



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

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

NHS Foundation Trust

Mike Proctor

Interim Chief Executive,
York Hospital NHS
Foundation Trust

Dr Andrew Lee

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

Mike Padgham

Chair, Independent Care
Group

Date: Thursday, 1 August 2019

Time: 4.30 pm

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

AGENDA

1. Declarations of Interest

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

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

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

2. Minutes

(Pages 3 - 16)

To approve and sign the minutes of the last meeting of the Health and Wellbeing Board held on 13 March 2019.

3. Public Participation

It is at this point in the meeting that members of the public who

have registered their wish to speak can do so. The deadline for registering is by **5.00pm on Wednesday 31 July 2019**.

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

Filming, Recording or Webcasting Meetings

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

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

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

4. Presentation: Health and Wellbeing Board Working Arrangements

The Director of Public Health for the City of York will give a verbal presentation on the future Health and Wellbeing Board Working Arrangements.

5. Proposal for a Refresh of the Joint Health and Wellbeing Strategy (Pages 17 - 22)

The purpose of this report is to set out proposals for a refresh of the Joint Health and Wellbeing Strategy for York. The existing Strategy runs until 2022 but there are a number of national and local policy drivers now influencing the Health and Wellbeing Board which need to be considered.

- 6. Healthwatch York Reports** (Pages 23 - 148)
This report asks Members of the Health and Wellbeing to receive four new reports from Healthwatch York.
- 7. Care Quality Commission: Action Plan Update** (Pages 149 - 164)
This report is to inform the Health and Wellbeing Board of the progress against the Improvement Plans agreed following the CQC Local System Review 2017 and Progress Review 2018.
- 8. Urgent Business**
Any other business which the Chair considers urgent under the Local Government Act 1972.

FOR INFORMATION ONLY

- 9. Health and Wellbeing Board Annual Report** (Pages 165 - 178)
This is the Annual report of this committee and is for information only.

Democracy Officer:

Chris Elliott

Telephone No – 01904 553631

Email – Christopher.elliott@york.gov.uk

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

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

Contact details are set out above.

This information can be provided in your own language.

我們也用您們的語言提供這個信息 (Cantonese)

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

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

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

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

 (01904) 551550

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

Remit

York Health and Wellbeing Board will:

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

York Health and Wellbeing Board will not:

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

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City of York Council

Committee Minutes

Meeting	Health and Wellbeing Board	
Date	13 March 2019	
Present	Councillors Runciman (Chair), Craghill, Cannon and K Myers	
	Sharon Stoltz	Director of Public Health, City of York
	Sharon Houlden	Corporate Director, Health, Housing & Adult Social Care, City of York Council
	Lisa Winward	Chief Constable, North Yorkshire Police
	Alison Semmence	Chief Executive, York CVS
	Catherine Scott	Interim Manager, Healthwatch York
	Mike Proctor	Interim Chief Executive, York Hospital NHS Foundation Trust
	Sophie Wales	Assistant Director, Children's Specialist Services

Phil Mettam

Accountable
Officer, NHS
Vale of York
Clinical
Commissioning
Group

Apologies

Dr Nigel Wells (Vice Chair)

Chair, NHS
Vale of York
Clinical
Commissioning
Group (CCG)

Amanda Hatton

Corporate
Director,
Children,
Education &
Communities,
City of York
Council

Dr Kevin Smith

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

Gillian Laurence

Head of Clinical
Strategy (North
Yorkshire & the
Humber) NHS
England

Mike Padgham

Chair,
Independent
Care Group

Mike Proctor

Interim Chief
Executive, York
Hospital NHS
Foundation
Trust

The Chair started by informing the committee that Kevin McAleese had unfortunately passed away and sent the Board's sincere condolences.

28. Declarations of Interest

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

29. Minutes

Resolved: That the minutes of the previous meeting of the Health and Wellbeing Board held on 17 October 2018 be approved and signed by the Chair as a correct record.

30. Public Participation

It was reported that there had been no registrations to speak under the Council's Public Participation Scheme.

31. Report from the Place Based Improvement Partnership

The Board received an update from the Chief Executive of City of York Council on the progress of the York Health and Care Place Based Improvement Partnership (PBIP) which she chaired.

The Chief Executive clarified the nature of the PBIP's make up saying that it consisted of chief officers from City of York Council (CYC), NHS Vale of York Clinical Commissioning Group (CCG), Tees Esk and Wear Valleys NHS Foundation Trust (TEWV), York CVS, North Yorkshire Police and national partners. The Chief Executive highlighted that the purpose of the PBIP was to:

- Be the system wide strategic lead for York's Health and Wellbeing
- To unlock issues and help remove any barriers in improvement
- Focus on activities relating to system wide transformation

The Chief Executive gave an overview of the report and of the last meeting of the PBIP.

Lisa Winward, Chief Constable for North Yorkshire Police, stated that PBIP had made progress and commented on the positive outcomes of PBIP members attending the Health and Wellbeing Board workshop to share and discuss joint strategies for the City.

Phil Mettam, Vale of York CCG, commented that particularly for organisations that have a wider footprint than the City of York, it is often difficult to focus on the City and that the PBIP was challenging organisations to think and organise themselves differently.

Sharon Stoltz (Director of Public Health) ,on behalf of the Health and Wellbeing Board Steering Group, commented that this progress was welcomed by the Steering Group and that an update on how this work would be taken forward would be presented at the next meeting.

Following a question from Cllr Craghill relating to the sale of Bootham Park, The Chief Executive stated that a joint communication had been given by CYC, the CCG and TEWV, thanking everyone for contributions to the business plan and highlighting that whilst the sale would proceed, CYC and its partners were ready and willing to work with the preferred bidder through the one public estate programme. The Chief Executive also stated that all partner organisations agreed that they were not in a position to bid for the land in a joint public sector venture.

Cllr Cannon stated her request that the minutes and agendas of the PBIP be accessible to the public as it was important that everybody had the information. The Chief Executive responded to this by stating that the PBIP didn't have minutes and that members of the PBIP had agreed to have the conversations privately in their meetings in order to allow for open and honest discussion of the challenges they face. Cllr Cannon stated that

she felt there had been a move within the authority towards less transparency and that this was not a healthy precedent to set.

Cllr Cannon asked for more information on staff resourcing in domiciliary care and in the absence of Mike Proctor, the Chair asked that a briefing be circulated outside of the meeting.

In response to further questions, Phil Mettam made the following comments on the 'footprint' of the Humber, Coast and Vale Sustainability and Transformation Partnership (STP).

- That the Humber, Coast and Vale was a construct developed nationally and we currently have no control over it.
- The NHS had given no indication that this will change in the short term in its 10 year plan.
- That the CCG and partners have begun working with a focus on York and North Yorkshire and informing the STP about this.

The Chief Executive clarified the meaning of paragraph 9 in the report, stating that it was in reference to each organisation having its own workforce development plan and succession plan. The Chief Executive highlighted that the intention was to try and bring these plans together to create a York wide approach in this area.

32. Care Quality Commission - Local System Review Progress Report

The Board received an update from the Assistant Director of Joint Commissioning on the Care Quality Commission progress report on the local system review of York.

The Officer highlighted some of the key issues reported by the CQC and the areas for future focus, which are in addition to the recommendations from the original CQC report. Two errors in the report were also highlighted:

- The report stated that the PBIP met 'monthly', when it should read 'quarterly'
- Under paragraph 29, the lead on the Workforce work stream should be Mike Holmes, not Mike Proctor as is noted.

It was also noted that Live Well York officially launches tomorrow (14 March 2019).

Cllr Cannon expressed concerns that the Health and Wellbeing Strategy was being put to one side and that a new plan was being formulated. Officers clarified that this was not the intention at all and the next step was to work out how, as one system, the strategy was to be delivered and communicated.

Cllr Craghill highlighted that in order for the strategy to be internalised and understood by a wider range of stakeholders, it needs more focus on what is happening at the moment, including the provision of quality care services to those who need it in a timely fashion.

Officers stated that it is not a strategy about day-to-day business of services, it is about improving the health outcomes for the people of York.

Resolved: That the Health and Wellbeing Board:

- i) Receive the published report of the CQC progress review of York's Local System

Reason: The Board is accountable for improving the outcomes set out in the report

- ii) Receive the shortened version of the York Improvement Plan, showing only the remaining actions, as set out in Annex 2.

Reason: In order to formally recognise the progress which has been made and to streamline future work on the plan.

The Chair requested that a further report be brought to the next meeting to ensure the following two recommendations are completed:

- iii) Consider how the single vision and strategy should be communicated more widely to ensure whole system buy in.

Reason: To strengthen the approach to Improvement

- iv) Define the roles and responsibilities of HWBB and PBIP for driving the pace of improvement and delivering the action plan.

Reason: To provide clarity and ensure progress is made between HWBB meetings.

33. Better Care Fund Update

The Board received an update on the Better Care Fund from the Assistant Director of Joint Commissioning.

The officer gave a brief overview of the report, highlighting the key issues that the system was facing and informed the Board that York will be receiving funding from the Regional Support Fund in order to begin a pilot with regard to Trusted Assessments, which is an area in which York is non-compliant.

In response to questions from the Board, the officer stated that the revised policy framework and planning guidelines for the Better Care Fund will be available by the end of the financial year, which will include the targets for performance in areas such as Delayed Transfers of Care.

Under further questioning, the Officer also clarified that people who are 'self-funding' their care are not currently being reported within the statistics for Admissions to Residential Nursing Care and that the estimate percentage of 'self-funded' care places is around 65%.

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

Reason: To keep the Health and Wellbeing Board up to date in relation to the Better Care Fund.

34. Performance Report: Living & Working Well

The Board received a performance report on the Living and Working Well theme of the Health and Wellbeing Strategy from the Director of Public Health.

The Director for Public Health highlighted two particular areas of concern including the uptake of Health Checks and Cervical Cancer Screenings especially for women between the ages of 25-29.

Phil Mettam also highlighted the impact of the reduction in funding for Alcohol and Substance Misuse services, noting Primary Care's disappointment with the decision. Cllr Craghill agreed with the importance of this issue and noted that perhaps this should now be considered a strategic priority of the Health and Wellbeing Board to help combat the cuts to Public Health grants in this area.

The Director of Public Health noted that there wasn't a single area of Public Health work that hadn't been affected by the cuts to Public Health grants and that this has forced difficult decisions regarding budgets, that we are now seeing the consequences of.

It was also noted that Healthwatch York are currently working with Changing Lives on the Multiple Complex Needs Network to try and look at issues around supporting people better and working differently.

Cllr Cannon further noted the widening gap of health inequalities and the importance of noting inequalities with issues such as this.

Phil Mettam suggested that the Scrutiny process should engage with Primary Care in a meaningful way regarding Substance and Alcohol Misuse, due to its importance and to ensure that The Council and all partners deal with this issue in genuine partnership and consultation.

Resolved: That the Health and Wellbeing Board are asked to note the content of this performance report.

Reason: To ensure understanding of the progress made against the Living and Working Well theme within the joint Health and Wellbeing Strategy 2017-2022.

35. Update on Development of a Healthy Weight Strategy in the City of York

The Board received an update report on the development of a Healthy Weight Strategy for the City of York from the Director of Public Health. Officers introduced some key aspects of the draft strategy and spoke about priorities before inviting the Board to comment.

Members of the Board noted that this is a highly complex area where a multitude of issues can affect an individual's ability to maintain a healthy weight. It was also noted that in some areas of the City, the availability of fresh food can also be an issue.

Members of the Board also discussed Food Banks and the opportunity to deliver a number of additional services to people within that environment.

The Chair thanked the officers for their work and stated that the consultation should take place after 'purdah' (the pre-election period). Officers responded by also asking for written comments from Members of the Board by the end of March.

Resolved: That the Health and Wellbeing Board:

- i) Receive the update on the work being carried out to understand the obesity levels of adults and children in York
- ii) Approve the Draft Healthy Weight Strategy for Consultation
- iii) Agree to receive the final version of the Healthy Weight Strategy when it is finalised

Reason: To keep the HWBB informed of issues relating to obesity in York and provide assurance that action is being taken to address any areas where concern is raised.

36. Draft Learning Disabilities Strategy

The Board received an update on the All Age Learning Disabilities Strategy and welcomed guests from People First and Claire Dobson, Co-Chair of the Learning Disability Partnership, who introduced the item.

Ms Dobson explained that she and her colleagues had been involved in the creation of the All Age Learning Disability Strategy and had thoroughly enjoyed it. Ms Dobson noted that she now wants to ensure that the Strategy is seen through and that actions are taken forward.

Officers also gave a brief overview of the strategy and how the partnership had consulted on and created it. Board Members

noted their thanks to Claire and all the guests from People First for attending.

The Director of Public Health noted in relation to the Strategy's priority area 4, that there were a number of screening programmes already in place however they didn't involve Learning Disabilities. It was suggested that The Director of Public Health would take this as an action and ensure that the right people came to talk to the Learning Disabilities Partnership in order to bring these areas of work together. Board Members went on to state that performance with regard to Health Checks had improved but there was still further work to do.

It was suggested by Members that perhaps the All Age Learning Disabilities Strategy could be incorporated into the Joint Health and Wellbeing Strategy. The Board also agreed that this strategy needed to be circulated widely to all health providers and partners. The Chair noted that perhaps this could be taken up with Healthwatch York.

Resolved: That the Health and Wellbeing Board:

- i) Ratify the All Age Learning Disabilities Strategy
- ii) Agree to receive annual updates from the All Age Disabilities Strategy Group

Reason: To give a formal mandate for the All Age Learning Disabilities Strategy and allow work to progress in achieving the actions within the Strategy.

37. Report from the Ageing Well Partnership

The Board received a report from the Ageing Well Partnership. The report requested that the board endorse the recommendation that York apply to become a member of the UK Network of Age Friendly Communities.

The officer introduced the item and noted that the framework provided by Age Friendly Communities and Cities Status was very positive and provided a focus on how to work collaboratively to challenge some of the physical and mental challenges and subsequent recommendations from the Older People's Survey. It was also noted that by joining the network, resources and information relating to best practice would become available.

Officers highlighted that it was free of charge to join the network and working towards the framework would help join up some of the programmes of work already taking place in York.

Members of the Board noted that it was important to ensure that the Age Friendly Community framework dovetailed with York's Ageing Well priority and it was noted that the Ageing Well Partnership would ensure this is the case.

Resolved: That the Health and Wellbeing Board endorse the recommendation to become a member of the UK Network of Age Friendly Communities

Reason: To progress delivery of the ageing well theme in the joint Health and Wellbeing Strategy 2017-2022 and the recommendations in the older people's survey.

38. Update from the Health and Wellbeing Board Steering Group

The Board received an update from the Health and Wellbeing Board Steering Group from the Director of Public Health.

The officer highlighted that the Steering Group are proposing to review and lightly refresh the Health and Wellbeing Strategy and to consider the way in which the key messages within it are communicated. The point was made that the intention would not be to change any of the priority areas.

The Director of Public Health updated the board on paragraphs 16-19 by stating that Primary Care Support England have not approved the new pharmacy at Kimberlow Hill. The reason for this is that the Board's Pharmaceutical Needs Assessment had not identified the need for this Pharmacy.

Resolved: That the Board confirm the Steering Group's proposal and timetable to lightly refresh the joint health and wellbeing strategy;

and

Ratify the decision that the recommendations in the JSNA needs assessment about people who self

fund their own care in York be progressed through the Ageing Well Partnership.

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

39. EU Exit Preparedness

The Board received a report from the Head of Corporate Strategy and City Partnerships intending to assure the Board that preparations are being made in anticipation of the United Kingdom (UK) leaving the European Union (EU).

The Director of Public Health explained that the Council has pulled together a number of key partners around the City to plan for the UK's exit from the EU and that robust planning processes are in place.

The following key issues were highlighted for the Board's attention:

- i) Availability and subsequent cost of medicines
- ii) Import delays of devices used in hospitals
- iii) Workforce concerns in Independent Care Sector

Phil Mettam, Vale of York CCG, assured the Board that plans are in place however there was still work to do, particularly on point (iii).

Resolved: That the Health and Wellbeing Board note the discussions and activities are under way to prepare for EU Exit and to mitigate against the challenges of a 'no deal' scenario.

Reason: To ensure the Board is kept up to date on preparations and assurances are given with regard to the level of planning taking place.

The Chair thanked all the Board Members for their support during her term as Chair.

Councillor C Runciman, Chair
[The meeting started at 4.30 pm and finished at 7.00 pm].

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Health and Wellbeing Board

01 August 2019

Report of the Director of Public Health

Proposal for a Refresh of the Joint Health and Wellbeing Strategy**Summary**

1. The purpose of this report is to set out proposals for a refresh of the Joint Health and Wellbeing Strategy for York. The existing Strategy runs until 2022 but there are a number of national and local policy drivers now influencing the Health and Wellbeing Board which need to be considered.
2. An early refresh of the Joint Health and Wellbeing Strategy will ensure the Strategy is fit for purpose and enable the Health and Wellbeing Board to be in a strong position to set the right strategic vision and priorities for improving the health of York residents, strengthening the Board's role in:
 - High level assurance
 - Holding partners to account
 - Influencing commissioning across the increasingly complex health and social care system, as well as the wider determinants of health
 - Reducing health inequalities
 - Promoting a greater focus on prevention (primary, secondary and tertiary)

Background

3. During 2015/16 there was extensive engagement with stakeholders and residents on the priorities for a new Joint Health and Wellbeing Strategy for York. This ranged from attendance at meetings, focused engagement events and an online survey. Over 1200 responses were received in total.

4. There were a number of common themes identified which were used to inform the priorities in the Joint Health and Wellbeing Strategy around four main themes as set out in the table below:

Four themes for Health and Wellbeing in York 2017-2022

Theme	Mental Health and Wellbeing	Starting and Growing Well	Living and Working Well	Ageing Well
Top Priorities	Get better at spotting the early signs of mental ill health and intervening early	Support for the first 1001 days, especially for vulnerable communities	Promote workplace health and remove barriers to employment	Reduce loneliness and isolation for older people
Additional things we want to achieve	<p>Focus on recovery and rehabilitation</p> <p>Improve services for young mothers, children and young people</p> <p>Improve the services for those with learning disabilities</p> <p>Ensure that York becomes a Suicide Safer city</p> <p>Ensure that York is both a mental health and dementia friendly environment</p>	<p>Reduce inequalities in outcomes for particular groups of children</p> <p>Ensure children and young people are free from all forms of neglect and abuse</p> <p>Improve services for students</p> <p>Improve services for vulnerable mothers</p> <p>Ensure that York becomes a breastfeeding-friendly city</p> <p>Make sustained progress towards a smoke-free generation in York</p>	<p>Reduce inequalities for those living in the poorer wards and for vulnerable groups</p> <p>Help residents make good choices</p> <p>Support people to maintain a healthy weight</p> <p>Help people to help themselves including management of long-term conditions</p> <p>Work with the Safer York Partnership to implement the city's new alcohol strategy</p>	<p>Continue work on delayed discharges from hospital</p> <p>Celebrate the role that older people play and use their talents</p> <p>Enable people to recover faster</p> <p>Support the vital contribution of York's carers</p> <p>Increase the use of social prescribing</p> <p>Enable people to die well in their place of choice</p>
Directed by dedicated groups, and measured through both hard data and what people tell us				

5. The aim of the refreshed Strategy will be to focus on a smaller number of key strategic priorities and so the purpose of the consultation will be to test the approach to the proposed priorities, build consensus and galvanise energy and resource around the strategy.

