



**Notice of a public meeting of  
Health, Housing and Adult Social Care Policy and Scrutiny  
Committee**

**To:** Councillors Doughty (Chair), Cullwick (Vice-Chair),  
Cuthbertson, Flinders, Steward, K Taylor and Warters

**Date:** Tuesday, 12 February 2019

**Time:** 5.30 pm

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

**A G E N D A**

**1. Declarations of Interest** (Pages 1 - 2)

At this point in the meeting, 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 - 14)

To approve and sign the minutes of the meetings held on 16 October 2018 and 12 December 2018.

**3. Public Participation**

At this point in the meeting, members of the public who have registered their wish to speak regarding an item on the agenda or an issue within the Committee's remit can do so. The deadline for registering is **5:00pm on Monday 11 February 2019**.

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### **HOUSING AND COMMUNITY SAFETY**

**4. Housing & Community Safety Update on Homelessness in York** (Pages 15 - 28)

This report updates the committee on measures being taken by the Council through its preventative work and resettlement pathways to provide support for people who are homeless and classed as either rough sleepers or single homeless people.

### **HEALTH AND ADULT SOCIAL CARE**

**5. Update report on Collaborative work by Humber, Coast and Vale Mental Health Partnership** (Pages 29 - 54)

This report provides an update on the work of the Humber, Coast and Vale Mental Health Partnership, to keep members informed of the ongoing efforts to improve collaboration and mental health and wellbeing outcomes in the Humber, Coast and Vale area.

**6. Tees Esk and Wear Valleys: Progress Report on New Mental Health Hospital in York (Haxby Road)** (Pages 55 - 66)

This report provides an update on the development of the new mental health hospital for York and Selby to assure the

Committee of work underway to enable effective future management of both community services and inpatient beds.

**7. Joint Health Scrutiny Meeting North** (Pages 67 - 86)  
**Yorkshire County Council, Leeds County Council & City of York Council**

This report updates the Committee on a planned Joint Scrutiny of Health meeting between Health Scrutiny Members of North Yorkshire County Council (NYCC), Leeds City Council (LCC) and City of York Council.

**8. Overview Report on Mental Health Crisis** (Pages 87 - 94)  
**Support Services in York**

This report outlines the support options available to people in York who are experiencing a mental health crisis. It was requested following member queries about a reduction of the hours of operation of the Mental Health Support line, run by City of York Council.

**9. Substance Misuse Review Final Report**

This report presents all the findings of the Task Group set up to undertake the Substance Misuse Scrutiny Review and provides information on the impact and potential outcomes of planned reductions, particularly in funding to alcohol services in York.  
**[Report to follow]**

**10. Work Plan** (Pages 95 - 98)

Members are asked to consider the Committee's work plan for the municipal year.

**11. Urgent Business**

Any other business which the Chair considers urgent.

**Democracy Officer:**

Name- Chris Elliott

Telephone – 01904 553631

E-mail- 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

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**

**Health and Adult Social Care Policy and Scrutiny Committee**

**Agenda item 1: Declarations of interest.**

Please state any amendments you have to your declarations of interest:

Councillor Doughty      Member of York NHS Foundation Teaching Trust.

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City of York Council

Committee Minutes

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Meeting	Health, Housing and Adult Social Care Policy and Scrutiny Committee
Date	16 October 2018
Present	Councillors Doughty (Chair), Cullwick (Vice-Chair), Cuthbertson, Flinders, Richardson and K Taylor
Apologies	Councillors Warters

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### 30. Declarations of Interest

Cllr Cullwick declared a non-prejudicial interest in Agenda Item 6 as he currently manages a number of properties including HMO's, however none of these properties will currently be affected by new legislation.

Cllr Richardson added a standing declaration of interest in that he is currently receiving treatment from Tees, Esk and Wear Valleys NHS as well as York Pain Clinic, that had already been declared.

### 31. Minutes

Members requested that the following amendment be made to minute 26 (Update on the Older Persons' Accommodation Programme).

a) Amend line to read as follows:

- "Councillors expressed their desire for best practice, regarding co-production and information sharing with Councillors and residents, to be shared with other departments in the Council"

Members also highlighted that the Standing declarations of interest for this committee should be updated in line with current membership.

Resolved: That subject to the amendment to minute 26 (Update on the Older Persons' Accommodation Programme), the minutes of the Health, Housing and Adult Social Care Policy and Scrutiny Committee held on 11 September 2018 be approved and signed by the Chair as a correct record.

### **32. Public Participation**

It was reported that there were no registrations to speak under the Council's public participation scheme.

### **33. Safer York Partnership Bi-annual Report**

Jane Mowat, Head of Community Safety CYC and Lindsey Robson, York and Selby Commander, North Yorkshire Police were in attendance to update the committee on the co-ordinated work of the Community Safety team and the Police.

Officers responded to a question from members on an increase in numbers of cases falling under the 'violence against a person' statistic. It was highlighted that there had been a change in the way the statistics were being recorded with harassment and stalking reports now being considered under this category.

It was also highlighted to members that the majority of the increase in numbers of domestic abuse reports could be attributed to more confidence in the police force and an increased willingness within the community to report incidents. Officers also stated the increased success and support of the Multi-Agency Risk Assessment Conferences have affected the number of reports and that this should also be seen as a positive.

Under further questioning from members regarding Anti-Social Behaviour (ASB) reporting, officers reported that whilst the police will always respond to a 'threat to life', other reports must then be prioritised. Officers pointed out that their Neighbourhood Enforcement Officers, BID Rangers and Police Officers were using the joint hub at the West Offices to ensure a multi-agency approach was being used to tackle issues such as ASB and that there had been an 80% reduction in the number of ASB cases over the last three years.

Officers also informed members of the work being done to:

- Reduce the drug paraphernalia being found by residents and businesses in the city
- Publicise a new 'text to give' campaign
- Enforce penalties against magazine sellers using inappropriate or aggressive behaviour
- Review the way in which the police and Council share information and the effect that GDPR has had



Officers explained their plan towards the future of portable CCTV cameras used to enforce on fly-tipping cases, saying that they would react to hotspots and deploy resources in areas of the city in which it was most in need.

During a discussion on administrative changes to the Channel and Prevent referral systems, officers pointed out that there had been a pilot associated with Operation Dovetail, to test the feasibility of Local Authorities organising the administration associated with these systems rather than the police. This will most likely come into effect in York at the end of 2019 or early 2020.

During the discussions, there was a recurring theme regarding how to improve the public perception of Anti-Social Behaviour in the city. With reports of the situation improving in York, members and officers agreed that there was an opportunity to join up communications and ensure that consistent messages were being sent to the public.

Officers agreed to update members via email on:

- The success of the North Yorkshire Police action on cyclists not using appropriate lights
- The number of needle bins that have been distributed; and
- Information on the actions relating to inconsiderate parking around schools in the city.

Resolved: Members are asked to note and comment on the contents of this report

Reason: To update members on the performance of the Safer York Partnership

### **34. Update on Community Policing**

The discussion of this item took place under Agenda Item 4 (Safer York Partnership Bi-Annual Report) with the Head of Community Safety and York and Selby Commander, North Yorkshire Police. Please see Minute 33 for the detail of the discussion.

Resolved: Members are asked to note the update on community policing

Reason: To ensure the committee are kept up to date on the joint working between the North Yorkshire Police and City of York Council.

### 35. Implementation of the Extension of HMO Licensing

Officers were present to update members on the implementation of the new HMO licensing legislation that came into effect in October 2018.

The implementation phase has included:

- The introduction of a web-based application process
- Ensuring that the teams had enough resources to deal with increased applications (around 700) and to carry out site visits
- A communication strategy around the new legislation

Officers informed members that around 60-70% of applications were now being received online.

Under questioning from members, officers highlighted the potential issues with the continued implementation of this policy. These included:

- Ensuring the quality of paperwork received in applications including gas and electrical safety certificates and working with landlords on code of practice.
- The accuracy of room sizes being declared by landlords; officers also highlighted that room sizes on the verge of not adhering to the requirements would be more likely to trigger an early inspection.

Officers stated that the rough estimate on the amount of rooms to be lost by the ~~Council~~ *City*, as a result of the new minimum requirements, would be 70 out of the 495 *and a total of 400-500 rooms by 2021.\**

In order for the council to implement this licensing to all HMO's, a need will have to be evidenced. Officers explained that this first three year period will be used to gather this evidence, to strengthen the argument for further extension of licensing.

Officers also explained to members that a number of databases are used to check the accuracy of self certification forms of applying Landlords.

**Resolved:** Members are asked to note the contents of this report and agree to support the approach outlined in the implementation policy

**Reason:** So that the Council can ensure that we are meeting our statutory duties.

\*As amended at the meeting of the Health, Housing and Adult Social Care Policy and Scrutiny Committee on 14 November 2018.

**36. Work Plan**

A feasibility study has been requested on the topic of Tenant Engagement, for a potential joint review by the Health Housing and Adult Social Care and Children, Education and Communities Policy and Scrutiny Committees. An update will be brought to the meeting on the 14 November 2018.

A feasibility study has also been requested on the topic of Elective Surgery Criteria and this will be brought to the meeting of the 12 December 2018.

**37. Urgent Business**

No urgent business was declared.

Cllr P Doughty, Chair

[The meeting started at 5.30 pm and finished at 7.15 pm].

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Meeting	Health, Housing and Adult Social Care Policy and Scrutiny Committee
Date	12 December 2018
Present	Councillors Doughty (Chair), Cullwick (Vice-Chair), Cuthbertson, Flinders, Richardson and K Taylor
Apologies	Councillors Warters

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#### **47. 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 to business on this agenda. None were declared.

#### **48. Minutes**

Resolved: That the minutes of the previous meeting held on 14 November 2018 be approved and signed by the Chair as an accurate record.

#### **49. Public Participation**

It was reported that there had been no registrations to speak on items relating to the general remit of the committee under the Council's Public Participation Scheme.

#### **50. Half Yearly Report of the Chair of Health and Wellbeing Board**

The Chair of the Health and Wellbeing Board, Cllr Runciman, was in attendance to brief the committee on the work of the Health and Wellbeing Board. It was noted that there had been a number of changes to the board's membership in this period.

Members questioned the Chair on her view of the current provision of mental health support services particularly in relation to those in crisis. The Chair reported that she was content with the current provision however it would be

something she would continue to challenge to ensure that it is meeting the needs of the population.

The committee questioned Cllr Runciman on flu vaccinations and the reported queues at surgeries. It was explained that this can happen for a number of reasons, but that there had been issues with vaccine supplies this year. It was also noted that it was not too late to receive a vaccination and that the take up had been lower this year than in previous years.

Members discussed the new Mental Health hospital and Cllr Runciman agreed with members that it would be useful to receive an update from TEWV on the development of the facility.

Members were reassured that the Student Health Network would not cease to exist but that current issues were being discussed around strategic leadership of the group and that this was ongoing.

Questions were raised regarding new birth health visitor visits and that there had been a dramatic improvement since 2016. It was also noted that whilst this service is voluntary, it is highly unusual to see families refuse this service.

Members discussed the upcoming changes to the Children's Safeguarding Board and its new working arrangements. The accountability of the statutory officers involved in the process was also discussed with Cllr Runciman highlighting to the committee that it was important that the new working arrangements and the accountability were clarified in order to help manage risks.

Officers also explained to members that a Sexual Health Needs Assessment had been carried out and had informed a procurement process that was currently underway for the provision of sexual health services in the city. It was noted that there had been a good response and that a provider would be chosen by the end of January.

## **51. York an evolving Asset Based Area**

Members questioned officers on the Local Area Coordination programme. Officers informed the committee that there were hopes to expand the programme outside of the initial three

wards that have been used in the trial. It was noted that expanding the model was a tried and tested approach that had proved successful in other areas of the country. Officers also explained to Members how the social value of the programme will be assessed and discussed future funding. ~~with officers highlighting the importance of the Improved Better Care Fund in the short term, whilst also noting that further work needed to be done on securing the programmes long term future~~ \* Officers highlighted that the Improved Better Care Fund will play an important role in continuing to fund the programme until the end of next year, at which point the funding will start to decrease. It was noted that the NHS 10 year plan and expected Green Paper will help inform the future financial planning for this service.

Officers gave some insight into the kind of work that Local Area Coordinators do and members suggested that this was an area in which further information sharing and training would be greatly appreciated as they could play an important role in promoting the programme in the future and ensuring that their residents were aware of the services and support available.

Members requested some clarification on the 'levels' that were described in the report. Officers explained that:

- Level 1: referred to information, advice and signposting
- Level 2: related to more in depth work with a member of the community, where perhaps more complex issues were present.

\*As amended at the meeting of the Health, Housing and Adult Social Care Policy and Scrutiny Committee on Tuesday 15 January 2019.

## **52. The impact of the Elective Surgery Criteria**

Roland Crooke, a resident, spoke to the committee about his experiences of the elective surgery criteria. Mr Crooke explained his situation and how it had forced him to pay for his own surgery privately due to the amount of pain he was experiencing. Mr Crooke explained that he thought the policy discriminated against the overweight and the elderly.

John Clark, Chair of Healthwatch York, then addressed the committee to explain that this issue would be analysed in

Healthwatch's current work stream on changes to services and that this report would be published in early 2019.

Dr Nigel Wells, the Chair of the CCG, and Michelle Carrington, Head Nurse for the CCG were in attendance to answer questions. The officers explained the 'individual funding request' (IFR) and the approach to the policy.

Members discussed the criteria and questioned officers on the 'postcode lottery' that was experienced as a result of the differing criteria between bordering Clinical Commissioning Groups. Officers explained that there were a number of subtle differences between the policies and that it was not just in relation to BMI. Officers explained that the policy allowed clinicians to have an open and honest discussion with patients about lifestyle and that as a system there was a need to encourage prevention and that lifestyle changes were an important part of that.

Officers agreed with Members that improvements needed to be made regarding communication with patients and with healthcare professionals to ensure that the policy was being implemented as intended and with the secondary support that was required.

Concerns were raised regarding the impact this policy would have on private healthcare providers and a potential increase in the demand for private healthcare. Officers explained that whilst this may be true, the entire healthcare system in York had to work together to resolve issues around the CCG's fixed funding arrangements and the best use of funds available to it.

Members requested that in future it would be very useful to have data from the CCG that related only to the City of York, as the report contained data for whole of the Vale of York. Officers said they were happy to explore this for future reports.

### **53. Work Plan**

Members discussed the work plan for the remainder of the municipal year. It was noted that there was a desire to receive a report on the integration of health and social care services and that this was to be arranged.



Members agreed that they would receive a report from Humber Coast and Vale on their work on Mental Health Partnerships in February.

Cllr Richardson informed the committee that this would be his last meeting and he thanked the committee for their work whilst he had been a Member.

Cllr P Doughty, Chair

[The meeting started at 17:30 and finished at 20:30].

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**Health, Housing and Adult Social Care Policy  
and Scrutiny Committee**

**12 February 2019**

Report of the Assistant Director Housing and Community Safety

**Housing & Community Safety Update on Homelessness in York**

**Summary**

1. This report updates the committee on measures being taken by the Council through its preventative work and resettlement pathways to provide support for people who are homeless and classed as either rough sleepers or single homeless people.

**Background**

2. In December 2018 a piece of research was released by The Bureau of investigative Journalism highlighting the deaths of homeless people nationally in 2017 using the same definition used by homeless charity Crisis; it defined someone as homeless if they are sleeping rough, or in emergency or temporary accommodation such as hostels and B&Bs . This research concluded that 449 people died in 2017.

<https://www.thebureauinvestigates.com/stories/2018-10-08/homelessness-a-national-scandal>

3. This research was undertaken by the use of a freedom of information request to local authorities around the country; It is unclear whether or not York was included as a local authority in this research. Local authorities are not required to keep figures on deaths and any information submitted to any FOIs regarding deaths were based on service records and people memories. Due to the cyclical nature of these requests York began keeping a record of individuals that services were aware of who have died since 2017. There is no definition or criteria attached to these records they are people who the services support or are aware of.
4. The release of this information prompted local media to request information on York's figures of the deaths of those under the above criteria. A figure of 11 homeless deaths in 2017 was provided to local

media in Dec 2018; this was picked up by the York's Member of Parliament and raised in prime minister questions prompting further media interest.

5. The Council resolved to call for an update on homelessness in York with particular reference to this data.
6. In close relation to this in December 2017 a housing scrutiny report updated the committee on measures being taken by the council through its preventative work and resettlement pathways to provide support for people who are homeless. This was after an October 2017 motion to full council in accordance of Standing Order 22.1, following the sudden death on the streets of York of one of the city's long term rough sleepers.
7. This outlined immediate measures to provide temporary accommodation and avoid if possible further deaths on the streets during the winter in particular. On the back of this, a review was undertaken of winter night emergency provisions in York across the winter periods, capacity and availability was increased in York during 2017 and this has being further increased during 2018. Including increased resources of both staff and financial assistance to enable more innovative approaches and intensive support packages for people who are homeless to provide suitable accommodation.
8. This work has enabled a significant culture change among support services and its customers regarding more innovative outcomes and risk taking when it comes to providing accommodation, including an increase in the use of housing first and housing first approaches to accommodate people who are described as having complex needs.

