child Sexual Exploitation Toolkit has been developed and produced for use by Police Officers and Police Staff so that they have ready access to professional advice and guidance. This is a simple, yet effective, toolkit that provides advice to identify the signs and investigate child sexual exploitation. Also, importantly, it gives the details of organisations where further useful information can be found and signposted to victims and parents, guardians or carers. Toolkits for other forms of exploitation are being developed and will be published shortly.

A sign of exploitation is being missing from home or care, and North Yorkshire Police have dedicated Missing from Home Co-ordinators. Their role is to review missing from home reports and ensure that those involving children and young people are shared with the local authority in a timely and efficient manner. Where children or young people are repeatedly reported as missing, or trends are identified, the coordinators will problem solve these with other agencies to prevent further missing episodes.

North Yorkshire Police’s Vulnerability Assessment Team is located at West Offices, York which allows a close working relationship with Children’s Social Care. A Detective Sergeant within the team and a social care manager assess police referrals together which results in identifying the most suitable response to safeguard and protect the child who may be at risk. The ability to share

²¹ <https://www.northyorkshire-pcc.gov.uk/police-crime-plan/our-vision/>

information is very important and, if necessary, a joint visit with Children's Social Care can be completed immediately.

North Yorkshire Probation Services (NPS)

The core priority business of NPS continues to be protecting the public, reducing reoffending, and supporting victims by changing lives. Safeguarding is a common theme across these areas. We achieve our priorities in several ways including through our responsibility for all court work and reports and risk assessments; managing all high-risk-of-serious-harm-offenders; those eligible under Multi Agency Public Protection Arrangements (MAPPA); and delivering statutory victim work. Whilst NPS has continued to work through significant change, our priority commitment to safeguarding children has remained a constant throughout.

This year, 2017-18, has seen the completion of the implementation of the NPS E3 Programme (Efficiency, Effectiveness and Excellence) which introduced a national operating model and a consistent approach to roles and responsibilities, resources, policy and practice. This included the implementation of the revised **NPS Safeguarding & Promoting the Welfare of Children Policy 2017**. The policy sets out service delivery expectations and recognises that safeguarding is everyone's responsibility, that children are best protected when professionals are clear about what is required of them individually and how these professionals work together. NPS has also been engaged at national, divisional, and local level with work, developments and training events in relation to Serious Organised Crime, Child Sexual Exploitation, Prevent and Human Trafficking & Modern Slavery.

Other areas of activity during 2017-18 included:

NPS NE Divisional Sex Offender Team - staff trained in the delivery of a new national Sex Offender Programme (Horizons).

Domestic Abuse – New electronically accessible national guidance sets out process and policy and includes direct links to the national directory of contacts for domestic abuse checks, Social Services, MARAC, as well as guidance on Clare's Law, SARA (Domestic Abuse Assessment Tool used by NPS), and NPS guidance on working with domestic abuse. NPS have continued to be represented at operational and strategic level meetings in support of tackling domestic abuse.

NPS Child Neglect Toolkit – In line with local and national priorities there has been a greater focus across NPS on raising awareness in relation to child neglect and the role and responsibilities of NPS in relation to this, which has included the development of a NPS Child Neglect Toolkit.

New Divisional Performance and Quality Officer roles introduced to support quality assurance and audit work.

Safeguarding Children Referral Practice Improvement Tool developed and implemented. This is to measure and improve the standard and quality of the referrals made to, and information shared with, Children's Social Care, as well as recording practice.

HMIP Quality & Impact Inspection Action Plan – work has continued to take forward learning

from the 2016 Inspection. This has included joint work with Children's Social Care and North Yorkshire Police, to improve 'on the day access' to information to support safeguarding and domestic abuse checks and to inform court based assessments and reports. We have seen significant improvements in this process and the timeliness of information exchange across all courts in York and North Yorkshire.

Safeguarding week – NPS staff contributed to, and were engaged with Safeguarding Week during October 2017. This included jointly hosting with North Yorkshire Police colleagues, a one day workshop for partner agencies, in relation to NPS work with the management and treatment of sex offenders and how this supports our safeguarding priorities.

Training & Development – NPS has continued to invest in the training of our staff and safeguarding training is mandatory for all staff. A new NPS 'Learning and Development Platform' has been launched to support the learning and development of all staff and improve access to relevant training opportunities.

Community Rehabilitation Company

Community Rehabilitation Companies (CRCs) provide Probation Services to those convicted of offences and who are identified as posing a low or medium risk of serious harm to others with the aim of reducing re-offending and protecting the public.

As part of their main responsibility to supervise offenders in the community, Senior Case Managers (Probation Officers) and Case Managers are in contact with offenders identified as presenting a risk, or potential risk, of serious harm to children.

The CRC's approach brings together organisations from the public, private and voluntary sector to manage service users through intensive programmes, combining both rehabilitation and enforcement practice with the aim of working with them to change their lifestyle and behaviours. Appropriate information is shared between CRCs, statutory agencies and other relevant agencies to ensure a coordinated, informed approach is taken to manage the risk posed to others including children.

The CRC are members of the CYSCB and other bodies which ensure CRC accountability for continual improvement to practice development and deployment. Robust processes and procedures ensure effective liaison and communication with Children's Social Care and a voice at safeguarding meetings including Child Protection Case Conferences, for all service users subject to CRC probation intervention.

Support for victims and, indirectly children within the families of convicted perpetrators of domestic abuse, is facilitated through practitioner representation at MARAC. Where service users are subject to our Building Better Relationships Accredited Programme, access to a dedicated Partner Link Worker is offered.

Humberside Lincolnshire and North Yorkshire (HLNY) CRC is committed to ongoing internal quality assessment and uses an audit tool – IQAM (Integrated Quality Assurance Model). Through this audit process, the CRC can identify areas of improvement and respond by delivering guidance and training to ensure that staff continue to prioritise safeguarding within their practice. The areas

identified from audits over the past 12 months have shaped the following priorities for HLNy CRC and, subsequently, York CRC.

Priorities in 2017-2018 within York CRC:

- Guidance has been issued and a process is in place to ensure that all cases are made subject of a 'known persons' safeguarding check
- Safeguarding awareness training is now included in the Corporate Induction package for all new staff, and has also been rolled out to include Unpaid Work Supervisors
- The introduction of an 'Enhanced Management Oversight' contact to take place on all relevant cases (which includes all Child Protection cases and Domestic Abuse cases held by a Case Manager) is due to be in place from September 2018
- Publication of 'The Risk of Serious Harm Assessment and Management Guidance' document which provides a comprehensive guide on all elements of risk assessment and management including safeguarding
- Safeguarding Practice Development Events have taken place across HLNy CRC, covering Neglect, CSE, Trafficked and Missing Children. Further information is also due to be cascaded in respect of concerns linked to County Lines
- Mandatory eLearning for all front-line staff:
 - Basic awareness of Child and Adult Sexual Exploitation
 - Awareness of Domestic Violence and Abuse
 - Awareness of Child Abuse and Neglect – Core

Staff have also been given the opportunity complete some additional eLearning on:

- Awareness of Forced Marriages
- Female Genital Mutilation (FGM) – Recognition and Prevention of FGM
- Staff also have access to the CYSCB website and take part in the CYSCB safeguarding training up to level two, and additional courses as available
- York CRC has regular input in respect of MARAC meetings which are currently held twice a week via telephone conference and all Senior and Case Managers are required to provide written and/or verbal updates for current CRC cases
- A Senior Case Manager has responsibility to lead on the transition of young offenders who may require to be supervised by the CRC when they reach the age of 18. This ensures that any safeguarding concerns and actions are shared between the YOT and York CRC team.

A CRC Interchange Manager is a Board member of the Safeguarding Children's Board and on the newly formed Domestic Abuse Forum led by the PCC Children and Family Court Advisory and Support Service (CAFCASS)

Cafcass

Cafcass is a non-departmental public body sponsored by the Ministry of Justice. Cafcass represents children in family court cases, ensuring that children's voices are heard and decisions are taken in their best interests.

The demand on the family justice system and on Cafcass services remained very high throughout the year, with rises in local caseloads varying across the country. Overall Cafcass has seen a rise in private law applications (involving arrangements for children following parental separation) and a small decrease in public law applications (involving the local authority). This is not reflected locally with City of York having an increase of 27.2%.

Cafcass is actively contributing to the Care Crisis Review, a sector-wide initiative that aims to stem the increase in care cases and promote safe and beneficial outcomes for children. We are also undertaking innovative projects that seek to improve practice, promote good outcomes for children and make better use of limited resources. An example is the three assessment pathways that we have been developing – domestic abuse; high-conflict; and parental alienation. The Child Impact Analysis Pilot is taking place in Essex, North Yorkshire and Wales. The aim is to understand the impact of a life event or sequence of events on a child or young person focusing on their lived experience and how the care they have received has impacted on their safety and emotional wellbeing. The approach is underpinned by a restorative practice. It should avoid the pitfall of reports containing substantial content relating to the history of the parent's disputes, differing views and positions whilst ensuring risk is analysed proportionately. All S7 orders out of York, Scarborough and Harrogate Courts are completed within the model. Initial feedback from FCA, Judiciary and parents is extremely positive and the formal evaluation process is underway.

Cafcass' strategic priorities in 2017-18 were to:

- continue to improve our performance and the quality of our work
- contribute to family justice reform and innovation
- use our influence to promote knowledge and best practice
- bring the uniqueness of each child (including diversity considerations) to the court's attention
- be efficient and effective in light of high demand and financial constraints.

In February and March 2018 Ofsted undertook its second national inspection of Cafcass, making an overall judgement of Outstanding. Ofsted found that practice was effective and authoritative, helping courts to make child-centred and safe decisions, adding value and leading to better outcomes for children. The overall judgement was influenced by many factors including:

- the exceptional corporate and operational leadership
- sensitive and knowledgeable direct work undertaken with children in relation to a wide range of diversity issues
- the culture of continuous learning and improvement
- a strong aspiration to 'get it right' for vulnerable children.

The inspection identified some areas for Cafcass to improve, relating mostly to the quality of recording and to explaining to courts, consistently, when issues of diversity are not relevant to the application. We will be working on these in the year ahead and will continue to try to improve our services, and to contribute to family justice reform.