Main/Key Issues to be Considered

6. The refreshed Joint Health and Wellbeing Strategy is intended to be a key document that will set the priorities for the Health and Wellbeing Board.
7. The Strategy is not intended to include everything that all partners do.
8. The Strategy must be based on intelligence from the Joint Strategic Needs Assessment and other evidence of local knowledge.
9. The Strategy must be fit for purpose to enable commissioners to plan and drive integration of services across health and social care

where the evidence shows this will deliver improved health outcomes for individuals and communities and best value.

10. The refreshed Strategy needs to take account of the NHS planning landscape if it is to be effective in delivering health improvements for York residents. York is part of the Vale of York and Scarborough NHS planning footprint and so it is important that the York Health and Wellbeing Strategy seeks to align our priorities with those for North Yorkshire wherever it is appropriate to do so with localised place-based mobilisation and delivery.
11. The Strategy must also be aligned to the financial realities of the local Health, Public Health and Care System. We need to be aspirational in delivering improvements in health and reducing health inequalities experienced by York residents but realistic as to what can be delivered within the constraints of the NHS local system multi-year financial recovery plans and local authority and partner organisations medium term financial strategies.

Consultation

12. As well as sense checking the priorities the consultation is an opportunity to bring partners and communities on board and identify capacity and opportunities to make a difference to identified needs.
13. Proposed timeline for consultation on the refresh of the Strategy is set out below:

Health & Wellbeing Board receive proposal for refresh of the Joint Health & Wellbeing Strategy for York	01 August 2019
Triangulation of data through the Joint Strategic Needs Assessment process	August - September
Prioritisation workshop with senior officers from partner organisations to review the evidence and emerging themes and agree the priorities for the refreshed strategy for public consultation.	September 2019
Public consultation on draft priorities	October - December
Draft refreshed Joint Health and Wellbeing Strategy considered by the Health and Wellbeing Board, Vale of York Clinical Commissioning Group and Health and Adult Social Care Policy and Scrutiny Committee	February 2020

Final Joint Health and Wellbeing Strategy approved and published	March 2020
Formal approval and adoption by the Council Executive and Vale of York Clinical Commissioning Group and partner organisations represented on the Health and Wellbeing Board	March 2020

Options

14. There are no options for consideration by the Board.

Analysis

15. Because the Board is not being asked to consider alternative options there is no analysis.

Strategic/Operational Plans

16. The NHS Long Term Plan implementation guidance and the new City of York Council Plan will be used to help inform the refresh of the Strategy.

Implications

17. There are no specialist implications from this report.

- **Financial**

There are no financial implications in this report.

- **Human Resources (HR)**

There are no human resources implications in this report.

- **Equalities**

There are no equalities implications in this report.

- **Legal**

The Health and Wellbeing Board has a duty under the Health and Social Care Act to produce and publish a Joint Health and Wellbeing Strategy.

- **Crime and Disorder**

There are no crime and disorder implications in this report.

- **Information Technology (IT)**

There are no IT implications in this report.

- **Property**

There are no property implications in this report.

Risk Management

18. There is a risk of lack of engagement in developing the new strategy but this can be mitigated by working through existing groups and partnerships.
19. The timescale for agreeing the priorities and the Strategy is very tight. The deadline for the Vale of York Clinical Commissioning Group submission of their local NHS Long Term Plan is 27 September 2019 and so as far as possible we need to align the work on identifying the priorities in the refreshed Joint Health and Wellbeing Strategy to this timescale.

Recommendations

20. The Health and Wellbeing Board are asked to:
 - i. Consider the report
 - ii. Agree the timeline for refresh of the Joint Health and Wellbeing Strategy

Reason:

To enable the Board to develop and own a Joint Health and Wellbeing Strategy that will provide a single unifying vision for the improvement of the health and wellbeing of York residents.

Contact Details

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Chief Officer Responsible for the report:

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**Report
Approved**



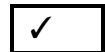
Date 16/07/2019

Specialist Implications Officer(s)

There are no specialist implications.

Wards Affected:

All



For further information please contact the authors of the report



Health and Wellbeing Board

1 August 2019

Report of the Health and Wellbeing Board Healthwatch York Representative

Healthwatch York Reports

Summary

1. This report asks Health and Wellbeing Board (HWBB) members to receive four new reports from Healthwatch York:
 - i. Changes to services: the anticoagulation warfarin monitoring service in York (**Annex A**)
 - ii. Changes to services: understanding people's experience of thresholds for elective surgery in York (**Annex B**)
 - iii. An update on CAMHS¹services 2019 (**Annex C**)
 - iv. What's happened since the closure of Archways? An update report (**Annex D**)
2. Health and Wellbeing Board members are asked to respond to the recommendations within the report.

Background

3. Healthwatch York produce several reports a year arising from work undertaken as part of their annual work programme.

Main/Key Issues to be Considered

4. Healthwatch York's work programme is informed by an annual survey and in 2018/19 changes to health services in the city was a concern highlighted over a number of different service areas. Healthwatch York chose to focus on two areas namely;
 - i. The anticoagulation warfarin monitoring service

¹ Child and Adolescent Mental Health Services

- ii. Understanding people's experience of thresholds for elective surgery

Main/Key Issues to be Considered

5. There are a number of recommendations arising from the two reports at Annex A and Annex B and these are as follows:

The Anticoagulation Warfarin Monitoring Service		
	Recommendation	Recommended to
1.	Consider feedback to date in terms of accessibility to appointments outside of working hours and in relation to individuals' needs	NHS Vale of York Clinical Commissioning Group GP Practices
2.	Commit to co-design and co-production (in line with the Social Care Institute of Excellence definition) when creating new services. For future service changes that involve multiple services/providers, consider ways of working together to make sure positive patient experience is at the forefront)	All service providers involved in changes to services (NHS Vale of York Clinical Commissioning Group; York Teaching Hospital NHS Foundation Trust, GP Practices)
Understanding People's Experience of Thresholds for Elective Surgery		
1.	Consider ways to gather needed information/data to know if the policy is effective in saving money and improving patient outcomes in the areas outlined in this report	NHS Vale of York Clinical Commissioning Group
2.	Work in co-production with members of the public and to understand how to support people who have difficulty engaging with weight loss activity. Consider what programmes work best for people with specific conditions or barriers	NHS Vale of York Clinical Commissioning Group
3.	Create accessible and clear pathways of support, considering what pro-active steps can be taken to prevent individuals falling through the gaps and for the more disadvantaged individuals to engage with support programmes and services.	NHS Vale of York Clinical Commissioning Group

6. Annex C is an update report on CAMHS services in the city. In 2017 Healthwatch York undertook a piece of work to highlight parents' experiences of CAMHS. Annex C is a recently produced report that provides an update on progress made following the recommendations made in the original report of 2017.
7. An update on progress made against the specific recommendations from 2017 is at Appendix 2 of Annex C. Healthwatch York did not identify any new recommendations.
8. Finally Healthwatch York have produced an update report entitled: What's Happened since the Closure of Archways? (Annex D). This report contains a number of new recommendations which are set out in the table below.

What's Happened since the Closure of Archways?		
	Recommendation	Recommended to
1.	Continue to work towards making sure that plans for consultation and engagement with the public and other agencies are made and put in place at the earliest stage possible for all future service changes. Make sure a range of methods are used to contact patients and other stakeholders. Commit to co-design and co-production (in line the Social Care Institute of Excellence definition) when creating new services	All health and social care commissioners, providers and leaders in York
2.	Continue to improve communication. To make sure patients/families/carers understand what is happening at discharge. That information about different teams and how they work together is clear to the public and staff. The hospital should plan for discharge early, involving the patient in all decisions and checking their understanding	York Teaching Hospital NHS Foundation Trust NHS Vale of York Clinical Commissioning Group City of York Council
3.	Continue to monitor concerns and feedback around provision of services. Be particularly mindful of concerns about support overnight, ensuring that night support is adequate, and tracking of admissions of those in receipt of intermediate care is noted	York Teaching Hospital NHS Foundation Trust NHS Vale of York Clinical Commissioning Group

4.	Report on how the additional funding freed up from Archways which was not spent on Home First was spent	NHS Vale of York Clinical Commissioning Group
5.	Work with other sectors to address non-healthcare issues such as social isolation mentioned in engagement feedback	York Ageing Well Partnership

Consultation

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

Options

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

Analysis

11. No analysis is need in relation to the options set out above.

Strategic/Operational Plans

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

Implications

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

Risk Management

14. There are no known risks associated with the recommendations in this report. There may be risks associated with the recommendations made in the individual Healthwatch York reports.

Recommendations

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

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

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Report Approved

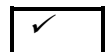


Date 10.07.2019

Specialist Implications Officer(s) None

Wards Affected:

All



For further information please contact the author of the report

Background Papers:

None

Annexes

- Annex A:** Changes to services: the anticoagulation warfarin monitoring service in York)
- Annex B:** Changes to services: understanding people's experience of thresholds for elective surgery in York
- Annex C:** An update on CAMHS services 2019
- Annex D:** What's happened since the closure of Archways? An update report

Glossary

CAMHS - Child and Adolescent Mental Health Services

GP – General Practitioner

HWBB – Health and Wellbeing Board

NHS – National Health Service



healthwatch
York

Changes to services: The Anticoagulation Warfarin Monitoring Service in York

May 2019

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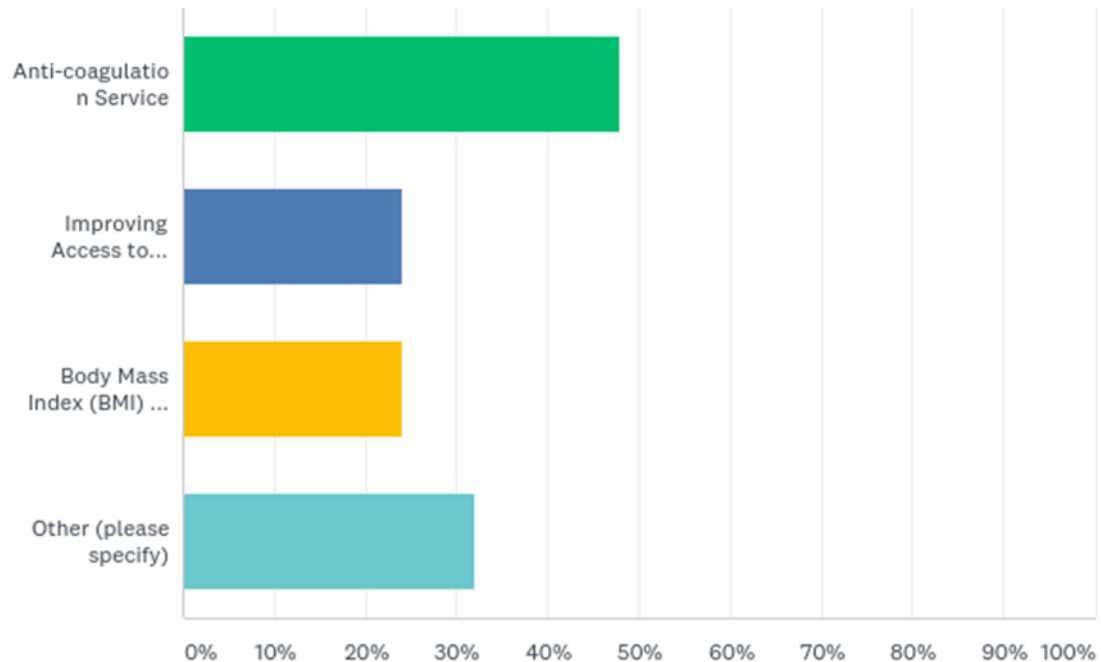
Changes to Services

Why is Healthwatch York looking at changes to the Anticoagulation Warfarin Monitoring Service in York?

In 2018, Healthwatch released a work plan survey to identify issues that people wanted us to look at. Feedback from this survey confirmed that changes to York health services were a key public concern over a number of different areas.

To find out more about what the public thought, Healthwatch York created a changes to services survey which ran from October 2018 to January 2019. This survey was available online and at events that Healthwatch York attended. The survey asked for public feedback on a number of areas outlined as a concern from the work plan survey. A breakdown of survey responses can be seen below. People were able to comment on more than one concern.

Question: Which service would you like to tell us about?



ANSWER CHOICES	RESPONSES	
Anti-coagulation Service	48.00%	12
Improving Access to Psychological Therapies (IAPT)	24.00%	6
Body Mass Index (BMI) and Smoking Thresholds for Elective Surgery	24.00%	6
Other (please specify)	32.00%	8
Total Respondents: 25		

Healthwatch advertised the changes to services survey within the York Press in December 2018¹.

In addition to the surveys, Healthwatch York continued to gather feedback via the online feedback centre on the Healthwatch York website, by email, letter, and phone or in person when people contacted us about their concerns.

In light of the feedback provided, Healthwatch York have focused on two of these areas for which we received the most evidence and have produced two small reports to summarise the findings.

These two areas of interest included:

- Changes to thresholds for elective surgery regarding body mass index (BMI) and smoking.
- Changes to the anticoagulation service, moving from York Hospital to GP surgeries.

This report focuses on changes to the anticoagulation service, moving from York Hospital to GP surgeries (primary care).

¹ Wliiers, D (2018) Healthwatch York wants to know how changes to services have affected you. York Press. Available at: <https://www.yorkpress.co.uk/news/17280912.healthwatch-york-wants-to-know-how-changes-to-services-have-affected-you/>

Summary of findings

Overall, 12 people talked to us about their experiences of changes to anticoagulation services in York. One person provided positive views relating to the new locality of the service but 11 people felt negatively towards the changes that took place. People reported on:

- A lack of consultation when changes took place
- The changes in appointment times affecting working hours
- Difficulties in accessing appointments
- Changes in INR levels and a loss of confidence in the service

This report is not a representative portrayal of the experiences of all people affected, only an analysis of what was contributed by members of the public within the small project described. These findings are a subset of a larger project on changes to services. However, the voices and stories fed back to us were able to highlight some key issues within some individual's experiences.

What are anticoagulants?

The information below about anticoagulants is taken from the NHS website².

Anticoagulants are medicines that help prevent blood clots. They're given to people at a high risk of getting clots, to reduce their chances of developing serious conditions such as strokes and heart attacks.

A blood clot is a seal created by the blood to stop bleeding from wounds. While they're useful in stopping bleeding, they can block blood vessels and stop blood flowing to organs such as the brain, heart or lungs if they form in the wrong place.

Anticoagulants work by interrupting the process involved in the formation of blood clots. They are sometimes called "blood-thinning" medicines, although they don't actually make the blood thinner (taken from NHS website). If a blood clot blocks the flow of blood through a blood vessel, the affected part of the body will become starved of oxygen and will stop working properly.

² NHS (2018) Overview: Anticoagulant medicines. Available at: <https://www.nhs.uk/conditions/anticoagulants/>

Depending on where the clot forms, this can lead to serious problems such as:

- strokes or transient ischaemic attacks ("mini-strokes")
- heart attacks
- deep vein thrombosis (DVT)
- pulmonary embolism

Treatment with anticoagulants may be recommended if your doctor feels you're at an increased risk of developing one of these problems. This may be because you've had blood clots in the past or you've been diagnosed with a condition such as atrial fibrillation that can cause blood clots to form.

You may also be prescribed an anticoagulant if you've recently had surgery, as the period of rest and inactivity you need during your recovery can increase your risk of developing a blood clot.

The Local picture: What changes have taken place?

In late 2017, NHS Vale of York Clinical Commissioning Group (VoYCCG) announced it was changing how it provides anticoagulation services.

The changes meant that patients would be seen at their GP Practice for regular anticoagulation treatment rather than going to York Hospital, Selby Hospital or Asda for their blood test. Warfarin would then be wholly monitored by the GP surgery and not the hospital anticoagulation clinic.

VoYCCG told us that patient consultation was undertaken in 2015/16. Surveys for patients to complete were provided at GP surgeries. VoYCCG's project manager at the time attended York Teaching Hospital NHS Trust clinic sites (York Hospital, Selby Hospital and Asda) to discuss the proposed changes with patients and collect people's views.

VoYCCG told us that through this consultation, patients reported wanting to have a local service, be seen near to their home, have services that are convenient and only go to hospital when they really needed to. In a letter drafted to patients from VoYCCG, a number of improvements being made to the service were highlighted. These included:

- A quick 10 minute appointment where people should not have to wait long for their blood to be taken.
- A finger prick blood test rather than blood being taken from your arm which should be more comfortable.
- Results and dosing instructions to be given at the appointment and your yellow book can be given back immediately.
- Providing the GP practice full access to all your medical records so they know how best to look after you.

VoYCCG said that initially, patients were given a choice of where they would like to attend for their anticoagulation treatment, and this led to a slow transfer of patients to the primary care service (GP surgeries). Twenty-one practices confirmed that they would provide the service. Five practices did not want to run the service. A new provider was created to offer the service to patients from these practices. York Hospital anticoagulation clinic closed at the end of January 2019.

Over this period, people have contacted us to talk about their concerns with the changes that took place.

Key themes from the people's responses

Lack of consultation

"I have never been consulted about any changes"

Five people specifically spoke about a lack of consultation they felt they received on the changes to services. One person reported finding out about the changes from seeing a sign on the window at the Anticoagulant Clinic and York Hospital and others found out in a letter. Another described it as a "shock". People described being "told" of the changes and being "forced" to go to their GP, rather than a process of consultation and engagement from the different providers.

Two people spoke more positively in regards to learning about the changes and both described pro-active forms of communication from their GP surgeries including a phone call, letters and support from nurses.

Later opening times affecting working hours

"It has removed at least 1.5 hours of my working day as the earliest appointment if it's free, is at 9:20am."

Three people discussed the changes in opening times which had directly affected their working day and in some cases, their pay. It was reported that some people's earliest GP appointments were after 9 am compared to the opening times of the service at the hospital which had started at 7:30 am. This had left people struggling to manage attending their appointments around work. This had also affected some who previously attended at 5 pm at the hospital and now could not get a later appointment than quarter past 4.

Difficulties in accessing appointments

“Why be given a certain date for the next one if it can't be fitted in because all the appointments are booked?”