### **Provision for Homeless People**

9. The Housing Act 1996 places a statutory responsibility on a Local Authority to provide advice and assistance to anyone who is homeless or at risk of homelessness. Further to this the Homeless Reduction Act 2017 (HRA17) further enhances this duty by introducing a duty to prevent homelessness and a duty to relive homelessness to anyone.
10. In general terms there are 4 categories of homelessness:
  - Statutory homeless – where a individual / household has met the criteria of the Housing Act 1996 (eligible, homeless, believed to be in priority need the duty on the LA is to provide temporary accommodation, if they are accepted as homeless (ie meet all 5 criteria eligible, homeless, priority need, unintentionally homeless

and having a local connection) the LA has a duty to provide permanent accommodation primarily via North Yorkshire Home choice and access to social housing. A second homeless presentation cannot be taken unless there has been a period of settled accommodation or significant change in circumstances.

- Youth homelessness (16 and 17) – where a homeless young person will generally be offered social services support (often refused) and hostel accommodation.
- Single homeless – where an individual is homeless but does not meet the criteria of the Housing Act 1996 and will be offered advice and support to access accommodation. If an individual has some vulnerability they will generally be offered hostel accommodation, but those with no vulnerability will be helped to access private rented accommodation. If they have no connection to York the accommodation offered will not be in York.
- Rough sleepers – where an individual is homeless but does not meet the criteria of the Housing Act 1996 and will be offered advice and support to access accommodation. If an individual has some vulnerability they will generally be offered hostel accommodation, but those with no vulnerability will be helped to access private rented accommodation. If they have no connection to York the accommodation offered will not be in York.

11. The focus of this scrutiny report is on rough sleepers/single homeless and those going through a resettlement pathway. It should be noted that a large proportion of households that present as homeless are re-housed through the Housing Act 1996, accessing emergency temporary accommodation.

12. Considerable progress has been made in York in the last 10 years:

- The number of households living in temporary accommodation has reduced from 207 on 31<sup>st</sup> March 2007 to 68 at 31<sup>st</sup> March 2017. As at the end of September 2018 the number in temporary accommodation was 58.
- York has a number of protocols which enables agencies to work together to prevent homelessness / help people move into accommodation in a planned way (e.g. York and North Yorkshire Offender protocol or York's No second night out protocol or winter nights provision).

13. The homelessness and resettlement service in York is rated highly and in December 2016 was awarded gold standard. At the time we were one of only three Local Authorities in England to have achieved this. The resettlement service offers a structured pathway of accommodation from temporary homeless through to permanent housing and increased tenancy sustainment.
14. The level of rough sleeping has increased in the last 10 years and in 2017 this figure was 29 people on a typical night the highest since the 1990s. As consequence of increased funding etc the number sleeping rough at the count in 2018 reduced to 9. The issue of rough sleeping is multi-layered and includes:
  - Those at risk of homelessness who will not have anywhere to live in the near future;
  - Those at risk of homelessness and will not have anywhere to sleep tonight;
  - Those who are technically homeless but who can stay with people in the very short- term 'sofa surfing' but often putting another persons tenancy at risk;
  - Those who are new rough sleepers;
  - Those who are entrenched rough sleepers;
  - Those who have been in services but been asked to leave for serious breach of accommodation agreement and have returned to 'sofa surfing';
  - Those who have been in services but been asked to leave for serious breach of accommodation agreement and have returned to rough sleeping.
15. When working with individuals who are at risk of homelessness or recently homeless and who are willing to engage with services, these people are generally helped into accommodation quickly but there may not be accommodation available for more complex / entrenched because of behaviour or their lack of engagement. These are the most visible rough sleepers.
16. All rough sleepers have been offered help to access accommodation, although for those with no local connection to York it may not be in the district. Help is offered to reconnect them to an area where they have a

local connection but the individuals concerned often do not wish to leave York. A second concern is that a significant number of current rough sleepers have previously used the services available but have been excluded because of their behaviour. Before anyone is excluded, services confer and manage individuals to avoid the need for exclusion if at all possible. The option of returning to the service remains open providing they are prepared to abide by the rules within the hostel.

17. A number of rough sleepers are entrenched and refuse any form of help.
18. A third concern is that a number of people who are rough sleepers or associated to rough sleeping and street culture are often engaged in begging activity which can prove to be very lucrative, it is often quoted by people who beg that they can raise over £100 pounds per day and even more than this on special days of the year like the Ebor weekend for example. People engaged in this behaviour often do not want to stop begging for reasons often linked to a substance misuse, this level of income can only exacerbate the risks associated to homeless deaths. It is a major challenge for support providers to encourage someone who has learned to survive on approx 5-700 pounds per week to sustain themselves on 70 pounds a week state benefits, without a significant cognitive change occurring within that individuals thinking and a desire to effect change around issues such as substance use.

### **Rough sleeping figures**

19. Rough Sleeping has increased year on year since 2010 in York and nationally. The Street count figure is undertaken using a formal process scheduled every year that offers an analysis or snapshot of a typical nights rough sleeping in a particular local authority area, these counts are done using a specific methodology to offer a figure. All local authorities are required to provide these counts.

It is important to note the formal counts are not inclusive or part of our local information gathering processes undertaken by Resettlement Services on an ongoing daily and weekly basis. Formal street counts take place around the country between the 1<sup>st</sup> October and 30<sup>th</sup> Nov. York undertook its formal count using an estimate process using the night of 21<sup>st</sup> Nov into 22<sup>nd</sup> Nov 18 as a typical night.

20. In 2017 York had a cohort of 20-25 people who were visible / entrenched in rough sleeping and associated problematic behaviours and complex needs. To give some regional context, Doncaster had a similar but much larger cohort of about 70 people; Hull about 23 and Harrogate 12. In

2018 we have seen this cohort reduce through the rough sleepers initiative (RSI) interventions, although there are still people unwilling to engage with services, they are embroiled in street culture type behaviours including begging, substance misuse, and anti social behaviour. The reduction in the amount of people has come about due to the targeted efforts of Resettlement Services; in particular The RSI complex needs rough sleepers team, North York's police, Probation, Changing lives and City Of York Council. Who have made huge in roads and continue to do so in reducing the number of rough sleepers. And improving the options available to them.

### Street Culture

21. What we have seen develop again to 1990s type levels is a powerful street culture re emerge in the city, this involves individuals engaged in highly risky behaviours such as begging, substance misuse and rough sleeping, street culture is not just made up of York's rough sleepers it also includes people who are drawn to this due many different factors such as precarious accommodation, financial gain, social isolation, substance use/supply and Poverty etc.

### **Services for single homeless and rough sleepers**

22. Homeless supported accommodation services have had a to respond to an ever increasing customer group who's support needs are more complex, Services have personalised an approach to ensure people with complex needs are not excluded from support, or deemed to be too high risk, despite the risk factors that may come with accommodating them. These Risk factors and reasons why people street beg, street sleep and/or experience homelessness indicate that it is a highly complex mix of issues that combine, stemming from early childhood experiences through to the development of substance misuse and mental health problems. This coupled with the significant social exclusion faced by these adults with complex needs, serves to make the provision of interventions and services to reduce and prevent homelessness incredibly difficult. However there are a number of different responses implemented in services to ensure fair and quick access to people.

### Engagement with rough sleepers (advice and support)

23. Ideally, anyone at risk of homelessness should approach advice services prior to actual homelessness. CYC Housing Options Team deal with all enquiries and Salvation Army Early Intervention and Prevention Team are contracted to work with single homeless 18+. Where people



approach services prior to homelessness, relevant advice is given to help people access self contained accommodation (via private rented sector or North Yorkshire Home Choice). For those more vulnerable a referral will be made via Single Access Point to supported housing.

24. In addition to this since June 2018 we also have via the RSI funding a Complex Needs Rough Sleepers Team, this team offers more resources to be able to take on a targeted approach to tackling rough sleeping, and can offer additional financial resources to optimise and increase better outcomes for rough sleepers.
25. The complex needs rough sleepers team is made up of additional Outreach Workers, a Mental Health worker, and MEAM (Making every adult matter) workers, and a coordinator to structure the whole approach and robustly work with hard to reach people.
26. The Complex Needs Rough Sleepers team work in partnership with Resettlement Services, North York's Police, Neighbourhood Enforcement Teams, York Bid , Probation, Mental Health services and voluntary sector food provisions e.g. Carecent and Kitchen For Everyone.
27. Salvation Army Street walks to encourage rough sleepers to access services, these are undertaken 3-4 times per week and provide a regular information stream of rough sleeping in the city. They receive Intel from a variety of sources on rough sleepers, and are aware of all rough sleepers in the city.
28. In addition the RSI complex needs rough sleepers workers undertake regular street walks and target hard to reach individuals who are rough sleeping to build relationships and offer and encourage people into accommodation.
29. Salvation Army drop in service to provide advice and support to access accommodation and other services, Salvation Army co ordinate in partnership with resettlement services the No Second Night Out emergency beds, and the Winter Night Provisions, these beds are the nearest thing to direct access beds in the city.
30. MEAM (Making Every Adult Matter) engages people with complex needs. MEAM customers must be homeless, have mental health issues, offending issues and substance issues. There was one MEAM worker in 2017 this has now increased to 4, funding for 2 of these posts is via the RSI funding. This has increased the amount of personalised intensive support we can offer to rough sleepers significantly.

31. Housing Options Team provides housing advice to anyone who is homeless or at risk of homelessness. They assess applicants under the Housing Act 1996 (homeless presentation) but can only assist according to the legislative criteria, however the HRA 17 has made options available to single homeless and rough sleepers more available.
32. Youth Homeless Workers (16-17) provide specialist advice and support to young people 16 and 17
33. Staff within all Resettlement Services and other partner agencies are accredited to provide appropriate housing advice. There is an ongoing training programme to maintain and expand this across services.
34. Naloxone in supported accommodation Services. Use of Naloxone aims to reduce the number of opiate overdoses and opiate related deaths in the City Of York, In July to Sept 2018 six Naloxone kits were administered by support staff in one hostel alone to customers when they were alerted to or became aware of overdose scenarios, this is just one example of crisis intervention and life saving prevention of deaths of people who are homeless. (*Naloxone is a drug that can reverse the effects of opiate overdose*)
35. **No Second Night Out (NSNO)** where a person is new to rough sleeping, York has adopted the NSNO approach. This means that someone who has slept out for one night will be offered an emergency bed and asked to engage with Salvation Army to secure longer term accommodation.

[https://www.york.gov.uk/downloads/file/8527/no\\_second\\_night\\_out\\_nsno\\_and\\_emergency\\_bed\\_protocolpdf](https://www.york.gov.uk/downloads/file/8527/no_second_night_out_nsno_and_emergency_bed_protocolpdf)

36. Winter night beds While NSNO offers the emergency provision for the majority of the year, between 1<sup>st</sup> Nov and at least the 28<sup>th</sup> Feb the Resettlement services offer a winter night provision, this offers an increase in capacity of the NSNO provision so we are able to respond to rough sleeping when there is an increased risk to life, this year we increased the capacity of the emergency beds to 29, this is because should rough sleepers, even those who are unwilling to come into services wish to do so because of the weather, then services can at least safeguard them and offer them an emergency bed.
37. NSNO and winter night beds are a multi-agency provision co-ordinated by Salvation Army Early Intervention and Prevention Team. The beds are provided by Peasholme Centre, Howe Hill for Young People and Robinson Court Women's Hostel and Union Terrace Hostel. These are

additional emergency beds offered in addition to commissioned beds. NSNO is provided from within current provision free of charge to enable rough sleepers into emergency beds.

38. York is flexible in its use of NSNO beds and where possible will offer them to those who have not slept rough but need emergency accommodation and to those entrenched rough sleepers that re-engage with services and ask for accommodation.
39. Anecdotally, Salvation Army does not believe many of the entrenched rough sleepers would look to access emergency accommodation when the winter night provision is available. They are aware of the service.

17-18	Howe Hill	Peasholme	Arc Light	Robinson Court	Total
NSNO	487	1101	485	248	2321
Severe weather	181	620	335	78	1214
<b>Total</b>	668	1721	820	326	3535

40. In 2017/18 Resettlement services offered 3535 additional bed nights to prevent people sleeping rough.

### **Resettlement model**

41. The aim of the Resettlement service is to offer single homeless and rough sleepers access to supported hostel accommodation. Initially this is tier 1 (24/7 staffed hostels). Individuals are expected to adhere to hostel rules, pay their rent and amenity charges and engage with support and education services. When ready, individuals will move on to tier 2 shared housing, with more independence before ultimately moving into self contained accommodation.
42. York has a range of front line tier 1 accommodation for single people that are homeless and have vulnerability. All referrals are via Single Access Point  
[https://www.york.gov.uk/info/20094/homelessness/816/hostels\\_and\\_emergency\\_accommodation](https://www.york.gov.uk/info/20094/homelessness/816/hostels_and_emergency_accommodation)
43. Tier 1 accommodation provision includes:
  - Union Terrace Hostel 39 beds.
  - Peasholme Centre 23 beds
  - Howe Hill for Young People 24 beds.

- Robinson Court women's hostel 13 beds
- Robinson Court young peoples service 4 beds.

In total there are 103 tier 1 beds in the city

44. York has significant success with those people that do engage and move through resettlement services. Last year York resettled 40 people into permanent tenancies in social Housing via its resettlement category , plus a small number of complex individuals using the Housing First model.

### **Housing First**

45. <http://hfe.homeless.org.uk/principles-housing-first>

*'Housing First is an evidence-based approach to successfully supporting homeless people with high needs and histories of entrenched or repeat homelessness to live in their own homes. The overall philosophy of Housing First is to provide a stable, independent home and intensive personalised support and case management to homeless people with multiple and complex needs. Housing is seen as a human right by Housing First services. There are no conditions around 'housing readiness before providing someone with a home; rather, secure housing is viewed as a stable platform from which other issues can be addressed. Housing First is a different model because it provides housing 'first', as a matter of right, rather than 'last' or as a reward.'*

46. CYC has adopted the Housing First model and uses existing stock to house a small number of complex rough sleepers who are engaging with MEAM and for whom this is the most suitable housing option. All MEAM customers are homeless and have mental health, offending, substance misuse issues and they require intensive, often daily visits for long term support for many years. CYC began using Housing first in Aug 2015 and have since housed 13 complex individuals using a housing first approach of these 13 people 11 have been successful to date and 2 have broken down, however it is worth pointing out that the 2 have been safety net moved into supported accommodation schemes through negotiation, and without the need for formal actions to be taken.
47. Housing First is not an appropriate option for everyone. The majority people benefit from supported housing and moving onto independent accommodation though resettlement services and North Yorkshire Home

Choice. Housing first is an option that York has used successfully for a small number of complex people. There are no additional units of accommodation and use of stock for rough sleepers must be considered alongside the need to move people out of hostels, care leavers, statutory homeless, over crowded, under occupation and other elements of the NYHC allocations policy which reflect the housing needs of individuals and families.

### **Homeless Deaths**

48. The number of people known to our services who died was 11 in 2017
- One person was a rough sleeper who was offered accommodation,
  - Eight people were in supported accommodation Services.
  - The 11<sup>th</sup> person referred to previously died on the street but was not homeless, we were aware of him through his association with homeless people.
  - There have been 2 rough sleepers deaths since 2014 one in 2014 and one mentioned in 2017.
  - The 2017 figure of 11 deaths of homeless people was a percentage of 1.8% of people in homeless accommodation in the city in 2017.

### **Concerns**

49. There remains concern by professionals that due to increased demand over the last few years there are insufficient emergency beds, supported accommodation beds and long term affordable (social) housing in York. The pro-active approach to providing structured resettlement support may not suit all people but there are no 'long term' supported housing options for rough sleepers / those with complex needs, this means many are being supported in hostels.
50. There is significant demand for social housing from many customer groups which must be balanced. Safe and stable communities are important. There are concerns that individuals with complex needs may cause some anti-social behaviour in social housing tenancies if they have not fully engaged with resettlement services prior to moving into independent accommodation.