NSPCC

NSPCC services in York are closely aligned with two of CYSCB key strategic priorities namely Child Sexual Abuse and Early Help:

- Letting the Future In: a therapeutic service for children who have been sexually abused - to help them overcome the impact of the sexual abuse they have experienced and to offer advice and support to safe carers and parents. The service has expanded to encompass work with children with a mild-moderate learning disability who have been sexually abused; however, to date, no referrals were received for the learning disability service although key stakeholders have been informed
- Women as Protectors: a groupwork service for women who are, have been or planning to be in a relationship with a man who poses a risk of sexual harm to a child. It provides education, emotional support and guidance to female carers – aimed at enhancing their ability to understand child sexual abuse and to protect their children from sexual harm. Protective behaviour work is offered to children in the family as well as joint work with the children and the female carer. Reports and recommendations can be given to the referring agency outlining the risks, strengths and protective factors identified during the programme
- Minding the Baby (MTB): a home visiting parenting programme that is delivered by a multi-disciplinary team of social workers, therapists and nurse practitioners. MTB aims to promote positive attachments and to ensure the mental health and well-being of mothers and their babies. The current programme recruited mothers via a randomised control trial; research findings will be published in 2019
- NSPCC Schools Service – delivered Speak Out and Stay Safe workshops to 4,016 children in York working with 17 schools. The workshops aim to educate children in an age appropriate way about all forms of abuse and bullying and, crucially, how to seek help if they are worried or need help. Ten O2 Online safety workshops were delivered to 142 parents.

A quarterly programme of self-assessment is completed by reading five file reviews to consider risk, safeguarding, child centred practice, equality/diversity and supervision/management. The

performance of the team has been 'Good' throughout the year. Learning from these reviews informs an action plan that is reviewed regularly and updated.

NSPCC priorities in 2018-19 are to deliver sexual abuse services and seek referrals for the Learning Disabilities service; to complete MTB; and to implement two new services:

- Pregnancy in Mind (PiM) - designed to support parents who are at risk of, or experiencing, mild to moderate anxiety and depression in the perinatal period and to support them in their relationship with their babies
- Reflective Fostering will be co-delivered with York Children's Social Care and is a group work programme for foster carers of children aged 4-14. The aim of the intervention is to support foster carers to increase their reflective capacities and build on their competence and confidence to understand and meet the emotional needs of their foster children.

NSPCC is committed to the work of the CYSCB with Service Manager representation on the Board, the PSDG and three sub-groups. NSPCC staff have had regular CYSCB briefings on lessons from themed audits and learning lesson reviews and attended training provided by CYSCB. NSPCC has worked in partnership with CYSCB colleagues to bring national NSPCC services, resources, research and campaigns to the CYSCB with the aim of bringing 'added value' from a national children's organisation.

Chapter 6: Formal audits of our safeguarding arrangements

Safeguarding audits

CYSCB undertakes audits under Section 11 of the Children Act 1989 of what arrangements our partners are making to safeguard children and young people. In 2017 it was agreed that this audit would take place every two years and that the exact format for the audit would be agreed with our colleagues in North Yorkshire. The next S11 audit will, therefore, take place in 2019 and will be designed following the guidance in the new Working Together to Safeguard Children 2018.

In the meantime, CYSCB receives presentations of Agency Assurance Reports from each key partner on the Board which cover the agency's activities regarding:

- Dissemination of CYSCB messages and guidance within the agency
- Safeguarding children training
- Outcomes and learning points from single agency or other forms of audit or inspection
- Voice of the child
- Safeguarding Disabled Children
- Key implications
- Recommendation s for action by the Board.

Whilst Board members have the opportunity to ask questions and to challenge each other, there have been no concerns about partners' safeguarding activity identified. Partners' self-assessments are described in detail in Chapter 5 of this report.

Multi-agency Case File Audits

The Partnership Practice Scrutiny and Review Group (PPSRG), which carries out multi-agency audits, have been busy during 2017-18 undertaking a range of themed audits.

This group is made of up professionals from a variety of partner agencies. Each representative audits their own agency's case files in relation to particular cases. Audit activity is in line with the strategic direction of the Board, based around CYSCB priorities and issues that have been highlighted by the Board and by other sub-groups. The CYSCB datasets are reviewed to link audits to issues and exceptions noted from multi-agency data. Issues highlighted nationally are also considered. Group members have the opportunity to question and challenge and to agree on actions to take forward from the audit theme.

The group makes best use of agencies' time by avoiding duplication of audit activity already in place in individual agencies and by using that information to complement the work of the group.

Themes:

During 2017-18 PPSRG has considered the following themes:

- The effectiveness of Child Protection Core Groups in terms of planning and outcomes
- The opportunities for prevention of child sexual abuse uncovering any emerging themes from cases which could be used as a basis for learning
- Operation Encompass (Domestic Abuse programme)
- Neglect Factors in Child Protection Plans.

Findings:

Among many others findings have included:

- Where appropriate, agencies appear to be well engaged in the Core Group process
- Actions and timescales could be tighter and more specific in Core Groups
- In the child sexual abuse cases audited, agencies had acted appropriately at each stage of the investigation
- The training and awareness for adult mental health service workers on the impact of adult mental health on children could support the future protection of children
- The CYSCB/NSPCC "It's Not Ok" CSA and CSE campaign which took place in 2016-17 had been a fundamental catalyst for the eventual actions taken in safeguarding particular children with other children being able to spot the signs and seek help for them
- The factors underlying (although not necessarily causing) children to become subject to Child Protection Plans under the category of 'Neglect' echo those found across local authorities nationally: domestic abuse and parental mental health.

All findings from audits are fed back to the CYSCB via a report to the Priority Delivery and Scrutiny Group (PDSG). Partners are requested to provide assurance that they have acted on these findings and outcomes from audit actions are reviewed at PPSRG.

Outcomes from actions identified through audit

Outcomes from actions identified through audit have included:

- There is consistently good performance in Child Protection Core Group in terms of records of Core Group taking place in all relevant agencies' records
- NYP provide reassurance that checks will be made to ensure that information is on police systems for children flagged on child protection plans

- Training and awareness for adult safeguarding and mental health services workers on the effects of parental mental health on children have been highlighted and disseminated through our colleagues in the Safeguarding Adults Board. Assurance has been given on the use of specific assessment tools on this for adult mental health workers
- Audits show that the “It’s not Ok” campaign from 2016-17 is continuing to have a positive effect in our schools and children are taking notice of the advice which will help them to spot the signs of abuse earlier
- The York Hospital Safeguarding Team now receives information on every child who attends the Emergency Department for whom there is a safeguarding concern
- Greater awareness for all practitioners including Designated Safeguarding Leads in schools of the existence of the Graded Care Profile assessment tool for neglect and how to refer for an assessment.

Reviewing Serious Cases

The Case Review Group has met throughout 2017-18 to monitor the actions from the Learning Lessons Review (LLR) carried out in 2016-17; to consider learning from Serious Case Reviews (SCR) from other local authorities and its application in York; to consider possible York cases for review. CYSCB has been a stakeholder in a Significant Incident Investigation currently being undertaken by NHSE regarding an incident which took place in York in early 2017. The findings and recommendations from this report will be available later in 2018.

One case was considered for an SCR but the Case Review Group’s recommendation to the Independent Chair was for an LLR. This recommendation was endorsed by the National Panel of Experts for Serious Case Reviews. The LLR will be completed later in 2018 and the resulting action plan will be based on the recommendations from this review.

During 2017-18 there have been the following outcomes in York from actions following on from previous LLRs and from SCRs from other local authority areas:

- Multi-agency seminars for practitioners focused on the findings from the 2016 LLR
- Findings from the LLR embedded in multi-agency ‘Neglect’ training
- The use of the Graded Care Profile (assessment of neglect) extended to include early help practitioners in the Local Area Teams
- Assurance and evidence received on the training of Housing Services staff to ensure that this key group of staff can recognise and respond to safeguarding children issues
- The ‘Was Not Brought’ policy (‘Was Not Brought’ recorded for children who have not attended medical appointments rather than as ‘Did Not Attend’ as children do not take themselves to appointments) rolled out from York Hospital staff to include the Healthy Child Service and GP records too

- Regular, formalised, face to face safeguarding children information sharing meetings between Healthy Child Service (HCS) and Primary Care taking place
- In relation to an SCR from another Local Authority, an update from the Community Safety Partnership on the City of York Prevent Strategy and the functioning of the Channel Panels
- The introduction of specific training on the vulnerability of disabled children to abuse
- A case study was presented to Board members by practitioners as a reminder about what safeguarding means for frontline practitioners and for children and families.

During 2018 the Case Review Group will be reviewing its terms of reference to comply with the new regulations which result from the Children & Social Work Act 2017 and Working Together 2018. By mid-2018, serious cases will be considered against the new criteria for National or Local Child Safeguarding Practice Reviews.

Voluntary Sector Safeguarding Audit

Between March and April 2018, CYSCB carried out an online survey along with our colleagues in North Yorkshire of the voluntary sector's safeguarding arrangements. The survey was designed to support the sector in checking their own arrangements and to provide information and advice at the same time. In all 25 organisations took part in the survey. A summary report was provided for all participants.

The key messages that emerged were:

- Making sure that the organisation's named or designated safeguarding person had this mentioned in their role or job description
- Ensuring that the voice of children and young people and adults at risk is heard throughout the organisation
- Having key contact information e.g. designated person and where to report concerns on display (or easily accessible) to all workers, volunteers, trustees, management committee members and directors

There were many examples of excellent practice:

- Named photos of safeguarding officers displayed in the building entrance and on visitor badges
- Handbooks for service users with important information including names and contact details of safeguarding lead
- Recruitment following safer recruitment guidance



- Feedback forms at activities for children and young people to complete
- A young persons' forum for views to be shared
- Regular surveys for parents and carers
- Voice of children and young people as a core principle in the organisation's ethos with staff trained in developing positive relationships with young people, watching out for problems and reporting worries
- Staff knowing that that they can talk to their line manager or named safeguarding lead if they have any concerns or questions
- Regular team meetings when staff can talk about concerns.

A marked increase was noted in access to resources on the CYSCB website while the survey was live.