Eight people reported difficulties in making appointments with their GP surgery within the time frames requested by the GP. One person said that although their appointment needed to be within 10 days, all the appointments had been taken. People said their appointments would often end up on different days each week which was difficult for some to manage and could end up taking place at different surgeries.

One person reported on the GP appointment system whereby appointments were released after 8:30 am. However, this made booking appointments more difficult for those who could not call until later in the day due to work or other reasons.

One person reported that surgeries were, at times, short of staff and another stated they were always running late, affecting appointments.

In comparison, people felt the hospital service had been very accessible and people could go at any time, to the same place and always get seen.

“I was happy with the service at hospital. It was drop in, good parking, good service.”

Some people stated they lived close and within walking distance to the hospital, whereas their GP surgery was over an hour away, or they were being sent to different surgeries to get appointments. Therefore, the changes had not supported them to access a local service.

One carer reported that they were struggling due to the different appointments at different days, the difficulties booking appointments and the changes in venue which impacted on parking as the patient had difficulties walking.

Changes in INR levels and a loss of confidence in the service

“They can never get my dose right now.”

Five people commented that since they had changed to their GP surgery, their INR levels had changed, highlighting ways the surgeries worked differently to the hospital in managing levels. One person suggested her level had been up and down and she had been unable to get an explanation. People reported a loss control over their situation. One person also mentioned that not having the yellow book meant they had nothing to carry around with them, especially on holidays.

Due to these changes and a lack of information, these patients discussed how they had lost confidence in the new service. People felt that staff at the surgeries were often unable to answer their questions.

In comparison, people felt that staff at the hospital had been able to answer their questions and give good advice. They felt the standards of care and expertise of staff had been high.

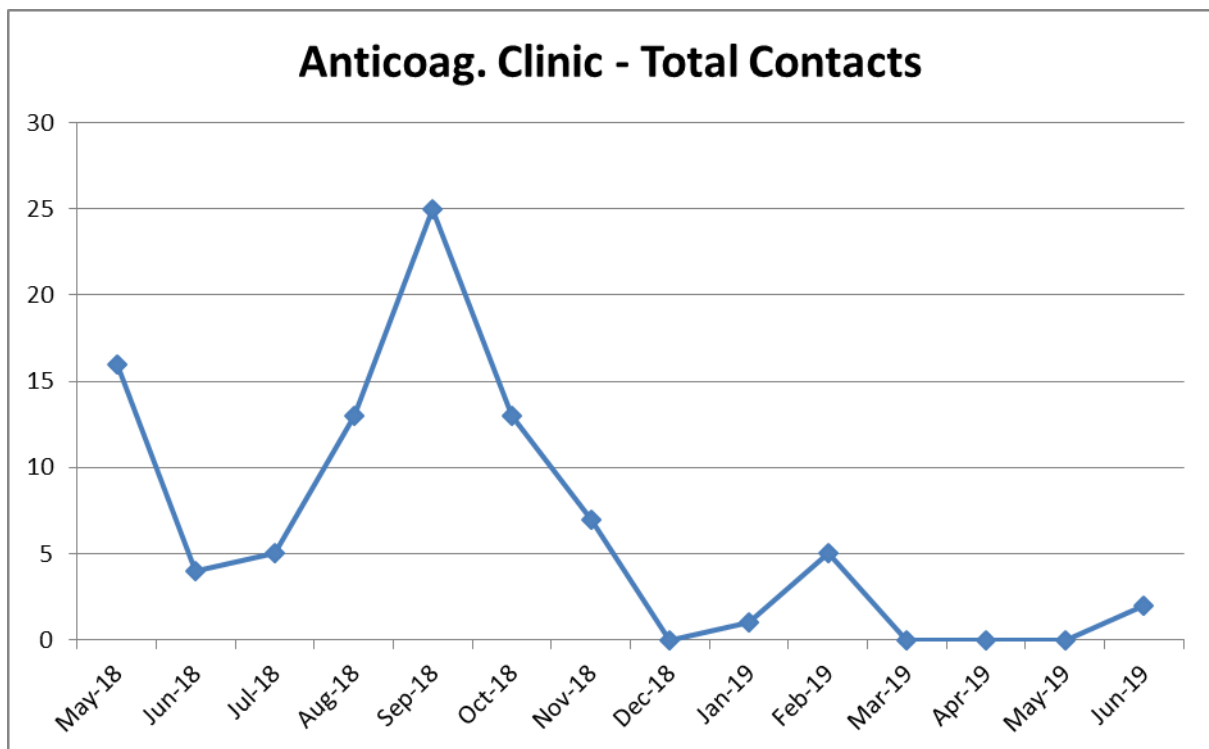
“At the hospital, the staff were there to answer any queries I might have had.”

Comments from VoYCCG

VoYCCG reported that they had received 92 contacts through the Patient Relations Team in regards to the changes made to the anticoagulation service. They highlighted similar key themes from the comments they received. These were:

- Disappointment in the service moving out of the hospital due to being pleased with this service.
- The service in GP practices running on an appointment basis rather than as a drop-in service.
- Changes in INR levels and a lack of confidence in the GP practice service because of this.

The graph below represents the number of contacts regarding anticoagulation service changes made to the VoYCCG Patient Relations Team between May 2018 and Jun 2019.



VoYCCG told us that they were able to speak to all the people who contacted the CCG and explained the service change. They had also contacted specific GP practices where appropriate. VoYCCG reported that some GP practices had been very sympathetic to patient difficulties in accessing booked appointments and were able to provide a 'bespoke' service for these particular patients.

VoYCCG stated that changes to INR levels can be expected due to the difference in the way that blood is being tested (as a finger prick test, rather than as a venous sample taken from the patient's arm). As time goes on, control should stabilise and the frequency of testing should reduce. All GP practices are using clinical software to support the warfarin management service. Clinical protocols and guidance are available in case of query.

VoYCCG stated that they were sorry to hear that a number of patients felt there had been a lack of consultation and acknowledged that further consultation with Healthwatch York could have taken place when the project was underway. VoYCCG reported difficulties being able to contact the patients affected directly, due to not holding any patient data. They were reliant on the communication from the hospital service and GP practices being effective. Just prior to the service beginning to transfer, the hospital agreed to add a sticker to the patients' yellow books, advising them of the service change and a notice was put up on the office door at the hospital. Some GP practices did send out their own letters and VoYCCG were pleased that some people within the report experienced pro-active communication.

VoYCCG were concerned to hear about a patient commenting that their yellow book is no longer in use. This should not be the case, the yellow book is a patient hand-held record and should be completed at every monitoring appointment.

Healthwatch York comments

Changing services, experienced by many as effective and supportive, causes concern and anxiety for many individuals faced with suddenly having to make quite significant changes to their routine and daily lives.

The stories people told us highlighted how staff at the hospital had often had close relationships with individuals, supporting them with their health, often over many years. People had both confidence in standards of the service being provided and familiarity. In addition to this, the service had been flexible to suit people's working days and appointment needs.

Healthwatch York understands that changes to services are needed for financial reasons. A move to local GP based services may also provide benefits to many individuals going forward, offering local and more efficient services.

However, during the changes, it is important that all services and providers involved, such as the hospital, GP practices, and the CCG work together with joint responsibility and accountability to; speak to and inform patients at the earliest opportunity, be sensitive to individuals needs and support them throughout the process. This should improve people's overall experience and reduce stress and anxiety during the transition.

Healthwatch York feels that further work is also needed to address the reported inaccessibility of appointments at GP surgeries and the inaccessibility of appointments in some GP surgeries during non-working hours for those who work. Healthwatch York are aware that only a small amount of responses are captured in this report and are interested in hearing from members of the public and carrying out further work with VoYCCG to explore whether this is a continuing theme.

Recommendations

Recommendation	Recommended to
<p>Consider feedback to date in terms of accessibility to appointments outside of working hours and in relation to individuals' needs.</p>	<p>VoYCCG, GP practices.</p>
<p>Commit to co-design and co-production (in line the Social Care Institute of Excellence definition) when creating new services.</p> <p>For future service changes that involve multiple services/providers, consider ways of working together to make sure positive patient experience is at the forefront.</p>	<p>All service providers involved in changes to services (VoYCCG, York Hospital, GP practices)</p>

Sources of support

The NICE (National Institute for Care and Excellence) website outlines sources of advice and support.

The NICE website provides a patient decision aid about anticoagulants and atrial fibrillation that gives information and provides examples of useful questions that patients can use when speaking to healthcare professionals. This is available online at:

<https://www.nice.org.uk/guidance/cg180/resources/patient-decision-aid-pdf-243734797>

Other useful sources are:

Arrhythmia Alliance

Website: www.arrythmiaalliance.org.uk

Phone: 01789 450 787

Atrial Fibrillation Association

Website: www.atrialfibrillation.org.uk

Phone: 01789 451 837 (24 hour)

British Heart Foundation

Website: www.bhf.org.uk

Phone: 0300 330 3311

Stroke Association

Website: www.stroke.org.uk

Phone: 0303 3033 100

NHS Choices

Website: www.nhs.uk

Acknowledgements

Healthwatch York greatly thank all those who took the time to contact us, fill in our surveys, give us their feedback and tell us their stories about changes to services in York.

We would also like to thank the VoYCCG Patient Relations Team for working with us to explore these issues and sharing their insight and knowledge gained in the efforts to improve patients' experiences.

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York CVS

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

This report

This report is available to download from the Healthwatch York website:
www.healthwatchyork.co.uk

Paper copies are available from the Healthwatch York office
If you would like this report in any other format, please contact the
Healthwatch York office

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healthwatch
York

**Changes to Services:
Understanding people's
experience of thresholds
for elective surgery in
York**

May 2019

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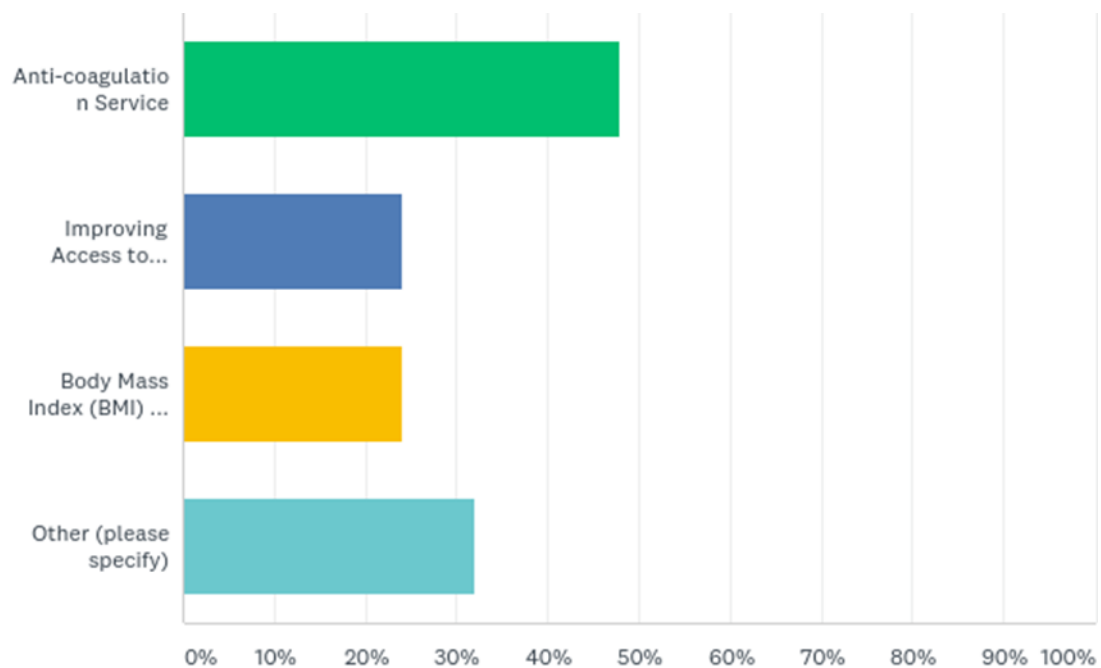
Changes to Services

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In 2018, Healthwatch released a work plan survey to identify issues that people wanted us to look at. Feedback from this survey confirmed that changes to York health services were a key public concern over a number of different areas.

To find out more about what the public thought, Healthwatch York created a changes to services survey which ran from October 2018 to January 2019. This survey was available online and at events that Healthwatch York attended. The survey asked for public feedback on a number of areas outlined as a concern from the work plan survey. A breakdown of survey responses can be seen below. People were able to comment on more than one concern.

Question: Which service would you like to tell us about?



ANSWER CHOICES	RESPONSES	
Anti-coagulation Service	48.00%	12
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In addition to the surveys, Healthwatch York continued to gather feedback via the online feedback centre on the Healthwatch York

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website, by email, letter, and phone or in person when people contacted us about their concerns.

In light of the feedback provided, Healthwatch York have focused on two of these areas for which we received the most responses and have produced two small reports to summarise the findings.

These two areas of interest include:

- Changes to thresholds for elective surgery regarding body mass index (BMI) and smoking.
- Changes to the anticoagulation service, moving from York Hospital to GP surgeries.

This report focuses on changes to BMI and smoking thresholds within elective surgery in York.

Summary of findings

Overall, 12 people talked to us about the direct experience the changes in policy had had on their lives for either themselves or somebody they cared for. All reported negatively on the new thresholds and the various effects it had had on their quality of life, health or well-being.

Themes identified included:

- Coping with pain and struggling to be active
- Financial and emotional distress
- Confusing messages from healthcare providers
- Lack of quality information and support

This report is not a representative portrayal of the experiences of all people affected, only an analysis of what was contributed by members of the public within the small project described. These findings are a subset of a larger project on changes to services. However, the voices and stories fed back to us were able to highlight some key issues within some individual's experiences.

All the people who spoke to us were concerned with BMI thresholds rather than smoking. Therefore, this report further explores the changes in relation to the BMI threshold. This report may be of interest to those experiencing the impact of those changes and aims to highlight areas that need addressing by services and providers going forwards.

Healthwatch were also interested in comments left on the York Press website and the case study provided to the Health Housing and Adult

Social Care Policy and Scrutiny Committee meeting in 2018, as further platforms members of the public used to voice their concerns. These are available in appendix 3 and 4.

The local picture: What changes have taken place?

Since January 2017 NHS Vale of York Clinical Commissioning Group (VoYCCG) has required that adult smokers quit and people over a certain weight reduce their BMI (Body Mass Index) by a specific amount before being referred for surgery. Individuals will still receive a referral for a consultant opinion. However, they may have their referral for surgery delayed for six months and one year respectively, before they are put on a waiting list for most kinds of elective (i.e. non-urgent) surgery under local or general anaesthetic.

The current policy

- Anyone that has a BMI (Body Mass Index) of 30 or above and men with a waist circumference of more than 94 cm (37 inches), or women with a waist circumference of more than 80 cm (31.5 inches) is required to reduce their weight by 10% or their BMI to below 30 prior to be putting on the waiting list.
- When patients with a BMI of more than 30 have waited for a year from the time they were first advised to lose weight their referral can go ahead again whether they have lost weight or not.
- If patients are current smokers they must stop smoking for two months or wait six months before surgery. When smokers have

waited six months from the time they were first advised to stop their referral can go ahead whether they have stopped or not.

Previously, from October 2013 onwards, VoYCCG operated a 'soft' policy. This meant that patients being considered for surgery and who smoke were asked to consider stopping or sign a waiver form acknowledging the risks of continuing to smoke. In the UK, several CCGs had already introduced voluntary or mandatory policies regarding access to specific surgical treatments for smokers and overweight patients. However, VoYCCG was one of the earliest CCGs to apply its mandatory policy to all types of elective surgery with specific exceptions.

Exceptions to the policy

VoYCCG outlined to us the list of exclusion criteria for optimising outcomes from all elective surgery. These are listed below. Exclusions apply to enable access to urgent care, but all patients should be offered access to smoking cessation and/or weight management regardless of urgency.

Exclusions include:

All patients requiring emergency surgery or with a clinically urgent need where a delay would cause clinical risk:

- Cholecystectomy
- Surgery for arterial disease
- Anal fissure
- Hernias that are at high risk of obstruction
- Anal fistula surgery

- Revision hip surgery which is clinically urgent AND where delay could lead to significant deterioration/acute hospital admission. Includes infection, recurrent dislocations, impending peri-prosthetic fracture, and gross implant loosening or implant migration.
- Revision knee surgery which is clinically urgent AND where delay could lead to significant deterioration/acute hospital admission. Includes infection, impending peri-prosthetic fracture, gross implant loosening/migration, severe ligamentous instability.
- Primary hip or knee surgery which is clinically urgent because there is rapidly progressive or severe bone loss that would render reconstruction more complex.
- Nerve compression where delay will compromise potential functional recovery of nerve.
- Surgery to foot/ankle in patients with diabetes or other neuropathies that will reduce risk of ulceration/infection or severe deformity.
- Orthopaedic procedures for chronic infection.
- Acute knee injuries that may benefit from early surgical intervention (complex ligamentous injuries, repairable bucket handle meniscal tears, ACL tears that are suitable for repair).
- Lower limb ulceration

Referrals for interventions of a diagnostic nature:

- Gastroscopy
- Colonoscopy
- Nasopharyngolaryngoscopy
- Laparoscopy
- Hysteroscopy
- Cystoscopy

Patients with advanced or severe neurological symptoms of Carpal Tunnel Syndrome such as constant pins and needles, numbness, muscle wasting and prominent pain AND that are significantly affecting activities of daily living

Patients who despite having a BMI >30 have a waist circumference of:

- Less than 94cm (37 inches) male
- Less than 80cm (31.5 inches) female
- Children under 18 years of age

Patients receiving surgery for the treatment of cancer or the suspicion of cancer

Any surgical interventions that may be required as a result of pregnancy

Patients with tinnitus

Patients requiring cataracts surgery

Vulnerable patients who will need to be clinically assessed to ensure that, where they may be able to benefit from opportunities to improve lifestyle, that these are offered. Deferring elective interventions may be appropriate for some vulnerable patients based on clinical assessment of their ability to benefit from an opportunity to stop smoking/reduce their BMI/improve pre-operative fitness. This includes patients with the following:

- learning disabilities
- significant cognitive impairment
- severe mental illness**

**Adults with a severe mental illness are persons who currently or at any time during the past year, have a diagnosable mental, behavioural, or emotional disorder of sufficient duration that has resulted in functional impairment which substantially interferes with or limits one or more major life activities.

IFR requests

Aside from exclusion criteria, an individual funding request (IFR) can be made by the clinician treating you if they believe that because your clinical circumstances are exceptional, you may receive benefit from a treatment or service that isn't routinely offered by the NHS.

What does the clinical evidence say?

