



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

<b>To:</b>	Councillors: Runciman (Chair), Baker, Cuthbertson and Lomas
	Dr Nigel Wells (Vice Chair)      Chair, NHS Vale of York Clinical Commissioning Group (CCG)
	Sharon Stoltz      Director of Public Health, City of York
	Sharon Houlden      Corporate Director, Health, Housing & Adult Social Care, City of York Council
	Amanda Hatton      Corporate Director, Children, Education & Communities, City of York Council
	Lisa Winward      Chief Constable, North Yorkshire Police
	Alison Semmence      Chief Executive, York CVS
	Siân Balsom      Manager, Healthwatch York
	Gillian Laurence      Head of Clinical Strategy (North Yorkshire & the Humber) NHS England
	Naomi Lonergan      Director of Operations, North Yorkshire & York -

Tees, Esk & Wear Valleys  
NHS Foundation Trust

Simon Morritt

Chief Executive, York  
Hospital NHS Foundation  
Trust

Dr Andrew Lee

Executive Director for  
Primary Care and  
Population Health, NHS  
Vale of York Clinical  
Commissioning Group

Mike Padgham

Chair, Independent Care  
Group

**Date:** Wednesday, 4 March 2020

**Time:** 4.30 pm

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

## **A G E N D A**

### **1. Declarations of Interest**

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

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

which they may have in respect of business on this agenda. A list of general personal interests previously declared is attached.

### **2. Minutes**

(Pages 3 - 14)

To approve and sign the minutes of the last meeting of the Health and Wellbeing Board held on 4 December 2019.

### **3. Public Participation**

It is at this point in the meeting that members of the public who have registered their wish to speak can do so. The deadline for registering is by **5.00 pm Tuesday 3 March 2020**.

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

#### **Filming, Recording or Webcasting Meetings**

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

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The Council's protocol on Webcasting, Filming & Recording of Meetings ensures that these practices are carried out in a manner both respectful to the conduct of the meeting and all those present. It can be viewed at:  
[http://www.york.gov.uk/download/downloads/id/11406/protocol\\_f\\_or\\_webcasting\\_filming\\_and\\_recording\\_of\\_council\\_meetings\\_20160809.pdf](http://www.york.gov.uk/download/downloads/id/11406/protocol_f_or_webcasting_filming_and_recording_of_council_meetings_20160809.pdf)

### **4. Report of the Chair of the Health and Wellbeing Board's Ageing Well Partnership December 2018 to February 2020** (Pages 15 - 34)

Health and Wellbeing Board members will consider the report of York's Ageing Well Partnership covering the period December 2018 to February 2020. The partnership is chaired by the Director of Public Health for the City of York who will present the report at the meeting.

**5. Joint Health and Wellbeing Strategy 2017-2022: Draft Supplementary Document - March 2020** (Pages 35 - 44)

This report asks the Health and Wellbeing Board to provide feedback and comment on the draft supplementary document March 2020 (Annex A refers) which is intended to accompany the current joint health and wellbeing strategy 2017-2022.

**6. Children and Young People's Mental Health and Well-Being Local Transformation Plan Refresh 2019/2020** (Pages 45 - 94)

The Health and Wellbeing Board will consider the Local Transformation Plan (LTP).

**7. Verbal Update from the Director of Public Health: Coronavirus**

**8. Living and Working Well Theme - Establishment of a Prevention and Population Health Programme Board** (Pages 95 - 98)

The Health and Wellbeing Board will be asked to receive a presentation outlining proposals for a Prevention and Population Health Programme Board to be established as a sub-group of the Board.

**9. Urgent Business**

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

**FOR INFORMATION ONLY**

**10. Better Care Fund Update** (Pages 99 - 108)

This report is for information only and sets out the following:

- 2019-2020 Better Care Fund Plan for York – approved status
- Winter pressures grant assurance process
- 2020-2021 Planning Requirements and timeline
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## 11. Healthwatch York Report: Changes to (Pages 109 - 168) Repeat Prescription Ordering

This report is for information only. The report is from Healthwatch York and provides information to help understand people's experiences in relation to the changes to repeat prescription ordering.

### Democracy Officer:

Name – Michelle Bennett

Telephone – 01904 551573

E-mail – michelle.bennett@york.gov.uk

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

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

Contact details are set out above.

**This information can be provided in your own language.**

我們也用您們的語言提供這個信息 (Cantonese)

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

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

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

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

 (01904) 551550

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

**Remit**

**York Health and Wellbeing Board will:**

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

**York Health and Wellbeing Board will not:**

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

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City of York Council

Committee Minutes

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Meeting	Health and Wellbeing Board	
Date	4 December 2019	
Present	Councillors Runciman (Chair), Baker, Cuthbertson (present for agenda items 1-5 only, minute 56 - 60), Lomas (present for agenda items 1-5 only, minute 56 - 60) and Melly as a substitute for Cllr Lomas (present for items 5-8 only, minute 60 - 63).	
	Dr Nigel Wells (Vice Chair)	Chair, NHS Vale of York Clinical Commissioning Group (CCG)
	Fiona Phillips (as a substitute for)	Assistant Director, Consultant in Public Health, City of York Council
	Sharon Stoltz	Director of Public Health, City of York
	Pippa Corner (as a substitute for)	Assistant Director, Joint Commissioning, City of York Council/NHS Vale of York Clinical Commissioning Group
	Sharon Houlden	Corporate Director, Health, Housing & Adult Social Care, City of York Council
	Amanda Hatton	Corporate Director, Children, Education & Communities, City of York Council
	Lisa Winward	Chief Constable, North Yorkshire Police
	Alison Semmence	Chief Executive, York CVS
	Sian Balsom	Manager, Healthwatch York
	Gillian Laurence	Head of Clinical Strategy (North Yorkshire & the Humber) NHS England

David Kerr (as a substitute for)	Director of Operations, North Yorkshire & York - Tees, Esk & Wear Valleys NHS Foundation Trust
Naomi Lonergan	Director of Operations, North Yorkshire & York - Tees, Esk & Wear Valleys NHS Foundation Trust
Simon Morritt	Chief Executive, York Hospital NHS Foundation Trust
Dr Andrew Lee	Executive Director for Primary Care and Population Health, NHS Vale of York Clinical Commissioning Group
Beverley Proctor (as a substitute for) Mike Padgham	Chief Executive, Independent Care Group Chair, Independent Care Group

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## **56. Declarations of Interest**

Board Members were invited to declare any personal, prejudicial or disclosable pecuniary interests, other than their standing interests, that they had in relation to the business on the agenda. None were declared.

## **57. Minutes**

Resolved: That the minutes of the previous meeting of the Health and Wellbeing Board (HWBB) held on 11 September 2019 be approved and signed as a correct record.

## **58. Public Participation**

It was reported that there had been one registration to speak at the meeting under the Council's Public Participation Scheme.

Ms Sarah Marrison, Regional Support Officer (North) of Farm Garden, spoke on the Growing Care Farming Project explaining that care farms provide services for individuals with a defined need or diagnosis - most frequently for adults and children with learning disabilities, for people with mental ill-health, dementia, children and adults with autistic spectrum disorder, those with a drug or alcohol addiction history, children excluded from school and ex-service personnel with post-traumatic stress disorder. Care farming is the therapeutic use of farming practices where service users regularly attend the care farm as part of a structured health or social care, rehabilitation or specialist educational programme. Positive outcomes reported from service user feedback had been a feeling of belonging and being part of a team, reducing anxiety and increasing concentration. Ongoing training for new care farmers with voluntary safety assurance was also part of the network.

Board members were interested to hear about an initiative in York at Beetle Bank Open Farm which currently had 3 or 4 people accessing this service and a number of interested prospective care farmers. There were opportunities for signposting people to this service. Service users could continue for as long as they wish to.

It was agreed that the lead officer of the Health and Wellbeing Board (HWBB) would circulate Ms Sarah Marrison's contact information to board members so that she could provide them with further information.

## **59. Physical Activity and Sport Strategy for York**

Members of the Health and Wellbeing Board (HWBB) received a report which provided an update on the work to develop a physical activity and sport strategy for York. The report also contained a request of endorsement from the board.

George Cull and Damien Smith from the leadership team at North Yorkshire Sport were both in attendance to present the report. They also provided a presentation (which can be found at item 4 of this agenda).

They apologised for the two spelling mistakes in the report: (i) page 24 Annex 1 'in equalities' should read 'inequalities' and (ii) page 28 last bullet point 'casual' instead of 'causal'.

The Physical Activity and Sports Strategy for York had arisen due to the Health and Wellbeing Annual Report for 2018/19 which had outlined Public Health's ambition to develop a physical activity strategy. This resulted in a partnership arrangement with City of York Council (CYC) and North Yorkshire Sport (NYS), who were commissioned to lead the development of a Physical Activity and Sport Strategy for the city.

They outlined the aims of their strategy which included: a strong focus on physical activity as well as supporting core sporting markets; using physical activity and sport to support wider outcomes; connecting and linking with existing strategies within the city and nationally; support existing asset based approaches with communities and galvanising partners to work more effectively with each other, as well as identifying new work areas.

The following information was provided in response to questions from the HWBB members:

- The strategy aims to run from 2020 – 2030 but was intended to be ongoing for as long as funding was available.
- The current participation in physical activity figures provided in their presentation had indicated that those from lower socio economic and those with physical disability were doing less exercise. To address this, they spoke about supporting individuals to build confidence and undertaking awareness raising so that people were informed of low cost or free activities that they could access.
- In response to a board member's concern that some of the activities listed such as Man v Football league were focused on physical activity which may set people up for disappointment in that physical activity alone would not help someone achieve a healthy weight, they explained that participants were provided with nutritional support and behaviour-change tools and that participants had been successful in achieving weight loss.
- On campaigns such as "This Girl Can" it was noted that many women would not describe themselves as a girl. This was something that was not in their remit to change as their role was to amplify existing campaigns.

- In relation to the funding strategy, referral model and making the existing system work better, they explained that they were not yet at that stage of detail.
- They considered that funding was available to access provided that there was a clear picture of services and assets available and that they could demonstrate where there was a need for services.

Board members were pleased to note the link between exercise and mental health and the aim to connect and link with existing programmes and promote assets within the community and to reduce inequality.

Resolved

That the Health and Wellbeing Board:

- (i) Endorse the strategy and agree the stated ambition and thematic structure.
- (ii) Approve the initial headline actions and support the development of more detailed action plans around each theme.
- (iii) Requested a progress report on the strategy once it had been further developed.

#### **60. Refresh of the Joint Health and Wellbeing Strategy and Review of the Health and Wellbeing Board Sub-Structure**

Members of the Health and Wellbeing Board (HWBB) received a report which presented the outcomes from a recent priority setting workshop; including discussions about how these priorities might be delivered through the Health and Wellbeing Board's sub-structure.

Fiona Phillips, Assistant Director, Public Health was in attendance to present the report and to respond to questions.

The report set out a number of options for the board to consider under a number of discrete headings:

Priority areas for the remainder of the joint health and wellbeing strategy

The board were recommended to approve the priorities set out in paragraph 5 of the report with confirmation of the priority around starting and growing well to be confirmed by the Corporate Director – Children, Education and Communities once the feedback from the forthcoming peer review had been received.

On discussion of this it was confirmed that the peer review would no longer be taking place. Further discussion suggested that the YorOK Board, which reports to this committee, would be the most appropriate group to progress this priority. Board members agreed that the YorOK Board should be tasked to develop this priority as they were currently developing the Children and Young People's Plan. They were taking a multi-agency approach and the 'voice of children and young people' was captured throughout the Plan.

Many board members were keen that the focus of this priority should be around Adverse Childhood Experiences as originally put forward. Further discussion ensued and the board asked that rather than delegating the confirmation of the priority to the Corporate Director it should come back to the HWBB for final endorsement.

Health and Wellbeing Board sub-structure

The board were recommended to disband the HWBB Steering Group but keep the rest of the existing sub-structure as a delivery mechanism for the board's priorities. They were also asked to consider inviting the Human Rights Board to take the lead on delivering against the living and working well priority. The chair and other board members expressed some concern regarding whether this was the right group to lead on delivering against this priority and asked that further work be done to look at which group might be best placed to deliver this priority. References to the Corporate Scrutiny Review into poverty were also made and how this work might link to the living and working well priority.

### Communicating the changes that are made to the Joint Health and Wellbeing Strategy

Board members agreed that a short supplementary document that identifies the national, regional and local system changes and the re-focused priorities for the board should be produced.

### Board values

The board discussed the values set out in paragraph 15 of the report. Healthwatch York asked for an additional value to be added about partners sharing power and participating equally. The board agreed to this addition.

Other suggestions for consideration in relation to this agenda item included:

- To invite Professor Stephen Eames to a future meeting for a discussion on Integrated Care Systems and Integrated Care Partnerships
- Primary Care Home Steering Group to ensure that it is an integral part of the Primary Care Network.

Resolved:

That the Health and Wellbeing Board approved the following options:

- (i) Option A: that for the remainder of the timeframe covered by the current Joint Health and Wellbeing Strategy the board would focus on the four priorities set out in paragraph 5 of the officer report with confirmation for the priority around starting and growing well to be considered by the YorOK Board and brought back to the HWBB for endorsement.
- (ii) Option D: Disband the HWBB Steering Group but keep the rest of the existing groups as a delivery mechanism for the board's priorities and further explore which group would be best to take forward the living and working well priority.
- (iii) Option G: Produce a short supplementary document that identifies the national, regional and local system changes and the re-focused priorities of the board.
- (iv) Option I: To adopt the values set out at paragraph 15 of the officer's report, with an amendment to incorporate a board member's request that it be set out that partners are sharing power and participating equally.

Reasons for all options:

To ensure that the Health and Wellbeing Board are focused on fulfilling their statutory responsibilities to produce and deliver a joint health and wellbeing strategy and to ensure that the HWBB functions in an effective and meaningful way retaining robust governance arrangements.

## **61. Better Care Fund Update**

Cllr Cuthbertson left the meeting.

Members of the HWBB received an information report which provided an update on the 2019-2020 Better Care Fund (BCF) Plan for York and progress against national targets that the BCF is designed to positively influence.

Pippa Corner, Assistant Director, Joint Commissioning, City of York Council/NHS Vale of York Clinical Commissioning Group and Ruth Abbott, the Housing Standards Adaptations Manager (CYC) were in attendance to present the report and answer questions from the board.

Board members were interested to receive information on the recent highlights of the BCF performance and delivery group and were pleased to note that representatives of the Primary Care Networks in York had joined this network.

Board members also noted the case studies and positive feedback from service users who had benefitted from these grants which had helped people consider their requirements at an earlier stage rather than when in 'crisis', enabling service users to feel safe and secure within their homes.

Resolved: That the HWBB noted this report.

Reason: So that the HWBB are updated on the 2019-2020 Better Care Fund Plan for York and progress against national targets that the fund is designed to positively influence.



**62. Healthwatch York Report - Understanding People's Experiences of the Sight Support Service provided by the Eye Clinic Liaison Officers (ECLO) at York Teaching Hospital NHS Foundation Trust.**

Members of the HWBB received a report from Healthwatch York about understanding people's experiences of the sight support service. Siân Balsom, Healthwatch York Manager, was in attendance to present the report and to respond to questions. The personal stories at Annex A of the report had highlighted how vital these services were. It should be noted that there are challenges around how this service area maintains its funding nationally.

Resolved: That the HWBB:

- (i) Considered the report and the recommendations set out at pgs. 94 and 95 of the agenda, within their own organisations;
- (ii) That those organisations with a specific recommendation, set out at pgs.94 and 95 of the agenda, respond to Healthwatch York, within 20 working days from the date of the board meeting, acknowledging the receipt of the report, and detailing any actions they intend to take;
- (iii) Refer the report to the Joint Commissioning Group for consideration of any implications for joint commissioning.

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

**63. Right Care, Right Place Programme**

Members of the HWBB received a report detailing Tees, Esk and Wear Valleys NHS Foundation Trust's Right Care, Right Place Programme (RCRP). The programme is their response to the NHS Long Term Plan and aims to deliver a more integrated and seamless approach to care. Each locality would look to co-produce their own proposals to implement the principles with local stakeholders. Within the City of York, this work has focused mainly around the 'Connecting Our City' project through the Mental Health Partnership Board.

David Kerr, Right Care, Right Place Programme Manager, from North Yorkshire and York Tees, Esk & Wear Valleys NHS Foundation Trust, was in attendance to present the report and to respond to questions.

The following information was provided in response to questions from committee members:

- The Programme is at the early engagement stage of the process.
- Primarily focused on adults, however in York it has an all ages approach.
- The process is to map assets and then to connect them together to create resilience so that people receive the care that they need at the right time, empowering service users and avoiding dependency on mental health care services.
- The 'Connecting our City' programme is heavily influenced by Trieste Mental Health service model used in Trieste, Italy.

Board members comments on the report included the following:

- Board members were pleased to note that health services that influence mental health such as: stop smoking, physical activity and sexual health services had been referenced in this Programme.
- board members considered that there would be mutual benefits with working with the Multiple Complex Needs Network.
- Chief Constable at North Yorkshire Police considered that this service would be of great benefit to the street triage service in directing people to access the most appropriate services.

Resolved: That the Health and Wellbeing Board:

- (i) Support the principles and values of the Right Care, Right Place Programme;
- (ii) Support the Programme's ongoing development and implementation through the Mental Health Partnership.

Reason: To ensure all partners represented at the Health and Wellbeing Board have the opportunity to contribute to the Right Care, Right Place Programme.

Cllr Runciman, Chair

[The meeting started at 4.30 pm and finished at 6.18 pm].

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## Health and Wellbeing Board

4<sup>th</sup> March 2020

Report of the Chair of the Health and Wellbeing Board's Ageing Well Partnership

### Report of the Chair of the Health and Wellbeing Board's Ageing Well Partnership December 2018 to February 2020

#### Summary

1. The report of York's Ageing Well Partnership covering the period December 2018 to February 2020 is attached at **Annex A**. The partnership is chaired by the Director of Public Health for the City of York who will present the report at the meeting.

#### Background

2. The joint health and wellbeing strategy for 2017-22 identifies four principal themes to be addressed. One of these themes is ageing well with the key priority for that theme being to reduce loneliness and isolation for older people.
3. Health and Wellbeing Board have recently re-visited the priorities within their strategy and have identified the following focus for ageing well for the rest of the strategy's lifetime:

*'The board's ambition is that York will be the most age friendly city it can be. We will ensure that our Age Friendly programme of work is connected across all ages and parts of society'.*

#### Consultation and Engagement

4. Consultation with a wide audience took place when developing the joint health and wellbeing strategy.
5. There is an intention to re-launch the Health and Wellbeing Board's newsletter and updates from the chair of the Ageing Well Partnership will be contained within this. The newsletter will be

available on the Council's website and will be shared as widely as possible.

### Options

6. There are no specific options for the Health and Wellbeing Board to consider; however they can commission the Ageing Well Partnership to undertake ageing well focused work on its behalf.

### Implications

7. It is important that the priorities in relation to ageing well in the joint health and wellbeing strategy are delivered. The establishment of the Ageing Well Partnership has enabled this to be achieved.

### Recommendations

8. The Health and Wellbeing Board are asked to note the report of the chair of the Ageing Well Partnership.

Reason: To give the Health and Wellbeing Board oversight of the work of the Ageing Well Partnership and assurance in relation to strategy delivery.

### Contact Details

**Author:**

Tracy Wallis  
Health and Wellbeing  
Partnerships Co-ordinator  
Tel: 01904 551714

**Chief Officer Responsible for the report:**

Sharon Stoltz  
Director of Public Health for the City of  
York

**Report  
Approved**

**Date** 24.02.2020

**Specialist Implications Officer(s)**

None

**Wards Affected:**

**All**

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

**Background Papers:**

None

**Annexes**

**Annex A – Report of the Chair of the Health and Wellbeing Board's Ageing Well Partnership - December 2018 to February 2020**

**Report of the Chair of the Health and  
Wellbeing Board's Ageing Well  
Partnership**

**December 2018 to February 2020**

**Chair: Sharon Stoltz**

**Director of Public Health for the City of  
York**

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## Welcome from the chair

Welcome to my report to the Health and Wellbeing Board as chair of the board's Ageing Well Partnership.

The partnership first met in November 2018 and has since met a further 6 times.

This report sets out the progress the Ageing Well Partnership has made against the identified priorities for ageing well in the [Joint Health and Wellbeing Strategy 2017-2022](#).

At our first two meetings we identified the importance of having a collective vision for ageing well across the city and a robust framework to work within. We also learnt more about what was already happening within the city and how we could embed the recommendations from the [2017 Older People's Survey](#) into this. The partnership considered recommendations from the York Older People's survey, and agreed that these should be mapped against the Age Friendly City framework. The recommendations could then be taken forward through the Age Friendly York project.

There are lots of positive initiatives delivering against the ageing well theme already happening in the city so our focus has been on how best we can align these. The sections in this report on becoming an Age Friendly City demonstrate the approach we have taken to this.

The Ageing Well Partnership is just one body in a much wider system. Across this system different groups are leading on a variety of areas associated with the ageing well theme. The purpose of the Ageing Well Partnership is not to duplicate but to add value and influence to these areas of work as well as driving forward the aim to become an Age Friendly City.

## The Ageing Well Partnership

The partnership meets six times a year and has now met 7 times in total.

The current membership of the partnership includes representatives from the following organisations:

Carer Action Group

City of York Council

Healthwatch York

Independent Care Group

NHS Vale of York Clinical Commissioning Group

North Yorkshire Sports Partnership

Older Citizens Advocacy York

Tees, Esk and Wear Valleys NHS Foundation Trust

York CVS

York Teaching Hospital NHS Foundation Trust

## The Joint Health and Wellbeing Strategy 2017-2022

### Ageing well priority

The Health and Wellbeing Board's Joint Health and Wellbeing Strategy 2017-2022 clearly states that over the next 15 years the number of people over 65 in York will increase from 36,000 to 46,000 and those aged over 75 and over from 17,000 to 26,000.

The ambition in the strategy is to make York a fantastic place to grow old, with our increasingly ageing population able to stay fit, healthy and independent for longer. The top priority is:

- To reduce loneliness and isolation for older people.

But the board also aims to:

- Ensure that there is sufficient community-based support to tackle the problem of delayed discharges from hospital
- Celebrate the role that older people play in making York such a special place
- Enable people to recover faster and remain independent for longer
- Recognise and support the vital contribution of York's carers
- Increase the use of social prescribing, i.e. linking patients in primary care with sources of support within the community
- Enable people to die well in a place of their choosing and encourage people to prepare advanced directives

The Health and Wellbeing Board recently revisited their priorities and have confirmed the focus for the ageing well theme, for the remainder of the life of the Joint Health and Wellbeing Strategy:

*The board's ambition is that York will be the most age friendly city it can be. We will ensure that our Age Friendly programme of work is connected across all ages and parts of society.*

### **What is already happening in the city?**

In early 2019 the partnership spent some time understanding what was already happening within the city to deliver against the priorities in the ageing well element of the Joint Health and Wellbeing Strategy 2017-2022.

They received a presentation that provided a snapshot of some of the ongoing work to reduce loneliness and social isolation in the older population; which is the top priority for the Health and Wellbeing Board in the ageing well element of their strategy.

The presentation was set in the context of [People Helping People](#), York's Volunteering Strategy. It followed an active citizenship model covering people of all ages and gave examples of numerous initiatives that are happening across the city including Local Area Coordination; Good Gym; Community Health Champions; Cultural Commissioning; Health Champions; Community Catalysts; Homeshare York and York's social prescribing service, Ways to Wellbeing. Additionally it explained the key factors in building an asset based area.

The Partnership also considered how the results of the Older People's Survey that took place in 2017 could be embedded into the partnership's work.

## **Becoming an age friendly city**

In February 2019 the partnership began discussing whether they should offer their support for York to become an age friendly city. They agreed that the World Health Organisation (WHO) checklist of essential features of Age Friendly Cities was an excellent framework when thinking about the delivery of the ageing well priorities in the Health and Wellbeing Board's Joint Health and Wellbeing Strategy 2017-2022; as well as for the recommendations in the 2017 Older People's Survey.

Recognising that there was an extraordinary amount of work already ongoing in the city the partnership saw the benefits of a structured framework to assist in joining all the different elements together across a variety of organisations. It would also enable the partnership to more readily identify gaps and areas where little was happening.