Child Death Overview Panel (CDOP)

All deaths of children up to the age of 18 years are reviewed by a Child Death Overview Panel (CDOP). The panel is made up of people from a range of local organisations with differing areas of professional expertise. This process takes place in every local authority. The statutory guidance is in Working Together to Safeguard Children 2015 and will be revised in Working Together 2018. The City of York reviews deaths jointly with North Yorkshire. (The data for York can be found in Chapter 3 of this report.)

The death of a child or young person is always a tragedy, but CDOP aims to identify any changes or actions that can be taken to help prevent similar deaths in the future. Learning is shared locally, regionally and nationally.

CDOP priorities for 2018/19 mean that the CDOP will:

- develop its relationship with the Major Incident Response Team to raise awareness of the CDOP process and improve information sharing
- develop bereavement leaflets to help inform families of services and the CDOP process
- develop new working arrangements to comply with changes to CDOP processes being introduced as part of the new Working Together to Safeguard Children statutory guidance, being introduced in the first quarter of 2018-2019
- work with other CDOP Co-ordinators in the local area to collate data at a regional level to improve the identification of any patterns, trends and themes
- review and update the Child Death Rapid Response Training following the release of the new Working Together to Safeguard Children and provide multi-agency training.

- The CDOP Annual Reports along with the priorities for 2018-19 can be found on the CYSCB website²².

Dealing with allegations against professionals – report from the Local Authority Designated Officer (LADO)

Allegations and concerns made about professionals working with children, young or vulnerable people within the City of York are reported to the Local Authority Designated Officer or LADO²³. This means concerns that a professional:

- behaved in a way that has harmed a child, or may have harmed a child
- possibly committed a criminal offence against or related to a child, or
- behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children.

The City of York LADO has provided the following information about work undertaken during 2017/18.

Referrals to the LADO service

There were 69 referrals to the service between the beginning of April 2017 and the end March 2018. A 'formal referral' means that the concern reached the threshold for the LADO to take further action. The number of referrals to the LADO has increased since 2015-16 and 2016-17 (50 and 58 respectively).

Category of concern

The largest single category of concern was sexual abuse [37%] with physical abuse at [29%]. This is broadly in line with the figures from 2016-17 when sexual and physical abuse accounted for 32% and 31% of the referrals. Neglect accounted for 7% of the referrals and emotional abuse for 13%. The other 14% were uncategorised.

Contacts by profession

- The clear majority of referrals to the LADO were made by North Yorkshire Police who accounted for 31%. This is a significant increase on the previous year when only 10% of referrals were made by police
- City of York Council Children's Social Care made 16% of the referrals
- Education professionals referred 11% of the total and 7% were from Early Years professionals
- Foster Carers, Voluntary Sector Workers and Residential Care Workers each made 3% of referrals
- Health, Transport and Sports organisations made 1 % of referrals.

²² <http://www.saferchildrencyork.org.uk/CDOP-annual-reports.htm>

²³ <http://www.saferchildrencyork.org.uk/allegations-against-childcare-professionals-and-volunteers.htm>

Future developments:

During 2018-19 the City of York LADO service will develop its systems to more accurately be able to report on more detail from Allegation Management Meetings (AMM) and the outcomes of these. There will also be more information about enquiries and consultations which do not reach the threshold for further action but which do form a significant part of the LADO's workload. These planned system changes will enhance the information to the CYSCB Annual Report in 2018-19.

Chapter 7: Learning and Development

During 2017-18 the multi-agency training and learning model adopted in the previous year has been embedded, with a full training offer being delivered to a wide range of practitioners.

At the beginning of the year, the procurement process for securing training providers was completed. This approach has meant the Board has commissioned high quality specialist trainers to deliver training to the Board's specifications. Local information, procedures and perspectives are embedded within the course content, because of effective working relationships with the trainers. The Workforce Development Advisor has worked closely with PDSG and the sub-groups to keep trainers updated on key changes and developments in York.

Delivery of Multi-Agency Training and Learning courses

Online training

In September 2017, CYSCB re-launched its Online Basic Safeguarding Awareness course updating the content to be York specific. This opportunity provided the Board with detailed data on volumes of users and their sectors. This course is used widely throughout the city with just over 3000 York users passing the course during September 2017 to March 2018. Due to the demand for this course, the Board will be exploring, during 2018-19, how the learning can be made more effective for users.

A range of online training from other providers is signposted from the Board's website to provide further free resources to practitioners.

Face to Face training

During 2017-18 a full training offer based around the Board's priorities was delivered, including some new courses commissioned to meet identified training needs:

CYSCB Multi-Agency Courses delivered in 2017/18

Safeguarding Children - Working Together A

Safeguarding Disabled Children

Shared Responsibilities and Procedures to Safeguard Children - Working Together B

Understanding Child Sexual Abuse and Exploitation

An Introduction to MARAC and MAPPA

Understanding Domestic Abuse and Children

Introduction to Child Protection Conferences and Core Groups

Neglect: Child A – A Learning Lessons Review

Voice of Fathers and Partners in Assessment

Awareness of Neglect in Children and Young People

In total, there were 745 attendances at 36 courses in the year. In 2017-18 there were 208 cancellations and 60 “no shows”. However, generally training is well attended with on average 77% take up of available places which is a small increase on last year’s figures. The Board will continue to monitor this information carefully to ensure that training is being attended and valued. Three courses were cancelled during the year, two due to trainer illness, which were rearranged and the other at the request of the trainer due to necessary updates to course material.

In addition to the Board’s commissioned courses, through the membership of Yorkshire and Humber Multi-Agency Safeguarding Trainers Network (YHMAST), CYSCB partners were able to take up places at the YHMAST regional conference on neglect and a sub-regional master class on neglect. The Workforce Development Advisor continues to be actively involved with YHMAST to share resources, expertise and collaborate around training opportunities.

In 2017-18 the Board also jointly commissioned, with the City of York Safeguarding Adults Board and the City of York Council, three half day sessions on Understanding Modern Slavery and Human Trafficking. These were well attended sessions with input from North Yorkshire Police and helped to raise awareness amongst the workforce about these issues.

Training and learning developments

Alongside the core training offer several other key developments have taken place this year, all of which aim to improve the accessibility and quality of the training courses on offer.

It was recognised in 2016-17 that it would be helpful for some partners to understand how the Board’s training related to their own staff training levels, which in turn would encourage attendance at CYSCB training. A flow chart of the Board’s courses with wording about how courses related to health, police and education roles was developed and agreed and is now available on the Board’s website to help staff identify the right training level for their role²⁴.

Work towards strengthening the Board’s existing quality management approach to training and learning started this year, with the development of a programme of observation of training courses by subject matter expert volunteers from CYSCB partner organisations. A set of procedures and a checklist have been developed and the observation programme will be implemented during 2018-19 as part of continuous work to ensure training is of a high quality.

During 2017-18 City of York Council Workforce Development Unit implemented a new learning management system (MyLO) which is used by anyone wishing to book onto CYSCB face to face courses. The MyLO system improves the experience for users booking onto courses, accessing

²⁴ <http://www.saferchildrencyork.org.uk/learning-and-development.htm>

course information and viewing their training history records. At the same time, the Board's web pages for learning and development have been overhauled to make accessing information about courses and learning opportunities easier to understand.

Evaluation of training

At the end of each course, participants are asked to complete an evaluation form. The results are collated and reviewed on a regular basis to ensure continuous improvement of the training delivered.

The average evaluation scores show that attendees gave scores of 'good' to 'excellent' on the following measures:

- How well courses met the learning objectives
- The quality of learning resources
- The presentation style and subject knowledge of presenters.

Attendees are asked about how likely they are to change the way they do things as a result of training. Average scores indicate that attendees are 'likely' to 'very likely' to change things as a result of the training commissioned by the Board. This information helps to confirm that the Board commissions quality training provision that helps delegates make changes in their working practice in supporting the safeguarding of children and young people.

Average scores indicate that attendees are "likely" to "very likely" to change the way they do things as a result of the training commissioned by the Board.

Impact of training, learning and development

After 3-6 months have you changed anything in your working practices as a result of what you have learnt?

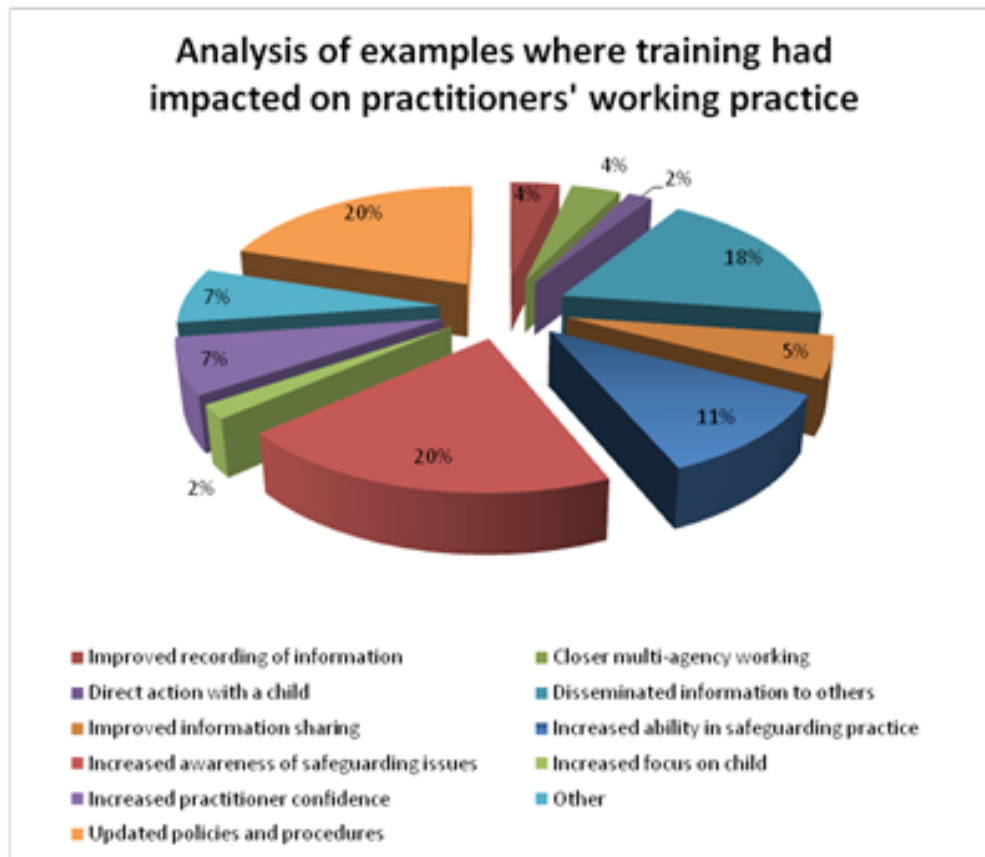
Yes
65%

No
35%

Training, learning and development for professionals and practitioners is aimed at improving their skills and ultimately improving outcomes for children and young people. The impact of training on working practices is a key measure of the effectiveness of training and an important aspect to measure as part of the Board's responsibilities under Working Together.