There is clinical evidence to suggest that obesity and smoking can lead to greater complications in and following surgery². There is also significant evidence to suggest that quitting smoking before surgery leads to reduced surgical complications. However, the evidence does not support mandatory policies as the best way to support people to make these changes. Additionally, compared to smoking, the evidence to support a reduction in BMI prior to surgery is less certain and complicated³. As such, the policies do not reflect national clinical guidance i.e. from the National Institute for Health and care Excellence (NICE) or the Royal College of Surgeons (RCS). Blanket approaches are not supported by clinical evidence as they can distress patients, prolonging pain or immobility which could be alleviated by surgery⁴.

² Pillutla, V. Maslen, H. and Savulescu, J (2018) Rationing elective surgery for smokers and obese patients: responsibility or prognosis? BMC Med Ethics 19:28

³ Womack, J (2016) Reviewing the evidence for restricting elective surgery for obese patients. Public Health England.

⁴ RCS Policy Unit (2016) Smokers and overweight patients: Soft targets for NHS savings? Royal College of Surgeons: Advancing Surgical Care.

Local and national controversy

VoYCCG's new criteria for access to elective surgery has attracted controversy locally and nationally.

The changes to the Health Optimisation Policy were developed from The Prevention and Better Health strategy⁵ which aimed to shift the way health care resources are valued and enable patients to become more active in shaping their own health outcomes.

VoYCCG has reported that obese patients and those who smoked were more likely to experience issues such as; infection at the surgical site, poor wound healing, blood clots in limbs or lungs, breathing problems or issues with the functioning of the new joint. They feel the policy will enable patients to use the opportunity to improve their health. It will provide a key time for GPs to be able to explain the importance of losing weight or stopping smoking, offer supporting services, and in some cases the process may reduce patient's symptoms preventing their need for surgery. VoYCCG state that there is no blanket policy and people who do not wish to access the support services or fail to meet the criteria will not be refused their elective procedure.

The York Press published various articles between November 2016 and January 2019 in response to the policy changes. The estimated cost of obesity to the NHS for the Vale of York CCG was reported as £46.6

⁵ Vale of York CCG (2016) The Prevention and Better Health Strategy. Available at: <https://www.valeofyorkccg.nhs.uk/data/uploads/governing-body-papers/1-september-2016/item-7.1-prevention-and-better-health-strategy.pdf>

million in 2015⁶. VoYCCG report having to make difficult decisions whilst facing a multi-million pound deficit.

In November 2016, when the change to policy first emerged, the City's MP's raised their concerns over the decisions to ration surgery feeling it did not address the root of the problem⁷. They felt that, due to the smoking cessation and health check funding which had been cut by the local authority earlier in the spring, the same people were being put at risk twice. It was also suggested that clinicians may be breaching their professional duty of care through going along with these restrictions.

In January 2017, the City of York Council wrote to VoYCCG with their concerns about the policy affecting people from the most deprived communities. The concern about the policy increasing health inequalities in York led to the City of York Council to object to the policy.

In October 2018, the York Press⁸ reported on results from a Freedom of Information request showing that over 100 people a month in the Vale of York region are told they face delays for surgery if they are obese, or if they smoke. Figures showed savings to be around £2.7 million in 2017/18. Professor Neil Mortensen, Vice President of the Royal College of Surgeons has argued, however, that the restrictions will likely end up

⁶ Vale of York CCG (2016) Optimising outcomes from all elective surgery: Commissioning statement. Available at: <https://www.valeofyorkccg.nhs.uk/rss/data/uploads/procedures-not-routinely-commissioned/optimising-outcomes/new-logo/01-optimising-outcomes-from-all-elective-surgery-commissioning-statement-v12-23.01.17.pdf>

⁷ Liprott, K (2016) York operation refusal for obese patients and smokers. The York Press. Available at: <https://www.yorkpress.co.uk/news/14932081.york-operation-refusal-for-obese-patients-and-smokers/>

⁸ The York Press (2018) NHS should help patients lose weight or give up smoking, not deny them treatment. Available at: <https://www.yorkpress.co.uk/news/17009419.nhs-should-help-patients-lose-weight-or-give-up-smoking-not-deny-them-treatment/>

costing the NHS more due to prolonging the need for pain medication and physiotherapy.

The Health, Housing and Adult Social Care Policy and Scrutiny Committee meeting 2018

In December 2018, a report was presented by VoYCCG which looked into the impact that the Health Optimisation Policy had had since it started in February 2017 in regards to the BMI threshold. This report was presented at the scrutiny committee meeting⁹. The meeting began with a case study from an individual who had experienced negative effect of the policy (see appendix 3).

VoYCCG said that due to limited finances, difficult decisions had to be made in which services to fund and which to not. They also hoped that this policy would create more time for important conversations between people and their GPs around weight loss and healthy lifestyle change. The CCG reported that the policy had saved 2.2 million during its first year. During the meeting, key concerns with the policy were discussed.

Key points raised at the scrutiny meeting

How do we know if it's cost effective?

The reported savings of 2.2 million were based upon the amount of money saved from delaying surgeries that would otherwise have taken place since February 2017. It is unclear, however, what the longer term

⁹ City of York Council (2018) Health, Housing & Adult Social Care Policy & Scrutiny Committee 12 December 2018. Available at: <https://www.youtube.com/watch?v=4NzL61dKBlk&feature=youtu.be&t=02m58s>

effects of this will be and whether it will save money further down the line.

How effective the policy is will depend, in part, on how effective weight loss programmes have been and how well people have been able to engage in these. Some individuals will have been able to pay privately for surgery. The potential growth of the private sector in relation to this was a key area of concern.

How will the GPs provide the right support?

There is a new key role for GPs in supporting and enabling patients to lose weight and stop smoking. However, there are issues around this becoming an extra burden on primary care where many argue GP surgeries are already stretched to their capacity.

GPs currently struggle to get time out of practice to learn about their new importance in this process and ways they can support patients to lose weight. GPs also have difficulty keeping up-to-date with all the different opportunities in the community which could support individuals. It is likely, therefore, that not everyone will receive good quality input and support from their GP despite this being the key moment in the patient's pathway of support.

How will health inequalities be avoided?

Vulnerable individuals and those with greater disadvantages either financial, or due to life circumstances or other health problems may have greater barriers to engaging in this process. There is limited pro-active forms of support available for individuals who may need more than

signposting from their GP to become connected and engaged with a weight loss programme. There is clear opportunity for partnership working between third sector and primary care, although there appears limited evidence of this taking place so far.

Following a year, people are able to get in touch with their GP, or anytime in between if they reach the target weight or stop smoking. However, it was suggested that a more pro-active approach was needed to stop some people falling through the gap and to support people to understand the steps to surgery.

Key themes from people's experiences

Overall, 12 people talked to us about the direct experience the changes in policy had had on their lives for either themselves or somebody they cared for

Coping with pain and struggling to be active

"I am trying to reduce my BMI but find it difficult to be active enough due to pain."

"Condemned to living with chronic pain."

Nine out of the twelve people spoke specifically about the pain they experienced. They highlighted the major difficulties in managing pain in their day to day lives and feeling that they had little to no support. They described how they felt the pain prevented them from exercising and being able to walk even short distances. Some people described needing to take high levels of medication to manage the pain. For some people this was complicated by other medical conditions which prevented them being able to use the most effective pain killers or being able to tolerate physiotherapy.

One person described how their joint had further deteriorated and had impacted negatively on other joints whilst they had been waiting for surgery.

Financial and emotional distress

“If they can’t have the op, it affects their work.”

Two individuals spoke about being out of work and off sick for increasing amounts of time whilst waiting to get access to their needed surgery causing emotional and financial distress. People talked about having carer responsibilities which added further challenges. Family members of those being refused surgery also spoke about their distress in not knowing how to best support those affected.

All responses described emotional challenges of being refused surgery.

“My life is in limbo.”

People said they felt the changes were unfair and discriminatory. People felt that the restrictions were unable to respond to or understand individuals’ lives. This left people feeling upset, angry and unsure where to turn.

Confusing messages from healthcare providers

“The criteria which the Vale of York CCG uses is very misleading...”

People shared views about the BMI threshold feeling arbitrary, especially when they were only marginally above the cut off. Some people explained that they have previously had surgery when they had been at the same weight which had been successful and so they found it difficult to understand the new restrictions.

One person spoke about prior to needing surgery, they had lost a significant amount of weight, including attending a gym prescription programme. Despite this weight loss, when they later required surgery, due to their BMI still being over the threshold, the surgery was to be delayed.

Some people talked about not being told about the impact of their BMI on whether they could have surgery, despite frequent appointments and discussions with healthcare providers, until very late on. In one case this had involved various referrals and discussions at the hospital about whether surgery would be the best option. It was only when surgeons had decided it would be the best option, that the individuals BMI was considered and they found they could not have the surgery.

Two people reported that their records were not always up to date and instances where they felt their BMI and smoking status had been incorrectly recorded.

One person suggested that they had been denied surgery a few times. Six of the responses gave examples of individuals being involved with multiple providers, receiving letters, opinions and different types of input. Sometimes this was seeing multiple GPs as well as providers with different opinions. This highlights how the information being received by patients may not be clear or easy to understand, leaving patients confused and with a reduced sense of control over the situation.

Lack of quality information and support

“When I contacted my local GP service for support, I was informed nothing was available.”

Two people said that they had had no support or information given to them around losing weight. Only one person spoke about weight management services they had sourced independently. Other responses did not suggest whether they had been provided with information or were engaging with any weight loss support programme.

People talked about letters they had received from VoYCCG and felt it focused on the system and not on the patient which had been unhelpful.

Some people stated that it had been difficult to access support from their GP. Some stated that support had not always been available in the area. One person reported following diet plans they had found themselves until they had managed to get further support from a dietitian. The dietitian was able to alter and approve the diet plan that had been found by the patient, but after one follow up appointment, they were discharged due to their being nothing further they could advise.

People’s comments suggested they often felt alone and unsupported with the problem of trying to lose weight.

Other views from the public

In addition to the reports of those directly affected by the policy, other people fed back to Healthwatch, through the surveys, a mixture of positive and negative view points.

Some people felt that these changes could save the NHS money and save lives. They felt that having people fitter before surgery would reduce pressure on the NHS. Some felt that recovery times would be longer for the patient with a high BMI so patients would benefit from losing weight.

Commonly, people commented on understanding the importance of encouraging people to lose weight and stop smoking before the surgery due to the overall negative impact obesity and smoking on people's health. However, many felt that the changes in policy would have a much greater impact on disadvantaged people and were worried that the policy would increase unequal access.

“Losing weight before surgery can have significant benefits, so it's a good thing to encourage. But in some circumstances the person is unlikely to lose more weight without surgery. I have seen people fight decisions through the Individual Funding Request process. Unfortunately though, this compounds disadvantage for those least able to argue their case. This reinforces health inequalities.”

People expressed views that services to support people in the process of losing weight before surgery, or more generally were inadequate. One

person stated that pain levels affected people's quality of life and made them feel low and therefore, felt that the pain clinic should help everyone. Another felt that a dietician's assistance would be useful for people waiting for surgery. The view that more education was needed in schools around nutrition and food and more help for those wanting to stop smoking was also expressed.

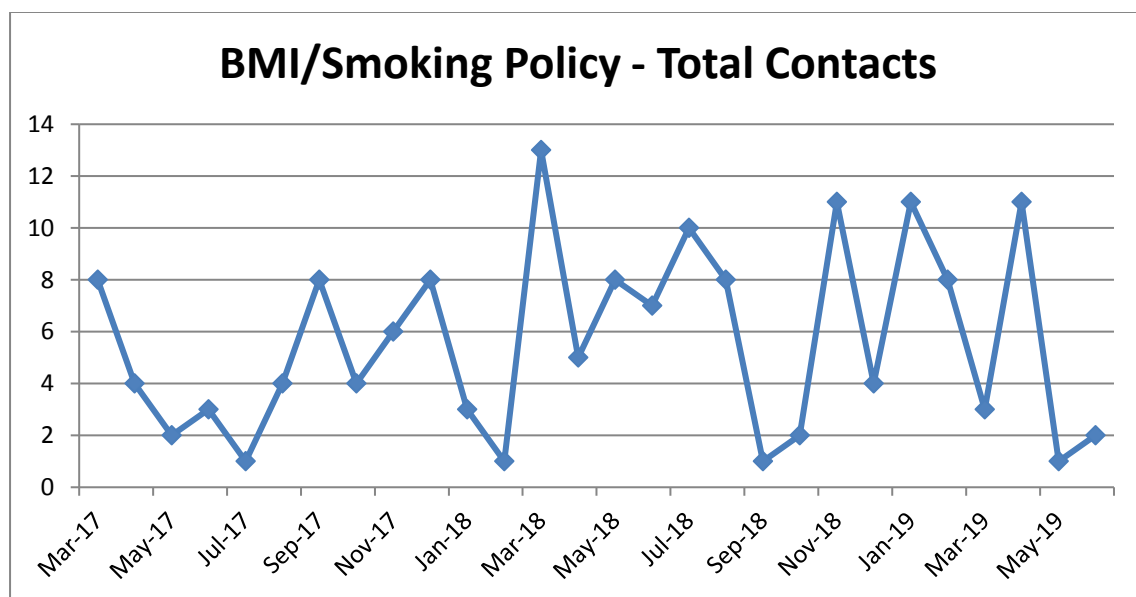
A letter written to York Press¹⁰, supported the health chief's weight loss policy, but only providing that patients are provided with the right dietary advice that is proven to work long term for those following it. The letter suggested the 'Eat less and exercise more' and/or 'Calories in calories out' advice is proven to be flawed as well as discouraging for patients. The letter proposed the view that focusing on a diet that includes real fats, such as butter, cheese and olive oil, along with fresh non-starchy vegetables and meat whilst avoiding grains and starchy vegetables is helping many patients reduce their BMI. Clearly, seeking dietary information and advice can often be confusing and conflicting for individuals as different sources suggest different diet plans or perspectives.

¹⁰ Benson, F (2018) Letter: I support health chiefs' weight loss policy. York Press. Available at: <https://www.yorkpress.co.uk/news/17367768.letter-i-support-health-chiefs-weight-loss-policy/>

Comments from NHS VoYCCG

VoYCCG stated that they had received 159 contacts through their Patient Relations team for BMI related enquires since the policy was implemented. Contacts appear to be continuing although they do not appear to follow a particular pattern. This may be due to people not being aware of the issue until it affects them. VoYCCG acknowledged that there are patients who are unhappy with the changes to BMI thresholds and patients left confused by the language and processes. They have worked with individuals who have submitted complaints and been able to provide information and clarify the process. They highlighted links on their website in regards to support for losing weight as well as seeking potential IFR.

The graph below represents the number contacts to the VoYCCG Patient Relations Team regarding the changes to elective surgery thresholds from March 2017 to Jun 2019.



VoYCCG felt that after discussion, some people acknowledged that although they didn't like having to wait for surgery/or try to lose weight, they understood the rationale. They appreciated that people need to take efforts to be responsible for their health to protect the NHS long term.

The Healthy Weight, Healthy Lives Strategy in York

Since January 2017, when the health optimisation policy came into effect, some work has taken place to improve support for individuals. The Health and Well Being Board established a Healthy Weight Steering Group made up of NHS workers (e.g. GPs and nurses), NHS commissioners such as the CCG, voluntary sector, council, Mental Health Trust representatives and lay representation.

This group met for the first time in April 2018 and started looking into the gaps in existing weight management services as well as the current challenges faced by those who work in services to provide support to individuals. A key area for improvement was the creation of a tiered weight management services with a referral pathway that is clear for healthcare workers. The steering group report that a complete pathway from tier 1 to tier 4 has been developed (see appendix 2). Numbers of those who can be accepted are still low but improvement has been made on no access when the group started the work.

The group plan to engage with more deprived communities to understand what support people need to lose weight and maintain a

healthy weight. They are also looking to develop a sport and physical activity strategy for the city in collaboration with North Yorkshire Sport.

The Healthy Weight, Healthy Lives strategy¹¹ that the steering group follow states that the causes of obesity are complex and that healthy weight is affected by many factors which can be physical, environmental, social and emotional. It recognises that different age groups need different support to help them achieve a healthy weight. Deprived communities are more likely to have higher rates of obesity as there are greater barriers to accessing affordable healthy food as well as fewer opportunities to be physically active and there is evidence of this in York.

Healthwatch York comments

Healthwatch York are keen for there to be a strong commitment from NHS commissioners and the council to work with other community services and find new ways to tackle obesity in York.

We support enabling health professionals to educate individuals on the risks of obesity and smoking on surgical outcomes and provide the support needed for individuals to make lifestyle changes which improve their health as well as the pressures on the healthcare service.

However, as the Healthy Weight, Healthy Lives strategy clearly highlights, managing weight loss is a difficult and complicated process. People experiencing the effects of the policy have talked about the complicated barriers and challenges this can involve. They highlight the

¹¹ City of York Council (2018) Healthy Weight, Healthy Lives Strategy

emotional, circumstantial and physical factors on top of the difficulties in accessing the right support from health services at the right time.

Healthwatch York believes that support for those whose surgery is delayed should be available, person-centred, pro-active and able to understand the difficulties faced by those confronted with needing to lose weight whilst awaiting surgery. Information from the outset, provided by the GPs, needs to be clear and supportive. It would be interesting to see, if the money saved from delaying surgery was put into measures to support people to lose weight in this manner, whether the policy could be more effective both in terms of patient outcomes and cost over time.

In order to understand the best way to support people to lose weight, more work with the public and those facing the particular challenges needs to take place. We call for the on-going co-production of weight management services.

Whilst Healthwatch York understands the difficulties of the financial situation and the decisions faced by VoYCCG, it seems ever more important that the right data is collected to know what impact the changes in policy are having. With the NHS Long Term Plan looking into sustainability of the NHS in the future we need policy changes that support system wide savings, preventing ill health and reducing inequalities.

In addition to knowing the savings made by delaying surgery, more information is needed on whether this policy will be effective over the longer term. This might include looking further into the costs of any:

- Increased or ongoing care needs due to a longer time of being less mobile or in increased pain.
- Increased or ongoing prescription pain medication to control symptoms.
- Increased or ongoing physiotherapy or equipment needs.
- Additional hospital admissions or GP visits due to falls, reduced mobility or increased pain.
- Further injury to joints due to the delay in surgery.

More information is also needed to find out if there are more potential savings being made through the policy potentially decreasing length of hospital bed stays post-surgery, or reducing the amount of people needing surgery across the public and private sectors.

In light of the feedback we received we are also interested in the cost of this policy on the individuals involved. This includes:

- If people had to spend larger amounts of time out of work.
- If there have been increased pressures on families/carers to provide care that have had health costs or financial cost.
- The amount of individuals who may have chosen to seek treatment privately.

Although we understand that surgery is not always the answer for many people, there needs to be information about the costs of this policy both to individuals and the health and social care system as a whole.