The partnership agreed to progress the application and in March 2019 formally sought approval from the Health and Wellbeing Board to support them in their application to become a member of the UK Network of Age Friendly Communities. The subsequent report to the Health and Wellbeing Board was positively received and approved enabling York to apply to become a member of the UK network and to start to move towards becoming a member of the World Health Organisation global network.

The advice from the Centre for Ageing Better is that this process should not be rushed and at least two years should be spent mapping activity against the domains in the framework to establish a baseline picture and a commitment of five years on action planning. York Older People's Assembly (YOPA) were supportive of this timeframe which would enable effective engagement and a systematic process.

## **Progressing the Age Friendly York project**

[Age Friendly York](#) Operation Groups have been set up for the first two domains – Getting Out and About and Your Time to lead on this work

and they have developed a project plan that mirrors the domains in the WHO checklist. These have been agreed by the partnership and are as follows:

Domain 1: Getting out and about (your journey and your destination)

Domain 2: Your time (voluntary, leisure and employment)

Domain 3: Your access to information

Domain 4: Your home

Domain 5: Your services

Full implementation and delivery is expected by April 2024.

During 2019 the focus has been very much on Domain 1.

Getting out and about is an important consideration when getting older as having an active life will improve or maintain wellbeing as well as lifespan. WHO has 16 age friendly checks regarding transportation and these are clustered as follows:

Transport is:

- Reliable, well-maintained, frequent clean and well lit
- accessible has priority seating and not-overcrowded
- set up to facilitate boarding and waits for passengers to be seated
- set up to ensure drivers are courteous and helpful

Location is:

- situated with shelter available for pick up points
- clearly displayed
- set up to reach all parts of York with has good connections

Routes are:

- well maintained with good lighting
- well-regulated with good traffic flow

In addition there are 9 Age friendly checks regarding Outdoor Spaces and Buildings that effect people getting out and about by walking to their destination:

Pavements are:

- well maintained, free of obstructions and reserved for pedestrians
- non-slip, wide enough for wheelchairs and have dropped curbs to road level
- separate from cycle paths
- well lit

The journey provides:

- sufficient toilets that are clean, well-maintained and accessible
- sufficient seating which are well maintained and safe
- sufficient pedestrian crossings which are safe for people with different levels and types of disability, with non-slip markings, visual and audio clues and adequate crossing times.
- a positive walking experience with drivers giving way to pedestrians at intersections and pedestrian crossings
- a positive experience by cycle paths being separate from pavements and other pedestrian routes

Through responses made to the Older People's Survey in 2017 we are already aware that transport options can create a significant impact on the ability for older people to get out and about.

Age Friendly York has been working alongside citizens; MySight; Healthwatch York; York Museum Gardens and Goodgym York to launch an initiative called Happy to Chat at various benches across York from the Spring onwards. This is part of a range of solutions to create deliberate opportunities for conversations to reduce social isolation.

Age Friendly York has been working with citizens from the Older People's Assembly and Home Instead to develop an initiative, to launch in April, for people to have a seat in a shop or use their toilet based on feedback from our Your Journey survey.

As part of a co-produced approach to the Age Friendly York project resident and practitioner views were obtained in a number of ways including:

- Community drop-in at Tang Hall Community Centre
- Community drop-in at New Earswick Folk Hall
- Opportunity to complete the questionnaire at a range of community events including the YOPA open meeting
- Workshop at the Age Friendly York Launch
- Availability of paper and electronic questionnaires
- Collective feedback from York Cycle Campaign
- Results of one to one interviews with people in York of later life by a student, as part of her MA in Culture, Society and Globalisation with the Department of Sociology at York University.
- Feedback through the Age Friendly Citizen Group and Age Friendly email and twitter feed.

There were over 280 participating in providing qualitative feedback with 230 people participating in the quantitative feedback and 1,100 individual feedbacks captured so far. As part of the consultation process 100 residents have asked to be kept in touch with the process. This will provide the opportunity to utilise experts by experience throughout the process to obtaining World Health Organisation Age Friendly status.

In summary the top most frequent comments were as follows:

Area requested for improvement	Qty	Initial actions for consideration
Quality of Pavements	160	Increase awareness of reporting process
		Utilise walk about groups for reporting pavement maintenance
Shared Users	134	Create some form of respect campaign to increase awareness of impact on others
		Use intelligence to inform the pending update of the LTP
Congestion & Pollution/environmental	70	Look at how there can be a further reduction in private cars coming into town
		Private care social enterprises show that more care provided by foot or bike in their community, reducing traffic congestion
Toilets	65	Look at other Local Authority Take a Seat schemes
		Gather intelligence regarding where there is a lack of toilets or whether it is lack of knowledge in terms of location of toilets
Bus Information	65	Increase quantity of electronic timetables

		Improve reliability of electronic notice boards
Bus routes	62	Look at feasibility of improving orbital bus routes to Monks Cross/Clifton More
		Test effectiveness of additional bus route to the hospital
Improvement to bus stops	56	Increase quantity of bus shelters
		Increase/improve bus stop seating, testing with residents
Frequency of buses	54	Check what has been done to raise awareness of P&R evening buses
		Check effectiveness of scheme
		If effective, gather intelligence of where gaps in provision remain.
Reliability of buses	48	Look at whether increasing the destination times at peak times will improve reliability
Puffin Crossing	41	Look at how to increase awareness of the benefits of the Puffin Crossings
Seating	39	Map current seating to make available as public information
		Make information available by ward so that this can inform any ward funding decisions
Central Bus Station	27	Pass on feedback to the development team for consideration
Community Transport	24	Consider the option to introduce Blue Badge for cyclists with disabilities so that they can use the paved streets in the City Centre.
		Provide feedback to Community transport group and look at how their proposals can be supported
All	N/A	Create some form of "Did you know" scheme to raise awareness of all the Age Friendly facilities available in York to improve Your Journey

During September and October 2019 the focus was around the 'your destination' component of Domain 1 and views were sought in relation to public spaces in York. The quantity of feedback was not sufficient to reach any specific conclusion on specific public spaces however it does give a starting point for a way forward:

- Engagement can take place per public space. A good starting point would be through friends of groups for green spaces and community centres.
- Details of Age Friendly green spaces can continue including the best tool to do this



- Work should progress on updating the mapping of benches, focussing initially in the Guildhall Ward as a destination.
- Contact can take place with other Age Friendly groups that have Chatty Cafes to see whether it can be tested in York e.g./ Costa in the centre of town
- Walk arounds could be utilised to also include the Age Friendly agenda to build up a place based understanding of priorities
- The take a seat concept can continue to be developed further in partnership with Safe Places

An action plan has been drafted and presented to the Ageing Well Partnership; the plan is organic and will evolve until all domains are finished. It includes recommendations based on feedback received; the source of the recommendation (i.e. Older People's Survey or Your Journey consultation); how it aligns to the Local Transport Plan outcomes and a proposed solution; the baseline and the lead officer responsible.

Regular updates on the Age Friendly York project can be found on [City of York Council's website](#).

## **Other reports considered by the partnership**

The partnership have also given consideration to a number of other reports and matters that fall within their remit.

## **Research projects as the University of York**

In June 2019 Dr Sue Westwood from the University of York gave a presentation to the partnership outlining the collaborative potential between the Partnership and herself at the University of York. The discussion was mainly focused around inequalities in gender, ageing and sexuality. Dr Westwood highlighted the struggle of the LGBT community with adult social care in their later life; explaining that this was down to a multitude of issues, including fear of discrimination. Childless older people are the group the most in need of support. The partnership need to give further consideration as to how best they can be involved with Dr Westwood's research.

## Oral health in older people

In August 2019 the partnership received a report about oral health in older people. Older people are more likely to have several factors that mean they are at increased risk of dental disease. Compounding this increased risk, they are more likely to have general health complications that make treatment planning more difficult and may require modification of services.

A recent Care Quality Commission report had also highlighted concern around poor oral health in people who reside in care homes.

NHS England are responsible for commissioning all dental services including specialist, community and out of hour's services however local authorities have a role to play in commissioning oral health improvement services; securing the provision of oral health surveys and assessing and monitoring oral health needs.

An Oral Health Improvement Advisory Group has been established and has already completed a children's oral health strategy and action plan. They will now be starting work on a life-course approach to oral health with shared ownership of actions as we know that one agency alone cannot address the oral health issues within the city. They invited representation from stakeholders at the partnership to join the group as they begin work on the adults/older people's element.

## Physical activity and older people including the Physical Activity Strategy

In August 2019 we also received a report on physical activity and older people including an update on the development of a Physical Activity Strategy for York.

During early engagement and consultation in developing the strategy a number of areas were identified that relate to ageing well and the work of the partnership

- Physical activity and sport have a strong role in the city through the 'Age Friendly City' work
- There is a need to maximise the use of physical activity to prevent and treat medical conditions

- Physical activity is already playing a strong role in connecting communities and reducing loneliness but this needs to be more formally recognised and built on.
- Supporting more accessible and age friendly environments which encourage and enable more people to be physically active should be a priority.
- Physical activity can do more to contribute to supporting the transition into retirement.

### **Annual Report: cultural commissioning**

Since 2017, residents in York have been participating in a pilot programme to explore the health and wellbeing benefits of engaging in arts and cultural activities. The pilot has been delivered by York Museums Trust and has included the Converge film course at York St John, iMUSE, iPlay dreams, Cuppa and a Chorus and wellbeing arts taster sessions.

The programme was designed to reach individuals with a wide range of needs and health concerns including dementia, chronic anxiety, depression, bereavement and loneliness.

In October 2019 the partnership received an update on the success of this pilot and the impact it has had on the lives of some of our older residents.

### **The Joint Strategic Needs Assessment**

During 2019 The Joint Strategic Needs Assessment (JSNA) Working Group produced and presented a number of reports within the remit of the partnership.

### **People who fund their own care**

Most people in York will live the majority of their lives in good health. However, many will need support with day to day activities towards the end of life. This might include getting washed, dressed, using the toilet, and preparing meals or eating. Some of this care is paid for by local

authorities or through the NHS through the continuing care fund for people with complex long term conditions. The remainder is funded by individuals themselves or given by family and friends.

[This JSNA report](#) details what is known locally and nationally about people who self-fund their care in York. The report contains the following recommendations:

- Move to a community asset approach of prevention and living well in older age
- Develop a system wide vision for ageing well in York
- Make it easier for people to access good quality information and advice
- Explore opportunities to further understand people who self-fund care in York

These recommendations fit within the framework of the Age Friendly York project and will be incorporated into the project's action plan.

However, the partnership had particular concerns around making it easier for people to access good quality information and advice and were concerned about the number of different leaflets and sources of advice there were within the city and how up to date and informative these were. They were keen that these should be collated and that they should provide consistent advice.

### **Population approach to falls in older adults**

Falls prevention is complex, and responsibility for achieving this goal sits across many teams, professions, and organisations.

Falls in older adults are common and usually preventable. The risk of falls increases with age; 30% of people aged 65 and older will fall within a year, this rises to 50% of people aged 80 and older. Based on this and other national estimates it is thought that 5,400 older people will fall each year, and just over 1,000 will need medical attention. It is complex to look at local data because hospital data is recorded (with a focus on the injury i.e. wrist fracture, or the cause of the fall i.e. low blood pressure). However, wherever possible local datasets have been used to give a more exact picture.

The report also looks at the best practice guidance for community, and hospital falls prevention; including detailing the interventions which are not recommended by NICE. There is also a review of the strengthening and balance exercises which have the strongest evidence for falls prevention, and looks at the current physical activity offer for older people.

It makes four recommendations. Firstly to support in-hospital work to prevent falls in line with the royal college of physicians approach. Secondly, to support the opportunities of the CCG to deliver falls prevention research in care homes. Thirdly, to respond to the social value engine report delivered by CYC which evaluated the housing adaptations falls prevention service. Fourthly to review opportunities to make strength and balance activities more accessible to older people in the places they live.

Work has begun to establish a small falls prevention task and finish group. Membership spans social care, sport and active leisure, housing, primary care commissioning, and community pharmacy North Yorkshire. The purpose of this is to coordinate a response to the recommendations and look at further opportunities to deliver a city wide approach to falls prevention in older adults.

The partnership acknowledged the complexity of falls prevention and the fact that it involved many different teams and organisations. The partnership agreed that having falls prevention rooted within different agendas, strategies and action plans would provide some assurance that progress on reducing falls was being made. This would include embedding the recommendations from this JSNA report into the Age Friendly York project and its associated action plan.

The partnership will be receiving further reports from the task and finish group during 2020.

### **Ageing well inequalities report**

[This report](#) covers there key themes; transport, social inclusion and climate.

The first piece on inequalities in transport and access was designed to support the baseline work set out in the 'your journey' module of the Age Friendly York project – with a specific focus on geographic inequalities.

There are recommendations which draw on the work of the older people's survey, and relate to public transport, community transport, and planning.

The second piece on loneliness and social inclusion fits most closely with the 'your time' domain of Age Friendly York project. The report recognises that loneliness can affect anyone, but that some groups of older people will experience additional barriers to social participation. It draws on methods used by the campaign to end loneliness to identify potential hotspots around the city. The report also touches on insight from the Communities Team about what is important to our older residents, and some of the projects that are currently being delivered to address social inclusion.

The last themes is around climate; as the climate changes the UK can expect hotter summers and heatwave events. This will particularly affect people living in cities, and groups including older people, especially those with long term health conditions. Setting aside the work to address climate change itself, there are recommendations around housing adaptations, tree planting, and planning that are designed to protect older and frail people from the effects of heatwaves.

Usually we are more familiar in talking about cold weather and the health of older people. Living in a cold home increases the chances of ill health, particularly in groups such as older people. It is thought that one in three of the extra deaths that happen in the winter months are due to cold homes. The report highlights areas of the city where there are likely to be people experiencing fuel poverty. The report recognises that there is a complex interaction between housing quality, and household income that will need a system approach to address.

The recommendations in the report would be incorporated into the Age Friendly York work and would also be shared with the scrutiny team to help inform the corporate scrutiny review around poverty.

## Next steps

In the coming months the Ageing Well Partnership will focus on the new priority set by the Health and Wellbeing Board and will continue its work towards receiving age friendly accreditation.

Becoming an Age Friendly City is a long term project but we have set some timescales for this work with an ultimate aim of applying for World Health Organisation (WHO) status in October 2021 and fully implementing and delivering against our action plan between May 2021 and April 2024.

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## Health and Wellbeing Board

4<sup>th</sup> March 2020

Report of the Director of Public Health for the City of York

### Joint Health and Wellbeing Strategy 2017-2022: Draft Supplementary Document - March 2020

#### Summary

1. This report asks the Health and Wellbeing Board to provide feedback and comment on the draft supplementary document March 2020 (**Annex A** refers) which is intended to accompany the current joint health and wellbeing strategy 2017-2022.

#### Background

2. The joint health and wellbeing strategy for 2017-22 identifies four principal themes to be addressed. Since the strategy was originally launched there have been significant changes to the health and social care landscape.
3. Additionally progress has been made in terms of delivering some of the priorities within the strategy. At this midway point in its lifetime it seemed timely to review those priorities. The draft document at **Annex A** sets out the re-focused priorities for the remainder of the strategy's lifetime.

#### Consultation and Engagement

4. Consultation with a wide audience took place when developing the joint health and wellbeing strategy.
5. The chair of the Health and Wellbeing Board met with all Health and Wellbeing Board members last year and a workshop was also held to identify the re-focused priorities.

### Options

6. There are no specific options for the Health and Wellbeing Board to consider; however they are asked to comment and suggest amendment to the draft supplementary document.

### Implications

7. It is important that the priorities in relation to the joint health and wellbeing strategy are delivered. The establishment of a robust sub-structure will enable this to happen in an effective and timely way.

### Recommendations

8. The Health and Wellbeing Board are asked to comment and provide feedback on the supplementary document.

Reason: To ensure that the Health and Wellbeing Board are responsive to system changes and progress made towards delivering the joint health and wellbeing strategy's aims and ambitions.

### Contact Details

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Sharon Stoltz  
Director of Public Health for the City of  
York

**Report  
Approved**

**Date** 24.02.2020

**Specialist Implications Officer(s)**

None

**Wards Affected:**

**All**

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

**Background Papers:**

[Joint Health and Wellbeing Strategy 2017-2022](#)

**Annexes**

**Annex A – Draft Supplementary Document**

## **Health and Wellbeing Board**

### **Joint Health and Wellbeing Strategy 2017-2022**

**DRAFT** Supplementary Document:  
March 2020

**Vision:** *for every single resident of York to enjoy the best possible health and wellbeing throughout the course of their life:*

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DRAFT

## Foreword from the Chair and Vice-Chair of the Health and Wellbeing Board

Welcome to this supplementary document designed to accompany the board's current Joint Health and Wellbeing Strategy 2017-2022.

This strategy is now midway through its lifetime and our vision for every single resident of York to enjoy the best possible health and wellbeing throughout the course of their life remains the same.

However, it seems timely to review the board's priorities considering national, regional and local changes that have happened since we produced the strategy.

We have also been working together for nearly three years to deliver against the priorities in the strategy and the progress we have made can be seen in the board's most recent [annual report](#).

The board cannot become complacent and is constantly evolving to do its best to respond to a rapidly changing health and social care system. With new policies, initiatives and ideas occurring on a frequent basis we need to ensure that we are knowledgeable and able to respond to change when it happens in order that we may do our best for the residents of York.

We hope this document assists with helping you to understand some of the most recent changes we have faced as a system and the areas we want to focus on over the next 18 to 24 months.

### **Carol Runciman**

Chair of the York Health and Wellbeing Board

### **Dr Nigel Wells**

Vice-Chair of the York Health and Wellbeing Board

## National, Regional and Local Changes

Nationally the NHS has released its long term plan and the board need to be sighted on and understand their role in delivering this both at their formal meetings; at workshops and via the sub-groups that are tasked with delivering the Joint Health and Wellbeing Strategy priorities.

One element of this is around Primary Care Networks (PCNs) which are a key part of the [NHS long term plan](#). Additionally we need to ensure that York gets the most out of work happening at a regional level through [Integrated Care Partnerships](#); Integrated Care Systems and their associated delivery mechanisms.

**The NHS Long Term Plan** is a document published in January 2019 setting out a ten year plan for the NHS. Some of the ways it wants to improve care for patients over the next ten years are by making sure everyone gets the best start in life; delivering world-class care for major health problems and supporting people to age well. It will deliver these ambitions by doing things differently; including encouraging more collaboration between GPs, their teams and community services by creating Primary Care Networks to increase the services they can provide jointly and that meet the needs of their communities. Other ambitions in the plan are to prevent illness and reduce health inequalities; to look at workforce issues and to make better use of data and digital technology.

**Integrated Care Partnerships** are a group of local NHS organisations working together with each other, local council and other partners. They will develop and implement strategies and action plans at a regional and local level to deliver the aims of the NHS Long Term Plan. York is part of the Humber, Coast and Vale Health and Care Partnership. They have six programmes of work:

1. Cancer;
2. Hospital Services;
3. Mental Health;
4. Maternity;
5. Urgent and Emergency Care; and
6. Planned Care

## Re-focused Priorities for the Health and Wellbeing Board

The current [Joint Health and Wellbeing Strategy](#) covers the period 2017-2022 and has a number of priorities under the following headings:

Mental Health

Starting and Growing Well

Living and Working Well

Ageing Well

At a recent workshop the Health and Wellbeing Board considered what their key priority should be under each of these headings for the remainder of the Joint Health and Wellbeing Strategy's lifetime. The four new areas of focus fit well with the current overarching priorities of the Joint Health and Wellbeing Strategy but are more specific and give greater focus to areas where more work is needed and where the Health and Wellbeing Board can add value.

The agreed re-focused priorities are set out below:

### **Mental Health**

The board will promote awareness and understanding of the protective factors that support good mental wellbeing and ensure that compassionate, strength-based approaches in communities are developed.

### **Starting and Growing Well**

The YorOK Board (as a sub-group of the Health and Wellbeing Board) are developing a new Children and Young People's Plan. The Health and Wellbeing Board will wait until the draft of the new plan is received and the priorities it identifies before setting a key priority in this theme.

### **Living and Working Well**

The board will have oversight of how the wider determinants of health such as housing, income; poverty, isolation and homelessness impact a person's health and wellbeing and the actions that are being put in place to mitigate against these.

### **Ageing Well**

The board's ambition is that York will be the most age friendly city that it can be to connect our Age Friendly programme of work across all ages and parts of society.

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## How the Priorities will be Delivered

The Health and Wellbeing Board has a number of sub-groups in place to help them deliver against their priorities. These groups will take responsibility for delivering the re-focused priorities and reporting back to the Health and Wellbeing Board at least once a year.

**The Mental Health Partnership** is well established now and is in a good place to take on the re-focused health priority. They have identified four key priorities:

- A Community Approach to Mental Health and Wellbeing
- Self-harm
- Multiple Complex Needs
- Mental Health Housing and Support

These priorities complement the refocused priority for the Health and Wellbeing Board as set out on page 5 of this document.

**The Starting and Growing Well** theme will be agreed once the YorOK Board have developed the new Children and Young People's Plan. The YorOK Board will be the delivery mechanism for the Health and Wellbeing Board's priority in this area.

**The Living and Working Well** theme does not currently have an overarching delivery board. The delivery mechanism for this theme and the re-focused priority is still in discussion and is something that the Health and Wellbeing Board will need to make a decision on in coming months.

**The Ageing Well Partnership** has been in place for just over 12 months now and is already working towards York becoming an Age Friendly City which is the re-focused priority for the Health and Wellbeing Board.

## The Board's Values

- The board should be focussed on reducing inequality
- The board should increase its diversity
- The board should focus on system interest and building one system
- The board should strive to work towards shared funding; shared outcomes and shared goals
- The board should
- The board should exercise kindness and goodwill towards all partners around the Health and Wellbeing Board table
- That board members are treated equally and have equal influence at all times

## Conclusion/Next Steps

There are some areas where work needs to happen at place to ensure that the board are able to deliver on the re-focused priorities and to enable them to ensure progress has been made before the strategy finishes.

In particular a delivery mechanism for the living and working well theme needs to be agreed in order that this element of the strategy can move forward and so that the Health and Wellbeing Board can be assured that progress has been made.

Once the board's sub-structure has been agreed a clear diagram will be produced and a meeting between the chair and vice-chair of the Health and Wellbeing Board and the chairs of the groups in the sub-structure will be convened to ensure that everyone is working towards the agreed priorities and the overall vision of the board.



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## Health and Wellbeing Board

4th March 2020

Report of Susan De Val; Commissioning Manager; NHS Vale of York Clinical Commissioning Group (CCG)

### **Children and Young People's Mental Health and Well-Being Local Transformation Plan Refresh 2019/2020**

#### **Summary**

1. The report presents the Local Transformation Plan (LTP) refresh to the Board (Annex A refers).

#### **Background**

2. *Future in Mind* (2015) established the direction of travel for children and young people's emotional and mental health. The Five Year Forward View for Mental Health (2015) (FYFV) required the preparation of a Local Transformation Plan (LTP) across the CCG local area to demonstrate how the **local area** is driving forward integrated support across the themes of:
  - a. Promotion, prevention and early intervention
  - b. Ease of access to the right support
  - c. Support for vulnerable groups
  - d. Demonstrating transparency in delivery, joint working and investment
3. Although derived in part from NHS initiatives, and drafted and submitted on the CCG footprint, and so includes parts of North Yorkshire and East Riding, this plan is **not** an NHS plan: it reflects the ambition and the collaborative approach of the whole area, and across all agencies. This report focuses on the work across the system which directly affects the City.

## Main/Key Issues to be Considered

4. The 5YFV set out the ambition for NHS services:

Five Year Forward View Ambitions	
Future in Mind	<ul style="list-style-type: none"> <li>• 70,000 more children and young people accessing mental health support by 2021</li> <li>• LTP refreshed annually across the local area</li> </ul>
Access and waiting time standards	<ul style="list-style-type: none"> <li>• By 2021 35% of children and young people can access mental health support</li> </ul>
Eating disorders	<ul style="list-style-type: none"> <li>• Specialist eating disorder services</li> <li>• Access standards by 2021: 95% commence treatment within 1 or 4 weeks depending on urgency</li> </ul>
Public Health England	<ul style="list-style-type: none"> <li>• Develop Prevention Concordat</li> </ul>
Crisis support	<ul style="list-style-type: none"> <li>• Crisis resolution and home treatment services by 2021 working 24/7</li> </ul>
Peri-natal	<ul style="list-style-type: none"> <li>• 30,000 more women access specialist mental health care</li> </ul>
Workforce development	<ul style="list-style-type: none"> <li>• Workforce projections for 2021</li> <li>• Training in core mental health needs for all professionals</li> </ul>

The first LTP plan was published in October 2015 and is refreshed annually. The refreshed plan for 2019/2020 is attached.

