

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

- To:** Councillors Coles (Chair), Ayre, Runciman and Webb,
Siân Balsom – Manager, Healthwatch York
Dr Emma Broughton – Joint Chair of York Health & Care Collaborative
Zoe Campbell – Managing Director, Yorkshire, York & Selby - Tees, Esk & Wear Valleys NHS Foundation Trust
Sarah Coltman-Lovell - York Place Director
Michael Melvin – Director of Adults Safeguarding, City of York Council
Martin Kelly - Corporate Director of Children’s and Education, City of York Council
Simon Morritt - Chief Executive, York & Scarborough Teaching Hospitals NHS Foundation Trust
Mike Padgham – Chair, Independent Care Group
Alison Semmence - Chief Executive, York CVS
Peter Roderick - Director of Public Health, City of York Council
Lisa Winward - Chief Constable, North Yorkshire Police
- Date:** Wednesday, 24 January 2024
- Time:** 4.30 pm
- Venue:** The George Hudson Board Room - 1st Floor West Offices (F045)

AGENDA

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

At this point in the meeting, Members and co-opted members are asked to declare any disclosable pecuniary interest, or other registerable interest, they might have in respect of business on this agenda, if they have not already done so in advance on the Register of Interests. The disclosure must include the nature of the interest.

An interest must also be disclosed in the meeting when it becomes apparent to the member during the meeting.

[Please see attached sheet for further guidance for Members].

2. **Minutes** (Pages 3 - 10)

To approve and sign the minutes of the last meeting of the Health and Wellbeing Board held on **Wednesday, 22 November 2023**.

3. **Public Participation**

At this point in the meeting members of the public who have registered to speak can do so. Members of the public may speak on agenda items or on matters within the remit of the committee.

Please note that our registration deadlines have changed to 2 working days before the meeting. The deadline for registering at this meeting is at **5.00pm on Monday, 22 January 2024**.

To register to speak please visit www.york.gov.uk/AttendCouncilMeetings to fill out an online registration form. If you have any questions about the registration form or the meeting please contact the Democracy Officer for the meeting whose details can be found at the foot of the agenda.

Webcasting of Public Meetings

Please note that, subject to available resources, this public meeting will be webcast including any registered public speakers who have given their permission. The public meeting can be viewed on demand at www.york.gov.uk/webcasts.

During coronavirus, we've made some changes to how we're running council meetings. See our coronavirus updates (www.york.gov.uk/COVIDDemocracy) for more information on meetings and decisions.

4. Report of the Chair of the Health and Wellbeing Board (Pages 11 - 16)

This paper is designed to summarise key issues and progress which has happened in between meetings of the Health and Wellbeing Board, giving Board members a concise update on a broad range of relevant topics which would otherwise entail separate papers.

5. Report of the York Health and Care Partnership (Pages 17 - 54)

This report provides an update to the Health and Wellbeing Board regarding the work of the York Health and Care Partnership, progress to date and next steps

6. Children and Young People's Plan (Pages 55 - 94)

The Children and Young People's Plan represents the overarching strategic plan for all partners working in the city. It sets our shared ambition and priorities for children and young people in the city.

7. SEND Update (Pages 95 - 142)

This report provides the members of the Health and Wellbeing board with an update on the implementation of the SEND Strategy and SEND Operational Plan following the Local Area SEND Inspection revisit in November 2023.

8. Implementation, Delivery & Performance Monitoring of the Joint Health and Wellbeing Strategy 2022-2032 (Pages 143 - 156)

This report provides the Health and Wellbeing Board with an update on the implementation and delivery of one of the ten big goals within the Local Joint Health and Wellbeing Strategy 2022-2023. It also includes information on performance monitoring.

9. Urgent Business

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

Democratic Services Officer

Ben Jewitt

Contact Details:

Telephone – (01904) 55 3073

Email – benjamin.jewitt@york.gov.uk

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

- Registering to speak
- Written Representations
- Business of the meeting
- Any special arrangements
- Copies of reports

This information can be provided in your own language.

我們也用您們的語言提供這個信息 (Cantonese)

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

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

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

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

 **(01904) 551550**

Declarations of Interest – guidance for Members

- (1) Members must consider their interests, and act according to the following:

Type of Interest	You must
Disclosable Pecuniary Interests	Disclose the interest, not participate in the discussion or vote, and leave the meeting <u>unless</u> you have a dispensation.
Other Registrable Interests (Directly Related) OR Non-Registrable Interests (Directly Related)	Disclose the interest; speak on the item <u>only if</u> the public are also allowed to speak, but otherwise not participate in the discussion or vote, and leave the meeting <u>unless</u> you have a dispensation.
Other Registrable Interests (Affects) OR Non-Registrable Interests (Affects)	Disclose the interest; remain in the meeting, participate and vote <u>unless</u> the matter affects the financial interest or well-being: (a) to a greater extent than it affects the financial interest or well-being of a majority of inhabitants of the affected ward; and (b) a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest. In which case, speak on the item <u>only if</u> the public are also allowed to speak, but otherwise do not participate in the discussion or vote, and leave the meeting <u>unless</u> you have a dispensation.

- (2) Disclosable pecuniary interests relate to the Member concerned or their spouse/partner.
- (3) Members in arrears of Council Tax by more than two months must not vote in decisions on, or which might affect, budget calculations, and must disclose at the meeting that this restriction applies to them. A failure to comply with these requirements is a criminal offence under section 106 of the Local Government Finance Act 1992.

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City of York Council

Committee Minutes

Meeting	Health and Wellbeing Board
Date	22 November 2023
Present	<p>Councillors Coles (Chair), Runciman, Dr Emma Broughton – Joint Chair of York Health & Care Collaborative Zoe Campbell (Remotely) – Managing Director, Yorkshire, York & Selby - Tees, Esk & Wear Valleys NHS Foundation Trust Sarah Coltman-Lovell - York Place Director Martin Kelly - Corporate Director of Children’s and Education, City of York Council Alison Semmence - Chief Executive, York CVS Sharon Stoltz - Director of Public Health, City of York Council Lucy Brown (substitute for Simon Morritt) – Director of Communications Emily Douse (substitute for Sian Balsom) – Deputy Manager, Healthwatch York Michael Melvin (substitute for Jamaila Hussain) – Director of Adults Safeguarding, City of York Council Mabs Hussain (Remotely) (substitute for Lisa Winward) - Deputy Chief Constable, North Yorkshire Police</p>
Apologies	<p>Councillors Ayre and Jones - Interim Director, Humber and North Yorkshire Locality, NHS England and Improvement Simon Morritt - Chief Executive, York & Scarborough Teaching Hospitals NHS Foundation Trust Mike Padgham – Chair, Independent Care Group</p>

160. Declarations of Interest (4:37pm)

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.

161. Minutes (4:37pm)

Resolved: That the minutes of the Health and Wellbeing Board meeting on 25 July 2023 be approved as a correct record subject to the following amendment:

- i. Add wording to reflect the correct job title of the Director of Quality and Nursing North Yorkshire and York, who was incorrectly described as ‘Director of Quality and Nursing, NHS Vale of York Clinical Commissioning Group’.

Resolved: That the minutes of the Health and Wellbeing Board meeting on 20 September 2023 be approved as a correct record subject to the following amendments:

- i. Amend the wording on page 17 of the agenda, item 158 of the minutes, “And it was brought it due to growing demand on services”, to “And it was brought about due to growing demand on services”.
- ii. Amend the wording on page 17 of the agenda, item 158 of the minutes, “The Commission service”, to “The commissioned service”.

162. Public Participation (4:38pm)

It was reported that there were eight registrations to speak under the Council’s Public Participation Scheme.

Alec Fraher spoke on item 4 of the agenda and requested that the Health and Wellbeing Board invited the Director of Public Health to organise a working group for the diagnostic protocol for ADHD, Autism, and dissociative conditions. Alec stated that there were difficulties around the understanding of differences between ADHD and Autism and highlighted that they are often mistakenly thought to be the same, Alec asked the board to create a public health information campaign in relation to these matters.

Hilary Conroy spoke on item 4 of the agenda representing York Disability Rights Forum. Hilary stated that the Autism/ADHD Pilot was unlawful, and that service provision for autism was the same as it was before the pilot commenced. She stated that it

could take up to 20 years for those on the waiting list to be helped and it was unethical for people to be assessed only if they stayed on the list.

Stephanie Brodie spoke on item 4 of the agenda and stated how autism burnout does not fit the criteria for mental health support and stated that NHS staff do not have the proper training for diagnosing borderline personality disorder (BPD), autism, and ADHD.

Hazel Kerrison spoke on item 4 of the agenda and stated that mental health services were not the best environment for neurodivergent people and that many aspects of ADHD and Autism could be misinterpreted and misdiagnosed. She also mentioned that the Suicide Prevention Strategy linked undiagnosed autism to suicide and that early prevention was important.

Councillor Rose spoke on item 4 of the agenda and raised concerns with the Autism/ADHD pilot. He highlighted that recent changes to the pilot were not improvements, commenting that many changes concerned communications while many issues had not been addressed.

Councillor Burton spoke on item 4 of the agenda and stated that people had been discharged from care when they were in need of help and risks were ignored. He stated that communication between services in York needed to be improved and highlighted that mental health was a key driver of substance misuse.

James Cannon spoke on item 6 of the agenda, noting that he was Chair of the York Older People's Assembly and a member of a York friendly citizen's group. He highlighted that York residents should have a say in the services available in York, and that many York residents would not understand the acronyms and terms referenced in the York Health and Care Partnership (YHCP) report. He then questioned what involvement the public had in the winter resilience planning referenced in the report.

Payson Muller spoke on item 4 of the agenda and stated that many women had been misdiagnosed and had gone under the radar due to their ability to mask their autism. They also noted

that the diagnostic theory for ADHD and related conditions was misunderstood.

163. Report of the Chair of the Health and Wellbeing Board (5:08pm)

The Chair presented the report.

Referencing Annex C of the report, Healthwatch York Recommendations, the York Place Director noted that details of previous and upcoming community engagement were online and that there was a live pilot which was the opportunity to receive meaningful feedback. She also mentioned that it was a priority to learn how we could better support people while they were on the waiting list, and that the ICB had met with the International Health Minister about being a neurodivergent supporting community. The York Place Director also noted that the criteria for the pilot had not been tightened but had instead been broadened.

Resolved: That the Health and Wellbeing Board note the report.

Reason: So that the Board are kept up to date on: Board business, local updates, national updates, and actions on recommendations from recent Healthwatch reports.

164. Health and Wellbeing Board Terms of Reference (5:19pm)

The Director of Public Health presented the report and noted that as the Health and Wellbeing Board was a sub-committee of Council, the ToR (Terms of reference) would need to be approved by Full Council.

The Board discussed the use of task and finish groups, noting that they provided more flexibility in approach due to the lack of structure required.

It was noted that it was important for mental health to continue to contribute to board meetings, and that the York Health and Care Partnership (YHCP) would continue to have a reporting relationship with the board on relevant agenda items.

Resolved:

That the Health and Wellbeing Board approved the proposed Terms of Reference;

That the Board's revised Terms of Reference be referred to the Constitution Working Group and then onto Full Council for approval, and for the Monitoring Officer to ensure that the Council's Constitution is updated to incorporate any revisions to the Terms of Reference agreed by Full Council.

Reason: In order to ensure that the Health and Wellbeing Board continued to undertake its statutory functions appropriately and effectively.

165. Report of the York Health and Care Partnership (5:34pm)

The York Place Director presented the report and noted that there were difficulties for customers and professionals to navigate the health system and the winter resilience plan was to identify what provisions were available and where gaps in provision were.

The Chair requested that the York Place Director present a report to the Board at the next meeting concerning dental provision in York.

Resolved: That the Board note the report of the YHCP.

Reason: So that the Board are kept up to date on the work of the YHCP, progress to date and next steps.

166. Report of the Health Impacts of the Cost-of-Living Crisis (5:53pm)

The Consultant in Public Health, Director for Customer and Communities, Public Health Improvement Officer, and Population Health Manager for York Integrated Care Board (ICB) presented the report, and it was noted that the report focused on how the cost-of-living crisis was affecting people's health in York.

The Assistant Director of Customer Services noted that there was a Financial Inclusion Steering Group to help address cost-of-living issues in York. She also stated that illegal money-

lending and digital inclusion were key features of the cost-of-living crisis.

The York Place Director urged all partners to make use of the Population Health Hub (PHH) and noted that the ICB has committed to health and inequalities funding for the next five years to support targeted approaches to reduce the burden of ill health.

In response to questions from board members, it was confirmed that:

- York PHH would discuss rising issues residents were facing at their next meeting, and that more regular updates could be commissioned in order to have more real-time data reporting.
- Many benefit entitlements were not being picked up by those who were eligible.
- The Policy in Practice tool allowed for a collection of data to inform how people had improved their situation.

Resolved: That the Health and Wellbeing Board:

- Noted and discussed the contents of the report;
- Disseminated the findings and support available in York to local services and practitioners in York.

Reason: So that findings and support in York was available to local services and practitioners.

167. Health Protection Annual Report (6:23pm)

The Director of Public Health presented the report and noted that there were shared responsibilities between the Humber and North Yorkshire ICB, City of York Council, and North Yorkshire Council for infection prevention control services.

In response to questions from board members, it was confirmed that:

- The ICB had a vaccination board for encouraging vaccinations within the local population.
- There was negative social media attention for vaccinations since COVID-19. Take-up levels for

vaccinations had always been good for the over-75 age bracket, but more needed to be done to further encourage younger age groups.

- Work was ongoing with the ICB and joint practices for Measles, and letters had been sent out to all NHS trusts in relation to this.

Resolved: That the Health and Wellbeing Board received the report.

Reason: To be assured of the health protection arrangements to protect the local population.

168. Implementation, Delivery, & Performance Monitoring of the Joint Health and Wellbeing Strategy 2022-2032 (6:40pm)

The Consultant in Public Health presented the report.

Resolved: That the Health and Wellbeing Board noted and commented on the updates provided within this report and its associated annexes.

Reason: To ensure that the Health and Wellbeing Board fulfils its statutory duty to deliver on their Joint Local Health and Wellbeing Strategy 2022-2032.

169. Annual Report of the Director of Public Health (6:48pm)

The Director of Public Health presented the report and recommended that at a future meeting the board receive the domestic abuse strategy referenced in paragraph 7a of the report. The Chair noted that the board would receive the strategy when it was completed.

Resolved: That the Health and Wellbeing Board:

- i. Received the report.
- ii. Agreed to support the recommendations.
- iii. Noted the progress being made on the recommendations of the 2020-2022 Director of Public Health Annual Report.

Reason: It is a statutory requirement for the Director of Public Health to produce an annual report and the Health and Wellbeing Board needed to be aware of the recommendations within it.

The members of the Health and Wellbeing Board thanked the outgoing Director of Public Health for the report and for her role on the board and wished her well in her retirement.

Cllr Coles, Chair

[The meeting started at 4.37 pm and finished at 7.00 pm].



Health and Wellbeing Board

24 January 2024

Report of the Chair of the York Health and Wellbeing Board

Chair's report and updates – January 2024

Summary

1. This paper is designed to summarise key issues and progress which has happened in between meetings of the Health and Wellbeing Board (HWBB), giving Board members a concise update on a broad range of relevant topics which would otherwise entail separate papers.
2. It will consider:
 - Board business
 - Local updates for the board
 - National updates for the board
 - Actions on recommendations from recent Healthwatch reports

Board Business

1. Following the November meeting of the HWBB the draft Terms of Reference for the HWBB are now being considered by the Constitution Working Group prior to being submitted to Full Council for approval. Once approved by Full Council the new Terms of Reference will be valid.

Key Local, Regional and National Updates for the Board

Winter Pressures

2. We know that the NHS is experiencing a very difficult period, with flu and covid rates rising concurrently during December and early January, and industrial action affecting service delivery and leading to cancellation of routine care, further increasing the backlog of elective procedures. A new [dashboard](#) has been launched by UK Health Security Agency which gives weekly data updates on the rates of infection, hospitalisation, and death from COVID, Flu and other winter viruses.

Fuel for Thought

3. City of York has launched a new campaign, [Fuel for Thought](#), raising awareness around solid fuel burning. Long-term exposure to air pollution (specifically fine particulates or PM2.5) was a contributory factor to the cause of death in 4.4% of deaths in those over 30 years old in York in 2021 – around 90 deaths, and it is estimated that about 20% of the harm comes from indoor solid fuel burning. There are ways of making it less harmful, however, as the campaign sets out.

Early Talk for York award

4. Some great news to celebrate: our 'Early Talk for York' speech and language programme, which has been a collaboration between health, children's services, and early years settings in the city, won the 'Learning Award' at the Children and Young People Now Awards.

Gambling related harm

5. A multi-agency network brought partners in York together to discuss the health harms relating to gambling. OHID provided input coming out of the [national evidence review on gambling harms](#), with some shocking statistics. The UK has one of the biggest gambling markets in the world, generating a profit of £14.2 billion in 2020. 54% of the adult population, or 40% when you exclude the National Lottery, gamble more than four times a year, 0.5% of the population reached the threshold to be considered experiencing problem gambling, and 3.8% of the population are classified as gambling at elevated risks. Gambling is related to health inequalities, and there is strong evidence in the review of financial, relationship mental and physical health, employment and educational, criminal, and anti-social behaviour and cultural harms.

Launch of YSJ Institute for Health and Care Improvement

6. In December York St John university opened an [Institute for Health and Care Improvement](#) which aims to bring together academics from across the University to find solutions for the pressing issues facing health and social care today.

CMO's annual report

7. The Chief Medical Officer's annual report has been published on '[Health in an Ageing Society](#)'. It's a very interesting read, especially given York has a higher proportion of over 65s and 85s – one of the CMO's key points is that the future of our health and care system will depend on helping people stay healthy as they age.

Other Updates

8. There are continued pressures in York around provision of dental services, including some recent changes to some providers no longer taking on NHS patients and pressures in the emergency dental pathway. At a recent City of York Council Health Housing and Adults Scrutiny meeting (13th December 2023), which the Health and Wellbeing Board may wish to note, discussions were held between committee members and Public Health, ICB and dentistry colleagues, with some future plans around commissioning and extra provision outlined, future Board sessions will discuss this issue further.
9. City of York Council will be publishing its 2024/5 budget in papers to Executive on 17th January 2024, due to be considered by Full council in February. Resource pressures within health and social care will mean that, this coming year more than ever, partners around the Health and Wellbeing Board will need to work together to meet our Health and Wellbeing Strategy 2022-32 commitment to 'build a collaborative health and care system'.

Update from the Co-chairs of the York Mental Health Partnership (YMHP)

10. The following paragraphs are an update from Professor Lynne Gabriel; one of the co-chairs of the York Mental Health Partnership.

Community Mental Health Hubs Update

11. The planned Community Mental Health Hub development forms a central part of York's community mental health transformation; ultimately creating portals through which multiple mental health and wellbeing needs can be met in one location.
12. A Hub planning meeting was held in mid-December. All current Mental Health Partnership leads who contribute to the development of the Hub and its provision, and who attend the York Joint Delivery Board, attended the event. All partners committed to either leading on or supporting the core tasks that are required for transitioning from the post-pilot Hub phase through to the embedding of the York Community Mental Health Hub model into co-designed collaborative local delivery of community mental health services.
13. The York co-production network's Conversation Cafes continue to inform the Hub developments.
14. The timeline for the opening of Community Mental Health Hub 1, 2, and 3: Hub 1 scheduled to open in April 2024, with Hubs 2 and 3 opening in Autumn 2024. Work is well underway for Hub 1, supported

by the programme team, Innovation Unit, Hub manager, and the Joint Delivery Board.

15. Potential locations for the hubs are being scoped as is the offer to residents.

Update on Realigning the York Mental Health Partnership

16. The Mental Health Partnership is currently a sub-group of the York Health and Wellbeing Board. Discussions are ongoing to realign the Mental Health Partnership (YMHP) to the York Health and Care Partnership (Place Board) to allow for more flexibility in operation, lines of authority and utilisation of mental health funding.
17. At the December York Mental Health Partnership meeting, partners discussed the realignment and agreed that the opportunity to align with the York Health and Care Partnership Board would provide greater flexibility and ability to continue the community mental health transformation. Briefing reports to the Health and Wellbeing Board would ensure that all key partners in the system were updated on work and developments.
18. In discussing the potential for realignment, partners revisited the Connecting Our City and the YMHP vision, aims and work. The original impetus - to create a mental health system and ways of working that epitomises person-centred care, compassionate, accessibility and inclusivity - remains important. The provision of relational centred practice was important, as was a commitment to continue to challenge and leverage positive and productive system change for the benefit of the population.
19. Additionally, the core work programme of the YMHP continues to be important and, as part of realignment, the partnership's Terms of Reference will be reconfigured to restate agreed aims, represent lines of reporting, reflect appropriate partnership membership, progression, and work programme. The partnership agreed that the Health and Care Partnership could provide a facilitative alignment to support advancement of York's community mental health transformation. The original co-created aims, which continue to apply, are that we create a mental health system in which:
 - We all feel valued by our community, connected to it, and can help shape it, we are able to help ourselves and others, and we build on our strengths.
 - We can access support with confidence.
 - We are proud to have a mental health service that is built around our lives, listens to us, is flexible and responds to all our needs.

Recommendations from Healthwatch York Reports

20. Healthwatch York present valuable reports to the HWBB on a variety of subjects pertaining to the health and wellbeing of York's residents. These reports contain recommendations that organisations represented at the HWBB are asked to respond to. Providers and commissioners are asked to regularly update Healthwatch York on how they have implemented these recommendations.
21. Consideration also needs to be given to developing a process for monitoring these recommendations and it is suggested that the Health and Wellbeing Partnerships Co-ordinator and the Director of Public Health meet with the Manager at Healthwatch York to progress this.

Author:

Tracy Wallis
Health and Wellbeing
Partnerships Co-ordinator

Responsible for the report:

Cllr Jo Coles
Executive Member for Health, Wellbeing and
Adult Social Care

**Report
Approved**

✓

Date 15 January 2024

Specialist Implications Officers

Not applicable

Wards Affected:

All

For further information please contact the author of the report

Annexes

None.



Health and Wellbeing Board

24 January 2024

Report of the York Health and Care Partnership

Summary

1. This report provides an update to the Health and Wellbeing Board (HWB) regarding the work of the York Health and Care Partnership (YHCP), progress to date and next steps.

Background

2. Partners across York Place continue to work closely together to commission and deliver integrated services for our population. The YHCP shares the vision of the York Health and Wellbeing Strategy that in 2032, York will be healthier, and that health will be fairer.

The YHCP has an Executive Committee (shadow) which is the forum through which senior Partnership leaders collaborate to oversee the delivery of the Partnership priorities. The Executive Committee meets monthly, and minutes from meetings held in 2023 are available in Annex A.

This report provides an update to the York Health and Wellbeing Board on the YHCP's progress since the last report provided in [November 2023](#).

3. **Update on the work of the YHCP**

November Executive Committee Meeting

In the November YHCP Executive Committee meeting the focus was on the expansion of the Frailty Hub, the LeDeR report and a discharge stocktake.

Frailty Hub Expansion

The York Frailty Crisis Hub is a new service for this Winter and is a fully integrated collaborative team from four different providers

working together at Acomb Garth Community Centre to support and keep people that are vulnerable and frail safe in their homes whenever possible, whilst respecting people's wishes. An important part of this model is the Extra Discharge Support Service provided by three voluntary sector organisations to help with patient flow from the hospital.

The YHCP discussed the importance of securing future funding that is sustainable for this work, and partners are working to find solutions for a sustainable model.

LeDer Report

The YHCP received an update on the LeDer report. Integrated care systems are responsible for ensuring that LeDeR reviews are completed based on the health and social care received by people with a learning disability and autistic people (aged four years and over) who have died, using the standardised review process. This enables the integrated care systems to identify good practice and what has worked well, as well as where improvements in the provision of care could be made. Local actions are taken to address the issues identified in reviews. Recurrent themes and significant issues are identified and addressed at a more systematic level, regionally and nationally.

In York Place the Quality Assurance and Improvement Team have been working on with care providers has proven a success and the ICB are going to roll the training out across the 6 places.

Improving discharge for inpatients from York Hospital

Improving discharge for inpatients from York Hospital

Partnership planning for hospital discharge is important to ensure timely discharge for patients to improve outcomes and ensure individuals receive appropriate care in the community. Work has been ongoing in partnership to improve this process for patients from York Hospital, including a stocktake with all services in October 2023 ahead of the winter period. Key challenges and

opportunities to improve outcomes for patients were discussed, including immediate operational actions to improve discharge, whilst planning for a longer term, sustainable model.

The current pressures the system is facing and to improve experience for patients means it is important to move quickly, therefore the discharge model is being reviewed in real time and services can amend the approach as required to meet patient need. We are confident that this new structure will enable the system to have more oversight and crucially, provide a mechanism for decision making at the appropriate level to facilitate timely discharge for patients.

The aim is to improve discharge for patients and alleviate pressures across the wider system. We will be monitoring progress and improvements by way of key performance metrics to enable an accurate measure of success.

In December the YHCP did not hold an Executive Committee meeting. A future development session is being planned where the Place Plan for 2024/25 will be discussed.

Work of the YHCP

Workforce

As referenced in the November 2023 HWB report, as part of the YHCP's 'Drive Social and Economic Development' priority a joint workforce priorities meeting is being held regularly between partners. At the December meeting a series of priorities were agreed, there are:

- i. Workforce events: full programme of partnership recruitment events is now being planned for 2024.
- ii. Employee of the City: work is ongoing to understand how T&Cs can be harmonised and to support retention in nursing, social care nursing, adult social care and the VCSE.

- iii. Students: work is ongoing between the ICB and Higher Education providers and care providers to devise list of courses/placement providers and develop consistent documentation to support with career routes into health and care.
- iv. Workforce data to quantify risks to deliver of Place Responsibilities: work is underway to look at local and national data collected on recruitment and international recruitment.
- v. Key worker accommodation: options are being explored to prioritise affordable housing for key workers and benefits to mitigate the affordability of working in York.

Directory of Services to support people over winter

As referenced in the HWB report in November 2023, the YHCP have produced a whole system winter resilience plan summarising the work underway across the partnership to keep people well and supported throughout the year and our winter preparedness plans. Each organisation contributed to the plan, and the plan is the first time York has a system wide view of winter preparedness plans across the whole pathway. The plan aligns with the YHCP's priorities to deliver integrated community, urgent and emergency care, and prevention services.

To make this partnership plan accessible to professionals and the public, a full directory of winter services has been produced available [here](#). The directories for professionals and the public can also be found in Annex B.

The directories include the support services available, aimed at supporting the public and professionals during the winter months, with a specific focus on community and frailty elements. In the professionals document, health and care professionals can efficiently guide individuals towards the assistance they require, fostering a resilient and healthy community during the challenging winter season. This resource highlights the support available to York residents to navigate winter with confidence and ensuring that help is readily available when needed the most.

Update on the Mental Health Partnership

Update on the Mental Health Partnership

The York Mental Health Partnership (YMHP) is currently a sub-group of the York Health and Wellbeing Board. Discussions are ongoing to realign the YMHP to sit under the York Health and Care Partnership Executive Committee meetings to align with the delivery of Place Priorities. More detail around this can be found in the update from the co-chairs of the YMHP contained within the [HWBB Chair's Report](#) for the January HWBB meeting.

This decision will be brought to the February YHCP Executive Committee and update will be provided to the Health and Wellbeing Board at the March 2024 meeting.