Recommendations

Recommendation	Recommended to
<p>Consider ways to gather needed information/data to know if the policy is effective in saving money and improving patient outcomes in the areas outlined in this report.</p>	<p>VoYCCG</p>
<p>Work in co-production with members of the public and to understand how to support people who have difficulty engaging with weight loss activity. Consider what programmes work best for people with specific conditions or barriers.</p>	<p>VoYCCG</p>
<p>Create accessible and clear pathways of support, considering what pro-active steps can be taken to prevent individuals falling through the gaps and for the more disadvantaged individuals to engage with support programmes and services.</p>	<p>VoYCCG</p>

Appendices

Appendix 1 - Support information and useful contacts

The Council Health Trainer Service

For general advice and support on healthy weight or to receive a health check, people can contact the council health trainer service.

Phone: 01904 553377

Email: yorwellbeing@york.gov.uk

Health Wise

If you know you are above a healthy weight and you would like to seek support to address this, you can contact Health Wise to see you are suitable for one of their weight management programmes.

Phone: 01904 403917

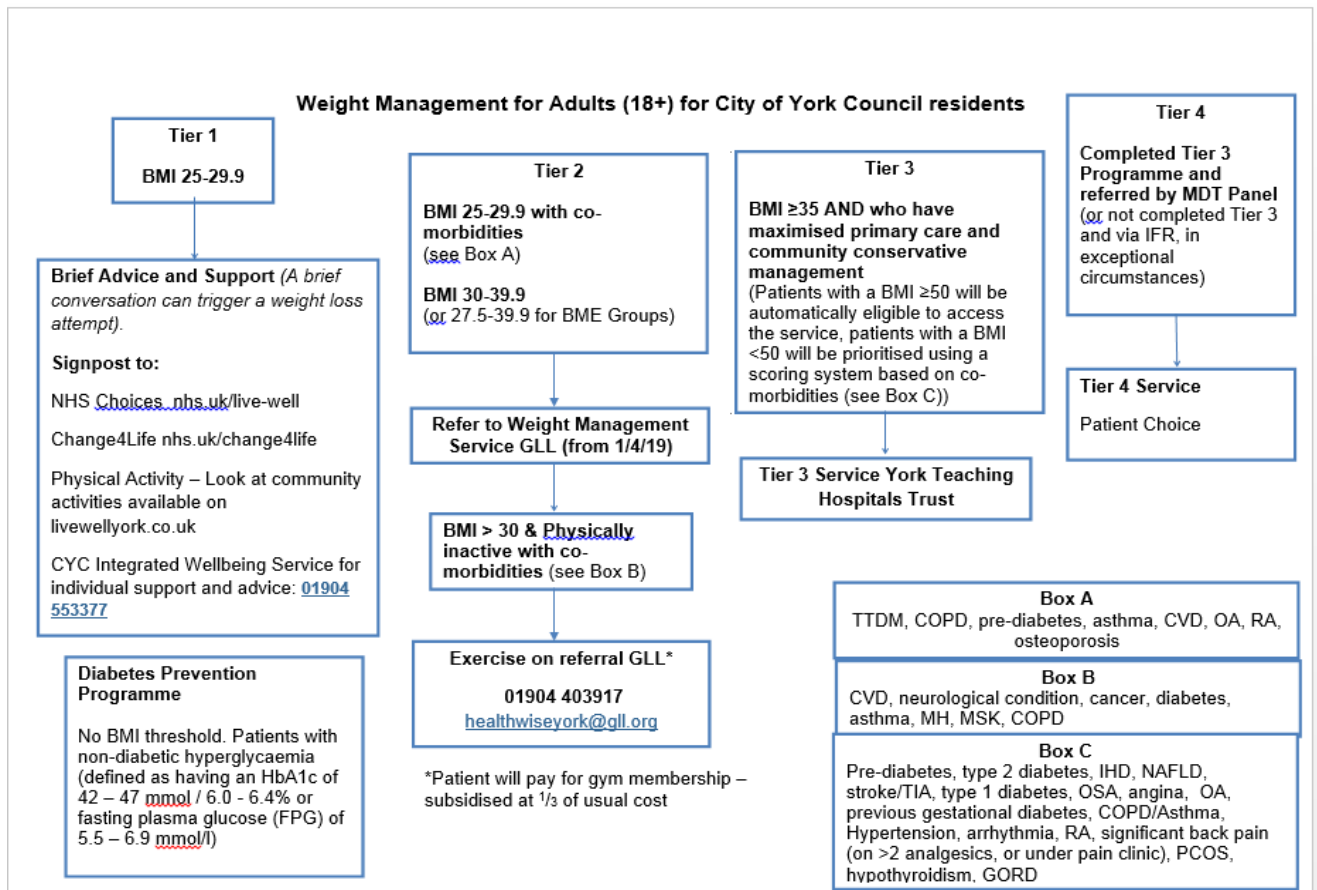
Email: healthwiseyork@gll.org

Speak to your GP

If you know you have a body mass index over 35 and you have already tried community weight management programmes, you can speak to your GP about getting a referral to what's called **tier 3 programmes**.

The flow chart below outlines the pathway for adult weight management for City of York Council residents (appendix 2).

Appendix 2 – Pathway for adult weight management for City of York Council residents



Appendix 3 – Case study read out at The Health, Housing and Adult Social Care Policy and Scrutiny Committee meeting 2018.

“I am 67, and live with osteoarthritis in my knees, hands, wrists, hips and shoulder. Since 2013 I have lost 5 ½ stone. In 2015 and 2016 I had both knees replaced without question and with beneficial effects on my health and weight.

During 2017 pain started in my left hip and worsened rapidly. I had many meetings with GPs and consultants, and at no time was the “Health Optimisation policy” mentioned. I never had the “Time Zero” discussion or any of the supporting measures detailed in the CCG paper. I was only told I could not have the operation when I was actually in the pre-operative consultation at Clifton Park in early February. By then I was in severe pain, could only walk a few metres at a time with a stick, and was on high levels of morphine patch for the pain. My wife had just been given a breast cancer diagnosis.

The CCG policy meant that the hospital ignored all this, as well as my previous weight loss, and told me that I would either have to lose a lot more weight or wait for a year for surgery. By this time my physical condition meant rapid weight loss would have been impossible and dangerous. This and the accompanying mental stress meant I had to get the operation done privately. This cost us £11500, largely financed through loans. What if I had not been able to do this?

In my journey through the system, I have met uniform hostility to this policy from clinicians of all types and seniority. They recognise it for what it is, a money saving exercise without any clinical merit, which stops them providing appropriate treatment at the right time, and leaves hundreds of patients in pain for up to a year longer than they need to be.

It's also unfair- if I lived in Harrogate, none of this would apply.

So it was instructive to read the CCG's paper. It is poorly written and unclear, but some things are obvious.

One is that the CCG has saved £2.2 million, and another is that beyond "some anecdotal evidence", they have not tried to assess any actual improvement in the overall health of their patients or what the impact has been on those denied surgery. .

Chair, this is clearly a rationing measure dressed up in clinical clothes. It discriminates against overweight people and probably the less active elderly as well. The Council should use the invitation to talks from the CCG to get it stopped in the. Oh, and I'd like my £11500 back, please."

Appendix 4 – Public comments in response to York Press articles

Following the York Press articles on the changes to policy comments made by the public provided a mixture of positive and negative views on the changes.

Healthwatch York were interested in comments left by those who had commented about direct experience with the policy. Some examples of these are listed below.

"I am one of those who has been refused hip replacement surgery by the Vale of York CCG until I loose "some" weight, (no specific figure, nor timescale mentioned) what is not taken into account by the group is the fact that my hip problem is due in most part, to the fact that I've played semi-pro sport (football and Rugby) for nearly 50 years, having received on previous occasions (via the NHS) both ankle and knee replacements

(hence the weight gain) these sweeping and invariably false generalisations / observations / demonization regarding unfit / unhealthy "obese" people (especially those of us now in our mid to late sixties) needs to stop forthwith." (24th Oct 2018)

"My wife is the same. It has now stopped her from swimming which she loved. And yes she still lost weight for a year but they still will not operate. It's effected both knees now and can give way any time. She will soon need a hip operation and knees done. How is that saving money?" (6th Feb 2018)

"Now... Take another view, I've played top class sport (football and rugby) for over 50 years, I've had more than my fair share of breaks, soft tissue and / or ligament damage culminating with an ankle replacement, knee replacements and now awaiting hip replacement surgery. I too am in a similar situation to the lady in question, yes I'm a 'big un' (over 6' with a 30 + BMI). Not too dissimilar, in fact, regarding shape and size as some of the England forwards last Saturday, (and they didn't do too bad). I'm far from match fit, and will probably never play a contact sport ever again, nor do I consume the 5 to 6,000 calories a day I used to when playing, plus my greatest asset has been that my GP is / was a former 'Rugga bugga' alas he too has to follow the guidelines regards referrals. But spare a thought please, these people on so called assessment panels make no allowances whatsoever for past endeavours whether it be sport or labour intensive hard physical work which too, will no doubt prove to have been a contributory factor in numerous other cases. THAT IS WRONG, as is the whole system for calculating BMI." (6th Feb 2018)

“I too was in the sad position requiring knee replacement. Some people just do not get it. Some weight issues are not caused by lifestyle choices but are genetic or medical. How can she exercise when in pain, unless you have had this type of pain you cannot understand. And as for don tramp - I played football rugby cricket table tennis and squash well into my fifties, and still needed a knee replacement. But he and some others no doubt would say that playing sport is my fault, my choice, and should not qualify for knee replacement. Once I got my knee replacement done I lost three stones in weight and have not looked back.” (6th Feb 2018)

Acknowledgements

Healthwatch York greatly thank all those who took the time to contact us, fill in our surveys, give us their feedback and tell us their stories about changes to services in York.

We would also like to thank the VoYCCG Patient Relations Team for working with us to explore these issues and sharing their insight and knowledge gained in the efforts to improve patients' experiences.

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York CVS

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

This report

This report is available to download from the Healthwatch York website: www.healthwatchyork.co.uk

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If you would like this report in any other format, please contact the Healthwatch York office



An update report on CAMHS services 2019

May 2019

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CAMHS Review Update 2019

Introduction

In 2017 Healthwatch York undertook a piece of work to highlight parents' experiences of Child and Adolescent Mental Health Services (CAMHS) in York. CAMHS is a service for children and young people under the age of eighteen experiencing mental health difficulties. This report provides an update on the progress within CAMHS following the recommendations made in the 2017 report.

Summary of CAMHS Review 2017

The 2017 Healthwatch report analysed the results from a survey completed by York Inspirational Kids. The survey was launched in June 2017 to review parents' experiences. It ran for two weeks and received 55 responses. These provided a snapshot of people's experiences. Within the Healthwatch report we also took into account information we received from parents/carers contacting us directly, and information we had previously received from York Carers Centre.

The following issues were highlighted by respondents:

- Long waiting times for assessment and diagnosis
- The need for earlier diagnosis to ensure parents and schools could better support children

- A need for better joint working and commissioning and improved communication with private and voluntary sector service providers
- A lack of information about where else families could go to get support

People said that once support was provided by CAMHS it was generally beneficial. However, more attention to the needs of parent carers and siblings was needed. People experienced difficulties re-engaging with services post discharge.

The National Picture

Many of the issues identified by Healthwatch York were already recognised locally at the time of the survey. The situation in York also reflected a generally poor national picture. Since the publication of the Healthwatch CAMHS review, there have been a number of national reports addressing the issue.

The National Audit Office published 'Improving children and young people's access to mental health services'¹. In 2015, it was estimated that only around a quarter of children and young people that needed support from mental health services were able to access those services. The report highlighted various challenges to the government's commitment to address the inequality between mental and physical healthcare.

¹ National Audit Office (2018) Improving children and young people's access to mental health services

The Education Policy Institute published a report² assessing the state of children's mental health services in England. The report examined access to specialist services, waiting times for treatment, and provision for those children that are not able to receive treatment. The report used Freedom of Information requests to providers of CAMHS and local authorities in England. Key findings from the data included:

- An increase in number of referrals to specialist children's mental health services by 26% over the last five years. This is a substantial increase, despite a population increase of only 3%.
- An on-going trend in high rejection rates. As many as one in four children referred to specialist mental health services were deemed inappropriate for specialise treatment in 2017/18. Rates have failed to improve substantially over the last 5 years. The most common reason for referrals being rejected was that children's mental health conditions were not serious enough to meet the eligibility criteria. Among those excluded were some young people who had self-harmed or experienced abuse. In addition, there is limited follow-up for these children and data which suggests limited alternative services are available.

A recent survey report published by NHS Digital³, collected information from 9117 children and young people and combined reports from children and young people, their parents and teachers. The survey found that:

- One in eight (12.8%) 5 to 19 year olds had at least one mental health condition when assessed in 2017.

² Education Policy Institute (2018) Access to children and young people's mental health services

³ NHS Digital (2018) Mental Health of Children and Young people in England

- Emotional conditions were the most prevalent type of problem experienced by 5 to 19 year olds. Specific mental health conditions were grouped into four broad categories: emotional, behavioural, hyperactivity and other less common disorders.
- A slight increase over time in the frequency of mental health conditions in 5 to 15 year olds (from 9.7% in 1999 to 11.2% in 2017).

In late 2018, the Children's Commissioner for England published a briefing on Children's Mental Health⁴. Some positives were highlighted. CAMHS was seen to be improving in most areas of the country, with both workforce capacity and spending increasing. However, the increase in capacity may not be keeping pace with the also increasing demand for services. Of more than 338,000 children referred to CAMHS in 2017/18, only 31% received treatment within the year. Another 37% were not accepted into treatment, or were discharged after an assessment. A further 32% were still on waiting lists at the end of the year. The briefing suggested the following:

- Greater equality in spending on child and adult mental health services. This will require an increase in CAMHS spending, as well as expansion of specialist mental health treatment to make sure that access is provided to all children who need it.
- By 2023 the NHS should be in a position to make sure:
 - No child who needs help is turned away.
 - There is a clear four-week waiting time target.

⁴ Children's Commissioner (2018) Children's Mental Health Briefing

- There is provision of lower-level children's mental health services which are easy to access, to avoid conditions deteriorating.
- There is an NHS funded counsellor in every school.

The Government's vision for improvement to services was set out in the report, 'Future in Mind'⁵. However, the specific actions and budget required for their proposals were not identified. In addition, limitations in what data is available regarding how many children and young people receive mental health services, how much is being spent on these services, and what care is most effective, has prevented the ability to understand and accurately measure progress.

These national reports from 2018 provide a clear picture that there is still a lot of work to be done.

Recommendations in 2017

The Healthwatch report in 2017 made a number of recommendations relating to the issues highlighted by respondents.

The initial response from Tees Esk and Wear Valleys NHS Trust (TEWV) and NHS Vale of York Clinical Commissioning Group (VoYCCG) highlighted that the number responding to the survey was low relative to their overall caseload. However, they were keen to address the issues raised. They gave a number of examples where progress was being made. For example, the setting up of a Single Point of Access (SPA) from the 30th January 2017 and the School Wellbeing

⁵ Department of Health (2015) Future in Mind Promoting, protecting and improving our children and young people's mental health and wellbeing

Service which completed its pilot during 2016. This initial response was included in the published Healthwatch report.

Update on progress following 2017 recommendations

In October 2018, and again in June 2019 TEWV and VoYCCG provided an update to Healthwatch York on the progress to services made following the recommendations from the 2017 report. These can be found in full in appendix 2. The response indicates a range of new investments, initiatives and service changes that have occurred since the survey in 2017. Examples include:

Early intervention and prevention service improvement. This can be seen through:

- A continued investment in the School Wellbeing Service⁶. This is a service which has worked with 600 pupils over two years. Those involved (children and staff) have reported high levels of satisfaction with this service.
- Continued investment in the Family Rapid Intervention Support Team by CYC (City of York Council) and VoYCCG. This team works with 5-10 families per year.
- Increasing provision of the required workforce. For example, TEWV, with the support of VoYCCG, are recruiting 2 trainee Child Psychological Wellbeing Practitioner trainees, to commence

⁶ The School Well-being Service. Available at: <https://www.yor-ok.org.uk/sws.htm>

training in January 2019. This is part of the NHS England strategy to increase the CAMHS workforce by 2020.

- A mentoring service for young people through York Mind and a new counselling service for 16-25 age group commissioned by CYC and delivered by York Mind.
- Additional investment in CAMHS to reduce waiting times on the Emotional Health Pathway and increase the number of autism assessments.

Provision of faster emergency appointments for those in crisis.

Work to improve this has involved:

- Faster access to emergency appointments has been provided through the TEWV crisis response service, started in July 2017, which has significantly reduced the numbers of admissions into Tier 4 care (inpatient care) in York (although the precise size of the reduction is not given).
- From July 2019, the crisis response service will operate 24/7, including telephone support.
- Since 2017, the Safe Haven walk in centre at 30 Clarence St, has been available 7 days week between 7pm and 10pm for over 16s.

Improvement in getting in contact and being able to communicate with services. This can be seen through:

- Clearer pathways to services. Single Point of Access now accepts self-referrals and delivers 30 minute telephone consultations with a clinician. This has improved access to information, enabled families to gain better understanding of referral processes and

pathways, and improved signposting to other support services as appropriate.

- People can now use email to contact services (not just telephone).
The use of Skype for clinical work is being piloted.

Lastly, a new Centre of Excellence, joint funded by CYC and NHS England, will offer intensive short breaks provision for children and young people with autism or learning disabilities and challenging behaviours: work has commenced on the site, and it will be operational from summer 2020.

Children and Adolescent's Mental Health: A continuing priority

Many of these service improvements demonstrate successful joint working and commissioning across TEWV, VoYCCG, CYC, and NHS England alongside working towards greater involvement with relevant voluntary sector organisations. The responses from TEWV and VoYCCG show that much of what is happening directly responds to concerns expressed by those using services.

In the VoYCCG governing body meeting on the 4th April 2019, some improved performance in CAMHS was discussed. Greater staff recruitment had meant the longest wait for the Emotional Health Pathway was now 46 weeks. In January 2018, 75% of patients received a second contact within less than 9 weeks, compared to 35% in January 2017. The average autism diagnosis wait was down from 59 to 50 weeks due to a new waiting list initiative.

Despite large scale changes and improvements made within this complicated network of services which support the mental health of children and adolescents, it is clear more work needs to be done.

VoYCCG make reference to the continued disparity of resources available to those with mental ill health compared to those with physical ill health. VoYCCG outline the continued risks of CAMHS long waiting lists and do continue to prioritise this area for investment going forward.