During 2017-18, a short survey has been used to capture examples from course attendees about the impact of training on their working practices 3-6 months after training has taken place. Response rates to the quarterly surveys have been limited, with an average of approximately 18% of delegates responding. However, the information from the Impact Surveys is useful in informing future learning and training and for identifying any themes or trends over time. Practitioners are asked about whether they have changed anything in their working practice as a result of the training and to provide examples. On average 65% of survey respondents stated that they had changed something.

The following chart shows the analysis of the responses where something had changed as a result of training and demonstrates the wide range of ways in which training can have impact.



Where training had not impacted on working practice this centred on three main themes:

- The practitioner had attended training as a refresher
- Working practices were not in need of updating as a result of attending the training
- Opportunities had not yet arisen to apply the training.

Practitioners were also asked about whether they could provide examples of where training had directly and positively impacted on children and young people. Many offered similar responses as outlined above around how procedures had been improved or there was an increased awareness of safeguarding issues. Some responses did describe examples of where training had led to actions which impacted directly on children or young people, for example:

- More positive outcomes were secured for children, by working closely with another organisation and sharing information
- A referral to Children's Social Care was more likely to reach the intervention threshold, which the practitioner felt was due to training which improved their ability to articulate the information in the referral form

- Support was identified and offered to a child and better referrals made to services for support
- A Child Protection Plan was put in place.

Learning Needs Analysis for 2018-19

During 2017-18, a Learning Needs Analysis (LNA) for 2018-19 was carried out. The process involved gathering information from the Board's sub-groups, meeting with key partners; looking at Section 11 audit returns, partner assurance reports, recent research reports; and discussions at PDSG and at Board meetings. In addition, this year, a practitioner survey was sent out during Safeguarding Week to find practitioners' views on training needs around the Board's priorities. This information was assimilated into a costed training plan. It was agreed to focus the limited budget on basic and intermediate level courses, many of which had run in the previous year. The decision was made to no longer provide specific CYSCB training on MAPPA, MARAC and Modern Slavery as these were not solely within the Board's remit, although information and e-learning on these topics are still promoted via the Board's website. There will be some further training which will be commissioned in response to identified learning needs on Harmful Sexual Behaviour.

The Board would like to thank partners who contribute to the provision of its successful training programme through staff, venues and resources as well as the commissioned trainers who deliver face to face courses.

Learning and Development in schools

The School Safeguarding Advisor has delivered 25 training inputs to schools during 2017-18, ranging from full day sessions to twilight sessions in individual schools. Full day sessions include safer recruitment training and half day sessions include the bi-annual updates for Designated Safeguarding Leads. Bespoke training sessions have been delivered in twelve primary and two secondary schools.

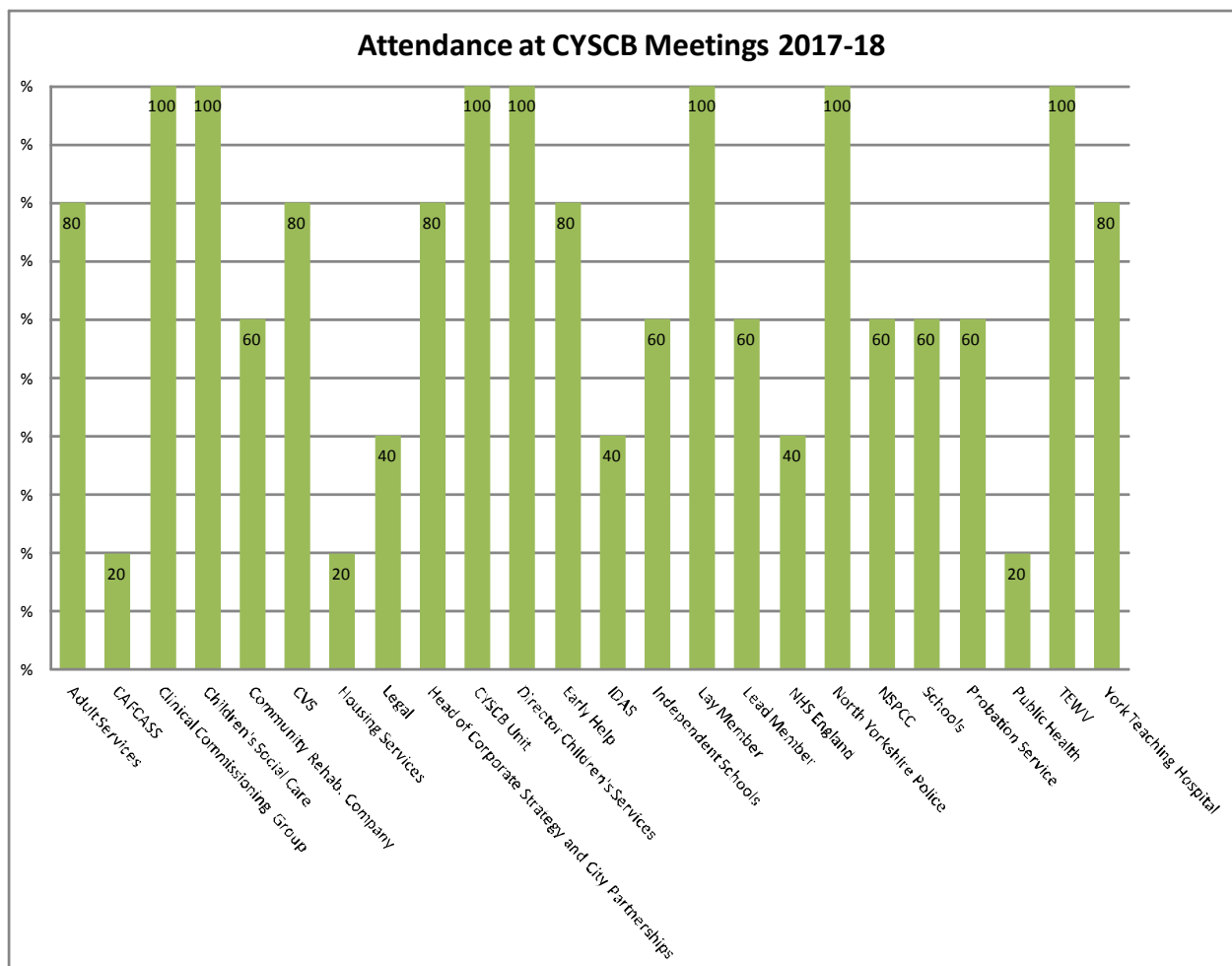
The School Safeguarding Advisor has also provided training for the drivers and staff of the taxi and bus companies holding contracts for school transport, as well as briefings with multi-agency partners based on a 2016-17 Learning Lessons Review. The School Safeguarding Advisor continues to work closely with schools in the city to support them with their safeguarding arrangements and has undertaken 17 half-day Safeguarding Reviews during 2017-18. Six of these schools have subsequently been inspected with positive judgements and commentary on safeguarding. Ofsted has noted the quality and breadth of training provided for school staff by the School Safeguarding Advisor.

Chapter 8: How are we doing as a Board?

Attendance

The attendance at Board meetings remains consistently high along with the commitment of all Board members. Board meetings are characterised by large numbers of attendees. Many members are also participants in sub-groups and/or contribute via virtual means to Board and sub-group discussions.

Attendance at CYSCB meetings 2017-18



Those partner organisations that have been unable to attend every meeting have been in receipt of all Board papers and are invited to make comments and give feedback electronically.

Business Plan

The CYSCB Business Plan is due for a full review later in 2018 and this will be in the context of the new safeguarding partnership arrangements. The Business Plan covers the Board's agreed priorities with 'voice of the child' and safeguarding disabled children running throughout. The actions and outcomes are updated each quarter using the Highlight Reports from the sub-groups

which go to every meeting of the Priority Delivery Scrutiny and Review Group (PDSG) and to the Board. Other information and activities also inform the Business Plan. CYSCB had performed well against the priorities set. Details of that performance are contained within this Annual Report.

Communications

CYSCB has expanded its use of social media significantly during 2017-18 to reach professionals, the public and children and young people with safeguarding information, news, guidance and events – both local and national. The CYSCB website has been overhauled to make it more accessible and to ensure that links are provided which support practitioners in their work with children and families. As described in Chapter 2, young people themselves have helped us redesign some of it. CYSCB's Twitter²⁵ is used on a daily basis to ensure that followers are kept up to date with emerging issues.

The CYSCB Twitter account continues to thrive with new followers every week. Popular tweets have included advice on the language used by professionals relating to vulnerable children, information on County Lines, the Graded Care Profile and private fostering.

The CYSCB website²⁶ has gradually been updated over the year with new, dedicated, pages on Harmful Sexual Behaviour; Children Missing from Home, Care and Education; Child Sexual Abuse and Exploitation; as well as Domestic Abuse; and a wide range of new Bite Size Guides providing up-to-date guidance, links and latest research on child safeguarding topics.

Membership, Finances, Structure, etc.

Details of membership, finances and the structure of the Board can all be found at Appendices C, D and E

²⁵ <https://twitter.com/YorkLSCB>

²⁶ <http://www.saferchildrenyork.org.uk/>

Chapter 9: What we have learnt: the priorities and challenges for next year

The new City of York Safeguarding Children Partnership (CYSCP)

The Children & Social Work Act 2017 effectively abolished Local Safeguarding Children Boards (LSCBs) following a government review of LSCBs by Sir Alan Wood, however, the LSCBs will be replaced with new multi-agency safeguarding children arrangements. The revised statutory guidance, Working Together 2018, resulted from the changes to legislation. This sets the parameters for the new safeguarding arrangements with three key partners taking the lead: the Local Authority; the Police; and the Clinical Commissioning Group.