4. Work of the York Population Health Hub

As a key enabler of the YHCP, the York Population Health Hub continues to bring together partners to enable, analyse and undertake population health management approaches to provide a clearer picture of the health of the population and the inequalities people face across York place.

Cost of Living data pack

As part of work to understand our population and inform service delivery the Hub has updated the Cost of Living data pack produced in 2022 ([Cost-of-Living Crisis in York: Understanding and Reducing the Health Impacts data pack](#)). This update aims to demonstrate the health impact of the Cost-of-Living crisis on York's communities during 2023. We encourage partners to share this pack widely to inform service delivery and interventions for those who may be at risk of the cost of living crisis.

Core20PLUS5

The Hub is also in the process of updating York's Core20PLUS5 data packs for children and adults and the final packs will be included in a future report for circulation across organisations. The current data can be found on the Hub's [website](#), and feedback from partners is welcomed.

Contact Details

Author: Anna Basilio,
Head of Population Health
and Partnerships, Humber,
and North Yorkshire ICB
(York Place)

Chief Officer Responsible for the report:
Sarah Coltman-Lovell, NHS Place Director

Ian Floyd, Chief Operating Officer CYC and
York Place Lead

**Report
Approved**



Date 5 January 2024

Wards Affected: *List wards affected or tick box to indicate all [most reports presented to the Health and Wellbeing Board will affect all wards in the city – however there may be times that only a specific area is affected and this should be made clear]*



For further information please contact the author of the report

Annexes

All annexes to the report must be listed here.

Annex A - YHCP minutes November 2023

Annex B - *Directory of services for professionals; Directory of services for the public*



York Health and Care Partnership

Thursday 23rd November 2023, 10:00 - 12:30
Severus Meeting Room; First Floor, West Offices
Chair: Ian Floyd

(T) Joined on MS Teams

Present		
Ian Floyd (Chair)	Chief Operating Officer	City of York Council (CYC)
Rebecca Field	Joint Chair of York Health and Care Collaborative	York Medical Group
Cllr Jo Coles	Executive Member for Health, Wellbeing and Adult Social Care	CYC
Peter Roderick	Acting Director of Public Health/ Deputy Director of Population Health	CYC/York Place, H&NY ICB
Brian Cranna	Care Group Director of Operations & Transformation, North Yorkshire, York, and Selby Care Group	TEWV
Alison Semmence	Chief Executive	York Centre for Voluntary Services (CVS)
Martin Kelly	Corporate Director of Children and Young People	CYC
Helena Ebbs	Place Clinical Director	York Place, H&NY ICB
Emma Johnson	Chief Executive	St. Leonards Hospice
Caroline Johnson (on behalf of Michelle Carrington) (part)	Deputy Director Quality and Nursing York	York Place, H&NY ICB
Cllr Claire Douglas	Leader of the Council	CYC
Sharon Stoltz	Director of Public Health	CYC
Mark Bradley (T)	Place Chief Finance Officer	York Place, H&NY ICB
In Attendance		
Hannah Taylor	Team Administrator	York Place, H&NY ICB
Anna Basilico (T)	Head of Population Health and Partnerships	York Place, H&NY ICB
Jenny Allott	Deputy Chief Executive	York Centre for Voluntary Services (CVS)
Zoe Delaney (T)	AD Community Integration	York Place, H&NY ICB
Richard Douglas	Head of All age provider services	CYC
Bobbi Dempsey (T)	Integration Manager	York Place, H&NY ICB
Emma Olandj (T)	Director of Community Services	Nimbuscare
Michael Melvin (T)	Director of Adults Safeguarding	CYC
Gary Young	Deputy Director Provider Development	York Place, H&NY ICB

Apologies		
Sarah Coltman- Lovell	York Place Director	York Place, H&NY ICB
Gail Brown	CEO	York Schools & Academies Board
Michelle Carrington	Director of Nursing and Quality North Yorkshire and York	York Place, H&NY ICB
Professor Karen Bryan	Vice Chancellor	York St John University (Representing higher education)
Professor Mike Holmes	Chair	Nimbuscare
Zoe Campbell	Managing Director, NYY&S	TEWV
Sian Balsom	Manager	Healthwatch, York
Melanie Liley	Chief Allied Health Professional and Director of Community Partnerships	YSTHFT

Minutes

1. Welcome and apologies for absence.

The Chair welcomed everyone to the meeting.

The minutes of the meeting held on 16.10.2023 were approved.

There were no declarations of interest in the business of the meeting.

Peter Roderick updated discussions had started on the place plan locality model and work with areas in the council had commenced to create a joined-up model.

Anna Basilico updated that the Responsibility Agreement feedback had been given to Amanda Bloor and signed by Sarah Coltman-Lovell, Ian Floyd, and Amanda Bloor. The Agreement has been updated to reflect governance around quality, workforce, and estates, and to reflect the Partnership's future intentions around delegation. Anna will be emailing the YHCP members of the ICB collaborative boards to see if they were happy for the Committee to view their Responsibility agreements. If there is any other feedback on the Responsibility Agreement, please send to a.basilico@nhs.net.

Cllr Coles informed that she had visited the Carers centre on the 22nd November and reminded them the Place Committee are happy for them to come back to receive asks

The Committee noted the meeting being Sharon Stoltz last meeting and thanked her for her work and commitment in establishing the Partnership.

2. Frailty Hub Expansion Proposal

a) VCS Extra Discharge Support Service

Jenny Allott started by reporting the Extra Discharge Support Service is a partnership of 3 voluntary sector organisations, age UK, North Yorkshire Sport, and York CVS to help with patient flow from hospital. Speaking about who they have helped, Jenny informed the meeting that they have supported a range of different people and that they would hope to be more integrated into the hospital and link in with the frailty hub as a next step.

Alison raised that the service is run on non-recurrent BCF winter care funds which is due to end in March 24 and in order to keep the service running they would need a response by January on whether there is any further funding.

Discussion ensued on

- The importance and need to recurrently fund the service
- Better patient outcome rather than cost saving
- Intermediate services being overwhelmed before the service was put in place.
- Working closely with Community Rehabilitation Team without replacing or duplicating what they offer

Action

- Michael Melvin to feedback on the BCF funding for the EDDS at the December meeting

b) Frailty Crisis Hub Expansion

Following her previous presentation to the YHCP Emma Olandj updated on the Frailty hub informing of the 3 areas of support offered. Speaking on the Integrated crisis response Emma informed of the aim to help avoiding admission, continuing Emma spoke of the Proactive Admission avoidance element noting that since the frailty advice and guidance line began on the 1st November they have received 71 Crisis calls, stopping 11 people from going into hospital with each person receiving an MDT style response.

Emma shared a patient story of a citizen with Dementia they prevented admission into hospital for after a fall at home, how they supported the family to understand Hospital wasn't the best option for the patient. Feedback from the paramedics that had initially gone to visit the citizen was positive who informed that due to the Crisis line having an MDT style approach it saved them around 8 hours work as they would have had to contact each service individually or taken the citizen to A&E.

Ending Emma informed the meeting that currently 9 providers are using the Advice and Guidance line which is growing each day, due to time/resource the Frailty Advice and Guidance line is kept at frailty.

Discussion took place on

- Lack of referrals from YAS and the potential need for comms
- How to scale the project up so more can access the Hub
- An idea of a longer-term project to look at citizens who don't currently meet the criteria but may do in 2-3 years' time.
- Joining it up with St Leonards Hospice Advice and Guidance line who also experience high demand

3. LeDeR Annual Report and Front Street

Caroline Johnson highlighted some of the key areas of the report including 119 deaths reported across Humber and North Yorkshire ICB footprint with 85 having been reviewed, an even split between male and female, of the 85 deaths reviewed majority died outside of a hospital setting, good practice in the review of Long-Term Conditions, and screening areas. Caroline informed that the training the Quality Assurance and Improvement Team at York Place have been working on with care providers has proven a success and the ICB are going to roll the training out across the 6 places. YHCP committee members added their

praise and thanks for the report authors, commending the process and highlighting it is reassuring to have this report in place.

Discussion ensued on:

- Possibility of extending the health checks to Autism similar to the Pilot in Hull
- Looking at how many individuals who passed away in a hospital came from a Care Home
- The social prescribing work on Autism
- How to support people while they are waiting for a diagnosis.

4. Discharge Stocktake

Running through a slide pack Zoe Delaney recapped why a discharge stocktake commenced, shared some of the highlights from the report, and the top issues identified by partners. Continuing Zoe informed of a multi-partner workshop which included some partners that didn't take place in the stocktake and shared the 4 key elements the workshop focussed on being what they wanted to get out of the day, what the key priorities are, what will they stop and what will they start. A common theme of wanting to strive for better patient outcomes. Zoe shared some areas where work has already taken commenced to improve from the workshops including reducing the number of meetings.

Zoe shared with the committee of a Care Home referral Pathway review, informing of the partners involved, the key themes of delayed discharges for people going to Care Homes, a draft structure on delivery of discharge noting they will rely on feedback from colleagues. Richard Douglas informed that often Care Homes are accepting patients based on patients' behaviours on the wards not what they were like prior to admission, Michael Melvin added that the LGA and NHS are engaged in the work for complex discharges so that work is not repeated.

Action

- Hannah Taylor to circulate the presentation
- Zoe Delaney to bring a further item once the delivery of discharge improvement plan has been initiated.
- Helena Ebbs to discuss Dementia Training for Care Homes with Sarah Fiori

5. Workforce Plan

This agenda item did not take place but was circulated with the meeting papers.

Individuals to feedback on the circulated Workforce Plan paper and further updates will be brought in 2024.

Action

- Individuals to feedback on the workforce plan.

6. Any Other Business

NHS Dental Services Provision

Sharron Stoltz raised access issues to NHS Dental services in York, informing that an item on NHS Dental Services Provision would be brought to a future meeting. Cllr Coles raised a concern particularly around Children's and Emergency Dental services.

Discussion took place on a new pathway for children's dentistry and no emergency dental services in York meaning residents having to travel to be seen for assessments, with GP's being unable to offer repeat prescriptions due to them not specialising in Dentistry.

Responsibility Agreement

Sharon Stoltz raised a change required to the responsibility agreement due to the York Place Quality Group changing to North Yorkshire and York Place Quality Group. Sharon raised the importance for the committee to still receive York focussed updates from the quality group.

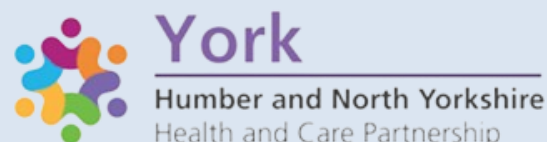
Integrated Neighbourhood Teams

Helena Ebbs informed she is looking into the creation of Integrated Neighbourhood teams, with the hope to coproduce the teams with organisations around the table and asked to bring the item to a future meeting.

Action

- Anna Basilico to update the Responsibility Agreement with the Quality Group changes
- Items on Integrated Neighbourhood teams and Integrated Family hubs to be added to the forward planner.

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Directory of Services to Support People to Stay Well in Their Communities Over the Winter – Information for Health and Care Professionals

The below table includes a directory of support services, aimed at supporting the public during the winter months, with a specific focus on community and frailty elements.

Health and care professionals can efficiently guide individuals towards the assistance they require, fostering a resilient and healthy community during the challenging winter season. This resource highlights the support available to York residents to navigate winter with confidence and ensuring that help is readily available when needed the most.

Services:

- | | |
|---|--|
| 1. Frailty Advice & Guidance Line | 14. Social Prescribing in York |
| 2. Frailty Crisis Response Hub | 15. Local Area Coordinators |
| 3. Community Response Team | 16. Asylum Seekers support |
| 4. Urgent Community Response Team | 17. Immedicare Telemedicine Service |
| 5. Virtual Frailty Ward | 18. York Place Quality and Nursing Team- Care Provider Support |
| 6. York Integrated Care Team | 19. Frailty Same Day Emergency Care |
| 7. Adult Social Care Community Team | 20. Rapid Assessment Therapy |
| 8. Adult Social Care Emergency Duty Team | 21. St Leonard's Hospice @Home and Carer Support service |
| 9. Reablement (Adult Social Care Intensive Support Service) | 22. Mental health support /other support |
| 10. Extra Discharge Support Service | 23. Dementia Forward |
| 11. Age UK Out and About Service | 24. Be Independent |
| 12. Health Navigator | 25. Move the Masses |
| 13. Frailty Clinic Assessment Service | 26. District Nursing |
| | 27. One team |


Service name	Details of the service available
1.Frailty Advice & Guidance Line	<ul style="list-style-type: none"> • Name of service: The Frailty Advice & Guidance line is ran by a GP with a specialist interest in Frailty working the in the Frailty Crisis Response Hub (see below), and is available to the whole system to offer advice and guidance for frail patients experiencing a crisis in the community in order to support admission avoidance. • Eligibility: <p>Inclusion Criteria:</p> <ul style="list-style-type: none"> ○ Living in own home or residential/care setting with frailty (Rockwood Score of 5 or more prior to acute illness) <p>Exclusion Criteria:</p> <ul style="list-style-type: none"> ○ Patients requiring acute pathways, eg. PPCI, Stroke, #NOF etc. (<i>unless YAS clinician feels conveyance is not in the patient's best interests – refer to Advance Care Plan</i>) ○ Patients experiencing a mental health crisis requiring assessment by a specialist mental health team ○ Patients needing acute/complex diagnostics and clinical intervention in hospital • How to make a referral: Call YICT team and ask for the Frailty Advice & Guidance Line • Opening hours: Monday to Friday 9am – 8pm (increased hours during junior doctor strikes) • Telephone/email contact: 01904 928844
2.Frailty Crisis Response Hub	<ul style="list-style-type: none"> • Name of service: The York Frailty Crisis Hub is a new service for this Winter and is a fully integrated collaborative team from four different providers working together at Acomb Garth Community Centre to support and keep people that are vulnerable and frail safe in their homes whenever possible, whilst respecting people's wishes. • The team comprises:

	<ul style="list-style-type: none"> ○ GP with a specialist interest in Frailty (provided by the York Integrated Community Team) ○ Social worker (provided by the Local Authority) ○ Social prescriber (provided by York Community and Voluntary Sector) ○ Community therapist (provided by the Community Response Team). <ul style="list-style-type: none"> ● How to make a referral: referral is via the usual referral routes of the individual services that make up the hub and cases will be discussed in a multidisciplinary setting and may result in a collaborative response.
<p>3. Community Response Team</p>	<ul style="list-style-type: none"> ● Name of service: The York Community Response Team (CRT) is a large multi-disciplinary health care team consisting of nurses, therapists, and support workers. The team provide assessment, short term intervention, rehabilitation, reablement and recovery, supporting both discharge and admission avoidance. ● The same team also delivers Urgent Community Response (care with 2 hours) and supports the Frailty Virtual Ward, however the CRT element is typically care provided within 1-2 days for a period of around 6 weeks. ● Eligibility: Patients 18 years and over, within their own home environment (including care homes), registered with a York GP (except Pocklington). ● How to make a referral: Call the CRT telephone number below ● Opening hours: 8am – 8pm, 7 days per week, 365 days per year ● Telephone/email contact: 01904 721343 / 07943876398
<p>4. Urgent Community Response Team</p>	<ul style="list-style-type: none"> ● Name of service: The Urgent Community Response Team (UCR) provides urgent care to people in their homes (including care homes) to avoid hospital admissions, and care is typically provided within 2 hours.

	<ul style="list-style-type: none"> • Conditions typically referred to Urgent Community Response Teams include falls (with no apparent serious injury requiring hospital admission), reduced function/mobility/decompensation of frailty/confusion/delirium caused by a minor stressor event such as a UTI, cellulitis, chest infection. • Eligibility: Over the age of 18 experiencing a health or social care crisis that requires urgent treatment or support within 2 hours and can be safely delivered in the home setting. Patient's must be registered with a York GP to access this service. • How to make a referral: UCR referrals are made via the CRT single point of contact. This is a clinician-to-clinician triage conversation to establish suitability of referral for UCR service. • Opening hours: 8am – 8pm, 7 days per week, 365 days per year • Telephone/email contact: 01904 721343 / 07943876398
<p>5.Virtual Frailty Ward</p>	<ul style="list-style-type: none"> • Name of service: The Virtual Frailty Ward (VFW) is a Geriatrician-led service, delivered by York Hospital / CRT, and enables people to receive hospital-level care in their own home. • Eligibility: Frail and a requirement for hospital-level care that can be safely and effectively delivered by the FVW team in the person's own home. • How to make a referral: Patients are primarily identified by the teams at York Hospital, including RAFA/RATS/UCR/CRT. • Opening hours: 24/7 • Telephone/email contact: If you think a patient is suitable for the Virtual Frailty Ward, call CRT on 01904 721343.
<p>6.York Integrated Care Team</p>	<ul style="list-style-type: none"> • Name of service: The York Integrated Community Team (YICT) is a multi-disciplinary Anticipatory Care Team that provides an initial Comprehensive Geriatric Assessment and then regular reviews thereafter to ensure concerns identified are addressed early to prevent crisis situations.

	<ul style="list-style-type: none"> • An agile, holistic, empathetic & personalised response is at the core foundation of what YICT offer. YICT also provide an in-reach service to expediate and support discharges from York Hospital when capacity allows, and patients on the YICT caseload can get in touch with the team directly when in need of support. • Eligibility: The most frail and vulnerable residents in York. • How to make a referral: Refer directly via YICT team • Opening hours: YICT are available 8-9pm, 7 days a week to support patients coming from RATS in ED or as part of the In-reach service. • Telephone/email contact: 01904 928844, nimbuscare.yict@nhs.net
<p>7.Adult Social Care Community Team</p>	<ul style="list-style-type: none"> • Name of service: Adult social care is about providing personal and practical advice and support to adults who need help to live an enjoyable life as independently as possible. • Eligibility: In order to get support from City of York Council, you must – <ul style="list-style-type: none"> ○ be aged 18 or over ○ be living within the City of York Council Local Authority area ○ have needs which are eligible for support based on the National Care Act eligibility criteria (2014) • How to make a referral: refer directly via Adult Social Care team • Opening hours: Monday -Thursday 9-5pm, 9-4.30pm on Fridays • Telephone/email contact: 01904 555111, Textphone: 07534 437804 adult.socialsupport@york.gov.uk • For more information please see guide attached: <div data-bbox="491 1832 544 1890" data-label="Image"> </div> <p data-bbox="411 1895 619 1944">A_quick_guide_to_Adult_Social_Care.pdf</p>


<p>8. Adult Social Care Emergency Duty Team</p>	<ul style="list-style-type: none"> • Names of Service: Contact the Emergency Duty Team for an urgent social care assessment and support outside of normal office hours. They provide advice and guidance, and carry out urgent assessments of adults, young people and children. • Eligibility: All social care, housing and homelessness emergencies • Opening hours: <ul style="list-style-type: none"> ○ Monday to Thursday: from 5.00pm to 8.30am ○ Weekends: from 4.30pm on Friday to 8.30am on Monday ○ Bank Holidays: 24 hours a day • Telephone/email contact: 0300 131 2131
<p>9. Reablement (Adult Social Care Intensive Support Service)</p>	<ul style="list-style-type: none"> • Name of service: Reablement can help people who need support with daily activities because, for different reasons, they are finding it more difficult to do them. • Often provided when a person is discharged from hospital and needs support to get back to their usual level of independence ('step-down'), or when they have experienced a stressor event in the community and require support for a time-limited period to get back to their baseline ('step-up'). • Eligibility: The service is for anyone over the age of 18 who is eligible for social care support and who would benefit from a period of reablement. It is not suitable for people who already have a long term care provider or people who have a serious illness which requires specialist care and pain support (palliative care). • How to make a referral: refer directly via Adult Social Care • Opening hours: Monday-Friday 9-5pm • Telephone/email contact: Adult Social Care on

	<p>01904 555111 adult.socialsupport@york.gov.uk, emergency outside office hours, or at the weekend contact Emergency Duty Team for advice on 0845 0349417.</p> <ul style="list-style-type: none"> For more information please see guide attached:  <p>Reablement_print_art work_file.pdf</p>
<p>10.Extra Discharge Support Service</p>	<ul style="list-style-type: none"> Name of service: Age UK Home From Hospital: A free service enabling older people to be more confident and comfortable at home after their hospital stay, support for up to six weeks for older people in York when they leave hospital. Eligibility: those aged 60 or over who live in the York area and who have either: <ul style="list-style-type: none"> • Been in A&E • Had a day procedure • Had a hospital stay • Have CYC reablement support. Unable to offer support for • those aged under 60 with some complex long term care needs. How to make a referral: refer directly via Age UK Opening hours: Monday - Friday 9:30-3:30pm Telephone/email contact: 01904 726191, ageukyork@ageukyork.org.uk
<p>11.Age UK Out and About Service</p>	<ul style="list-style-type: none"> Name of service: Age UK Out and About Service Providing support for 6-8 weeks post discharge, helping frail and elderly people to integrate back into their communities, reducing isolation and loneliness and admission avoidance. Eligibility: frail and elderly people How to make a referral: this service is free of charge. You can refer directly by calling Information and Advice service on 01904 634061. Opening hours: 9:30- 3:30 pm Monday to Friday Telephone/email contact: 01904 634061, firstcall@ageukyork.org.uk For more information please visit the website Age UK website

12. Health Navigator	<ul style="list-style-type: none"> • Name of service: Health Navigator: Health coaching for individuals with long term conditions to provide additional support, to individuals to manage their conditions and stay well. • Eligibility: This programme is currently open to patients registered with Haxby Group Practice, Priory Medical Group, and York Medical Group, although referrals from other York practices may be considered. Typical patient profiles include those with 2+ LTCs that may include: diabetes, respiratory conditions, cardiovascular diseases, and anxiety/depression. • Exclusion criteria: Under 18s, Primary diagnosis of an acute mental health issues, cognitive impairment, end of life, homelessness. • How to make a referral: Professional referrals accepted only via email. • Opening hours: Standard office hours, 09:00-17:00, excluding bank holidays. • Telephone/email contact: for general queries only info@hn-company.co.uk Please do send patient identifiable information to this address.
13. Frailty Clinic Assessment Service	<ul style="list-style-type: none"> • Name of service: Frailty assessment is a preventative service aimed at catching patients before they have falls or their condition deteriorates, as well as addressing chronic conditions and identifying any mental, social or physical health and memory concerns early. The aim is to reduce the number of hospital admissions by keeping patients healthy and safe at home for as long as possible. • Eligibility: It's for patients who are showing signs of frailty and at risk of deteriorating clinically in the months ahead. • How to make a referral: via Nimbuscare


	<ul style="list-style-type: none"> • Opening hours: Clinics take place at Acomb Garth Community Care Centre every Wednesday, from 9am to 1pm. • Telephone/email contact 01904 943 690, nimbuscare.operationalservices@nhs.net . For more information, please visit Nimbuscare website
<p>14.Social Prescribing in York</p>	<ul style="list-style-type: none"> • Name of service: Primary Care Link Workers are part of the Social Prescribing Team at York CVS. The Primary Care Link Workers are social prescribers based in GP surgeries across York, working alongside individuals to get to know them, and ultimately help them improve their health and wellbeing. • Eligibility: people with social issue, (e.g. loneliness, isolation, financial problems), social prescribing helps provide individuals with an alternative to medical intervention. • How to make a referral: via GP practice or self-referrals. • Opening hours: Monday-Friday 9-5pm • Telephone/email contact: 01904 437911 More information on the York CVS website.
<p>15.Local Area Coordinators</p>	<ul style="list-style-type: none"> • Name of service: Local Area Coordinators work with individuals and families of all ages and abilities. They help raise awareness of available resources within the local community. • Eligibility: support people with a wide range of issues. • How to make a referral This directory contains contact details of all Local Area Coordinators working within local communities in York LACDirectory • Opening hours: Monday-Friday 9-5pm

	<ul style="list-style-type: none"> • Telephone/email contact: via LACDirectory If your area isn't covered by a Local Area Coordinator, contact our Community Facilitator.
<p>16.Asylum Seekers support</p>	<ul style="list-style-type: none"> • Name of service: Asylum Seekers support to some of our most vulnerable patients and families with children, residing in Staycity. To proactively manage their care, the ICB has commissioned bespoke support via Nimbuscare which provides a specialist in-reach service to manage what are often complex needs for these people. • Eligibility: Asylum Seekers • How to make a referral: via Nimbus care • Opening hours: Monday-Friday 8-8pm • Telephone/email contact: 01904 943 690, nimbuscare.operationalservices@nhs.net . to find out more please visit Nimbus care
<p>17.Immedicare Telemedicine Service</p>	<ul style="list-style-type: none"> • Name of service: Available to 31 nominated older adults and LD/MH care homes in York, the Immedicare service aims to support response to deterioration early and help keep care home residents within their place of residence, preventing hospital conveyance and calls to other services. • Able to support with all urgent care contacts, with the most frequent calls received for falls, suspected UTI's, chest infections, skin complaints and medication issues. The team provides video-assessment, supervision, advice and guidance, and can support staff while awaiting an ambulance, and can perform virtual verification of death where appropriate and issue prescriptions. • Eligibility: Care home residents within nominated homes. • How to make a referral: Homes provided with a secure clinical laptop to access a remote consultation. Staff are encouraged to call as soon as they are concerned about a resident/notice deterioration.

	<ul style="list-style-type: none"> • Opening hours: 24/7, 365 days a year • For further information please contact: sam.varo@nhs.net 07593 382927- ICB lead for the service.
<p>18. York Place Quality and Nursing Team- Care Provider Support</p>	<ul style="list-style-type: none"> • Name of service: Care Provider Support, ICB Quality and Nursing Team. work as part of an integrated quality team alongside North Yorkshire Council and closely with other partner Local Authorities to promote delivery of high quality care. • Support delivery of best practice through React to Falls Prevention, React to Red, Identifying and Responding to Deteriorating Residents and Improving Hydration training programmes. Act as a link between health and social care services, leading workforce and leadership in the care sector and closer integration between services through digital enhancement. • Eligibility: quality improvement support to all care providers across North Yorkshire and York • How to make a referral: via York Place Quality Nursing Team • Opening hours: Monday-Friday 9-5pm • Telephone/email contact hnyicb-voy.yorkplacequalitynursingteam@nhs.net • Find out More About our Quality Assurance and Improvement Team- Working With Care Providers Across North Yorkshire and York • MULTIDISCIPLINARY SUPPORT TO INDEPENDENT CARE PROVIDERS, please see document for more details: <div style="text-align: center;">  <p>QAIT offer June23 V4.docx</p> </div>

<p>19.Frailty Same Day Emergency Care (FSDEC)</p>	<ul style="list-style-type: none"> • Name of service: Frailty Same Day Emergency Care Located at York Hospital • Eligibility: services available to all patients in the York area who fit the following criteria: <ul style="list-style-type: none"> ○ Patient is 75 yrs or older AND has a Clinical Frailty Score (CFS) of 5 or more ○ Patients are likely to be able to return to their usual place of residence same day following assessment ○ Patient is presenting with a medical condition that cannot be managed in the community NEWS2 is 4 or less and less than 3 in any one parameter. <p>Examples of suitable conditions include (but not limited to) UTI, confusion, falls, COPD, heart failure, syncope, cardiac arrhythmia, anaemia, urinary retention, dementia, Parkinson's, low-risk chest pain (now pain free and no ECG changes). Patients <u>should not</u> be referred to FSDEC if outside of the above criteria or;</p> <ul style="list-style-type: none"> -Infection risk (e.g, Covid, Flu, D&V) -Suspected #NOF or undiagnosed fracture -Trauma related problems including head injury -Patients requiring specialist pathways (e.g. PPCI, Stroke, red Flag Sepsis, Vascular, Major Trauma)Sepsis, <ul style="list-style-type: none"> • How to make a referral: via the service, call to discuss if unsure of suitability • Opening hours: service available 7 days per week from 08:00, last routine referral is 15:00. • Telephone/email contact: 01904 726616
<p>20.Rapid Assessment Therapy (RATS)</p>	<ul style="list-style-type: none"> • Name of service: (RATS) Rapid Assessment Therapy team are a group of occupational therapists' physiotherapists and social workers who work within ED and cover the frailty FSDEC and urgent care centre. • Eligibility: The RATS team focus is admission avoidance rapid assessment and discharge. They are able to access support services and step-up patients in the local area via CRT, IPU or temporary respite. They have greater access to these services than other therapy teams in the acute setting.