### The current position, how we are doing

In terms of the 5YFV priorities, good progress has been made:

- Exceed target for children and young people accessing NHS funded mental health support (42% against a national target of 35% in 2019/2020). TEWV and the school well-being service contribute towards the target. We will eventually capture York Mind and Compass Reach interventions as well.
- CYP-IAPT: the partnership has been less effective in recent times as a result of staffing changes, and needs refreshing in 2019/2020
- Implemented across NYY an eating disorders service from 2016/17: on target to meet national standards for access and waiting times by 2021.

- Peri-natal team from Q1 2018/19 managed by TEWV working with pregnant women and mothers with mental health disorders or at high risk.

Key achievements and developments in 2018/19 and Q2 2019/2020 include:

- Additional health investment, totaling £490k recurring from the CCG, £60K recurring from TEWV and £120K non recurrent in 2018/19 from the CCG. Additionally, TEWV now has additional investment via New Models of Care for eating disorders.
- The additional investment is starting to deliver improvements in waiting times for autism assessments, and the time from referral to initial comprehensive assessment in generic CAMHS. These improvements are inevitably slow and will take time to mature, but the direction of travel is positive.
- Successful bid to extend the York Mind Arts Award, working with young people over 12 on the edge of care or exclusion. This is 3 year match funding and will be reviewed in early 2022.
- Development across the digital platform: TEWV has implemented Recovery College Online, and also commissioned Kooth for young people aged 12-18: TEWV uses Kooth as the default options for those not meeting TEWV thresholds and also for those on the emotional pathway whilst waiting. It is also intended that primary care will recommend Kooth as the alternative to CAMHS referrals. Kooth will be available to pupils in the Pocklington area, the first time that children and young people have been able to access any service other than specialist CAMHS.
- Facilitation of a £1M capital bid to NHSE for funding to extend the short breaks offer in York for children with very challenging behaviours (Centre of Excellence), in order to keep them out of residential school placements.

5. The NHS Long Term Plan (NHS Plan) published in 2029 carries forward the ambitions of the 5YFV and includes:

<p>Making sure everyone gets the best start in life</p>	<ul style="list-style-type: none"> <li>• Expanding support for peri-natal mental health conditions</li> <li>• Increasing funding for children and young people’s mental health</li> <li>• Bringing down autism waiting times</li> </ul>
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These ambitions are reflected in the refreshed LTP.

6. The following significant projects commenced in the last year and will roll forward:
  - MHSTs
  - Arts Award project
  - Centre of Excellence
  - Kooth roll out
  - Trajectory for reducing CAMHS and autism waiting lists
  
7. Other projects already started and to be carried forward:
  - Physical health checks for children and young people with eating disorders: work with TEWV and the LMC resulted in a draft protocol. TEWV has allocated funding under new Models of Care for eating disorders in 2019/20, which will include recruitment of health care assistants to run physical health check clinics. This will enable completion of the protocol
  - Crisis team roll out to 24/7: team started in Q2 2017/18, it currently operates 10-10, and extension to 24/7 working has been delayed by the closure of the inpatient ward at West Lane, but is scheduled for April 2020.
  - Work on autism pathways across education and health services: too many children and young people are referred for assessment, although conversion rates are improving. More has to be done to reduce the perceived need for assessment by schools and parents.
  - City of York graduated offer pilot for the School Well-Being Service: this will move the service closer to the MHST model, and if successful will improve efficiency and reduce service costs
  - Working with primary care: improved comms around the pathways of support for children and young people and some specific projects including referral arrangements for children who are not in school.
  - Ensuring access to the MHDS for data extraction, and ensuring that all NHS funded services are uploading to MHDS. This is a priority for the school well-being service, which does not currently submit routinely to the MHDS.
  - Re-vitalise the CYP-IAPT partnership in Vale of York, and link into a multi-agency workforce strategy
  
8. Routine work will continue:
  - Performance monitoring, and targets for 2020/2021

- Pathway review for autism assessments
  - Pathway review for emotional and mental health at all levels of need
  - Monitoring of TCP group through multi-agency Dynamic Support Register
  - Facilitation and relational working with partners through eg Mental Health partnership, SPEMH, SEND Improvement Boards, SEMH Board etc.
9. The longer term local strategic approach includes the future of whole pathway commissioning, for which TEWV has allocated Transformation funding, and which brings in local authority commissioning relationships. We expect that future investment will flow through the whole pathway, and are working with all stakeholders, including children and young people and their families on the priorities for work to integrate services

### **Consultation**

10. The LTP is a joint area plan and reflects engagement and joint working across the area, including local authority colleagues, crime fire and police commissioner, children and young people, providers and third sector.

### **Options**

11. Not applicable.

### **Analysis**

12. Not applicable

### **Strategic/Operational Plans**

13. The LTP reflects and is reflected in a range of local strategy:
- a. NHS Vale of York CCG Strategic Plan references children and young people's mental health as a key priority, and mental health is itself an underpinning theme across all CCG priority areas.
  - b. A key theme in the Health and Well-being Strategy is 'getting better at spotting the early signs of mental ill health and

intervening early'. The LTP references this through the ELSAs, School well-being service, counselling service and the broad scope of the early help offer

- c. Mental health Partnership Plan reflects the Health and Well-Being Strategy and in 2019/2020 has undertaken work to better understand the factors around self-harm in the 14-24 year age group.

### **Implications**

14. None are applicable

- **Financial**
- **Human Resources (HR)**
- **Equalities**
- **Legal**
- **Crime and Disorder**
- **Information Technology (IT)**
- **Property**
- **Other** (*State here any other known implications not listed above*)

### **Risk Management**

15. Not applicable.

### **Recommendations**

The Health and Wellbeing Board are asked to comment on and note the report.

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**Report Approved**  *tick* **Date** 23/02/20

Chief Officer's name  
Title

**Report Approved**  *tick* **Date** 23/02/20

**Wards Affected:**

**All**  *All*

**Annexes**

**Annex A: Local Transformation Plan Refresh 2029/2020**

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**TRANSFORMATION PLAN FOR  
CHILDREN AND YOUNG PEOPLE'S  
EMOTIONAL AND MENTAL HEALTH 2015-2020  
Refreshed Plan October 2019**



**Local Transformation Plan 2019 refresh**

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## Introduction and Summary

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

The LTP provides a framework to improve the emotional wellbeing and mental health of all Children and Young People. The aim of the plan is to make it easier for children, young people and parents to access help and support when needed and to improve mental health services for children and young people:

- An improvement in the emotional well-being and mental health of all children and young people;
- Multi-agency approaches to working in partnership, promoting the mental health of all children and young people, providing early intervention and also meeting the needs of children and young people with established or complex problems;
- All children, young people and their families, with an identified need, will have access to mental health care based on the best evidence available and provided by staff with appropriate training, skills and competencies.

When we published the Local Transformation Plan (LTP) in 2015, we committed to develop:

- Early help to prevent problems escalating and causing more damaging problems
- The Thrive model of support. Organisations that work closely together, with shared vision, plans and delivery structures will offer the most successful support at any point in the journey of the child or young person
- Transparency and accountability: change must be demonstrable and resources spent effectively: the public has legitimate and high expectations that monies are spent where they will do most good

Since 2015, the LTP has focused on clear co ordinated change across the system to ensure better support for children and young people, focusing particularly on developing prevention, and early intervention approaches. Transformation takes time: in order to generate significant impact within this agenda we require change from organisations, and a new way of thinking about children and their families.

This plan reflects on the actions already undertaken in Vale of York and the local authorities we work with to embed the principles of *Future In Mind* and how we propose to take these forward over the next 12 months.

Mental health has been identified as a priority area to address within the Humber Coast and Vale STP based on the potential to improve outcomes of care. We maximise opportunities to collaborate across commissioners and providers to share approaches and resources across the area. The development of whole pathway working across North Yorkshire and York, and engaging health and local authority partners will increase the

pace of transformational change in the next five years.

This plan will be monitored to ensure that we deliver against the principles of *Future in Mind*:

- Promote resilience, prevention and early intervention.
- Improve access to effective support and review the tiers system.
- Ensure emotional health and wellbeing support is available and easily accessible for our most vulnerable children and young people.
- Improve accountability and transparency and ensure all partners are working towards the same outcomes in an integrated way.
- Develop the wider workforce and equip them with the skills to support children and young people with emotional health and wellbeing issues

There remain challenges for the future:

- Health and local authority budgets remain challenged, with strongly competing calls for funding. The CCG has prioritised mental health funding, in particular children's mental health funding for further investment, and has confirmed that it will continue to invest in school based projects and eating disorders, in addition to increasing investment in core mental health services for children, as evidenced by an additional £470K in 2019/2020.
- Continued very high levels of referral for CAMHS and autism, which will require further effort across the whole system of support to address and manage.
- The growing tendency to medicalise emotional and mental well-being, and to seek specialist support: how communities are better equipped to be resilient will be central to our work in the next few years.
- Integration of services across agencies to ensure seamless provision especially some very complex groups.
- Need to develop further the capacity of schools and community settings to encourage children and young people's resilience, and provide an environment of support: the school well-being service and the pilot MHST offer models future approaches

A key strategic issue for the local area is how to ensure that at for every level of individual need there is an appropriate response. We know from feedback, and also from the data from the Single Point of Access that there are needs for less intensive forms of support and the CCG is committed with partners, to focus on meeting these needs. This entails fresh thinking about how we work across agencies; success comes from collaboration and offers a challenge to all those working with children and young people to achieve better, and so an additional theme of joint commissioning and partnership working has been added to the plan.

The action plans for 2019/2020 are at Appendix 1 and the overall programme risks are at Appendix 2

Following the publication of the Five Year Forward View Mental Health (5YFVMH) goals, which align with the Future in Mind, MHSE has set standards to assure CCGs of progress towards achieving those goals: details are in the table below.

5YFVMH Goals		Progress
1	A community eating disorder service is provided achieving the access and waiting time standards set out nationally in the eating disorder guidance	North Yorkshire and York Community Eating Disorder Service has been set up, and complies with national guidance, ensuring that children and young people received a NICE complaint service close to home whenever possible.
2	Joint agency workforce plans aligned with the roll out of CYP-IAPT	York is a member of the YH collaborative for CYP IAPT. Providers actively develop services against the CYP IAPT framework, and
3	Ensuring there is crisis mental health support, especially outside normal working hours	The Crisis service operates 7 days weekly, provided by TEWV, and will be offered 24/7 from 2020. This means that children presenting at A&E, or contacting the service directly are seen within 4 hours by a mental health professional. Intensive support has helped to reduce demand for CAMHS beds.
4	Developing and refreshing a CYPMH Local Transformation Plan on an annual basis, ensuring that milestones are achieved, funding allocation is robust, and impact is monitored	Vale of York has worked across the system with partners, and children and young people to agree a develop the LTP, and monitor it through local joint agency forums.
5	Collaborative commissioning plans between the CCG and NHS England with regards Tier 3 and Tier 4 CAMHS.	The CCG is working with NHS England and TEWV on the New Models of Care agenda to develop collaborative commissioning plans around crisis care and inpatient pathways. Reinvestment by TEWV into an intensive home treatment service aligned to the Crisis Team has helped to reduce Tier 4 bed days, allowed CYP to be supported in their own homes thereby creating better outcomes.

### The Local Transformation Plan achievements in 2018/2019

In the last year, there have been a number of key achievements:

1. Additional investment in generic CAMHS and autism by the CCG and TEWV to tackle waiting lists
2. Successful application for trailblazer pilot for schools mental health support teams
3. New models of care funding for crisis teams and eating disorders
4. Joint work across the CCG, local authority and health on future provision of the schools offer in North Yorkshire
5. Successful bid for Art Therapy service in York, provided by Mind
6. Successful bid for NHSE capital funding for the Centre of Excellence in York

The next five year planning period will be dominated by the NHS Long Term Plan (NHS Plan) ambitions and the continued development of integrated commissioning systems across pathways of response and care. The CCG expects to align mental health provision with North Yorkshire and develop whole pathway approaches with local authority and third sector partners.

## Refreshing the Context: Policy Changes

*“The strategies and development have been outstanding. The focus and individualised plan of care has been simply wonderful, we simply cannot thank you enough”*

*“Weekly sessions with children who have significant SEMH needs have made an obvious impact on their ability to cope in school and reducing their likely hook or being excluded. Children have strategies which they use to cope with their emotions”*

The national and local policy context is set out in the LTP 2015. Since then a number of national policy initiatives have been published, and influence the direction and content of the LTP:

1. Five Year Forward View for Mental Health: The principles and goals are embedded within the LTP, including the ambition that

‘By 2020/21, there will be a significant expansion in access to high-quality mental health care for children and young people. At least 70,000 additional children and young people each year will receive evidence-based treatment – representing an increase in access to NHS-funded community services to meet the needs of at least 35% of those with diagnosable mental health conditions. To support this objective, all local areas should have expanded, refreshed and republished their Local Transformation Plans for children and young people’s mental health.’

2. Strategic Direction for health services in the justice system 2016-2020 is the Health & Justice strategic document which sets out the ambition of NHS England to improve health and care outcomes for those in secure and detained settings, support safer communities and social cohesion
3. The Operational Planning Guidance for 2020/2021 includes a number of areas for mental health service provision and some specifically for the improvement of services for Children and Young People to provide more high-quality mental health services for children and young people, so that at least 35% of children with a diagnosable condition are able to access evidence-based services by April 2020, including all areas being part of Children and Young People Improving Access to Psychological Therapies (CYP IAPT) by 2018, and access and waiting times for eating disorders to be 95% complaint with national standards by 2022.
4. ‘Better Births; A Five Year Forward View for maternity care’ was published by NHS England in 2016 and set out a clear vision for maternity services across England. Improving access to peri natal mental health services. The Better Births report explains that ‘mental health problems are relatively common at a time of significant change in life. Depression and anxiety affect 15-20% of women in the first year after childbirth, but about half of all cases of perinatal depression and anxiety go undetected. NHSE has commissioned through STPS peri natal support teams to support expectant and new mums.
5. Green Paper on Childrens Mental Health 2018: The paper set out plans to transform services in schools, universities and for families with extra mental health staff training. Vale of York CCG, in partnership with Scarborough and Ryedale CCG and



North Yorkshire County Council successfully bid for a pilot project in Wave 2 of pilots in 2019, for 2 mental health support teams, including Selby and North Ryedale.

6. Department for Education published a document entitled '*Supporting mental health in schools and colleges – Pen portraits of provision*' in May 2018. The document outlined areas of good practice with guidance as to how these might be implemented across schools and colleges. The good practice recommendations within this report closely mirror those stipulated within the aforementioned Green Paper, and include:
  - Incorporating mental health into the curriculum
  - Having a designated mental health lead
  - Engaging parents and care givers in supporting children's mental health
  - Early identification of mental health need
  - Having a plan or policy for mental health
7. NHS England published the '*Strategic direction for sexual assault and abuse services – lifelong care for victims and survivors: 2018-2023*' in April 2018. This strategy represents a shared focus for improvements to sexual assault and abuse crimes and outlines six core priorities. The local CSAC service is provided through York Hospital and works across the region 7 days a week.

Academic research in 2017/2018 concluded that evidence points to a rise over time in the prevalence of mental health difficulties, specifically common mental health disorders, among children and young people, particularly among girls. One provider in the Midlands noted a 'considerable rise in the number of urgent and complex self-harm cases, and increasing numbers of looked after children, a large proportion of whom will have an emotional and/or mental health disorder.'

8. NHS Long Term Plan to 2023/2024 (the NHS Plan) sets the direction of travel for NHS funded services. The NHS Plan makes a renewed commitment that mental health services will grow faster than the overall NHS budget with a ringfenced investment worth at least £2.3 billion a year for mental health services by 2023/24. Children and young people's mental health services will grow faster than both overall NHS funding and total mental health spending. By 2020/21, all Five Year Forward View for Mental Health (FYFVMH) ambitions will be met, forming the basis of further growth and transformation.

All mental health elements of plans should be developed and will be reviewed using the following common principles:

- Engagement and co-production with local communities, people with lived experience of mental ill health and mental health services, their families and carers, evidenced throughout the plan and included in continued governance structures. The NHS Involvement Hub and the nationally commissioned Healthwatch contract can assist with this.
- Genuine partnership with local public, VCSE and private sector organisations, demonstrated through sign-off of the plan and continued through governance, including through refreshed joint agency CYP Local Transformation Plans and alignment with Joint Strategic Needs Assessments.
- Mental health plans are fully embedded in the STP/ICS with a nominated lead mental health provider and Senior Responsible Officer.

- Outcome-focused, data-driven strategic commissioning which demonstrates an understanding of local health inequalities and their impact on service delivery and transformation.
- Clear alignment with wider relevant NHS Long Term Plan workstreams such as Ageing Well, maternity, primary care transformation, children and young people, personalised care and learning disabilities.

Programme	Fixed requirements	Flexible	Targeted at specific groups
	Set national access or coverage with year-on-year trajectories	All systems to have in place by 2023/24 with flexibility in delivery approach and/or phasing to be agreed in 5-year plans	Targeted service expansion or establishment in select areas
<b>Service delivery</b>			
Children and Young People's (CYP) Mental Health	345,000 additional CYP aged 0-25 accessing NHS funded services by 2023/24 <ul style="list-style-type: none"> <li>• Achievement of 95% CYP Eating Disorder standard in 2020/21 and maintaining its delivery thereafter</li> <li>• 100% coverage of 24/7 crisis provision for CYP which combines crisis assessment, brief response and intensive home treatment functions by 2023/24</li> <li>• Joint agency Local Transformation Plans (LTPs) aligned to STP plans are in place</li> <li>• CYP mental health plans align with those for children and young people with learning disability, autism, SEND, children and young people's services, and health and justice from 2022/23</li> </ul>	Comprehensive 0-25 support offer that reaches across mental health services for CYP and adults in all STPs/ICSs by 2023/24	Mental Health Support Teams (MHSTs) to cover between a quarter and a fifth of the country by 2023/24
Mental Health Crisis Care and Liaison	100% coverage of 24/7 crisis provision for CYP which combines crisis assessment, brief response and intensive home treatment functions by 2023/24 [see also CYP Mental Health] <ul style="list-style-type: none"> <li>• 100% coverage of 24/7 adult Crisis Resolution and Home Treatment Teams operating in line with best practice by 2020/21 and maintaining coverage to 2023/24</li> <li>• All acute hospitals will have mental health liaison services that can meet the specific needs of people of all ages by 2020/21</li> </ul>	100% coverage of 24/7 age-appropriate crisis care via NHS 111 <ul style="list-style-type: none"> <li>• Complementary crisis care alternatives in place in each STP/ICS by 2023/24</li> <li>• 100% roll-out of mental health professionals working in ambulance control rooms, Integrated Urgent Care services, and providing on-the-scene response in line with clinical quality indicators</li> </ul>	
<b>Enablers</b>			
Funding	100% of CCGs will achieve the Mental Health Investment Standard from 2019/20		
Provider Collaboratives		All appropriate specialised mental health services, and learning disability and autism services, to be managed through NHS-led provider collaboratives which will become the vehicle for rolling-out specialist community care	
Digitisation		100% of mental health providers meet required levels of digitisation <ul style="list-style-type: none"> <li>• Local systems offer a range of self-management apps, digital consultations and digitally-enabled models of therapy</li> <li>• Systems are utilising digital clinical decision-making tools</li> </ul>	

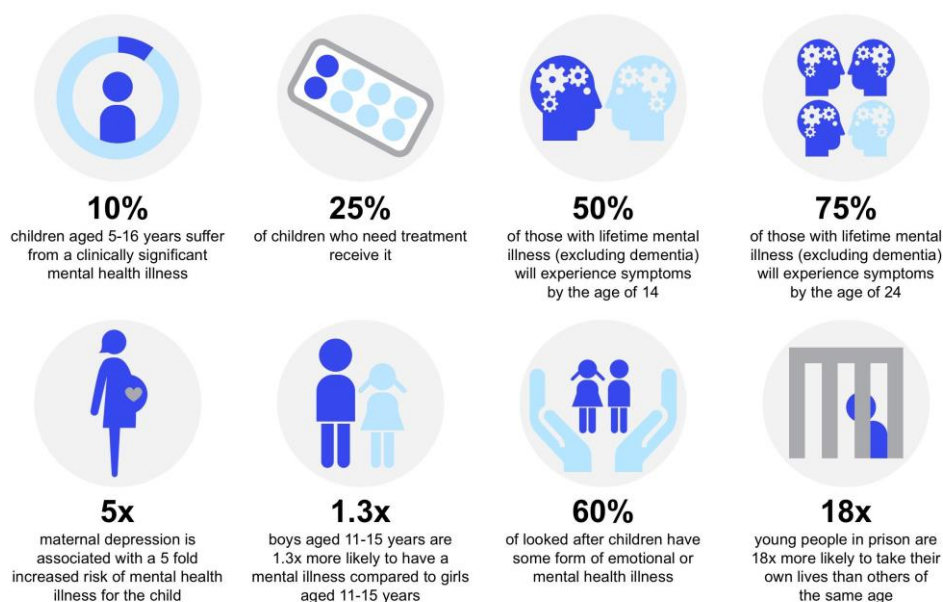
## National and Local Profile of Need

*"I want someone to help me get sorted and to not feel like I'm being judged."*

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

Based on the collected data, the number of referrals to specialist CAMHS has increased by 26.3 per cent over the last five years: 39.4 per cent among providers in the North of England. By contrast, the proportion of children and young people aged 0 - 18 have increased by 3 per cent over that period, meaning the rate of referrals has increased significantly

Public health England has summarised the national position around children's mental health



These figures demonstrate that tackling problems when they first emerge is both morally right and cost effective. Studies show that rates of anxiety in teenage years have increased by 70% since 1995.

Information in key policy documents suggests:

- 1 in 8 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder.
- Between 1 in every 12 and 1 in every 15 children and young people deliberately self-harm;
- Studies show that rates of anxiety in teenage years have increased by 70% since 1995.
- More than half of all adults with mental health problems were diagnosed in childhood - less than half were treated appropriately at the time;
- A number of young people aged 15-16 with depression nearly doubled between 1980s and 2000s;
- Proportion of young people aged 15-16 with a conduct disorder more than

- doubled between 1974 and 1999;
- 72% of children in care have behavioural or emotional problems;
- About 60% looked after children in England have emotional and mental health problems and a high proportion experience poor health, educational and social outcomes after leaving care;
- 95% of imprisoned young offenders have a mental health disorder

Adverse childhood experiences (ACEs) have a known causative relationship to poorer health (including mental health) and social and life outcomes. Research shows that ACEs can damage early brain development and may encourage behaviours that reduce short term stress, but increase it long term. The CCG has undertaken training for primary care colleagues on the effect of ACEs on patients at all ages, and is also working with local authority colleagues who are developing trauma informed approaches in their response to working with children with complex needs.

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

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

2017	Population aged 0-4 years (2017)	Population aged 5-9 years (2017)	Population aged 10-14 years (2017)	Population aged 15-19 years (2017)
Male	8531	9363	8767	10514
Female	7946	8940	8717	11656
<b>Total</b>	<b>16477</b>	<b>18303</b>	<b>17484</b>	<b>22170</b>

The population of Vale of York as set out in the child health profile of need and census data indicates:

- 95% of the CCG population describe themselves as white: of the non white communities, Chinese, at 1.2% is the largest (2011 data).
- The health and well being of children and young people is generally better than the England average
- The level of child poverty is much better than the England average, but, there are areas of significant deprivation, including some wards in York, and in North Selby, which are among the 20% most deprived in England
- School readiness in York is high compared to the England average, but where children are not ready for school they are bottom percentile for England.
- High levels of academic attainment at age 16
- Percentage of 16-17 year olds not in education employment or training is low compared to the national average.