51. There are limited numbers of 'specialist' supported housing projects in particular mental health and learning difficulties schemes and so more people try and access resettlement services.
52. There appears to be an increase in the number of offenders needing resettlement services, due to Southview Approved Premises being re-designated as a national facility and because there is more emphasis on offenders leaving prison and having accommodation on release.
53. While the private rented sector has been beyond the reach for many of CYC customers, the impact of Local Housing Allowance has further reduced access to the private rented sector.
54. The impact of welfare benefit reforms is causing significant distress to individuals claiming Universal Credit.
55. Homeless Reduction Act although 10 months in to this legislation there still remains uncertainty over what impact the Homeless Reduction Act 2017 will have on services, There has being an increase in the use of B&B and demand for temporary accommodation remains at a over capacity level, with no additional accommodation to assist people. at the end of 2017/18 there were 49 Households in temporary accommodation, it is expected that there will be an increase at the end of this financial year. HRA 17 has seen people staying within the temporary accommodation route for longer due to the 56 day time frames on the duties.

### **Council Plan**

56. This report links to the following priorities of the Council Plan 2015-19:
  - **A focus on frontline services** – to ensure all residents, particularly the least advantaged, can access reliable services and community facilities.
  - **A council that listens to residents** – to ensure it delivers the services they want and works in partnership with local communities

### **Risks and Implications**

57. There are no risks or implications arising from the recommendation in this report. A number of identified concerns are listed in paragraphs 49 - 55 above.

## Recommendations

58. Members are asked to note the content of this report and agree any relevant comments
59. Reason: So Members are satisfied that issues around homeless people are being addressed.

## Contact Details

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**Report Approved**  **Date** 01/02/2019

**Wards Affected:** *List wards or tick box to indicate all*

**All**

**For further information please contact the author of the report**

## Abbreviations

B&Bs \_ Bed and Breakfast  
CYC – City of York Council  
FOI- Freedom of Information request  
HL – Homeless  
HRA 17 – Homeless Reduction Act 2017  
LA- Local Authority  
MEAM – Making Every Adult Matter  
NSNO – No Second Night Out  
NYHC- North Yorkshire Home Choice  
RSI - Rough sleepers initiative  
SWP – Severe Winter Pressure  
YB0 – Yes Below Zero

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**Health, Housing and Adult Social Care Policy  
and Scrutiny Committee****12 February 2019**

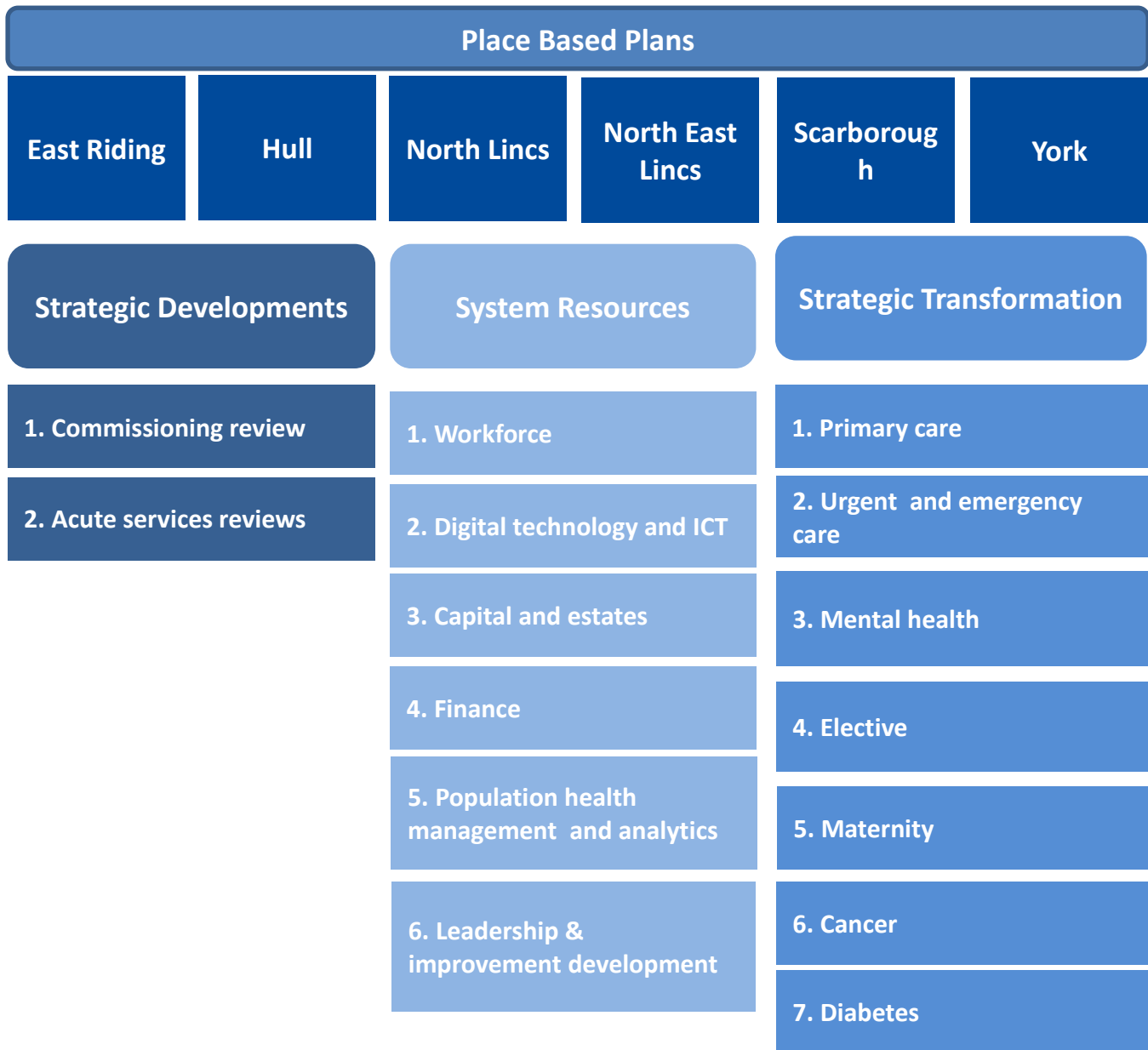
Report of the Director, Humber, Coast and Vale  
Health and Care Partnership

**Update Report on Collaborative Work by Humber, Coast and Vale Mental  
Health Partnership Summary**

1. This report provides an update on the work of the Humber, Coast and Vale Mental Health Partnership – which is an integral part of the overall Humber, Coast and Vale Health and Care Partnership.
2. It is provided in order to keep members informed of the ongoing efforts to improve mental health and wellbeing and to enhance the provision of treatment and support to people who are affected by mental ill-health through more effective collaboration between a wide range of partners in the Humber, Coast and Vale area.

**Background**

3. Since early 2016, the organisations responsible for providing and commissioning health and social care services across the area known as Humber, Coast and Vale have been working together more closely to improve local health and care services. Although this group of organisations is often referred to as an STP, it has now formally adopted the more meaningful title of 'Health and Care Partnership'.
4. The Partnership has continued to develop over the last 3 years. Partner organisations are now actively engaged in a wide range of collaborative activity at both local and regional level. The Partnership's current programme of collaborative work is shown in the following diagram.



5. The progress that had been made by the Partnership has been formally recognised by NHS England and NHS Improvement at both regional and national level. All 44 of the Health and Care Partnerships in England are being encouraged to continue their development, with a view to achieving Integrated Care System (ICS) status by April 2021. On the basis of the progress that has been made over the last year, The Humber, Coast and Vale Partnership is being encouraged to achieve ICS status by April 2020. Whilst the ICS label may be of limited value per se, achieving ICS status will allow the Partnership greater flexibility in the planning and delivery of services and the management of resources.
6. Over the coming six months, all 44 of the Health and Care Partnerships in England will be required to develop and publish a long term plan which describes how they will realise the ambitions set out in the recently published NHS Long Term Plan. A wide ranging engagement exercise

will be undertake to ensure that stakeholders are fully informed and have an opportunity to inform the development of the Partnership's plan.

### **Mental Health Partnership**

7. The Humber, Coast and Vale Mental Health Partnership is managed on a day to day basis by Alison Flack as Programme Director. Michele Moran, Chief Executive of Humber Foundation Trust, is the Senior Responsible Officer for the Mental Health Partnership.
8. The Mental Health Partnership has made strong progress over the last 18 months. This has been recognised at both regional and national level. The Partnership has produced an Annual Report that details actions and achievements in 2017/18. This is attached as Appendix 1.
9. Actions and achievements in 2018/19 and the Mental Health Partnership's plans for 2019/20 will be covered in the presentation that will be given at the meeting.

### **Recommendations**

10. Members of the Committee are asked to consider and note the contents of the report and presentation provided.

### **Contact Details**

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**Officer Responsible for the Report:**  
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**Report Approved**  **Date** 01/02/2019

**Wards Affected:** *List wards or tick box to indicate all* **All**

**For further information please contact the author of the report**

### **Annexes**

Annex A Humber, Coast and Vale Mental Health Partnership Annual Report 2017/18

Annex B- Mental Health Programme PowerPoint Presentation

**Abbreviations**

STP –Sustainability transformation Partnerships

NHS- National Health Service

ICS Integrated Care System

## **Humber, Coast and Vale Sustainable Transformation Partnership**

### **Mental Health Workstream Annual Report (2017/18)**

#### **Introduction**

This annual report provides an overview of the progress and work that has been completed during 2017/18 to continue to transform and improve mental health services as part of the Humber, Coast and Vale Sustainable Transformation Partnership (HCV STP).

In early 2017, Michele Moran was appointed as the Senior Responsible Officer (SRO) for this programme supported by Alison Flack as the Programme Director. To support the work programme, a Mental Health Delivery Board was established with representatives invited from all the partners within the Humber, Coast and Vale footprint.

#### **National and Local Context**

The NHS faces unprecedented financial and associated operational challenges. National leaders of the NHS have been clear that stabilising provider sector finances is critical to ensure overall NHS financial sustainability. Nationally, one third of NHS Foundation Trusts were in deficit at the end of 2016/17, suggesting systemic issues were impacting performance. NHS Trusts continue to face rising and material increases in demand for their services as a result of demographic factors, pressures on primary and social care and increasing patient expectations. At the same time, patients have higher and more complex needs.

As a health and social care system, we face increasing pressure from meeting the demands of a growing population in the face of public sector funding constraints. This is recognised nationally in the 'triple aims' that the NHS has been tasked to achieve:-

- Implement the vision in the 'Five Year Forward View' to improve health and care.
- Deliver core access and quality standards.
- Restore and maintain financial balance.

These challenges will result in health and social care systems transitioning from the traditional 'see, treat and discharge' model to one which 'identifies problems at an early stage and works with patients and partners to tackle

them via integrated services supported by shared technology and information’.

During 2017/18 we have continued to implement the 5 Year Forward View for Mental Health and we will work towards achieving the national Mental Health Delivery Plan for 2018/19.

The fundamental aims of the HCV STP are to ensure the local population is enabled to ‘Start, Live and Age Well’ whilst the health and social care systems focus on the triple aim of achieving desired health outcomes, maintaining quality services and closing the financial gap through efficiency. To excel these ambitions there is a genuine need for strong collaborative partnerships arrangements to help the public sector make the appropriate reforms.

There are six ‘Place’ systems within the HCV STP and each of them is continuing to develop their local Place Based Plans. These will focus on the needs of the local population within each ‘Place’ and we have continued to link our work to that within each Place.

### **Our Partners**

The Mental Health Delivery Board is representative of all the partners within the HCV STP. This includes NHS providers and Clinical Commissioning Groups and also our voluntary sector partners. We have also worked closely with NHSE Yorkshire and Humber Clinical Network Teams, NHSE Specialist Commissioning, the Academic Health Sciences Network, the University of Hull through the Faculty of Health and National Institute of Clinical Excellence. Our representatives are also working closely in their own Place areas and we have continued to develop an alignment to Place based work.

We have agreed a Memorandum of Understanding which outlines our priorities and how we will work together as a collective partnership.

We continue to work closely and receive support from the NHSE Yorkshire and Humber Clinical Networks. This has enabled best practice to be shared across the region and improved engagement with clinicians and lead commissioners.

### **Our Successes**

Although this has been our first year working together as an STP mental health partnership we have been successful in a number of areas working collectively as an STP.

### **Providing a safe space for young people living in Hull and East Riding**

We were successful in our bid for non-recurrent monies from NHSE to provide a safe space for young people living in Hull and the East Riding. This bid was developed in partnership with Humbercare, Hull City Council and East Riding of Yorkshire Council.

### **Providing additional Mental Health services during winter to support patients**

We also received significant additional funds of £334,000 to support our mental health services during the winter period. This funding has provided much needed additional resource to provide a range of services to support A&E departments. This has included additional mental health staff working in A&E teams, extended opening hours for Humber's crisis pad, provision of step down beds to reduce admissions to acute beds.

### **A new Child and Adolescent Mental Health Inpatient Service**

A successful capital bid for £6.5 million to provide an 11 bedded Child and Adolescent Mental Health inpatient unit which will include 9 general beds and 2 PICU beds to meet needs of young people in the Yorkshire and Humber region. This service will be provided by Humber Teaching NHS Foundation Trust.

### **Increasing Dementia Assessment Rates**

One of our priorities is to improve dementia assessment rates and this has continued to improve over the last 6 months, however there is further work to do in some places.

### **Expanding our liaison services**

There is an expectation that by 2020 all acute trusts will have a liaison psychiatry service in place for all ages, appropriate to the size, acuity and specialty of the hospital.

In January 2017, STPs were invited to bid for Liaison Mental Health Transformation Funding.

The following amounts were awarded:-

- NHS East Riding of Yorkshire and NHS Hull - £699,000 (funding requested for 2018/19)
- NHS Vale of York £498,000 (funding requested for 2017/18)

### **Our Priorities during 2017/18**

The Mental Health Delivery Board agreed a set of priorities to take forward over the first 12 months of the programme. These were in line with the Five

Year Forward View for Mental Health. Although it was acknowledged that each organisation would be dealing with their own priorities, it was agreed that these were areas that could be better developed collaboratively and across a wider geographical footprint. It was acknowledged that in some instances there was good practice being delivered which could be shared with other organisations. This would then benefit the wider populations across the STP.

### **Priority 1 – Eliminating Out of Area Acute Mental Health Placements**

During 2017 the number of patients requiring admission to an inpatient unit outside of their local area has continued to reduce. There is still work to do in relation to validating data information returns. However, this has started to improve over the last 3 months. A regular forum has been established with case managers who work within the STP. This has improved joint working and information sharing.

The first three months data collection (April 2017 – June 2017) identified that there were 2770 occupied bed days (OBD) being utilised out of the area on general adult and older adult inpatients. Information was not collected at this stage regarding the number of inappropriate admissions. National reporting commenced September 2017. Further work needs to be undertaken to validate the data submissions in particular activity related to TEWV given the wider STPs areas that they cover and the recent closure of Bootham Park Hospital in York. The current dataset however appears to demonstrate a reduction in the number of bed days and a reduction in the length of stay for patients being placed out of area. From November 2017 up to the end of January 2017 there were 1725 occupied bed days utilised. Of these 1550 were defined as inappropriate.

The group has worked together to continue to reduce the number of patients needing to be placed outside. In April 2018 – Humber Teaching NHS Foundation (HFT) opened an additional 5 beds commissioned by Hull Clinical Commissioning Group and additional beds commissioned by East Riding Clinical Commissioning Group. Following a successful pilot during 2017, HTFT will continue to deliver a crisis pad for Hull and East Riding CCG patients. In addition, Hull and East Riding CCGs have commissioned step down facilities from MIND. All of these measures will help to continue to reduce the use of out of area acute mental health placements.

### **Priority 2 – Crisis and Liaison Services**

This group was established in November 2017 and is continuing to develop its remit and membership.



During 2017/18, the group has overseen the submission of 5 applications for the national monies to provide additional money as part of the Beyond Place of Safety Scheme. These bids covered a number of areas across the STP footprint and we are just waiting to see the outcome of these. This was a good opportunity to work together collectively as a system and not as individual organisations. It enabled sharing of good practice and improving relationships.

Across the STP there are currently three Crisis Care Concordats in operation and it is proposed that there will be a set of strategic priorities which will be delivered by each local delivery group.

During 2017/18 a mental health triage service has been delivered by MIND based within the control centre of Humberside Police. A recent evaluation provided feedback on this pilot. Temporary funding has been approved by CCGs and the Police to extend this pilot for a further 6 months with a view to finalising a service specification for the new service to commence in 2018/19.

Both Humber FT and TEWV were successful in being awarded mental health liaison monies for Wave 1. The group will support other provider organisations to make further bids and are also supporting the implementation process. Further work will continue to review the impact of A&E Liaison frequent attenders.

During 2018/19 the group will be reviewing crisis resolution home treatment teams across the STP. It is proposed that this will be carried out as a peer review exercise across TEWV, Humber, NAVIGO and RDASH. It will provide the opportunity to review each crisis and home based treatment team in readiness for the national guidance that is due to be released. Working closely with the Yorkshire and Humber clinical networks, there continues to be the opportunity to share good practice and information about different models of crisis support.

### **Priority 3 – Secure Care**

This group is led by NHSE Specialist Commissioning.