CYSCB is well ahead with planning for the transition and the proposals for the new arrangements, which was the joint work of the three key safeguarding partners, has been put to Board members. The Department for Education has stated that the arrangements must be published by May 2019 with implementation by September 2019 but York expects to move to the new arrangements much sooner than this as an Early Adopter. The final arrangements will be signed off by Chief Officers and at the Board by October 2018 and the new City of York Safeguarding Children Partnership (CYSCP) will be implemented by the end of the year.

The new model makes some changes to the overall structure of the Board but in principle recognises the strength of the current functioning of the Board which was endorsed by Ofsted, via inspection, as 'Outstanding'.

With funding from the Early Adopters programme, the new City of York Safeguarding Children Partnership will be working with schools to enhance an already strong partnership and to engage schools and colleges fully in all arrangements in the safeguarding children agenda.

Maximising capacity and resources

The transition to the new safeguarding partnership model is an opportunity to 'sharpen' the functioning of the Board and its sub-groups, and to undertake some rationalisation of the terms of reference and membership throughout. The Board membership will be changed to comprise of 'face-to-face' members who meet quarterly and a 'virtual membership' of members who receive all papers and are able to give views and feedback on these. These 'virtual' partners may also be required to attend meetings on occasions when Agency Assurance Reports are due or when their input would assist in relation to particular items.

The Inter-Board Protocol is due for review in 2018. This has worked well to enhance collaboration and avoid duplication. It is intended that this practice of the strategic boards in York working together, will continue as the CYSCB moves to become the new partnership.

Managing partnership and engagement

The strength of the CYSCB partnership has been acknowledged and endorsed through inspection. While the new model of the safeguarding partnership has been led by the three key partners described in Working Together 2018 - namely police, the local authority and Clinical Commissioning Group – the proposals for the shape of the partnership will be discussed fully by all partners at CYSCB meetings during 2018. The shape of the partnership going forward will be inclusive and comprehensive with input from, and consultation with, all relevant agencies and organisations.

As we enter 2018-19, CYSCB has learnt that it has been successful in a bid to become ‘early adopters’ of the new safeguarding partnership model. As one of the 17 areas in the country which were awarded the funding, the safeguarding partnership in York will focus on enhancing an already strong relationship with schools and colleges producing clear learning which can be shared across other areas.

Ensuring a focus on vulnerable groups

Key priorities for the partnership going forward will include:

- Neglect
- Child Sexual Abuse and Exploitation
- Children Missing from Home, Care and Education
- Children Affected by Domestic Abuse

We will work closely with our colleagues in the YorOk (Children’s Trust) Board to maintain a focus on early help.

The last year has highlighted some of the issues regarding the impact of parental mental health on children and young people. This is something which CYSCB will be following up with our colleagues in adults’ services and via the Inter-Board Protocol.

The vulnerability of disabled children to abuse has been well recognised and in addition to specific training on this, CYSCB has ensured that awareness of the vulnerabilities of this group of children is explicit throughout all multi-agency safeguarding training. Working with colleagues in special needs services, CYSCB has put together a ‘Safeguarding Disabled Children’ story board to collate information on how this is being addressed and to support partners in enhancing these services.

CYSCB will continue to work with the Safer York Partnership and the York & North Yorkshire Joint Commissioning Group to ensure that the needs of, and services for, children impacted by domestic abuse form part of every strategy and action plan. This includes young people aged 16 and 17 who are considered to be perpetrators of domestic abuse.

Nationally there is increasing awareness of modern slavery, trafficking and 'County Lines' issues (gangs criminally exploiting children and vulnerable people to move drugs and money). CYSCB is a member of the newly formed York and North Yorkshire Modern Slavery Network. Partners across the city and county are working together to raise awareness of these issues and to highlight that this happens in York and North Yorkshire.

Embedding learning and improvement

Work towards strengthening the Board's existing quality management approach to training and learning started during 2017-18, with the development of a programme of observation of training courses by subject matter expert volunteers from CYSCB partners. A set of procedures and checklist have been developed and the observation programme will be implemented during 2018-19 as part of continuous work to ensure training is of a high quality.

During 2018-19 we will review our basic online training. This is extremely well used but we are keen to understand how it is being used, by whom, and how we can make it even more helpful and accessible to those who need it.

While all actions are complete on the Learning Lessons Review which took place in 2016, the Case Review Group will be requesting updates and evidence from all of the involved agencies in September 2018 to ensure that the actions are now embedded in practice.

A Learning Lessons Review to be carried out in 2018 will inform learning, development and the CYSCB training offer in 2018-19 and beyond.

Chapter 10: Key messages for readers

For children and young people

- We will constantly look for new ways to keep your views (your 'voice') at the centre of what we do
- Your safety and happiness are our focus.

For the community

- We believe that you are best placed to know what is happening in your community
- If you have a concern about a child or a young person, contact the Children's Front Door (contact details below) with as many details as you can
- If your concern is about a child or young person at immediate risk of harm, contact the police.

For City of York Safeguarding Children Board partners and organisations

- The 'voice' of children and young people should inform your service development and improvements
- Keep looking for new ways of listening to children and young people, including pre- or non-verbal children, and consider other ways of communicating
- Make sure you keep up-to-date with the changes in guidance and arrangements for child safeguarding set out in the Children & Social Work Act 2017 and Working Together 2018
- Continue to provide assurance to the Board of your organisation's commitment and action to safeguarding children and young people
- The Board wants to know the views of front-line practitioners. Please ensure the Board is made aware of the views of those that you represent
- Multi-agency training is a vital part of the Board's remit and is consistently well-attended by partners. Please continue to support and ensure your staff take an active part in training and feedback their views
- The work of the Board in safeguarding the children and young people of York is the responsibility of all partners and should be shared among them.

For schools

- There is a comprehensive range of training commissioned by the Board please make sure to take advantage of this

- Act on the new guidance for schools on safeguarding children and young people, in Keeping Children Safe in Education 2018²⁷, including safer recruitment processes, and make sure you are implementing them
- Please ensure you keep in touch with your representatives who represent you at Board and Partnership meetings

For practitioners

- Keep in mind and check out the range of support and information that your LSCB provides: newsletters, website including news, guidance, policy, procedures, regular Twitter feed, training online and face-to-face
- Remember that your views are important to the Board. Find out who is your organisation's representative on the Board or give feedback via 'Contact Us' on the CYSCB website
- The voices of children and young people should be paramount in your assessments. Be aware that some of the most vulnerable children – very young, disabled etc. – can be at higher risk of abuse than others but may find it more difficult to communicate
- Understand that while some issues such as CSE, Modern Slavery, Human Trafficking and FGM can seem more prevalent in other areas, they do happen in York
- It is clear that the 'usual suspects' of domestic abuse, neglect, inter-familial sexual abuse and emotional abuse are still happening and we need to continue to intervene to protect children
- Be sure to take advantage of the multi-agency safeguarding training which is offered by CYSCB here: <http://www.saferchildrenyork.org.uk/learning-and-development.htm>

For everyone

Remember that:

'SAFEGUARDING IS EVERYBODY'S BUSINESS'

If you have safeguarding concerns about any child or young person please act on them; you might be the only one who has noticed.

²⁷ <https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>

Contact details for the Board

CYSCB website

<http://www.saferchildrenyork.org.uk/>

Twitter: @YorkLSCB

CYSCB Chair: Simon Westwood

CYSCB Manager: Juliet Burton

CYSCB, City of York Council, West Offices, Station Rise, York, YO1 6GA

<http://www.saferchildrenyork.org.uk/contact-us.htm>

How to report concerns about a child or young person

If you have a concern that a child is vulnerable or at risk of significant harm please contact the Children's Front Door:

Phone for advice: 01904 551900 or, using a referral form:

Email: childrensfrontdoor@york.gov.uk

Post: The Children's Front Door, West Offices, Station Rise, York, YO1 6GA


Out of hours please contact the Emergency Duty team on: 01609 780780

More information and a referral form are available at:

<http://www.saferchildrenyork.org.uk/concerned-about-a-child-or-young-person.htm>

Children's Front Door 01904 551900

Contacting us about children - Information for professionals



To ensure that you receive the best possible response, we have developed the following options to choose from when you call us.

Option 1	Option 2	Option 3
<p style="text-align: center; font-weight: bold; margin: 0;">Information for families in York Local Area Team Information Service</p> <p>Impartial information about the range of services available to families. Information on –</p> <ul style="list-style-type: none"> Childcare options Help with childcare costs Activities Financial support Mental health services SEN services Support services for children, young people and parents and many more <p>The Local Area Team information offer includes the information drop in at 30 Clarence Street for young people aged 16-25.</p> <p style="text-align: center;">fis@york.gov.uk</p>	<p style="text-align: center; font-weight: bold; margin: 0;">Early Help support and advice Local Area Team</p> <p>Advice to practitioners about how they can support vulnerable children, young people and families through Early Help. The LATs can –</p> <ul style="list-style-type: none"> Check to see if any other concerns have been raised about a family Check to see if another agency is already working with a family Flag a concern Provide advice and support to practitioners around the Family Early Help Assessment (FEHA) Help identify an appropriate lead practitioner in an Early Help process <p style="text-align: center;">lah@york.gov.uk or lah@york.gcsx.gov.uk</p>	<p style="text-align: center; font-weight: bold; margin: 0;">Child in Need/Safeguarding Referral and Assessment Service</p> <p>Contact the duty social worker: if you know of a child who has significant vulnerabilities and therefore maybe a child in need. Or if you are worried about a child being hurt or neglected (at risk of significant harm) and therefore in need of safeguarding.</p> <p>If you are uncertain about your concerns, you can call the Referral and Assessment Service to have a conversation with a qualified social worker. However you should first speak to the child protection lead in your agency.</p> <p style="text-align: center;">childrensfrontdoor@york.gov.uk</p>