Key points from the three JSNAs that cover Vale of York are:

- The JSNAs identify the wards with the highest levels of deprivation, and we have been able to align some aspects of mental ill-health with those wards, eg self harm and SEMH needs. Local authority and school services target these areas.
- In addition to the 8.3% of children with diagnosable disorders there are a further 15% - 20% that are likely to be experiencing emotional or mental health difficulties at any time.
- Since 2012 there has been an increase in numbers of children of school age with a diagnosis of autism, and now is around 1% of the population. The numbers of girls having a positive diagnosis has increased 117% over the period, and continues to rise, although boys still account for the majority of referrals and diagnoses.
- The student well-being survey found that 24% students had a diagnosed mental health condition, and a further 29% thought they had an undiagnosed mental health condition.
- Children who self-harm, or experience mental health difficulties are more likely to live in areas of higher socio-economic deprivation, or in a single parent household or with a higher degree of worklessness.

The Public Health profile for Vale of York, published in 2018 provides the following information about children and young people.

	Local	Region	England
Teenage mothers 2017/18	0.7%	1.0%	0.7%
Admission episodes for alcohol specific conditions – under 18 2017/18	34.1/10,000 population	33.4/10,000 population	32.8/10,000 population
Hospital admissions for substance misuse 15-24 2017/18	76.7/10,000 population	-	85.2/10,000 population
Admissions for mental health conditions – under 18 2017/18	86.8/10,000 population	58.4/10,000 population	82.4/10,000 population
Admissions for self-harm age 10-24 2017/18	483.7/10,000 population	-	407/10,000 population

The figures across all indicators are monitored and have improved since 2014/2015, and with the exception of admissions for self harm are now in line with national averages.

The Child and Maternal Mental Health reports for Childrens' Mental Health (ChiMat), published in 2014 have been compared with the CCG's calculation following publication of the national prevalence survey in 2018:

	Estimated number of children aged 5-10 yrs with mental health disorder	Estimated number of children aged 11-16 yrs with mental health disorder	Total
ChiMat 2014	595	850	1,445
CCG based on 2018 prevalence survey	1443	2173	3607

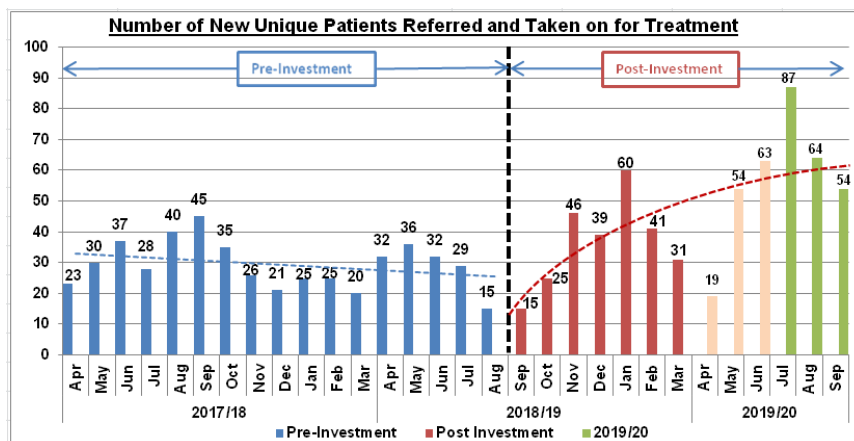
If the figures for 2018 are broken down by type of disorder, emotional, conduct based and hyperkinetic disorders, we see the following:

	Estimated number of children aged 5-10 yrs	Estimated number of children aged 11-16 yrs	Total
Emotional disorders	1443	2173	3616
Conduct disorders	927	1109	2036
Hyperkinetic disorders	312	272	584

The estimated prevalence of mental health disorders in Vale of York is around 9.8%, which is in line with the national average, although the area has seen an upsurge in emotional disorders since 2016.

City of York has an overall affluent population with average school attainment beyond the national average. However, these figures disguise both pockets of high levels of deprivation and also the lack of real alternatives to academic work for young people that is of equal value. We know that 72 children are currently (October 2019) out of school with SEMHG problems, and that the pupil referral unit has a roll of 40 above its capacity. It is considered that the broader cultural issues around high numbers of children and young people with anxiety have to be addressed. These include the perhaps natural approach to look for a label to describe concerns, a tendency to medicalise difficulties that are natural and manageable, and how to develop communities that are confident in their resilience.

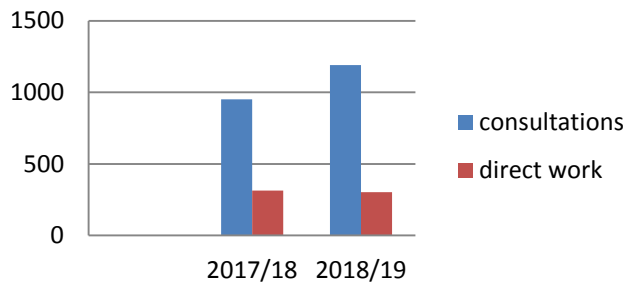
Specialist services have seen significant increases in numbers of referrals since 2017/18.



TEVV data on referrals to Q2 2019/20

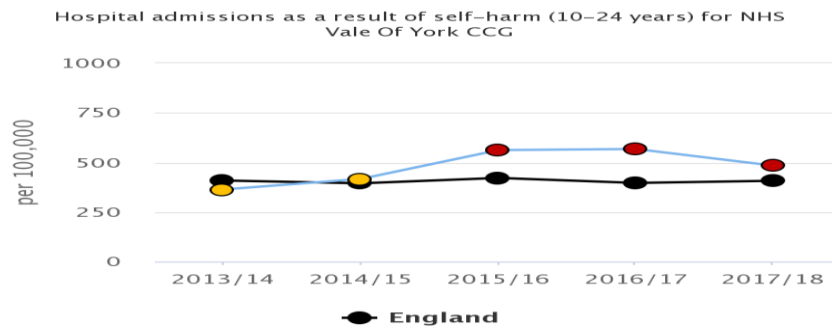
In addition, the school well being service in City of York, which is commissioned to provide direct 121 and consultation work has seen an increase in activity

**School well-being service**



The increase in consultations compared with a static level of direct work indicates the success of the service in its aim of improving the capacity and capability of schools to respond to emerging mental health difficulties

There are also historically high levels of self harm admissions for Vale of York among the 10-24 age group, with the 14-18 age group presenting the highest numbers. The two universities and the high number of independent schools in the CCG area are thought to be contributing factors. A recent local study concluded that these levels are linked to socio economic factors, so further work is being undertaken to consider the causative factors and review the range of responses to self harm.



The number of admissions of children and young people to inpatient units is reducing, following the development of the crisis response team under NMC. However, those being admitted often have complex needs, requiring treatment in more than one unit.

**Case study**

CAMHS notified SWW of a child who had been referred to them via Relate, as the child was hallucinating and suffering panic attacks. Consultation with the school identified that child was presenting with extreme anxiety in class. Parent consultation and six sessions with SWW took place using emotional literacy techniques and ‘how to tame your Meerkat’ intervention – child engaged well, panic attacks ceased and was able to become an emotional ambassador for their class. SDQ demonstrated a significant reduction: SDQ scores -Teacher from 12 to 0, child from 18 to 9, parent 14 to 8. Without the early intervention, panic attacks could have affected ability to be at school, and eventually need a referral to CAMHS.

## Consultation with Children and Young People

The feedback from children and young people across the national, regional and local level has highlighted consistent and recurrent themes: they want to

- Be involved in their own care through the shaping of services to meet their needs – they want a voice.
- Have easy access to advice and support – they want to be able to help themselves.
- Be able to access flexible services which don't have eligibility criteria – they want to be able to access support when they feel they have a need.
- Have more support in schools, with teachers trained to meet basic wellbeing needs – they want the stigma of mental health to be reduced.
- Have Mindfulness rolled out in all schools – they want universal support to be available.
- Be assured that there are good communication links between specialist providers and schools – they want to be able to have multi-agency support when they need it.
- Only tell their story once – they want effective information sharing

School surveys have shown:

- The percentage of pupils stating they are emotionally resilient drops between Year 6 and Year 10: whole school approaches via the School Well-Being and Thrive programme help schools and colleges foster a resilient culture and approach. Counselling and mentoring support via Mind has enabled young people to re-acquire resilience and be self-supporting
- In Year 6, concerns are moving to secondary school and exams. We have seen a sharp drop in SDQ scores with these approaches.
- In Year 10 the main concerns are exams. School Well-Being Service approaches and Buzz Us have supported Year 10 and above pupils, whilst Mental Health Champions offer a peer led service. The annual report of the School Well-being Survey has shown the effectiveness of interventions with the year group as the level of anxieties recorded has dropped.

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

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

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

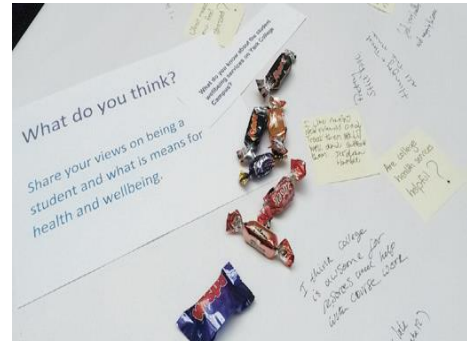
84% of young people felt Mental Health and Vulnerable Young people was important or very important

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



York Parent Carer Forum provide regular feedback reports from parents setting out their experience of CAMHS and autism diagnostic services and the support within the local system. The review of the autism pathway in 2019 has been undertaken with the Forum and has resulted in:

- Clear diagrams to show the assessment process
- Leaflet for parents and children about the assessment
- Leaflets for parents around the whole pathway of autism support
- Manual for professionals to ensure consistency of approach and advice.



TEWV runs a monthly service user group which has:

- Interviewed panels for staff appointments
- Designed the forms for outcome measures, and how outcome measures are used and useful
- Is developing ‘user by experience’ to offer insight for staff, and may develop into a peer mentoring role for young people starting out on a course of treatment.
- Updated the staff photo board so they ‘see’ the clinician before the appointment
- Discussed recognising the vulnerability of young people when having to see different members of staff
- Advised about breaking down barriers to talking about mental health.

Though about how to offer parents more support in understanding young people’s issues, and suggested a group to help this.

TEWV reports on the results of the Friends and Families Test, which consistently shows satisfaction levels of around 90% for the service: the use of electronic touchscreens at Lime Tress clinic has ensured a high response rate, with around 30 responses every month, offering a high level of confidence in service.

The North Yorkshire, PFCC, and City of York Youth Councils have come together to work on emotional and mental well-being, and held a joint workshop with commissioners and providers to discuss mental health provisions. The key messages from this very insightful event were:

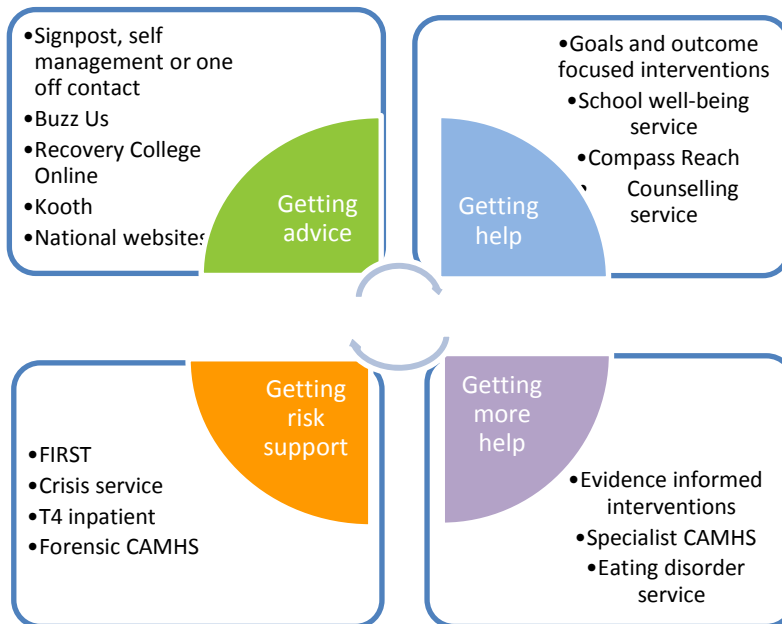
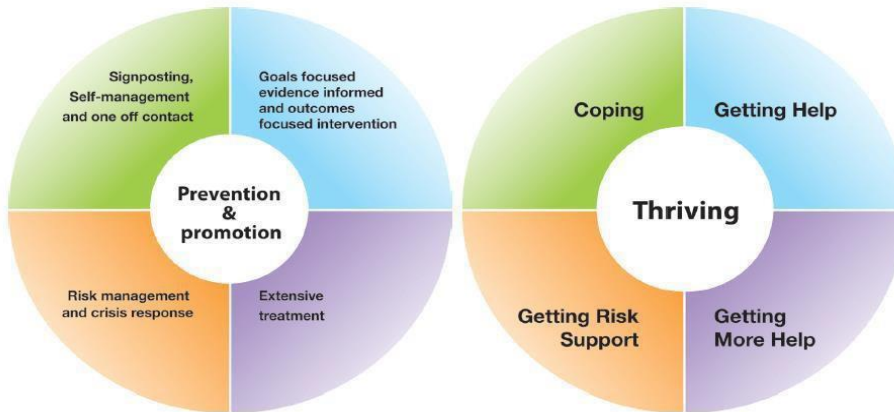
	Statements from event	Responses
1	Remove the inconsistency of provision in different parts of the area: eg School well-being service in York, but not in North Yorkshire	Bringing commissioning together is always challenging. The Mental Health Support Teams in schools will help establish the best approach for a consistent service across the North Yorkshire and York areas
2	Mental Health Support Champions across the whole area	The scheme is available in City of York funded by PHE, but now absorbed into the SWS. We will discuss how to extend the offer into North Yorkshire
3	Online access to trusted websites	Kooth is now available across north Yorkshire and York. Recovery College online offers access to trusted and evidenced informed support.

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

*‘I think this has really changed how I think about myself’*

In responding to need, the local area adopted the Thrive model, which now underlies the approach to commissioning for both the CCG and local authority partners, and also for providers, including TEWV and the school well being services. It reflects what we want to achieve collectively across the CCG as it brings services together collectively to focus on the needs of children and young people.

THRIVE model



Year 7 pupil presenting with anxiety, previously seen by CAMHS, and now not attending school. After discussion with Educational Psychology Service and CAMHS, SWS offered direct work of 6 sessions around anxiety management for the young person in partnership with schools to offer a consistent approach with a mutually agreeable timetable. The SWS gave frequent support and feedback to parents to encourage consistency and systemic working.

**The outcome:** The YP started attending school more regularly; parents were positive about the intervention and no longer felt they needed CAMHS involvement. SDQ scores demonstrated significant difference and service evaluation and feedback was very positive.

### Progress Against Plans

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

*'Thank you for giving me back my little girl'*

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

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

In the LTP we set out clear actions to enable us to achieve our aim of fulfilling the ambition in *Future in Mind*.

### Easier access to early support: promotion prevention and early intervention

#### Working with schools and colleges

Achievements and Commitments	
Achievements to date	Commitments for 2019/20
Established the school well-being service in City of York: work with all City schools providing consultation and 121 interventions.	Pilot for school well-being service to develop model close to MHST in two school clusters in 2019/20
Training through school well-being service for 423 staff in schools with over 70% reporting an increase in knowledge and confidence	Co commissioning of new or replacement Compass Buzz service, with development of MHST approach in future.
Implementation of peer mental health champions in all City of York secondary schools	School Well-Being service is piloting a model to shadow the structure for mental health support teams
Training for additional ELSA staff in City of York schools	School Well- Being Service will train CPWP workers. Two places applied for in 2019/20.
In partnership with North Yorkshire CCGs, commissioned Compass Buzz to provide staff training in all schools in the North Yorkshire Area, including Selby, Tadcaster, Easingwold and Pickering	Review of provision as Compass Buzz contract finishes in 2020: anticipate implementation of MHST models.
Improved offer for students at York College: has worked to reduce referrals into its counselling serve through training 150 tutors as Emotional Literacy Support Advisors (ELSAs), together with ASSIST training for staff and now have access to Well Being Worker support.	
North Yorkshire Voice Group produced a flowchart for school pupils as a quick guide to mental health support.	Continue engagement with young people and development of peer led approaches for advice and support.
Successful Wave 2 bid for Mental Health Support Team (jointly with North Yorkshire CCG) for Selby and Pickering areas to start in January 2020. Focus will be on secondary schools and 15-19 age group.	Implementation of project: training commences in January 202 across schools and colleges in Selby and Ryedale

Working with Universities

Achievements and Commitments	
Achievements to date	Commitments for 2019/20
Unity GP practice serving University of York has dedicated MH workers and counselling offer, linking in to adult mental health services and IAPT	
York St John developed Converge, a scheme designed to support students, and largely staffed by trained students	
York University has developed on its mental health offer in student services, with reduced demand for crisis and suicide support	

Working with Primary Care


The inceptions of primary care networks in 2019/2020 means that we will work at local level on establishing needs and how primary care will develop the local offer for mental health support across all age ranges.

Achievements and Commitments	
Achievements to date	Commitments for 2019/20
Mental health for children and young people is featured at all protected learning time events for primary care: sessions on access to CAMHS and school based services, eating disorders, adverse childhood experiences: workshops attended by over 300 primary care workers with over 80% feedback stating that their understanding has improved.	Improved infographics and pathways for GPs on CCG webpages
Work in City of York with primary Care, TEWV and Specialist support Team around children out of school with mental health difficulties: GPs now have a pathway for signing off pending SPA assessment. Early feedback is that GPs are more confident in responding to children and young people	Working with PCNs on local reporting arrangements: will include tailored referral information and feedback details.
Work with LMC and TEWV on access protocols for eating disorders: agreement around responsibility and pathways for physical health checks for young people with eating disorders.	Work with City of York and TEWV on service mapping as part of Right Place Right Care programme: to identify gaps in provision and consider how best to organise community support.

Early Help

Providing early help is more effective in promoting the welfare of children than reacting later. It relies on organisations working together effectively within an environment in which vulnerable individuals are identified and engage at the earliest point, so that they and their families' needs do not escalate to requiring a statutory and costly intervention.

The early help offer comprises a graduated response from universal to specialist support, including: midwifery, health visiting and the local area teams within early help services offering FEHAs, parenting support and links in to social care support. Early help services in both City of York



*I do feel a little better after talking to the two people that I spoke to, talking today has helped me a lot. Thank you to you for giving me the confidence to actually bring up issues I am dealing with. Thank you for helping me out.*

and North Yorkshire County Council are under review, with planned changes in both areas in 2019/20 and 2020/2021.

<b>Achievements and Commitments</b>	
<b>Achievements to date</b>	<b>Commitments for 2019/20</b>
Mental health lead in midwifery service at York Hospital	Early Help strategy for City of York with Early Help Partnership to develop action plan and embed multi agency approach.
Support for parents with babies in the care of SCUBU at York Hospital to help to develop attachment at a stressful time when parents often feel separated from their baby.	New area hubs in North Yorkshire bringing together all local authority based early help services, including health visitors, SLT and educational psychology.
Health visitors complete over 90% of pre-natal, initial and two year checks to target.	SLCN project in West area of York City to trial intensive approach with 2-5 age group
City of York has introduced a MASH as a single point of referral for nay concern regarding a child, and is a multi agency response.	Monitor and evaluate effectiveness
Supported TEWV to apply NHSE funding for and roll out the peri-natal service across York and North Yorkshire.	Further monitor the effectiveness of the service, and ensure it is embedded in pathways.
Embedded the single point of access into CAMHS service in York and Selby	Continue to monitor the SPA and how effective it is as part of a whole pathway of support
TEWV has received NMC funding for whole pathway development across North Yorkshire and York	Develop the partnership for whole pathway commissioning with TEWV and local authority partners.

### The digital platform

Children and young people have repeatedly told us that they want access to high quality and safe digital information and support. This year, significant progress has been made on development of the digital offer for emotional and mental health. The NHS Plan emphasises the development of digital support, and the local area is now well-positioned to develop the digital offer further.

<b>Achievements and Commitments</b>	
<b>Achievements to date</b>	<b>Commitments for 2019/20</b>
Pathways set out on the CCG website referral support service pages	Improve and develop informatics and pathway information for primary care and other professionals Review of Local Offer information for mental health
York Healthwatch Guide for Mental health published on the Healthwatch website (now in 3 <sup>rd</sup> edition): comprehensive guide to statutory and voluntary sector support in the York area	Continue to promote
Roll out of Kooth, commissioned by TEWV from NMC monies	TEWV offers Kooth as part of whole pathway commissioning to provide advice and support at the sub CAMHS level of need. The support will be available to all.
Co produced Compass BUZZ website across North Yorkshire and York to complement Compass Buzz and Buzz Us offer: signposts to high quality websites such as Beat and Young Minds as well as providing information and advice	Monitor the implementation of the Go To website in north Yorkshire to assess value of extension to Vale of York.
BUZZ Us: text based advice and signposting aligned to Compass BUZZ in North Yorkshire: had text conversations with 362 young people in 2018/19 and 201 in 2019/20 to Q2	Consider future of service as part of re commissioning of schools based support in NYCC
Recovery College Online launched by TEWV: open to all children and young people and offering information, advice and signposting to high quality advice and information, as well as into CAMHS.	Continue to monitor

**Easier access to support: a system without tiers, especially access for vulnerable groups**

TEWV is commissioned across a range of specialist services, for eating disorders, health and justice and new models of care in addition to generic specialist CAMHS services.

TEWV is the provider lead for New Care Models, under which secondary mental health providers assume responsibility for tertiary commissioning budgets and ensure transformation in the best interests of service users and their families across CAMHS Tier 4, Adult Secure and Adult Eating Disorders services. The actions undertaken by TEWV to date for Vale of York area are:

- Enhance community resource, enabling young people to be supported close to home in times of crisis
- Reduce the number of young people who need to be admitted, and for it to be as close to home as possible
- Reduce lengths of stay
- Increase community resources with equity across the Trust area for access to CAMHS Crisis and home treatment

Vale of York has seen a significant reduction in inpatient use since 2017/2018 following inception of the crisis team: from 40 admissions in 2017/18 to just 2 in the first quarter of 2019/20. The associated savings made will enable reinvestment into the crisis service, with additional support to the generic CAMHS team, and we expect to further reduce the reliance on in-patient admissions. The Crisis Service enables intensive work to be done with the young person in the community to avoid a hospital inpatient stay, support leave from hospital and promote planned discharge at the earliest point. NCM is confirmed as being mainstream.

Eating Disorders

The eating disorder service for North Yorkshire and York managed by TEWV offers NICE approved treatment in accordance with the National Standard. The York service has high levels of demand, well beyond those anticipated when the service was established. As part of future planning for 18-25 services we are now looking at referral rates across the 0-25 age group. We know that a significant number of referrals for those over 18 are from the two universities in York, and will be talking with the universities about support for this group.

Good, friendly, supportive service helped my daughter strengthen her skills in recovery from server anorexia

Numbers referred	2016/17	2017/18	2018/19	2019/20 to Q2	
				<18	18-25
Anticipated number	10	35	35	35	N/K
Urgent	56	79	25	7	8
Routine			65	22	22
% commencing treatment: 1 week	N/A	50%	71%\$	100%*	
% commencing treatment: 4 week	N/A	13%	66%\$	100%*	
Caseload at 31 March	N/K	N/K	<18: 54 18-25: 26	52	37
Admitted to T4 <18				0	

\$...including those patients who opted to defer assessment or treatment

\*...discounting those patients who opted to defer assessment or treatment.

The service is on trajectory to meet national access standards by March 2021.

Achievements and Commitments	
Achievements to date	Commitments for 2019/20
Service providing NICE approved therapies	Continue to monitor performance and set trajectories for 2020/21 Consider NHS Plan approach to ARFD against current service offer for this disorder Discuss approaches with Universities for over 18 group.
New Models of Care monies across North Yorkshire and York to bring in additional psychiatric support	Embed new approaches with new models of care funding
Agreement over development of consistent pathway for physical health checks using new models of care monies	Implement approach and monitor  Develop effective approach for the over 18 age group.
TEWV now has paediatric support to offer a more holistic service	Develop advice and information for schools on identification of early signs of distress that might result in eating disorders
Training and information for local schools, particularly the independent sector	Offer further training and advice.