A draft business case has been developed jointly by colleagues working in forensic services and NHSE Specialist Commissioning. The proposal is to provide a new model of care across the HCV STP which will enable patients requiring low and medium secure care to be repatriated back to their local area. We are also developing a business case to provide forensic outreach liaison services.

#### **Priority 4 – Dementia**

This group was established in January 2017 and has identified its priority areas to achieve. It has a good representation from health providers, local authority and social care providers.

We have been able to share good practice to improve the dementia diagnosis rate within our STP. Although there is more work to do the dementia workstream have developed a set of priorities to focus on. These include:-

- Complex long term out of area care for those patients with dementia.
- Post diagnosis support for patients.
- The development of a minimum dataset for memory services.

We recently worked in partnership with the Academic Health Science Network to host a dementia systems event. The event focused on the dying well with dementia pathway and as a result of this, a number of service improvement programmes were developed to support those patients with complex dementia requiring end of life care. These programmes will be taken forward in partnership with our voluntary sector partners, hospices and care homes.

#### **Priority 5 – Perinatal Community Specialist Teams**

This workstream has been developed in partnership with the local maternity system and significant work has been completed to develop a bid that was recently submitted to NHSE for funding to support the provision of perinatal community specialist teams across the whole of Humber, Coast and Vale. We are currently awaiting the outcome of this bid which has been developed with all our mental health provider trusts, CCGs and local acute trusts. The HTFT perinatal specialist team were recently successful in achieving a national award for the high standard of the service.

#### **Priority 6 – Community Mental Health Teams Review**

A sixth priority had also been identified as community mental health teams. Following review, it was agreed that this would be deferred pending work being developed at a national level. HFT were already leading an internal review of their community mental health teams. Other providers did not feel that they wished to progress this further at this stage.

#### **Mental Health Workforce**

A workforce sub-group has now been established and is representative of all the organisations. This group is supported by Health Education England and the University of Hull through the Faculty of Health. A recent workforce data collection exercise has helped to start to baseline the expected demand on workforce and the skills and competencies that will be required. The STARR

workforce modelling tool will be used to support the priority workstreams where staffing is a key issue.

### Measuring our Performance

A key workstream for 2018/19 is to establish a regular performance reporting system to the Mental Health Delivery Board. As part of the national mental health delivery plan for 2018/19 our Board will be expected to monitor all the mental health key performance indicators and work together to ensure these indicators are achieved.

The measures that have been monitored by each organisation during 2017/18 are as below:-

#### Key Performance Information

Where performance is below the national standards, this is highlighted in red. The figures highlighted in yellow are where an error in the data submission has impacted on the data.

	HUMBER COAST AND VALE					
	ERY	Hull	NEL	NL	S&R	VOY
<b>IAPT 18 weeks</b>	100.00 %	100.00 %	99.00 %	100.00 %	100.00 %	100.00 %
<b>IAPT 6 weeks</b>	85.00%	70.00%	93.00 %	94.00%	100.00 %	80.00%
<b>IAPT Recovery</b>	51.72%	51.39%	48.61 %	53.25%	40.91%	43.65%
<b>IAPT Access</b>	4.72%	6.42%	4.28%	4.98%	3.89%	3.84%
<b>EIP (Rolling 1/4)</b>	94.1%	100.0%	92.3%	66.7%	50.0%	12.5%
<b>Dementia</b>	64.7%	76.6%	71.6%	64.6%	58.5%	60.5%
<b>CYP Access</b>	23.2%	23.9%	21.8%	23.9%	37.3%	19.1%

### Definitions

#### Improving Access to Psychological Therapies (IAPT)

The standard requires 75% of people with common mental health conditions referred to the IAPT programme to be treated within 6 weeks of referral, and 95% to be treated within 18 weeks of referral. Services are required to maintain the access standard of ensuring that at least 17% (by Q4) of adults with relevant disorders have timely access to IAPT services with a recovery rate of 50%.

### **Dementia Diagnosis Rate**

The standard requires 66.7% of people with dementia to have received a formal diagnosis and be accessing care and support.

### **Early Intervention in Psychosis (EIP)**

The standard requires 50% or more of people experiencing a first episode of psychosis to be treated with a NICE approved care package within two weeks of referral.

### **Mental Health Investment Standard**

The Five Year Forward View for mental health outlines the need for clinical commissioning groups to continue to increase their investment in mental health in line with their overall increase in allocation. During 2018/19 each CCG must ensure that it reaches the expected investment standard to deliver the expected improvements in mental health services.

### **Governance Arrangements**

The Mental Health Delivery Board now meets bi-monthly. Each of the workstream priorities has an identified lead(s) who have been supported by their own organisation to lead these workstreams.

The workstream leads also meet collectively on a bi-monthly basis and provide updates on progress and any items for escalation to the Mental Health Delivery Board. The Programme Director also completes a programme report for review by the Board.

Although the resources have remained limited to support the workstream, some organisations have released individuals to support key pieces of work.

A weekly circulation of information is also provided to all the partners. This has been felt to be beneficial due to the changing shape of organisations and the system in keeping people up to date and ensuring that they receive regular updates.

### **Our Plans and Priorities for 2018/19 – to be agreed by Mental Health Delivery Board**

<b>What</b>	<b>How</b>	<b>Who</b>	<b>By When</b>
Implementation and delivery of the key performance indicators in the mental health	Priority workstreams to continue. To review existing priority workstream objectives and	Alison Flack Workstream Leads	May 2018

delivery plan	<p>timescales.</p> <p>Implement Wave 1 liaison service bids.</p> <p>Implement Wave 2 perinatal service bid (if successful).</p> <p>Implement beyond place of safety bids (if successful).</p> <p>New children's and young people workstream to be established.</p> <p>Identify resources to develop mental health performance reporting system.</p>	<p>Claire Holmes</p> <p>Michelle Thompson</p> <p>Claire Holmes/Alison Flack</p> <p>Alison Flack</p> <p>Alison Flack</p>	<p>May 2018</p> <p>June 2018</p> <p>May 2018</p> <p>June 2018</p> <p>June 2018</p>
Wave 2 Individual Placement Support Submission	<p>Current baseline of available resources to be undertaken.</p> <p>Development of Wave 2 Bid for submission.</p>	Sarah Boul, NHSE	Bid submissions due September 2018.
Secure New Models of Care and Wave 2 Forensic Outreach Liaison Service Submission	Finalise and agreement of business case.	Secure Care Workstream Rita Thomas, NHSE	June 2018 FOLS Bid submission tbc
Development of a workforce plan and workforce strategy for the HCV STP	<p>Workforce mapping to establish workforce required.</p> <p>Workforce plans submission.</p> <p>Agreement of workforce priorities to address collectively.</p>	Mental Health Workforce Group (TBC)	June 2018 July 2018

<b>What</b>	<b>How</b>	<b>Who</b>	<b>By When</b>
Improving engagement with Local Authority Partners	Develop clearer linkages with place based plans.	Alison Flack	June 2018
	Further engagement with Directors of Public Health.	Julia Weldon	July 2018
Patient and Carer engagement development	Continue to work with support groups – DEEP and TIDE.	Penny Kirk	March 2019
	Develop patient and carer engagement strategy.	Linsay Cunningham/ Georgie Thrippleton	June 2018
Communications and Engagement development	Establish a communication and engagement sub-group.	Linsay Cunningham/ Georgie Thrippleton	April 2018
Improving financial transparency and financial data analysis	Identify finance resource to support the programme.	Pete Beckwith	May 2018
Clearer linkages with place based plans and development of social values approach	Review place based plans.	Alison Flack	June 2018
Further alignment of CCG mental health commissioners to the STP programme	Resources to be transferred to STP.	Michele Moran CCGs CEOs/	June 2018
Further alignment of clinical network staff to the STP programme	Agree work programme and resources available for 2018/19.	Micha Bradley	April 2018
Development of an STP wide mental health strategy	Partners to agree how this will be taken forward.	Michele Moran/ Mental Health Delivery Board	April 2019

## Abbreviations

A&E- Accidents and Emergency

CCG - Clinical Commissioning Group

EIP - Early Intervention in Psychosis

FT- Foundation Trust

HFT- Humber Foundation Trust

HCV STP - Humber, Coast and Vale Sustainable Transformation Partnership

IAPT - Improving Access to Psychological Therapies

NHSE – National Health Service England

SRO - Senior Responsible Officer

TEWV - Tees Esk Wear Valley Foundation Trust

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# Humber, Coast and Vale Health and Care Partnership

## Mental Health Programme

Alison Flack, Programme Director



Humber, Coast and Vale

# Our Successes

- Safe space for young people
- Additional mental health services during winter to support patients
- A new child and adolescent mental health inpatient service
- Perinatal community specialist services
- Expanded A&E liaison services
- Significantly reduced out of area placements



# Our Successes

- Continuing to develop new models of care
- Developed a strong partnership, supported by a Memorandum of Understanding
- Improved transparency of finance and funding flows
- Developed individual placement support bid
- Developed a suicide prevention strategy



# Our Mental Health Programme Priorities

Key Priorities - aligned to the national mental health operating plan (2018/19) and 5 year forward view:

- Eliminating out of area placements for acute adult patients
- Crisis Care and Liaison Services
- Community Mental Health Teams
- Specialist Perinatal Community Services

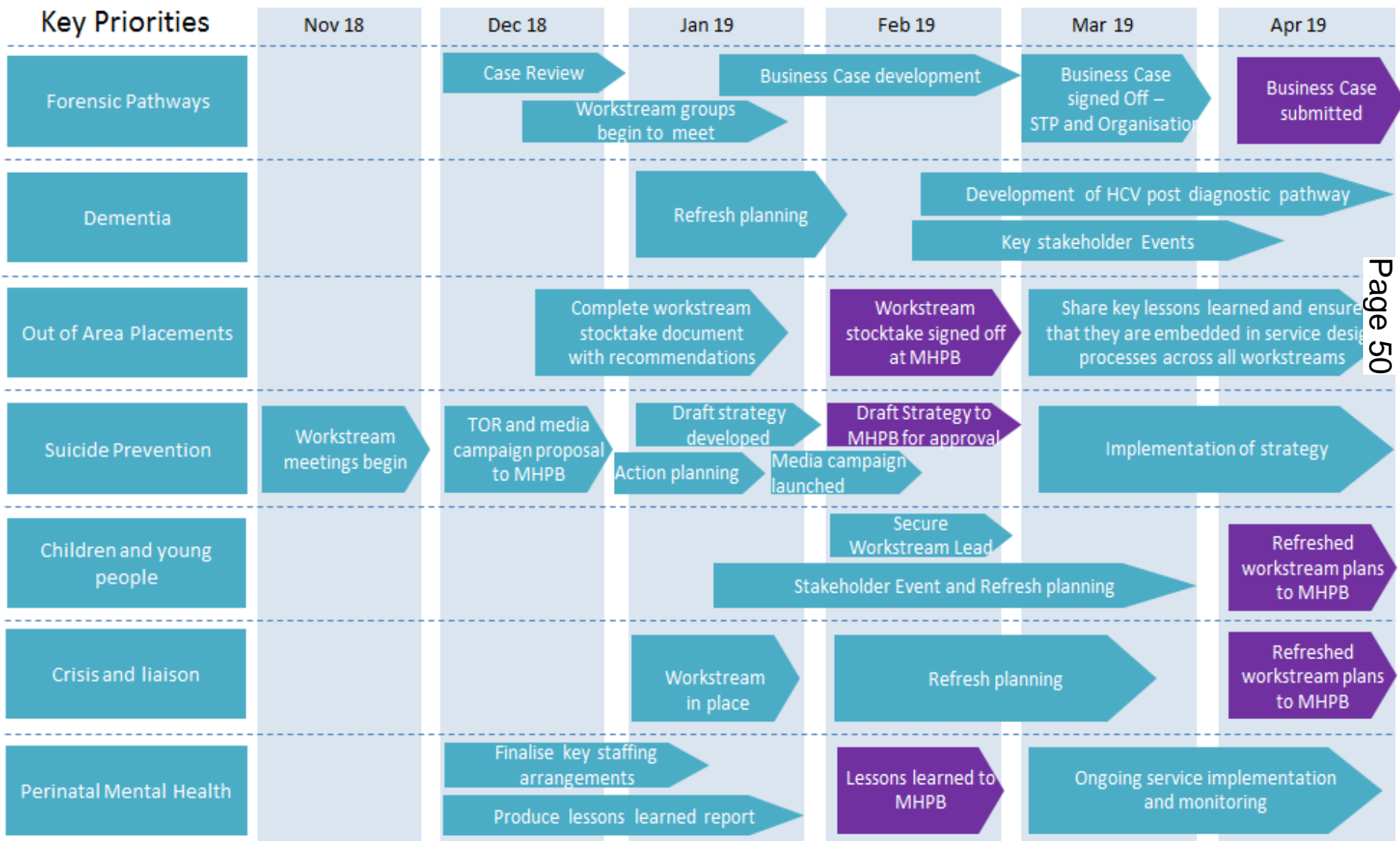


# Our Mental Health Programme Priorities

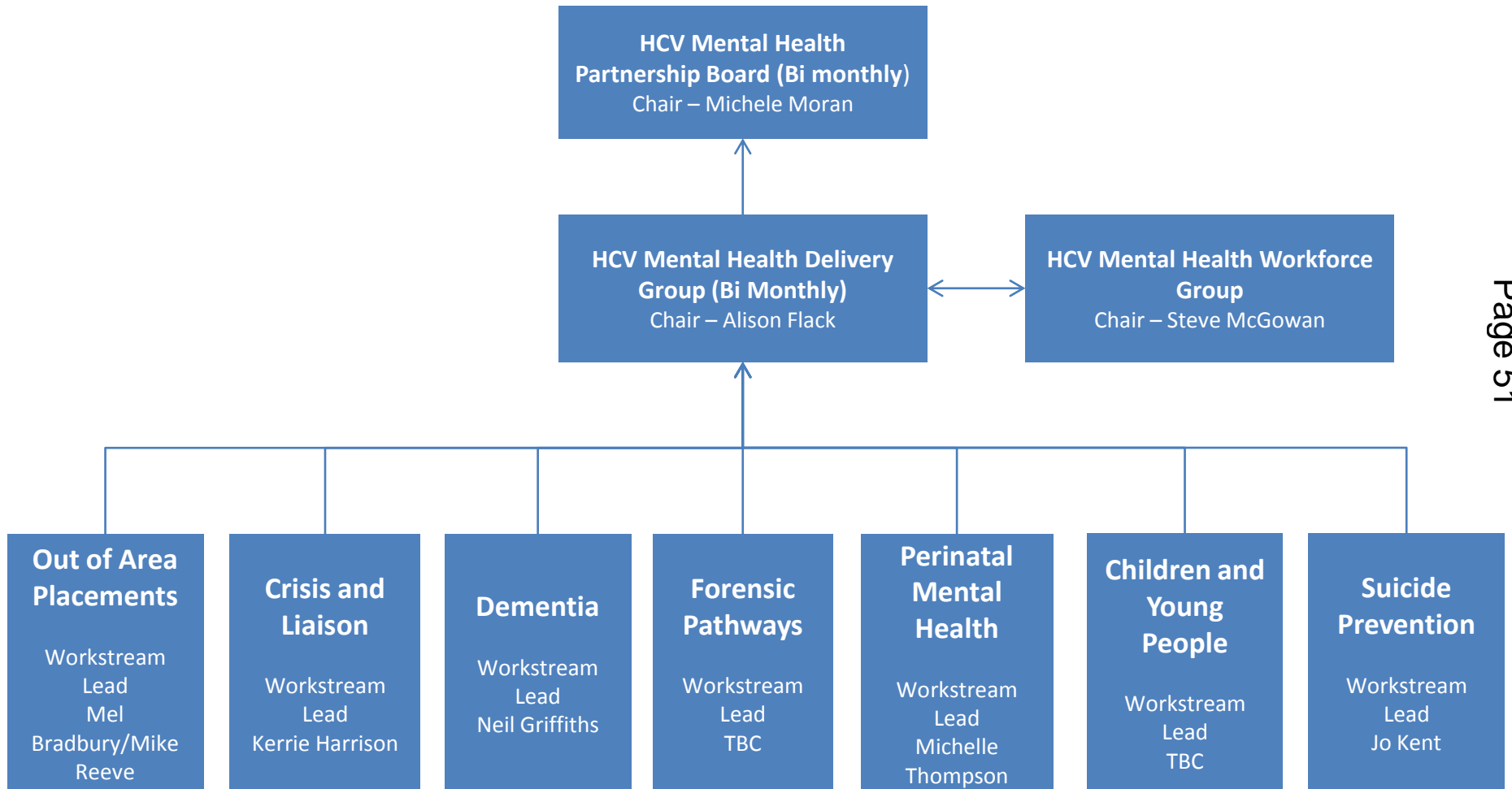
- Secure Care transformation and community services expansion
- Dementia
- Suicide Prevention
- Children and Young People
- Research



# HCV Mental Health Workstream High Level Timeline – Nov 18 – April 19



# HCV Mental Health Programme Governance



# The NHS Long Term Plan

- Working together to deliver the ambitions set out in the NHS Long Term Plan (2019).
- Real investment in mental health services for adults, children and young people. Nationally, £2.3billion additional investment.
- Focus on prevention, recovery, education and families.