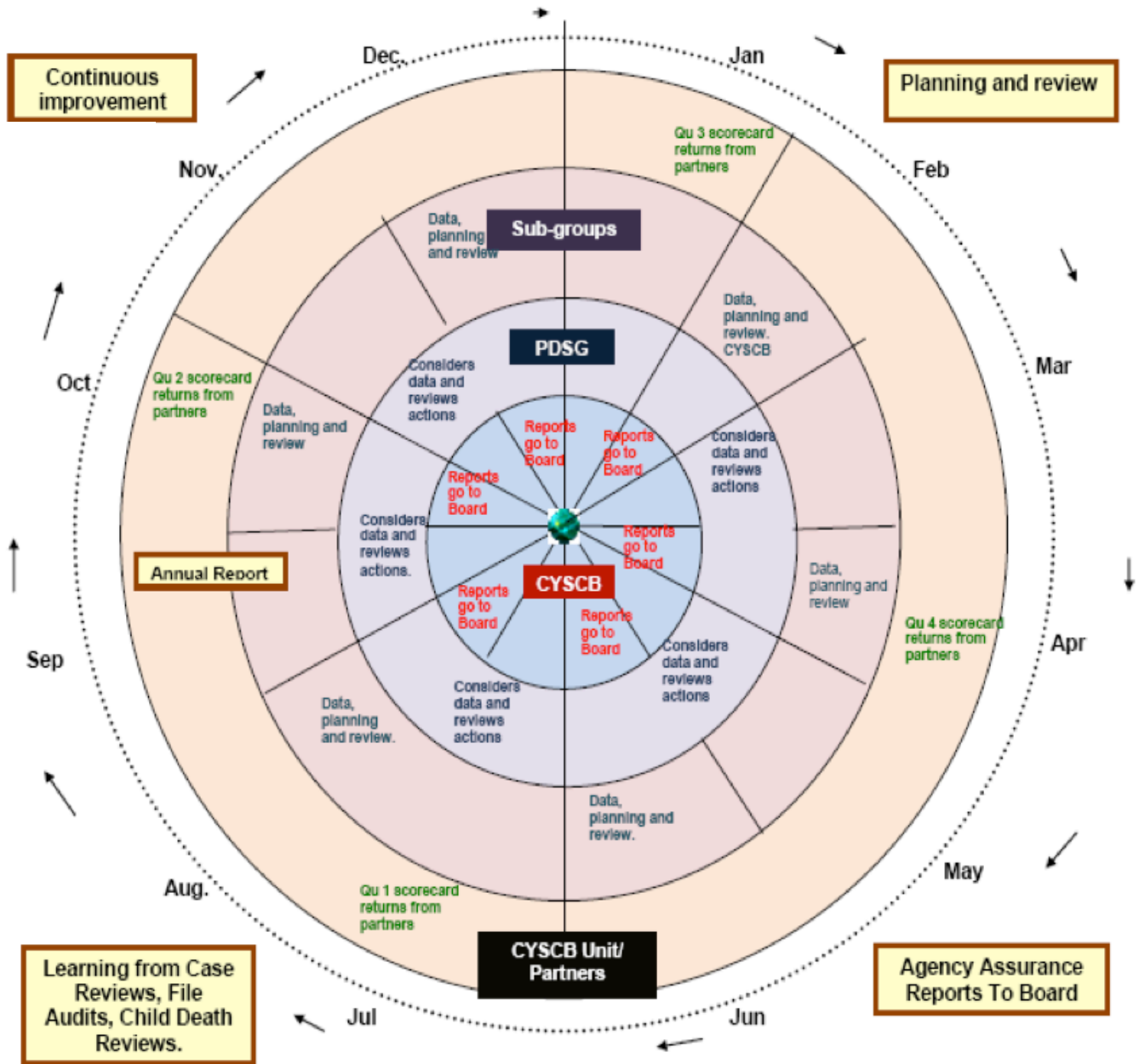
Although as a professional it is usually helpful to let a family know you are contacting us, within a safeguarding context, and in some circumstances, you may decide it is not appropriate or safe to do so. If in doubt, you can contact the duty social worker for advice.

Appendix A: Illustrative Scorecard

Each CYSCB sub-group works with the relevant scorecard for the priorities of the group. The Board considers an overall scorecard which is a collated version of some of the key priority indicators. The scorecards are related only to high level data; no names are ever used and no-one can be identified from this data. Below are some examples of the indicators used:

CYSCB Priority	Example of Performance Indicator
Early Help	Percentage of cases not meeting CSC threshold, signposted for early help (with consent)
Neglect	Number of Graded Care Profile (Specialist Neglect) Assessments completed
	Percentage of referrals to Children's Social Care where Neglect is a factor.
Child Sexual Abuse and Exploitation	Percentage of all Child Protection Plans under the category of Sexual Abuse.
	Number of young people from York identified by North Yorkshire Police as at risk of CSE
Missing from Home, Care or Education	Number of episodes of Missing from Home or Care recorded by North Yorkshire Police.
	Number of children reported as Children Missing Education (CME) and percentage located.
Domestic Abuse	Percentage of incidents of Domestic Abuse recorded by the police in which children were present.
	Percentage of Domestic Abuse prosecutions resulting in convictions
Safeguarding Children with Disabilities	Percentage of referrals to children's social care going on to assessment where the child has a disability
	Number of children with a disability subject to a Child Protection Plan

Appendix B: CYSCB Reporting Cycle



Appendix C: Members of City of York Safeguarding Children Board (31 March 2018)

Independent Chair

Name	Title	Organisation
Simon Westwood	Independent Chair City of York Safeguarding Children Board	City of York Safeguarding Children Board

Health

Name	Title	Organisation
Amanda Robson	Senior Nurse NHS England (Yorkshire and Humber)	NHS England, North Yorkshire and Humber Area Team
Michelle Carrington (or Jenny Carter)	Chief Nurse (Deputy Chief Nurse)	NHS Vale of York CCG
Bev Geary	Chief Nurse – represented by Fiona Mockford	York Teaching Hospital NHS Foundation Trust
Karen Hedgley	Designated Nurse for Safeguarding Children	North Yorkshire & York CCG
Fiona Mockford	Head of Safeguarding (Children & Adults) <i>representing Chief Nurse Bev Geary</i>	York Teaching Hospitals Foundation Trust
Simon Berriman (not attending – information only)	Liaison Officer	North Yorkshire Local Medical Committee
Sarah Snowden	Designated Doctor for Safeguarding Children & Children in Care	NY & York CCGs
Karen Agar	Directorate of Nursing and Governance, Tees Esk and Wear Valleys NHS Foundation Trust	TEWV

LA Public Health

Name	Title	Organisation
Anita Dobson	Nurse Consultant in Public Health	City of York Council

Education

Name	Title	Organisation
Dan Bodey	Secondary School Designated Safeguarding Lead	Secondary Schools
Zoe Lightfoot	Primary School Head Teacher	Primary Schools
Tricia Head	Pupil Referral Unit Head Teacher	Danesgate School
Matthew Grant	CP Lead St Peter's School	Independent Schools

LA Children and Young People Services

Name	Title	Organisation
Jon Stonehouse	Director of Children's Services, Education and Communities	City of York Council
Dot Evans	Acting Assistant Director Children's Services, Education and Communities	City of York Council
tbc	Head of Service (Operations)	City of York Council
Niall McVicar	Head of Early Help	City of York Council

LA Housing Services

Name	Title	Organisation
Tom Brittain	Head of Housing Services	City of York Council

LA Adults Services

Name	Title	Organisation
Kyra Ayre	Head of Safeguarding Adult Social Care	City of York Council
Martin Farran	Director of Adult Social Care	City of York Council

Safeguarding Adults Board

Name	Title	Organisation
Kevin McAleese	Independent Chair	Adults Safeguarding Board

National Probation Service & Community Rehabilitation Service

Name	Title	Organisation
Louise Johnson	Area Manager (Public Protection)	York & North Yorkshire Probation Trust
Vikki O'Brien	LDU Director	Humberside, Lincolnshire and North Yorkshire CRC Ltd

North Yorkshire Police

Name	Title	Organisation
Lisa Winward	Acting Chief Constable	North Yorkshire Police
Allan Harder	Temporary Detective Chief Superintendent	North Yorkshire Police

Prison Services

Name	Title	Organisation
Simon Cox	Head of Offender Management, Safer Prisons and Quality	HMP Askham Grange

Cafcass

Name	Title	Organisation
Kim McDonnell	Service Manager	CAFCASS

Lay Member

Name	Title	Organisation
Barry Thomas	Lay person	

Voluntary and Community Sector

Name	Title	Organisation
Sarah Armstrong	Chief Executive	York CVS
Debra Radford	Children's Service Manager	NSPCC

Sarah Hill	Director, IDAS	Independent Domestic Abuse Services
Amanda Flanagan	Manager, Services for Children & Young People	Independent Domestic Abuse Services

Yorkshire Ambulance Services

Name	Title	Organisation
No designated individual Represented by Karen Hedgley		NHS Yorkshire Ambulance Service

Board Legal Advisor

Name	Title	Organisation
Melanie Perara	Deputy Head of Legal Services	City of York Council