### Early Intervention in psychosis

The CCG has invested into the psychosis service in 2019/20, which has enabled the CAMHS service to assume greater responsibility for the care of young people referred following a first episode of psychosis and respond to an increase in referrals. The number waiting over 2 weeks has reduced, and the service will continue to improve performance.

Detail	Targets	2016/ 17	2017/ 18	2018/ 19	2019/20 Q2
Number referrals under 18				36	13
Number waiting over 2 weeks				50	25
EIP within standard (monitored through adult services).	55%	53%	45%	45%	65%
Number on caseload (at 31 March in 2018/19)				14	15

### Crisis support

TEWV established the local crisis service in 2018/19, using investment from New Models of Care. In York there are 6 staff, working 7 days a week, between 10am-10pm. The service expects to extend to 24/7 operation from the end of 2019/2020.

Detail	Targets	2018/ 19	2019/20 Q2
Referrals to service (all sources)		<18: 739 18-25: 403	<18: 346 18-25: 171
Face to face contacts in 4 hours	100%	100%	89%
% seen at York Hospital		<18: 0.14%	<18: 2.8% 18-25: 2.5%

### Health and Justice

Both City of York and North Yorkshire County Council have comparatively low levels of entry into the youth justice serve: the services both adopt the 'child first' approach and have moved away from labelling young people as offenders: the service has evolved from being a

predominantly statutory service to concentrating on early intervention and prevention alongside statutory requirements.

The YJS works closely with CAMHS in York and benefit from a CAMHS inreach practitioner with a responsibility for addressing concerns around the mental health and wellbeing of young people working with the YJS: they offer health assessments and interventions in the areas of emotional and mental health including autism, Serious Violence and Harmful Sexual Behaviour. They have a lead role on the NHS forensic panel, to ensure that high risk cases are discussed and appropriate pathways identified.

Very impressed by their ability to engage with a young person who has previously been VERY reluctant to engage

There is access to both a Speech and Language Therapist and Clinical Psychologist, helping ensure staff are able to concentrate on the individual communication and learning style of the young person: elements such as Trauma Informed Practice, case formulation and a greater understanding of learning styles.

Achievements and Commitments	
Achievements to date	Commitments for 2019/20
City of York YJS and NY Police have developed Youth Outcomes Panel: this reviews any young person coming into contact with the police or court system to seek to find diversion support. The Panel has been very successful in reducing need for formal disposal orders	Continue to monitor
NHSE funding for clinical psychology and SLT to March 2020 across North Yorkshire and York has offered training for staff, and 121 support for young people.	Embed psychology and SLT service into YJS
CAMHS mental health worker embedded in YJS offering training, consultation and 121 work and screening with young people, including preliminary autism assessments	Continue to monitor
Alignment with the FCAMHS service in North Yorkshire and York provided by TEWV: includes regular panel meeting around young people who are at high risk, eg sexually harmful behaviour, to ensure a multi-disciplinary approach	Continue to monitor

Children who are looked after or vulnerable

North Yorkshire County Council funds through TEWV a bespoke CAMHS service for children who are care experienced or at risk. The service works on issues around adverse childhood experiences, developing approaches to overcoming anxiety, feelings of rejection and developing self-regulation and emotional maturity.

Generic CAMHS service

The work undertaken through New Care Models, *Future in Mind* and specialist commissioning approaches has enabled TEWV to perform well against national access standards, and we are now working closely with TEWV on the development of local waiting time standards for generic CAMHS, including referrals for autism assessments. The roll out



of Kooth is seen as key to delivery of shorter waiting times, and broadening the offer for those with lower levels of need.

Autism referrals remain extremely high, having doubled since 2016. The additional investment in 2018/2019 has reduced waiting times, and commissioners, local authority partners and TEWV are now keen to address the broader issues underlying the increase, and will be reviewing the approach to referrals and support in schools and community prior to referrals being made.

Detail	Targets	2016/ 17	2017/ 18	2018/ 19	2019/ 20 Q2
Referrals to Specialist CYPMH services		1930	1904	2129	1007
% assessments in under 9 weeks (2 <sup>nd</sup> appointment)	90%	68%	70%	52%	N/A
% referrals commencing treatment in 6 weeks (2019/20)					62%
No on caseload at 31 March		1309		1040	1157
Friends and Family Test/feedback					
• Crisis Team			97%	95%	95%
• CAMHS			50%	95%	95%
			-		
EH92: % CYP with a diagnosable mental health disorder receiving treatment	35% by 2021	38%	42%	45%	57%
% 17 ½ year olds with transition plan for adult services	90%	44%	80%	74%	73%
EIP within standard (monitored through adult services).	55%	53%	55%	45%	63%
ASD referrals		142	261	299	160
ASD average wait in weeks		39	37	48	45
ASD conversion rate %		58%	50%	52%	56%
Admissions to T4 inpatient		58	23		
Mental Health Act S136 detentions		3	5	6	2

Excellent support and staff went the extra mile to support the family

Fantastic support when needed. Thank you for everything.

The speed of attention was great, with really understanding and compassionate staff

The people I have spoken to at CAMHS have been extremely kind and understanding, and I have felt completely at ease and comfortable talking freely.

Thank you for being so understanding and supportive, it really helps. Thanks I don't feel as shamed of myself anymore, you are amazing at your job.

There are a number of actions to take forward in the next year

<b>Achievements and Commitments</b>	
<b>Achievements to date</b>	<b>Commitments for 2019/20</b>
Autism pathway reviewed to improve effectiveness at initial assessment and faster clinic time at full assessment.	Further review of the pathway and the approach to support in schools and the community
Transitions pathway reviewed.	Monitor new pathway against CQIN standard
Good performance against national access standard	Set trajectory for 2020/2021
Development of granular reporting on waiting times for autism assessment	Developing waiting times data for generic CAMHS
Improvements in waiting times to start treatment following additional investment	Monitor and embed improvements
Joint approach to identifying and developing investment plans to meet MHIS, through investment in areas of greatest need	Planning round for 2020/2021
New Transformation funding for TEWV for whole pathway commissioning.	Implementation of whole pathway commissioning in North Yorkshire and York.

## Working in Partnership, and Ensuring Transparency and a Well-Developed Workforce

*‘Getting the view from someone else on what to do is really helpful. I have my own vision in my head, but the advice and input from someone else is so useful. The resources are great too, and when you get them they actually explain how to do it and talk you through’.*(Senco)

*“The training provided was fabulous and very informative. Teaching assistants have been able to use this training easily”*

The Local Transformation Plan sets out an area-wide approach, which depends on system wide working and collaboration. Local teams work collaboratively within multi-agency frameworks:

- MASH in City of York
- MAST in North Yorkshire
- Strategic partnerships to implement all age mental health, autism and learning disability strategies into which the *Future in Mind* framework is embedded.
- Multi agency delivery groups, bringing education, social care, public health and specialist services together
- Funding panels for complex cases, eg continuing care, S117, TCP
- SEND health network across North Yorkshire and York.

Commissioners are active in regional networks, including the Strategic Clinical Network Lead Commissioner Forum, Humber Coast and Vale STP Mental Health Steering Group, the Autism Working Group and the Regional SEND network

The CCG works closely with Healthwatch, who are represented on Quality and Performance Committee, and Finance and Performance Committees, which have oversight of the CCG’s work on mental health.

There are strong working relationships between the CCG, TEWV and local authority colleagues.

Achievements and Commitments	
Achievements to date	Commitments for 2019/20
Joint strategic partnerships for emotional and mental health with local authority, commissioners TEWV, Public Health and third sector	Partnerships in NYCC and COY will be refreshed in 2019/20. Continue to monitor LTP at strategic partnerships, and develop into the locality plan with the Whole Pathway Commissioning Group
Co produced all age strategies for children’s mental health, autism and learning disability across agencies	New children’s plan for City of York which will include emotional and mental well-being
Whole pathway commissioning project evolving involves local authority and third sector	Develop project with joint agency workshop to identify priorities for 20220 and beyond
Successful joint expression of interest for MHST involving NYCC	Roll out MHSTs, with multi agency project steering group reporting to strategic partnerships in each organisation and NHSE
Successful joint bid with COY for PHE Arts Award funding with York Mind	Roll out and evaluate project to determine potential for future funding
CCG facilitated successful funding bid to NHSE for £1M capital funds to develop new and innovative therapeutic short breaks service in York	New build under way: service expects to go live summer 2020.
Joint funding and oversight for school well-being service in York	Continue to monitor and develop alignment to MHST model
Joint funding with NY CCG of Compass Buzz service in North Yorkshire	Bring into jointly funded model with NYCC to align with MHST model in 2020/21

Facilitation of funding bid for psychologist and SLT into YJS	Continue to monitor and evaluate, and develop focus on supporting emotional and mental health in YJS
High level of flow to MHDS: CCG performance is at 42% against 34% national target.	Continue to monitor and improve performance
Strong joint working around specific projects: <ul style="list-style-type: none"> <li>• TCP and DSR group</li> <li>• Children out of school with emotional difficulties</li> <li>• Autism pathway re-mapping</li> <li>• Development of offer for looked after children</li> <li>• SLCN project: development of improved SLCN offer for under 5s in York</li> </ul>	Continue to work jointly, monitor and evaluate.

Engagement with children, young people and parents is strong, driving change.

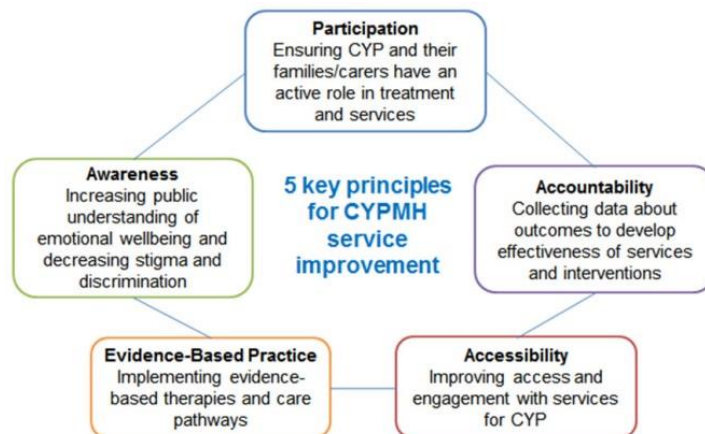
<b>Achievements and Commitments</b>	
<b>Achievements to date</b>	<b>Commitments for 2019/20</b>
High level of positive feedback through Friends and Family test	Continue to monitor through CMB
High level of positive engagement with group work at lime Trees Clinic: the group work course evolves dynamically as the course progresses to meet needs of the specific group	Continue to monitor through quality visits in 20120/2021
Positive relationship with parent carer forums, including co produced review of autism pathways which also involves York Ausome Kids.	Co production of a guide for autism across all agencies, and leaflets for parents to set out the pathways of support.
TEWV has a service user group, and had has run parent briefings on specific issues such as eating disorders and ADHD	Continue to monitor.
Involvement of children and young people on interview panels for clinical and management staff	Continue to engage.
Good engagement with Youth Councils: North Yorkshire and York now has a joint Youth Council for emotional and mental health, who contributed to bid for mental health support teams.	Continue with programme of engagement: involvement of youth councils in MHST planning and whole pathway commissioning project.
Co production with Compass BUZZ around introduction of BUZZ Us	

### Workforce

Ensuring a robust workforce that is able to engage with and deliver the ambitions in Future in Mind, the Five Year Forward View and the NHS Plan is essential for system wide transformation.

The area has both increased the numbers of staff offering advice and support, and developed strong training offers.

The area has embraced CYP-IAPT principles



The IAPT principles are evidenced through:

- **Accountability:** oversight by NHSE, HWBB and Overview and Scrutiny Committees, publication of performance and finance data with the LTP, involvement of families in strategic decision making
- **Accessibility:** new services in schools that are easy to access, self-referral into specialist support, Buzz Us texting service, additional investment to reduce waiting times, monitoring of targets for access
- **Evidence based practice:** all staff working with children and young people have professional training on appropriate evidence based and/or NICE concordant therapies, and training plans are framed around evidence based approaches to ensure best possible care and consistency of approach.
- **Awareness:** school mental health champions, school well-being workers all raise awareness and offer approaches to ensuring good emotional health and well-being, leaflets for families and primary care help signpost

The CYP-IAPT partnership in York needs further development: changes in staff in the last two years have weakened the connections between organisations and reduced its effectiveness.

*Future in Mind* envisaged an additional 1700 therapy staff across England by 2021. Since 2016, the funding has facilitated additional staff in the Vale of York area (figures are approximate):

- Generic CAMHS: 10 WTE
- Mental health support team pilot: 7 WTE
- Crisis team: 6 WTE
- Health and Justice: 1WTE SLT and 1WTE clinical psychologist to YJS
- FIRST: 0.6 clinical psychologist
- Counselling: 2 WTE
- Arts Award: 1 WTE
- No Wrong Door: 2 WTE Clinical Psychologists
- Unity practice: 1WTE co-ordinator for York University students

There are barriers to recruitment and retention: some medical disciplines, especially psychiatry are difficult to recruit to, and the economy in York means it can be difficult to retain staff because of housing and living costs.

<b>Achievements and Commitments</b>	
<b>Achievements to date</b>	<b>Commitments for 2019/20</b>
School Well being service: core part of service <ul style="list-style-type: none"> <li>• Training for all Sendco and pastoral leads</li> <li>• 40% primary schools received Calm Your Meerkat Training</li> <li>• School mental health champions training</li> <li>• Mental Health First Aid training to 20% settings</li> <li>• Co-working alongside school staff: 94% stated their confidence has improved.</li> <li>• 90% plus of staff trained stated they felt the training had increased knowledge and confidence</li> </ul>	Complete roll out of Meerkat training Roll out basic awareness training for teaching and support staff. Application for 2 CPWP placements
ELSA training: <ul style="list-style-type: none"> <li>• Additional 260 ELSAs trained, and working with pupils on emotional well-being</li> </ul>	Continue annual training courses and monitor effectiveness
Compass BUZZ: core service <ul style="list-style-type: none"> <li>• Training delivered to all staff in 77 of the 80 schools in the NY area</li> <li>• Training courses for pastoral leads and sendcos: 90% staff stated their confidence had improved in responding to well-being concerns.</li> <li>• Consultation for school staff on responding to well being concerns</li> </ul>	Continue training offer for all schools Develop traded training offer as Compass BUZZ refocuses into MHST at end of contract
CPWP staff trained by TEWV and NYCC	Continue to develop opportunities for CPWP

A key workstream for 2019/2020 is an area wide workforce plan to ensure training and staff development support transformation. The likely scope will be:

- A needs analysis across the area
- Understanding the training offer for all staff, and particularly frontline staff
- Identify gaps and consider how these can be addressed
- Establish links with the regional workforce strategy
- Planning for developing the training offer across the local area.

### Governance and oversight

The principle of the LTP's governance and oversight frameworks is to ensure that all stakeholders are engaged in and able to challenge and question the LTP and its progress.

- The CCG monitors the LTP through its Executive Committee, Quality and Patient Experience and Finance and Performance Committees. Mental health, and particularly children's mental health is a strategic priority for the CCG: regular reports to committees show how the health sector is working across local authority partners and third sector to ensure that the support for emotional and mental well-being is effective and offers value for money for the CCG's investment.

- In City of York, the multi-agency Mental Health Partnership is tasked by the health and Well-Being Board with ensuring that all agencies are taking forward their responsibilities for emotional and mental well-being. The LTP is monitored through the Strategic Partnership for children which reports to the Mental Health Partnership: the action plan is reviewed at every meeting, and operational delivery is delegated to the early intervention and specialist support sub groups.
- In North Yorkshire the Joint Executive leads on children's mental health with the SEMH group responsible for monitoring and delivery of the LTP.

The LTP is reviewed by Health and Well-Being Boards and Directors of Children's Services prior to submission.

The CCG links to the Humber Coast and Vale STP group for children's mental health: the CCG supported a bid for transformation funding across the TEWV footprint to develop whole pathway commissioning across the whole range of children's services as it would enable better linkage between the local authority areas served by the CCG. The group leading on whole pathway commissioning across the North Yorkshire and Vale of York CCGs is now working on terms of reference and engagement to develop its priorities for the coming 3-5 years: it reports into the CCG's contract monitoring board and the committee structure.

### Investment

The LTP records the annual statement of expenditure on children's emotional and mental well-being, which shows year on year increases against a backdrop for the CCG of extremely constrained finances: the CCG has committed to investing to the level of the mental health investment standards across all age ranges, but is currently prevented from investing beyond that. There is an agreed trajectory for investment over the next four years which is shared with TEWV and will influence the whole pathway commissioning approach. Investment details are at Appendix 2.

## Vale of York Local Transformation Plan 2015/2020 Action Plan 2019/2020 Update

1. Easier Access to Early Support					
Actions					
No	Outcomes	Actions	Lead	Update and next steps	RAG at Q end
1	Pupils and staff in schools can access high quality have access Mental health support based in schools	<ol style="list-style-type: none"> <li>1. School well-Being Service set up in 2016 in York</li> <li>2. Compass Buzz commissioned across NYCC in 2017</li> <li>3. Mental Health Champions in York on 2017</li> <li>4. Thrive model in Selby schools targeted at children with low esteem</li> </ol>	COY/NYCC	<p><b>City of York:</b> School Well-Being Service offers effective 121 work and consultations: 1190 consultations, 302 children receiving direct interventions, demonstrating decreases in SDQ scores. Decrease in referrals onward to CAMHS. 25% increase in consultations from primary schools. Service co-ordinates School Mental Health Champions in secondary schools. Piloting graduated response in 2019/20 with an assistant well being worker to test model closer to MHST.</p> <p><b>North Yorkshire:</b> Compass BUZZ delivered training sessions to 77 schools in NY area. Buzz Us across NYCC had 74 text conversations with young people over 12 and launched advice website. Service is being reviewed prior to decisions around future provision of school support in NYCC area when contract ends in 2020.</p>	
2	Pilot mental health support teams in schools	<ol style="list-style-type: none"> <li>1. Successful bid for pilot MHST in Selby/Ryedale area to commence in January 2020</li> </ol>	TEWV	<p>Out to recruit for EMHW posts, B7 posts and Band 8a. Project team established, meeting monthly and working with NHSE on project plan and tracker. Schools are recruited.</p>	
3	Children and young people can access high quality online support	<ol style="list-style-type: none"> <li>1. Recovery College Online in 2019 hosted by TEWV</li> <li>2. Kooth roll-out in 2019 across North Yorkshire and York commissioned by TEWV as part of whole pathway offer to meet Transformation Programme.</li> </ol>	TEWV	<p>Recovery College Online across whole area from April 2029 with high levels of access. Kooth live from 1st October 2019 at sub-specialist level as part of whole pathway of support: Briefings for GPs and schools in October/November 2019 onwards to develop awareness and encourage access. Local Offer reviewed to improve quality of information provided</p>	
4	Single point of access for referrals, and provides rapid triage	<ol style="list-style-type: none"> <li>1. SPA commissioned from 2016 for all CAMHS referrals: offers telephone triage and</li> </ol>	TEWV	<p>SPA received 2129 referrals in 2018/19, increase of 11% over previous year, and 1107 to Q2, increased slightly from previous year. Average time to assess through SPA improved from 2 to 1</p>	



		signposting		week in 2019/20 (Q2)	
5	School nurses working effectively with children and young people and other agencies to promote and respond to early signs of emotional distress.	<ol style="list-style-type: none"> <li>0-19 service in place, working with midwifery specialist lead, school well-being service, A&amp;E and specialist peri-natal mental health service.</li> <li>Mandated health visitor visits for signposting and direct work, making every contact count</li> <li>Easily accessible and confidential support to all pupils aged 5-19, including confidential mobile number for texts and calls. Signposting, holistic health assessment, early intervention work and referral and signposting on</li> <li>Safeguarding roll, including follow-ups for all referrals from A&amp;E for self harm</li> </ol>	Public Health	<ol style="list-style-type: none"> <li>Successful Mums in Mind pilot through health visiting service, seeking extension in 2020</li> <li>Developing an emotional and mental health well-being pathway within the service in 2020</li> <li>Increase offer of health promotion in schools, tailored to individual school needs, to include emotional and mental health</li> <li>Explore scope for improved liaison role in A&amp;E with psychiatric liaison service.</li> </ol>	
6	Re-commissioned counselling offer	<ol style="list-style-type: none"> <li>City of York re-commissioned counselling service for 16-23 age group</li> </ol>	York Mind/ Early Help Service	Service re-commissioned from January 2019	

**Section Summary early help**

Q2		1	3	2
Q4				

## 2. Specialist Support for Those Who Need It

Actions					
No	Outcome	Actions	Lead	Update	RAG at Q end
1	Eating disorder service across North Yorkshire and York meeting national access targets by 2021	1. Service for North Yorkshire and York live in April 2016: operating hub and spoke model in York.	TEWV	Service well-established. 2018/19: 79 referrals in and caseload of 60 at 31 March 2019. From August 2018, all breaches in national access times due to patient choice. Additional funding 0.6 clinical psychologist for York service in 2018/19 increased numbers of clinics. Service also recruited paediatric support. TEWV has funds committed via NMC to develop a consistent approach to physical health checks in 2019/20 and beyond.	
2	Transforming Care Board, overseeing dynamic support register for children and young people across North Yorkshire and York ensuring reducing the number of children in long term placements/hospital	1. North Yorkshire and York Board. DSR group chaired by CETR manager, comprising reps from all agencies to undertake monthly review of CYP meeting levels 3 and 4 of need	TCP Board (lead if NY CCG)  NYCC/COY	Well established DSR group assurance statement rated green by NHSE in April 2019. Clear protocols for pathway for referral to DSR Meets monthly to review T3 and T4 cases. At Q2, CCG has 2 T4 young people and 6 T3 young people.  COY: FIRST service and proposed enhanced residential short breaks critical in supporting families to enable children to remain in the local community (see below).	
3	Improve the offer into the Youth Justice Service to ensure that young people have access to mental health assessments and support	1. CAMHS inreach worker to YJS in York 2. SLT and Clinical Psychologist working across North Yorkshire and York, with staff and 121 with young people 3. Joint panel for high risk young people with FCAMHS	YJS/ TEWV	YJS works successfully to divert young people from YJ system. Outcomes Referral Panel reviews all young people coming into contact with police service to evaluate appropriate course of action and prevent formal orders. Service has CAMHS in reach worker, working 121, advising staff, and early screening for ASC. Clinical psychologist and SLT advise staff and work with young people.  Service plans to extend psychology and SLT support into 2020 after NHSE funding ends.	
4	Develop the FIRST offer for children and young people with very complex needs to hold more children at home or in their local community	1. 1.6 clinical psychology staff working with highly complex children and young people. 2. Reduce numbers requiring long term residential placements	COY/ TEWV	FIRST works successfully with small number of children and families where highly challenging behaviours mean there is high risk of breakdown. Success evidenced that currently no children within this service are in long term residential placements. Service works closely with TCP/DSR group. The Centre of Excellence has been part funded by NHSE under the national accommodation programme for those in the TCP cohort: avoiding admission.	