# Key ambitions at a glance (by 2023/24)

345,000 more CYP will access help via NHS funded mental health services and school or college-based Mental Health Support Teams

Provide better community mental health support to 370,000 people with SMI via new and integrated models of primary and community care

24,000 additional women will access specialist perinatal mental health services. The period of care will be extended from 12 months to 24 months post-birth

Anyone experiencing mental health crisis will be able to call NHS 111 and have 24/7 access to the mental health support they need

380,000 more people will access NICE-approved IAPT services each year

Reduced length of stay in units with a long length of stay to the national average of 32 days

Ensure that the parts of England most affected by rough sleeping will have better access to specialist homelessness NHS mental health support

Expand geographical coverage of NHS services for people with serious gambling problems

Expand the existing suicide reduction programme to all STPs in the country



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## Health and Adult Care Overview and Scrutiny Committee

12<sup>th</sup> February 2019

### Developing a New Mental Health Hospital for York and Selby – An Update

#### Summary

1. This report provides an update with regards to developing the new mental health hospital for York and Selby to assure the Committee of work underway to enable effective future management of both community services and inpatient beds.

#### Background

2. The development of the new mental health hospital has previously been reported in a number of local forums, including at the Health and Adult Care Overview and Scrutiny Committee, most recently on 20th June 2018.
3. The new hospital remains on track to be delivered in spring 2020 and remains within cost. *Annex 1* provides an aerial photo (taken on 21.12.18) which shows the progress made on the Haxby Road site.
4. At the public consultation for this development, in October 2016, there was a proposal for 4 wards of 15 beds founded on the triangulation of a series of bed metrics including average lengths of stay, benchmarking across Tees Esk and Wear Valleys NHS Foundation Trust (TEWV), national benchmarking and through use of the Person Based Resource Allocation for Mental Health (PRAMHs tool) used by NHS England to predict bed requirements.
5. Consultation feedback highlighted a public view that more beds would be required in light of media reports regarding population growth. The bed metrics were therefore refreshed to include a permissible 2% upward deviation (maximum deviation permitted with PRAMHs to retain model integrity) and mapped against the Office of National Statistics (ONS) population growth forecast to year 2037.

6. The refreshed metrics indicated a variance to the original bed requirements as follows:

Ward	Bed requirement at consultation October 2016	Bed requirement after refresh April 2017
Female adult	15	15
Male adult	15	15
Older persons dementia	15	16
Older persons functional	15	18
Total number of beds	60	64

7. In light of the public feedback and with regards to the refreshed data TEWV took the decision to extend all 4 wards to 18 beds to support future proofing of the new hospital. Clinical advice and available space would not support units larger than 18 beds.

### **Consultation**

#### **Position prior to TEWV contract commencement**

8. *Annex 2* shows the bed provision in York as at September 2015.
9. On 30<sup>th</sup> September 2015 York and Selby mental health services were using a total of 170 inpatient beds. These comprised 109 local trust beds and 61 patients accommodated by a range of providers (TEWV and private) outside of the locality. At this time York and Selby were considered to be outliers in terms of this level of bed use.
10. Beds per specialty comprised 29 adult beds (13 female and 16 male), 14 long term rehabilitation beds, 16 older people's functional (non-dementia) beds and 50 older people's dementia beds (18 female and 32 male).
11. It is not possible to provide data pertaining to average length of stay and bed occupancy. This data will have been managed by Leeds and York Partnership NHS Foundation Trust.

#### **Position since TEWV contract commencement**

12. Detail provided in *Annex 2* illustrates the changes to bed provision since October 1<sup>st</sup> 2015.
13. There has been a significant reduction in beds to 70 in total. These comprise 14 adult female beds, 14 adult male beds, 18 older people's functional beds, 14 female dementia beds and 14 male dementia beds.

14. Dementia beds were reduced to support the refurbishment of Peppermill Court in York to ensure that adult beds could return to York after the sudden closure of Bootham Park Hospital in September 2015.
15. Rehabilitation beds which were previously accommodated at Acomb Garth were temporarily closed in spring 2016. This allowed for the reprovision of male dementia beds at Worsley Court in Selby and was aligned to development to support community models of working for long term rehabilitation patients.
16. Bed occupancies and average lengths of stay have reduced across all 5 wards across in York and Peppermill Court adult beds currently have the lowest length of stay of all inpatient areas in TEWV. The importance of appropriately reduced lengths of stay cannot be underestimated. This is where effective bed management and clinical decision-making enables improved capacity across the system and reduces the risk of patients having to be admitted out of area.
17. Delayed Transfers of Care (DTC) continue to present a challenge to our 2 dementia wards. Considerable work has been undertaken to liaise closely with CCG and local authority partners to support whole system change which can address these issues. At the start of public consultation for the new hospital, in October 2016, there were 24 DTC patients who were experiencing delays of this nature. In contrast, on 21<sup>st</sup> January 2019 there are 6 patients experiencing delay. Work will continue to eliminate delay wherever possible as this has a significant impact on local bed capacity. There have been no out of area admissions to dementia wards since June 2018.
18. At 21<sup>st</sup> January 2019 there were 17 out of area patients. These are all people who have been out of area in other Trust or private rehabilitation facilities and work is ongoing to effect safe repatriation. Prior to commencement of the TEWV contract there were 56 people receiving inpatient rehabilitation. 42 rehab patients were out of area in addition to the 14 patients at Acomb Garth.
19. As an example of the impact of developments since October 2015 the table below illustrates local bed use on 29<sup>th</sup> January 2019:

<b>Ward</b>	<b>Function</b>	<b>Beds provision</b>	<b>Beds in use</b>	<b>Beds available</b>
Ebor	Female adult	12	11	1

Minster	Male adult	12	6	6
Cherry Tree House	Older peoples functional	18	17	1
Meadowfields	Female dementia	14	8	6
Acomb Garth	Male dementia	14	8	6
<b>Totals</b>		70	<b>50</b>	20

### Community Developments

20. Mental health policy seeks to maximise the support individuals and carers can access in the community. This should be provided seven days a week and with extended working hours. If this is done well, and managed successfully, the requirement for inpatient beds will be reduced to a small number of people for whom the level of care required exceeds that which is possible in a community setting.
21. A number of developments have taken place since October 2015 in both adults and older peoples' services which have improved community capacity and had an impact on bed requirements
22. Developments in adult services have included:
  - Introduction of access and wellbeing services to triage and assess community referrals at the earliest possible opportunity.
  - Establishment of the Safe Haven Café in York to provide easy access at times of crisis and reduce pressure on formal crisis referrals and emergency services.
  - Redesign of the Crisis and Home Treatment working protocols to support increased responsiveness and flexibility to improve support offered at times of greatest need.

- Increase in clinical leadership teams to include Advanced Nurse Practitioners and Approved Clinicians to ensure effective and robust clinical decision making.
- Introduction of the Community Rehabilitation Team to reassess all out of area rehabilitation patients and determine most effective clinical management strategies to enable return to the home area.

23. Developments in older peoples' services have included:

- Extended working hours for the Care Home and Dementia Team to enable out of hours crisis assessments and reduce avoidable admissions.
- Piloting a triage scheme in one community team to use experienced clinicians to review every community referral and determine relative urgency and ensure the right clinical pathway is accessed. Current data demonstrates a redirection of 25 referrals per month that would have previously been assessed and discharged or transferred. The associated work, in total, would be approximately 75 hours which has been diverted into enhanced support packages for service users.
- Closer working relationships with CCG and local authorities have identified discharge opportunities and have reduced delays using a whole system approach.
- A gatekeeping process to ensure senior multi-disciplinary decision making regarding every admission request, to check that all alternatives have been considered.
- Direct support to care homes to enable early discharge using a trial leave process – ensuring mental health staff can support and educate care home staff. This is already demonstrating an impact in reducing discharge delays.
- A dedicated crisis service for older people with mental health problems is being planned, to work in conjunction with the Care Home and Dementia Team to provide enhanced support and safe alternatives to admission.

### **Future Planning**

24. In December the Harrogate and Rural District Clinical Commissioning Group (CCG) Governing Body approved a proposal for the future

development of mental health services in the district. The agreed approach will enable investment in enhanced community services and ensure that people who need specialist inpatient services receive these in a safe, modern, purpose build facility. Inpatient services will be provided outside of the district of Harrogate and this could possibly be in the hospital currently being built in York.

25. This potential development comes after considerable discussion and is subject to a public consultation. No formal decisions have been made at this stage.
26. Working groups have recently been established across York and Selby and North Yorkshire with senior clinical colleagues from adults and older person's services respectively, coming together to enable better understanding of the future service requirements.
27. These working groups will analyse and review clinical activity and benchmarks, within the trust and nationally, to propose future bed requirements. The groups will also consider the community changes (and investment) necessary to ensure enhanced community support is available to meet the needs and expectations of service users and carers.
28. It will also be possible to use the information and learning from the Northallerton developments. Admissions ceased on January 1<sup>st</sup> 2019 and patients have been admitted to units at Darlington or Teesside. Community services had already impacted on bed use and we expect this to continue as investment takes place.

### **Options**

29. N/A

### **Analysis**

30. N/A

### **Council Plan**

31. N/A

### **Implications**

32. **Financial**

TEWV has purchased the site and is funding the construction.



### **Human Resources**

A workforce plan is being developed with senior clinical colleagues.

### **Equalities**

An equality impact assessment has been completed.

### **Legal**

TEWV are compliant with all legal requirements regarding this development.

### **Crime and Disorder**

The planning approval for this development includes advice from North Yorkshire Police.

### **Information Technology (IT)**

N/A

### **Property**

N/A

### **Risk Management**

33. Risk registers are maintained for the overall programme (high level) and in relation to the construction-specific elements.

### **Conclusions**

34. Since the York and Selby mental health contract was awarded to TEWV on 1<sup>st</sup> October 2015 there have been significant developments in community and inpatient services.
35. Whilst York and Selby was previously an outlier in its provision and use of inpatient mental health beds considerable work has been undertaken to reverse this legacy and the latest data (Annex 2) illustrates the improvements made, most specifically in managing within the local beds available and significantly reducing out of area admissions
36. Work will continue to further develop community services so that appropriate alternatives to admission can be offered. This reflects national policy and best practice. Most importantly it echoes the experiences of our service users who have clearly expressed a view for quicker and more comprehensive community support.

## Recommendations

37. The Committee is asked to receive and note this briefing.

### Background Papers:

No background papers are attached to this report.

### Annexes

Annex 1 – Aerial view of new hospital progress as at 21.12.18

Annex 2 – Bed use data pre referenced in section 3 above.

## Contact Details

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Report Approved  Date 01/02/2019

**For further information please contact the author of the report**

### Abbreviations

CCG- Clinical Commissioning Group

DTOC- Delayed Transfers of Care

NHS- National Health Service

ONS- Office of National Statistics

PRAMH- Person Based Resource Allocation for Mental Health

TEWV- Tees Esk and Wear Valleys NHS Foundation Trust



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## Bed data comparison – 30.09.2015 (pre TEWV contract) &amp; 21.01.2019 (present day)

Period	Ward / Unit	Type of beds	No. of beds	Average length of stay (days)	Length of stay range (days)	Average occupied bed days (%)	Occupied bed days range	No. of patients OOA	Total bed use (inc. out of areas)
30.09.15 – pre TEWV contract	Ward 1	AMH female	13	Data not available – pre TEWV contract				13	42
	Ward 2	AMH male	16						
		<b>Total AMH</b>	<b>29</b>						
	Acomb Garth	AMH rehab	14					42	56
		<b>Total Rehab</b>	<b>14</b>						
	Cherry Tree Hse	MHSOP functional	16					6	72
	Meadowfields	MHSOP female dementia	18						
	Peppermill Ct	MHSOP male dementia	18						
	Worsley Court	MHSOP male dementia	14						
		<b>Total MHSOP</b>	<b>66</b>						
	<b>Overall Total</b>	<b>109</b>			<b>61</b>	<b>170</b>			
Current position – 21.01.19 TEWV contract	Ebor	AMH female	12	18	1 - 165	94.83	84.14 – 106.11	0	0
	Minster	AMH male	12	16	1 - 134	91.32	81.85 – 98.33	0	0
		<b>Total AMH</b>	<b>24</b>						
	Rehab	Planned OOA beds	0	-	-	-	-	17	17
		<b>Total Rehab</b>	<b>0</b>						
	Cherry Tree Hse	MHSOP functional	18	65	29 - 105	91.86	81.0 – 101.25	0	0
	Meadowfields	MHSOP female dementia	14	67	39 - 156	78.6	41.71 – 88.81	0	0
	Acomb Garth	MHSOP male dementia	14	112	32 - 256	88.85	70.51 – 99.74	0	0
		<b>Total MHSOP</b>	<b>46</b>						
	<b>Overall Total</b>	<b>70</b>					<b>17</b>	<b>87</b>	

**Glossary:**

AMH = Adult mental health

MHSOP = Mental health services for older people

OOA = Out of area in either TEWV or private provider beds

Martin Dale – Strategic Project Manager – January 2019

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**Health, Housing & Adult Social Care Policy &  
Scrutiny Committee**

**12 February 2019**

Report of the Assistant Director – Legal & Governance

**Joint Health Scrutiny Meeting North Yorkshire County Council, Leeds  
County Council & City of York Council Summary**

1. This report updates the Committee on a planned Joint Scrutiny of Health meeting between Health Scrutiny Members of North Yorkshire County Council (NYCC), Leeds City Council (LCC) and City of York Council.

**Background**

2. At a meeting of the NYCC Scrutiny of Health Committee held on 14 December 2018 (the minutes of which are attached in annex A), there was a discussion about proposals by Harrogate and Rural District CCG and Tees Esk and Wear Valleys NHS FT (TEWV) relating to the planned build of a 36 bed mental health in-patient facility at Cardale Park in Harrogate and referring to proposals to develop community-based crisis care.
3. NYCC members raised concerns and it became apparent to them that the impact of the proposed changes in York and Leeds (Wetherby) had not been considered and requested that their scrutiny officer communicate with CYC and LCC scrutiny to arrange a joint meeting consisting of up to 4 members from each scrutiny committee including the Chair and Vice Chair to consider the impact of the proposals on the wider region.
4. At the 15 January meeting of this Committee, Members updated on NYCC's intention to hold a joint meeting. In light of a planned update report by TEWV to this committee (12 Feb) on the progress of the new mental health hospital on Haxby Road, it was agreed that subject to confirmation of dates and terms of reference for a joint meeting, the Chair and Vice Chair along with at least one Labour Member and one other member would attend the joint meeting on behalf of this Committee.
5. Cllr Doughty (Chair) and Cllr Cullwick (Vice Chair), Cllr K. Taylor (Lab) confirmed their interest in attending the joint meeting on behalf of this Committee.

5. The Joint meeting date has been agreed and will be held in public on the 15<sup>th</sup> February at 10.30am in Harrogate at the Cairn Hotel.

### **Terms of Reference**

6. The proposed Terms of Reference are attached to this report in Annex B.

### **Joint Scrutiny of Health Meeting Agenda**

7. It is proposed that the agenda for the 15<sup>th</sup> February meeting will be:
  - Public participation
  - Joint Health, Overview and Scrutiny Committee Terms of Reference
  - Summary of discussions at the North Yorkshire County Council Scrutiny of Health Committee meeting on 14<sup>th</sup> December 2018 – Scrutiny of mental health services for adults and older adults in the Harrogate and Rural District
  - Transforming Mental health services for adults and older adults in the Harrogate and Rural District

### **Analysis**

8. Members are advised that this Committee has in the past participated in a joint initiative covering the scrutiny of regional health services alongside NYCC and LCC and other health scrutiny authorities up and till the initiative ceased operation at the end of the 2017/18 municipal year.

### **Options**

9. Members can agree to appoint representatives to attend the joint meeting or not.
10. Members can comment on the Terms of Reference and/ or business of the joint meeting agenda or not.

### **Council Plan**

11. This report relates to A Focus on Frontline Services priority in the Council Plan 2015-19 in that it will help ensure all residents, particularly the least advantaged, can access reliable services and community facilities.



## Implications

12. There are no **Human Resources (HR), Equalities, Legal, Crime and Disorder, Information Technology (IT) Property** associated with the recommendations of this report.

## Risk Management

13. Whilst there are no direct implications to York associated with the recommendations in this report, there are potential regional implications associated with the proposed discussions which can potentially impact York residents.