	<ul style="list-style-type: none"> • How to make a referral: They team take referrals from each area via a morning and afternoon handover but can also screen and see patients who are frail or have mobility issues • Opening hours: The RATS team operate on a 7 days service 8:00 till 20:00 cover. • Telephone/email contact: To contact any members of the RATS team for advice or to handover patients who have attended ED, you can contact on 01904 726656.
<p>21. St Leonard's Hospice @Home and Carer Support service</p>	<ul style="list-style-type: none"> • Name of service: Services supported by Single Point of Coordination re: <ul style="list-style-type: none"> ○ York Hospital's Macmillan Community Palliative Care Clinical Nurse Specialist service ○ St Leonard's Hospice@Home service ○ St Leonard's Sunflower Wellbeing Hub ○ St Leonard's Carer Support service ○ St Leonard's Bereavement Support service (call our dedicated bereavement phone number 01904 777 760) ○ Marie Curie night sit referrals and allocations • Eligibility: The referral criteria to access Carer Support is essentially: <ul style="list-style-type: none"> ○ Patients must be 18 years of age or above and have a life limiting condition. ○ All referrals must be Fast Track funding eligible. ○ Patients must consent to a referral being made to the Carer Support Service or a Best Interests decision made on their behalf. ○ Patients must be registered and assigned to the District Nursing service. ○ All patients must have a carer in need of a break, whom otherwise would not be able to get out due to their caring responsibilities. • How to make a referral: via Single Point of Coordination team • Opening hours: The service operates daily from 8.00am until midnight. The Hospice@Home service is extending from 8am – 12mn to a full 27/7 service from January 2024 to enable us to care for

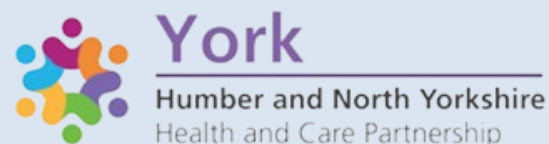
	<p>more patients in their own homes. This is a responsive service that prevents admission to hospital but also enables rapid discharge home to die if patients are identified in ED. Contact with SPOC to co-ordinate support as an alternative to 999 is crucial.</p> <ul style="list-style-type: none"> • Telephone/email contact A single point of co-ordination for end of life and palliative care advice and support, phone number 01904 777 770. <p>Access to the Hospice@Home Leaflet and Referral Criteria: Hospice@Home - St Leonard's Hospice (stleonardshospice.org.uk)</p>  <p>Referral Criteria for H@H.docx</p>
<p>22. Mental health support /other support</p>	<ul style="list-style-type: none"> • Crisis Line – York (TEWV): a free phone line, open 24 hours a day, 7 days a week. For all ages, offering support for anyone in a mental health emergency. 0800 0516 171 • The Haven: offers out of hours mental health support to anyone aged 16 or over. Monday to Friday 6pm-10pm and Weekends 12pm -10pm. 30 Clarence Street, York, YO31 7EW • Ways to Wellbeing: Connecting people to local community support to make them feel better, phone number 01904 621133, Option 4 waystowellbeing@yorkcvs.org.uk. Mon - Fri 9am - 4.30pm • York Carers Centre: an independent charity to ensure unpaid carers throughout York have access to confidential information, advice and support, phone number 01904715490 enquiries@yorkcarerscentre.co.uk. The telephone lines are open Monday to Friday 9.30am to 4.30pm (4pm on a Friday) for information and advice. Free evening Advice Line on Wednesdays from 5 to 8pm on main number: 01904 715 490. • Live Well York: an information and advice community website for adults and families. They have a page signposting to health and wellbeing support in York. www.livewellyork.co.uk

	<ul style="list-style-type: none"> • Qwell: a safe and confidential space online to share experiences and gain emotional wellbeing and mental health support from users and qualified professionals. https://www.qwell.io/
<p>23. Dementia Forward</p>	<ul style="list-style-type: none"> • Name of service: Dementia Forward (DF) is the leading dementia charity for York and North Yorkshire that provide support, advice and information to anybody affected by dementia across the county, and have developed a comprehensive range of services; all with people living with dementia at their heart. • Eligibility: people living with dementia • How to make a referral: via DF service • Opening hours: Mon-Fri 9am-4pm • Telephone/email contact: helpline on 03300 578592 or by email to info@dementiaforward.org.uk more info on website: https://www.dementiaforward.org.uk/
<p>24.Be Independent</p>	<ul style="list-style-type: none"> • Name of service: Be Independent helps citizens to live independently by bringing emergency care and specialist equipment to their home; services can play a key role in supporting their better health and care, and to maintain their own independence, in York. • Eligibility: anyone needed specialist equipment to live independently • How to make a referral: Be independent professional partners can refer customers here • Opening hours: General enquiries: 9.00am to 5.00pm, Monday to Friday • Telephone/email contact Telephone: 01904 645000, email: be.independent@york.gov.uk

	<ul style="list-style-type: none"> • Find out more about what Be Independent offers including: <ul style="list-style-type: none"> ○ York Telecare Response Service ○ Equipment Loan Service
<p>25. Move the Masses</p>	<ul style="list-style-type: none"> • Name of service: Move the Masses is a charity which aims to create healthy communities by enabling people to improve their wellbeing through exercise. One of their most well known projects is called Move Mates, which sees volunteer walking buddies pair up with people who do not have the confidence to go out of their home by themselves. • Eligibility: people who do not have the confidence to go out of their home by themselves. • How to make a referral: via Move the Masses team • Opening hours: Monday - Friday 9-5pm • Telephone/email contact hello@movethemasses.org.uk Call 01904 373017 • Further information on the activities offered by them can be found here.
<p>26. District Nursing</p>	<ul style="list-style-type: none"> • Name of service: District nurses supporting patients living in their own homes, including residential care homes and meet the definition of housebound are able to access the service. Housebound is an individual who is unable to leave their home environment due to a physical or psychological illness. An individual is not housebound if they are able to leave their home environment with minimal assistance from other e.g. family, friends or Carers to attend the Doctor, Dentist, Hairdresser or leisure venues. • Eligibility: Each patient will be individually assessed to determine their eligibility for home nursing visits by a qualified community nurse". This decision is based on individual needs and clinical judgement. Care needs typically addressed by the district nursing team include:

	<ul style="list-style-type: none"> ○ end of life/ palliative care ○ wound care/leg ulcer management ○ catheter management ○ administration of medication. ○ Care of Hickman/PICC lines and discontinuation of chemo pumps ○ This list is not exhaustive, referrals will be triaged, refers will be advised if patients are not suitable for the district nursing service ● How to make a referral: via DN team ● Opening hours: 24 hour service accessed via single point of access ● Telephone/email contact: 01904 721000
<p>27. One team</p>	<ul style="list-style-type: none"> ● Name of service: The One Team is multi-provider collaboration that meets daily to collaborate in the provision of support to enable patients to be discharged to their own homes. The team consists of CRT, YICT, Reablement and Social Care, Domiciliary Care Providers, voluntary care services supporting discharge and the York Hospital Discharge Team. ● Eligibility: Inpatient at York Hospital suitable for discharge to home with support. ● How to make a referral: N/A – all suitable patients at York Hospital reviewed routinely.

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Directory of Services to Support People to Stay Well in Their Communities Over the Winter – Information for the public.

This document outlines the services that are available to support you to stay well in your communities over the winter.

Services

- | | |
|--|--|
| <ol style="list-style-type: none"> 1. Home from Hospital 2. Local Area Coordinators 3. Waiting Well 4. Brain Health Café 5. Winter Bills Scheme 6. Live Well York 7. Warm places in York 8. Home Energy Efficiency | <ol style="list-style-type: none"> 9. Help with food 10. Self-care minor illnesses and injuries 11. Let's get better 12. Pharmacy first 13. NHS 111 14. A&E 15. Mental Health Support |
|--|--|

Service Name	Detail of the service available
1.Home from Hospital	<ul style="list-style-type: none"> Name of service: Home from Hospital. Age UK hospital services scheme is a flexible service of up to 6 weeks, to support you when you leave hospital or intermediate care. Who is this service for? A free service enabling older people to be more confident and comfortable at home after their hospital stay. How to access the service? Please visit the Age UK website for more information click here or see leaflet here Opening hours: Monday – Friday, 9:30-3:30pm Telephone/email contact: 01904 726191, ageukyork@ageukyork.org.uk

<p>2.Local Area Coordinators</p>	<ul style="list-style-type: none"> • Name of service: Local Area Coordinators (LACs): They help raise awareness of available resources within the local community and support people with a wide range of issues. • Who is this service for? LACs work with individuals and families of all ages and abilities. They take time to get to know you, your family, friends, carers and your community, so they can help you to build a strong support network. • How to access the service? This directory contains contact details of all LACs working within local communities in York, please visit LACDirectory • Opening hours: Monday- Friday, 9-5pm • Telephone/email contact: CYC Customer Services team 01904 551550
<p>3.Waiting Well</p>	<ul style="list-style-type: none"> • Name of service: Waiting Well, outlines a number of resources you can go to which will help you keep healthy and support you in managing your condition. Selection of apps designed to boost your confidence in using digital health tools and help you to tackle common health challenges while waiting for treatment. • Who is this service for? If you are waiting for an operation or procedure, we want to make sure you are as well as you can be when you are due for your treatment when the time come. • How to access the service? please visit Waiting Well page and Waiting well and beyond page • Opening hours: Monday-Friday 9-5pm • Telephone/email contact: Nimbuscare 01904 943 690, nimbuscare.operationalservices@nhs.net

<p>4. Brain Health Café</p>	<ul style="list-style-type: none"> • Name of service: Brain Health Café, to support people whilst they are on the waiting list for the memory clinic. The aim is to improve the experience of people awaiting a possible diagnosis of mild cognitive impairment or dementia. • Who is this service for? Anyone who has any concerns about their memory or wants to know more about how to keep their brain healthy. • How to access the service: Free service and everyone is welcome! Café takes place every Friday 10-12pm (except Bank Holidays) at Acomb Garth. For more information please visit NIMBUSCARE website • Opening hours: Dementia Forward, Monday – Friday, 9-4pm • Telephone/email contact: Dementia Forward helpline Tel: 03300 578592, email: info@dementiaforward.org.uk
<p>5. Winter Bills Scheme</p>	<ul style="list-style-type: none"> • Name of service: Winter Bills Scheme, provided by City of York Council to support vulnerable households with significantly rising living costs. Please also visit Help with utility bills website. • Who is this service for? The scheme is open to City of York residents who are over 16 years of age, who require urgent financial assistance. • How to access the service: Please visit City of York Council for eligibility criteria Household Support Fund. • Opening hours: Monday – Friday, 9-5pm • Telephone/email contact: please contact Benefits Team on 01904 551556, Email: benefits@york.gov.uk
<p>6. Live Well York</p>	<ul style="list-style-type: none"> • Name of service: Live Well York, website offers a number of resources for community support and social

	<p>care in York, for example, advice about money, legal issues, housing.</p> <ul style="list-style-type: none"> • Who is this service for? An Information and Advice community website for all adults. • How to access the service: please visit Live Well York website • Opening hours: free online resources • Telephone/email contact: Adult Commissioning Team, Telephone: 01904 551006, Email: livelyork@york.gov.uk
<p>7.Warm places in York</p>	<ul style="list-style-type: none"> • Name of service: A Warm Place is somewhere you can go, free of charge, to spend time to keep warm if you're struggling to heat your home. You can find a list of Warm Places in York on the Live Well York Service Directory, all offering a Warm Place with seating and facilities open for at least 2 hours a week. • Who is this service for? Free to everyone, with no requirement to buy anything. • How to access the service: There are lots of community venues in York offering a Warm Place this winter: Explore York libraries and Warm Places on Live Well York • Opening hours: please visit above websites for opening hours. • Telephone/email contact: Shaping Neighbourhoods, Email: shapingneighbourhoods@york.gov.uk
<p>8.Home Energy Efficiency</p>	<ul style="list-style-type: none"> • Name of service: The Home Energy Efficiency Team are passionate about helping you to save energy, money and carbon, making sure that you feel warm and healthy in your own home all-year-round.

	<ul style="list-style-type: none"> • Who is this service for? Available for all residents • How to access the service: please contact the team on the number below or visit The Home Energy Efficiency Team website to find out more. • Opening hours: Monday – Friday, 9-5pm • Telephone/email contact: Home Energy Efficiency Team, Telephone: 01904 555520, Email: saveenergy@york.gov.uk
<p>9.Help with food</p>	<ul style="list-style-type: none"> • Name of service: Help with food, if you're struggling to pay for food, free independent advice and support about social welfare issues is available for all residents, covering benefits, debts and employment. • Who is this service for? Available for all residents • How to access the service: for a range of support with food available, please visit Help with food website. • Opening hours: Monday – Friday, 9-5pm • Telephone/email contact: Benefits and Contributions Advisors, Telephone: 01904 552044, email: incomeservices@york.gov.uk
<p>10. Self-care minor illnesses and injuries</p> <p>'Stay Well This Winter'</p>	<ul style="list-style-type: none"> • Name of services: Visit the NHS website for a full medicine cabinet list. You can often self-treat many minor illnesses and injuries at home by keeping your medicine cabinet and first aid kit well-stocked with medicines. <p>'Stay Well This Winter' offer advice on keeping well during the winter months to: those with long-term health conditions, those over 65, pregnant women parents of under-7's.</p>

	<p>Advice to help you stay well this winter: Watch these short videos of York GPs sharing their advice on a range of common conditions:</p> <ul style="list-style-type: none"> • Who is this service for? Available to everyone • How to access the service: please visit the above website for more information • Opening hours: free online resources • Telephone/email contact: free online resources
<p>11. Let's get better</p>	<ul style="list-style-type: none"> • Name of service: Let's get better offers comprehensive resources, support and signposting to help you and your family Start Well, Age Well and Live Well. • Who is this service for? If you live in any part of the Humber or North Yorkshire, Let's Get Better is the ultimate destination for all your health and wellness needs. • How to access the service: free online resources, please visit the Let's get better website. • Opening hours: free online resources • Telephone/email contact: hnyicb.communications@nhs.net
<p>12. Pharmacy first</p>	<ul style="list-style-type: none"> • Name of service: Your local pharmacy team are healthcare professionals who can give you clinical advice and treatment for common illnesses such as coughs, colds, aches and pains. • Who is this service for? Everyone, your local pharmacy, can also help you decide whether you need to contact other healthcare services and understand the medicines you've been prescribed and review your prescriptions if you have any concerns

	<ul style="list-style-type: none"> • How to access the service: please visit the website below for more information or visit your local pharmacy. • Opening hours: free online resources • Telephone/email contact: For more information please visit Lets Get Better
<p>13.NHS 111</p>	<ul style="list-style-type: none"> • Name of service: NHS 111 is the fast, easy and free NHS non-emergency contact offering clinical advice. When you call 111 you will speak to a highly trained adviser who is supported by healthcare professionals. The adviser will ask you a series of questions to assess your own, or the patient's symptoms, and you will then be directed immediately to the most appropriate medical care. • Who is this service for? If you think you need medical help right now, 111 online can tell you what to do next. • How to access the service: You can call 111 or fill in an online form at 111.nhs.uk/ • Opening hours: 24h services • Telephone/email contact: call 111
<p>14.A&E (accident and emergency)</p>	<ul style="list-style-type: none"> • Name of service: A&E is for serious injuries and life-threatening emergencies only. It is also known as the emergency department or casualty. • Who is this service for? Life-threatening emergencies, please visit NHS England website When to go to A&E • How to access the service: your local York Hospital Emergency Department (A&E) in York . • Opening hours: 24h services

	<ul style="list-style-type: none"> • Telephone/email contact: 999, or if you're not sure what to do, NHS 111 can help you.
15.Mental Health Support	<ul style="list-style-type: none"> • Name of service: Community mental health services, if you are feeling low, sad or worried but are not experiencing a mental health crisis, there is a range of mental health support you may wish to consider. • Who is this service for? Providing community-based support to people aged between 18 and 65 years old who are experiencing challenges with their mental health. • How to access the service: to contact the right support for the area please visit TEVW/services/community-mental-health. • Opening hours: Monday-Friday, 9-5pm • Telephone/email contact: Mental health crisis call: 0800 0516 171, the line is open 24/7 Healthwatch York have also produced a user friendly guide on how to seek help in a crisis which is available here. <p>Other useful contacts:</p> <ul style="list-style-type: none"> • TEWV crisis services, 24 hours a day, seven days a week, Freephone 0800 0516 171 • The Haven @ 30 Clarence Street, 6pm-11pm, every day, Tel. 07483 141 310 • Drug and alcohol services, 8.30am – 4pm, Monday-Friday, Tel. 01904464680 (York), Tel. 01723 330730 (North Yorkshire) • Samaritans, 24 hours a day, seven days a week, Tel. 01904 655888 • Citizens Advice Bureau, 9.30am – 12.30pm, Monday, Wednesday and Thursday, Tel. 03444 111 444



Health and Wellbeing Board

24 January 2024

Report of the Corporate Director of Children and Education

Children and Young People's Plan**Summary**

1. This report presents a new Children and Young People's Plan (2024-2027). The Children and Young People's Plan (CYPP) represents the overarching strategic plan for all partners working in the city. It sets our shared ambition and priorities for children and young people in the city. As a partnership document the work of all agencies should be informed by vision and priorities contained within the CYPP.
2. In developing our Children and Young People's Plan we drew together key messages from children and young people from across the city. In addition, we reviewed existing strategic plans and reviewed relevant data to help inform the creation of a vision and set of shared priorities.
3. The plan sets out a shared strategic vision for children and young people. Our vision is that:
 - a. All children and young people get the best start in life, are happy and healthy, stay safe and develop the skills and relationships they need to thrive into adulthood.
4. The Plan draw focus to four high-level priorities for all partners working with children and young people. The four priorities are that all children and young people:
 - a. Have the **Best Start in Life**
 - b. Are **Happy and Healthy**
 - c. **Stay Safe**
 - d. Are **Ready for the Future**

Background

5. The development of a Children and Young People's Plan was originally a requirement of the Children Act 2004. This placed a responsibility on partners to work together to improve the well-being of children in their area. Whilst it is no longer a statutory responsibility to produce a Children and Young People's Plan, York has agreed it is helpful in ensuring partners work together on key priorities for the city.
6. The Children and Young People's Plan belongs to the city. It spans across our entire strategic landscape for children and young people and should influence our work at all levels. The coordination of the partners delivering the Children and Young People's Plan sits with the City of York Safeguarding Children's Partnership (CYSCP) and will reach across other relevant strategic partnerships in our city.
7. In 2023 a multi-agency task and finish group came together to help develop the new Children and Young People's Plan. The task and finish group:
 - a. Reviewed existing strategic plans across the city.
 - b. Reviewed existing data from the Joint Strategic Needs Assessment and other sources.
 - c. Reviewed existing messages from children and young people.
 - d. Piloted the use of a co-production toolkit with children and young people.
8. During the development of the Children and Young People's Plan the task and finish group engaged the then Children and Young People's Programme Board that reported to the Health and Well-Being Board along with the City of York Safeguarding Partnership (CYSCP).
9. In September 2023 the CYSCP reviewed the proposed plan. The partnership agreed their commitment to the new Children and Young People's Plan. This is reflected in the foreword provided by key strategic leads in the city.

10. The Children and Young People's Plan is provided in Annex A. The plan covers the period 2024 - 2027.
11. The City of York Safeguarding Children Partnership will coordinate the work of partners and review what difference we are making through our Children and Young People's Plan. To understand what difference the plan is making the partnership will bring together intelligence from three different sources:
 - a. **What children, young people and families tell us**
We will draw together messages from children, young people and families about their experience of living and growing up in York and use this to understand what difference is being made in people's lives.
 - b. **What our data tells us**
A scorecard of data indicators has been agreed to help us understand if we are making a difference. This is provided in Annex B. This data will provide valuable insight but the partnership must analyse and understand the story behind the data by triangulating it with what families say and system assurance from partners.
 - c. **System Assurance**
We will check and challenge partners to demonstrate the work they have done to deliver the Children and Young People's Plan and what they understand to be the difference they have made.
12. The safeguarding partnership will use its annual reporting cycle to demonstrate the progress in implementing the plan and its impact for children and young people.

Main/Key Issues to be Considered

13. The Children and Young People's Plan is a partnership plan that spans across the strategic landscape. The Children and Young People's Plan is being presented to the Health and Well-being Board for endorsement and to seek views on its implementation.
14. The Children and Young People's Plan is listed in the council's constitution as one of the partnership and community plans requiring agreement at Executive. The Children and Young People's Plan is being shared with the Executive in February 2024.

Consultation

15. York has made a commitment to involve children and young people in the development and delivery of services.
16. In developing our Children and Young People's Plan we drew together key messages from children and young people through different forums. These are summarised below:
 - a. 2023 Co-Production and Joint Partnership with children, young people and families
 - b. 2023 Annual Show Me That I Matter and I Still Matter reports
 - c. 2023 Annual Advocacy Report
 - d. 2023 U_Matter Report
 - e. 2023 City of York Safeguarding Children's Partnership Development Day
 - f. 2023 York Youth Council
 - g. Access4All
 - h. 2022 Public Health Survey
 - i. 2021 Voice and Involvement Strategy Evaluation
 - j. 2021 York Human Rights Indicator Report
17. To support the development of the Children and Young People's Plan a children's rights co-production toolkit was developed. The toolkit raises awareness of children's rights and helped children and young people explore priorities in the context of children's rights. The feedback gathered through these sessions have added to existing messages from young people.
18. In Autumn 2023 the Children's Rights Co-Production toolkit was launched to support all partners engage children and young people understand their rights. The toolkit uses and Appreciative Inquiry approach to introduce the concept of children's rights and support services to work with young people to agree how to better meet children's needs. The toolkit is available through the safeguarding partnership website

www.saferchildrenyork.org.uk/safeguarding-information/childs-lived-experience).

Options

19. The Children and Young People's Plan is presented to the Health and Well-being Board for endorsement and to seek views on its implementation.

Strategic/Operational Plans

20. One City, for all, the City of York Council's Council Plan (2023-2027), sets a strong ambition to increase opportunities for everyone living in York to live healthy and fulfilling lives. Specific areas relating to this paper are:
 - a. 4. Start good health and wellbeing young:
 - i. 4.3. Continue our improvement journey to deliver good and outstanding children's services with the voice of the child heard throughout all council operations.
21. Given its nature the CYPP also has strong links to other local strategies including:
 - a. The Health and Wellbeing Strategy
 - b. The York Economic Strategy
 - c. The Climate Change Strategy

Implications

22. It is important that the priorities in relation to the new Children and Young People's Plan are delivered. The CYSCP will provide strategic oversight of implementation of the plan on behalf of the city. Partners will be asked to provide assurance that appropriate mechanisms are in place for delivery and report on progress.

Recommendations

23. The Health and Well-being Board is asked for its endorsement of the new Children and Young People's Plan and to provide views on its implementation.

Contact Details

Author:
Niall McVicar
Head of Innovation and
Children’s Champion

Chief Officer Responsible for the report:
Martin Kelly
Corporate Director of Children and
Education

Report **Date** 13 December 2023
Approved

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

For further information please contact the author of the report

Background Papers:

Annexes

- Annex A – Children and Young People’s Plan
- Annex B – Children and Young People’s Plan Scorecard
- Annex C – Children and Young People’s Plan Equality Impact Assessment

Glossary

- CYPP – Children and Young People's Plan
- CYSCP – City of York Safeguarding Children’s Partnership

York's Children and Young People's Plan

2024-2027

We want York to be the best place for children and young people to live and grow up. We will work together to make sure children and young people have the building blocks needed to be happy, to be healthy, to be safe and to be ready for the future.

Our Children and Young People's Plan sets out our ambitions and provides the city-wide strategic framework for all partners. The Plan set out our shared moral purpose, our values and how we work together with children, young people, families and communities.

At its heart the plan reflects the key things that children, young people, parents and partners tell us matter most and what they need.

DRAFT

Foreword Our shared commitment

Mel John -Ross, Independent Chair and Scrutineer for the City of York Safeguarding Children's Partnership

As the Independent Chair and Scrutineer for the City of York Safeguarding Children's Partnership, I welcome the Children and Young People's Plan: 2024-2027.

The vision, values and principles of the Safeguarding Children's Partnership all align with our shared vision that, 'All children and young people get the best start in life, are happy and healthy, stay safe and develop the skills and relationships they need to thrive into adulthood'.

This shared vision will be achieved by us all collectively, across our agencies and communities, working together as a whole system, ensuring that the voice and lived experience of children, young people and families, is at the centre of everything that we do.

The City of York Safeguarding Children's Partnership has a key role in contributing to and delivering the shared priorities, as set out in the Children and Young People's Plan, ensuring that York is a place where children and young people thrive.

Martin Kelly OBE, Corporate Director of Children's Services, City of York Council

York is a City renowned worldwide for its history and iconic buildings attracting over 8.4 million visitors per year who bring over £750m into the economy. It is a city of happiness, ambition, and innovation with world leading education institutions and businesses. York has also held a leading position throughout generations for its visionary ambition to develop thriving communities with equality of opportunity through philanthropic social actions to eradicate poverty. This is as true today as it was in the 1800's. When it matters, it really is a city that comes together using positive relationships and focussed action to address our most complex challenges.

It is these shared values and collective vision that will support and protect our city's future for generations to come. Following many years of austerity and the considerable implications of a pandemic, our actions today may well be consigned to a pivotal point in history for the future. The phrase coined by the famous philosopher Aristotle 'The whole is greater than the sum of its parts' will perhaps never have been more important as we use our reduced resources differently to gain even greater impact.

I am delighted that York will continue to hold nothing but the highest ambition for current and future generations, using our Children and Young People's plan to drive our collective moral purpose through a shared understanding of the issues. We have used multiple opportunities to listen to young people and create a vision that is important to them. We are as one in our partnership that only the best is good enough for all our children in the city and will use this plan to hold each other to account to really deliver what matters.

Scott Bisset, Assistant Chief Constable, North Yorkshire Police

The mission of North Yorkshire Police is to keep people safe and feeling safe. All children deserve to grow up in a safe environment, cared for and protected from harm. Most children thrive in loving families and grow to adulthood unharmed. Unfortunately, though, too many children are abused or neglected by those responsible for their care; they sometimes need to be protected from other adults with whom they come into contact. Some of them occasionally go missing, or end up spending time in places, or with people, harmful to them. While it is everyone's responsibility to look

out for vulnerable children, police forces – working together and with other organisations – have a particular role in protecting children and meeting their needs.