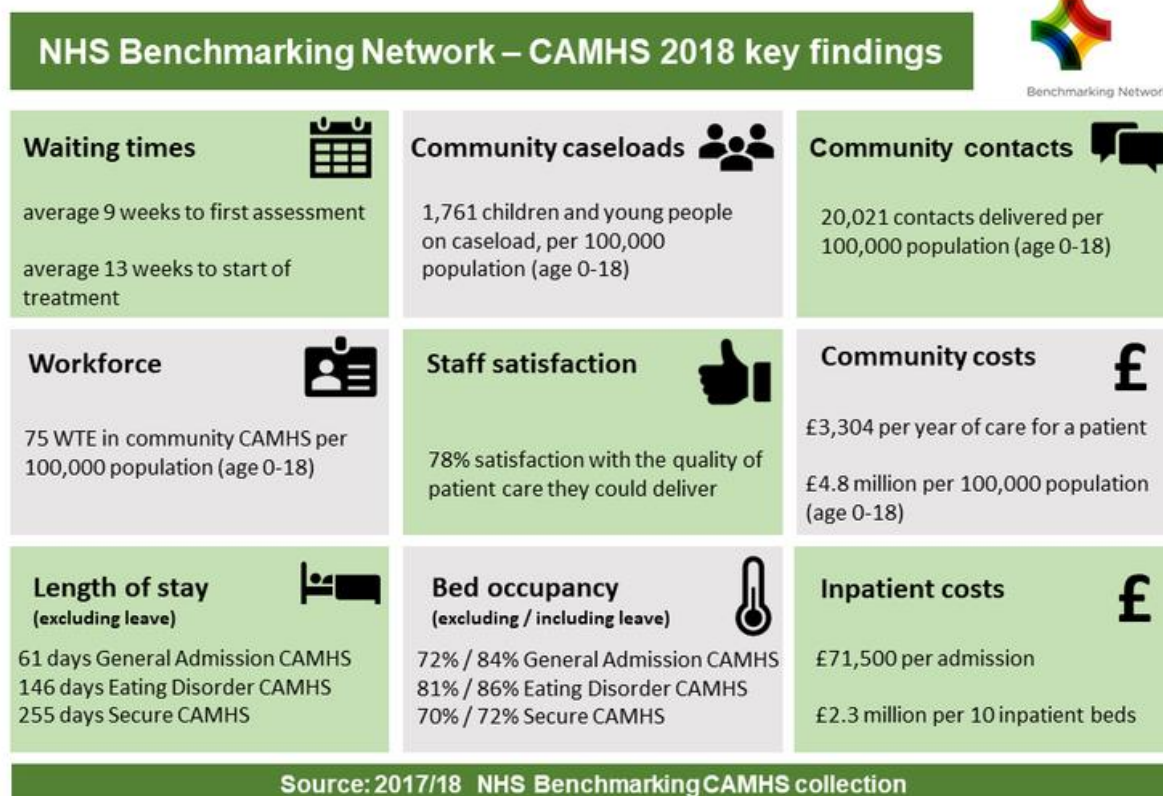
Learning from data: The NHS Benchmarking Network

The NHS Benchmarking Network website supports NHS organisations to improve quality and performance. The NHS Benchmarking Network has produced key quality and performance benchmarks for CAMHS services in 2017/18.

TEWV submitted data to The NHS Benchmarking Network which covered the whole area that TEWV serves (i.e. Selby to Stanley, Hartlepool to Harrogate). It did not include the CAMHS beds in York which are provided by Leeds and York Foundation Trust. It did include the Middlesbrough-based beds (West Lane Hospital) and all of the community teams. The NHS benchmarking network has been effective at sourcing data from virtually every CAMHS provider in England, Wales, and the biggest Health Board in Scotland.

This collection of quantitative information will be useful for trusts to use in order to compare themselves against other, similar trusts. It should

help trusts to understand where there are opportunities to improve services and make comparisons as well as making sure standards are in line with other areas of the UK.



Responses from York Carers Centre

Healthwatch York spoke to York Carers Centre to see if any changes were apparent since the initial report in 2017. York Carers Centre reported to Healthwatch York that in general they had been hearing positive feedback about:

- The Single Point of Access service.
- More time efficient pathways.

The Single Point of Access service was enabling effective and early information to some carers. Positive feedback had also been given around the changes to certain pathways which some carers felt had become more time efficient and responded better to families' needs.

York Carers Centre and Healthwatch York continue to receive feedback around:

- The lack of flexibility they experience from services.
- The lack of an outreach team during a crisis.
- Long waiting times.

Reduced flexibility in service provision particularly affects carers who have greater difficulty attending appointments due to issues such as reduced physical health or other carer responsibilities. Carers continue to report on the challenges of getting support in a crisis and the lack of an outreach team for these situations. Some carers felt that appointments in unfamiliar environments (e.g. hospitals and clinics) did not enable health professionals to see people in their home environment

and understand the difficulties or realities of their concerns. Waiting times continue to be an issue.

Going forward, York Carers Centre talked about the importance of continued joined up working between statutory and third sector services including sharing responsibility within the system and sharing access to funding and resources. This way of working could be used to improve all kinds of services and avoid unnecessary duplication in the system.

York Carers Centre highlighted the way TEWV had effectively taken forward the online training provided by York Carers Centre which was now being undertaken by most of the staff joining TEWV as one good example of this. TEWV had also recently approached York Carers Centre to discuss more options around training.

York Carers Centre told us that they are setting up a monthly drop in a peer support group for:

- People who are caring for younger people in transition between child/adolescent mental health services and adult mental health services.
- People who are in the early stages of caring.
- People who are caring for someone in crisis.

York Carers Centre have invited statutory services, such as CAMHS, to attend. This could offer a further platform for continued joined up working between statutory and third sector services whilst providing families with further support channels and places to bring the feedback needed to continue to improve our services.

Healthwatch York Comments

It is clear that there is a need for a variety of approaches to address improving mental health in children and adolescents. Current work is taking place to address many of the issues raised in the 2017 report and is involving successful joint commissioning and multiple service partnerships across schools, mental health services and the third sector.

Healthwatch York welcomes the local commitment to focusing on children and young people's mental health. We continue to receive feedback across a range of health and social care issues including those around children and young people's mental health. Access to services and long waiting times continue to concern the public and have been fed back to Healthwatch York throughout 2018.

We will continue to signpost those who contact us to appropriate services and provide feedback on emerging issues we become aware of.

Appendix 1: Useful information

Below are some links and contact details for various organisations or services. We appreciate there is a lot of information out there so please get in contact with us if you need any support finding the right service for your needs.

Accessible Arts and Music

A charity running arts and creative media learning projects in and around York since 1982. They work with young people and adults with disabilities, older people with dementia and memory loss and people with mental health problems. The projects help people develop the confidence and skills to connect with their local community and have more of a say in the things that matter to them.

Website: <https://www.aamedia.org.uk/>

Email: info@aamedia.org.uk

Phone: 01904 626965

Asberger-Syndrome.Me.uk

A website created by parents of a child with Asperger's Syndrome, designed to share what they have learned in order to help others.

Website: <http://www.asperger-syndrome.me.uk/>

Email: help@asperger-syndrome.me.uk

Autism Links

A website which covers who to talk to, where to go and contains lots of helpful information all in one place.

Website: <https://www.autismlinks.co.uk/>

Email: info@autismlinks.co.uk

Autism Drop In Sessions for Parents & Carers

Would you like to meet other parents and carers of children and young people with Autism? Tea, Coffee and biscuits are available, and access to symbol software, to help make resources you may need, such as routines, timetables, cue cards or social stories. For ages up to 25 years old. Runs monthly on Wednesdays, 10 am to Noon.

For more information please contact Anne McKelvey or Denise Thomas (Specialist Teachers for Autism)

Email: anne.mckelvey@york.gov.uk or denise.thomas@york.gov.uk

Phone: (01904) 554311 or 555975

Child Autism UK

A charity providing support, advice and services for children with autism.

Website: <https://www.childautism.org.uk/>

Phone: 01344 882248

Choose2 Youth

Choose2 Youth is a non-profit organisation working with children, young people and adults with disabilities and additional needs in York and North Yorkshire.

They work to support and enable people with disabilities to reach their full potential by working with them and for them in a variety of ways and actively involving them in creating opportunities which focus on their personal and social development. This includes settings such as youth clubs, inclusive D of E (Duke of Edinburg), holiday provision and social events. They also offer volunteering opportunities, alternative learning provision (which can be accredited) and work experience.

Website: <https://choose2youth.co.uk/>

Email: office@choose2youth.co.uk

Phone: 07933 115448

Healthwatch Mental Health Guide

A guide to help people in York find out where they can get information, advice and support with their mental wellbeing.

Available at: <https://www.healthwatchyork.co.uk/mentalhealthguide/>

National Autistic Society

A charity for autistic people and their families offering information and advice.

Website: <https://www.autism.org.uk/>

Phone: 0808 800 4104

Salvere York

A non-profit company focused on helping people to organise care and support. Helps people to manage personal budgets, recruiting Personal Assistants etc.

Website: <https://salvere.co.uk/>

Email: contactus@salvere.co.uk

Phone: 0300 303 3064

The Snappy Trust

A charity supporting children and young people with wide-ranging disabilities from across the York area. They also have a 'Senior Snappy', weekly group for young people aged 17 – 25yrs.

Website: <https://www.thesnappytrust.org/projects>

Email: office@snappyyork.co.uk

Phone: 01904 640 562

Specialist Autism Services (York)

This is a non-profit organisation working for and with adults on the autism spectrum across Yorkshire, spreading autism awareness nationally.

They offer person-centred support, and create opportunities for people to build confidence, develop social skills, increase independence and fulfil their potential.

Website: <http://www.specialistautismservices.org/york/>

Email: info@specialistautismservices.org

Phone: 01274 789 789

Specialist Teaching Team (York)

Provides specialist assessments, support, advice and teaching. The team offers a wide range of services to children, young people 0 -25 years of age and their families in a variety of settings.

Website:

http://www.york.gov.uk/info/20166/special_educational_needs_and_disabilities/545/specialist_teaching_team

Email: sendept@york.gov.uk

Phone: 01904 554204

Tang Hall Smart

A non-profit community provider of musical clubs, classes and training programmes to the local community, and to those experiencing disadvantage from the wider York area.

Located at The Centre@Burnholme which houses Tang Hall Explore library and cafe, as well as other community providers. They operate from a suite of seven rooms consisting: of two music/arts classrooms, a band rehearsal room, electronics workshop, recording studio, beats room and office.

One of the key providers of community music and arts in York, but also a business, with in-house record label, Musication, and products created in the electronics workshop.

Website: <http://www.tanghallsmart.com/>

Email: sue@tanghallsmart.com

Phone: 07725 997342

TEWV CAMHS guide

An online guide about what you can expect from the child and adolescent's mental health services (CAMHS).

Available at: <https://www.tewv.nhs.uk/services/a-young-persons-guide-to-child-and-adolescent-mental-health-services/>

TEWV Recovery College Online

Provides a range of online educational courses and resources to people with experience of mental illness, from service users to their family, friends and staff.

Available at: <https://www.recoverycollegeonline.co.uk/>

The Tuke Centre Autism & ADHD Private Service

The Autism and ADHD Private Service offers a range of services on a private basis.

Website: <https://www.thetukecentre.org.uk/services/autism/>

Email: info@thetukecentre.org.uk

Phone: 01904 430370

Yorkshire Children's Trust

They help children with life limiting conditions and disabilities by supporting their financial and emotional needs. The support can be around home modifications, respite holidays, travelling costs, or medical equipment.

They offer a person-centred Counselling Service for: adults who have sick or disabled children, children who have any illness or disability, children with behavioural needs, anxiety or depression, children who are being bullied, family members in need of the service, teachers or support workers and any staff who support vulnerable children.

(Not a free service, but only charge a minimal fee)

Contact: Sarah Thompson, Adult and Children's Counsellor, Yorkshire Children's Trust.

Website: <https://www.yctrust.uk/>

Email: sarah@yctrust.uk

Phone: 01422 728080

United Response

A charity providing a range of support services for adults and young people with learning disabilities, autism, mental health needs or physical disabilities.

Services include The Autism Hub, The Boot Shop (Easingwold) and Training, Employment and Community Service

Website: <https://www.unitedresponse.org.uk/york-area-office>

Email: info@unitedresponse.org.uk

Phone: 01904 541 722

United Response Autism Hub

A service for people with autism. It is a safe, predictable and comfortable environment for people to access support.

Based on Cornlands Road, Acomb, on the site of the Energise Gym, service users are able to use the space and support provided to learn new skills, be creative, relax and increase confidence in a range of social and work-related situations.

The support provided is tailored to the individual's needs. We are responsive, forward-thinking and encourage positive risk-taking to allow service users to take what they have learned, and use those skills to increase their own independence in other aspects of their daily lives.

Customers are charged per day attended. The Autism Hub is open from 9am-4:30pm and you can attend for all or some of these hours. The cost will be assessed by social services depending on your income.

Website: <https://www.unitedresponse.org.uk/york-autism-hub>

Email: joe.smart@unitedresponse.org.uk (Joe Smart, Service Manager)

Phone: 07791 015 359

York Ausome Kids (a sub-group of York Inspirational Kids)

York Ausome Kids is a support group for parents/carers of a young person with autism/Asperger's/pathological demand avoidance in the York area. As a sub group of York Inspirational Kids, they aim to provide information and support for those with ASC/ASD specific needs.

Parents/carers can interact with each other, ask questions and share information in a safe environment. Latest news from the local council, government and other bodies is shared within this group as well as information on available groups, grants, trips and events.

Join via Facebook:

<https://www.facebook.com/groups/1580275828955677>

York Carer's Centre

A service that supports people who are carers as well as people and organisations that work with carers in York. This service offers a wide range of support and information.

Website: <https://www.yorkcarerscentre.co.uk/young-adult-carers/>

Email: enquiries@yorkcarerscentre.co.uk

Phone: 01904 715490

York Disability Tennis Network

A non-profit organisation providing specialist disability sessions for those who wish to play socially or compete within disability specific tournaments.

Staff have completed a course on Autism Awareness to enable a greater understanding of the Autism Spectrum.

Sessions are run at David Lloyd gym (Hull Road), Wigginton Tennis Club and York University

Website: <http://www.ydtn.org.uk/>

Email: andycrockett@tennisforallork.co.uk

Phone: 07926 172939

York Inspirational Kids

A family focused group. This is run by families who have children with a disability and/or additional need and have a greater understanding of what families go through. They aim to support each other online, offer information and signposting to help families through difficult periods as well as offering social events so that families can meet informally.

Website: <http://keyworking.co.uk/what-we-do.html>

Phone: 01904 780880

York Local Offer

Provides information for children, young people who have Special Educational Needs and Disabilities (SEND) and their families about what is available to them in York.

Website:

<https://www.yor-ok.org.uk/families/Local%20Offer/sendlocaloffer>

Email: fis@york.gov.uk

Phone: 01904 554444

York Mind

Promotes recovery from mental ill-health, emotional well-being and independent living. Offers projects supporting young people aged 13 and 16 (aged 16-25 for young people`s counselling) who are experiencing difficulties with their emotional wellbeing. We currently offer Counselling, Mentoring and Peer Support.

Website: <https://www.yorkmind.org.uk/>

Email: office@yorkmind.org.uk

Phone: 01904 643364

York Parent Carer Forum

York Parent Carer Forum work in partnership with the Local Authority, Health and other voluntary organisations to influence the provision and development of services via strategic groups.

Webiste: <https://yorkparentcarerforum.org.uk/>

Email: info@yorkparentcarerforum.org.uk

Phone: 07751828369

Appendix 2: Update on progress of recommendations provided by TEWV and VoYCCG following the recommendations from the 2017 report. (Updated: June 2019)

Recommendation	To	Actions taken
Consider further investment in Early Intervention & Prevention Services to help reduce waiting times for CAMHS	City of York Council (CYC), Tees Esk & Wear Valleys NHS Foundation Trust (TEWV), NHS Vale of York CCG (VoYCCG)	<ul style="list-style-type: none"> Since April 2016, the VoYCCG, in partnership with CYC and schools have invested in the School Wellbeing Service. The service has worked with over 600 pupils (to August 2018) so fewer children and young people have needed onward referral to CAMHS. Interventions have resulted in children and young people having reduced SDQ scores and a very high level of satisfaction (over 90%). The service receives clinical supervision from and works closely with CAMHS. The service has been able to

		<p>extend its reach to include school holidays and to FE settings.</p> <ul style="list-style-type: none"> • VoYCCG has made additional investment in 2017/18 in CAMHS which is showing reduction in waiting times on the emotional pathway, mainly for lower level anxiety and depression. • TEWV invested additional recurrent funds to increase the number of referrals for autism in 2018/19. This is showing a positive effect on waiting times, though referrals have continued to increase significantly. • Additional recurrent VoYCCG funding from 2019/2020 into general CAMHS and autism assessments: the investment will fund 7 additional
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		<p>whole time equivalent staff and will clear waiting list backlogs within 12 months and be monitored against a 6 week target for referral to treatment.</p> <ul style="list-style-type: none"> • CYC investment in training 2 Wellbeing Workers and 2 Educational Psychologists in Mental Health First Aid (MHFA) Youth. Offered at a subsidised rate to mental health champions. • CYC additional investment in the FIRST service (Family Rapid Intervention Support Team), which works with families at risk of breakdown: the service works with 5-10 families a year, preventing children and young people being placed in residential schools out of area.
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		<ul style="list-style-type: none">• NHS England capital funding (£1m) in 2019 for the new Centre of Excellence, which includes therapeutic short breaks for children and young people with autism or learning disabilities and challenging behaviours, to be run by the FIRST service.• CYC counselling service for 16-25 age group, provided by York Mind.• Local Area Teams have commissioned mentoring for young people through York Mind. The approach taken has a strong focus on improving young people's well-being through mentoring.
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<p>Consider ways to provide faster emergency appointments for those in crisis</p>	<p>TEWV, VoYCCG</p>	<ul style="list-style-type: none"> • TEWV provides a crisis response service 7 days a week 10 am to 10 pm. The service saw over 600 children and young people in 2017-18 and, working using a four step model of support reduced significantly the numbers of admissions into Tier 4 care from the York area and eliminated the pressure on community clinicians to respond immediately to children and young people in crisis. There has been a reduction in admissions to the paediatric wards from A&E. TEWV have agreed to extend the operational hours to 24/7 from July 2019. It is expected this will further reduce the need for admissions to both Tier 4 and paediatric wards. • All children and young people referred into CAMHS are assessed and treated on the basis of clinical need: for example, those with an eating disorder
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		<p>requiring urgent intervention should commence treatment in around 5 days.</p> <ul style="list-style-type: none"> • Whilst waiting for appointments, families are advised to use the TEWV Keep in Touch support system, if they need interim support.
<p>Consider long-term treatment options for young people who return to services to maintain mental wellbeing and prevent crises</p>	<p>TEWV</p>	<ul style="list-style-type: none"> • Some young people require episodic periods of care rather than on-going monitoring such as required by children and young people with ADHD. Some young people present to services when in crisis but then struggle to commit to on-going intervention. Others do not benefit from the usual intervention offer from CAMHS but continue to have on-going needs. TEWV have had a Rapid Process Improvement Workshop to develop a pathway for these young people's needs. The pathway is currently in