## Recommendations

14. Members are asked to formally nominate up to four members as set out in this report at paragraph 9 to attend the Joint meeting on the 15<sup>th</sup> February with Members of LLC and NYCC Health Scrutiny Committee.
15. Reason: To comply with CYC Scrutiny protocols and procedures.

## Contact Details *(For further info please contact the author of the report)*

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### Chief Officer responsible for the report:

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Tel: 01904 551030

**Report Approved**  **Date** 1/02/2019

## Annexes

Annex A: Draft North Yorkshire County Council Scrutiny of Health Overview Committee meeting minutes 14 December 2018

Annex B: Joint Meeting Terms of Reference

## Abbreviations

CYC – City of York Council

FT – Foundation Trust

HHASC – Health Housing and Adult and Social Care Policy Committee

JHOSC - Joint Health Overview and Scrutiny Committee

LCC – Leeds City Council

Lab- Labour Party

NHS – National Health Service

NYCC – North Yorkshire County Council

TWEV – Tees Esk and Wear Valley NHS Trust

## North Yorkshire County Council Scrutiny of Health Committee

Minutes of the meeting held at County Hall, Northallerton on Friday 14 December 2018 at 10 am.

### **Present:-**

#### **Members:-**

County Councillor Jim Clark (in the Chair)  
County Councillor Val Arnold, Philip Barrett, Liz Colling, Mel Hobson, John Mann, Stuart Martin (substitute for John Ennis), Heather Moorhouse, Andy Paraskos (substitute for John Mann), Chris Pearson, Cliff Trotter (substitute for Zoe Metcalfe) and Robert Windass.

#### **Co-opted Members:-**

District Council Representatives:- Judith Chilvers (Selby), Kevin Hardisty (Hambleton), Wendy Hull (Craven), Jane E Mortimer (Scarborough), Ann Myatt (Harrogate) and Karin Sedgwick (Richmondshire).

#### **In attendance:-**

Dr Peter Billingsley, Scarborough and Ryedale Clinical Commissioning Group  
Adele Coulthard, Director of Operations, Tees, Esk and Wear Valleys NHS Foundation Trust  
Joanne Crewe, Harrogate and Rural District Clinical Commissioning Group  
John Darley, Hambleton, Richmondshire and Whitby Clinical Commissioning Group  
Chris Dexter, Managing Director of Patient Transport, Yorkshire Ambulance Service  
Mikki Golodnitski, Harrogate and Rural District Clinical Commissioning Group  
Lisa Pope, Hambleton, Richmondshire and Whitby Clinical Commissioning Group  
Dr David Scullion, Harrogate District Hospital  
Lucy Tulloch, Service Manager, Friarage Hospital, Northallerton  
Bruce Willoughby, Harrogate and Rural District Clinical Commissioning Group

#### **Executive Members:**

Cllr Caroline Dickinson

#### **County Councillors:**

John Blackie  
Carl Les

#### **County Council Officers:**

Daniel Harry (Scrutiny)

#### **Press and public:**

Nigel Ayre, HealthWatch North Yorkshire  
Steven Courtney, Principal Scrutiny Adviser, Leeds City Council  
Councillor Norma Harrington, Leeds City Council  
Stuart Minton, Local Democracy reporter

Apologies for absence were received from: County Councillors John Ennis (substitute Stuart Martin), Mel Hobson, John Mann (substitute Andy Paraskos), Zoe Metcalfe (substitute Cliff Trotter), Andy Solloway, Roberta Swiers and from District Councillor Bob Gardiner (Ryedale).

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

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**64. Minutes****Resolved**

That the Minutes of the meeting held on 14 September 2018 be taken as read and be confirmed and signed by the Chairman as a correct record.

**65. Any Declarations of Interest**

There were no declarations of interest to note.

**66. Chairman's Announcements**

The Chairman, County Councillor Jim Clark, made the following announcements:

Castleberg Hospital – the scrutiny of the development of the community hospital has been passed to the Skipton and Ripon Area Constituency Committee (ACC). It was discussed at their meeting of 13 December 2018. Some concerns were raised about the time it is taking for the hospital to be brought back into use and the potential 'missed opportunities' that new ways of working and innovative services may not be introduced.

Friary Hospital – the scrutiny of the Friary Hospital has been passed to the Richmond (Yorks) ACC. There was a discussion at their meeting of 21 November 2018 about the long term future of the hospital. No immediate concerns were raised. The committee resolved to maintain a watching brief and report back if there were immediate concerns.

Whitby Hospital - The 'Full Business Case' was due to be reviewed by the Hambleton Richmondshire and Whitby CCG's Governing Body at a meeting scheduled for 22 November 2018. This has been put back. The reason being that the quotes from potential contractors are taking longer to come through and the costs are also higher than anticipated.

NHS 10 year plan – not now expected until early 2019.

Closer working between CCGs – Amanda Bloor has been appointed as the single accountable officer to oversee a shared leadership team across three North Yorkshire NHS Clinical Commissioning Groups (CCGs). It brings together Harrogate and Rural District CCG, Hambleton, Richmondshire and Whitby CCG and Scarborough and Ryedale CCG.

Chairman of Scrutiny of Health Committee – The committee meeting on 15 March 2019 will be my last as Chairman. I intend to continue to be a member of the committee and also of the regional Joint Health Overview and Scrutiny committees, for the foreseeable future.

County Councillor Jim Clark raised his concerns about aspects of the commissioning and planning of health services both nationally and locally, including:

- The deficits in the health system in 2017/18 that were estimated to be £46m and which the committee had investigated at their meeting on 22 June 2018. He queried the audit process that was adopted by the NHS nationally and highlighted that 4 of the CCGs covering North Yorkshire had been reported to the Secretary of State under the Local Audit and Accountability Act 2014 for not returning a balanced budget at the end of the year, which was not lawful.
- A legacy of underinvestment in health and mental health in the county.

- National concerns that the practice of deferment of elective operations where lifestyle issues, such as smoking or obesity, were seen as an impediment to a quick recovery created greater health problems and so costs in the long term than it saved in the short term.
- That both the Council's Scrutiny of Health Committee and Leeds City Council Scrutiny Board had concerns about the ability of the Yorkshire Ambulance Service (YAS) to cope with the increasing demands being placed upon it by service redesigns across three Integrated Care system/partnership areas. (At this point a copy of a letter from Leeds City Councillor Helen Hayden, Chair of the Scrutiny Board, to Rod Barnes, Chief Executive of the Yorkshire Ambulance Service, was circulated to committee members.)

## 67. Public Questions or Statements

There was one Public Question from Nigel Ayre of HealthWatch North Yorkshire, as below:

PQ1 - "At Healthwatch North Yorkshire, we are committed to representing patient and public voice in health and social care. In this capacity, we have some comments regarding the proposed changes to mental health care provision in the area.

Primarily, we are concerned about the loss of inpatient mental health facilities in Harrogate. While it is true people have indicated the desire for better community services, it is rarely explicitly stated with the knowledge that inpatient beds would no longer be available in Harrogate. The engagement material that we have seen did not clarify to the public that closure was a significant possibility, nor that their comments would potentially be used to justify that position. Healthwatch has not been involved in any ongoing engagement and when we held an engagement focus group about mental health in September, the Trust reached out to requests that we did not mention any potential future arrangements at that time. We did so on the understanding there would be a wider public discussion on the options prior to any decision. This has not happened.

The alternative proposal of sending patients to York or Darlington entails adding a significant travel distance for individuals and families who are already struggling. It would be even more difficult for those reliant on public transit. The CCG board has incorrectly compared the situation to travelling further for hyper acute stroke care, but we would argue that inpatient facilities are not specialist services, as confirmed by the STP mental health lead. Visiting and social support is far more important for treatment of mental health problems than in physical care. Lowered voluntary admission rates also heightens the potential of individuals reaching a crisis point.

Furthermore, it is not certain that these alternate locations can support a higher level of occupancy. The most recent TEWV board papers show the 2018 occupancy statistics as follows for YTD against the 85% target:

Trust-wide: 94.85%

Durham and Darlington: 92.54%

Teesside: 102.7%

North Yorkshire: 94.58% (pre-Northallerton closure)

York and Selby: 90%

The facility at York has significant risk given it does not have planning permission for any additional beds for Harrogate residents. There are also significant risks given the necessary work being undertaken at Roseberry Park and also the ongoing closure of the mental health unit in Northallerton

Lastly, we would like to draw attention once more to the loss of section 136 beds. North Yorkshire was previously held up nationally as the only region in England with no health-based places of safety. A great deal of positive work has been done in recent years to remedy this situation, and currently the county has four such locations. One is currently scheduled for closure and these proposals could reduce these numbers to only 2 for a population of 600,000+ in the largest geographical county in England. The Section 136 facility in Harrogate was also cited as an alternative when justifying the closure of the beds in Northallerton. This can only lead to a significant increase in the number of people in mental health crisis being subjected to unnecessary and traumatising detention when they are most in need of care.

We would urge all parties to pause take stock and have a wider discussion with the general public and also take a more holistic view of inpatient provision in the North Yorkshire area. Under current proposals North Yorkshire will have only one inpatient facility and that at its most Easterly extremity."

Nigel Ayre  
HealthWatch North Yorkshire

County Councillor Jim Clark said that the Public Question would be picked up at the appropriate point in the agenda, item 9.

**68. Notice of Motion – County Council 14 November 2018**

Considered -

The report of Daniel Harry, Democratic Services and Scrutiny Manager at North Yorkshire County Council regarding ways in which the committee could respond to the Notice of Motion that was put to the County Council at their meeting of 14 November 2018 by County Councillors John Blackie and Stuart Parsons.

Daniel Harry suggested that the concerns that had been raised about Patient Transport Service could be dealt with under item 6 of the agenda and that the concerns about community hospitals be delegated to a meeting of the Chair, Vice Chair and Group Spokespersons.

County Councillor Jim Clark invited County Councillor John Blackie to speak regarding the element of the Notice of Motion that related to hospitals in the county.

County Councillor John Blackie highlighted his concerns about the long term future of smaller hospitals in the county, in particular the Friary, in-patient facilities at Ripon and Malton and he also noted that the Lambert at Thirsk had closed. He said that smaller hospitals were an essential service in the local community and that bed capacity had been gradually reduced over the years.

**Resolved -**

- 1) The concerns raised about the Patient Transport Service be dealt with under agenda item 6 at today's meeting
- 2) The committee to make a recommendation to Executive regarding the Patient Transport Service to consider at their meeting on 29 January 2019, ahead of a referral back to the meeting of County Council on 20 February 2019
- 3) A meeting be arranged in the new year of the Chair, Vice Chair and Group Spokespersons to undertake an initial review of the long term future of smaller, community hospitals in the county and report back to a subsequent meeting of the Scrutiny of Health Committee before then going with recommendations to Executive and County Council.

**69. Patient Transport Service – changes to the application of eligibility criteria**

Considered -

A combined presentation, on the changes to the application of the eligibility criteria for the Patient Transport Service, that had been produced by the Hambleton Richmondshire and Whitby CCG, the Harrogate and Rural District CCG, the Scarborough and Ryedale CCG and the Vale of York CCG .

John Darley of the Hambleton Richmondshire and Whitby CCG introduced the presentation, the key elements of which are summarised below:

- The aim of the work has been to improve the assessment of need for patient transport and to provide a more up to date service that covers more dates and times when transport is required
- The previous eligibility criteria did not enable an accurate assessment of patient needs
- In the past a significant amount of 'social transport' has been provided (i.e. transport which does not support medical or mobility issues)
- Vale of York and Scarborough and Ryedale CCGs has previously gone through changes to the way that eligibility criteria have been applied
- Hambleton Richmondshire and Whitby CCG, Harrogate and Rural District CCG and Yorkshire Ambulance Service have jointly reviewed and refreshed the local eligibility criteria
- At the same time work has been done with the County Council on the development of voluntary car schemes in Hambleton, Richmondshire and Whitby CCG area
- Patients who have concerns about the ability to pay for transport are directed to the national Healthcare Travel Costs Scheme
- Hambleton Richmondshire and Whitby CCG and Harrogate and Rural District CCG automatically provide transport for patients undergoing Chemotherapy, Radiotherapy, Renal and Other Oncology
- Vale of York and Scarborough and Ryedale require all patients to undergo assessment against the national eligibility criteria
- If a patient is eligible for an inbound journey, then they are automatically eligible for the outbound journey
- If any patient is not satisfied with the outcome of their assessment, they have the right to appeal
- The expectation is that capacity will be released, enabling Yorkshire Ambulance Service to improve the overall quality, availability and flexibility of the service
- Monthly reviews are in place to ensure that the service and the revised eligibility criteria are being applied appropriately
- Patients sometimes understate their level of need
- There has been no noticeable change to the number of 'Did Not Attends' for hospital outpatient appointments since the changes were made.

County Councillor Jim Clark invited County Councillor John Blackie to speak. He raised a number of concerns, as summarised below:

- The 14 pages presentation that had been given only mentioned the word 'rural' once. North Yorkshire is a largely rural county. The national guidance on the Patient Transport Service says that you have to work at a local level but the assessment process and the eligibility criteria do not appear to reflect the rural nature of the county
- It is 60 miles from Hawes to the James Cook and it is impossible to get from Hawes to the James Cook and back in one day using public transport
- There is no voluntary care scheme in the upper Dales and that friends and relatives were not always available to help out with transport

- There had not been engagement with the Scrutiny of Health Committee until after the fact
- Local surveys done as part of the 'Good Life' project with the Council's Stronger Communities Team had shown that people living in rural areas were worried about how they would access hospital appointments
- The changes were a grave disappointment and did not meet the needs of the local population.

County Councillor John Blackie then gave a number of anonymised examples of people from in and around Hawes who had been adversely affected by the changes. Based upon this, he said the changes were a distinct change in service and not just a change to the way in which eligibility criteria were applied.

County Councillor John Blackie then asked that the following be included in the assessment process or criteria that is applied by the Yorkshire Ambulance Service: an element that takes into account rurality, distances travelled and access to public transport; and a simplified appeals process that is well publicised.

John Darley responded to the comments made by County Councillor John Blackie, as summarised below:

- The appeals process was simple and easy to complete. The end to end process took no more than 24 hours and was not bureaucratic or intrusive
- The focus has been upon improving the quality of the assessment and so better meeting the needs of the patients. Both distance and ability to travel are taken into account in the assessment process and also at the appeals stage. The national guidance applies a 'reasonable travel time' test
- The Patient Transport Service is not a proxy for a bus service.

County Councillor Heather Moorhouse raised concerns that people may be excluded from accessing the Patient Transport Service based upon their income and where they live.

County Councillor Liz Colling requested data on the number of appeals (successful and unsuccessful) as a percentage of the overall number of journeys and the number of 'Did Not Attends' for medical appointments that can be linked to the changes in the application of the eligibility criteria. She also queried why the Vale of York CCG and the Scarborough and Ryedale CCG require all patients to undergo assessment against the national eligibility criteria, rather than automatically providing a service to specific groups.

John Darley said that the requested data could be shared with the committee and that the Vale of York CCG and the Scarborough and Ryedale CCG had not included any exempt groups as they wanted their assessment and eligibility to be equitable for all patients.

District Councillor Kevin Hardisty said that the report that had been given was positive and that there would always be difficulties in planning and delivering health services in such a large, rural county as North Yorkshire.

County Councillor Caroline Dickinson asked whether more could be done to communicate the changes to the people whom it would affect.

County Councillor Jim Clark said that the Council's Health and Adult Services department was currently undertaking a consultation on charges for transport to adult social care placements and activities. It would be good to see whether there were any links with the changes to the Patient Transport Service. He said that he would follow this up with County Councillor Michael Harrison.



Borough Councillor Ann Myatt queried whether the script used by the Yorkshire Ambulance Service for the over the phone assessment was good enough or whether it could be improved.

John Darley said that the script had been tested with 200 users of the Patient Transport Service.

Chris Dexter, Managing Director of Patient Transport, Yorkshire Ambulance Service said that the script had a sequence of questions that awarded points according to the answer given. There was, however, discretion and the script is under a process of ongoing review by YAS and the CCG.

County Councillor Robert Windass stated that, as Chairman of the County Council, he had been ridiculed for determining that the Notice of Motion was best dealt with at the Scrutiny of Health Committee, as opposed to County Council. He said that the high quality of the discussion here today justified his decision.

County Councillor Jim Clark invited John Darley to comment in closing. John Darley reiterated that the changes had been made to improve the service and better meet the needs of patients.