Board Communication Lead

Name	Title	Organisation
Megan Rule	Communications Officer	City of York Council

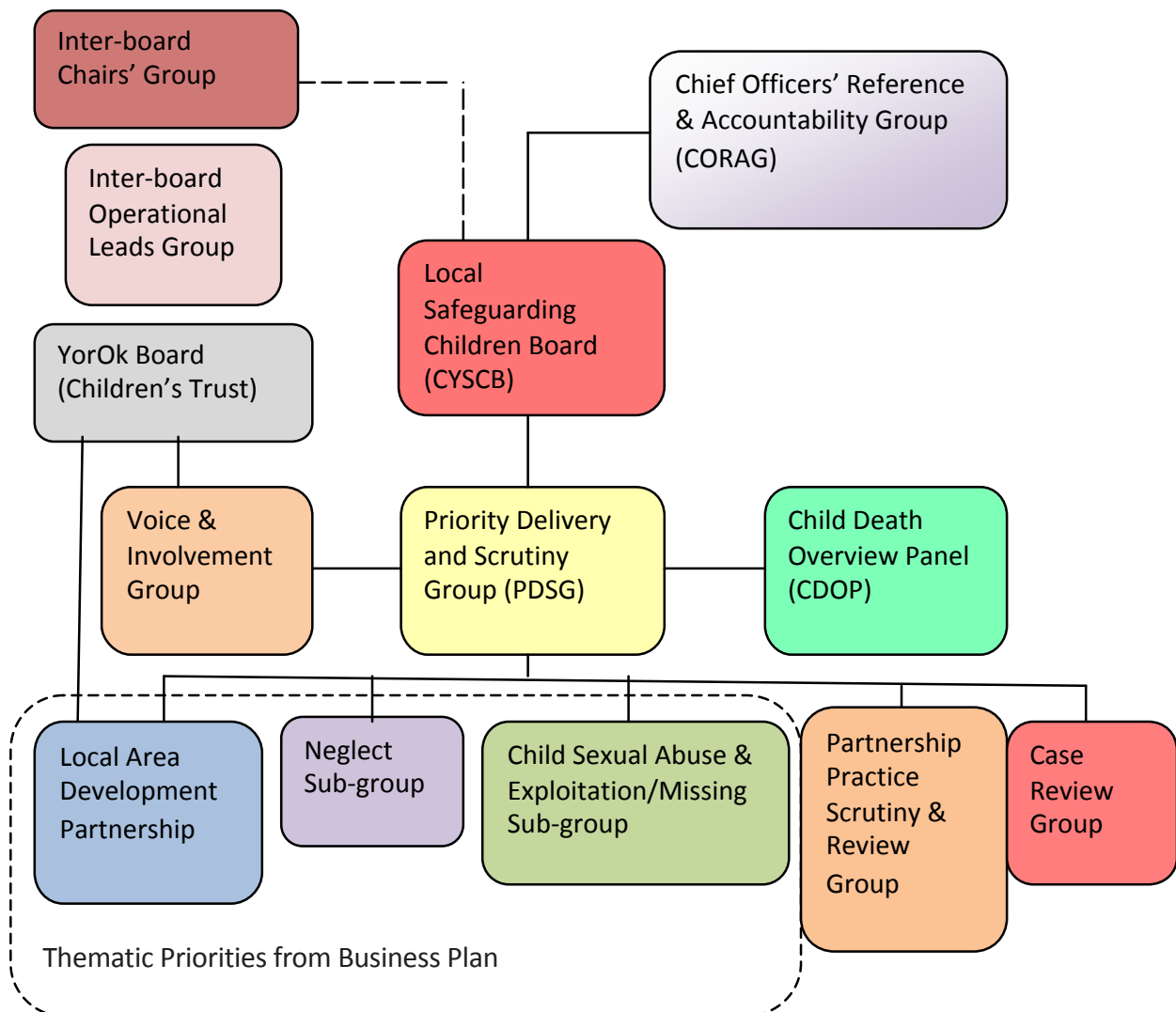
CYSCB Officers

Name	Title	Organisation
Will Boardman	Head of Corporate Strategy and City Partnerships	City of York Council
Juliet Burton	CYSCB Business and Performance Manager	CYSCB Business Unit
Caroline Williamson	School Safeguarding Advisor Education	City of York Council
Laura Davis	Workforce Development Advisor (Safeguarding)	City of York Council
Cathy Brown	Performance & Governance Officer	CYSCB Business Unit
Marie Pearson	Business Support Officer	City of York Council

Elected Member Participant Observer

Name	Title	Organisation
Cllr. Keith Myers	Lead Member, Education, Children & Young People	City of York Council

Appendix D: The Board and sub-group structure



Chief Officers' Reference and Accountability Group (CORAG)

Chief Officers' Reference and Accountability Group (CORAG) meets to ensure that CYSCB and the Safeguarding Adults Board maintain their role and remit to ensure that children and adults across York are safeguarded. CORAG comprises of the senior officers from the Local Authority, North Yorkshire Police and the Clinical Commissioning Group. These are the three key partners subsequently defined in the Children & Social Work Act 2017. The Independent Safeguarding Board Chairs report bi-annually to these Chief Officers. The CORAG does not replace the statutory functions of the CYSCB but acts as a body to approve safeguarding arrangements and to agree on budgets for the upcoming year. It is a clear indication for all organisations and practitioners that safeguarding children and adults is an extremely high priority.

CYSCB Sub-groups

The priorities for 2017-18 have been:

- Early help
- Neglect

- Child Sexual Abuse and Exploitation
- Children Missing from Home, Care and Education
- Domestic Abuse

With sub-groups focused on these priorities in the widest sense, encompassing data and information on all aspects of these issues. The sub-groups carry out the business of the Board:

- The Priority Delivery Scrutiny and Review Group (PDSG) coordinate the implementation of the Board business and the work of the sub-groups. PDSG monitors and analyses performance and quality assurance of multi-agency safeguarding practice. PDSG also oversees the CYSCB commissioned learning programmes, the Learning Needs Analysis and quality assures all training courses
- Local Area Development Partnership (LADP) (Early Help) reports to both the CYSCB and YorOk (Children's Trust) Board and focuses on activities across early help provision coordinated by the Local Area Teams
- Neglect Sub-group looks at all elements of the neglect of children and adolescents and monitors the outcomes of the city-wide Neglect Strategy and associated Action and Delivery Plan
- Child Sexual Abuse and Exploitation/Missing from Home and Care Sub-group is one sub-group looking at both priorities. The group has widened its remit to include features of vulnerability and exploitation including criminal exploitation
- Voice and Involvement Group reports both to CYSCB and to the YorOk (Children's Trust) Board. The group is made up of practitioners and managers from across the spectrum of intervention and seeks to ensure that the voice of children and young people is at the forefront of the work carried out by all agencies involved with children and families
- Partnership Practice Scrutiny and Review (PPSRG) is the group which carries out the case and thematic audit functions of the Board. Case auditing reflects themes identified through the scrutiny of the Board and the sub-groups or from the local and national safeguarding activity
- Case Review Group makes recommendations about cases referred for Serious Case Review (SCR) or other form of review. These are then relayed to the Independent Chair for decision before being sent to the National Panel of Experts on Serious Case Reviews. This group also reviews and challenges action plans in response to case reviews of all kinds – both multi- and single-agency – and checks local activity against SCRs from other local authorities
- Child Death Overview Panel (CDOP) is co-ordinated on CYSCB's behalf by North Yorkshire LSCB (NYSCB). CYSCB and NYSCB work together as partners to scrutinise and analyse child deaths, to disseminate learning, to identify modifiable factors and to inform actions to prevent future deaths in the same circumstances if at all possible.

Appendix E: The Board's Finances

Budget

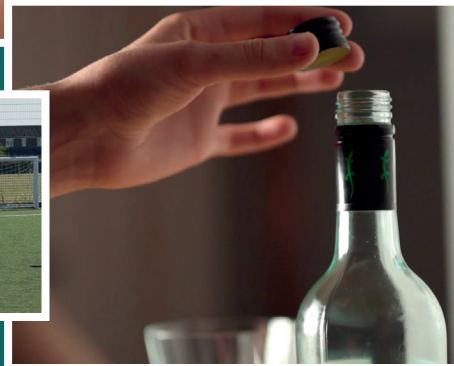
Expenditure (£)	2017-18	Income (£)	2017-18
		Balance B/fwd from 2016-17	£-12,479
Staffing	£152,917	CYC Children's Services	£66,938
Training Budget	£19,564	Vale of York CCG	£78,991
Other	£8,202	Police: North Yorkshire Police	£33,011
Recharges	£18,840	CYC Education and Skills	£2,000
Child Death Review Grant	£12,000	NPS North Yorkshire and CRC	£2,211
Serious Case Reviews	0	Schools	£50,000
Independent Chair	£17,500	CAFCASS	£550
		Others	0
		Child Death Review Grant	£12,000
		Serious Case Review	0
	£229,023		£245,501
Balance	£16,478	C/fwd (minus deficit)	£3,999

The Chief Officers Reference and Accountability Group (CORAG) discusses current and future funding arrangements and agrees the budget each year. It has previously been agreed that any funding required for Serious Case Reviews will be met via contributing agencies as the need arises, most probably through contingency funds.

This page is intentionally left blank

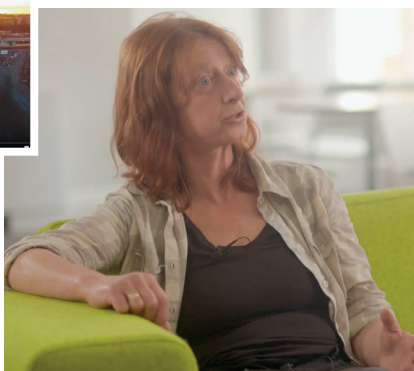


Childhood obesity



Director for Public Health's annual report 2017/18

Contents



This booklet is produced alongside the Director for Public Health report video. To view the video please visit www.healthyork.org

- 3** Introduction
- 4** Alcohol
- 5** Childhood obesity
- 6** Physical activity
- 7** Mental Health
- 8** Progress against our last recommendations
- 10** Our recommendations
- 11** Have your say

Welcome

It is a real pleasure to introduce the Director for Public Health's annual report, covering 2017/18. This year we have placed an emphasis on encouraging people to talk about health, including what is needed to help people live healthier lives and some inspiring stories of how people's lives have changed after accessing support.

We were really keen to hear from people what good health meant to them so we decided to produce a short film highlighting the state of the health of the population in York, and what is being done to improve this. The film focuses on the issues of alcohol, childhood obesity, physical activity and mental health. We know that these present challenges for our residents, but I hope that the video provides encouragement about how some of our residents are taking their health into their



own hands and tackling these issues. I would like to thank all those involved, especially the residents who spoke so openly and honestly about their health journeys and spared the time to contribute to this video. We hope you find it informative and interesting, if you have any thoughts we would love to hear from you - see page 11 to find out how you can do this.

Sharon Stoltz,
Director of Public Health



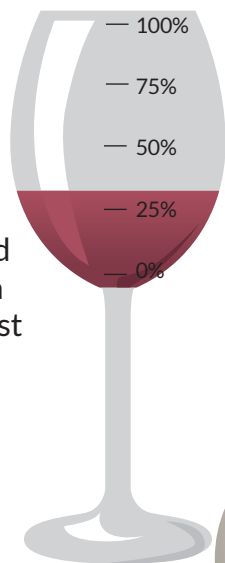
Alcohol

In York 30% of adults drink over the recommended 14 units of alcohol per week.