Protecting children is one of the most important things the police do. Police officers investigate suspected crimes involving children and arrest perpetrators, and they have a significant role in monitoring sex offenders. They can take a child in danger to a place of safety and can seek restrictions on offenders' contact with children. The police service also has a significant role, working with other organisations, in ensuring children's protection and well-being in the longer term.

Vulnerability is at the heart of the service North Yorkshire Police delivers and ensure the City of York to be the best place for children and young people to live and grow up. Protecting the vulnerable has been and remains one of our foremost priorities. It is embedded within our 'Plan on a Page' strategy that underpins the work of everyone across North Yorkshire Police. North Yorkshire Police benefits from strong partnership arrangements to reduce the harm and risk to children. We will continue to work and build upon our partnership arrangements with both statutory and non-statutory partners to intervene early and prevent harm to children.

[Michelle Carrington, Director of Nursing and Quality, York & North Yorkshire Health and Care Partnership, Humber and North Yorkshire Integrated Care Board](#)

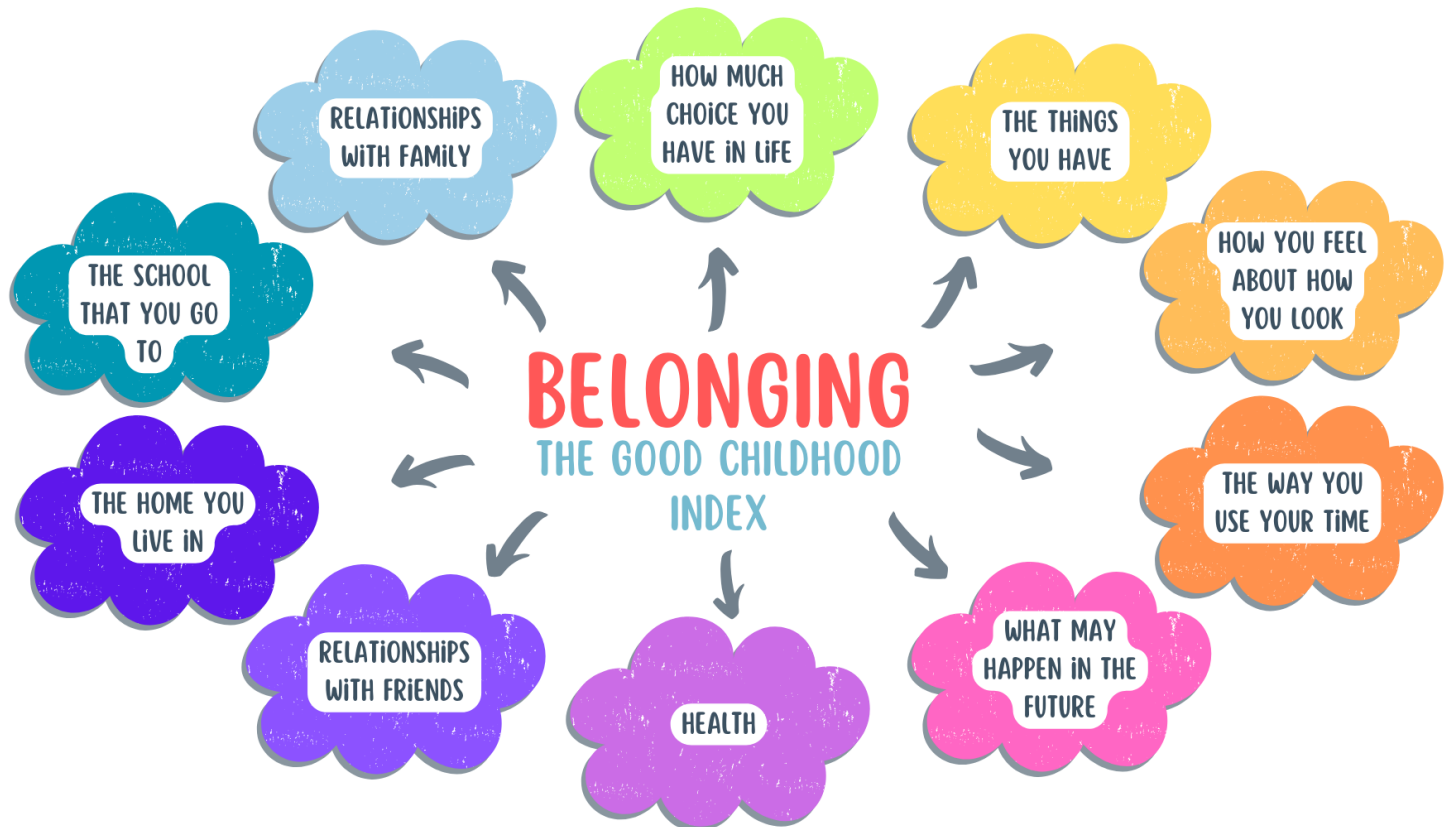
The contribution of children and young people in establishing our priorities for the coming years has been invaluable and this partnership approach to developing this plan is testament to the way we pledge to work together to improve the outcomes of children and young people in our city. We are committed to the delivery of the plan and recognise the role we all must play in ensuring the children and young people in York achieve the outcomes they deserve. We want every child to have the best start in life and have the support they need for their mental and physical health needs at the earliest possible opportunity. We want to ensure everyone has access to the right care and support that responds to their changing health needs and, wherever possible, support people to be independent and in control. We want children to thrive despite any difficulties they may encounter in their health and life circumstances and should children's lives be short we are committed to ensure that they and their families have the best possible care at end of life.

Both the NHS Long Term Plan and the York's Health and Wellbeing Strategy place special emphasis to improving health outcomes for children and young people and this CYP plan helps carve out how collectively we can support the CYP of York and their families and the communities to live happy and healthy lives.

What makes a 'good' childhood?

Everyone's experience of childhood is unique. There are some common fundamental building blocks that need to be in place for children and young people. **When they have these building blocks in place it creates the right environment for them to belong and to thrive.**

The Children's Society developed The Good Childhood Index in 2010. This uses 10 areas of life to build a picture of what makes a 'good' childhood.



Children's Rights

The United Nation Conventions on Rights of the Child consists of 54 articles that need to be met in order to **meet children's basic needs** and help them reach their potential. Central to this is that every child has basic fundamental rights. These include the right to:

1. Life, survival and development

Protection from violence, abuse or neglect

An education that enables children to fulfil their potential

Be raised by, or have a relationship with, their parents

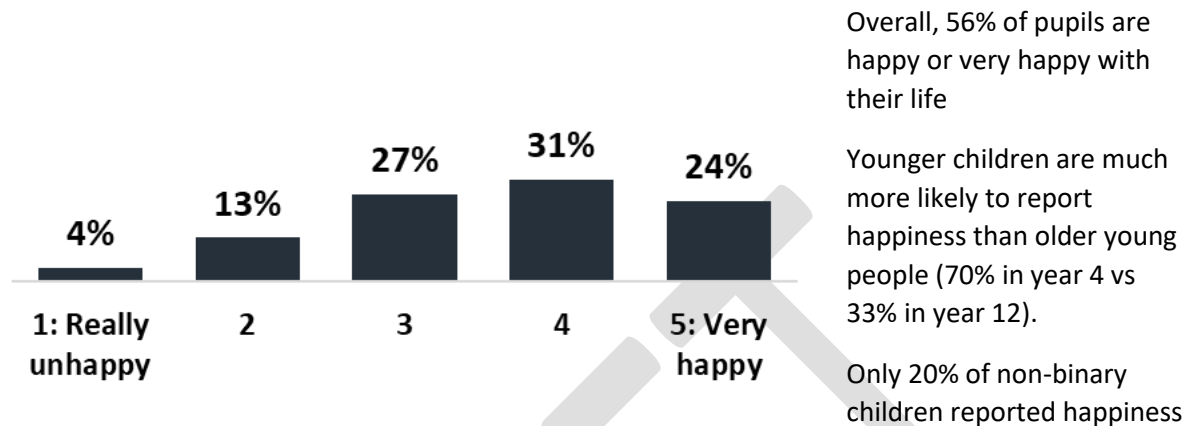
Express their opinions and be listened to.

What is it like to grow up in York?

NOTE: Can this section be made up to be very visually engaging as an infographic.

What do children and young people tell us?

We asked over 3,000 young people how happy they are with life at the moment?



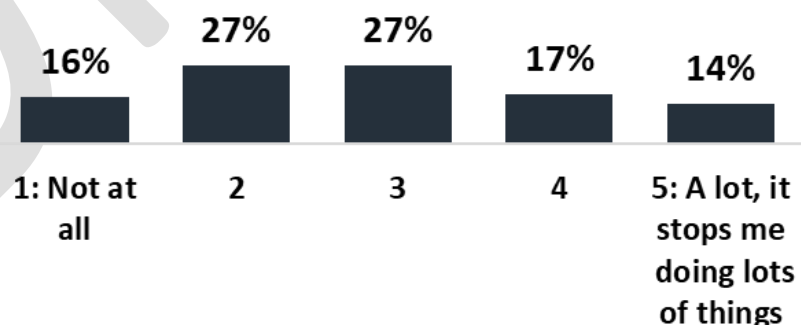
with their life, students who are LGBT or have a long term health condition are also much less likely to report happiness.

On the Stirling Children's Wellbeing Scale (SCWBS), the overall York score was 39.2. We know in York the Stirling Children's Wellbeing Scale score goes down as young people get older. Children in Year 4 have a score of 44, this reduces year on year to 35 in Year 12. **(In a bubble call out 'The Stirling Children's Wellbeing Scale is a questionnaire designed to measure emotional and psychological wellbeing in children aged 8 to 15 years. The questions cover a range of topics, including positive emotions, relationships with others, and sense of purpose. The minimum for the scale is 12 and the maximum 60. Currently the mean average score is 44 with 50% of all scores within the range of 39 and 48.)**

We asked over 3,000 young people how much does worry affect their life?

Overall, 31% of children say worry stops them from doing things in their lives.

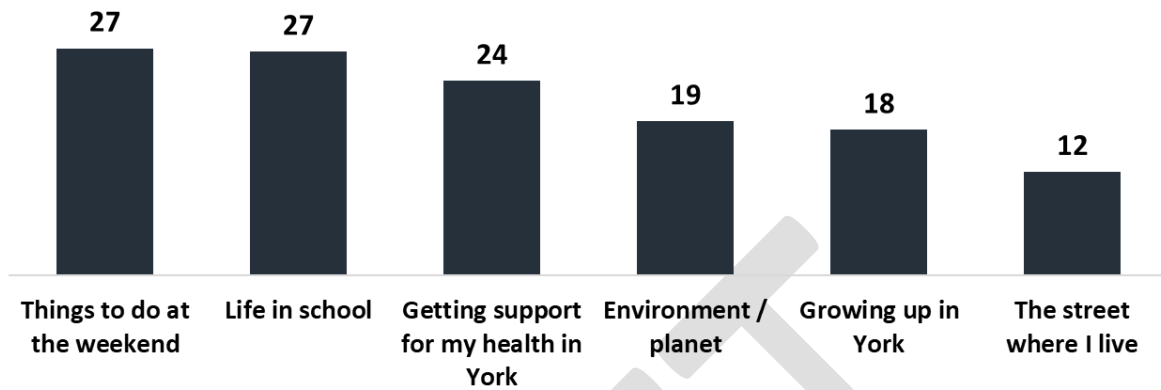
High levels of worry were most commonly reported by year 12 pupils (48%), non-binary pupils (60%), pupils with long term health conditions (52%), and LGBT pupils (60%).



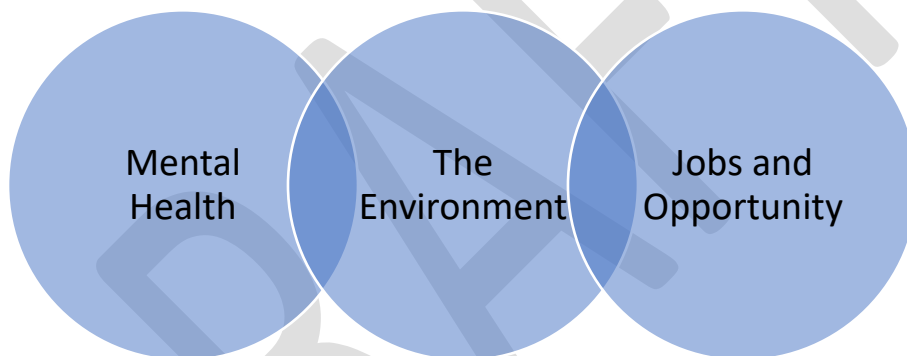
In younger pupils worry about the environment/climate was common, in older pupils worry about school work or exams was common.

17% of children and young people say they do not have an adult they can speak to about their worries.

We asked over 1,600 children and young people how much they think their views made a difference about different things. Across all areas 21% of children thought their views would make a difference. Younger children were more likely to say their views made a difference compared with older young people.



In 2022 1,500 children and young people took part in the Make Your Mark survey. York Youth Council used the results in focus groups with young people and identified three priority areas:



We would want to replicate a visual similar to the one in the Hampshire Children and Young People's Plan (see embedded image below).



Hampshire
Image.png

Data needed for this is:

Data	Number or %	Value	Source (if needed)
Population 0-19	%	44,054	<u>2021 Census</u>
0-19 as % of Population	Number	21.7%	<u>2021 Census</u>
Gender Split Male 0-19	Number / %	21,886 (50.3%)	<u>2021 Census</u>
Gender Split Female 0-19	Number / %	22,168 (49.7%)	<u>2021 Census</u>
SEN Support	%	10.5%	2022/23
EHCP	%	2.3%	2022/23
FSM eligibility – Primary	%	15.9%	2022/23
– Secondary	%	14.3%	
Care Leavers, age 17-21	Number	75	Q1 2023/24
CLA	Number	263	Q1 2023/24
Mental Health Disorders	Per 100,000	109.3	KPI (CHP31)
Overweight Yr 6	%	31.5%	2021/22
Overweight Reception	%	22.7%	2021/22
Persistent Absence Primary	%	15.3%	2021/22 over 6 terms
Persistent Absence Secondary	%	26.2%	
NEET	%	0.9%	Q1 2023/24
Schools	Number	63	
Good or Outstanding Schools	%	89%	Q1 2023/24
Good or Outstanding Playgroups and Day Nurseries	%	94%	Q1 2023/24
Good or Outstanding Playgroups and Day Nurseries	%	99%	Q1 2023/24

Our shared vision

We want every children to be safe, healthy and happy in strong resilient families, living in diverse inclusive communities with equal opportunities to ensure they achieve their full potential and the best possible outcomes.

We know that for many children, young people and families York is a great place to live and grow up. We also know that isn't the story for everyone. Still too often difficulties in families lives mean children don't achieve their full potential.

In developing our vision we have taken time to listen to what children and young people say matters to them. We have also looked at what data tell us about growing up in York and what impacts on children and young people children securing good outcomes. We are ambitious and recognise that we can only achieve our shared vision and priorities by working in partnership across the city.

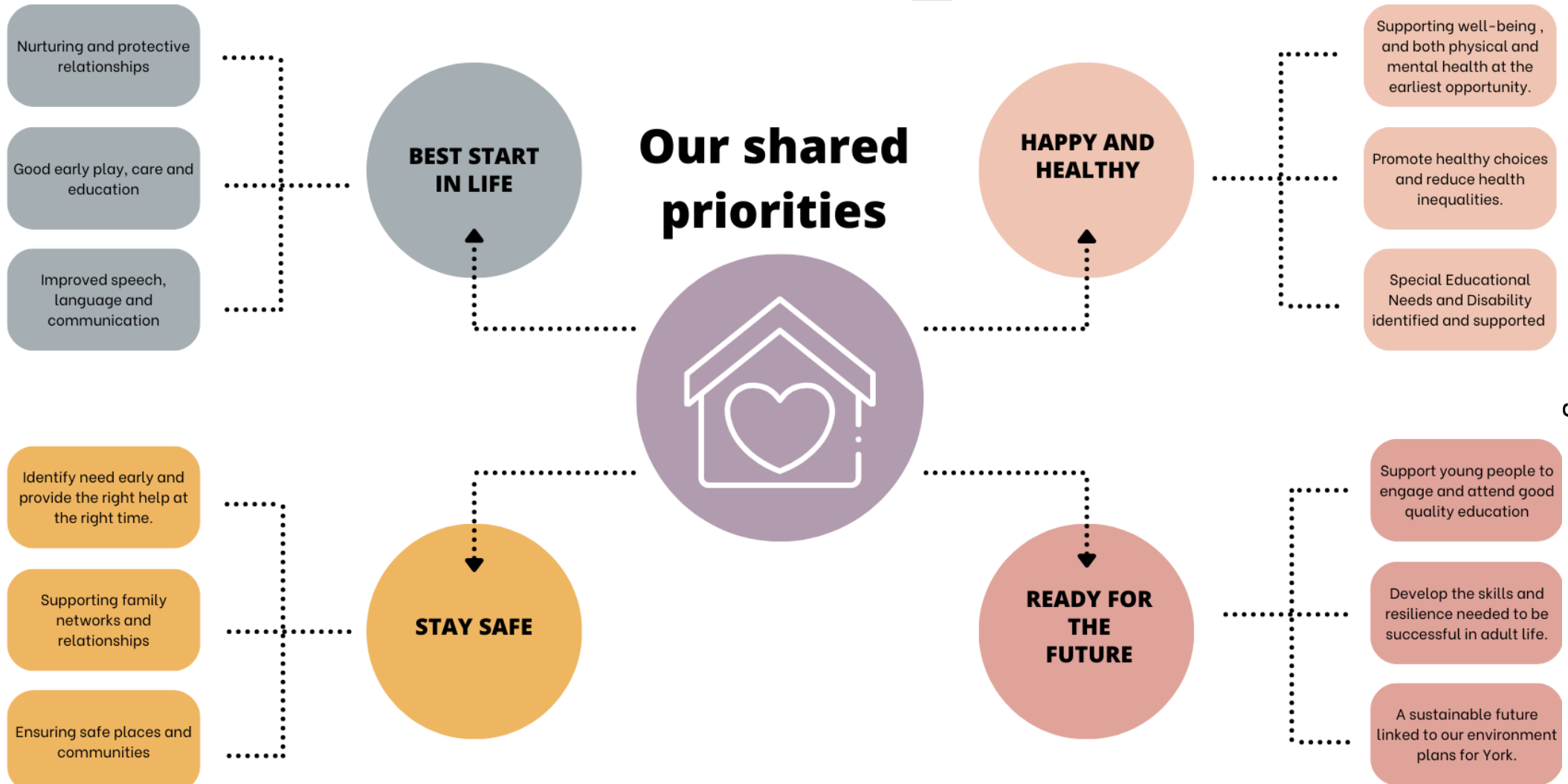
Our vision is that:

All children and young people get the best start in life, are happy and healthy, stay safe and develop the skills and relationships they need to thrive into adulthood.

We want York to be a place where outcomes are good for all children but with a clear focus on closing gaps in outcomes for children and young people who don't have the same opportunities as their peers.

Our shared priorities

The Plan draw focus to four high-level priorities. These are based on engagement with children, young people, families and partners, alongside a needs analysis to give a sense of where young people need more help and where they are thriving.



Our Shared Ambition - How we work

Why do we do what we do? This strategy is more than just a plan. This strategy is the beating heart of what drives us, not just as professionals but as people. This plan transcends professional boundaries. It is a rallying statement of our shared ambition, hope and commitment to become the city children and young people need.

To realise that ambition all of us have to work together. Together, we become a force for positive change, harnessing our collective expertise and boundless enthusiasm to create hope and opportunity. Let us be bold and unashamed in our dedication, for the success of this plan will change lives, change communities and change our city.

Through co-production with children, young people and families we have developed the shared values below. These values should drive how we work together and with families.

Can the value headings and sub values be made into a visual e.g. bubbles/ven diagram.

Caring

1. **Caring and Relational:** We foster caring, relational connections to build trust and a sense of belonging.
2. **Right Place, Right Time:** We take responsibility to support families to access the early help in the right place, the right time and the right place.
3. **Empowerment:** We are committed to empowering families, carers, and young people by giving them a voice in decision-making processes and supporting their active participation in shaping how we work.

Together

1. **Family-Centred:** We prioritise the well-being and needs of families and young people, acknowledging them as experts in their own lives. We know children and young people get the best outcomes when they can live safely with their own families and networks.
2. **Inclusivity:** We believe in creating an inclusive and diverse city that respects and celebrates the uniqueness of each individual and family, irrespective of their background, culture, or identity.
3. **Diversity and Inclusion:** We embrace diversity, recognising unique experiences, needs, and the importance of using language that allows for open expression and understanding.
4. **Equality of Importance:** We recognise that no single service or agency is more important than another. All services are essential components of our city and we strive to create a seamless system where each service's value is acknowledged and respected.

Trusted

1. **Collaboration:** We value strong partnerships and actively seek collaboration among families, communities, professionals, and organisations to create a collective impact on the lives of children and young people.
2. **Compassion:** We approach every interaction with compassion and understanding, recognising that each person's journey is unique and may require different levels of support.
3. **Communication:** We believe in open and respectful communication. Through honest dialogue, we work together to find collaborative solutions that benefit everyone involved.

Developing our plan

A team of partners working across the York came together to help develop our new Children and Young People's Plan. Together we:

- Listened to what children and young people across the city told us about their lives and living in York.
- Developed a 'children's rights' co-production toolkit. We tested this with young people to help raise awareness of children's rights and understand what our priorities should be.
- Reviewed existing strategic plans across the city.
- Reviewed what data and intelligence tell us about living and growing up in York

We are committed that children and young people must have a voice, are heard and are listened to.

In developing our Children and Young People's Plan we drew together key messages from children and young people through lots of different forums.

Make the list below more visual collection of sources showing all these elements building towards .

- 2023 Co-Production and Joint Partnership with children, young people and families
- 2023 Annual Show Me That I Matter and I Still Matter reports
- 2023 Annual Advocacy Report
- 2023 U_Matter Report
- 2023 City of York Safeguarding Children's Partnership
- 2023 York Youth Council
- Access4All
- 2022 Public Health Survey
- 2021 Voice and Involvement Strategy Evaluation
- 2021 York Human Rights Indicator Report

Children's Rights Toolkit

To support the development of the Children and Young People's Plan a children's rights co-production toolkit has been developed. The toolkit raised awareness of children's rights and helped children and young people explore priorities in the context of children's rights. The feedback gathered through these sessions have added to existing messages from young people.

In autumn 2023 we supported the roll out of the Children's Rights Co-Production toolkit. Any agency can pick up and use the toolkit. It is available online by visiting [The child's lived experience – CYSCP \(saferchildrenyork.org.uk\)](https://saferchildrenyork.org.uk).

Best Start in Life

We know that the way children start their lives has a significant impact on the way they live their lives. The experiences that children have pre-birth to five lay the foundations for their adult lives and have a profound impact on well-being, health, educational achievement and economic prosperity.

The importance of early years is reflected in our Joint Health and Well-Being Strategy 2022-2032 – *‘Start Good Health and Wellbeing Young, giving special emphasis to the key formative early years of life as the best place our investment can go, creating from maternal/preconception health and beyond the conditions for our families, communities and young people to live healthy and flourishing lives.’*

We know that being at risk of poor outcomes during this period severely impacts on life chances and limits social mobility for children in our city.

We want to work together with communities to support this critical period of child development and change for families. Our aim through this plan is to improve all children’s outcomes with a specific focus on:

- **Developing nurturing, protective relationships and**
- **Appropriate early childhood education to deliver (on infant and parental mental health leading to) improved speech, language and communication outcomes.**

This will ensure that all children, but particularly those who are most at risk of poor outcomes, make secure transitions into school.

We will know we are making a difference by:

- Absolute gap in % of children totally or partially breastfeeding at 6-8 weeks between highest and lowest York ward (4 year aggregated ward data) (CHP34a)
- % uptake in Healthy Start Vitamins
- % take up of the two year old childcare offer (ES9).
- % of childcare providers rated by Ofsted as ‘Good’ or ‘Outstanding’ (CYPL11b + CYPL11a).
- Absolute gap in % of children who reach expected level of development at 2-2.5 years of age between highest and lowest York ward (4 yr aggregated) (HV24a).
- % of reception year children recorded as being overweight (incl. obese) (NCMP03)
- Population vaccination coverage - Dtap / IPV / Hib (2 year old) (CSB15)
- Population vaccination coverage - MMR for one dose (2 years old) (PHOF137)

Happy and Healthy

We want children and young people to be happy and grow well. Partners across education, health, social care and voluntary services are committed to improving the general health and wellbeing of our children and young people by working together.

In making healthy lifestyles a part of all of our services, children and young people will grow up knowing that this is our ambition for everyone.

Where people need support with their health we want them to access the right help, at the right time and in the right place. This means we will work together to establish integrated care systems that ensure needs are met as early as possible and more targeted interventions are available for those that need them.

In York, we want all children and young people with Special Educational Needs and Disabilities (SEND) to be happy and live the best lives they can. Our way of working as a strong partnership will create better opportunities and demonstrate better outcomes. Working with families at the earliest opportunity through coordinated early identification, assessment and support.

Together we will create the long-term conditions with families and communities to ensure children and young people can thrive and enjoy the best life they can.

We will know we are making a difference by:

- Under 18 admissions for Mental Health need with a high prevalence of common Mental Health illness, suicide and self harm rates (CHP31)
- The number of hospital admissions for self-harm amongst young people aged 10 to 24 (CHP32).
- Absolute gap in % of Year 6 recorded overweight (incl. obesity) between highest and lowest York ward (3 year aggregated) (NCMP12a)
- Number of children in temporary accommodation (HOU102a)
- % of children who achieve a Good Level of Development at EYFSP (EH7)
- School Health and Wellbeing survey – Stirling Well-Being Scale (Primary)
- School Health and Wellbeing survey – Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) (Secondary)
- School Health and Wellbeing survey - Good Childhood Index (Primary)
- School Health and Wellbeing survey - Good Childhood Index (Secondary)
- Emergency hospital admissions for asthma in 0-19 year olds per 100,000
- Emergency hospital admissions for diabetes in 0-19 year olds per 100,000
- Emergency hospital admissions for epilepsy in 0-19 year olds per 100,000
- A&E attendance for 0-4 year olds
- Infant mortality rates
- Hospital admissions for dental caries (tooth decay) at age 0-5 years

Staying safe

We want our children, young people and families to be able to deal with all that life brings; when they do need support and advice, we want them to be able to get it when they need it from the right people.

We want to help families and communities to support our children and young people to be resilient and to provide safe places for them to live and grow up. When working with a child or young person, we will understand the power of the relationships they have in their family, friends and their community, and how these impact on their lives.

Together we will implement our Early Help Strategy to identify and support those in need of help. We recognise the role all partners play in keeping children and young people safe. When we identify children at risk, we must make sure that all the services work well together so that the risks can be reduced as quickly and effectively as possible.

Through the implementation of our Building Brighter Futures Practice model partners across the city will work together in a more consistent and meaningful way. The practice model will provide a common language and way of working that identifies and builds on the strengths in families and keeps children safe in their families and networks. We want to safely reduce the number of children

and young people needing to come into care and increase support in communities and family networks to help children and young people to stay safe.