#### **Resolved -**

- 1) Thank all for attending
- 2) The Clinical Commissioning Groups and Yorkshire Ambulance Service to provide data on: 1) the number of appeals (successful and unsuccessful) as a percentage of the overall number of journeys; 2) the financial impact of the changes to the application of the eligibility criteria; 3) the number of 'Did Not Attends' for medical appointments that can be linked to the changes in the application of the eligibility criteria
- 3) The CCGs and the Yorkshire Ambulance Service to consider amending the assessment criteria to explicitly include as considerations: the impact of rurality; the level of access to public transport; and the distances that have to be travelled
- 4) The Vale of York CCG and Scarborough and Ryedale CCG to consider amending their criteria so that patients undergoing Chemotherapy, Radiotherapy, Renal and Other Oncology are automatically entitled to patient transport services and do not need an assessment The appeals process to be simplified and better publicised
- 5) The Council's Scrutiny of Health Committee to liaise with the Council's Care and Independence Overview and Scrutiny Committee over changes to adult social care transport charging that are currently being consulted upon
- 6) Daniel Harry to draft a report that outlines the Scrutiny of Health Committee response to the Notice of Motion, based upon the discussions today, and circulate to the members of the committee for comment
- 7) That an update on the impact of the changes to the way in which the eligibility criteria for the Patient Transport Service are applied is provided to the Scrutiny of Health committee meeting on 21 June 2019.

#### **70. Building a sustainable future for the Friarage Hospital, Northallerton**

Considered -

A verbal update provided by Lisa Pope of the Hambleton, Richmondshire and Whitby CCG and Lucy Tulloch, Service Manager, Friarage Hospital, Northallerton on the proposed changes to the way in which Emergency Medicine and Anaesthesia will be delivered at the Friarage Hospital in Northallerton.

Lisa Pope provided a quick update on Whitby Hospital and stressed that although there had been some small delays the work was progressing and the full business case

would go the Hambleton Richmondshire and Whitby CCG Governing Body in January 2019.

The key elements of the update provided by Lisa Pope on the Friarage are summarised below:

- The work had taken longer than anticipated due to the complexity of the clinical options and solutions that were being considered. This was not something that could be rushed.
- A draft public consultation document was being developed
- The Yorkshire Ambulance Service were mapping out the potential impacts upon their service
- There is an established process of ongoing engagement with the public, service users and carers.

County Councillor Jim Clark said that it was disappointing that the changes were taking so long to develop and implement.

County Councillor John Blackie urged the CCG to go consult with the public as soon as they can. He said that recent investment into the Friarage Hospital, such as the Sir Robert Ogden Macmillan Centre, was welcomed and people needed to be reassured that the Friarage had a positive future.

County Councillor John Blackie said that he remained concerned that no progress appeared to have been made with the three hospital model, which was being developed by the Integrated Care System for Cumbria and the North East, whereby the Friarage, the James Cooks and the Darlington Memorial Hospital would work more closely together.

County Councillor Jim Clark noted the high level of investment that had gone into the Friarage in the past couple of years and that new specialist and cutting edge services that were now available there.

**Resolved -**

- 1) Thank all for attending
- 2) Lisa Pope to bring further updates to the committee and the Mid Cycle Briefings on progress with implementation of a new clinical model for the delivery of Anaesthesia and Emergency Medicine at the Friarage Hospital.

**71. Transforming Adult and Older People's Mental Health Services in Hambleton and Richmondshire**

Considered -

A verbal update provided by Lisa Pope of the Hambleton, Richmondshire and Whitby CCG and Adele Coulthard, Director of Operations, Tees, Esk and Wear Valleys NHS Foundation Trust regarding the development of older people mental health services in Hambleton and Richmondshire.

The key elements of the update provided by Lisa Pope are summarised below:

- The construction of the community hub is anticipated to start in early 2019. It will take approximately 12 months to build. Planning permission is not yet in place
- There will be no new admissions to the two in-patient wards at the Friarage after January 2019

- Patients from Hambleton, Richmondshire and Whitby will be admitted to the West Park mental health hospital in Darlington. It is hoped that this will minimise any negative impact upon patients and carers
- The rectification works at Roseberry Park in Middlesbrough are proceeding.

County Councillor Jim Clark said that it was disappointing that the in-patient beds at the Friarage will be closed substantially before the community hub is opened.

In response, Adele Coulthard said that investment had already been made in community based crisis response, which will help to ensure that the appropriate care is in place during this period of transition.

County Councillor Heather Moorhouse queried what would happen to the staff who were currently working on the in-patient wards.

Adele Coulthard said that staff are being moved to community-based roles or in-patient roles elsewhere and that there would be no redundancies.

#### **Resolved -**

- 1) Thank all for attending
- 2) Adele Coulthard from TEVV and Lisa Pope from the Hambleton, Richmondshire and Whitby CCG to provide further updates to the committee and the Mid Cycle Briefings on progress with the rectification works at the Roseberry park in-patient hospital in Middlesbrough and the development of the new community hub at the Friarage in Northallerton.

#### **72. Mental Health Services in Harrogate and the surrounding area – update on engagement exercise**

Considered -

The report of Joanne Crewe, Harrogate and Rural District Clinical Commissioning Group and Adele Coulthard, Director of Operations, Tees, Esk and Wear Valleys NHS Foundation Trust and Dr Peter Billingsley, Scarborough and Ryedale Clinical Commissioning Group on the work that had been undertaken to develop mental health services in Harrogate and the surrounding area.

County Councillor Jim Clark invited Nigel Ayre, HealthWatch North Yorkshire to the table to participate in the discussions. He also invited Steven Courtney, Principal Scrutiny Adviser, Leeds City Council and Councillor Harrington, Leeds City Council.

Nigel Ayre asked his Public Question.

County Councillor Jim Clark thanked Nigel Ayre for his question and noted that the response would be forthcoming during the presentation and that he could be involved in the discussions on this agenda item, if he wished.

County Councillor Jim Clark said that there had been decades of under investment in mental health services in the county and that the arrangements for the commissioning of mental health services across 5 CCGs and three Integrated Care Systems/Partnerships could not be more complicated.

County Councillor Jim Clark said that he was concerned about the loss of in-patient beds in the county and plans to transfer people to the York mental health hospital, once it was built.

Joanne Crewe introduced the report and presentation identifying a number of key issues, as summarised below:

- The work to develop mental health services in the Harrogate area is not new to the committee and has been brought on a number of occasions
- The focus is upon improving the quality of services and outcomes for patients
- There has been an independent review of the work done and the presentation provides the rationale for the preferred option.

Joanne Crewe requested that members hold their questions until the presentation had been completed.

Adele Coulthard then started to give the presentation, highlighting the following:

- The CCG and TEWV have engaged with the Scrutiny of Health Committee over the past 5 years on how mental health services in the county can be developed
- Service users continue to ask for more capacity in crisis response, particularly out of hours
- The Briary Wing of Harrogate District General Hospital (Rowan Ward and Cedar Ward) is not fit for purpose and not a facility where a modern standard of care can be provided
- If a new mental health in-patient facility were to be built in Harrogate, then funding would have to be taken away from community-based mental health services and crisis care
- The way in which mental health is treated is rapidly changing as new therapies and drugs become available. As such, it is likely that any beds provided now at a new in-patient facility in Harrogate would probably not be used in 5 to 10 years' time.

At this point in the presentation, County Councillor Heather Moorhouse raised her concerns about the lack of access to s.136 suites for people who were in mental distress in public places.

County Councillor Jim Clark queried why an increased number of beds were being provided in York, 97 up from the 72, if in a matter of years they would not be needed. He also queried whether there had been discussions with the City of York Council and their scrutiny committee about this proposed increase in beds.

County Councillor Jim Clark questioned why the plan to build the new mental health in-patient facility at Cardale Park in Harrogate was being abandoned when the land had been purchased, planning permissions were in place and changes had already been made to the Highways to accommodate traffic flows to the new facility.

County Councillor Jim Clark said that the county desperately needed mental health in-patient beds now but that the committee had heard today that beds and wards were being closed at Harrogate Hospital and the Friarage Hospital.

In response, Adele Coulthard said that no beds are being closed. The beds that are provided at the Briary Wing will be re-provided at the new mental health hospital in York.

Adele Coulthard said that national rules meant that mixed sex mental health wards were no longer an option. The intention had been to build 2 mixed sex wards of 18 beds at Cardale Park. Now there would have to be 4 wards of 9 beds, each ward being single sex. This would simply not be financially sustainable. The alternative is to transfer those planned beds to the new mental health hospital at York and so benefit from the economies of scale.

Adele Coulthard said that the land at Cardale Park that had been purchased could be used for alternative mental health and social care provision, such as a dementia village.

County Councillor Jim Clark asked whose decision it was to instigate the pause in the development of the Cardale Park site and queried whether the motivation was purely financial.

Adele Coulthard replied that the pause had been a joint decision of both the commissioner and the provider.

County Councillor Jim Clark asked whether Adele Coulthard has been surprised by the decision to pause the development.

Adele Coulthard said that it was sensible to consider how best to respond to the needs of people in and around Harrogate.

Joanne Crewe then asked the Chairman whether any further questions could now be held until the end of the presentation. She said that many of the questions that had been asked and concerns raised could be dealt with by going through the presentation. It provided a step by step walk through the evolution of the proposals and the rationale as to why Option 3, re-provide in-patient care elsewhere and invest in community services, was the preferred option.

Adele Coulthard continued the presentation, as summarised below:

- The concerns about travel times, distance and access are recognised
- There are planned to be 72 beds at the new mental health hospital in York at present. This will need to increase to 97
- There are three options but the only viable option is option 3, re-provide in-patient care elsewhere and invest in community services. This has been agreed by HS England, the Clinical Senate for Yorkshire and Humber and the CCG Governing Body
- Option 3 will release £0.5 million per year which can then be used to fund 14 members of staff who will be providing improved crisis care
- There will be further engagement with local people and other stakeholders from January 2019 onwards
- The aim of is to increase the level and intensity of community services in order to reduce the need for people to be either admitted to or have extended stays in hospital
- Where hospital admission is required, for this to be provided from larger and more specialist facilities.

At this point County Councillor Jim Clark invited Leeds City Councillor Norma Harrington to speak. Councillor Norma Harrington is a Wetherby Ward Councillor and a member of the Leeds City Council's Scrutiny Board (Adults, Health and Active Lifestyles).

County Councillor Jim Clark said that he had recently attended a meeting of the West Yorkshire and Harrogate Joint Scrutiny of Health Committee at which it had become apparent that the changes to mental health services in and around Harrogate would have a significant impact upon the Wetherby population, which falls under Leeds City Council.

Leeds City Councillor Norma Harrington said that there had been some conversations with the Leeds CCG about the proposed changes to services but that this conversation had been brief and late in the process. She said that there needed to be more engagement with Leeds City Councillors, service users and the local population about the plans.

A copy of a letter from Leeds City Councillor Helen Hayden, Chair of the Scrutiny Board, to County Councillor Jim Clark regarding mental health services for adults and older people in Harrogate and Rural District, was circulated to committee members.

Joanne Crewe said that there had been regular conversations between Harrogate and Rural District CCG and Leeds CCG. She was disappointed that the agreed messages and approach had not filtered through. Joanne Crewe said that engagement with Leeds City Council and the population of Wetherby would be stepped up.

Leeds City Councillor Norma Harrington said that the expansion of house building in the Wetherby area would also need to be taken into account when considering the future needs of the population.

Joanne Crewe reiterated that the focus of the work was providing high quality mental health services that meets the needs of the local population. There is a clear need to invest in community based crisis services.

Daniel Harry said that the onus was upon the NHS commissioners proposing changes to services and/or planning new services to engage with the local authorities affected and propose that a joint health scrutiny committee be formed. The changes to mental health services in and around Harrogate affected North Yorkshire County Council, the City of York Council and Leeds City Council and yet no such committee had been suggested.

County Councillor Jim Clark queried the ability of the Yorkshire Ambulance Service to respond to the longer and more complex journeys that would result from the need to transport people from Harrogate and Wetherby to York.

County Councillor Stuart Martin raised concerns that ambulance crews may not have the skills or the confidence to manage people in mental health distress over longer travel distances.

Adele Coulthard said that ambulance crews were trained in how to manage people with mental health problems.

County Councillor John Blackie said that he was concerned about the lack of engagement with Leeds City Council and the City of York Council.

County Councillor Jim Clark invited Nigel Ayre, who had asked the Public Question relating to this item, to speak.

Nigel Ayre said that as far as he was aware, to date there had been no discussion with the City of York Council regarding the proposed expansion of the new hospital in York from 72 to 97 beds and so planning permissions would not yet be in place. As such, he queried whether it was possible to go ahead and engage or consult with the public when the solution was only hypothetical at this stage.

#### **Resolved -**

- 1) Thank all for attending
- 2) Daniel Harry to liaise with Joanne Crewe and Overview and Scrutiny at Leeds City Council and the City of York Council about setting up a Joint Health Overview and Scrutiny Committee meeting in January 2019 to review the impact of the proposed changes across the whole area affected
- 3) Following the planned Joint Health Overview and Scrutiny meeting in January 2019 and further discussions with Harrogate and Rural District and the Tees Esk and Wear Valleys NHS Foundation Trust, the Scrutiny of Health Committee to consider further whether it would request a full public consultation on 3 options.

**73. Hyper acute stroke services at Harrogate District Hospital**

Considered -

The report of Joanne Crewe, Mikki Golodnitski and Bruce Willoughby from Harrogate and Rural District Clinical Commissioning Group and Dr David Scullion from Harrogate District Hospital regarding the changes to hyper acute stroke services at Harrogate District Hospital.

Mikki Golodnitski introduced the report and the key points are as summarised below:

- Hyper acute stroke will transfer from Harrogate Hospital to Leeds and York Hospitals, with subsequent rehabilitation services being provided at Harrogate Hospital, as of April 2019
- Evidence shows that people who receive care in hyper acute stroke units that see a minimum of 600 new admissions per year have better outcomes, even if the initial travel time is increased
- Harrogate currently sees on 300 a year
- Patients will be repatriated quickly, usually within 72 hours
- There is capacity in Leeds to pick up the anticipated additional 200 cases per annum
- Further work on communication and engagement is planned.

Daniel Harry noted that this was the first time that this item had come to a formal, public meeting of the committee. Previously discussions had taken place at the Mid Cycle Briefing, which is a private and meeting of the Chair, Vice Chair and Group Spokespersons.

County Councillor Jim Clark stated that he had been involved in this change of service for some time and that all aspects had been thoroughly reviewed. He noted that a public consultation was not required as this was the only viable option available to the commissioners.

County Councillor Jim Clark asked for a view from the committee as to whether they endorsed this change to hyper acute services in Harrogate. There was unanimous support.

**Resolved -**

- 1) Thank all for attending
- 2) The committee supports the changes to hyper acute stroke services at Harrogate District Hospital.

**74. Work Programme**

Considered -

Daniel Harry introduced this item and asked Members to consider the items that had been identified on the Work Programme.

**Resolved -**

Members to review the Committee's Work Programme and come back to Daniel Harry after the meeting if there were any particular issues that they felt needed to be included.

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

There were no items of other business.

The meeting concluded at 1:35pm

DH

DRAFT



**DRAFT v3****Joint Scrutiny of Health meeting - North Yorkshire County Council,  
City of York Council and Leeds City Council****Purpose**

The purpose of this Joint Health Overview and Scrutiny meeting is to scrutinise the proposals by for changes in mental health provision in the greater Harrogate area, which will impact on the populations of North Yorkshire, York and Leeds (Wetherby). The changes to provision that have been proposed are:

- Stop the build of a new mental health in-patient unit at Cardale Park in Harrogate (36 beds)
- Close the mental health in-patient beds at the Briary Wing at Harrogate District General Hospital (Rowan Ward and Cedar Ward with a total of 34 beds)
- Invest the savings from a reduction of in-patient bed capacity of 11 beds to release £0.5 million per year which can then be used to fund 14 members of staff who will be providing improved community-based crisis care
- An increase the number of beds at the new mental health in-patient facility that is due to be built at York (from 72 beds to 97 beds).

**Practicalities**

1. The meeting will consist of equal representation, with four representatives to be appointed by each of the constituent authorities
2. The quorum for meeting shall be a minimum of one member representative from each of the constituent authorities
3. The meeting does not have the power of referral to the Secretary of State
4. The meetings procedures will be open and transparent in accordance with the Local Government Act 1972 and the Access to Information Act 1985 and meetings will be held in public. All meeting papers will be published on the North Yorkshire County Council website
5. The members will meet for the period of time necessary for the effective scrutiny of the proposals for changes in mental health provision in the greater Harrogate area. It is anticipated that one meeting will be sufficient for this purpose.
6. A Chairman for the meeting will be elected by members at their first meeting.