5	Ensure effective CAMHS support for children looked after or at the edge of care	<ol style="list-style-type: none"> <li>1. CAMHS service in North Yorkshire commissioned by NYCC</li> <li>2. No Wrong Door commissioned by NYCC for older teenagers in care not engaging</li> </ol>	NYCC/TEWV	Well-established commissioned service working with children in care or at edge of care resident in NYCC.	
6	Effective transition at age 18 into adult AMH services or to GP for at least 85% of young people	<ol style="list-style-type: none"> <li>1. Transition pathway between CAMHS/AMH from 17 ¼, develops care plan in collaboration with young person</li> <li>2. Meet target of 85% with plan by age 17 ½.</li> </ol>	TEWV	<p>Performance in 2018/19 74% against target. Performance 73% against target at Q2: most breaches are due to rescheduled appointments, or young people disengaging from service, action plan in place. Action plan to improve internal process and pathway to meet target by March 2020.</p> <p>Proposals to develop transition pathway with support into AMH: improved offer for young people and development of integrated 0-25 pathway.</p> <p>Joint planning group to improve transparency around those who may require CGC assessment at age 18.</p>	
7	Design and implement a 24/7 crisis response service for children and young people, meeting target to see all referrals within 4 hours	<ol style="list-style-type: none"> <li>1. Crisis team in place in 2017. Crisis response and model of 6-8 weeks interventions to plan for transfer to community team.</li> <li>2. Crisis and home intervention service 24/7 by March 2020</li> </ol>	TEWV	<p>Crisis service established 2017: works 7 days, 10am-10pm. TEWV has funding to extend to 24/7. Implementation of 24/7 working currently delayed due to temporary closure of West Lane Hospital: will be monitored at CMB.</p> <p>TEWV meet target to see patients referred in 4 hours.</p> <p>Safe Haven well established in York at 30 Clarence St: open 7-11 every day as a walk in for age group 16+. Will extend to Selby in 2019/20 and extend weekend opening hours.</p>	
8	Reduce incidence of inpatient admissions	<ol style="list-style-type: none"> <li>1. New Models of Care funding for permanent programme to manage inpatient referrals and community care from 2018</li> </ol>	TEWV	Inpatient admissions reduced from 29 in 2018/19 to 2 in Q2. NMC funding has enabled crisis and home intervention teams to develop. In 2018/19 had 403 referrals in under 18 age group, and 346 to Q2.	
9	Look after maternal mental health during pregnancy and the peri-natal period	<ol style="list-style-type: none"> <li>1. Specialist peri natal team established 2018</li> </ol>	TEWV	Peri-natal team in place from 2018/19 with funding stream from NHSE through STP. #####	

				CCG considering proposals to fund expansion to include preconception counselling and broaden access for women and their partners. Planning to meet NHS Plan standards by 2023.	
10	Arts Award project extension	1. Successful national bid by York Mind with match funding to 2022 to extend the Arts Award programme to age 12+ for children on edge of care. Edge of exclusion	York Mind	Roll out in November 2019. Will be monitored through project group and evaluated nationally and locally to determine success in diverting from specialist services.	

### Section Summary Specialist help

Q2		2	4	4
Q4				

### 3. Ensuring Transparency and Joint Working

Actions					
No	Outcomes	Actions	Lead	Update	RAG at Q end
1	Publish and refresh Local Transformation Plan annually	LTP published on CCG website together with annual refresh. Includes performance and investment details	CCG/SPEMH/ SEMH group	Continue to monitor LTP	
2	Governance frameworks for children's mental health that enable partnership scrutiny and challenge across the local system	In NYCC: via SEMH to HWBB IN COY via SPEMH to Mental Health Partnership and HWBB	CCG/SPEMH/ SEMH group	Governance framework in place: LTP works through mental health partnerships to HWBB.	
3	Joint working across agencies on specific projects to improve delivery and local response	Ensure all agencies are engaged and working together	All	TCP exemplar of inter agency working through DSR group CEDS service working with primary care and PCNs on physical health checks for eating disorders Whole pathway commissioning: joint health and local authority project group to work on priorities for joint work and pathway development School Well- being Service overseen by inter agency Early Intervention Group. Reprovision of schools based support in NYCC area, jointly with TEWV, NYCCG and NYCC MHST teams work through inter agency project board. Task and finish group across COY and NYCC for transitions Task and finish group across COY for self harm Task and finish group for children not attending school	
4	Development of role of Primary Care Networks across CCG	1. Working across localities to identify local approaches and needs for provision of support	CCG/Primary Care/ TEWV	CCG working with three localities of PCNs: North, South and Central. Clinical Directors engaged with CYP mental health: engagement with work around of ASC/CAMHS care, and physical health checks for eating disorders.  Will use Right Care Right Place programme to work through most effective approaches to provision of support for children and young people.  Explore scope for direct delivery at primary care locations.	

5	Engagement with children, young people and service users to develop and monitor services	<ol style="list-style-type: none"> <li>1. Co production embedded across Compass BUZZ</li> <li>2. TEWV patient feedback group</li> <li>3. TEWV user group drives development of group based work</li> <li>4. NYY youth councils joint mental health voice group</li> <li>5. ASC pathway review in City of York 2019 with York Parent Carer Forum and York Ausome Kids</li> <li>6. Review of Local Offer content in 2019, involving children and young people and parents.</li> </ol>	All	Continue with positive engagement to influence service provision.	
6	Re-provision of schools based support in NYCC area	Develop framework aligned to MHST models	CCG/NYCC/TEWV	Agreement to co-commission across health and NYCC for Compass Reach and development of CCG funded schools support, aligned to MHST models.	
7	Integrated pathways under Transformation Programme	Project group to develop and recommend joint commissioning approaches and integrated pathways.	All	Whole pathway commissioning project group established across NYY to implement transformation funding stream	
8	Joint approach with TEWV and partners to decision making around CCG investment in mental health	Developed an joint approach with TEWV	CCG	Agreed understanding of investment for 2020 and beyond.	

**Section Summary Transparency and joint working**

Q2		4	1	3
Q4				

## 4. Workforce Development

Actions					
No	Outcomes	Actions	Lead	Update	RAG at Q end
1	School staff can access high quality training and be more confident in responding to emotional and mental health needs	1. Whole school training, 2. ELSA training.	COY/ NYCC	Roll out of emotional and mental health curriculum for PHSE from 2020	
2	Improve understanding of pathways and sources of support	Agreement and publication of pathway and supporting information for professionals and families and young people.	CCG	Publication of autism pathways. Local Offer in York: revised in 2019/20 to clearly describe offer for emotional and mental well-being and autism and signpost. Currently at Q2, developing parent guide in York for autism across all agencies and for assessment process. Working on development of improved handbook for professionals  Produce pathway info graphics for GPs on autism, mental health and eating disorders.	
3	Primary Care: ensure that primary care is able to support, signpost and refer appropriately to further support	Comprehensive information about pathway and thresholds.	CCG	NYCC: leaflets for GPs outlining signposting for young people and families CCG: RSS has pathway for access to CAMHS, setting out thresholds. Complete work on pathway for those children out of school with emotional difficulties Protected Learning Time events have focused on children's mental health with sessions on access, ACEs and trauma informed practice.	
4	Workforce Development Plan across North Yorkshire and York	Develop a robust plan setting out workforce development in accordance with CYP-IAPOT principles	All	Workforce development group to be re-established	
5	Increase access to CYP-IAPT training places	2 training places for COY in 2019/20	COY	Application made for training places	

### Summary section on workforce development

Q2	1	3	1	
Q4				

## Appendix 2 Investment

CORE SERVICES												
Service type	LA spend 2017/18	LA spend 2018/19		CCG Funded 16/17	CCG funded 2017/18	CCG spend 2017/18	CCG spend 2018/19	CCG spend 2019/20 planned	CCG spend 2019/20 Q2		NHSE/other funding 2018/19	Specify Funding Source(s)
<b>School Based Early Intervention Services</b>												
City of York Well-Being Service	237,863	155,000		84,369	139,878	140,111	138,878	143,515	35,877			Vale of York CCG/City of York Council
NYCC Compass Buzz				46,195	93,250	93,250	93,250	95,675	23,313			Vale of York CCG
Support staff funding COY	33,800											City of York Council
<b>Sub-Total</b>	<b>271,663</b>	<b>155,000</b>		<b>130,564</b>	<b>233,128</b>	<b>233,361</b>	<b>233,128</b>	<b>239,190</b>	<b>59,190</b>			
<b>Early Intervention Services - Other Bases</b>												
Compass Reach	574,866	576,000										North Yorkshire County Council: targeted support through HCP for SEMH
<b>Sub-Total</b>	<b>574,866</b>	<b>576,000</b>										
<b>Services Targeted at Specific Vulnerable Groups</b>												
No Wrong Door	120,000	122,000										North Yorkshire CC



<b>Multi Systemic therapies NYCC</b>	278,762	280,000									North Yorkshire CC
<b>FIRST COY</b>	63,312	65,000									City of York Council and TEWV
<b>YOT COY</b>	314,193	314,193	36,000	36,000	36,000	36,000	37,279	9,318	30,000		City of York Council and Vale of York CCG
<b>Sub-Total</b>	<b>776,267</b>	<b>781,193</b>	<b>36,000</b>	<b>36,000</b>	<b>36,000</b>	<b>36,000</b>	<b>37,279</b>	<b>9,318</b>	<b>30,000</b>		
<b>Specialist CAMH Services [Use/insert as many rows as necessary]</b>											
<b>Looked After Children (LAC) NYCC (TEWV)</b>	360,000	400,000									North Yorkshire County Council CAMHS Grant (Looked After Childr
<b>CMAHS Tier 3 - York &amp; Selby (TEWV)</b>			2,874,302	2,726,243	2,877,176	3,500,740	4,079,328	1,019,832			Vale of York CCG
<b>Community Eating Disorder Service York hub (TEWV)</b>			165,536	165,702	165,702	170,014	178,644	44,661			Vale of York CCG
<b>Inpatient costs</b>											NHSE

Forensic CAMHS service										
<b>Sub-Total</b>	<b>360,000</b>	<b>400,000</b>	<b>3,039,838</b>	<b>2,891,945</b>	<b>3,042,878</b>	<b>3,670,754</b>	<b>4,257,972</b>	<b>1,064,493</b>	<b>30,000</b>	
<b>TOTAL</b>	<b>1,982,796</b>	<b>1,912,193</b>	<b>3,206,402</b>	<b>3,161,073</b>	<b>3,312,239</b>	<b>3,939,882</b>	<b>4,534,441</b>	<b>1,133,001</b>	<b>30,000</b>	

NOTE: for local authority services eg children's services, it is not possible to disaggregate costings related to emotional and mental health. Therefore they cannot be included in the spreadsheet.

NOTE: CCG commissioning support costs are not included in the spreadsheet

### Appendix 3 Risk

The organisations contributing to the LTP have their own approaches to risk including appetite for risk and n risk management. The LTP risk analysis is based around the high level risks of resources and capacity.

No	Risk	Mitigation	Score
1	<b>MHST pilot:</b> Unable to recruit to posts Schools reluctant to engage	Internal and then external advertisement of posts Strong marketing and personal approaches to schools to engage	8
2	Increasing demand on specialist services generating long waiting times and increasing clinical risks	Additional investment where appropriate Pathway review Whole pathway commissioning approach to inform targeted investment Focus on schools based work and PHSE	12
3	Lack of investment to increase capacity for earlier interventions	Focus on building whole school approaches Improve joint working and commissioning across whole pathway of need SWS and MHST pilots contribute to early help offer Strong counselling offer at Mind	12
4	Increasing call on crisis services and high levels of self harm	Task and finish group to review self harm incidence and understand causative factors Crisis service significantly reducing inpatient admissions Crisis service extending to 24/7	8
5	Project risks not understood and managed	Projects hold individual risk registers and manage through project steering groups and governance oversight	6

#### Risk matrix

		Likelihood			
		1	2	3	4
Impact	1	2	4	6	8
	2	4	6	9	12
	3	6	8	12	16
	4	8	12	16	20

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**Health and Wellbeing Board****4<sup>th</sup> March 2020**

Report of the Director of Public Health

**Living and Working Well Theme – Establishment of a Prevention and Population Health Programme Board****Summary**

1. The Health and Wellbeing Board will be asked to receive a presentation outlining proposals for a Prevention and Population Health Programme Board to be established as a sub-group of the Board.
2. The proposals will suggest that this new group will take the lead on delivering the priorities that will be agreed within the Living and Working Well theme of the Joint Health and Wellbeing Strategy, strengthen the focus on prevention and population health across public health, primary and secondary care and build strong relationships with the new Primary Care Networks.

**Background**

3. The recent review of the Health and Wellbeing Board sub-structure recognised that there is no existing group in the York system that has a natural remit to take forward the aims of the Living and Working Well theme of the joint health and wellbeing strategy for 2017-22. There had been some suggestion that the Human Rights Board might take this responsibility but this has been deemed inappropriate.
4. The Health and Wellbeing Board has a responsibility for addressing health inequalities in the local population and recognises the impact of social and wider determinants of health such as poverty, poor housing and homelessness on health and wellbeing.
5. The Health and Wellbeing Board has recognised the importance of working as a York system, proactively working in partnership with

primary and secondary care and engaging with the Humber, Coast and Vale Health and Social Care Partnership on a larger geographical footprint when appropriate to do so to ensure the needs of the York population are met.

6. The Joint Commissioning Strategic Group of City of York Council and the Vale of York Clinical Commissioning Group has also identified prevention and population health as a priority with a proposal to establish a multi-agency group to develop a prevention strategy.
7. Rather than set up a number of different groups to deliver a strengthened focus on prevention and population health across the York health and care system, it seems sensible to develop a single group to deliver on this agenda, reporting to the Health and Wellbeing Board regularly on progress. The Board is therefore being invited to consider the establishment of a Prevention and Population Health Programme Board as one of its sub-groups to have a clear remit for strengthening prevention across primary and secondary care and reducing health inequalities.

### **Consultation and Engagement**

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

### **Options**

9. There are no specific options for the Health and Wellbeing Board to consider.

### **Implications**

10. It is important that the priorities in relation to the Living and Working Well theme of the Joint Health and Wellbeing Strategy are delivered.

### **Recommendations**

11. The Health and Wellbeing Board are asked to receive the presentation and approve the proposals.

**Contact Details**

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**Chief Officer Responsible for the report:**

Sharon Stoltz  
Director of Public Health

**Report  
Approved**



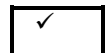
**Date** 24/02/20

**Specialist Implications Officer(s)**

None

**Wards Affected:**

**All**



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

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## Health and Wellbeing Board

4<sup>th</sup> March 2020

Report of the Assistant Director - Joint Commissioning, (BCF Lead)  
NHS Vale of York Clinical Commissioning Group and City of York Council.

## Better Care Fund Update

### Summary

1. This report is for information. It sets out the following:
  - 2019-2020 Better Care Fund Plan for York – approved status
  - Winter pressures grant assurance process
  - 2020-2021 Planning Requirements and timeline

### Background

2. The Health and Wellbeing Board has received regular reports from the Better Care Fund Performance and Delivery Group. This report is for information only, to confirm the completion of the formal assurance processes since the last meeting of the Health and Wellbeing Board in December 2019.

### Main/Key Issues to be considered

#### 2019-2020 BCF Plan

3. York Health and Wellbeing Board submitted its plan for the current financial year on 27<sup>th</sup> September 2019, in line with the national planning requirements.
4. NHS England and Improvement confirmed in January 2020, by email and letter to the Health and Wellbeing Board Chair, the York plan had been approved. [**Annex 1**].
5. In addition to the plan approval process, areas were required to comply with an assurance process for the deployment of the winter

pressures grant. Confirmation by email was required that acute hospital chief executives had been involved in the development of the plan for the grant. This was sent in line with the requirement.

6. The BCF monitoring return for quarter was submitted in January 2020 in line with requirements. Health and Wellbeing Board members will note the integration success stories which we submitted as part of the template. [**Annex 2**].
7. The full template is available to board members from the report author on request, but its format is not amenable to circulation as part of these papers.

### **Better Care Fund 2020 - 2021**

8. In November we held the first of our partnership planning events to develop our approach to the forthcoming one year plan for 2020 – 2021.
9. The NHS Operational Planning and Contracting Guidance 2020 – 2021 was published at the end of January. It includes a paragraph indicating a further single year plan to continue BCF, with an uplift in CCG minimum contributions and an expectation of additional support for social care as part of this. It also states that the BCF Planning Requirements for 2020/21 will be published in February 2020 alongside the policy framework from the Department of Health and Social Care (DHSC) and the Ministry of Housing, Communities and Local Government (MHCLG). Confirmation of this will be reported verbally to the Health and Wellbeing Board.
10. A further planning event will be held with local partners in the spring, once the national planning requirements have been published.

### **Consultation**

11. None.

### **Options**

12. Not applicable.

### **Analysis**

13. Not applicable.

### **Strategic/Operational Plans**

14. As above:
- Better Care Fund Plan 2019-20

### **Implications**

15. There are no new implications as a result of this report.

### **Risk Management**

16. Risks which have been previously reported to the board in relation to BCF remain relevant.

### **Recommendations**

17. The Health and Wellbeing Board is asked to note this report.

### **Contact Details**

**Author:**

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**Chief Officer Responsible for the report:**

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Health, Housing & Adult Social Care  
City of York Council

Phil Mettam  
Accountable Officer  
NHS Vale of York Clinical  
Commissioning Group

**Report**  **Date**  
**Approved**

**Specialist Implications Officer(s)** None

**Wards Affected:**

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

## **Annexes**

Annex 1 – BCF Approval Letter

Annex 2 – Integration success story, excerpt from Quarter 3 return

## **Glossary of Abbreviations**

BCF - Better Care Fund

CCG – Clinical Commissioning Group

DCLG - Department for Communities and Local Government

DHSC - Department of Health and Social Care

NHS – National Health Service

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08 January 2020

To: *(by email)*

Councillor Carol Runciman  
Phil Mettam  
Dr Nigel Wells  
Ian Floyd

Chair, York Health and Wellbeing Board  
Clinical Commissioning Group Accountable Officer (Lead)  
Additional Clinical Commissioning Group(s) Accountable Officers  
Local Authority Chief Executive

Dear Colleagues

## **BETTER CARE FUND 2019-20**

Thank you for submitting your Better Care Fund (BCF) plan for regional assurance and approval. We recognise that the BCF has again presented challenges in preparing plans at a late stage and at pace and we are grateful for your commitment in providing your agreed plan.

I am pleased to let you know that, following the regional assurance process, your plan has been classified as '**Approved**'. The Clinical Commissioning Group (CCG) BCF funding can therefore now be formally released subject to the funding being used in accordance with your final approved plan, and the conditions set out in the BCF policy framework for 2019-20 and the BCF planning guidance for 2019-20, including transfer of funds into a pooling arrangement governed by a Section 75 agreement. Your Section 75 agreement should aim to be confirmed by the end of January 2020.

These conditions have been imposed through the NHS Act 2006 (as amended by the Care Act 2014). If the conditions are not complied with, NHS England is able to direct the CCG(s) in your Health and Wellbeing Board area as to the use of the funding.

The Disabled Facilities Grant (DFG), the improved Better Care Fund (iBCF) and the Winter Pressures grant are also pooled along-side the CCG allocations. The DFG, iBCF and Winter Pressures grants are paid directly to local authorities via a Section 31 grant from the Ministry of Housing, Communities and Local Government. These



grants are subject to grant conditions set out in their respective grant determinations made under Section 31 of the Local Government Act 2003, as specified in the BCF Planning Requirements.

Ongoing support and oversight will continue to be led by your local Better Care Manager (BCM). Following the assurance process, we are asking all BCMs to feedback identified areas for improvement in your plan and share where systems may benefit from conversations with other areas.

Once again, thank you for your work and best wishes with implementation and ongoing delivery.

Yours sincerely,



Neil Permain

Director of NHS Operations and Delivery and SRO for the Better Care Fund

**NHS England and Improvement**

Copy (by email) to:

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Pippa Corner  
Debbie Mitchell

Local Authority Director of Adult Social Services (or equivalent)  
Better Care Fund Lead Official  
LA Section 151 Officer

Richard Barker

Regional Director of Delivery, NHS England North East and  
Yorkshire Region

Warren Brown

Director of Performance & Improvement

Rosie Seymour  
Jenny Sleight

Programme Director, Better Care Support Team, NHS England  
Better Care Manager, North East and Yorkshire

## **Annex 2 - Integration success stories**

Partners in the York system have been making steady progress on system level collaborative approaches. The CCG programme and council have adopted the principles of integrated care to underpin our joint commissioning arrangements. Early in 2019 the BCF Performance and Delivery Group commissioned Venn Consulting Ltd to undertake the Capacity and Demand exercise in York. Preparation started in Q4 of 2018-19, with a multi-agency reference group ensuring all the services in scope were represented in its development. This ensured full sign-up to the programme of work involved, and supported proper governance of the process. The on-site point prevalence days were carried out from April to June, and the findings were shared with the BCF group initially and then with wider system partners at several events. Due to the uncertainty over the long term future of BCF, we had held a proportion of the iBCF as a contingency (or reserve) to deploy once the outcomes from Venn were known. In the past we have been drawn towards purchasing greater bed capacity in the system to respond reactively to pressure. The insights from Venn pointed to much greater system impact from improving discharge planning and enhancing care at home, in particular building up domiciliary care. Venn suggested, if the system were flowing optimally, we have about the right number of beds. This enabled us to have a different quality of conversation across the system, based on intelligence which reflected the experience of partners in all agencies, and which was recognised as valid. We reviewed the range of proposals which had been put forward in the spring against the messages from Venn, and agreed to allocate the reserved funds to expand the Integrated Care Team, as part of the One Team, providing additional care to people in their homes, preventing admissions to hospital and enabling safe and timely discharges. Recruitment was known to be a challenging factor for YICT, heading into winter, and so the YICT senior manager proposed that another element of the One Team be funded to expand instead, CRT (YTHFT). This represents a significant shift away from single organisational interests towards a recognition and promotion of the common good, supporting the wider system through the winter period and beyond. Using the Venn model itself to 'crunch' the data, the JSNA steering group, which hosts it, calculated the impact of this commissioning decision to focus on CRT community capacity instead of beds. This further validated the decision by predicting measurable overall benefits to flow in the hospital.

In addition, to promote the system's 'No Permanent Placement' approach to discharge from hospital, (whereby we seek to avoid people moving from a hospital bed to a new care home placement), we have developed with our providers an offer of intensive support at home, using live-in carers to enable people to leave hospital and return home who otherwise would have waited for a step down placement, which often risk being translated into permanent placements. The overall thrust of the work by Venn has been to co-ordinate a clear, shared view of the system pressures (which are not necessarily the same as had been commonly assumed). This in turn has enabled partners to engage in principled, system discussion about the best use resources and investment, creating the confidence to make the shift away from more beds towards care in people's own homes.

An example of this is an elderly person who was discharged from York Hospital to a residential home in September. Rather than being admitted as a permanent resident, additional support provided so that by December he was able to go home. Initially this was with 24 hour care in his own home for 2 weeks while a strengths based assessment was undertaken. The support has now reduced to 4 calls per day, supplemented by a range of community help including telecare, the charitable sector and Local Area Coordination. The intention is to expand the use of short term 24 hour care in order to reduce permanent admissions and the council is actively engaged with prospective providers.

**Abbreviations:**

BCF / iBCF	Better Care Fund / Improved Better Care Fund
CCG	Clinical Commissioning Group
CRT	Community Response Team
JSNA	Joint Strategic Needs Assessment
Q4	Quarter 4 (January to March)
YICT	York Integrated Care Team
YTHFT	York Teaching Hospital Foundation Trust





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## Health and Wellbeing Board

4<sup>th</sup> March 2020

Report of the Health and Wellbeing Board Healthwatch York Representative.

### Healthwatch York Report – Changes to repeat prescription ordering.

#### Summary

1. This report asks Health and Wellbeing Board (HWBB) members to receive a new report from Healthwatch York about understanding people's experiences of the changes to repeat prescription ordering attached to **Annex A** of this report.
2. Health and Wellbeing Board members are asked to respond to the recommendations within the report.

#### Background

3. Healthwatch York produces several reports a year arising from work undertaken as part of their annual work programme. These reports are presented to the Health and Wellbeing Board for consideration.

#### Main/Key Issues to be Considered

4. In September 2019 the NHS Vale of York CCG (Clinical Commissioning Group) brought in changes to how patients in need of medication on a regular basis order repeat prescriptions. As GP surgeries implemented these changes, Healthwatch York was initially contacted by members of the public and staff from local pharmacies with concerns around the changes.
5. Healthwatch York collected individuals' concerns and experiences of the changes over a three month period, September to December 2019. A small survey for pharmacy staff was also distributed online across the Community Pharmacy North Yorkshire network.