		<p>development, will be piloted and findings implemented across all localities once agreed.</p> <ul style="list-style-type: none"> The addition of the Crisis Team, including the available telephone support has enabled young people to access support immediately rather than problems escalating and requiring referral.
<p>Develop different ways of communicating with families for appointments and assessment – e.g. through email rather than just telephone</p>	<p>TEWV</p>	<ul style="list-style-type: none"> All correspondence sent from Lime Trees from 1st October 2018 has included the Reception email address for families to use. This email account will be checked on a daily basis. Recovery College Online launched in 2019: this enables all children, young people and families to access high quality advice and information about mental health and well-being. Supported by TEWV,

		the website is available to all, not just TEWV patients. https://lms.recoverycollegeonline.co.uk/
Improve support for those who struggle to engage, including offering more appointments in a format that the child/young person is most comfortable with, such as Skype or Facetime appointments, or at a venue that they feel 'safe', to enable them to best engage with CAMHS	TEWV	<ul style="list-style-type: none"> TEWV are piloting the use of Skype for clinical work. If the pilot proves to be successful this will be rolled out to all clinical services. Young people who struggle to attend appointments are able to access the telephone support offered by the Crisis service, who in turn liaise with the generic CAMHS team.
Clearer pathway for children/young people and/or families to re-engage with services post discharge	TEWV	<ul style="list-style-type: none"> The Single Point of Access (SPA) has accepted self-referrals since July 2017. All families and young people are able to self-refer via the SPA. The SPA clinician offers a 30 minute telephone consultation to

		<p>all families, irrespective of how they were referred to ascertain how the service can help or, if the CAMHS service is not indicated signpost to a more appropriate source of support.</p> <ul style="list-style-type: none"> • Whilst waiting for appointments, families are advised to use the TEWV Keep in Touch support system, if they need interim support. • At point of discharge, children, young people and families are advised how to get back in touch if they have continuing concerns.
Consider ways to support improved communication with other bodies that provide	York CVS, CYC, VoYCCG, TEWV	<ul style="list-style-type: none"> • The CYC Strategic Partnership for Emotional Mental Health and the Early Intervention and Prevention Sub group have representatives from the voluntary sector (York Mind, NSPCC, IDAS, Time to Change)

services such as voluntary and private sector services		as well as statutory sectors, including VoYCCG, police, and York Hospital.
Work together to develop and adopt a joint commissioning approach - CYC / VoYCCG / NHS England	CYC, VoYCCG, TEWV, NHS England	<ul style="list-style-type: none"> • School Wellbeing Service is a successful example of a jointly commissioned service with funding from VoYCCG, Schools and LA, with access to CAMHS Supervision. • Crisis support service is an example of joint working with NHS England: the service is funded through New Models of Care that redirects inpatient budgets to community-based services, reducing need for inpatient placements. • Transforming Care Partnership (TCP) across North Yorkshire and York works to ensure that children and young people with autism/LD and presenting

		<p>with challenging behaviours are appropriately supported in the community reducing the need for inpatient admissions. The TCP has and continues to work successfully on systems of support, and the evidence is that joint work between social care, education, crisis team and specialist health commissioners mean that fewer children and young people have required admission to inpatient units.</p> <ul style="list-style-type: none"> • The Centre of Excellence project has received £1 million NHSE capital funding to develop the offer of intensive short breaks for children, young people and families with autism and challenging behaviours • Assistant Director of Joint Commissioning, funded jointly by VoYCCG and City of York Council, works across both organisations.
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		<ul style="list-style-type: none"> • TEWV, with the support of VoYCCG are recruiting 2 trainee Child Psychological Wellbeing Practitioner trainees, to commence training in January 2019. This is part of the NHS England strategy to increase the CAMHS workforce by 2020.
<p>Consider how to strengthen signposting to other services that can provide support/help to children/young people and their families, including better signposting to voluntary sector/peer support such as York Carers Centre, York Parent Carers Forum, York Inspirational Kids</p>	<p>CYC, TEWV, VoYCCG</p>	<ul style="list-style-type: none"> • York Parent Carers Forum is a member of the Strategic Partnership for Disabled Children, which works across all SEN (special educational needs) services including mental health. • York Family Information Service is now part of Local Area Team arrangements. The purpose of the service to support children, young people, parents, carers and professionals understand what services are available and how to access them.

		<ul style="list-style-type: none"> • York Local Offer provides a wealth of information signposting families to additional support and activities within the community. https://www.york.org.uk/families/Local%20Offer/sendlocaloffer • York Healthwatch Guide to Mental health Services is a comprehensive directory of support and advice services and organisations. https://www.york.org.uk/families/Local%20Offer/sendlocaloffer
<p>Work effectively with schools & families and improve support for schools to ensure that all children experiencing emotional and mental health difficulties</p>	<p>CYC, TEWV, VoYCCG</p>	<ul style="list-style-type: none"> • Continued investment in School Wellbeing Service from VoYCCG. Schools Forum and CYC enabling the service to extend its reach to school holidays and to FE settings.

<p>receive the best support possible at school</p>		<ul style="list-style-type: none"> • CYC investment in 'Worth it' to introduce Mental Health Champions to secondary schools. • CYC investment in training 2 Wellbeing Workers and 2 Educational Psychologists in Mental Health First Aid (MHFA) Youth. This has been offered at a subsidised rate to mental health champions. • The Educational Psychology (EP) Service continues to deliver the 6-day training programme for ELSAs (Emotional Literacy Support assistants) on an annual basis. • The EP Service also offers traded training on a range of topics relating to social, emotional and mental health.
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		<ul style="list-style-type: none">• The EP for Children in Care has produced a leaflet on Executive Functioning and attachment for the Virtual School and delivered training on attachment-friendly behaviour policies to designated teachers.• TEWV has provided training sessions for schools around autism, ADHD and eating disorders.
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Contact us:

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Facebook: Like us on Facebook

Web: www.healthwatchyork.co.uk

York CVS

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

This report

This report is available to download from the Healthwatch York website:
www.healthwatchyork.co.uk

Paper copies are available from the Healthwatch York office
If you would like this report in any other format, please contact the
Healthwatch York office

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What's happened since the closure of Archways? An update report

May 2019

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What's happened since the closure of Archways? An update report

Introduction

Archways was a 22-bed community unit in York, designed to help stop people going into hospital and to help them leave hospital earlier. People were admitted directly from home, from the Emergency Department, or following a hospital stay. The focus of the unit was to assess what a person needed to be independent, and then support them with treatment and rehabilitation. The average length of stay was three to four weeks.

Why did Archways close?

Although not explicitly stated when Archways was closed, the underpinning principle was that there should be a move to provide more care based in people's own home and less time in bed-based units. The Home First approach intended to replace more expensive inpatient care, whilst also respond to the risks of hospital based de-conditioning. It is suggested that ten days of bed rest can cause the equivalent of 10 years muscle ageing in older people.

What happened next?

Archway's closure was announced in August 2016 and the service officially closed in December 2016. Following publicity in The Press about the closure, Healthwatch York received 19 phone calls and emails from members of the public.

All the responses were against the closure. Many expressed their anxiety and concern and asked why there had been no consultation. Thirteen of the callers had direct experience of care at Archways as patients, through a close relative or friend, or had been involved professionally.

The key issues raised were:

- Importance of Archways as a 'bridge' between hospital and home
- Good quality of care at Archways
- Promotion of independence and sense of well-being at Archways
- Discharge straight home is not desirable or feasible
- Closure will affect older people most
- Single householders will be most affected if needing help
- Negative impact of closure on hospital leading to re-admissions

People mentioned the smooth, anxiety-free transition offered through Archways, from initial assessment to final discharge. It was felt that there was a high quality of physical and specialist care available. A further strength of Archways was its sensitive responsiveness to different physical, social and personal circumstances (such as to those living by themselves).

Recommendations made in 2016

Healthwatch York produced a report on the closure of Archways highlighting patient experiences and concerns in September 2016¹. Healthwatch York made three recommendations to the Health and Wellbeing board and the Health, Housing and Adult Social Care Policy and Scrutiny Committee which were:

- For future service changes, plans for consultation and engagement with the public / other agencies to be developed at the earliest stage
- Commit to co-design and co-production (in line with the Social Care Institute of Excellence definition)
- Consider the feedback received to date

These recommendations were accepted by the boards in September 2016 and November 2016. The Care Quality Commission (CQC) has since reported on several projects using co-production in York since this time, as the Health and Wellbeing Board member organisations are making efforts to use this approach².

¹ Healthwatch York (2016) Closure of Archways: Changes to intermediate care services in York.

² Care Quality Commission (2017) City of York Local System Review Report. Health and Wellbeing Board.

What has happened since the closure?

Since the closure of Archways a number of reports have been submitted to Health, Housing and Adult Social Care Policy and Scrutiny Committee and other organisations tracking the progress of intermediate care services in York.

At a meeting of the **Health, Housing and Adult Social Care Policy and Scrutiny Committee in April 2017**³, members were advised of the alternative services being provided following the closure of Archways. These included York Community Response Team (CRT), Community Discharge Liaison Team (CDLT), Advanced Clinical Practitioners and Outreach Pharmacists.

York CRT is made up of therapists, nurses and support workers who provide short term support (usually for up to six weeks) to people where they live to maximise independence. This is a seven days a week service running from 8am to 8pm daily.

Those supported include:

- people leaving hospital (step down)
- people identified in the community as needing support (step up)

Two case studies provided by the CRT, available in appendix 1, further describe the way the CRT works with patients in the community.

At the meeting it was also reported that it cost £1.5m to run Archways and that £1.2m had been spent on the community services contract. Interestingly, this meant this 20% of the money available for community services had been spent elsewhere by the Clinical Commissioning Group. It was unclear where this £0.3m had been spent.

³ City of York Council (2017) Health, Housing and Adult Social Care Policy and Scrutiny Committee Wednesday, 19th April, 2017. Available at: <https://democracy.york.gov.uk/ieListDocuments.aspx?CId=671&MId=9634&Ver=4>

Case study provided by the York Community Response Team



Fred (name changed to protect identity) came into the care of York CRT as a step down patient after being in hospital with a fall. He had a pressure ulcer on his heel which was causing him great pain.

Fred was assessed by a nurse at his home. Concerned about the wound, the nurse took a swab and arranged for the tissue viability nurse to meet her at the house for further guidance. The GP reviewed the swab results and prescribed antibiotics. Physiotherapists and Occupational Therapists assessed Fred for equipment he needed and gave him some exercises. Fred was referred to podiatry for a heel guard and he started taking his antibiotics.

The following day, Fred became ill and following a 111 call, an ambulance was sent. The Rapid Assessment Team assessed him and he was well enough to send home. The nurse believed that without this timely intervention that Fred may have become septic and may have needed a longer hospital admission and IV antibiotics. Fred was sent home that day. The nurse continued to visit Fred to review and evaluate the wound whilst changing the dressings daily.

Yesterday, Fred walked into his living room with a stick instead of a wheeled walker and declared he had made cupcakes. Fred thanked the team and said they had had a real impact on his life. Because of the team he felt he'd stayed out of hospital and was studying how to use his new oven to make cakes and pies. Fred said that the team's support had had a positive impact on his morale which was felt to be very important in Fred's healing and rehabilitation. Fred's wound is nearly healed and he's planning his next adventure.

Performance of the CRT

In September 2017, the committee were updated with further performance information about how the new approach was working. York Teaching Hospital reported that following the closure of Archways, the average monthly referrals to CRT were expected to increase from 91 to 120. However, it actually increased to an average of 139 per month in the year January to December 2017.

The same number of step up patients who were previously stepped up to Archways, an average 3 people per month, were accommodated by the change of admission criteria to White Cross Court. There has also been a sustained increase in the number of referrals from the Emergency Department avoiding the need for an admission to an acute or community inpatient bed.

Prior to the reconfiguration, an average of 245 patients a month were supported by intermediate care services (either at home or in a bed-based unit). Since the change, an average of 279 patients per month have been supported. This is in line with the ambition to deliver care closer to home with 50% of intermediate care now being delivered at home, compared to 37% prior to the change.

According to an audit review in 2017⁴, this increase in referral numbers has not appeared to have impacted negatively on waiting times or satisfaction with the CRT. It reports that the wait for intermediate care across England was 5.8 days on average. The CRT have reported that it was 2 days in York. Waiting times for assessment have also decreased. In October 2017, 9 patients were in hospital awaiting home care, and by March 2018 there were 6.

⁴ NHS Benchmarking Network (2017) National Audit of Intermediate Care Summary Report – England. Assessing progress in services aimed at maximising independence and reducing use of hospitals.

Home First engagement project

The accountable officers for the health and social care partner organisations in North Yorkshire and York were confident in the new approach to services, both for patient outcomes and cost effectiveness in intermediate care. They were keen to take on board recommendations to work with the public and local communities to increase awareness and listen to people's stories and ideas.

The project's aims:

To increase awareness of Home First and the evidence that supports it (deconditioning and loss of independence associated with stays in hospital).

To gather feedback from patients and relatives about how a Home First approach could work.

To gain insight from people about how and when to communicate Home First during a patient's episode of care.

In October 2017, York Teaching Hospital NHS Foundation attended Healthwatch Assembly and presented on the Home First approach. Going forward, they were keen to develop opportunities to have conversations with local people about the changes taking place and improve ways of involving people in the development of these services.

From December 2017, patient engagement projects took place with community groups and networks across the York Teaching Hospital NHS Foundation Trust catchment population (York, North Yorkshire, North East Yorkshire and Ryedale). The engagement exercises used existing community groups and networks with already established relationships to reach as many people as possible. Some of these included: Healthwatch Assemblies, Carers' Advisory Group, York Carers Centre, Scarborough Older People's Forum, Ryedale Older People's Forum, York Older People's Assembly, York CVS forums (including Ageing Well, Voluntary Sector, Mental Health, Community Voices), GP

practice patient participation groups (Haxby Group practices, Scarborough Practices, and Selby), Foundation Trust Council of Governors and Ryedale U3A (University of the Third Age).

This project aimed to raise awareness of the Home First approach, to enquire how the approach could work in practice and to find out how to best to communicate with patients, relatives and carers. Feedback was gathered through a range of meetings, focus groups and questionnaires (about 100 of which were completed). More than 400 people participated in the conversations and around 172 comments were recorded.

Key areas of concern identified by the public

People highlighted the need for hospitals to plan for discharge as early as possible with the patient and relatives, even before admission in the case of planned procedures.

“Talk to the family/carers in plenty of time - what can/can’t they do - what support will they need as well as the patient. Work together, for example involve them in meeting planning.”

People wanted good communication and joint working between all agencies involved, as well as with carers and families.

“Closer liaison between hospitals and care providers should ensure care needs after leaving hospital are not overlooked.”

“Ensure all agencies work together and do not bounce patients and their carer round the system.”

People wanted to be treated as individuals, their care adapted to them as people, and the contributions of their carers and family to be invited and given recognition.

“Families need to be involved in their loved one’s care and decision making.”

People said they generally supported the idea of care at home in the belief that that is where most people wish to receive it.

“Most people would rather live in their own homes as long as possible so wouldn’t need much convincing.”

However, concerns were expressed about practicalities and communication around being discharged from hospital.

“People need to be confident that there will be sufficient support at home, not just ‘left’. We often hear about people getting home and not knowing when follow up appointments are, who’s coming in, who to contact if it’s not working.”

People felt hospitals should be better at planning discharge. Staff should make sure the patient knows about their discharge, understands the process and has time to plan. They also felt that there should be better joined up care to reduce the fragmentation of services.

People said they wanted to make sure their individual needs were recognised and felt more could be done to prevent social isolation.

“Not everybody is lucky enough to have relatives or good friends who could respond.”

During the engagement, people suggested some practical approaches to getting the message about Home First across. Many people favoured literature and leaflets, preferably to be given whilst in hospital. Using the media, and potentially ‘real life’ case studies, was another recurring theme.

The Engagement report was taken to Health, Housing and Adult Social Care Policy and Scrutiny Committee in November 2018. The committee was told that the next steps for the Home First project would be to reach out to more forums and service users for a second round of engagement. Members said they were pleased to hear about the significant level of consultation and engagement with residents on this topic.

Going forward

The NHS Long Term Plan has a focus on keeping people out of hospital as far as possible. Home First is in line with this principle. It assumes that more people will need to access intermediate care. It recognises the importance of assessing people in their own home using hospital beds only for those that need them. There is a recognition that more work needs to be done with partners towards improving referral processes and joint working with the non-statutory sector. There is still a need to improve care co-ordination with social care services, and to reduce fragmentation of services.

Healthwatch York commentary

We recognise the need to develop services that will meet future needs in light of the predicted growth in number of older people and those with complex health needs. It is important to have services which support individuals to maintain their independence but also that hospital care is provided when needed. Healthwatch will continue to take feedback from residents about issues related to their healthcare. Since the changes made, we do not appear to have had an increase in reported issues of unsupported discharge from hospital.

System wide changes to health and social care which are taking place across York such as the Home First Approach can offer potential for new and positive ways of working. However, they can also cause confusion, feelings of not being in control and difficulties trying to navigate the system for the patients at the heart of these services.

One of the key issues reported to Healthwatch York with the closure of Archways was the lack of consultation and communication. Healthwatch York recommends improved communication is needed in future. This should be prior to changes being made to make sure that what is provided also meets people's needs.

Recommendations

Recommendation	Recommended to
<p>Continue to work towards making sure that plans for consultation and engagement with the public and other agencies are made and put in place at the earliest stage possible for all future service changes. Make sure a range of methods are used to contact patients and other stakeholders. Commit to co-design and co-production (in line the Social Care Institute of Excellence definition) when creating new services.</p>	<p>All health and social care commissioners, providers and leaders in York</p>
<p>Continue to improve communication. To make sure patients/families/carers understand what is happening at discharge. That information about different teams and how they work together is clear to the public and staff. The hospital should plan for discharge early, involving the patient in all decisions and checking their understanding.</p>	<p>York Teaching Hospital NHS Foundation Trust</p> <p>NHS Vale of York Clinical Commissioning Group</p> <p>City of York Council</p>
<p>Continue to monitor concerns and feedback around provision of services. Be particularly mindful of concerns about support overnight, ensuring that night support is adequate, and tracking of admissions of those in receipt of intermediate care is noted.</p>	<p>York Teaching Hospital NHS Foundation Trust</p> <p>NHS Vale of York Clinical Commissioning Group</p>
<p>Report on how the additional funding freed up from Archways which was not spent on Home First was spent.</p>	<p>NHS Vale of York Clinical Commissioning Group</p>
<p>Work with other sectors to address non-healthcare issues such as social isolation mentioned in engagement feedback.</p>	<p>York Ageing Well Partnership</p>

Appendices

Appendix 1 – CRT Case Studies

Situation: Mrs X was discharged home from hospital with CRT support. An Advanced Clinical Practitioner (ACP) was asked to review Mrs M as CRT has concerns that she had not been well since discharge. Her shortness of breath was worsening and she had abdominal pain.