**Membership**

<b>Councillor</b>	<b>Authority</b>	<b>Political Group</b>
County Councillor Jim Clark	North Yorkshire County Council	Conservative
County Councillor Liz Colling	North Yorkshire County Council	Labour

	North Yorkshire County Council	
	North Yorkshire County Council	
	City of York Council	
	City of York Council	
	City of York Council	
	City of York Council	
	Leeds City Council	
	Leeds City Council	
	Leeds City Council	
	Leeds City Council	

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**Health, Housing & Adult Social Care Policy  
& Scrutiny Committee****12 February 2019**

Report of the Head of Service, Adult Safeguarding, DoLS, Mental Health and Learning Disabilities

**Overview Report on Mental Health Crisis Support Services in York****Summary**

1. This report has been produced at the request of the Health Scrutiny Committee, in order to outline what sources of support are available to people in York who are experiencing a mental health crisis. It was requested following member queries about a reduction of the hours of operation of the Mental Health Support line, run by CYC.
2. It has been produced with the assistance of North Yorkshire Police, the Transport Police, CYC staff, including the Homeless service, TEWV and York Pathways.

**Background; the national and local context**

3. The prevalence of mental health problems in the adult population is estimated to be 1 in 4 people experiencing a mental health issue at any one time.
4. The NHS Digital Adult Psychiatric Morbidity Survey 2014, showed that, 9.5% of the population reported that they had experienced severe symptoms of common mental health problems in the previous week.
5. Formal admissions to psychiatric wards have continued to rise year on year; nationally in 2014/15 there were 125,710 admissions; a rise of 3.5% on the previous year and in 2017/18 there were 49,551 *more* detentions under the Mental Health Act 1983, than during the previous year; an increase of 2.4%.
6. Factors that increase the risk of severe mental health problems and in particular the risk of suicide, include poor physical health, unstable

accommodation, substance misuse, social isolation and unemployment. In the aforementioned NHS Digital survey of 2014, 66.4% of people in receipt of Employment Support Allowance reported that they had considered taking their own life, 43% had made a suicide attempt and 33% had self-harmed.

7. The survey also revealed that 1 in 6 people attempted to take their own lives whilst on a waiting list for psychological therapy.
8. In York, well over half of people referred to the York Homelessness service in 2016/17 were believed to have a mental health vulnerability by the professional referrer.
9. According to the Joint Strategic Needs Assessment (JSNA), York has a higher proportion of residents admitted to hospital as a result of self-harm injuries than the national average. York's residents are also more likely to report that they have high anxiety compared to the majority of the city's statistical neighbours.
10. The need therefore for accessible and responsive crisis services is clearly extremely important.

#### Services in York

11. There are a wide range of services available for people experiencing a mental health crisis in York.
12. Services provided by the Tees, Esk and Wear Valley NHS Trust (TEWV), which are commissioned by the Vale of York Clinical Commissioning Group (CCG), to respond to people in crisis are as follows:
  - The Crisis Resolution and Home Treatment Team operates 24 hours per day, 7 days per week and can provide intensive home based treatment in order to support someone through a mental health crisis. People who are already known to TEWV may self-refer to the team, otherwise referral is via a mental health professional. However, as of March 2019, the service will be open to self-referrals.
  - The (Mental Health) Hospital Liaison Team is based at York Hospital and assesses and works with people over the age of 18 who are in A and E or in-patients. A Substance Misuse Clinical Nurse Specialist works 3 days a week in this team. (Outside these hours, the team will work with people with substance misuse

issues). Referrals are accepted from A and E, hospital wards and where appropriate, from certain 3<sup>rd</sup> sector services.

- A Street Triage Team, whereby a psychiatric nurse, who has access to a police radio and can be requested to attend an incident instead of a police officer, or with a police officer. This initiative aims to bring in specialist mental health support at the point when people present to the police with signs of mental distress. This service is designed to aid the police's decision-making and reduce the use of S136 of the Mental Health Act. It is jointly funded by TEWV but its availability service in York in 2018 has been very limited.
- S136 of the Mental Health Act is a power available to the police to remove a person from a public place to a place of safety (normally the S136 suite at Peppermill Court in York), in order that they can be assessed under the Mental Health Act. In York there were 125 uses of S136 in 2018.
- There is also a mental health triage nurse in the police control room, to give advice regarding people who may appear to have mental health issues, funded by the Police and Crime Commissioner. These nurses have access to TEWV Paris and other NHS IT systems, so can see the most recent case notes and care plans for individuals in real time, helping them to be able to provide real time advice and guidance.
- The Haven at 30, Clarence Street, provides out of hours mental health support to anyone aged 16 or over in the York and Selby area. People wishing to access support can drop in, call or email the Haven. It is available between the hours of 6-11pm, 365 days a year. The Haven is run by Mental Health Matters and is commissioned on behalf of TEWV. It runs a 24 hour mental health support line as part of this service.
- MIND also run a drop-in at the Haven on Sundays, from 2-5pm also. N.B. this particular service will be temporarily closing in February, due to the need to re-structure it; the level of crisis situations being presented on occasions means that steps are needed to reduce the potential risks.
- In October 2017, the Trust funded a new CAMHS Crisis Resolution Home Treatment service in York, Selby and North Yorkshire, building on successful models in Teesside and Durham.

- The service provides specialised community care to children and young people in a mental health crisis and is available to young people under the age of 18, who are experiencing severe emotional distress, which is impacting on their ability to function, or those who may be displaying high levels of risk taking behaviours.
13. The Crisis Resolution Home Treatment service is part of the Trust's new care models project, which aims to support young people in the community, in comfortable and familiar surroundings. The aim of this is to avoid the need for hospital admission where possible and allows treatment at home and with the help of carers.
  14. Where hospital admission is required, the team will continue to provide short term tailored treatments and interventions to help reduce the length of stay and allow young people to return home as soon as possible. The service currently operates between 10am - 10pm, however it is hoping to extend this to a 24hr/7 day a week service in April 2019.
  15. Young people experiencing a first episode of a psychotic illness may receive ongoing support from the Early Intervention in Psychosis Team. There are also times when an older person in a residential setting might experience a mental health crisis /deterioration of their mental health and in these circumstances the Care Homes Dementia Team (CHAD) can offer intensive support to try to avert a hospital admission.
  16. The council run Mental Health Helpline now operates between the hours of 2pm-10pm at 22, The Avenue; the hours were reduced earlier this year, due to a decrease in levels of demand. The remit of this service is to offer callers the following;
    - Time and space to talk
    - Support and reassurance
    - Encouragement to callers wishing to resolve problems
    - Signposting to other services that may be helpful
  17. Healthwatch have put together a very useful guide to Mental Health services available in York. Services available in the voluntary/independent sector listed in this guide, include the following (N.B. Some organisations are national, rather than specific to York).
  18. The Pathways Service, run by the charitable organisation Together, works with people over the age of 18 referred by the emergency services who make repeated contact with those services, or who are at risk of entering the criminal justice system. Pathways will provide a holistic assessment and an allocated worker who will see the individual up to 4 hours per

week. The service will address specific concerns the individual may identify that are causing them distress, and work with people with complex needs, e.g. issues with drugs or alcohol/housing/finances or relationships. This support is provided Monday-Saturday 9am-5pm.

19. The worker will work with the individual, providing both practical and emotional support to assist them with the issues that are causing them most distress. They will also assist the person to engage with other local services that can help both in the short and longer term, with the overall aims of equipping them with a toolkit of personal resources to help them manage difficulties in the future, and reduce their contact with emergency services.
20. Papyrus-provides support, practical advice and information to people aged up to 35 years who are worried about themselves, or a young person.
21. The Samaritans provide a 24 hour, confidential emotional support service for people in distress or experiencing suicidal thoughts.
22. The Campaign Against Living Miserably (CALM) provides information and support aimed at supporting young men with emotional distress and/or suicidal thoughts. This operates from 5pm-midnight.
23. Saneline-Specialist mental health helpline, which operates from 6-11pm each evening.
24. Kyra is a women's project in York that provides support, information and services to assist women to make choices, whether in crisis or looking to make changes in their lives.
25. York Carer's Centre- provides advice and support to carers.
26. MIND has a telephone information line providing confidential advice on where and how to access support, medication and alternative treatments etc. It is open 9am-6pm, Mondays to Fridays, other than Bank Holidays.
27. When someone with a significant mental health condition experiences a serious and acute episode, as a last resort people may be assessed for possible admission to hospital under the Mental Health Act in a crisis. Assessments are co-ordinated by Approved Mental Health Professionals (AMHPs), who are social workers employed by the local authority. This service provides a statutory response and is available 24 hours per day,

365 days per year. (Assessments out of office hours are undertaken by a jointly-funded CYC and North Yorkshire Emergency Duty Team)

### Strategic Priorities

28. The multi-agency Crisis Care Concordat (CCC) covers both York and North Yorkshire. It is chaired by the Police and Crime Commissioner and has representation from the 2 local authorities, the CCGs across North Yorkshire and Vale of York, North Yorkshire Police, Yorkshire Ambulance Service and TEWV.
29. The CCC is currently looking at mapping what is available to people experiencing a mental health crisis across York and North Yorkshire. This work is expected to identify gaps and inconsistencies and to inform efforts to improve services.
30. It is considering how best to meet the challenges of an appropriate range of responses to people experiencing a mental health crisis, and in particular the needs of that group of people who are often in contact with statutory services, frequently detained under S136, attenders at A and E, etc. Currently under consideration is the Serenity Integrated Monitoring system (SIM), whereby police officers are employed to work alongside the NHS in teams, to work intensively with this group of people. This has proved successful elsewhere and is said to save around £20k to essential services per person. The intention is not to replace existing services that are working well, but to explore ways in which the principles of such an approach might be beneficial.
31. Clearly the York Suicide Strategy is also a valuable initiative designed to reduce the number of people in crisis who end up taking their own lives. The York Suicide Safer Community Delivery Group is a multi-agency meeting and has made looking at developing a community response to people considering taking their own lives a priority.

### Operational Issues

32. There are a broad range of responsive services available for people in a mental health crisis in York, many of which undoubtedly achieve extremely positive outcomes for people. However there are a number of areas for improvement identified by those working in the sector. These include ensuring there is a consistent response across the variety of services that exist and that services better align their referral and eligibility criteria so that people can access the right service for them at the time they need it. Operational staff from CYC Housing, Adult Social Care and



TEWV have a regular meeting focused on improving joint working at the front-line.

- 33. An example of positive change is the Mental Health Crisis Team. This has historically required people to be already in Mental Health Services before it responds. As noted above, this will change to an open referral system from March 1st.
- 34. Despite the joint strategic intent from partners to provide better integrated services to people in crisis, delivery of this needs to be stronger and at scale. As an example, the police have observed that the York Street Triage nursing input alongside police was very limited in 2018 in York.
- 35. North Yorkshire Police and TEWV are committed to a joint operational forum aimed at improving integrated working.

Conclusion

- 36. There is an increasing requirement for services in York to respond to mental health crisis including a higher incidence of self-harm. There is an active Mental Health Crisis Concordat across York and North Yorkshire developing the strategic response to these issues. The need for improved inter agency working to enable people to access the right support when they need it continues. There have been welcome developments in increasing and expanding services and their accessibility. However this needs to continue at pace.

**Contact Details**

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Report Approved



Date

01/02/2019

**Abbreviations**

AMHP -Approved Mental Health Professionals  
CAMHS – Child and adolescent mental health services

CALM- Campaign against living miserably

CCC- Crisis Care Concordat

CCG- Clinical Commissioning Group

CHAD – Care Homes Dementia Team

CYC – City of York Council

DOLS- Deprivation of Liberty Safeguards

IT- Information Technology

JSNA- Joint Strategic Needs Assessment

NHS- National Health Service

SIMS -Serenity Integrated Monitoring system

TEWV- Tees Esk and Wear Valleys NHS Foundation Trust

## Health, Housing and Adult Social Care Policy and Scrutiny Committee

### Work Plan 2018-19

<p>20 June 2018 @ 5.30pm</p>	<p><b>Housing</b></p> <ol style="list-style-type: none"> <li>1. Attendance of Executive Member for Housing and Safer Neighbourhoods</li> </ol> <p><b>Health</b></p> <ol style="list-style-type: none"> <li>2. Business case for new mental health hospital for York</li> <li>3. CCG report on Patient Transport Services for York</li> <li>4. Unity Health Report on patient communication problems</li> <li>5. Report on sexual health re-procurement.</li> <li>6. Scoping report on Commissioned Substance Misuse Services</li> <li>7. Work Plan 2018-19</li> </ol>
<p>25 July 2018 @ 5.30pm</p>	<p><b>Health</b></p> <ol style="list-style-type: none"> <li>1. Attendance of Executive Member for Health and Adult Social Care</li> <li>2. HWBB Annual Report including review of Health and Wellbeing Strategy and update on new Mental Health Strategy</li> <li>3. End of Year Finance and Performance Monitoring Report</li> <li>4. Six-monthly Quality Monitoring Report – residential, nursing and homecare services</li> <li>5. Safeguarding Vulnerable Adults Annual Assurance Report</li> <li>6. Work Plan 2018-19</li> </ol>
<p>11 Sept 2018</p>	<ol style="list-style-type: none"> <li>1. 1<sup>st</sup> Quarter Finance and Performance Monitoring report</li> </ol>

<p>@ 5.30pm</p>	<p><b>Health</b></p> <ol style="list-style-type: none"> <li>2. Update on Unity Health Actions to improve patient communications and CQC inspection.</li> <li>3. Update report on Priory Medical Group proposals to relocate to proposed Burnholme Health Centre</li> <li>4. Update Report on Elderly Persons' Accommodation</li> <li>5. Delivery of CQC Local System Review Action Plan</li> <li>6. Substance Misuse Services Scrutiny Review Update Report</li> <li>7. Work Plan 2018-19</li> </ol>
<p>16 Oct 2018 @ 5.30pm</p>	<p><b>Housing &amp; Community Safety</b></p> <ol style="list-style-type: none"> <li>1. Safer York Partnership Bi-annual Report</li> <li>2. Update on Community Policing – Lindsey Robson, York, Selby Commander</li> <li>3. Update report on implementation of new licensing laws for HMOs</li> <li>4. Work Plan 2018-19</li> </ol>
<p>14 Nov 2018 @ 5.30pm</p>	<p><b>Health</b></p> <ol style="list-style-type: none"> <li>1. Mental Health Help Line</li> <li>2. Report on engagement around Home First Strategy</li> <li>3. Healthwatch York six-monthly Performance Report</li> <li>4. Overview report on self-harm and suicide prevention</li> <li>5. Report on aims of Oral Health Action Team</li> </ol>

	<ol style="list-style-type: none"> <li>6. Work Plan 2018-19</li> </ol>
12 Dec 2018 @ 5.30pm	<ol style="list-style-type: none"> <li>1. HWBB six-monthly update report</li> <li>2. Update Report on progress of CYC Asset/Place-based approach to working. (Pippa Corner / Joe Micheli)</li> <li>3. CCG Chair Dr Nigel Wells, Introduction and Update on Elective Criteria Policy</li> <li>4. Work Plan 2018-19</li> </ol>
15 Jan 2019 @ 5.30pm	<ol style="list-style-type: none"> <li>1. 2<sup>nd</sup> Quarter Finance and Performance Monitoring Report</li> </ol> <p><b>Health</b></p> <ol style="list-style-type: none"> <li>2. Update Report on Unity Health</li> <li>3. Overview Report on Student Health Services</li> <li>4. Six-monthly Quality Monitoring Report – residential, nursing and homecare services</li> <li>5. Work Plan 2018-19</li> </ol>
12 Feb 2019 @ 5.30pm	<p><b>Housing &amp; Community Safety</b></p> <ol style="list-style-type: none"> <li>1. Housing &amp; Community Safety Update on Homelessness in York</li> </ol> <p><b>Health</b></p> <ol style="list-style-type: none"> <li>2. Update report on Collaborative work by Humber, Coast and Vale Mental Health Partnership</li> <li>3. TWEV: Progress Report on New Mental Health Hospital in York (Haxby Road)</li> <li>4. Joint Health Scrutiny meeting NYCC, LCC &amp; CYC</li> </ol>

	<ul style="list-style-type: none"> <li>5. Overview Report on Mental Health Crisis Support Services in York</li> <li>6. Substance Misuse Review Final Report</li> <li>7. Joint Health Scrutiny meeting NYCC, LCC &amp; CYC</li> <li>8. Work Plan 2018-19</li> </ul>
12 March 2019 @ 5.30pm	<ul style="list-style-type: none"> <li>1. 3<sup>rd</sup> Quarter Finance and Performance Monitoring Report</li> </ul> <p><b>Health</b></p> <ul style="list-style-type: none"> <li>2. Healthwatch York six-monthly Performance Report</li> <li>3. Update Report on Integration of Health and Adult and Social Care</li> </ul> <p><b>Housing</b></p> <ul style="list-style-type: none"> <li>4. Safer York Partnership Bi-Annual report</li> <li>5. Draft Work Plan 2019-20</li> </ul>

\*Update report on Priory Medical Group proposals to relocate to proposed Burnholme Health Centre ( Attendance TBC depending on funding agreements)