Recommendation	Recommended to
<p><b>Feedback: People not knowing about the changes and what their rights are to request reasonable adjustments. The challenges faced by pharmacies in implementing the changes and the disruption felt by members of the public.</b></p> <p>Healthwatch York argue for increased public and service engagement PRIOR to changes taking place and increasing the time given for such transitions to allow for this. We would suggest:</p> <ol style="list-style-type: none"> <li>1) Work closely with local pharmacies to understand customers locally and gather information about the current situation and working processes within pharmacies that support effective practice. Listen to recommendations proposed by local pharmacies to work towards an effective approach.</li> <li>2) Work closely with members of the public to educate about the changes and listen to their challenges.</li> <li>3) Work with voluntary sector groups such as Age UK, York Older People’s Forum, Carers Centre and Healthwatch York to understand difficulties of specific groups and support services accordingly.</li> <li>4) Work closely with both larger and smaller GP surgeries to ensure understanding and review current methods for identifying ‘assisted patients’.</li> </ol>	<p>NHS Vale of York CCG.</p>

<p><b>Feedback: Failure to identify some individuals who would benefit from assisted patient status. GP surgeries failing to support some individuals to make reasonable adjustments. The particular challenges faced by carers. People's concerns about what they will do when they get older/unable to manage.</b></p> <p>Further work is required to address current access problems for carers, older people and other vulnerable groups to reduce inequalities. Further efforts are required to identify 'assisted patients' effectively and improve how reasonable adjustments are proactively made for individuals having difficulties to access medications. All staff who deal with patients face to face should know about the possibility of assisted status and reasonable adjustments.</p> <p>In terms of reasonable adjustment, particular attention should be made for people experiencing a disability, impairment or sensory loss in line with the accessible information standard (2016)<sup>1</sup>.</p> <p>Training should be provided to General Practice staff, if required, to ensure adherence to this standard.</p>	<p>GP surgeries, NHS Vale of York CCG.</p>

<sup>1</sup> The accessible information standard, one of the vital components of the care act 2014, requires a consistent approach to identifying a person's needs where it relates to a disability, impairment or sensory loss. It involves health services taking steps to ensure that the individual receives information in an accessible format and any communication support which they need in the aim to reduce inequalities.

<p><b>Feedback: Inconsistency in General Practice service delivery. Some services offer telephone access, some do not. Online access not appropriate for some, including many carers. The use of eRD for appropriate patients.</b></p> <p>Work to promote a fair and consistent approach to access, good standards of practice and effective communication across General Practice in York via:</p> <ol style="list-style-type: none"> <li>1) Fair alternatives to online ordering for those who are not able to communicate in this way. An example may be via telephone systems across all GP surgeries.</li> <li>2) Considering the possibility of creating a reminder service from GP surgeries to support individuals to order.</li> <li>3) Promote use of eRD where it would provide greater support and safety for some patients. Ensure GPs attend training and are proactively using systems that support and benefit patients first.</li> </ol>	<p>GP surgeries, NHS Vale of York CCG.</p>
<p>Given that Vale of York was not the first CCG to implement these changes we see potential for NHS England to horizon scan these changes and policy implementations across localities and develop good practice guidelines to support CCGs in this process.</p>	<p>NHS England</p>

### **Consultation**

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

### **Options**

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

### **Analysis**

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

### **Strategic/Operational Plans**

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

### **Implications**

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

### **Risk Management**

11. There may be risks associated with any changes to the prescription process. All changes should be risk assessed appropriately by the responsible organisations.

### **Recommendations**

12. The Health and Wellbeing Board are asked to:
  - Consider the report and recommendations within their own organisations

- Respond to Healthwatch York within 20 working days from the date of the board meeting, acknowledging the receipt of the report, and detailing any actions they intend to take
- Refer the report to the Joint Commissioning Group for consideration of any implications for joint commissioning

Reason: To keep members of the Board up to date regarding the work of Healthwatch York, and the recommendations made to member organisations.

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**Report  
Approved**

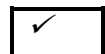


**Date** 24.02.2020

**Specialist Implications Officer(s)** *None*

**Wards Affected:**

**All**



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

**Background Papers:** None

### Annexes

**Annex A:** Healthwatch York Report: Changes to Repeat Prescription Ordering



## **Glossary**

HWBB – Health and Wellbeing Board

NHS – National Health Service

CCG – Clinical Commissioning Group

ERD – Electronic Repeat Dispensing

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# healthwatch York

## Changes to repeat prescription ordering

**March 2020**

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## Acknowledgements

We would firstly like to say a huge thank you to all those who took the time and effort to let us know about their experiences of the changes to repeat prescription ordering in York. Without their feedback this report could not exist.

We would like to thank Community Pharmacy North Yorkshire and all the pharmacy staff who took part in supporting us to understand how they experienced the impact of the changes. We would also like to thank NHS Vale of York CCG for working with us to understand what has happened, sharing the voice of GP practices, and for their commitment to working with us in the future to improve the experiences of local people.

Lastly, we would like to thank the Healthwatch York research and engagement volunteers for their support and hard work in producing this report.

## Project summary

In September 2019, NHS Vale of York Clinical Commissioning Group (CCG) brought in changes to how patients who need medication on a regular basis order repeat prescriptions. Patients now need to order their repeat prescription directly from their general practice. This arrangement replaced one where pharmacies were able to order repeat prescriptions on behalf of the patient and contact the patient when the medications were available. This was known as pharmacy 'managed repeat' prescriptions.

Many other CCGs in England have brought in similar changes in a bid to reduce medicine waste and increase safety. However, members of the public and local pharmacies shared with us their concerns about the impact the changes would have on patients. Healthwatch York decided to find out more.

"It's crazy as a carer I am run off my feet. The chemist was fab at supporting me...I drive back and forth costing me more time and energy."

"We are yet to know if there is a wide problem with patients no longer ordering medication. My fear is that some housebound patients may have fallen off the radar" *Pharmacy Staff*

To understand the effects of the changes Healthwatch York heard from 80 members of the public and 22 members of staff working at pharmacies.

## Key findings

### Concerns expressed by members of the public included:

- Not receiving information and not knowing about the changes when they happened
- Not receiving additional support through the 'assisted patient' status or through reasonable adjustment from their GP surgery
- The considerable challenges (time, travel and increased stress) faced by carers/family members alongside the unavailability of online access for carers.
- The additional personal cost to many patients in terms of time, travel and inconvenience
- The challenges of accessing and communicating with GP surgeries including getting online access and telephone access

Some members of the public who had been able to get online access did report greater convenience and efficiency since using online services.

### **22 pharmacy staff members we spoke to identified a range of concerns and negative impacts on patients.** These included:

- The challenges faced by older and vulnerable patients
- People who had run out of medication and who had gone without
- Increased patient disruption and frustration

### **8 pharmacy staff members reported some benefits to patient experience since the changes.** These included:

- Online ordering thought to be a better route for some
- Increased patient control and less reliance on pharmacy
- Reduced waiting times for customers

**All but one staff member reported negative impacts of the changes on pharmacy services. These included:**

- Lack of time and resources within pharmacies to cope with the changes when they took place
- Difficulties meeting patient expectations
- Increased difficulty for pharmacies making sure medication is provided and ready in time
- New forms of practice and working pressures
- Increased time spent on problem solving

**Positive impacts of the changes on pharmacy services were also described as:**

- Overall increased pharmacy staff time and reduced workload

Considering the negative impacts on patient experience and service delivery, we asked pharmacy staff what they felt could be improved. Staff provided a number of ideas:

- Improve access to repeat medications at GP surgeries
- Improve prescription dispensing systems at GP surgeries
- Take more time over transitions to changes in service provision
- Improve patient understanding and knowledge about the prescription process
- Reinstate the old system with additions to improve efficiency and accountability and giving patients the right to choose



## Conclusion

Healthwatch York appreciate the need for the NHS to make good use of available resources in the current economic climate. We also agree with the overall aims to reduce medicines wastage and improve patient safety.

However, we are concerned about the unintended consequences of these changes on our local population. We ask NHS Vale of York CCG and general practices to consider how to reduce the impact of these changes locally and how to implement the recommendations we have made. We hope our recommendations will contribute to improvements in future service change where local decision makers take into account the lessons learned.

We proposed recommendations around three key areas:

- Improve future engagement prior to service change
- Improve current access for carers, older people and other vulnerable groups to reduce inequalities in health and social care by GP surgeries proactively making reasonable adjustments
- Improve consistency in general practice service delivery and online systems across York

For the full list of recommendations please see page 46.

## Local and national context of changes to pharmacy 'managed repeat' prescriptions

### National context

Many CCGs have urged changes to ordering of repeat medications. CCGs such as Luton, South Kent Coast and South Sefton with Southport and Formby have previously set about investigating the type and extent of local problems associated with repeat ordering. Each area piloted changes and evaluated outcomes of new arrangements.

CCG	Project Summary
<b>Luton</b>	In 2013-14, Luton CCG felt there were serious concerns over service deficiencies, levels of waste and risk of harm to patients due to certain repeat management prescription systems in place. Luton CCG carried out an audit of 18 general practices. New repeat prescribing systems were introduced by most practices in 2015. A review of this project is outlined in a report published in 2016 <sup>1</sup> .
<b>South Kent Coast</b>	Following a review of prescription request data from surgeries in its area, South Kent Coast CCG stated that some pharmacies were ordering medications that patients did not require and in some cases ordering discontinued medication. They also reported that general practices felt they lacked control over the process for which they are clinically and legally accountable. In November 2015, the

<sup>1</sup>Repeat Prescription Services (2016) Final report on the changes to repeat prescribing management in Luton supported by the medicines optimisation team Luton CCG. NHS Luton Clinical Commissioning Group.

	CCG decided to recommend that general practices no longer allow pharmacies to order medications on behalf of patients and the new scheme was implemented 2016 to early 2017. A report was produced by Healthwatch Kent which explored the impact of these changes further <sup>2</sup> .
<b>South Sefton CCG and Southport and Formby CCG</b>	A six month pilot was run with 19 GP surgeries from September 2016. The findings from the pilot informed the later roll out across all member general practices in 2017. Benefits were found in cost savings and increase in online services to order prescriptions. Reports also highlighted safety concerns around patients missing medications and how continued work was needed to improve outcomes <sup>3</sup> .

Reports from these pioneer CCGs highlight the benefits of the changes made whilst also indicating the complexity and risks of implementation. However, the benefits delivered by these earlier projects seem to be leading other CCGs to move straight to making changes. For example, the medical director of the Tees Valley Group CCG said "The project has been adopted from similar work already implemented in other areas

<sup>2</sup> Healthwatch Kent (2017) Report on repeat prescriptions. Available at: [https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/reports-library/20170201\\_Kent\\_repeat%20prescriptions%20report.pdf](https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/reports-library/20170201_Kent_repeat%20prescriptions%20report.pdf) Accessed: 07/01/2020

<sup>3</sup> South Sefton CCG and Southport and Formby CCG (2017) Repeat prescription ordering service (RPOS) Summary evaluation (September 2016 - October 2017). Available at: <https://www.southseftonccg.nhs.uk/media/3164/18-104-rpos-summary-evaluation.pdf> Accessed: 07/01/2020

such as Sunderland, South Sefton and Luton. Because of this, we know the positive impact we will be able to make for patients.”<sup>4</sup>

At Autumn 2019, multiple GP surgeries across the country were taking on board CCG recommendations. The Teesside changes came into force in September 2019, as did those in Leicester City CCG area.

The government is concerned about over-prescribing in the NHS. In December 2018, the Secretary of State for Health and Social Care announced a review to be led by the Chief Pharmaceutical Officer. One area of enquiry to be addressed in the review “is improving management of non-reviewed repeat prescriptions – including encouraging patients to ask questions about their treatment to ensure they don’t remain stuck on repeat prescriptions which are no longer needed”. In particular, the review is to look at instances where individuals are remaining on repeat prescriptions which roll over – often for many years – without being reviewed.<sup>5</sup>

At the same time, policy and practice are shifting to both encourage patients to use the NHS app to order repeat prescriptions and also roll out electronic prescription; from November 2019 in England all GP prescriptions will be issued digitally.

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<sup>4</sup> TeessideLive (2019) NHS changes will mean patients can no longer order a repeat prescription through pharmacies. Available at: <https://www.gazettelive.co.uk/news/teesside-news/nhs-changes-mean-patients-can-16551241> Accessed: 07/01/2020

<sup>5</sup> Department of Health and Social Care (2018) Matt Hancock orders review into overprescribing in the NHS. Available at: <https://www.gov.uk/government/news/matt-hancock-orders-review-into-over-prescribing-in-the-nhs>. Accessed: 07/01/2020

## Other local Healthwatch involvement

Several Healthwatch have explored the changes in their local areas.

Healthwatch Sunderland carried out work supporting members of the public who reported difficulties getting repeat prescriptions. Healthwatch Sunderland contacted practice managers at GP surgeries to ensure that reasonable adjustments were being made to support people's access.

Healthwatch Kent provided several recommendations in their 2017 report which aimed to highlight lessons learned and support other CCGs in future decisions<sup>6</sup>.

One recommendation which was highlighted included the use of the nationally recognised electronic repeat dispensing (eRD) by GP surgeries. eRD can be used for a person who has a stable but long-term condition. They can receive up to one year's supply of their medicines through regular batches from the pharmacy without the need for repeated signatures from the GP. eRD is also recommended by the Pharmaceutical Services Negotiating Committee (PSNC) as a preferred option for the management of repeat medication.

NHS England has stated that GP surgery time could be saved if more repeated prescriptions were prescribed through repeat dispensing<sup>7</sup>. Repeat dispensing may not be appropriate for all patients but may provide a better route for some.

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<sup>6</sup> Healthwatch Kent (2017) Report on repeat prescriptions. Available at: [https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/reports-library/20170201\\_Kent\\_repeat%20prescriptions%20report.pdf](https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/reports-library/20170201_Kent_repeat%20prescriptions%20report.pdf) Accessed: 07/01/2020

<sup>7</sup> Pharmaceutical Services Negotiating Committee (PSCN) Pharmacy management of repeat medication requests: Frequently asked questions. Available at: [https://psnc.org.uk/leicestershire-and-rutland-lpc/wp-content/uploads/sites/103/2015/05/PV\\_PSNC\\_Rpt-Meds\\_FAQ\\_Aug-2016.pdf](https://psnc.org.uk/leicestershire-and-rutland-lpc/wp-content/uploads/sites/103/2015/05/PV_PSNC_Rpt-Meds_FAQ_Aug-2016.pdf) Accessed: 13/01/2020

## Local context

In September 2019, NHS Vale of York CCG brought in changes to how patients ordered their medicines. Patients now need to order their repeat prescription directly from their GP surgeries. This replaced a previous arrangement where pharmacies were able to order repeat prescriptions on behalf of the patient and contact the patient when the medications were available. Exceptions should be made for vulnerable and assisted patients, and for those who use a monitored dosage system.

*Assisted patients are those who may require additional assistance to manage their medication ordering, either from the GP surgery or from a pharmacy.*

In 2016, the CCG identified how repeat ordering schemes operated by Community Pharmacies were costly, placing a strain on local prescribing budgets<sup>8</sup>. In 2019, when the changes to ordering were implemented NHS Vale of York CCG said:

“The main reason is to increase safety and efficiency. Many patients have said that they have built up a stock of unused medicines. These medicines are often not stored safely, nor are they used by their expiry date. The changes will address these safety concerns and will give patients more control. The change will also mean your GP surgeries will have a clearer picture of the medicines you do and do not use and this

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<sup>8</sup> NHS Vale of York Clinical Commissioning Group (2016) Meeting of the Governing body, 1 September 2016: Prescribing policies.

will help with discussions during your medication review. NHS resources are precious and the changes will help to reduce medicines waste<sup>9</sup>.”

As GP surgeries implemented these changes, Healthwatch York was initially contacted by six members of the public who told us about the challenges they had faced in accessing their medications. Concerns were also raised to Healthwatch York by staff from local pharmacies.

The York Press reported on the topic between August and September<sup>10</sup> highlighting the changes and concerns from some members of the public.

The changes were also discussed at the Health and Adult Social Care Scrutiny Committee on the 17<sup>th</sup> September 2019<sup>11</sup>.

The CCG reported at the meeting that following extensive communication with relevant parties, GP surgeries would no longer be accepting repeat prescription requests from community pharmacies. However, some vulnerable patients or those unable to get to a GP surgeries would still be supported to get their medications through pharmacy support as an ‘assisted patient’.

Members at the Scrutiny Committee meeting raised concerns around increase in GP surgeries workload and the difficulties around accessing

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<sup>9</sup> NHS Vale of York (2019) Changes to repeat prescriptions - how to order. Available at: <https://www.valeofyorkccg.nhs.uk/your-health/changes-to-repeat-prescriptions-how-to-order/> Accessed: 07/01/2020

<sup>10</sup> The York Press (2019) Prescriptions shake-up causing 'massive inconvenience' for patients. Available at: <https://www.yorkpress.co.uk/news/17902242.prescriptions-shake-up-causing-39-massive-inconvenience-39-patients/> Accessed: 07/01/2020

The York Press (2019) Health bosses apologise over prescription shake-up 'inconvenience'. Available at: <https://www.yorkpress.co.uk/news/17911329.health-bosses-apologise-prescription-shake-up-39-inconvenience-39/> Accessed: 07/01/2020

<sup>11</sup> City of York Council (2019) Meeting of Health and Adult Social Care Policy and Scrutiny Committee. Available at: <https://democracy.york.gov.uk/mgAi.aspx?ID=53192>. Accessed: 07/09/2020

the NHS App, as well as the concerns around the impact for vulnerable patients. Members expressed that if information about the changes had come to scrutiny earlier, this would have allowed members to share the potential concerns of their residents as well as communicate changes proposed to people in a more timely manner.

**Feedback from NHS Vale of York CCG to Healthwatch York  
regarding engagement work they undertook.**

NHS Vale of York CCG told us that the changes were brought in from 1<sup>st</sup> September, but with a grace period until 16<sup>th</sup> October 2019.

Patients could still collect their prescription from a pharmacy until 16<sup>th</sup> October. The CCG reported that they communicated this with pharmacies, however, it is not clear how well this was understood and acted on.

As part of the project the CCG told us how they undertook the following communication and engagement methods around the time of the changes:

- Over 70,000 leaflets were distributed to all GP surgeries and pharmacies by hand during August 2019. Information was given at time of handover and GP surgeries and pharmacies were asked to staple a leaflet to each repeat prescription so that the patient could be updated. See appendix for CCG information about the prescription process.



- During August and September 2019 the CCG visited carers' advisory groups and patient participation groups, and spoke to the chair of the York Older People's Assembly to discuss the changes taking place
- The CCG worked with That's York TV and local media to provide information for the public
- Information was posted on the CCG website and social media channels. Communications were sent out to the CCG's stakeholder /vulnerable groups list and offered the invitation of a visit from a member of the CCG to any of their meetings or groups to explain the changes taking place.
- Guidance was produced and sent out to all GP practices about identification of 'assisted and vulnerable patients'
- The scheme was rolled out across North Yorkshire CCGs and a full account and explanation of the scheme was given at the Health and Adult Social Care Scrutiny Committee
- Concerns raised by GP practices or pharmacies were promptly addressed

## What we did to find out more

Healthwatch York collected individuals' concerns and experiences of the changes over a three month period, September to December 2019. At first we recorded people's concerns through our issues log. From October 2019, a short survey was produced to further encourage individuals to provide us with their feedback and experiences. The survey was available online and in paper format. It was taken to various events attended by Healthwatch York. With the aim of understanding more about the difficulties faced by particular groups, we shared our project with a number of local organisations such as the Carers Centre, Age UK and York Older People's Assembly.

Healthwatch York was also contacted by pharmacies expressing their concerns about the changes. In response to these concerns we produced a small survey for pharmacy staff which was distributed online across the Community Pharmacy North Yorkshire network.

Healthwatch York was also interested in the views of GP surgeries and approached the CCG to request any feedback gained from them. The CCG informed Healthwatch York that they were currently obtaining this feedback from GP surgeries and were concerned about duplication of survey requests. It was agreed that the CCG would share feedback from the GP surgeries with Healthwatch York. This feedback is available on page 42.

## Responses

We received a total of 102 responses.

- 22 online responses from pharmacy staff
- 30 online responses from members of the public
- 44 paper survey responses from members of the public
- Six responses through our issues log

## What did people tell us? Findings from members of the public.

Guidance was provided to GP surgeries and pharmacies by the CCG in order to support them with identifying patients who might require additional assistance with repeat medication ordering. We compared this guidance with what members of the public told us.

A thematic analysis was used to understand and present the feedback from the public. Responses were organised into six key themes.

Supporting quotes from those who consented to sharing their stories are provided below each theme heading.

## How well did people feel the changes had been implemented?

### Theme 1: People did not always feel informed about changes

*GP guidance stated: "Let patients know of the changes to repeat prescription ordering methods, and the reasons why, before making the change. Please don't leave it to the pharmacies to explain the changes to patients."*

What people told us suggests that information was not always provided to patients in a timely and effective way. Some people told us how they were unsure about how to order their prescriptions.

"The first I knew about the change was when I went to my pharmacy as usual to collect my medication and they said they didn't do it anymore."

"I feel that advance notice of these prescription changes - should have been earlier. Poor communication."

## Theme 2: Failures to identify people who would benefit from additional support or should be 'assisted patients'

*GP Guidance indicated the importance of identifying patients who might need assistance. It stated: "With the new proposals for repeat medicines ordering, it is important to identify patients who may need additional assistance from the practice or pharmacy to order their medicines."*

*"Ask pharmacies to provide a rationale if they propose a certain patient to be an exception (who should keep getting their medicines ordered by the pharmacy) and the practice should communicate back the outcome of the practice decision with reasons why, so this can be communicated with the patient."*

*"A person who may require additional assistance is an individual who is at risk of being unable to order or manage their own medication supplies due to life circumstances such as age, mental illness or capacity etc. Such patients will be referred to as "Assisted Patients"."*

What people told us suggests that some who appear to meet the criteria for assistance are not being identified. People were unaware they could ask for reasonable adjustments. In some cases, people reported being told that no exceptions were possible. Concerns were raised by people experiencing mental ill health, memory problems, mobility problems and possible visual/sensory impairments.

## Mental Health

“I have significant mental health problems. For years I've collected repeat prescription from local community pharmacy. The new system means I have to go to GP practice to collect prescription, then take it to pharmacy. I can only get to GP by bus. Buses are infrequent on the necessary route. I'm rarely able to leave house because of severity of panic attacks and anxiety disorder. I find bus travel distressing.... I asked the receptionist at my GP if there was anything that could be done to help... I was told there is nothing that can be done, that no allowances can be made for anyone.”

“I have an anxiety disorder meaning my repeat prescription is often forgotten and my mental health can get a bank holiday of no medication ...I go into a bad way withdrawing. I'm in need of social care but as it is mental I'm simply ignored.”

## Memory problems

“Very unhappy with change to the system. Has problems remembering things, so is struggling to remember when to order their drugs. Used to collect at pharmacy and be told when next to come. Now feel they have to manage all alone. Was not given any help re how to organise/use reminders. The problems are compounded by having multiple health problems and a complex medication regime...Because it is so hard to get through on the phone to make appointments find it really hard to manage blood tests and medication reviews on time.”

## Mobility problems

People talked about their experiences of having mobility problems. A number of other comments across the feedback suggested a concern around the impact of being or becoming older and less mobile and how this would affect people's ability to manage.

“Up to the beginning of November I was able to phone the pharmacy to order a repeat prescription. I have now been told that my order must be online or posted. I do not have an internet connection, it would be impossible for me to get to the surgery when the weather is too bad for me to use my mobility scooter. Taxi fares are expensive. I would like to know how a fully disabled person like me with no carers could manage!”

“Ordering repeat prescriptions from my surgery is a nightmare. You have to go down to the surgery. They won't take requests over the phone even in extreme circumstances.... There should be allowances for people with mobility problems who can't always get to their surgery and order their repeats.”

“Having to visit the pharmacy twice is difficult for me. Virtually no parking. Walking is painful. A simple phone call to order my prescription would help.”

“I have difficulty using a computer. Not easy to write requesting a repeat prescription and trying to get to a post box. A preferable system would be for each surgery to have a dedicated telephone line.”

## Visual/sensory problems

Some people spoke about having difficulties reading and writing which led to increased stress when trying to re-order via the telephone systems or otherwise.

“Use paper prescriptions every month. Hand them in at surgery and collect 4/5 days later. Print on prescriptions is now very small and difficult to read.”

“On some of the slips there are more than 10 items and I have a visual impairment which makes doing this task really difficult. I get very stressed at times and then I worry afterwards if I've done it all correctly. It would be much easier to speak to someone.”

“I have difficulty using a computer...Not easy to write requesting a repeat prescription and trying to get to a post box.”



## Did people feel the changes had made an improvement?

### Theme 3: Additional costs to patients in terms of time, travel and inconvenience

Several individuals had been pleased with their support from pharmacies before the changes. Some individuals reported having difficulties getting the right medications on their prescriptions despite going to their GP surgeries and asking for corrections, suggesting that medication wastage could still be an issue.