We will know we are making a difference by:

- Number of Early Help Assessments initiated (CYPL2c)
- Number of referrals to Children's Social Care per 10k (MIPACK1)
- Percentage of referrals re-referred within 12 month rolling period (CSB05)
- Number of children on Child in Need plan (EFL5)
- Number of children on Child Protection Plan (EFL2)
- Number of children on Children and Young People in Care (EFL1)

Ready for the future

Our shared ambition is that children and young people will leave education with the qualifications and skills they need for employment, training or further study.

To support this all children and young people will feel safe and supported in their school and will be excited by, and enjoy learning with, good teachers who go the extra mile for them and have ambitious expectations for everyone.

All children and young people will learn in inclusive schools will give them the very best experience tailored to their age, needs and ability.

Young people will have developed the confidence, resilience and independence needed to be successful in adult life.

We know the actions we take today have an impact on all our futures, and for the next generation to enjoy the same quality of life we do today we will be mindful of our impact on the environment, actively contributing towards York's ambition to be net zero by 2030.

We will know we are making a difference by:

- Number of children and young people permanently excluded in the primary/secondary (RM12, RM13)
- Number of fixed term exclusions in the primary/secondary sector (RM15, RM16)
- % of 16-17 year olds who are NEET who do not have L2 qualification (NEET02c)
- Secondary school persistent absence rate (87aa)
- Average Progress 8 score from KS2 to KS4 for disadvantaged children (eligible for FSM in the last 6 years, looked after and adopted from care) (KS4j)
- %pt gap between children (eligible for FSM in the last 6 years, looked after and adopted from care) and their peers achieving 9-4 in English & Maths at KS4 (KS4i)
- % of pupils achieving 9-4 or above in English & Maths at Key Stage 4 (KS4c)
- % of care leavers aged 17-21 in suitable accommodation at last birthday (147)
- % of care leavers aged 17-21 in employment, education or training at last birthday (148)
- Children and Families in Poverty - Income Deprivation Affecting Children Index (IDACI) (DOD08)

Delivering our plan

This plan belongs to the city. It spans across our entire strategic landscape for children and young people and should influence our work at all levels. The coordination of the partners delivering the Children and Young People's Plan sits with the City of York Safeguarding Children's Partnership (CYSCP) and will need to reach across other relevant strategic partnerships in our city.

The CYSCP will coordinate the work of partners and review what difference we are making through our Children and Young People's Plan.

We will be guided by five delivery principles that will inform our discussions and actions ahead:

1. We will increase collaboration and cooperation by working with partners to encourage changes in the way we live and behave. We will create and strengthen partnerships among businesses, the public sector, civic organisations and our institutions in higher and further education to ensure that action and knowledge is generated and shared to the benefit of children and young people.
2. We will continuously adapt to change, taking bold action by trialling new and emerging ways of working. We will be pragmatic, focusing on actions within our immediate control and influence, and prioritising actions that deliver best value. We will publish an annual Children and Young People progress report.
3. We will build fair, inclusive, healthy and sustainable communities by promoting the positive social and economic benefits of supporting children and young people and by supporting the health and wellbeing of those who need it the most.
4. We will create new employment and education opportunities, preparing young people for adulthood. We will proactively seek alternative funding streams and attract additional investment, whilst being mindful of reduced budgets.
5. Good governance and evidence-based planning will guide our actions ahead. All partners will take accountability for delivering actions and provide assurance that allows us to review progress and adapt actions.

Working Together - A call to action

For this plan to really achieve its ambition it takes all partners in the city to take accountability for its delivery. The first step you must take is genuinely answering these questions from children and young people.

- **What is your individual role in ensuring children and young people have the best start in life, are happy and grow well, are safe and are ready for the future?**
 - What are you going to actually do?
 - How are you going to hold yourself to those commitments?
 - How are you going to work with others?
 - How will you involve children and young people?
 - How will you develop and embody our shared values?
- **What will your service do?**
 - How will you use this plan to shape how your service works?
 - What will your service actually do?
 - How does your service hold itself to those commitments?
 - How will you prioritise how your service uses its resources?
 - How will your service change how it works with children and young people?
 - How will your service work with others?
 - How do people from the front line to the senior leaders understand what is required?

How we will know we are making a difference

This will be designed up to be a visual benchmarking scorecard showing current data against these indicators.

We will track and report progress against the Children and Young People's Plan on an annual basis. To understand what difference we are making we will bring together intelligence from three different sources.

<p>What children, young people and families tell us We will draw together messages from children, young people and families about their experience of living and growing up in York and use this to understand what difference is being made in people's lives.</p>	<p>What our data tells us The table below shows a range of data indicators that we will use to help us understand if we are making a difference. We must analyse and understand the story behind the data by triangulating it with what families say and system assurance from partners.</p>	<p>System Assurance We will check and challenge partners to demonstrate the work they have done to deliver the Children and Young People's Plan and what they understand to be the difference they have made.</p>
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Priority	ID	Indicator
Best Start in Life	CHP34a	Absolute gap in % of children totally or partially breastfeeding at 6-8 weeks between highest and lowest York ward (4 year aggregated ward data)
Best Start in Life	ES9	% take up of the two year old childcare offer.
Best Start in Life		% uptake in Healthy Start Vitamins?
Best Start in Life	CYPL11b + CYPL11a	% of childcare providers rated by Ofsted as 'Good' or 'Outstanding'
Best Start in Life	EH7b	%pt gap between FSM and non-FSM pupils achieving a Good Level of Development (GLD) at Foundation Stage - (Snapshot)
Best Start in Life	HV24a	Absolute gap in % of children who reach expected level of development at 2-2.5 years of age between highest and lowest York ward (4 yr aggregated).
Best Start in Life	EH7	% of children who achieve a Good Level of Development at EYFSP
Best Start in Life	NCMP03	% of reception year children recorded as being overweight (incl. obese).
Best Start in Life	CSB15	Population vaccination coverage - Dtap / IPV / Hib (2 year old)
Best Start in Life	PHOF137	Population vaccination coverage - MMR for one dose (2 years old)
Happy and Healthy	CHP31	Hospital admissions for mental health conditions (0-17 years), per 100,000 population
Happy and Healthy	CHP32	The number of hospital admissions for self-harm amongst young people aged 10 to 24.
Happy and Healthy	NCMP12a	Absolute gap in % of Year 6 recorded overweight (incl. obesity) between highest and lowest York ward (3 year aggregated).

ANNEX B

Happy and Healthy	EH7	% of children who achieve a Good Level of Development at EYFSP
Happy and Healthy		School Health and Wellbeing survey – Stirling Well-Being Scale (Primary)
Happy and Healthy		School Health and Wellbeing survey – Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) (Secondary)
Happy and Healthy		School Health and Wellbeing survey - Good Childhood Index (Primary)
Happy and Healthy		School Health and Wellbeing survey - Good Childhood Index (Secondary)
Happy and Healthy	CHP30	Hospital admissions for asthma (0-18 years), per 100,000 population
Happy and Healthy		Admissions for diabetes (under 19 years)
Happy and Healthy		Admissions for epilepsy (under 19 years)
Happy and Healthy	CHP27	A&E attendances (0-4 years), per 1,000 attendances
Happy and Healthy	CHP01	Infant mortality rate (under 1 year old), per 1,000 live births
Happy and Healthy	CSB16b	Hospital admissions for dental caries (0-5 years), per 100,000 population
Happy and Healthy	HOU102a	Number of children in temporary accommodation
Staying safe	MIPACK1	Number of referrals to Children's Social Care per 10k
Staying safe	CSB05	Percentage of referrals re-referred within 12 month rolling period
Staying safe	CYPL2c	Number of Early Help Assessments initiated
Staying safe	EFL5	Number of children on Child in Need plan
Staying safe	EFL2	Number of children on Child Protection Plan
Staying safe	EFL1	Number of children on Children and Young People in Care
Ready for the future	RM12, RM13	Number of children and young people permanently excluded in the primary/secondary
Ready for the future	RM15, RM16	Number of fixed term exclusions in the primary/secondary sector
Ready for the future	NEET02c	% of 16-17 year olds who are NEET who do not have L2 qualification
Ready for the future	87aa	Secondary school persistent absence rate
Ready for the future	KS4j	Average Progress 8 score from KS2 to KS4 for disadvantaged children (eligible for FSM in the last 6 years, looked after and adopted from care)
Ready for the future	KS4i	%pt gap between children (eligible for FSM in the last 6 years, looked after and adopted from care) and their peers achieving 9-4 in English & Maths at KS4
Ready for the future	KS4c	% of pupils achieving 9-4 or above in English & Maths at Key Stage 4 (KS4c)

City of York Council
Equalities Impact Assessment

Directorate:	Children's		
Service Area:	Children's Services		
Name of the proposal :	Children and Young People's Plan (CYPP)		
Lead officer:	Martin Kelly		
Date assessment completed:	12/12/2023		
Names of those who contributed to the assessment :			
Name	Job title	Organisation	Area of expertise
Niall McVicar	Head of Innovation and Children's Champion	City of York Council	Children's Rights

Step 1 – Aims and intended outcomes

1.1	What is the purpose of the proposal? Please explain your proposal in Plain English avoiding acronyms and jargon.
	The purpose of the proposal is to assess how the City of York's Children and Young People's Plan 2024-2027 will impact equality among children and young people. The Children and Young People's Plan (CYPP) represents the overarching strategic plan for all partners working in the city. It sets our shared ambition and priorities for children and young people in the city.

1.2	Are there any external considerations? (Legislation/government directive/codes of practice etc.)
	<p>Children and Young People's Plan's were introduced by the Children Act 2004 which asked local areas to write a single, strategic, overarching plan for all services provided for children and young people.</p> <p>This required partners to work together locally to set out how it would improve the well-being of children in relation to:</p> <ul style="list-style-type: none"> • Physical and mental health and emotional well being; • Protection from harm and neglect; • Education, training and recreation; • The contribution made by them to society; and • Social and economic well-being <p>Statutory regulations were revoked in October 2012, and local areas are no longer required to prepare a plan. However, it is still seen as best practice to develop a plan that focuses on several shared strategic priorities that drive the continued improvement in outcomes for children and young people.</p> <p>By its nature the Children and Young People's Plan needs to be considered within the overall strategic landscape. Whilst not an exhaustive list the CYPP works alongside the Council Plan, York's Health and Well-being Strategy, the CYSCP Business Plan, the Humber and North Yorkshire Health Care Partnership Place plan, Early Years Strategy, Corporate Parenting Strategy, SEND Strategy, Mental Health Strategy, Early Years Strategy and Early Help Strategy.</p> <p>UN Convention on the Rights of the Child (UNCRC): The UK is a signatory to the UNCRC, which sets out the rights of children in areas such as health, education, and family life. The Children and Young People's Plan aligns with the principles and rights outlined in the UNCRC.</p>

1.3	Who are the stakeholders and what are their interests?
	<p>Children and Young People: Children and young people are the primary beneficiaries of the strategy. They have a vested interest in receiving high-quality care, support, and opportunities that enable them to thrive, achieve their potential, and lead fulfilling lives.</p> <p>Local Communities and Families The wider community and families have an interest in supporting initiatives that help children and young people, as this contributes to community cohesion as well as economic and social well-being.</p> <p>Voluntary and Community Sector: York has a diverse and valuable range of voluntary and community organisations working with children, young people and families. The Children and Young People’s Plan provides partners with a common set of priorities.</p> <p>City of York Council: The local authority is a key stakeholder in leading the development and delivery of the CYPP and coordinating efforts to improve outcomes for children and young people.</p> <p>Health Partners: Health partners of all forms are crucial. The Children and Young People’s Plan can help create a city wide response to some key health needs. In addition health partners are crucial in playing their part in delivery of the wider priorities set out in the plan.</p> <p>Education and Childcare Providers: Early years, childcare, schools, colleges, and other educational institutions play a vital role in the well-being and development of children and young people. The delivery of the children and young people’s plan will enable children and young people to engage in learning and development. Education and childcare providers also hold a unique opportunity to support the wider priorities of the CYPP.</p> <p>Police and Criminal Justice Agencies: Collaboration with law enforcement agencies is important for addressing issues related to youth crime, safety, and safeguarding.</p>

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1.4	<p>What results/outcomes do we want to achieve and for whom? This section should explain what outcomes you want to achieve for service users, staff and/or the wider community. Demonstrate how the proposal links to the Council Plan (2024- 2027) and other corporate strategies and plans.</p>
	<p>The City of York Safeguarding Children Partnership will coordinate the work of partners and review what difference we are making through our Children and Young People’s Plan. To understand what difference the plan is making the partnership will bring together intelligence from three different sources:</p> <ul style="list-style-type: none"> • What children, young people and families tell us • We will draw together messages from children, young people and families about their experience of living and growing up in York and use this to understand what difference is being made in people’s lives. • What our data tells us • A scorecard of data indicators has been agreed to help us understand if we are making a difference. This data will provide valuable insight but the partnership must analyse and understand the story behind the data by triangulating it with what families say and system assurance from partners. • System Assurance • We will check and challenge partners to demonstrate the work they have done to deliver the Children and Young People’s Plan and what they understand to be the difference they have made. <p>The priorities and expected outcomes of the Children and Young People’s Plan are shown below. The relevant Council Plan priorities are shown in brackets next to each priority.</p> <p>Best Start in Life (A health generating city, for children and adults)</p>

We will know we are making a difference by:

- Absolute gap in % of children totally or partially breastfeeding at 6-8 weeks between highest and lowest York ward (4 year aggregated ward data) (CHP34a)
- % uptake in Healthy Start Vitamins
- % take up of the two year old childcare offer (ES9).
- % of childcare providers rated by Ofsted as 'Good' or 'Outstanding' (CYPL11b + CYPL11a).
- Absolute gap in % of children who reach expected level of development at 2-2.5 years of age between highest and lowest York ward (4 yr aggregated) (HV24a).
- % of reception year children recorded as being overweight (incl. obese) (NCMP03)
- Population vaccination coverage - Dtap / IPV / Hib (2 year old) (CSB15)
- Population vaccination coverage - MMR for one dose (2 years old) (PHOF137)

Happy and Healthy (A health generating city, for children and adults)

We will know we are making a difference by:

- Under 18 admissions for Mental Health need with a high prevalence of common Mental Health illness, suicide and self harm rates (CHP31)
- The number of hospital admissions for self-harm amongst young people aged 10 to 24 (CHP32).
- Absolute gap in % of Year 6 recorded overweight (incl. obesity) between highest and lowest York ward (3 year aggregated) (NCMP12a)
- Number of children in temporary accommodation (HOU102a)
- % of children who achieve a Good Level of Development at EYFSP (EH7)
- School Health and Wellbeing survey – Stirling Well-Being Scale (Primary)
- School Health and Wellbeing survey – Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) (Secondary)
- School Health and Wellbeing survey - Good Childhood Index (Primary)
- School Health and Wellbeing survey - Good Childhood Index (Secondary)
- Emergency hospital admissions for asthma in 0-19 year olds per 100,000
- Emergency hospital admissions for diabetes in 0-19 year olds per 100,000
- Emergency hospital admissions for epilepsy in 0-19 year olds per 100,000

- A&E attendance for 0-4 year olds
- Infant mortality rates
- Hospital admissions for dental caries (tooth decay) at age 0-5 years

Staying safe (A health generating city, for children and adults)

We will know we are making a difference by:

- Number of Early Help Assessments initiated (CYPL2c)
- Number of referrals to Children's Social Care per 10k (MIPACK1)
- Percentage of referrals re-referred within 12 month rolling period (CSB05)
- Number of children on Child in Need plan (EFL5)
- Number of children on Child Protection Plan (EFL2)
- Number of children on Children and Young People in Care (EFL1)

Ready for the future (A health generating city, for children and adults / High quality skills and learning for all / A fair, thriving, green economy for all)

We will know we are making a difference by:

- Number of children and young people permanently excluded in the primary/secondary (RM12, RM13)
- Number of fixed term exclusions in the primary/secondary sector (RM15, RM16)
- % of 16-17 year olds who are NEET who do not have L2 qualification (NEET02c)
- Secondary school persistent absence rate (87aa)
- Average Progress 8 score from KS2 to KS4 for disadvantaged children (eligible for FSM in the last 6 years, looked after and adopted from care) (KS4j)
- %pt gap between children (eligible for FSM in the last 6 years, looked after and adopted from care) and their peers achieving 9-4 in English & Maths at KS4 (KS4i)
- % of pupils achieving 9-4 or above in English & Maths at Key Stage 4 (KS4c)
- % of care leavers aged 17-21 in suitable accommodation at last birthday (147)
- % of care leavers aged 17-21 in employment, education or training at last birthday (148)
- Children and Families in Poverty - Income Deprivation Affecting Children Index (IDACI) (DOD08)

Step 2 – Gathering the information and feedback

2.1	What sources of data, evidence and consultation feedback do we have to help us understand the impact of the proposal on equality rights and human rights? Please consider a range of sources, including: consultation exercises, surveys, feedback from staff, stakeholders, participants, research reports, the views of equality groups, as well your own experience of working in this area etc.	
Source of data/supporting evidence	Reason for using	
Feedback from children and young people. <ul style="list-style-type: none"> • 2023 Co-Production and Joint Partnership with children, young people and families • 2023 Annual Show Me That I Matter and I Still Matter reports • 2023 Annual Advocacy Report • 2023 U_Matter Report • 2023 City of York Safeguarding Children's Partnership • 2023 York Youth Council • Access4All • 2022 Public Health Survey • 2021 Voice and Involvement Strategy Evaluation • 2021 York Human Rights Indicator Report 	To ensure the Children and Young People's Plan reflects the needs and priorities of children and young people.	
Data and performance information for children and young people.	To inform the priorities of the Children and Young People's Plan.	

Feedback from the City of York Safeguarding Children's Partnership.	To ensure ownership of the CYPP by the safeguarding partnership.
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Step 3 – Gaps in data and knowledge

3.1	What are the main gaps in information and understanding of the impact of your proposal? Please indicate how any gaps will be dealt with.	
Gaps in data or knowledge		Action to deal with this
No known gaps in data or knowledge.		n/a

Step 4 – Analysing the impacts or effects.

4.1	Please consider what the evidence tells you about the likely impact (positive or negative) on people sharing a protected characteristic, i.e. how significant could the impacts be if we did not make any adjustments? Remember the duty is also positive – so please identify where the proposal offers opportunities to promote equality and/or foster good relations.		
Equality Groups and Human Rights.	Key Findings/Impacts	Positive (+) Negative (-) Neutral (0)	High (H) Medium (M) Low (L)
Age	The purpose of the Children and Young People’s Plan is to improve outcomes for children and young people. The successful delivery of the CYPP should also deliver positive outcomes across people’s lives as they become adults.	+	H
Disability	The Children and Young People Plan is inclusive of all our children including those with an identified disability. The positive impact of the strategy will include this group of children.	+	M
Gender	The strategy is not expected to impact on this characteristic.	0	
Gender Reassignment	The Children and Young People’s Plan is inclusive of all our children including those identifying with gender	+	M

	reassignment. The positive impact of the strategy will include this group of children.		
Marriage and civil partnership	The strategy is not expected to impact on this characteristic.	0	
Pregnancy and maternity	The Children and Young People's Plan has the 'Best Start to Life' as one of its priorities. The successful delivery of the Children and Young People's Plan will positively impact this group.	+	M
Race	The Children and Young People's Plan is inclusive of all our children. Whilst the Children and Young People's Plan is delivered in the context of York's developing anti-racism strategy.	+	L
Religion and belief	The strategy is not expected to impact on this characteristic.	0	
Sexual orientation	The Children and Young People's Plan is inclusive of all our children all sexual orientations. The positive impact of the strategy will include this group of children.	+	M
Other Socio-economic groups including :	Could other socio-economic groups be affected e.g. carers, ex-offenders, low incomes?		
Carer			
Low income groups			
Veterans, Armed Forces Community			
Other			

Impact on human rights:			
List any human rights impacted.	<p>The UN Convention on Rights of the Child (UNCRC) are most relevant to the Children and Young People’s Plan. The strategy should impact across all articles of the convention but in particular the ones listed below.</p> <ul style="list-style-type: none"> • Article 3: Best interests of the child: The CYPPs is designed to enhance the well-being and outcomes of children and young people. • Article 4: Implementation of rights: The CYPPs is a mechanism for implementing the rights outlined in the UNCRC at the local level, ensuring that children and young people enjoy their rights to the maximum extent possible. • Article 12: Right to be heard: Children and Young People have been involved in the development of the CYPP. The delivery of the plan should also support the realisation of Article 12: The right to be heard. • Article 29: Aims of education: Article 29 underscores the right to education that develops the child's personality, talents, mental and physical abilities to their fullest potential. 	+	M

Step 5 - Mitigating adverse impacts and maximising positive impacts

5.1	Based on your findings, explain ways you plan to mitigate any unlawful prohibited conduct or unwanted adverse impact. Where positive impacts have been identified, what is been done to optimise opportunities to advance equality or foster good relations?
There are no negative adverse impacts identified though the introduction of the Children and Young People's Plan. The introduction of the CYPP should make a positive difference to children and young people who would otherwise be at risk of poorer outcomes, discrimination and adversity.	

Step 6 – Recommendations and conclusions of the assessment

6.1	Having considered the potential or actual impacts you should be in a position to make an informed judgement on what should be done. In all cases, document your reasoning that justifies your decision. There are four main options you can take:
<ul style="list-style-type: none"> • No major change to the proposal – the EIA demonstrates the proposal is robust. There is no potential for unlawful discrimination or adverse impact and you have taken all opportunities to advance equality and foster good relations, subject to continuing monitor and review. • Adjust the proposal – the EIA identifies potential problems or missed opportunities. This involves taking steps to remove any barriers, to better advance quality or to foster good relations. • Continue with the proposal (despite the potential for adverse impact) – you should clearly set out the justifications for doing this and how you believe the decision is compatible with our obligations under the duty • Stop and remove the proposal – if there are adverse effects that are not justified and cannot be mitigated, you should consider stopping the proposal altogether. If a proposal leads to unlawful discrimination it should be removed or changed. 	
Option selected	Conclusions/justification

No major change to the proposal	The Children and Young People’s Plan has been developed with consideration of the needs and inequalities of children and young people in the city and how partners can address these through shared priorities.
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Step 7 – Summary of agreed actions resulting from the assessment

7.1	What action, by whom, will be undertaken as a result of the impact assessment.		
Impact/issue	Action to be taken	Person responsible	Timescale
	Implement the Children and Young People’s Plan	All partners – governance oversight through the City of York Safeguarding Children’s Partnership	2024-2027

Step 8 - Monitor, review and improve

8. 1	How will the impact of your proposal be monitored and improved upon going forward? Consider how will you identify the impact of activities on protected characteristics and other marginalised groups going forward? How will any learning and enhancements be capitalised on and embedded?
	The Children and Young People's Plan is monitored on a regular basis by the City of York Safeguarding Children's Partnership.

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Health and Wellbeing Board

24 January 2024

Report of the Assistant Director, Education and Skills

SEND Update**Summary**

1. This report provides the members of the Health and Wellbeing board with an update on the implementation of the SEND Strategy and SEND Operational Plan following the Local Area SEND Inspection revisit in November 2023.

Background and main points

2. The work on special educational needs and/or disabilities in the local area is complex and requires a partnership response across education, health and care. Examining the effectiveness of the way that this partnership works together to improve the lived experience of children young people with SEND is the focus of the Area SEND Inspection framework run by Ofsted and CQC. In York our SEND Strategy and SEND Operational Plan takes account of all children with SEND and aims to ensure a shared vision with our partners.
3. Since the introduction of the Children and Families Act in 2014 York, in common with local authorities nationally, has seen increasing pressure for services and a growth in the number of children and young people (0-25) supported by an Education, Health and Care plan. In York this has increased from 500 in 2015 to 1366 at the present time. Since the covid pandemic there has been an increase in requests for statutory assessment, particularly in the early years. There has also been an increase in more complex presentations of layered need which has led to an increase in children and young people struggling to school regularly or being unable to attend school. Numbers of children and young people with a primary need of social emotional mental

health needs or/and autism have increased significantly, also in line with the national picture.

4. The SEND inspection revisit took place in November 2022 and assessed the impact of the actions taken to address the four areas of weakness identified in the 2019 local area SEND inspection. The re visit was not a full re inspection and focused on assessing the evidence of the impact of actions taken to improve on the four areas of weakness. Inspectors judged that sufficient progress had been made in all four areas of weakness.
5. Inspectors found that there had been improvements in the governance of special educational needs and/or disabilities (SEND) in the local area. They highlighted the improvements that have been made by health partners since 2019, which has included investment in additional capacity to drive SEND improvement at a strategic level. The development of the SEND Strategy has been increasingly well informed by the development and use of the integrated data dashboard. However, leaders across education, health and care recognised that there was more work to do and this has informed the development of the operational plans to underpin the delivery of the SEND Strategy. This work is being overseen by the SEND Partnership Board. The role of social care in the partnership is being developed as the next phase of the SEND improvement journey.
6. Since 2019 the local area SEND partnership has developed a co-produced outcomes framework which underpins the Joint Commissioning Strategy. The strategy has been used to commission Early Talk for York and the All About Autism provision which launched in August 2022. The local area SEND partnership now has an effective framework in place to support joint commissioning across the local authority and health. Work has started on reviewing the joint commissioning framework and this is being aligned to the work on the SEND JSNA. The refreshed SEND JSNA will inform the priorities for joint- commissioning and this will be an important element of our on-going preparation for the next Area SEND Inspection. A particular focus on that inspection will be the effectiveness of commissioning to meet the needs of children and young people with SEND in the local area.
7. Significant work to improve co-production with children, young people and families has taken place since 2019. The inspectors found that co-production is now a strength in York. Whilst

recognising that there is still work to do, co-production is now core to the values and practice standards across the local area SEND partnership. This is central to the way that the operational delivery of the SEND strategy is being overseen by local authority and health leaders.

8. The quality of Education, Health and Care plans (EHCPs) has improved since 2019. The processes and format of EHCPs has been reviewed and re-designed through co-production with children and young people, parents and carers and professionals across education and health. The improvements have focused on ensuring that the voice of the child is central to the plans. There is more work to do to improve the consistency and quality of EHCPs but inspectors recognised the impact of the improvements that have taken place since the previous inspection. There is further work to do to improve the timeliness and quality of EHCPs. This includes a focus on the quality of advice from professionals across education, health and social care to improve the overall quality and consistency of EHCPs.
9. The local area SEND partnership is operating in a challenging financial environment with all partners across education, health and care experiencing increased demand and complexity of need. Ensuring sufficiency of in-city provision across education, health and care is an important issue for the local area SEND partnership and this has to be a priority for the work of the Place Board.

Strategic/Operational Plans

10. In order to build on and embed the progress evidenced by the inspection revisit the local area operational plan has been developed which links to the delivery of the SEND Strategy 2021-25 priorities and the delivery of the Department for Education Safety Valve agreement. The local area operational plan focuses on the four priorities of the SEND Strategy, 2021-25 which are:
 1. **VOICE:** The voice of children and young people and families is visible in all that we do
 2. **SUFFICIENCY:** Ensure sufficiency of support through joint working across the local area partnership, adopting evidence based commissioning using the JSNA
 3. **EARLY IDENTIFICATION:** All children and young people identified as having special educational needs have their

needs identified early, are supported in the local area and are able to access a range of provision that results in success and achievement

4. **TRANSITION:** All children and young people are able to experience a smooth transition at key points throughout their education and into adulthood

11. The development of the local area operational plan (Annex A) has been influenced by the need to demonstrate the actions being taken to implement the priorities in the SEND Strategy, but has also responded to learning from the pandemic and the challenges, both locally and nationally, created by increased demand and increased complexity of need, sufficiency of specialist provision (in education and health) and the challenging financial context in which all public sector partners are operating. In York the specific challenges relate to waiting times for some therapies, in particular speech and language therapy and the sufficiency of places in the primary special school, due to an increase in prevalence of complex SEND in the early years.