Increased alcohol intake can lead to increased incidence of certain cancers, such as throat and breast cancer, as well as heart disease and liver disease.

The Local Alcohol Profile for England¹ indicates that in York hospital admissions for alcohol related conditions are higher than the England average.

Admissions are over represented for alcoholic liver disease and for episodes of mental and behavioural disorders. Under 18 females are also over represented in admission figures.



“Alcohol became a prominent part of my life. I referred myself and got some support.”

Sally

¹ (<https://fingertips.phe.org.uk/profile/local-alcohol-profiles>)

Childhood obesity

In York 1 in 5 reception class aged children are overweight, with 8% of these being classified as obese.



By the time children reach year 6, that figure has risen to 1 in 3, with 16% classed as obese.

The National Child Measurement Programme Data² shows that our obesity levels are comparable to the England average.

However, our analysis of the data at ward levels shows that there is a clear link between obesity and socioeconomic status, with our most deprived wards having the highest levels of obesity.

Children that are obese are more likely to go on to be obese adults, and are then more at risk of developing conditions such as type II diabetes. Children that are above a healthy weight are more likely to experience bullying and low self esteem, and the onset of conditions such as diabetes has become more prevalent in children.



“I’ve started eating healthily and I just love gardening.”

Jasmine

² (<https://fingertips.phe.org.uk/profile/national-child-measurement-programme>)

Physical activity

York, in comparison to the rest of England has high levels of physical activity, with 72% of our population meeting the Chief Medical Officer's recommended amount of physical activity per week³.

Being physically active can help to guard against conditions such as diabetes, heart disease and stroke, reducing our risk of these by up to 50%.

Whilst the picture is positive, this still means that we have almost a third of our population not doing enough physical activity.



"There's a popular saying that if physical activity were a pill it would be the wonder drug."

Fiona

Given the benefits of physical activity and how cheap and easy it can be for people to engage in it, it is a priority for us to increase the number of people that meet physical activity guidelines, but particularly concentrating on those that are the most inactive.



"It benefits them through getting exercise but also through seeing people which is good for your health as well as your mental health."

Rosie

³ <https://fingertips.phe.org.uk/profile/physical-activity>



"My advice to anyone with mental health problems is simply to talk about it. The more we can get people talking about it the better."

Ian

Mental wellbeing

In York it is estimated that 17.3% of adults have depression and anxiety, higher than the England rate⁴.



We know that in York there are particular areas of concern for us around hospital admissions for self harm in young people, and our suicide rate.

We know that there is a stigma attached to mental health and that often people don't feel they are able to talk about their mental health, which can lead to problems escalating and help not being accessed.

One of our priorities is to work to tackle the stigma around mental health, and ensure that people are equipped with the skills to look after their own mental health and seek help when necessary.

⁴ <https://fingertips.phe.org.uk/profile-group/mental-health>

Progress against our 2016 recommendations

We said... City of York Council and York Hospital Trust work together to address smoking at time of delivery, ensuring that women are given timely and appropriate support to stop smoking.

We did... The Yorwellbeing Service has been working with the midwifery team to ensure that there is a seamless referral pathway for pregnant women that are smoking to be referred into the support they need to help them stop. Whilst we have seen a small decrease in the prevalence of women that smoke at the time of delivery (from 12.3% to 11.1%) this has not been as sharp a decline in the prevalence of smoking in the general population (from 12.6% to 9%). We therefore acknowledge that more work needs to be done in this area.

We said... All partners, in particular Adult Social Care and primary care, should work together to increase the uptake of flu vaccination in those under 65 with long term conditions.

We did... Work has been done across the system to boost the uptake of the flu vaccine in all at risk groups. In 2016/17 the percentage of those under 65 with a long term condition that received a flu vaccine was 44.6%. In 2017/18 this rose to 46.1%. However, this is still below the national target of 55%, and more work needs to be done to target this group.

We said... Further work is done by City of York Council to understand the data around admissions to hospital in young people for mental health conditions. This analysis should underpin further work between the council, Tees, Esk and Wear Valley NHS Trust, York Hospital Trust, and Vale of York Clinical Commissioning Group to address areas of concern (through Yor-OK Board or Mental Health Partnership Board).

We did... The Joint Strategic Needs Assessment (JSNA) Group has been carrying out further analysis on areas of concern, or where inequalities exist. This work has included understanding the inequalities that exist around hospital admissions in young people for self harm. This has been discussed at the Yor-OK Board as well as the Health and Wellbeing Board. Details of this work is available on the JSNA website – www.healthyork.org

We said... The Vale of York Clinical Commissioning Group (CCG), City of York Council, and York Hospital Trust should work together to improve outcomes on cardiovascular disease. This should focus on identifying people at risk of cardiovascular disease and ensuring that they are receiving the optimum treatment.

We did... The CCG launched the Vale of York Healthy Hearts Scheme to reduce the number of people that die from cardiovascular disease. The scheme has involved working with partners in the hospital and in the council to ensure that every opportunity is taken to ensure that people are given the right advice to prevent heart disease, as well as ensuring those at risk are on the optimum treatment. www.valeofyorkhealthyhearts.org.uk

We said...

NHS England should lead a campaign to improve dental health in children. This should focus on awareness of fluoride varnish, the impact of sugar on dental health and supervised brushing for young children.

We did...

In the last year the City of York Council has established an Oral Health Information and Advice Group. This group consists of a range of partners, including NHS England. As part of this work, the council is conducting an Oral Health Needs Assessment to understand fully the state of oral health in children in York. Once the results of this work are available we will be able to determine what further work is needed to address any areas of concern.

Our recommendations

Following our discussions with residents and data analysis to help us understand how York compares with other areas we are proposing the below recommendations:

- 1** Develop a strategic approach, involving all partners, to tackling obesity and physical activity across the city.
- 2** Deliver training on alcohol awareness with primary care staff to enable them to deliver a brief intervention with residents drinking over recommended levels.
- 3** Recruit a number of Time to Change champions that will work to help tackle stigma around mental health.

How you can get involved/have your say on health in York

To view the Director for Public Health report please visit www.healthyork.org, where you can also see the York Health and Wellbeing Board's current and emerging health and wellbeing needs for people who live in York.



You can get in touch by emailing healthandwellbeing@york.gov.uk on social media by getting in touch with City of York Council on Facebook, Twitter and Instagram or writing to:

Sharon Stoltz
Director of Public Health,
City of York Council,
West Offices,
Station Rise,
York,
YO1 6GA

If you would like this information in an accessible format
(for example in large print, in Braille, on CD or by email)
please call **(01904) 551550**

This information can be provided in your own language.

Informacje te mogą być przekazywane w języku ojczystym.

Polish

Bu bilgi kendi dilinizde almanız mümkündür.

Turkish

此信息可以在您自己的语言。

Chinese (Simplified)

此資訊可以提供您自己的語言。

Chinese (Traditional)

 **01904 551550**

This page is intentionally left blank



Health and Wellbeing Board

17 October 2018

Report of the Assistant Director - Joint Commissioning, NHS Vale of York Clinical Commissioning Group and City of York Council.

Briefing Note – Care Quality Commission Follow Up Review**Summary**

1. This briefing note is to inform the Health and Wellbeing Board of the forthcoming follow up review by the Care Quality Commission (CQC). It is scheduled for mid-November.

Background

2. The Care Quality Commission (CQC) was commissioned to review twenty local systems during 2017 -18, focusing on how local services work together to support older people at the interface of health and social care.
3. The local system is defined by the Health and Wellbeing Board area, and therefore the City of York Council area. A performance dashboard of six key indicators was used to identify the initial programme of reviews. York was among the first twelve areas to undergo a review in this new methodology.
4. The review took place during the autumn of 2017, and included two onsite periods with focus groups, interviews and visits to services as well as documentary evidence provided by the full range of local partners.
5. The CQC Local System Review concluded with the publication of their report on 22nd December 2017. The full report is available at: <https://www.cqc.org.uk/publications/themes-care/our-reviews-local-health-social-care-systems>
6. The report made thirteen recommendations to improve the interface between health and social care for older people who need care and support. An action plan was developed in response to the report and submitted to the Department of Health, now the Department of Health and Social Care (DHSC), and CQC.

7. CQC has continued with the programme of reviews, publishing the national report on the first twenty areas in July 2018. It is available at:

<https://www.cqc.org.uk/publications/themed-work/beyond-barriers-how-older-people-move-between-health-care-england>

Main/Key Issues to be Considered

8. It was announced on 5 September 2018 that CQC had been commissioned by government to carry out a further three full Local System Reviews and three follow up reviews from the initial cohort of twenty areas. York is among the three sites selected for a visit. The remaining seventeen areas will be required to submit a progress report on their action plans.
9. As with the initial review, CQC will focus on how people move between health and social care, with particular focus on people over 65 years old.
10. The CQC site visit to York will take place on 19 and 20 November 2018.
11. The intention of the review is to check York's progress against the action plan and to assess our direction of travel, in terms of our journey of improvement.
12. CQC has indicated their principal interest is to celebrate progress which has been made and to understand the enablers and barriers to progress in local areas.

Consultation

13. Not Applicable.

Options

14. Not Applicable.

Analysis

15. Not Applicable.

Strategic/Operational Plans

16. The CQC report and the York Improvement Plan, produced as a response to the Local System Review in 2017 will form the basis for the follow up review.

Implications

17. Not Applicable.
- **Financial**
 - **Human Resources (HR)**
 - **Equalities**
 - **Legal**
 - **Crime and Disorder**
 - **Information Technology (IT)**
 - **Property**
 - **Other** (*State here any other known implications not listed above*)

Risk Management

18. Not Applicable.

Recommendations

19. Not Applicable.

Contact Details

Author:

Pippa Corner
Assistant Director - Joint
Commissioning.
CYC / NHS VOY CCG
01904 551076

Chief Officer Responsible for the report:

Michael Melvin
Interim Corporate Director HHASC
City of York Council
Tel No 01904 554155

**Report
Approved**

Date *Insert Date*

**Report
Approved**

Wards Affected:

All

**For further information please contact the author of the report
Background Papers:**

None

Glossary

- 1 Care Quality Commission (CQC)
- 2 York Health and Wellbeing Board (HWBB)
- 3 Department of Health and Social Care (DHSC)