“Previously the chemist text every two months to say my prescription was ready - I collected. Now I have to take the prescription to the doctors, collect two days later, travel to chemist, wait 20 minutes while they get round to dealing with it. About an hour messing about and three visits instead of a two-minute collection. Improvement?”

“I prefer to order and collect from the pharmacy. Now I have to get my prescription to the doctors, then collect seven days later from the pharmacy next door. This causes me two journeys.”

“I have obtained my repeat prescriptions from local pharmacy, for some years. I ticked which medications I needed, from the list shown on the prescription form (omitting those I didn't need). Pharmacy gave me an appointment card with the collection date written on. The system worked excellently. Now I have to calculate the date I need to go to the surgery, drop off the prescription form request, calculate the date I think pharmacy may have received the paperwork, then phone them to ask if the medication is available for me to collect. This is an annoying and inefficient system.”

“It was much easier when the chemist ordered it for me. The GPs are always too busy. It means an extra trip for us.”

“Up to the change the pharmacy knew the date on which my medication ran out and obtained the prescription for me which was very convenient. I don't mind doing things online but have to allow more time than the period they say they need, just in case there is a problem. Also, I know that periodically I need a review so that will also mean I will order things quite a time ahead to ensure there is time for this if necessary.”

“After the debacle with taking my prescription to local pharmacy for onward transmission to GP - I switched to their online service. Very good. Now I am told I cannot use this service but MUST [go back to the] GP.”

“...[I] tried to cancel part of the prescription which I could purchase to save NHS money, but it's still on prescription so still claiming it.”

#### **Theme 4: Considerable challenges to carers and parents with considerable extra cost and inconvenience for them**

Several carers/ family members who support individuals with their prescriptions reported considerable challenges around time, travel and increased stress they faced due to the changes. Many online services, such as the NHS App, are also not currently available to carers reducing their options of ordering repeats.

“Finding time to do things out and about in the community is difficult as a carer. Instead of one visit to the pharmacy to collect meds, it's now two visits to the doctors (to drop off prescription request and pick up) and two to the pharmacy (to give in prescription and then wait for meds to be ordered) once a month. I find this a great inconvenience.”

“It's crazy as a carer I am run off my feet. The chemist was fab at supporting me. [I provide] full 24 care, I am not allowed to order online as they cannot complete the forms and it would need to be set up with a different email address as my account on the app is for me only. You can't do children either. GP won't accept me as her appointee for the online access: ridiculous. I also support my parent at another practice, again elderly no access to Internet I drive back and forth costs me more time energy.”

“I am upset for a family member who now has to go to her doctors surgery on foot with her few months old baby and toddler to pick up her baby's prescription then walk some distance to her pharmacy to collect the special prescription that the baby needs. This seems crazy. Her baby has to have this prescription and she is stressed with the added journey.”

“My partner has dementia so I have enough stress without having to sort their prescription. Before, it came automatically from the chemist.”

“Currently I have 3 staggered repeats for family members which get renewed at different times of the month. This has always been the case. However, now I have to ring my GP and leave a message including the dosage, milligram and name of medication. On some of the slips there are more than 10 items and I have a visual impairment which makes doing this task really difficult. I get very stressed at times and then I worry afterwards if I've done it all correctly. It would be much easier to speak to someone. Also because the prescriptions are staggered I have to do this at three different times a month and keep checking we all have enough medications.”

“Our surgery only accepts repeat requests on paper or via the online facility, which we didn't have. It was so much quicker and convenient to be able to call the pharmacy and leave it in their hands. We have a child with highly complex needs. Life is stressful. Now we have to mess around logging into the laptop and the online app to do this and only by checking back can we discover if it was approved for repeat.”

## Theme 5: Challenges of access to GP services

People reported on challenges they had experienced accessing GP surgeries services through online platforms and telephone access. A number of people spoke about how busy GP surgeries are which meant that resolving prescription process errors or getting appointments to discuss prescriptions with a GP was very difficult.

- **Difficulties of online access**

Reasons for difficulties with online access to GP services included: not having internet access, not being able to use the systems, concern around the accuracy of online systems and concern around privacy and security of personal internet connections.

“After being told about the new system I went to my GPs surgery and was given information regarding the procedure. I followed the instructions and was not accepted, I asked two family members who are more computer aware than I and the same happened. I went back to the GP and was given another set of codes and password - same result - so frustrating! I am disabled and a trip to the GP and then to the pharmacy is very difficult for me as it will be for most elderly people. On returning to the GPs even the receptionist was confused. I then asked to be able to just email, which I have done once and been successful, but the frustration in the meantime was profound. I cannot see this new system being for the better, as a vast majority of people I know have all had similar problems.”

“I have no access to the internet so I have to go into my doctors every 2 weeks to get my repeat prescription in to the doctors. They expect everybody to be online.”

“Haven't managed to try online, as I never seem to be able to get on my account.”

“The re-ordering arrangements are based on patients having access to a computer and/or are computer savvy.”

“Now we have to mess around logging into the laptop and the online app to do this and only by checking back can we discover if it was approved for repeat.”

“Haven't managed to try online, as I never seem to be able to get on my account.”

“Completely confused by the new prescription ordering, online is not suitable for everyone by any means.”

- **Difficulties of telephone access**

People told us about various difficulties they had had accessing GP services via telephone. It appeared that some GP surgeries offer a telephone line for patients to order their prescriptions. In many cases people thought this offered a good alternative although it needed to be easily accessible and well managed.

“There are many people who do not have the internet...To get an appointment by phone is almost impossible as, when I have tried, I was "17" in the queue, and [on hold] for ages only to be told to try again tomorrow. Very frustrating, and not good for you, especially when not feeling well.”

“Some but not all GPs provide telephone... Why not commission a telephone response service for all GPs?”

“A preferable system would be for each surgery to have a dedicated telephone line.”

“The phone line for the GP is poor/crackling/long wait/unhelpful people; ordering with the automatic GP phone line for prescriptions is poor crackly line; doesn't work, often orders are missing (but even happens when speaking to someone).”

## Theme 6: Greater convenience and efficiency when able to order online

Not all responses were negative and some individuals told us about some positives they had experienced around system efficiency and greater convenience through learning to use online services. Some individuals commented on wanting to continue ordering their own prescriptions through their GP surgeries as they felt this gave them more control. Some people reported understanding the reasons for the changes and agreed they were needed to reduce wastage.

“This system works well for me at the present time. Our doctor’s surgery is near the bus stop - the bus I usually use - so quite convenient. I receive a text from the chemist once the prescription is ready for collection. I have found my prescription is ready much earlier than the system that was in place. I only ever have received the medication I need as I always tick the boxes of things as needed and didn't use a repeat automatically.”

“I am able to order online and this has really improved my experience. Within a few days of ordering a repeat prescription it is at my nominated chemist. Previously I often had to chase either GP or chemist and got the prescription a few days before I was due to take the medication. Now I have it almost two weeks in advance. So much better.”

“I have begun logging into my GP surgery account, and ordering direct, with collection from my nominated Pharmacist (which I can amend if I wish). Quicker than doing it over the phone.”

“Ordering on line has made things a lot easier. Cuts out a lot of waiting time.”



A few people we heard from may still have been on the old system, or had not been affected by the change, including those who may have been successfully identified as 'assisted patients' and continued to receive pharmacy 'managed repeat' prescriptions.

## What did people tell us? Findings from the pharmacy staff survey

Healthwatch York heard from 22 staff members from pharmacies across the Community Pharmacy North Yorkshire region.

14 people reported that they felt there had been no benefits at all to patient experience and many disadvantages and 8 people reported on some benefits to patient experience. Positive effects on patient experience came under three key themes:

### Theme 1: Online thought to be better route for some

*“Patients have discovered the NHS app and online ordering, which a lot of people under the age of 65 have found really helpful. It has also made the process much quicker and more reliable for them.”*

Pharmacy staff reported that some people had moved to online ordering which was a more efficient route for some.

### Theme 2: Increased patient control and less reliance on pharmacy

*“Patients have more control over what gets ordered, and if something is missing...the patient is more likely to know why.”*

Staff reported that by encouraging individuals to use online services some became less reliant on pharmacies. One staff member reported that they had seen some reduction in what patients were ordering, reducing waste.

### Theme 3: Reduced waiting times for customers

*“Since we have not been able to order the pharmacy are turning prescriptions around within 24 hours.”*

Two members of staff reported on there being reduced waiting times in their pharmacies due to staff having more time to process prescriptions faster.

21 staff members reported that there had been negative effects to patient experience. Only one staff member reported not seeing any negative effects within their service. Negative effects to patient experience came under three key themes.

### Theme 1: Older and Vulnerable patients are the most negatively affected

*“Older patients and those who are more vulnerable have found this difficult as they are having to go into the surgery, which is difficult if they are not mobile.”*

Staff described how older and more vulnerable patients could struggle to order their medications. They also mentioned concerns around the possibility that some house bound patients may not be getting their medications. Staff said those affected by the changes included: vulnerable patients, older people, those with mobility problems, those who are unable to order online, those whose GP surgery is not near a pharmacy, those who are housebound and those whose GP surgery does not offer a phone service.

Staff reported that they felt for older patients who struggled and recognised that despite support from staff it was very frustrating for them.

## **Theme 2: People running out of medication and going without**

*“We have received many reports of patients going without their medication for anywhere from a day or two...to 3 weeks according to relatives...We are also less likely to have the items that patients need in stock despite our best efforts. Therefore, patients are more likely to have to go without medication even if they order it several days in advance.”*

10 members of staff explicitly reported on patients running out of medications, missing doses or having their health put at risk. It was reported that some patients had forgotten to order medications and for others their GP surgeries had been too overwhelmed to process prescriptions in enough time. One example was a type 1 diabetic patient reportedly going without insulin for several days.

Staff reported that prescriptions were not always ready in time. More emergency supplies were reported as being requested.

## **Theme 3: Increased disruption and frustration for patients**

*“Patients are left confused/upset/frustrated about why the system had to change. A significant number of patients were extremely unhappy they were forced to change to a different system that they did not want to use.”*

Staff reported that they had received many complaints from frustrated customers. Patients who had found the previous system worked well for

them often found it difficult to manage the change and were caught out when they did not receive prompts of automated repeats.

Staff also spoke about errors made by GP surgeries which meant that patients had to be referred back to receive all required information (such as cost exemptions), re-order again or take multiple journeys to the surgery when something ordered wasn't issued.

## The positive and negative impacts on pharmacies ability to provide patients with an effective service

Staff reported both positive and negative impacts on the service they were able to provide to patients since the changes, with many individuals giving examples of both within their pharmacy. Overall, more negative than positive impacts were reported by staff

**Negative impacts** described included:

- **Lack of time and resources to cope with changes when they took place**

*“There was no additional resource...and all resources were already fully employed. E.g. time for front desk staff to deal with large number of verbal complaints and increased queuing.”*

Some staff reported that there were no additional resources for them to be able to adapt and deal with the changes initially, which affected

patient experience. For example, front desks had insufficient time to deal with large numbers of verbal complaints leading to increased queuing.

- **Difficulties meeting patient expectations**

*“Without our input at the ordering stage to tell patients when to expect their medicine to be ready, it means patients are coming in before we have had a chance to make up the prescriptions.”*

Staff spoke about the difficulties of managing patient expectations. Prescriptions were taking at least 48 hours at most GP surgeries before getting to the pharmacy, before medicines have necessarily been ordered and prepared.

Without pharmacy input at the ordering stage to tell patients when to expect their prescriptions to be ready, many patients were coming in too early.

- **Increased difficulty for pharmacies making sure medication is provided and ready in time**

*“We are yet to know if there is a wide problem with patients no longer ordering medication. My fear is that some housebound patients may have fallen off the radar.”*

Pharmacies reported increased difficulty making sure patients' medicines were ready before patients ran out of supplies, which they felt had especially affected vulnerable patients and older people.

Pharmacies now no longer know what has been requested by patients, and so are not able to intervene when something does not get issued.

When ordering stock has become more difficult, there is not always enough time to source the right medication once the prescription has been received.

- **New forms of practice and working pressures**

*“Patients are phoning very often now and this, along with the very reactive nature of the dispensing, checking and stock ordering process, and late ordering by patients, is having a significant impact on the working pressures.”*

It was reported that, since the changes, working has become more reactive in nature with late ordering, significantly increasing pressures on staff.

- **Increased time spent on problem solving**

*“Not knowing what patients have ordered means that we are unable to chase any items that have been missed prior to the patient presenting in the pharmacy.”*

Staff reported that they had needed to spend increased time on problem solving which had reduced the positive service provided to patients. Pharmacies reported new difficulties managing or planning their workload as there was now no time to query issues with GP surgeries before patients picked up their medication.

**Positive impacts** described included:

- **Overall increased staff time and reduced workload**

*“It frees more of the pharmacies staff time as less admin work. More time spent doing other processes, more time spent on providing services.”*

In a number of cases pharmacy staff reported having more free time due to reduced administration work and fewer phone calls. They have been able to spend more time with their customers and focus on other services they provide.

Staff reported that more online ordering had led to a reduction in their overall workload and they were now able to work at a quicker pace.

One staff member, however, did express concerns that the changes will have increased workload at GP surgeries.

Overall, more negative than positive impacts were reported by staff. How the effects are felt may depend on the customer profile of the pharmacy. Receiving faster prescriptions may be benefiting only those who can access services more easily.



## Thoughts on what could improve patient experience in relation to future prescription ordering from pharmacy staff

We asked pharmacy staff what they felt could improve the changes for patient experience. They provided us with five recommendations:

### **1) Improve access to repeat medications at GP surgeries**

Improving access to telephone services at GP surgeries was recommended by a large majority of staff members. It was felt that this would improve access for people with mobility problems and many older patients.

Improving NHS and GP surgery apps to make it easier for people to order medication although ordering through apps does not suit all patients and many cannot manage alone.

Staff stated that a reminder service via either phone or text from their GP surgery to prompt some people to re-order would be beneficial.

### **2) Improve prescription dispensing systems at GP surgeries**

Staff suggested making sure all GP surgeries are EPS (electronic prescription service) live so that all GP surgeries are able to send electronic prescriptions to pharmacies.

Encourage the use of nationally recognised eRD (electronic repeat dispensing) at all GP surgeries. eRD applies when a person has a stable but long-term condition and is prescribed up to 12 months of their

medicines. eRD allows GPs to authorise a batch of repeatable prescriptions for up to 12 months with one digital signature.

Staff reported that not all GP surgeries were using eRD and felt that improving training to enable GPs to get used to using eRD would be beneficial.

Staff reported that it was currently difficult for GP surgeries to speak to some community pharmacies by telephone, as some pharmacies have centralised numbers. Having co-ordination with senior pharmacy management rather than a need to call multiple stores would improve communication.

### **3) Take more time over transitions to changes in service provision**

Staff reported that a longer transition to the changes in repeat prescription ordering would have been beneficial as well as talking to all links in the chain before deciding on a new process. They felt that this was especially important for changes that pose significant risk to individuals and involve very diverse populations.

### **4) Improve patient understanding and knowledge about the prescription process**

Staff stated that it needed to be made clearer to patients how long it takes to process a prescription request. At the moment many patients expect to collect after 48 hours after ordering but 48 hours is just the time it takes for the GP surgeries to authorise the prescription (as shown on back of the prescription note). Additional time is required to order and/or prepare the prescription before patients can collect, a fact that not

all patients are informed about. Communication with the patient from all services about when they should receive their prescriptions should be more realistic.

**5) Re-instate the old system with additions to improve efficiency and accountability and giving patients the right to choose.**

Staff felt that many parts of the old system worked effectively. Many staff reported that patients were happy with the previous system and believed the change to be unnecessary. They felt that patients should have the right to choose how they want their repeat prescription just as they have the right to choose which pharmacy they use.

Staff identified the potential to improve parts of the old system. It was suggested that pharmacy 'managed repeats' could be reinstated for approved pharmacies who can demonstrate effectiveness and waste reduction measures. It would be used to support patients who are unable to competently manage their medicines and who are at risk of missing doses. Patient signatures could be used to provide clear audit trails and prescriptions could include options for additional medications that are not needed regularly to be requested when required. Staff also spoke about making sure the service is able to offer discussions with patients about their regular medications at regular intervals which could problem solve and support those with medication management issues.

## Feedback from GP surgeries reported by the CCG

The CCG shared the feedback they had received from GP surgeries following their review with Healthwatch York. These were their findings. They received feedback from 46 respondents from GP practices. They reported that the majority of feedback was from GPs but also practice pharmacists, nurses, and other health care professionals.

- 85% of the respondents understood the reason for the change to be to decrease the number of unwanted medicines prescribed and an overall reduction in medicines waste. Over 55% felt it would help to reduce damage to the environment.
- Only 6 of the 46 respondents did not agree with the recommendations
- All of the respondents felt their practice had implemented the recommendations
- 87% of respondents were aware of the guidance on assisted patients
- Only 50% of respondents knew where to look for further information on the CCG website

The CCG reported that general comments and perceptions about the change included:

- Increase workload for GPs and reception staff
- Possible increase in patient anxieties about ordering prescriptions
- More guidance needed for identification of assisted patients
- Not all patients have online access

- Promotional material and leaflets could have been made available sooner

The CCG reported that they are continuing to look at ways they can improve the outcomes for patients and address some of the comments raised by respondents.

## **Conclusion**

Healthwatch York appreciate the need for the NHS to make good use of available resources in the current economic climate. We also agree with the overall aims to reduce medicines wastage and improve patient safety.

However, we are concerned about the unintended negative consequences of these changes on patient experience and safety. We ask the CCG to consider ways to minimise the negative impact of the changes as detailed in this report.

Considering the feedback we have received Healthwatch York have made a number of recommendations that we hope would improve similar service changes in future. We have also made several recommendations to be considered for current practice around repeat prescription ordering.

## **Engagement prior to changes**

Healthwatch York strongly propose that greater public and local service engagement is required well in advance of any such changes to support everyone in understanding the potential impact of the changes and prepare for the changes more effectively.

In addition to engagement with pharmacies and all GP surgeries, prior engagement with voluntary sector services should also be involved. This is not just to promote awareness but also to make sure carers and vulnerable groups are supported to exercise their right to reasonable adjustments by their GP surgeries if required. This would reduce the likelihood of individuals falling through the gap or not receiving the appropriate support from their GP surgeries when changes are put in place.

### **Reducing inequalities in health and social care by proactively making reasonable adjustments.**

Improving access to obtaining medications for carers, people who do not use online services and other vulnerable groups should be paramount.

Some individuals who spoke to us identified additional needs that placed them at greater disadvantage than others due to the new changes for a variety of reasons. They included: carers, people with mobility problems, memory problems, mental health issues, sensory needs and older people.

It was reported that some individuals did not have their needs identified or acknowledged by services and therefore were left without appropriate support.

Where changes to prescription ordering affects certain vulnerable groups more profoundly, we argue for additional work to be done to make sure 'assisted patients' are proactively identified by responsible services and for requests from individuals for reasonable adjustment due to disability, impairment or sensory loss are to be consistently upheld.

Since the changes were put in place the CCG have been able to work proactively with some individuals through local community groups, and to support them to access their GP services to have reasonable adjustments made to their medication and repeat prescription regime where it wasn't working. Positive feedback has been received. This example below was provided to us by the CCG following their support:

*'Everything went really well with the doctor's appointment on Friday, the repeat prescriptions have now been rectified and now have gone back to electronic prescriptions and have a new designated chemist , and repeats for 3 months instead of 2 weekly so I am really happy.'*

### **Consistency in general practice service delivery**

Healthwatch York appreciate current challenges surrounding general practice service delivery due to the way services are funded and managed. However, feedback has highlighted several areas which should be considered in order to promote a fair and consistent approach to access, standards of practice and communication across GP surgeries for the patients and people of York.

Areas for consideration include access to NHS Repeat Dispensing Service (eRD) where appropriate for the patient, and access to fair alternatives to online ordering for those who are not able to communicate through these, such as well managed telephone systems.

## Recommendations

Healthwatch York recommend that people who are having considerable difficulties accessing their own, or someone they care for, repeat prescriptions should make an appointment with their GP and request reasonable adjustments to be made. Where issues continue to arise, they should contact the NHS Vale of York CCG Patient Experience Team or Healthwatch York for further support.

Recommendation	Recommended to
<p><b>Feedback: People not knowing about the changes and what their rights are to request reasonable adjustments. The challenges faced by pharmacies in implementing the changes and the disruption felt by members of the public.</b></p> <p>Healthwatch York argue for increased public and service engagement PRIOR to changes taking place and increasing the time given for such transitions to allow for further engagement. We would suggest:</p> <ol style="list-style-type: none"> <li>1) Work closely with local pharmacies to understand customers locally and gather information about the current situation</li> </ol>	<p>NHS Vale of York CCG.</p>



<p>and working processes within pharmacies that support effective practice. Listen to recommendations proposed by local pharmacies to work towards an effective approach.</p> <p>2) Work closely with members of the public to educate about the changes and listen to their challenges.</p> <p>3) Work with voluntary sector groups such as Age UK, York Older People's Forum, Carers Centre and Healthwatch York to understand difficulties of specific groups and support services accordingly.</p> <p>4) Work closely with both larger and smaller GP surgeries to ensure understanding and review current methods for identifying 'assisted patients'.</p>	
<p><b>Feedback: Failure to identify some individuals who would benefit from assisted patient status. GP surgeries failing to support some individuals to make reasonable adjustments. The particular challenges faced by carers. People's concerns about what they will do when they get older/unable to manage.</b></p>	<p>GP surgeries, NHS Vale of York CCG.</p>

<p>Further work is required to address current access problems for carers, older people and other vulnerable groups to reduce inequalities. Further efforts are required to identify 'assisted patients' effectively and improve how reasonable adjustments are proactively made for individuals having difficulties to access medications. All staff who deal with patients face to face should know about the possibility of assisted status and reasonable adjustments.</p> <p>In terms of reasonable adjustment, particular attention should be made for people experiencing a disability, impairment or sensory loss in line with the accessible information standard (2016)<sup>12</sup>. Training should be provided to general practice staff, if required, to ensure adherence to this standard.</p>	
<p><b>Feedback: Inconsistency in general practice service delivery. Some services offer telephone access, some do not. Online access not appropriate for some,</b></p>	<p>GP surgeries, NHS Vale of York CCG.</p>

<sup>12</sup> The accessible information standard, one of the vital components of the care act 2014, requires a consistent approach to identifying a person's needs where it relates to a disability, impairment or sensory loss. It involves health services taking steps to ensure that the individual receives information in an accessible format and any communication support which they need in the aim to reduce inequalities.

<p><b>including many carers. The use of eRD for appropriate patients.</b></p> <p>Work to promote a fair and consistent approach to access, good standards of practice and effective communication across general practice in York via:</p> <ol style="list-style-type: none"> <li>1) Fair alternatives to online ordering for those who are not able to communicate in this way. An example may be via telephone systems across all GP surgeries.</li> <li>2) Considering the possibility of creating a reminder service from GP surgeries to support individuals to order.</li> <li>3) Promote use of eRD where it would provide greater support and safety for some patients. Ensure GPs attend training and are proactively using systems that support and benefit patients first.</li> </ol>	
<p>Given that Vale of York was not the first CCG to implement these changes we see potential for NHS England to horizon scan these changes and policy implementations across localities and develop good practice guidelines to support CCGs in this process.</p>	<p>NHS England</p>

## Appendix

NHS Vale of York CCG information leaflets about the prescription process

**How you order medicines is changing leaflet.** Available at:

<https://www.valeofyorkccg.nhs.uk/seecmsfile/?id=156>

**Helping you to manage your medication – easy read leaflet.**

Available at:

<https://www.valeofyorkccg.nhs.uk/seecmsfile/?id=157>

**NHS Vale of York CCG website with information about changes to prescription ordering.** Available at:

<https://www.valeofyorkccg.nhs.uk/campaigns/repeat-prescription-ordering/>

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## York CVS

Healthwatch York is a project at York CVS. York CVS works with voluntary, community and social enterprise organisations in York. York CVS aims to help these groups do their best for their communities, and people who take part in their activities or use their services.

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## This report

This report is available to download from the Healthwatch York website:  
[www.healthwatchyork.co.uk](http://www.healthwatchyork.co.uk)

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