12. There is a statutory requirement for all local authorities to have a local offer which provides parents and carers, children and young people and professionals with information about the support available in the local area. As part of our SEND operational plan we have fully redeveloped York's SEND local offer website (www.yorksend.org). The new website has been co-produced with parents and carers, children and young people and professionals and feedback has been very positive about the new website feeling much cleaner and easier to navigate.

13. The publication of the Ordinarily available provision guidance in November 2023 has been an important development driven by the Operational Plan. The term 'ordinarily available provision' comes from the SEND Code of Practice and refers to the support that mainstream schools or settings are expected to provide for a child or young person through their agreed funding and resource arrangements. The ordinarily available provision guidance (Annex B) was developed in coproduction with schools and parents and carers and provides guidance about how mainstream schools can support children and young people with SEND. This is central to the work we are doing with early years settings and schools to

support inclusive practice and to re-establish parental confidence in mainstream provision.

14. The introduction of the Area SEND inspection framework in January 2023 has reinforced the importance of having clear governance structures which demonstrate the joint responsibility for SEND at Place across education, health and care. As a local area SEND partnership it is important to learn from the inspections that have taken place. The following priority areas for improvement have been identified from the recent round of Area SEND inspections:
 - Health commissioning
 - Information sharing and communication
 - Joint commissioning/joint working arrangements
 - Leadership of SEND in the local area – joint planning and oversight
 - EHCP process – assessment and review processes
 - Annual Reviews
 - The quality of EHC plans
 - Transition – preparation for adulthood
 - Waiting lists
15. These are all areas which will be used in the review of the current SEND Strategy and the further development of the SEND Operational Plan over the next 12 months.

Implications

16. As this report is to provide an update for the health and wellbeing board there are no specific implications.

Recommendations

17. The Health and Wellbeing Board are asked to note the contents of this report and the implications for further development of the local area SEND partnership:

Reason: To provide the Health and Wellbeing Board with an understanding of the work taking place to implement the SEND Strategy and the SEND Operational Plan.

Contact Details

Author:

Maxine Squire
Assistant Director,
Education and Skills
Children's Services and
Education
City of York Council
Tel No. 01904 553007

Chief Officer Responsible for the report:

Martin Kelly
Corporate Director, Children's Services and
Education
City of York Council

**Report
Approved**



Date 11 January 2023

Annexes

Annex A – SEND Operational Plan

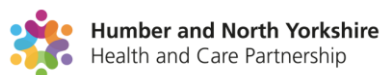
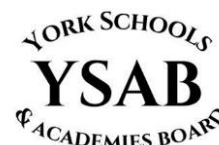
Annex B – Ordinarily Available Provision Guidance

Glossary

SEND – special educational needs and/or disabilities.

EHCP – Education, health and care plan

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City of York Local Area SEND Partnership

Operational Plan 2023-2025

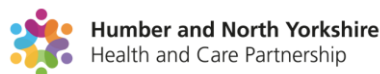
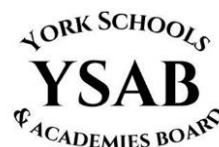
Introduction

This operational plan covers the financial years 2023-24 and 2024-25 and focuses on the operational delivery of the Local Area SEND Strategy, 2021-25. The operational plan is a partnership document which outlines the actions the partnership will take over the next two financial years to deliver the ambitions outlined in the SEND Strategy. The plan has been developed through joint partnership (co-production) with parents and carers.

The actions in this operational plan build on and embed the progress made on delivering the priorities in our written statement of action and the delivery of the Safety Valve agreement.

This operational plan focuses on actions which are to be delivered by joint partners across education, health and care and we recognise that partners will have organisational plans which sit alongside this partnership plan. This plan however provides the overview of the joint commitment to delivering the ambitions outlined in the SEND Strategy, 2021-25.

The Strategy will be reviewed in 2025 and between 2023 and 2025 work on the operational plan will respond to the government's SEND and AP Improvement Plan in order to develop the local area inclusion plan.

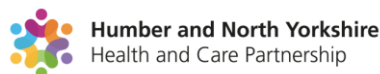
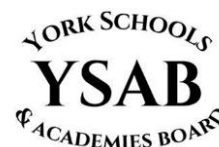


Governance

The SEND Partnership Board will hold partners to account for the delivery of the actions in this operational plan. The SEND Partnership Board will receive progress reports on the actions taken as will the local Place Board, the Health and Wellbeing Board. Progress reports will also be shared with the ICB executive, City of York Council's Executive and Corporate Management Team, the York Schools and Academies Board and Schools Forum.

Our Vision

That York is an inclusive city which delivers the best start in life for all children and young people with SEND. Our ambition is to deliver services (public, community and voluntary sector) which are delivered in an integrated way at the right time, from the right places and that all of our children are able to live their best lives in York.



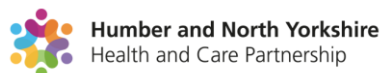
The SEND Strategy, 2021-25

The SEND Strategy describes our priorities as a local area partnership. The priorities are:

1. **Voice** – the voice of children and young people is paramount
2. **Sufficiency** – the right support is in place in the right place at the right time
3. **Early Intervention** – children and young peoples needs are identified at the earliest opportunity
4. **Transition** – effective transition is secured so that young people are able to live the best adult lives they can

Central to the delivery of the strategy is our co-produced SEND outcomes framework. Young people, parents and carers have told us that the most important outcomes for children and young people to achieve are:

- I am healthy
- I have a choice and am heard
- I am safe
- I achieve my goals
- I am included
- I can overcome challenges and difficulties on my own or with support
- I am becoming independent



Delivery of these outcomes is the way in which we measure the success of our actions as a local area partnership.

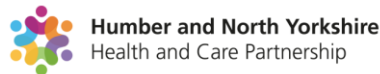
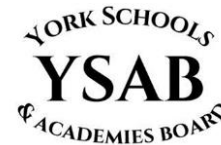
Local Area SEND Inspection Revisit

The local area SEND inspection revisit took place in November 2022 and captured the progress that partners had made on addressing the 4 areas of significant weakness that had been identified by Ofsted and the CQC in December 2019. Ofsted and CQC judged that the local area had made sufficient progress in addressing the areas of weakness which included:

- Leadership and governance of SEND in the local area
- Joint commissioning
- Co-production
- The quality and consistency of education, health and care (EHC) plans

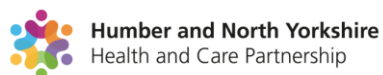
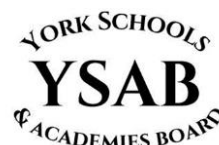
As a local area partnership, we have worked hard to improve in all 4 areas, however we are not complacent and recognise that there is still much to do to realise the ambition outlined in our SEND Strategy.

The development and implementation of the local area operational plan will provide the framework for the evaluation of the impact of the SEND Strategy but will also drive the continuation of our SEND Improvement journey between 2023-25.



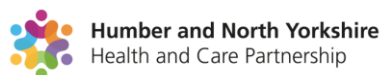
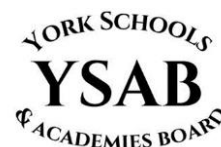
Work will continue to embed the progress made on delivering the priorities outlined in the written statement of action. In the area of leadership and governance a specific focus will be placed on improving the footprint of social care within our improvement journey. This will include:

- Regular representation from social care at the SEND Partnership Board
- Senior leadership of SEND through the appointment of a Designated Social Care Officer within the Children's Social Care Senior Management Team
- Improvements in the quality and consistency of social care advice in education, health and care plans as evidenced through audit
- Continuous development of integrated working across education, health and social care

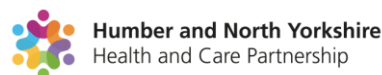
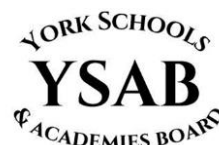


Priority 1: Voice: the voice of children and young people is paramount

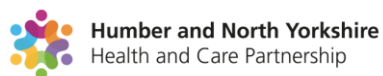
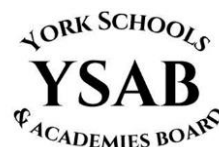
Action	Impact	Owner	Completed by	Status (January 2024)
<p>1.1 All partners have received training on the effective gathering of voice</p>	<p>The voice of children and young people is consistently being used by all partners to inform decision making and service delivery and improvement</p> <p>90% of Children and young people who have participated in voice activities feel listened to and report that they find it easy to share their views and can see how their voice</p>	<p>City of York Council children’s services Health commissioners and providers Education providers</p>	<p>December 2023</p>	<p>In progress</p> <p>Case audits are capturing improvements in the voice of children and young people.</p>



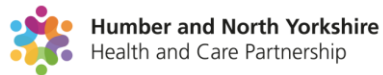
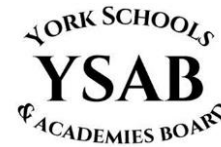
	<p>is used by the local area partnership.</p> <p>The voice of children and young people with SEND is evident in all education, health and care plans.</p> <p>Audits of plans show that 90% of pre-16 plans and 95% of post 16 have outcomes which are clearly linked to the child’s voice.</p>			
<p>1.2 Review and improve the local offer to ensure that it is accessible, up to date and relevant. Model this on the Live Well York approach</p>	<p>85% of Children, young people, parents and carers surveyed report that they feel better informed about the local offer.</p>	<p>City of York Council (LB)</p>	<p>January 2024</p>	<p>Completed The Local Offer website is now live</p>



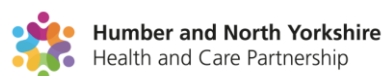
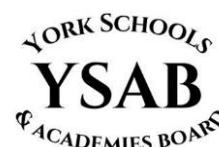
	The local offer is evidenced in 90% of all new EHCPs.			
1.3 Develop and publish 'easy read' one-page guides to support children and young people, parents and carers to navigate the SEN systems across education, health and care	<p>Children and young people, parents and carers feel better informed about local services and decision-making processes.</p> <p>There is a 60% reduction in complaints about communication issues.</p>	City of York Council (LB) Health Social care SENDIASS	September – December 2023	<p>Completed</p> <p>A series of one page guides have been uploaded on the new local offer web pages.</p>
1.4 Provide training on the Mental Capacity Act and the rights of the young person at 16	The voice of young people post 16 is paramount in the EHCP and annual review process. 90% of post 16 EHC plans have outcomes	Preparation for Adulthood team (includes education, health and care)	Training workshops delivered and repeated throughout 2023-24 and 2024-25	<p>In progress</p> <p>Training workshops are taking place</p>



	<p>directly informed by the young person’s voice.</p> <p>Preparation for adulthood is better understood by parents/carers.</p> <p>90% of parents/carers surveyed feel that they are better informed about what happens when an EHC plan ends.</p>			
1.5 Broaden the membership and reach of the Parent Carer Forum	<p>The number of parents/carers attending meetings and events continues to increase. Engagement with the</p>	York Parent Carer Forum SENDIASS	Ongoing 2023-2025	<p>In progress</p> <p>Monthly meetings have been established between CYC, health and the PCF to</p>

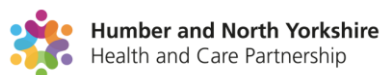
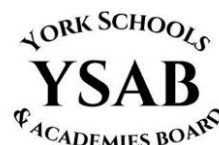


	<p>Parent Carer Forum doubles by March 2024. The Parent Carer Forum is developed as the strategic convenor for parent/carer voice groups across York.</p>			<p>support the development of the forum.</p>
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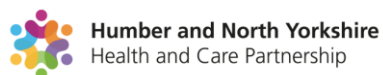
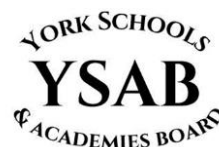


Priority 2: Sufficiency: the right support is in the right place at the right time

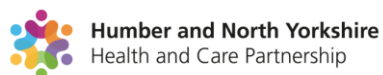
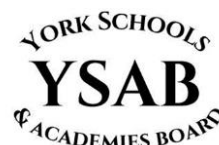
Action	Impact	Owner	Completed by	Status
2.1 The Integrated data dashboard continues to be developed and is being used to inform decision making and commissioning across education, health and care	The SEND Partnership Board is holding delivery partners to account through analysis of the integrated data dashboard. The data dashboard demonstrates how the outcomes framework is being delivered across the local SEND partnership.	The SEND Partnership Board	On-going	In progress The SEND partnership board receives a data report at every meeting. Next step is to link the indicators to the outcomes framework.
2.2 Community based support for children, young people and families continues to be developed	Joint commissioning of community- based support is evidence informed and outcomes based.	City of York Council All Age Commissioning Team Health commissioners	Financial years 2023/24 and 2024/25	In progress The re-commissioning of autism social



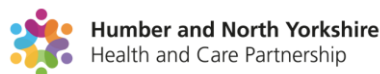
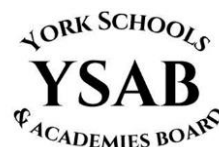
<p>based on learning from the implementation of the Autism Hub. This will inform the development of SEND support through the family hubs.</p>	<p>The quality and sufficiency of community -based support continues to improve through the community and voluntary sector and development of family hubs. Parent/carer voice shows that 85% of parents surveyed know where they can access support from community -based services, including family hubs.</p>			<p>prescribing is underway and being informed by parent voice. The development of the SEND support through the family hubs has been scoped.</p>
<p>2.3 The Learning Support Hub model will be evaluated and further developed to support the graduated response based</p>	<p>90% of schools and other partners including parents and carers report that the Learning Support Hub model is having a measurable impact on</p>	<p>City of York Council</p>	<p>September 2023 to March 2025</p>	<p>In progress The Year 1 evaluation report has been written. This shows 100% satisfaction rates.</p>



<p>on the thrive model (getting more help)</p>	<p>developing provision for children and young people with SEND. The percentage of children and young people educated in mainstream settings and schools remains above the national average in academic years 2023-24 and 2024-25. Case studies have been developed.</p>			
<p>2.4 SEND Capital schemes completed to extend and develop sufficient school places to meet needs identified through SEND place planning assessment</p>	<p>Sufficient appropriate school places have been developed so that children are receiving the right support at the right time and in the right place.</p>	<p>City of York Council</p>	<p>July 2024</p>	<p>Completed Capital works to develop additional ERP provision have taken place.</p>

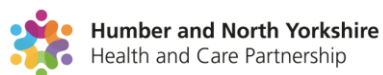
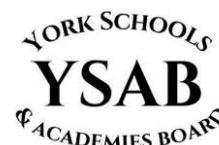


	94% of children with SEND achieve their first choice of school at primary/secondary phase transfer.			Capital works at Applefields and Danesgate have been approved and are being completed.
2.5 Implement task and finish groups to review sufficiency of access to therapies in City of York. Develop joint protocols and pathways to be shared with parents/carers re: Speech, Language and Communication Therapy, Occupational Therapy and sensory interventions.	The local SEND Partnership has improved communication with parents/carers. A 60% reduction in mediations and tribunals by 2025.	City of York Council Health Social Care (children and adults) SENDIASS	September 2023	.

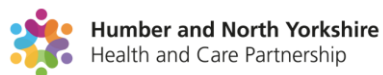
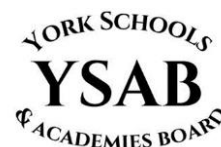


Priority 3: Early intervention: Children and young peoples needs are identified at the earliest opportunity

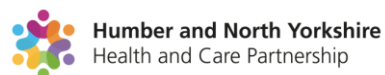
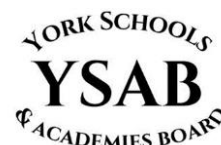
Action	Impact	Owner	Completed by	Status
<p>3.1 Develop, publish and implement an Ordinarily available provision document which supports transition between educational phases</p>	<p>A consistent and transparent graduated response is in place across the City. Children and young people at SEN support receive a consistent offer. The plan do review cycle is consistently used across all settings and schools. Parents and carers have greater confidence in the</p>	<p>City of York Council (Effectiveness and Achievement) and York Schools and Academies Board Parent Carer Forum SENDIASS</p>	<p>September 2023</p>	<p>Completed The OAP document has been developed</p>



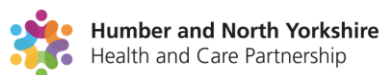
	<p>consistency of mainstream education, particularly at points of transition. Attendance of SEN Support and EHC cohort improves and is at least 93% The percentage of children with SEN in mainstream settings is above national averages. A reduction in EHE and EOTAS requests.</p>			
<p>3.2 Support the scale up of Early Talk for York (ETfY) to ensure that there is a city-wide implementation of the approach (0-5). Scale up the use of the ETfY approach/principles to</p>	<p>Early identification and targeted intervention to ensure that speech, language and communication needs can be better supported in</p>	<p>City of York Council (Early Years/Social Mobility) Health Commissioning</p>	<p>August 2023</p>	<p>In progress Scale up is being implemented from September 2023. ETfY conference November 2023 to</p>



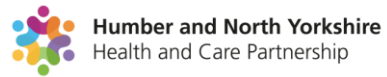
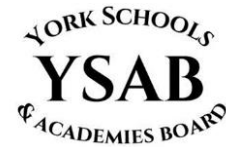
<p>support children and young people 5-16 with speech, language and communication needs identified at SEN support</p>	<p>mainstream settings and schools. Attainment data shows improvement in outcomes for children identified at SEN support. A reduction in referrals to Speech and Language Therapy</p> <p>Outcomes in Year 1 phonics are above national average for all pupil groups.</p>			<p>share outcomes and next steps</p>
<p>3.3 Develop a toolkit and implement training for professionals, parents and</p>	<p>Schools are more confident in supporting children with anxiety around attendance</p>	<p>City of York Council (EPS service)</p>	<p>January 2024</p>	<p>Completed</p>



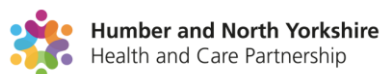
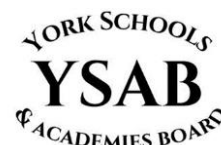
<p>carers to spot early triggers and early interventions to support children and young people who cannot attend school due to anxiety</p> <p>Jointly commission School Reintegration workers to work with children, young people, families and schools to successfully support children at risk of withdrawing from school due to anxiety</p>	<p>A reduction in the numbers of severely absent children</p>	<p>City of York Council (Inclusion Service)</p> <p>Specialist Teaching Team</p> <p>CAMHS</p> <p>Mental health support teams</p> <p>Parent carer forum</p> <p>SENDIASS</p>		
<p>3.4 Work with the Teaching School Hub to continue to develop SEND training programmes for teachers to support the implementation</p>	<p>There is greater consistency across schools in the implementation of ordinarily available provision in mainstream.</p>	<p>Pathfinder Teaching School Hub</p>	<p>Ongoing</p>	<p>In progress</p> <p>YSAB have commissioned 2 places for every</p>



<p>of quality first teaching and learning in mainstream schools.</p>	<p>A reduction in requests for statutory assessment.</p> <p>A reduction in EHE and EOTAS</p>			<p>school to access Adaptive teaching training.</p>
<p>3.5 Work with education providers to develop neuro-diverse friendly settings, schools and colleges.</p>	<p>School attendance of neurodiverse children and young people improves.</p> <p>Teachers and support staff feel better able to support neuro-diverse children and young people.</p> <p>A reduction in suspensions and permanent exclusions</p>	<p>City of York Council York Schools and Academies Board York Schools Forum Autism Education Trust Health providers Parent Carer Forum Social care SENDIASS</p>	<p>Pilot settings/ schools worked with in academic year 2023-24</p> <p>Extension of pilot 2024-25</p>	<p>In progress</p> <p>Work with the ADHD Foundation is taking place during 2024. This is being launched with settings and schools on 26th January 2024.</p>

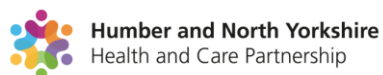
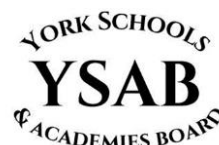


	of neuro-diverse children and young people.			
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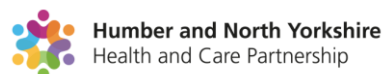
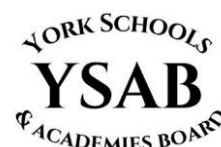


Priority 4: Transition: effective transition is secured so that young people are able to live the best adult lives they can

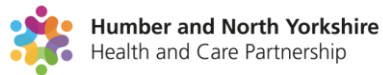
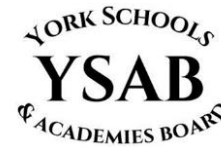
Action	Impact	Owner	Completed by	Status
4.1 Annually review and update the SEND JSNA to inform sufficiency planning and joint commissioning this will include reviewing the data that is being collected to create a meaningful evidence base to inform strategic planning, sufficiency mapping and joint commissioning	Evidence informed decision - making is securely in place in the local area. The allocation of resources by the local area SEND partnership is more effectively targeted.	City of York Council Public Health	Annually	In progress
4.2 Continue to develop shared data sets and intelligence sharing across	Evidence informed decision - making is securely in place in the local area.	Education Health Social Care	Ongoing	In progress



<p>education, health and care to support transition for individuals with EHC plans and to identify population level trends to inform joint commissioning.</p>	<p>The allocation of resources by the local area SEND partnership is more effectively targeted.</p>	<p>SENDIASS</p>		<p>Enhanced focus on use of data to inform transition during 2023-24</p>
<p>4.2 All partners to ensure that preparation for adulthood outcomes are identified and recorded in all EHC plans from age 14.</p>	<p>Evidence from audit shows that 95% of post 14 EHC plans have preparation for adulthood outcomes that reflect the young persons aspiration's recorded by July 2024</p> <p>Review and setting Preparation for adulthood outcomes are a mandatory part of the annual review process.</p>	<p>Education Health Social Care</p>	<p>July 2024</p>	<p>In progress</p> <p>PfA protocol has been developed and is being implemented during 2023-24.</p>



4.3 Co-produce and publish the local area Preparation for Adulthood protocol	Children and young people, parents and carers and professionals have a clear understanding of the preparation for adulthood pathway in York. The transition from EHC plans is transparent and well understood by all partners and stakeholders.	Transitions working group	December 2023	Completed
4.5 Transition plans are developed and implemented for all young people with an EHCP from the age of 16	Parents and carers understand the process of transition and plans can be ended at the right time to support independence outcomes.	City of York Council Preparation for Adulthood team	July 2025	In progress
4.6 Improve pathways to employment through the	Supported internships are fully developed as a	City of York Council Skills Team	September 2025	In progress



<p>implementation of the Supported Internship Hub</p>	<p>pathway to employment in York The number of young people accessing supported internships shows and annual increase between 2024 and 2025.</p>			<p>Supported internship hub launch in September 2023.</p>
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Ordinarily Available Provision 2023-2024

Approaches and resources that mainstream education settings in York will provide for children and young people with SEND



This guide is for parents/carers and professionals

Contents

Introduction	3
Cognition and Learning	11
Specific Learning Difficulties (SpLD)	11
Moderate Learning Difficulties (MLD).....	13
Communication and Interaction	15
Speech, Language and Communication Needs (SLCN).....	15
ASC (Autistic Spectrum Condition).....	17
Social, Emotional and Mental Health Needs (SEMH)	20
Physical and Sensory	23
D/deaf Support.....	23
Vision Support.....	24
Physical Difficulty (PD)	25
Contact	28

Local authorities, early years providers and schools should enable parents to share their knowledge about their child and give them confidence that their views and contributions are valued and will be acted upon. At times parents, teachers and others may have differing expectations of how a child's needs are best met. Sometimes these discussions can be challenging but it is in the child's best interests for a positive dialogue between parent, teachers and others to be maintained, to work through the points of difference and establish what action is to be taken.

SEND Code Of Practice, 2015 1.7

Introduction

This document has been co-produced with parents/carers, headteachers, senior leaders and SENDCos.

York is a **needs-led** city. We are committed to intervening early to support and improve the outcomes of children and young people with SEND. This means that any provision or support should be provided in line with the needs of the young person and is not dependent on any formal diagnosis.

The purpose of this document is to describe the provision that the local area SEND Partnership expects to be made available for all children and young people with special educational needs and disabilities (SEND) in mainstream settings, schools and colleges. This is referred to in settings as SEND Support and the provision described will form part of the setting's graduated response to meet needs.

The majority of children with SEND will have their needs met effectively within their local mainstream setting. Where a child or young person is identified as having SEND, schools will take action to remove barriers to learning and put effective provision in place. These actions should be reviewed and refined through the cycle of Assess, Plan, Do, Review.

As a local area SEND Partnership, we are committed to working together to deliver the best outcomes for York's children and young people with SEND. Central to achieving this is to ensure consistency of approach across the city's education settings through ensuring quality first teaching, close working with families and clear cycles of evaluation (Assess, Plan, Do Review).

This document is designed to be used as a reference document and to support the delivery of a consistent local offer for children and young people across York's education settings. This document will be reviewed annually to ensure that it remains relevant and is grounded in best practice (2015).



What do we mean by Ordinarily Available Provision?

The term 'ordinarily available provision' refers to the range of activities, experiences and strategies offered as basic good practice/quality first teaching for children with special education needs/disability in line with the **SEN Code of Practice**.

Ordinarily Available Provision should be delivered within the usual funding resource the provider receives from the Local Authority. Some providers will need to make adaptations to their current practice if they are to meet the expectations of Ordinarily Available Provision.

A graduated response

The SEND Code of Practice describes a graduated response and the Assess, Plan, Do and Review cycle (see later) through which children and young people, placed at SEN Support have their needs met.

Expectations

Paras 6:96 – 6:99 of the SEND Code, explain that schools (including academies) are expected to:

- i. Make provision available for children with SEND from their delegated budgets
- ii. Provide high quality teaching
- iii. Plan the use of their SEN resources to support the progress of children with SEND, in the context of their other resources, such as pupil premium
- iv. To be clear about the provision they make for SEN from within their Core budget (Elements 1 and 2) and up to a nationally prescribed threshold

Equity of decision making

Developing a description of the type of provision that should be ordinarily available across York will help to ensure equity in decision making about when a child or young person might need higher level provision through an EHC assessment and possible an EHC Plan, and the distribution of Element 3 funding to schools, Colleges and settings.

Expectations of all settings in York

All settings **must** apply the principles underpinning the **SEND Code of Practice (2014)** and have regard to the **Equality Act (2010)**.

The principles outlined in the SEND Strategy, 2021-25, York SEND Outcomes Framework and the SEND Code of Practice should be applied in all settings in York throughout the different ages and stages of a child and young person's learning journey.

Key Principles:

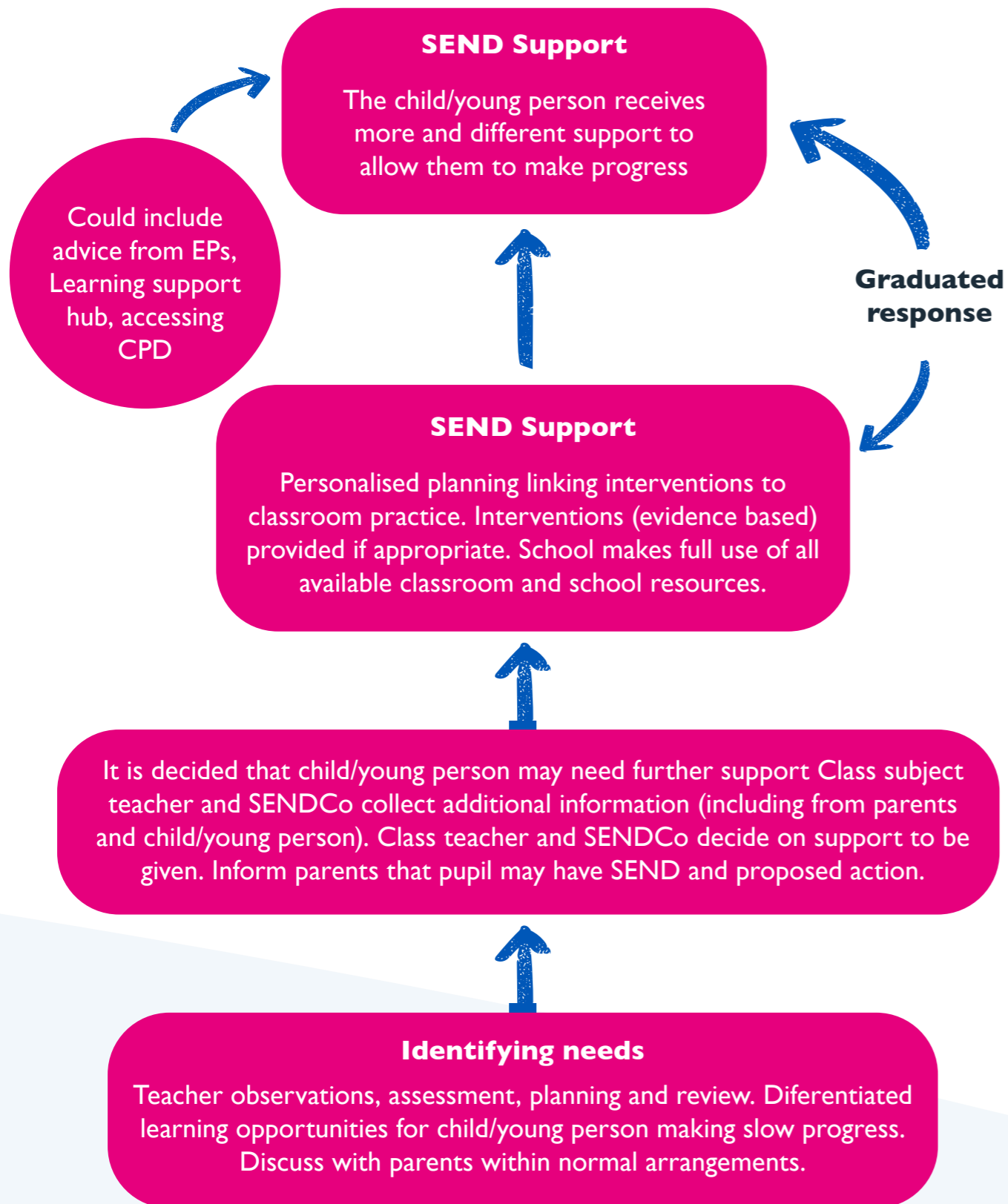
- The voice of children and young people is central in decision-making
- Effective partnership with parents and carers is built-in in all settings to inform decision-making and support for children and young people
- Regular cycles of assess, plan, do and review are used to ensure that all children and young people with SEND are making progress towards agreed outcomes
- Transitions are carefully planned at all ages and stages so there are no surprises for children and young people, parents and carers and professionals
- All interventions should help the child or young person to develop as much independence as possible
- Education is close to home, wherever possible
- A commitment to early intervention and prevention to tackle any potential barriers to achieving good outcomes
- A commitment to work together so that children and young people with SEND feel safe and valued

York SEND Outcomes Framework

- I am healthy
- I have choice and am heard
- I am safe
- I achieve my goals
- I am included
- I can overcome challenges or difficulties on my own or with support
- I am becoming independent

Quality First Teaching

The Code of Practice says that every teacher is a teacher of SEN. High quality teaching is effective for all children and young people. Through delivering quality first teaching settings are implementing the graduated response.



Teachers know their pupils and will notice when a pupil isn't flourishing. The Ordinarily Available Provision is about simple additions, adjustments or changes that a teacher can put into place to adapt their teaching and remove any potential barriers to learning for the pupils in their care. For example, a simple adaptation may offer more structure, or more reassurance, or ensure information is presented in a way that avoids common confusion. These strategies will enable teachers to 'adapt their teaching to respond to the strengths and needs of all pupils' (Teacher Standard 5).

For the majority of pupils with SEND, diagnosis is less helpful for teaching and learning than determining the pupils' educational needs.

"Pupils want support to help them do well, but they often experience a system which is more interested in asking "what is wrong with you?" than "how can we help?". Children told me that they find labels marginalising; they are often accompanied by a sense that each label leads to a drop in ambition. We need to move away from diagnostics, labels, and processes and towards a system of practical help focused on achieving outcomes."

(Dame Rachel de Souza, *Beyond the labels: A SEND system which works for every child, every time*, 2022)

The Ordinarily Available is a framework that will help all pupils to flourish and learn. It is grounded in the teaching standards, which provide the minimum expectations of high-quality teaching across all schools. This framework for inclusive teaching is underpinned by adaptive teaching and the work of SEND champions in York's schools.

The expectations of any teacher are that:

- They have high expectations for all children and young people
- They create and maintain effective relationships and create safe learning environments for all children and young people
- They manage the learning environment so that it is inclusive and meets the needs of all pupils

All teachers will:

- Match pedagogy to the needs of the pupils
- Implement adaptations, supports and scaffolds
- Model new learning and consistent expectations
- Focus on helping pupils to understand how they learn best (metacognition)
- Focus on developing speech, language and communication
- Use information from assessment to inform their planning
- Create and maintain a calm and collaborative climate for learning
- Implement reasonable adjustments to meet the needs of children with identified special educational needs and/or disabilities

Use of the Education Endowment Foundation (EEF) 'five-a-day' principle supports teachers to develop quality first teaching which improves provision and outcomes for pupils with SEND.

The 'Five-a-day' principle: High quality teaching benefits pupils with SEND

1. Explicit instruction
2. Cognitive and metacognitive strategies
3. Scaffolding
4. Flexible grouping
5. Using technology

The research done by the EEF stresses the importance of moving beyond a narrow focus on the four broad areas of need described in the SEND Code of Practice. The four broad areas of need are as follows:

- Communication and interaction
- Cognition and learning
- Social, emotional and mental health needs
- Sensory and/or physical

These needs are often inter-related for individual children and young people and it is important to consider the impact of the interplay between them when planning provision to meet an individual pupil's needs.

Teachers need to understand the individual characteristics of pupil's needs and how these relate to the classroom environment and the content of what they are teaching. This is an important principle in delivery of ordinarily available as it means understanding the specific barriers to learning that an individual child faces and identifying what adaptations can be made to allow them to thrive.

Recommended resources and services:

- Special Educational Needs in Mainstream Schools, Guidance Report. (educationendowmentfoundation.org.uk/education-evidence/guidance-reports/send)
- The City of York SEND Learning Support Hub
- York Parent Carer Forum
- City of York SENDIASS
- City of York Educational Psychology Service
- Early Talk for York
- The Wellcomm Communication Toolkit
- Pathfinder Teaching School Hub – Adaptive teaching and SEND Champions programmes
- Communication Friendly Audit (Haxby Road ERP Resource)
- NASEN resources
- How to create autism friendly classrooms – David Burns
- The ADHD Foundation - adhd.foundation.org.uk

Examples of approaches, strategies and reasonable adjustments that can be used in mainstream (these are in addition to the universal aspects of quality first teaching)

These examples are not prescriptive and are not designed to be an audit of provision in individual schools/classrooms but are included as suggestions of best practice locally and nationally.



Cognition and Learning - Specific Learning Difficulties (SpLD)

Quality First Teaching:

- Differentiation of literacy and numeracy tasks to support learning outcomes, e.g. listening and discussing rather than reading and writing, use of assistive technology, etc.
- Alternative multi-sensory activities to enhance and support learning
- Use of hands-on classroom learning aids (e.g. subject specific word mats, word lists colour coded by category, writing frames, spellcheckers, specialist dictionaries, number lines, Numicon, ICT, etc.)
- Use of reading texts matched to age and interest as well as reading level
- Consideration of accessibility of learning materials in terms of readability, density of text, size and choice of font, layout, overlays, coloured paper, appropriate use of illustrations etc.
- Reduced background noise and distractions
- Support to sequence tasks and instructions within class e.g. task strips
- Extra time for processing, speaking and listening
- Support for homework and to ensure that tasks are clearly recorded including use of ICT
- Use of teaching strategies that develop the independent learning of the CYP

SEN support

- An assessment of child's SpLD leading to an appropriately targeted intervention programme planned in partnership with the child and their family and as advised by other professionals (where involved) Recommended standardised assessment tools include the York Assessment of Reading Comprehension (YARC), Dyslexia Portfolio, Wechsler Individual Achievement Test III (WIAT) for teachers
- Classroom support to develop literacy and numeracy skills and generalisation of skills taught as part of individual/small group programmes
- The use technological aids e.g. such as reader pens or apps
- Time limited proven interventions matched to pupil need and delivered by suitably trained staff
- Some use of small group or time limited 1:1 programmes planned by the teacher and delivered by a TA to address specific difficulties; reinforced by appropriate ICT on phonological awareness, phonics including letter sounds and blending, sight vocabulary, reading strategies, comprehension and inference skills, letter formation, handwriting, spelling, sentence formation, grammar, writing/composition skills, study skills, etc. as appropriate and using evidence-based interventions programmes
- Assess, Plan, Do, Review cycle monitors progress from assessed baselines; provision is regularly reviewed and adjusted in line with progress over a sustained period (at least 2 terms) in partnership with parents/carers and CYP

Cognition and Learning – Moderate Learning Difficulties (MLD)

Quality First Teaching:

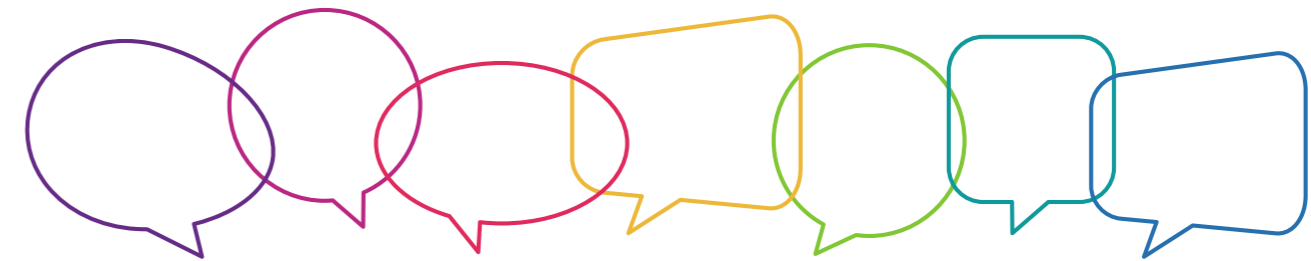
- Learning reflects starting point and agreed next steps with learning broken down into smaller achievable steps
- Tasks set are related to the child's everyday experience with an emphasis on direct experience or preferences
- Range of practical activities including appropriate use of ICT
- Extra time for responses to questions, contributing to class discussions and to complete activities
- Alternative ways to record learning, e.g., oral, photographic, video, highlighting text, mindmaps etc.
- Cueing and reinforcing children's listening/attention
- Checking understanding and reinforcing as required through repetition, rephrasing, explaining & demonstration (what the finished product looks like)
- Immediate feedback/live marking
- Use of classroom learning aids (e.g. subject specific word mats, writing frames, number lines, ICT, etc.)

- Use of topic maps to link current learning to previous learning
- Explicit teaching to support generalisation of skills
- Use of peer support
- Visual cues to support understanding including the use of objects, pictures, signs, symbols, models, examples, ICT
- Modelling and teaching study skills (e.g. having a plan to complete the task, problem solving skills, etc.)
- Physical environment that is organised and well-defined and labelled using written and visual cues
- Use of teaching strategies that develop the independent learning of the CYP
- Support for homework and to ensure that tasks are clearly recorded including use of ICT

SEN support

- An assessment of child's learning needs leading to an appropriately targeted intervention programme planned in partnership with the child and their family and as advised by other professionals (where involved) Recommended standardised assessment tools include the York Assessment of Reading Comprehension (YARC), Dyslexia Portfolio, Wechsler Individual Achievement Test III (WIAT) for teachers
- Individual/small group programmes for language, literacy and numeracy skills, pre- teaching and reinforcing curriculum learning, study skills etc.
- Classroom support to modify tasks as agreed by class teacher where required and to generalise skills taught as part of individual/small group programmes
- Assess, Plan, Do, Review cycle monitors progress from assessed baselines; provision is regularly reviewed and adjusted in line with progress over a sustained period (at least 2 terms) in partnership with parents/carers and CYP





Communication and Interaction – Speech, Language and Communication Needs (SLCN)

Quality First Teaching:

- Range of strategies are routinely available to collect pupil voice e.g. Talking Mats
- Reference to and advice implemented from Universal and Targeted advice sheets: yorkhospitals.nhs.uk/childrens-centre/your-childs-hospital-journey/therapy-services/slt/slc-advice-sheets/Cueingandreinforcingchildrenslistening/attention
- Establish communication friendly strategies to facilitate communication and to assess learning:
 - » Support what is said by visuals/picture including objects, pictures, signs, symbols, models, examples, etc.
 - » Get the CYP's attention
 - » Allow time to process what has been said
 - » Allow time to respond
 - » Differentiation of teacher language, i.e., use of key vocabulary, short sentences with simple grammar, chunking/sequencing of concepts
 - » Differentiation of tasks, use of task planners/schedules
 - » Differentiated use of questions
 - » Use of word webs, concept/ topic maps to illustrate/reinforce key language
 - » Modelling, prompting and reinforcing children's language, such as providing a framework or model for a response
 - » Checking understanding and reinforcing as required through repetition, rephrasing, explaining and demonstration
 - » Physical environment that is organised and well-defined and labelled using written and visual cues
 - » Use of appropriate areas of the room to support speaking and listening skills
- Apply personalised advice from SaLT (where a SaLT assessment has taken place)
- Schemes of work are differentiated including content from earlier years as appropriate.

- Use of peer support
- Support for homework and to ensure that tasks are clearly recorded including use of ICT
- Use of teaching strategies that develop the independent learning of the CYP
- Use of schedules and routines, support for transitions including unexpected change
- Opportunities for direct experience and practical activities including use of ICT
- Opportunities for pre-teaching, overlearning and reinforcement and generalisation of key language
- Opportunities to develop speaking and listening skills, social skills and relationships with other children e.g. Talk Boost, Time to Talk, Talking Partners, Narrative groups, Socially speaking, Talkabout, as well as Circle of Friends
- Access to a quiet, distraction-free environment in which to deliver intervention groups
- Awareness of implications of SLCN on basic skills i.e. numeracy, reading, writing and use of relevant High Quality Teaching to support learning as per MLD section
- Environmental audit for example using the resources provided by the Communication Trust or using the Haxby Road outreach support audit tool
- Consider speech sound development when delivering phonics

SEN support

- An assessment of child's SLCN leading to an appropriately targeted intervention programme planned in partnership with the child and their family and as advised by other professionals (where involved). The WELCOMM programme is a recommended assessment tool for Early Years. The British Picture Vocabulary Scales III (BPVS) is a test of receptive vocabulary.
- A range of activities available to support communication and interaction and extend communication skills supported by adults, such as turn taking games
- Individual/small group programmes for language, literacy and numeracy skills, pre-teaching and reinforcing curriculum learning, study skills, etc., with suitably experienced staff such as ELKLAN trained TA with access to ELKLAN Language Builder manual
- Classroom support to modify tasks as agreed by class teacher where required and to generalise skills taught as part of individual/small group programmes
- Assess, Plan, Do, Review cycle monitors progress from assessed baselines; provision is regularly reviewed and adjusted in line with progress over a sustained period (at least 2 terms) in partnership with parents/carers and CYP

Communication and Interaction including ASC (Autistic Spectrum Condition)

Quality First Teaching:

- Range of strategies are routinely available to collect pupil voice e.g. Talking Mats
- Teacher language is explicit, unambiguous and avoids non-literal language and inferred meaning
- Clear and positively stated rules and expectations for behaviour are modelled by all adults
- Visual and practical supports e.g. Visual timetables and lists.
- Awareness that a CYP may need more time to process language and complete tasks
- Structured and consistent routines reinforced by visual timetable, support for transitions and for managing unpredicted changes to the routine
- Explicit teaching of comprehension, concepts, inferential understanding, perspective taking, empathetic thinking and generalisation of skills
- Explicitly naming emotions in situ, explaining the and thoughts of others and explicitly teaching of appropriate social interaction skills
- Managing, supporting and differentiating collaborative learning (e.g. opportunities to work alongside/ outside of a group as appropriate)
- Providing greater structure for open ended/creative activities and those that rely on inference (e.g., choice from options instead of prediction, writing about actual experience instead of imaginative writing, etc.)
- Use reading to support understanding of characters' emotions, thoughts, intentions, actions and social interactions
- Explicit teaching about social awareness and social skills and how to make and manage friendships (also about sex and relationships for older young people)
- Use positive behaviour management strategies to unpick situations that have gone wrong, being aware of the impact of social communication and emotional regulation difficulties, literal thinking and sensory difficulties
- Use of an individual workstation, task strips and schedules for structured teaching and independent working
- Physical, sensory and/or learning breaks across the school day and provision of a quiet space/time out at times of heightened anxiety
- Awareness of and planning to manage sensory sensitivities, issues, e.g., light, noise, texture, temperature, etc.
- Use relevant Quality First Teaching to support learning as per SLCN and MLD sections

- Visual aids and prompts (e.g. personal visual timetables, now/next cards etc.)
- School have an Autism Champion who regularly attends the Autism Champion meetings run by CYC STT for Autism
- Use of teaching strategies that develop the independent learning of the CYP
- School trips which are planned well in advance to prepare the young person for the trip and have a comprehensive risk assessment which takes into consideration the needs of the CYP
- All staff in school have completed Making Sense of Autism or Good Autism Practice training from Autism Education Trust (AET) or equivalent relevant autism training
- Use of 'Graduated pathway to support attendance'
- Other pastoral interventions should include:
 - » Meeting and Greeting (Soft landing and "Down" time at end of day to support transition to and from home.)
 - » Circle Time
 - » Peer mentoring
 - » Buddy Systems
 - » ELSA support
 - » Lunch clubs
 - » School Counsellors
- Staff make use of a wide range of resources, including those produced within the LA, to inform their inclusive practice. e.g. Communication tool kit

SEN support

- An assessment of child's needs leading to an appropriately targeted intervention programme planned in partnership with the child and their family and as advised by other professionals (where involved). The SCERTS programme is recommended as an assessment tool using 'can do' statements to identify areas of strength and areas for development
- Individual/small group programmes with staff who have knowledge/skills to address specific needs to support social communication, language skills, emotional regulation, self-awareness etc as part of assess, plan, do, review cycle (e.g. Circle of Friends, self-esteem group, Socially Speaking, 5 Point scale, feelings board, Zones of regulation, Lego therapy, musical interaction and recognition / understanding of emotions, including visual supports). Group work to be planned and tailored to meet identified need and includes good role models.
- Adjusted, flexible timetable introduced in negotiation with pupil, parents and staff e.g. temporary withdrawal from some activities such as assemblies, specific lessons and/or provide needed quiet time at periods throughout the day to support regulation of emotions.

- Use of key-working approaches/mentor to ensure CYP has trusted adult to offer support for both self & mutual regulation during vulnerable times.
- Classroom support to develop communication and interaction skills and generalisation of skills taught as part of individual/small group programmes
- Use of appropriate ICT to reinforce skills
- Support for unstructured parts of the day to provide routines and support for social interaction
- All teachers and TAs have completed Good Autism practice training from Autism Education Trust (AET) or equivalent relevant training
- Use of specialist interests of CYP to help engage and motivate in lessons
- Records of the CYP's emotional regulation are updated daily and analysed to consider frequency, duration as well as triggers/patterns to help understand underlying causes/triggers
- Individual support for pre and post teaching
- Assess, Plan, Do, Review cycle monitors progress from assessed baselines; provision is regularly reviewed and adjusted in line with progress over a sustained period (at least 2 terms) in partnership with parents/carers and CYP



Social, Emotional and Mental Health Needs (SEMH)

Hight Quality Teaching:

- Range of strategies are routinely available to collect pupil voice e.g. Talking Mats, Person Centered Planning tools
- Developing a positive relationship and connection with all children and young people
- Use of trauma-informed behaviour policies which recognise the importance of offering a secure base (e.g. trusting relationships, felt safety, teaching regulation skills, focusing on repairing, understanding the function of behaviour). See CYC EPS Trauma Informed Behaviour Policies for details (search for CYC Trauma Informed Behaviour Policy Guidance November 2019 at Yor-OK.org.uk)
- Effective adult language that is appropriate to the child's developmental stage
- Clear routines, boundaries and consistency of approach by all staff working with the child
- Identification of co-occurring SEND e.g. SpLD or SLCN and the additional barriers this presents
- Managing the immediate environment to create nurturing classroom and reduce distraction and minimise potential for conflict or disruption
- Interventions should include:
 - » Wellbeing based approach
 - » ELSA provision Alternatives to the start and ends of the day
- Emotion Coaching (understanding and validating feelings, setting limits and problem solving)
- Supporting behaviours that challenge through:
 - » Prioritising relationships and understanding what behaviour may be communicating
 - » Positive reinforcement and praising appropriate behaviour of nearby pupil (proximity praise)
 - » Tactical ignoring of low level behaviour
 - » Non-verbal signals e.g Moving closer
 - » Ask and/or restate relevant rule/routine/behavioural expectation
 - » Distract onto desirable task
 - » Modify or change activity
 - » Use of humour
 - » Modify groups for any joint activity
 - » Use the language of choice, remind of consequences ('If you choose to....then...')
 - » Take up time, clear choices, schedules and consistent routines and boundaries
 - » Effective adult language, e.g., 'I... when.... because', 'I am looking for...', 'when/then' statements

SEN support

- An assessment of child's SEMH needs (including records of the CYP's emotional regulation updated daily and analysed to consider frequency, duration as well as triggers/patterns to help understand underlying causes/triggers) leading to an appropriately targeted intervention programme planned in partnership with the child and their family and as advised by other professionals (where involved) including planned responses to behaviour as part of a positive behaviour programme
- Modifications to environment eg access through a different entrance, pass to access different toilets
- Individual/small group programmes to support attention and concentration skills, emotional literacy, anxiety management, self-esteem, turn-taking and cooperation skills, social interaction skills, etc as part of assess, plan, do, review cycle
- Classroom support to prompt attention and repeat and reinforce class teacher's instructions and routines, develop social and emotional skills and generalise skills taught as part of individual/small group teaching, support agreed opt out strategies in situations that may otherwise escalate
- Support for executive functioning skills (See Quick Guide from CYC Educational Psychology Service)
- Personalised timetable introduced in negotiation with the CYP, parents/ carers and staff. This may include temporary withdrawal from some activities e.g. assemblies, specific non-core lessons.
- Alternative curriculum opportunities at KS4 e.g. vocational/college/work placements
- Personalised reward systems known to all staff in school implemented consistently across the curriculum
- Provide meet and greet arrangements, and support for unstructured parts of the day to provide routines & support for social interaction
- Regulation activities integrated through the day (e.g. rhythmic/repetitive activities, movement, sensory integration)
- Activities that are soothing, grounding and regulating e.g. play, dance, colouring, gardening
- Allocation of an 'additional attachment figure' with opportunities for check-in time and approaches to support being 'kept in mind'
- A 'safe space' in school, identified in collaboration with the child/young person
- Clear processes for home-school communication to share information and support consistency of approach/understanding
- Implementation of strategies advised by the Effective Strategies document_ (gov.uk/government/publications/mental-health-issues-affecting-a-pupils-attendance-guidance-for-schools)
- Assess, Plan, Do, Review cycle monitors progress from assessed baselines; provision is regularly reviewed and adjusted in line with progress over a sustained period (at least 2 terms) in partnership with parents/carers and CYP



Physical and Sensory: D/deaf Support

Hight Quality Teaching:

- Teacher discussion with the child about their preferred access arrangements
- Consistent, effective use and management of audiological equipment in school
- Implementing advice from the Qualified Teacher of the Deaf and seeking further advice as needed to meet the needs of the child
- Maintaining skills and understanding about supporting deaf children through accessing training e.g. training from the Deaf and Hearing Support Team
- Visual aids to support understanding and access to the curriculum. These may include: objects, pictures, gesture, signs, symbols, visual timetable, models, examples, ICT, demonstrations, use of subtitles or transcripts, visual/written instructions for homework etc.
- Adaptations to the physical environment: background noise is reduced; good room acoustics and seating plan is used to optimise listening and visual access to lip patterns
- Providing an accessible environment where the child can access language and cognitive ideas
- Modified language and scaffolding of subject-specific vocabulary as needed
- Extra time for responses to questions, contributing to class discussions and activities
- Cueing in and reinforcing children's listening/attention
- Management of turn taking in classroom discussions with repetition of key points made by others
- Teacher repetition of class contributions
- Checking understanding and reinforcing by repetition, rephrasing, explanation/ demonstration
- Opportunities for pre-teaching and consolidation of language
- Opportunities for social interaction which may need supporting/scaffolding.
- Good role models of language, communication and social behaviour from adults and other children
- Use additional support staff and note takers to give equal access to learning if appropriate
- Teacher manages the work of teaching assistants and provides individualised intervention work for teaching assistants to deliver, as appropriate

SEN support

- Regular liaison with a qualified Teacher of the Deaf to support student and school staff to understand hearing loss and promote independent use of audiological equipment through training, regular checks and monitoring
- Use of subtitles

- Individual/small group programmes to develop the child's language, social emotional needs and access to the curriculum
- Individual/small group programmes reinforced by appropriate language activities, literacy and numeracy skills, pre-teaching and reinforcing curriculum learning, study skills, etc
- Pre and post teaching of phonic skills or other curriculum subjects as needed
- Individualised support to implement recommendations from support services e.g. QToD., SLT etc.
- Assess, Plan, Do, Review cycle monitors progress from assessed baselines; provision is regularly reviewed and adjusted in line with progress over a sustained period in partnership with parents/carers CYP and QToD

Physical and Sensory: Vision Support

Hight Quality Teaching:

- Class/subject teachers to take responsibility for acting upon personalised educational advice supplied by Qualified Teacher of VI around individual child's needs
- The environment is planned taking into consideration the physical and sensory needs of all CYP eg playground and classroom layouts, displays, signage and lighting
- All staff and supply staff, visiting speakers, sport, drama groups etc. are informed of child's visual needs at the planning stage of activities.
- Support for inclusion with extra-curricular activities, modified homework resources and newsletters
- A range of multi-sensory tasks, teaching styles and support for the alternative ways of recording work
- Provision of recommended generic specialist assistive technology such as: iPad/ tablet/ laptop/ eReader/ scanner and specialist software. e.g., screen sharing packages and magnification
- Clear classroom routines supported by cues, e.g., objects of reference, signs, symbols, gestures, signing to support language, photographs, visual timetables
- Careful consideration of accessibility of learning materials in terms of readability, density of text, size and choice of font, layout, overlays, coloured paper, appropriate use of illustrations, clutter free diagrams, all modified resources onto A4 paper only
- Provision of consumables, e.g., specialist paper, matt laminates. Appropriate black fibre tipped pens/ dark leaded pencils, exemption from learning a cursive script. Use of a sloping desk or board
- White/interactive board displays should be clear for all CYP, a dark pen should be used when writing on the board with teacher verbalising
- Seating at proximity to interactive white board/learning facilitator/ point of learning

- Clear and tidy classroom with good organisation and labelling of resources
- Visual fatigue rest breaks built into the school day and a shaded outdoor area as appropriate
- Use of teaching strategies that develop the independent learning of the CYP

SEN support

- Consideration of timetabling and location of rooms and appropriate workstation for 1:1 instruction
- Assistance with access to specialised equipment eg laptops, cameras, speech/large print software or talking equipment
- Teaching assistance is targeted towards the supply of teaching and learning resources e.g. the preparation / resourcing of suitable visual materials. coordinating the adaptation of resources, support with use of equipment in specific subjects (e.g. Science, Technology, Maths, and ICT) ensuring advised seating arrangements and access to interactive white board
- Sufficient curriculum time allocated for the pre-teaching/revision of skills, completion of task, and teaching the additional curriculum e.g., touch typing, lip reading, independent living skills, mobility, social skills
- Planning shared with Vision Support team to enable resources to be obtained/ modified in time for the lesson, differentiation both in quantity and level of work, delivery method through ICT, sign, lip reading, modified worksheets, practical activities
- Regular liaison with a qualified Teacher of VI to support student and school staff to understand vision loss and promote independent use of equipment through training, regular checks and monitoring
- Oversight for PE, unstructured times in the playground and when moving around school, to monitor safety, interpretation of instructions and use of equipment
- Assess, Plan, Do, Review cycle monitors progress from assessed baselines; provision is regularly reviewed and adjusted in line with progress over a sustained period (at least 2 terms) in partnership with parents/carers and CYP

Physical and Sensory: Physical Difficulty (PD)

Hight Quality Teaching:

- Reasonable adjustments to the school environment and building adaptations including accessible toilets, rise and fall changing beds ramps, height adjustable furniture, grab bars, door handles, lifts, etc.
- Class/subject teachers take responsibility for acting upon relevant information around individual students including:
 - » Well-organised classrooms with clear route ways
 - » Appropriate seating arrangements in relation to the teacher/teaching focus

- » Adapting and modifying classroom tasks that require sustained and/or precise fine and/or gross motor skills
- » A range of alternative equipment may be useful - chunky pencils, adapted scissors, pencil grips, enlarged lined paper/frames especially maths for laying out etc.
- » Planning may need to include rest breaks or movement breaks
- » Extra time for completion of tasks
- » The use of assistive ICT including (on screen keyboards, Clicker, predictive text)
- » Access to medical support, if appropriate
- » Careful consideration of timetabling and location of rooms
- Schools support the use of low-tech aids or equipment (basic word processors, communication passport)
- Modification of activities for P.E and all movement-based learning, practical activities, use of equipment as appropriate
- Optimal seating position including correct size furniture and additional resources such as seating wedges and writing slopes
- Support for accessing and demonstrating learning within the classroom
- Ensuring safe movement in the classroom and around the school
- Trained support for moving and handling may be required as well as a Moving and Handling Plan
- Accessible toilet/hygiene suite
- Toilet passes
- Support for unstructured parts of the school day
- Support for wider whole school activities and social opportunities
- School trips which are planned well in advance and take into consideration the needs of the CYP
- Use of guidance within relevant policies
 - » Educational Visits Guidance
 - » Intimate Care
 - » Managing Medicines Guidance
 - » Supporting Children with Physical Disability and Medical Needs

SEN support

- Individual programmes of physical and occupational skills as advised by relevant specialists Input, where appropriate (e.g. Specialist Nursing Teams and Regional Specialist medical Teams (e.g. Renal, Neuro muscular clinic. Oncology etc), SALT, OT, Physio)
- Providing support for self-help, e.g., going to the toilet, dressing/undressing, lunchtimes, etc.

- Assistance with manipulating equipment in specific subjects especially science, DT, Maths and ICT
- Assess, Plan, Do, Review cycle monitors progress from assessed baselines; provision is regularly reviewed and adjusted in line with progress over a sustained period (at least 2 terms) in partnership with parents/carers and CYP



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

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

Publication date: October 2023

For further information: West Offices, Station Rise, York YO1 6GA

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Health and Wellbeing Board

24 January 2024

Report of the Director of Public Health

Implementation, Delivery & Performance Monitoring of the Joint Health and Wellbeing Strategy 2022-2032

Summary

1. This paper provides the Health and Wellbeing Board (HWBB) with an update on the implementation and delivery of one of the ten big goals within the Local Joint Health and Wellbeing Strategy 2022-2023. It also includes information on performance monitoring.
2. The Board are asked to note the report.

Background

3. At the January 2023 meeting of the Health and Wellbeing Board (HWBB) members of the Board agreed a framework for an action plan and a Population Health Outcomes Monitor for the new Joint Health and Wellbeing Strategy 2022-2023. This was followed by agreement at the March 2023 meeting of a populated action plan and a Population Health Outcomes Monitor.
4. At the September 2023 meeting of the HWBB updates were given on **Goal 1** in the strategy, namely '*reduce the gap in healthy life expectancy between the richest and poorest communities.*' This was followed by updates on **Goals 2, 3 and 4** at the November 2023 meeting.
5. This report sets out updates on the five actions associated with **Goal 5**, including updates on the agreed key performance indicators associated with the goal. **Annexes A & B** to this report provide a detailed score card and trend data.
6. The agreed actions cover the first 24 months of the strategy's 10-year life span.

Progress Updates

7. **Goal 5:** Reverse the rise in the number of children and adults living with an unhealthy weight
8. **Action A9:** Support adult residents to achieve a healthy weight through the York Weight Management pathway.
 - The pathway consists of several different tiers of service, commissioned/provided by a range of different organisations. Tier 1a/1b is provided by the CYC Health Trainer service and is aimed at those who are overweight, but not yet classed as obese. The Health Trainers work with residents on a 1:1 basis, using a person-centred approach to understand the perceived barriers to being a healthy weight alongside the opportunities to take positive action. The service provides advice and guidance on healthy eating, being physically active and how to maintain a healthy weight. In 2022/3, CYC Health Trainers supported 313 clients with weight / healthy eating. The proportion of Health Trainer clients achieving all their goals in 2022/3 was 65.3%. In addition, in a joint project with primary care, Health Trainers have this year contacted 12,500 patients on practice registers in the city, had 1,606 follow up conversations, and generated 1,747 referrals into Tier 2 weight management services (Apr-Nov 23)
 - Tier 2 services are provided by the NHS in some instances, for example the Digital Weight Management Programme (for those who have high blood pressure and/or diabetes, alongside being obese) or The National Diabetes Prevention Programme (for those who are at risk of developing type 2 diabetes and are obese). The City of York Council Public Health department also commission a Tier 2 service, which while not being a mandated function of the Public Health grant, it is locally deemed as necessary to support the increasing number of people who are obese. The service has previously been provided by Greenwich Leisure Limited (GLL / Better) and Slimming World. At present there is a break in service, with a contract out to tender for this service to re-commence in April 2024.

- Tier 3 and 4 services are commissioned by the Humber and North Yorkshire ICB. The tier 3 service consists of a 24-month programme, where residents work with clinical specialists to develop an exercise and diet plan, and counsellors to understand their behaviour towards diet and activity. Residents may also receive pharmacological interventions, where there are no contra-indications. Tier 4 is bariatric surgery, which is considered upon completion of Tier 3. The decision to progress with surgery is taken between the ICB and clinical team, alongside the resident.
 - The Healthy Child Service supports parents/ carers and young people wishing to make changes to reach healthy weight through referrals to the Health Trainer service. This achieves a whole family approach to healthy weight when parenting support about children's healthy eating and physical activity is also required.
9. **Action A10:** Continue to deliver the National Child Measurement Programme and support those children identified as having an unhealthy weight
- Good coverage of the National Child Measurement Programme (NCMP) across York schools is achieved each year by the Healthy Child Service. In 2022/23, 96.0% of children at the cohort ages were weighed and measured in York, vs 93.2% nationally. Follow up support offered to children identified as overweight/ obese at the NCMP will be improved in 2024 including improving uptake of the HENRY programme for reception aged children and redesigning the follow up contact to parents of year 6 children.
10. **Action A11:** Work with parents through the Healthy Child Service to support healthy eating at the earliest opportunity, through routine appointments, supported breast feeding and clear nutritional advice
- Breastfeeding has been found to generally reduce a child's current and future risk of overweight and obesity. The public health team has recently appointed an Infant Feeding Lead to progress the Healthy Child Service through UNICEF Baby Friendly Accreditation. Through implementation of standards over stages, the aim is to provide parents with the best

possible care to build close and loving relationships with their baby and to feed their baby in ways which will support optimum health and development. Under the Infant Feeding strategy there are further ambitions to work more proactively with communities with low breastfeeding rates and with York businesses to understand barriers to breast feeding and improve support available.

- Healthy eating and physical activity remain a core health promotion element of Healthy Child Service contacts with parents. One to one support is provided when weight concerns emerge. In 2023 the “Next Steps for you and your baby” workshop was launched. All parents/ carers are invited to this group workshop when their child is 3-4 months old and take up is good. The workshop includes identifying readiness for weaning to solid food, healthy eating for children, breastfeeding duration support and healthy start vitamins.

11. **Action A12:** Deliver the HENRY approach in our 0–5-year population

- The HENRY programme continues to be delivered to families from children’s centres across York, with 5 programmes being delivered in 2023. The programme is aimed at parents and carers of those aged 0-5, with childcare provided at the weekly sessions to enable more families to access the programme. It delivers practical support around increasing self-esteem and emotional wellbeing, so children start school ready to learn, setting and achieving goals, active play ideas and getting active as a family, alongside guidance on diet, nutrition and oral health.

12. **Action A13:** Support the implementation of HENRY awareness for professionals

- It is proposed that all Healthy Child Service staff will undertake “Raise, Engage and Refer” training during the first half of 2024. The training is delivered by HENRY and is designed to support staff to have conversations with parents and carers about their child’s weight and how the family can access relevant support. At present there are 6 trained HENRY facilitators, who deliver the 0-5 programme. These are made up of staff from the Healthy Child Service and the Health Trainer service.

13. **Population Health Outcomes Monitor**: this is linked to the ten big goals and is designed to provide board members with a holistic view of whether the strategy is making a difference to the health and wellbeing of York's population, using outcome data rather than data on what health and care services are 'doing'. Today's updates at **Annexes A & B** to this report provide information on **goal 5** of the strategy.

Consultation and Engagement

14. As a high-level document setting out the strategic vision for health and wellbeing in the city, the new Local Joint Health and Wellbeing Strategy capitalised on existing consultation and engagement work undertaken on deeper and more specific projects in the city. Co-production is a principle that has been endorsed by the HWBB and will form a key part of the delivery, implementation, and evaluation of the strategy.
15. The actions in the action plan have been identified in consultation with HWBB member organisations and those leading on specific workstreams that impact the ten big goals.
16. The performance management framework has been developed by public health experts in conjunction with the Business Intelligence Team within the City of York Council.

Options

17. There are no specific options for the HWBB in relation to this report. HWBB members are asked to note the update and provide comment on the progress made.

Implications

18. It is important that the priorities in relation to the new Local Joint Health and Wellbeing Strategy are delivered. Members need to be assured that appropriate mechanisms are in place for delivery.

Recommendations

19. Health and Wellbeing Board are asked to note and comment on the updates provided within this report and its associated annexes.

Reason: To ensure that the Health and Wellbeing Board fulfils its statutory duty to deliver on their Joint Local Health and Wellbeing Strategy 2022-2032.

Contact Details

Author:

Tracy Wallis
Health and Wellbeing
Partnerships Co-ordinator

Chief Officer Responsible for the report:

Peter Roderick
Director of Public Health

**Report
Approved**



Date 12 January 2024

Specialist Implications Officer(s)

None

Wards Affected:

All



For further information please contact the author of the report

Annexes:

Annex A: HWBB Scorecard (for Goal 5)

Annex B: HWBB Trends (for Goal 5)



Health and Wellbeing 10 Year Strategy (2022-2032) 2022/2023

No of Indicators = 33 | Direction of Travel (DoT) shows the trend of how an indicator is performing against its Polarity over time.

Produced by the Business Intelligence Hub December 2023

ANNEX A

			Previous Years										
		Collection Frequency	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	Polarity	DOT	
Goal 05: Reduce unhealthy weight	NCMP03	% of reception year children recorded as being overweight (incl. obese) (single year)	Annual	22.37%	20.83%	24.07%	23.65%	21.40%	NC	22.70%	19.90%	Up is Bad	◀▶ Neutral
		Benchmark - National Data	Annual	22.14%	22.63%	22.38%	22.59%	23.00%	27.70%	22.25%	21.31%		
		Benchmark - Regional Data	Annual	22.39%	22.19%	22.93%	23.68%	24.10%	29.50%	23.73%	22.50%		
		Regional Rank (Rank out of 15)	Annual	8	3	9	9	3	NC	3	2		
	NCMP04	% of children in Year 6 recorded as being overweight (incl. obese) (single year)	Annual	27.99%	29.05%	31.78%	29.97%	33.80%	NC	31.54%	32.50%	Up is Bad	◀▶ Neutral
		Benchmark - National Data	Annual	34.17%	34.25%	34.32%	34.29%	35.20%	40.90%	37.76%	36.57%		
		Benchmark - Regional Data	Annual	34.63%	34.64%	34.71%	35.09%	35.80%	42.20%	39.19%	38.10%		
		Regional Rank (Rank out of 15)	Annual	1	1	3	1	4	NC	1	1		
	NCMP10	Absolute gap in % of Year 6 recorded obesity between highest and lowest York ward (3 year aggregated)	Annual	13.10%	19.50%	15.80%	14.40%	18.60%	NC	19.70%	19.29%	Up is Bad	◀▶ Neutral
	PHOF44a	% of adults (aged 18+) classified as overweight or obese (New definition)	Annual	59.30%	59.40%	56.70%	57.60%	62.30%	63.60%	59.50%	-	Up is Bad	◀▶ Neutral
		Benchmark - National Data	Annual	61.20%	61.30%	61.90%	62.00%	62.60%	63.30%	63.80%	-		
		Benchmark - Regional Data	Annual	64.30%	65.60%	64.20%	65.00%	64.80%	66.30%	66.50%	-		
Regional Rank (Rank out of 15)		Annual	1	2	1	1	4	4	1	-			

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Business Intelligence Hub

Joint Health and Wellbeing Strategy 2022-2032:

Performance Monitoring for January 2024 Board.

Indicator Trends – Healthy Weight

Author: CYC Business Intelligence Hub

Date: December 2023

Contents

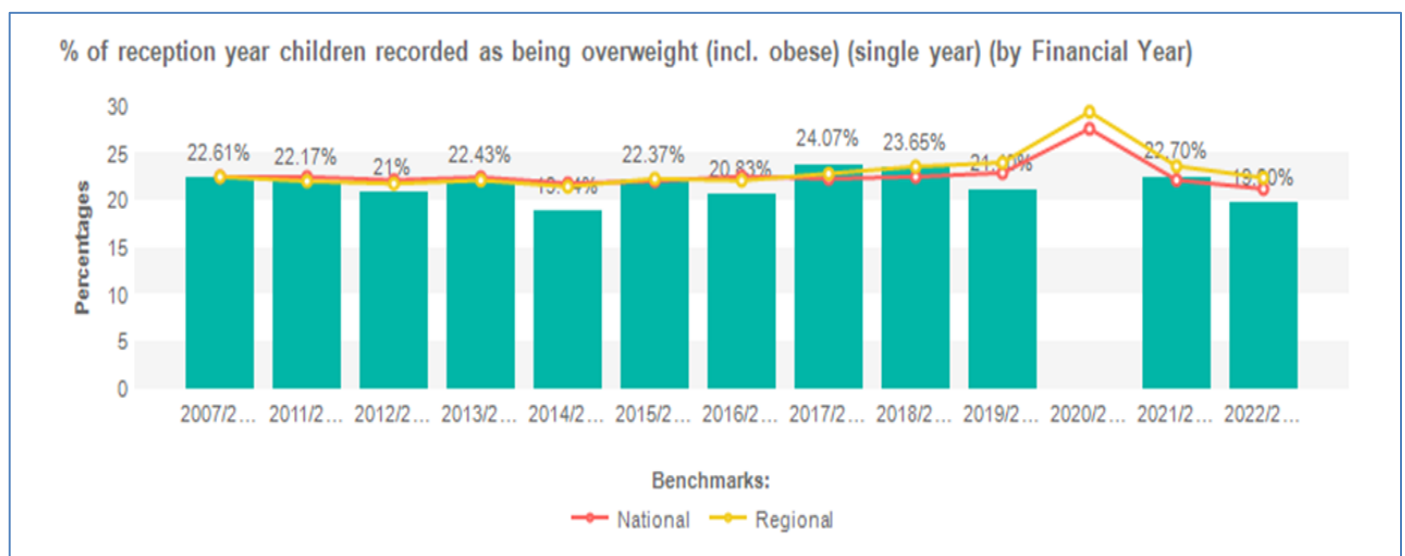
Goal 5: Reverse the rise in the number of children and adults living with an unhealthy weight	2
% of reception year children recorded as being overweight (incl. obese) (single year)	2
% of children in Year 6 recorded as being overweight (incl. obese) (single year).....	3
Absolute gap in % of Year 6 recorded obesity between highest and lowest York ward (3 year aggregated).....	4
% of adults (aged 18+) classified as overweight or obese (New definition).....	5

Goal 5: Reverse the rise in the number of children and adults living with an unhealthy weight.

% of reception year children recorded as being overweight (incl. obese) (single year)

The percentage of reception year children recorded as being overweight (incl. obese) has been recorded annually since 2007/08 through the National Child Measurement Programme (NCMP). The trend chart is shown below. Measurements for 2008/09, 2009/10 and 2010/11 are not considered reliable for York so have been excluded from the chart. Data from 2020/21 was not published at local authority level due the small number of children measured as a result of the Covid-19 pandemic.

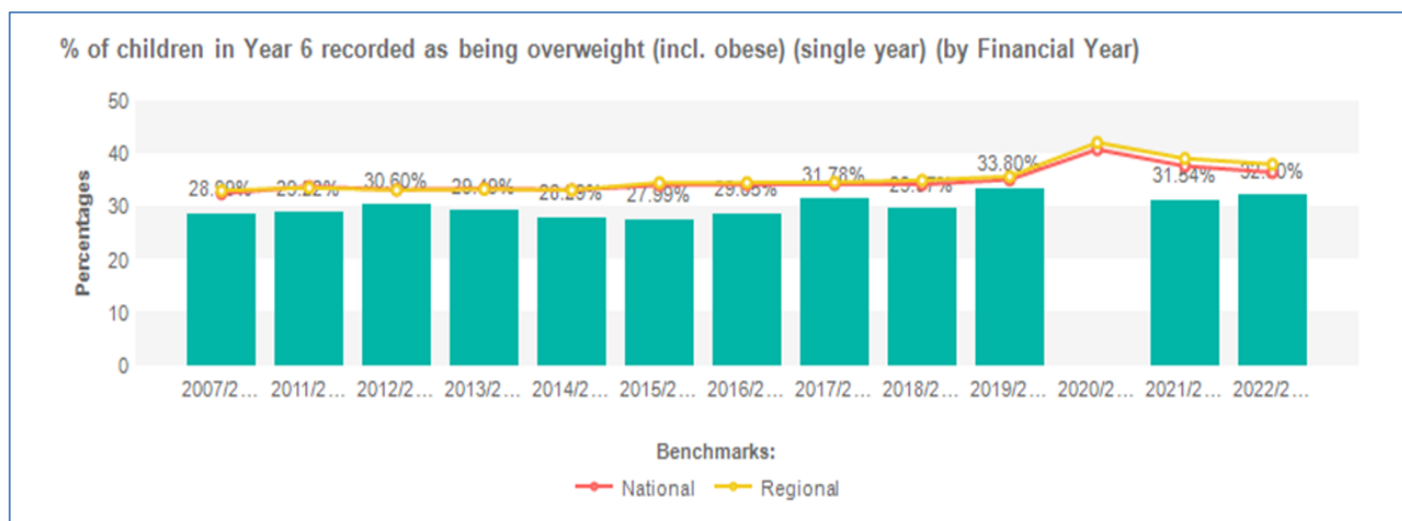
There is no clear trend for York for the percentage of reception year children recorded as being overweight (incl. obese). Values have ranged from 19.2% in 2014/15 up to the peak value of 24.1% in 2017/18. In 2022/23 the value fell to 19.9% which is the second lowest recorded value for York.



% of children in Year 6 recorded as being overweight (incl. obese) (single year)

The percentage of Year 6 children recorded as being overweight (incl. obese) has been recorded annually since 2007/08 through the National Child Measurement Programme (NCMP). The trend chart is shown below. Measurements for 2008/09, 2009/10 and 2010/11 are not considered reliable for York so have been excluded from the chart. Data from 2020/21 was not published at local authority level due the small number of children measured as a result of the Covid-19 pandemic.

There has been a steady rise in the percentage of Year 6 children recorded as being overweight (incl. obese) from 28.0% in 2015/16 to 32.5% in 2022/23. Values in York have, however, remained consistently below the regional and national averages.

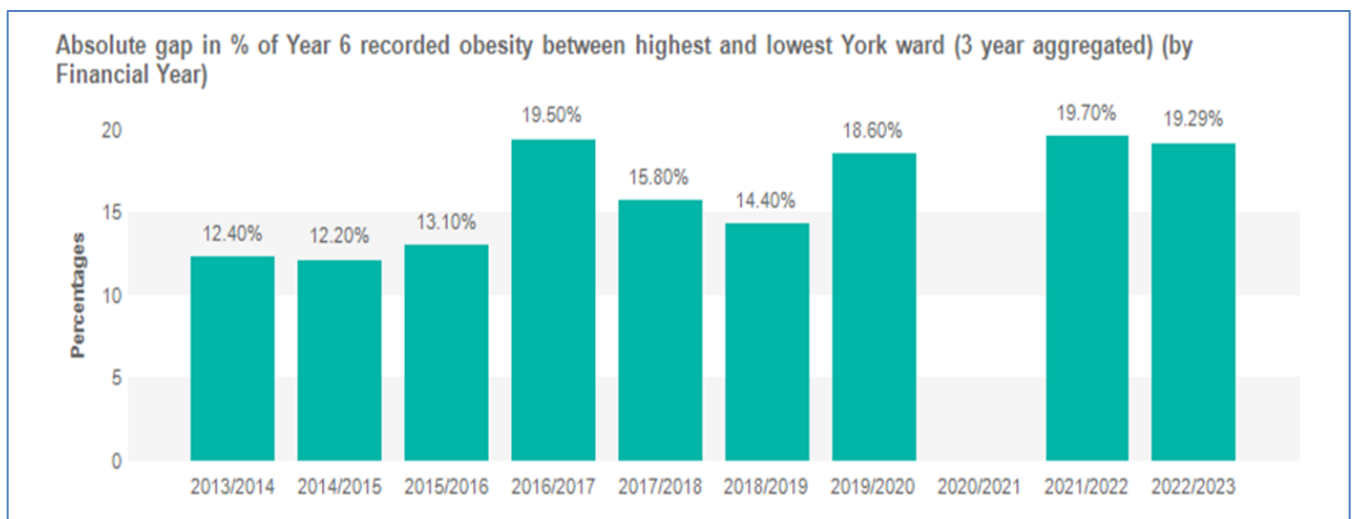




Absolute gap in % of Year 6 recorded obesity between highest and lowest York ward (3 year aggregated)

The 'health gap' indicators show the difference between the wards with the highest and lowest values. A lower value is desirable as it indicates less variation in health outcomes based on where people live within the City. Trend data for these indicators helps to monitor whether the gaps are narrowing or widening over time.

The value for this indicator for the 3 year period 2020/21 to 2022/23 was **19.29%** (the gap between 29.293% in Westfield and 10.0% in Wheldrake). The trend in this gap indicator shows a widening in the difference between the values in the highest and lowest ward over time (**12.4%** in 2011/12 to 2013/14 to **19.29%** in the most recent 3 year period).

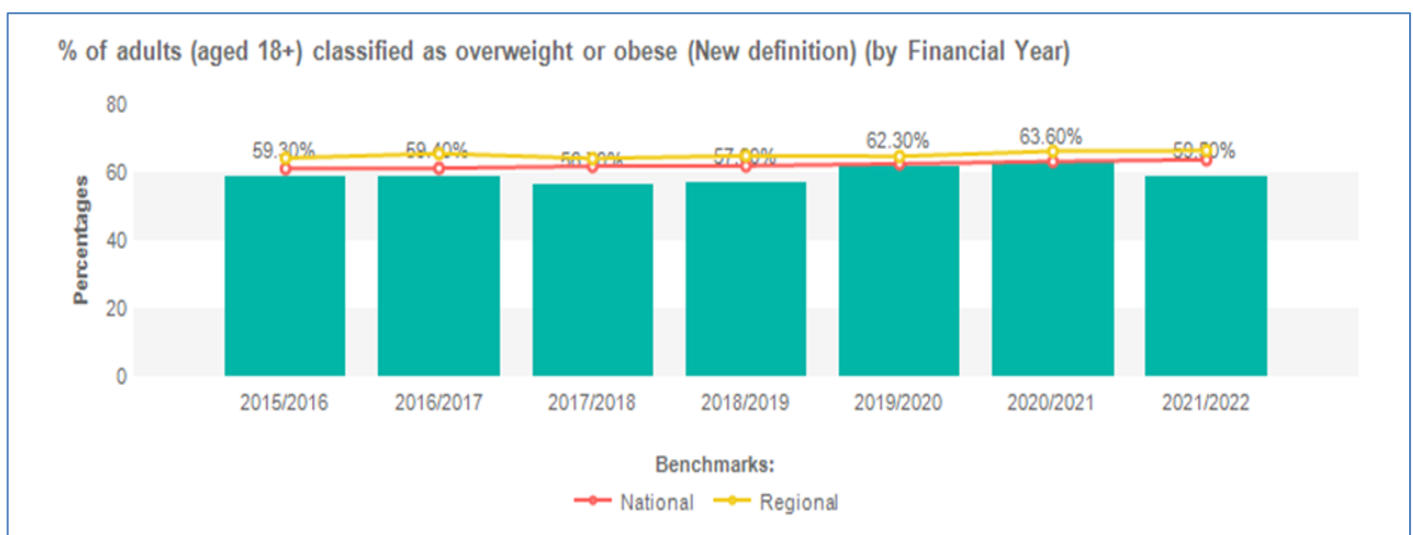




% of adults (aged 18+) classified as overweight or obese (New definition)

Data on the estimated percentage of adults who are overweight or obese is obtained from the Active Lives Adult Survey. The survey provides self-reported height and weight, which can be used to produce BMI estimates. The data collected also allows for adjustments to be applied to the self-reported height and weight measurements at an individual level to give likely actual height and weight. The data for 2021/22 is based on 424 people from York taking part in the survey. Trend data is available from 2015/16 to 2021/22 and is shown in the chart below.

There is no clear trend in York over the seven year period. The percentage did rise from 56.5% in 2017/19 to 63.6% in 2020/21, however in 2021/22 it fell to **59.5%** which is similar to the value in 2015/16.



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