Background: Mrs X was originally admitted to York Hospital with loin pain and a water infection.

Assessment: The ACP visited Mrs X and assessed the problem as an acute abdominal problem with a potential bowel obstruction.

Recommendation: The ACP was able to re-admit the lady directly to the Surgical Assessment Unit at York Hospital for further investigations and on-going management.

This ACP intervention avoided a GP visit or Emergency Department attendance and allowed Mrs X prompt access to the care she needed.

Situation: Community Response Team (CRT) asked an ACP to urgently assess an older lady (Mrs A) who lived alone and who was complaining of chest pain.

Background: The warden was present and was staying with Mrs A until the ACP arrived.

Assessment: On arrival she looked well but was complaining of chest pain radiating to her jaw. The warden was concerned and wanted to dial 999. Mrs A looked well in herself, was mobilising and her observations were all within normal ranges.

Recommendation: Following a thorough examination Mrs A was diagnosed with heartburn (which was treated with Gaviscon). She had a painful jaw as a result of her arthritis (which was treated with paracetamol). She was very anxious. She remained at home.

Without the input of the ACP, Mrs A would have been taken to hospital by emergency ambulance.

Appendix 2 – Home First Presentation Slides from the engagement project.



Home First: Continuing the conversation with local people

York Teaching Hospital **NHS**
NHS Foundation Trust

Why is Home First important?

10 days of bed rest can cause the equivalent of 10 years muscle ageing in older people

Many of the patients in our hospitals are in the last 1000 days of their life

If you had 1000 days left to live how many would you choose to spend in hospital?

Equivalent of four wards occupied by patients who do not medically need to be in hospital



Four in ten patients in community hospital beds medically ready to go home – on average spend 18 extra days in hospital



York Teaching Hospital **NHS**
NHS Foundation Trust

What have we heard during our conversations?

The need to involve carers/families in decision making

Recognition of the impact on families and carers

York Teaching Hospital **NHS**
NHS Foundation Trust

What have we heard during our conversations?

Communication - both with patients and carers and between professionals

The need for joined-up working

York Teaching Hospital **NHS**
NHS Foundation Trust

What have we heard during our conversations?

The importance of recognising and assessing patients' individual needs and circumstances

The issue of social isolation

York Teaching Hospital **NHS**
NHS Foundation Trust

What have we heard during our conversations?

Pre-planning as early as possible for what will happen when someone leaves hospital - particularly if their admission was planned

York Teaching Hospital **NHS**
NHS Foundation Trust

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York CVS

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

This report

This report is available to download from the Healthwatch York website: www.healthwatchyork.co.uk

Paper copies are available from the Healthwatch York office
If you would like this report in any other format, please contact the Healthwatch York office



Health and Wellbeing Board

01 August 2019

Report of the Corporate Director of Health, Housing and Adult Social Care

Care Quality Commission: Action Plan Update**Summary**

1. This report is to inform the Health and Wellbeing Board of the progress against the Improvement Plans agreed following the CQC Local System Review 2017 and Progress Review 2018.
2. Members are asked to note the actions which have been completed since the reviews took place.

Background

3. The background information has been previously reported to the Health and Wellbeing Board (HWBB), most recently on 13 March 2019, at which time the report included links to the CQC published reports and updated editions of the York Improvement Plan.
4. Over recent months progress against the plan has continued. The abbreviated plan is attached at Annexe 1. It includes only those actions which have been recently completed or remain to be completed.
5. In order to capture the outstanding actions from the original plan, and respond to the recommendations of the Progress Report, a further plan has been prepared, attached at Annexe 2.
6. Annexe 2 takes account of the discussions among partners at the Health and Wellbeing Board workshop in March 2019.

Main/Key Issues to be Considered

7. The work described in the plan should transfer as soon as possible to 'business as usual' for each partner organisation, as we move

towards a more efficient and effective set of partnership relationships for achieving our shared vision.

Consultation

8. Colleagues designated to lead on actions in the improvement plan have been consulted on its progress and on any amendments required.

Strategic/Operational Plans

9. The Joint Health and Wellbeing Strategy is the overarching strategic vision for York; this plan supports the delivery of the desired outcomes.

Implications

10.
 - **Financial** – none, although financial constraints currently limit our ability to implement digital integration, which is part of the plan.
 - **Human Resources (HR)** - none
 - **Equalities** - none
 - **Legal** - none
 - **Crime and Disorder** - none
 - **Information Technology (IT)** – information technology and digital integration forms part of the system wide improvement plan, relevant representatives from statutory agencies attend the project board, and there are plans to engage non-statutory services and the patients, customers and families in our developments. The national and regional work on this agenda guides our local work.
 - **Property** - none
 - **Other** – it is not yet known whether the Care Quality Commission will return to carry out further local system reviews in York. The HWBB is responsible for the improvement plan.

Risk Management

11. Failure to implement the agreed improvements will result in continued poor performance as a system, including poor performance against the key performance indicators, and failure to improve outcomes for local people. This in turn has a negative impact on the reputation of individual partners and the city as a whole.

Recommendations

12. The Health and Wellbeing Board are asked to:
- i. Note this report

Reason:

The issues raised in the two CQC reports are recognised by the system as areas for improvement. The plan has been refreshed to ensure that relevant actions can be taken forward in partnership. It is important that we move to enact these improvements as part of 'our business as usual' approach, to deliver the best possible outcomes for people.

Contact Details

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City of York Council

Phil Mettam
Accountable Officer
NHS Vale of York Clinical
Commissioning Group

Report
Approved



Date 24/7/19

Wards Affected:

All

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

13 March HWBB report, which in turn included links to the relevant CQC publications.

Annexes

Annexe 1 – York Improvement Plan 2018, Updated July 2019

Annexe 2 - York Improvement Plan 2019.

Glossary

Abbreviations

A&E – Accident and Emergency

BCF - Better Care Fund

CCG – Clinical Commissioning Group

CDSG – Complex Discharge Steering Group

CHC - Continuing Healthcare

CRT – Community Response Team

CQC - Care Quality Commission

CYC – City of York Council

DASS – Director of Adult Social Services

DCLG - Department for Communities and Local Government

DH - Department of Health

DHSC - Department of Health and Social Care

DIG – Digital Integration Group

GDPR - General Data Protection Regulation

GP – General Practitioner

HCVSTP – Humber Coast and Vale Sustainability and Transformation Partnership

HICM – High Impact Change Model

H&CRB – Health and Care Resilience Board

HWBB – Health and Wellbeing Board

ICP - Integrated Care Partnership

ICS - Integrated Care System

IT – Information Technology

JCSG – Joint Commissioning Strategic Group

JSNA - Joint Strategic Needs Assessment

KPI – Key Performance Indicator

LCHRE – Local Care and Health Record Exemplar

LSR - Local System Review

MADE - Multi-Agency Discharge Events

NHS - National Health Service

NYC – North Yorkshire Constabulary

NYCC – North Yorkshire County Council

OD – Organisational Development

OT – Occupational Therapy

PCN – Primary Care Network

SCIE - Social Care Institute for Excellence

STP - Sustainability and Transformations Partnerships

S117 – Section 117 (of the Mental Health Act 1983)

TEWV – Tees , Esk and Wear Valleys NHS Mental Health Foundation
Trust

VOYCCG – Vale of York Clinical Commissioning Group

YTHFT - York Teaching Hospital NHS Foundation Trust

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York Health and Wellbeing Board

CQC Local System Review

October – December 2017

Place Based Improvement Plan – July 2019

This version of the plan includes only the residual actions agreed for continuation in the 2019 plan.

Introduction

This document distils the remaining actions from the high level action plan in response to the CQC Local System Review of York (published 22-12-17).

The report made 13 recommendations for improvement in York, supported by the range of findings from their inspection. For the purpose of the original action plan these were re-ordered and grouped by theme.

Current Position

CQC conducted a progress review on the action plan in November 2018. The report was published in January 2019. It is available here: <https://www.cqc.org.uk/local-systems-review#reports>

This document summarises the residual actions from the autumn update.

Next Steps

Following the publication of the progress review a system plan is being developed. The first step advised by CQC was to fully review the remaining actions from the initial plan. These are captured in the following pages.

Recommendation 1:					Lead Officer:
Work is required to develop a wider system vision for the STP footprint and develop a common framework for prioritising actions and for specifying accountabilities and shared governance arrangements, to prevent duplication.					Mary Weastell and Phil Mettam
Date Plan Approved: 31-1-18			Review Date: July 2019		
Ref.	Actions	Lead	Date for Completion	status	Evidence / Additional Information
1.3	Map the current governance arrangements across the STP / A&E Delivery Board footprints such as the range of sub groups which meet for specific responsibilities, or task and finish activities.	Pippa Corner	February 2018	May 2019 = the map developed in November 2018 is out of date, and the system is changing all the time.	New map required as part of 2019 plan , showing the establishment of Primary Care Networks, Integrated Care Partnerships and the Integrated Care System. Direct lines of accountability and reporting remain complex, with a range of partnerships operating in a matrix arrangement.
Recommendation 2:					Lead Officer:
Work should continue at pace to develop strong relationships across the system to address the lack of collaboration and trust between system leaders.					Mary Weastell and Phill Mettam
Date Plan Approved:		31-1-18	Review Date:		July 2019
Ref.	Actions	Lead	Date for Completion	status	Evidence / additional information
2.8	Develop organisational development programme to focus on working relationships between system leaders and partner organisations. Revisit the Systems Leadership Training which was delivered across the partnerships in 2016. Build on this for whole system organisational development. Consider external facilitation for YIB development.	PBIP	March 2018	discussed at system leader level – confirmation required about this intention, and timescale.	There is agreement in principle to invest in further OD programme once all senior leadership roles have been appointed. carry forward in 2019 plan

Recommendation 3:					Lead Officer:
The system should build in clear evaluation of systems to demonstrate the impact on people and the system overall.					Simon Bell, Sharon Houlden (DASS)
Date Plan Approved: 31-1-18			Review Date: July 2019		
Ref.	Actions	Lead	Date for Completion	status	Evidence / additional information
3.1	Strengthen the existing HWBB performance framework, learning from good practice elsewhere.	Terry Rudden	April 2018	will need to form part of HWBB refresh	this should be carried forward in 2019 plan There is an existing HWBB performance framework on the KPI machine. It has 23 indicators, 6 for each of the four HWBB themes
3.2	Establish a whole system network of performance / data specialists to add value to existing work and minimise duplication	Terry Rudden	February 2018	update June 2019	A network of performance / data specialists exists, with each organisation's lead performance officer able to make contact with their counterparts. Officers work together where joint returns are required, such as BCF. COMPLETED.
3.3	Map our shared metrics and the existing data collection, how it is used and where reported. Include options for agreeing system wide deep dives.	Terry Rudden	April 2018	update June 2019	Where possible we now use the COUNT principle, so that the dashboards for BCF, CDSG and H&CRB are used in other arena. NO FURTHER ACTION
3.4	Develop a dashboard to monitor the effectiveness of this action plan in achieving measurable improvement in performance outcomes plus an action log.	Terry Rudden	June 2018	update June 2019	this should be carried forward in 2019 plan

Recommendation 5 :					Lead Officer:
There needs to be a system-wide response to effectively managing the social care market and domiciliary care capacity.					Sharon Houlden (DASS)
Date Plan Approved:		31-1-18	Review Date		July 2019
Ref	Actions	Lead	Date for Completion	status	Evidence / additional information
5.1	Build on the existing approach to the Market Position Statement with partners.	Gary Brittain	July 2018	work in progress	A shared approach to this has been set out as part of Joint commissioning programme and should form part of 2019 plan
5.5	Establish joint health and social care apprenticeships to build capacity	Julia Massey (Learning City Partnership, CYC)	May 2018	update July 2019	The proposed 'Rotational Apprenticeship' where apprentices undertake their training across both Health and Social Care (including private sector) has been piloted by the Humber Coast and Vale Excellence Centre. Exploring York options.
Recommendation 6:					Lead Officer:
A review of IT interconnectivity should be completed to ensure appropriate data sharing and a more joined up approach across health and social care services.					Lisa Winward (Chief Constable, NYC)
Date Plan Approved:		31-10-18	Review Date:		July 2019
Ref	Actions	Lead	Date for Completion	status	Evidence / additional information
6.3	Use of NHS Number on all care records to be standardised.	Roy Grant / Mike Richardson	July 2018	update received from Ian Cunningham May 2019	Work is already mainstreamed and as complete as possible: <ul style="list-style-type: none"> Updating NHS numbers on record – complete and ongoing NHS numbers on forms – complete on key forms Ongoing challenge to ensure DQ.
6.5	Develop a protocol relating to moving data and viewing it as a short term solution, prior to achieving	Shaun Macey Kevin Smith	September 2018	this action has been superseded by the DIG project	Technical project manager in place. digital interoperability will form part of the 2019 plan.

	commonality of platform. (eg to support out of hours GPs to view full care records of others' patients).			and advance of LCHRE	
6.6	Work on the business process and information sharing requirements for discharge plans and weekend discharges.	Glynn Shaw	June 2018	this action has been superseded by the DIG project and advance of LCHRE	Technical Project Manager in place. this will form part of the 2019 plan
Recommendation 13: Continuing healthcare arrangements should be more robust and person centred.					Lead Officer: Denise Nightingale Michael Melvin (DASS)
Date Plan Approved: 31-1-18			Review Date: January 2019		
Ref	Actions	Lead	Date for Completion	Status	Evidence / additional information
13.7	Develop new work force arrangements.	Denise Nightingale Kyra Ayre	June 2018	update July 2019	Transitions social worker appointed. CHC team now includes OTs. S117 team now includes a social worker.
13.8	Explore opportunities for joint social care and NHS roles in terms of reviewing current customers (including assessment of needs against the packages of care)	Denise Nightingale Kyra Ayre	December 2018	update July 2019	Agreed in principle to pilot and fund a joint fact finder role to support information gathering for CHC Assessments across organisations (based on a similar role in neighbouring council). This will enable senior professionals to focus more of their time on carrying out assessments.

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ANNEXE 2 YORK IMPROVEMENT PLAN: July 2019

ref	CQC description or area for improvement	Named lead	CQC Themes:	Progress / next steps
1	<p><i>System leaders should continue to focus on developing relationships and partnership working across the system. To lead partnership working across the system, partners must agree on the collective system vision and strategy and develop a system wide plan that is agreed and signed up to by all system partners.</i></p> <ul style="list-style-type: none"> Align plans to STP works stream priorities and emerging governance arrangements at ICS / ICP levels. Simplified map of the governance arrangements. Investment in organisational development taking place. Shared metrics and reporting processes being developed, linked to NHS Long Term Plan and BCF. 	<p>CYC Chief Executive</p> <p>CCG Accountable Officer</p> <p>Director of Public Health, CYC</p>	<p>Governance and alignment with the STP</p> <p>Relationships</p> <p>System Vision</p>	<p>Regular meetings of the range of partnership groups are scheduled for year ahead and taking place.</p> <p>Chair of HWBB leading members to engage in its development.</p> <p>ICP / ICS developments on progress. PCNs being established.</p>
2	<p><i>There should be a system approach to new appointments, especially those at a system leader level.</i></p>	Chief Officers	Relationships	This is in place when appropriate.
3	<p><i>Directors of Finance across health and care should explore opportunities to work more collaboratively, owning organisational challenges as 'system challenges'. Directors of Finance should also work with commissioning leads to develop plans to facilitate joint commissioning.</i></p>	Chief Finance Officers (CYC, VOYCCG, YTHFT, TEWV)	<p>Relationships</p> <p>Joint Commissioning</p>	Schedule of meetings in place with shared agenda on partnership opportunities.
4	<p><i>Commissioners should ensure that a joint commissioning strategy is developed as a matter of priority. Commissioners should also focus efforts on strengthening performance metrics and data collected at a local level to provide a greater understanding the impact of commissioned services and schemes.</i></p> <ul style="list-style-type: none"> Prepare with partners a new Market Position Statement. Develop opportunities for shared brokerage, personal health budgets and direct payments eg for CHC. Develop local market to reduce reliance on out of area placements. Make links with other approaches, such as Police, Fire and Crime Commissioner, including ideas on social mobilisation. Strengthen the link between JSNA data and the metrics we use. 	<p>(DASS CYC) Chief Finance Officer and Director of Primary Care and Population Health (VOYCCG)</p>	<p>Joint Commissioning</p> <p>Managing social care capacity</p>	<p>JCSG joint commissioning programme in place.</p> <p>BCF Performance Framework strengthened. Venn Capacity and Demand Model enabling impact to be predicted and measured.</p>

ref	CQC description or area for improvement	Named lead	CQC Themes:	Progress / next steps
5	<p><i>The system should accelerate the development of a system workforce strategy co-produced with independent care providers and VCSE partners.</i></p> <ul style="list-style-type: none"> • Prepare in partnership a Joint Workforce Strategy and Plan, based on needs and gap analysis, including clinical and non-clinical roles. • Establish a programme of health and social care apprenticeships to build capacity. • Harness power of social impact volunteering, Police Community Connectors, link to Local Area Coordination and social prescribing. • Develop joint training programmes. 	DCS (CYC)	Managing social care capacity	<p>Working group to be formed to develop the system workforce strategy.</p> <p>Proposals being developed for 'hybrid' health and social care roles to support people at home.</p> <p>Joint CHC training arranged.</p>
6	<p><i>The system should continue to work with independent providers and utilise engagement forums to move towards a seven day service model and co-produce a model for trusted assessment.</i></p> <ul style="list-style-type: none"> • Deliver the 8 High Impact Changes Model, through the multi agency Complex Discharge Steering Group, reporting quarterly to HWBB as part of BCF arrangements. • Expand 7 day working in partnership with the sector. 	<p>Chief Executive (YTHFT) DASS (CYC)</p> <p>Complex Discharge Steering Group</p>	<p>Managing social care capacity</p> <p>The HICM and Multi disciplinary working</p>	<p>Partners in Care and Providers forums in place. ICG funded to support development Trusted Assessment. This is the last of the 8 High Impact Changes to be established.</p>
7	<p><i>The system should continue to develop and promote the Live Well York website across the system and strengthen information available for people who fund their own care.</i></p>	DASS (CYC)	<p>Managing social care capacity</p> <p>Communicating with people who use services</p>	<p>Live Well York official launch March 2019</p> <p>Self Funders JSNA completed – publication March 2019</p> <p>Population Health Needs Assessment prepared to support the developing Primary Care Networks – June 2019</p>

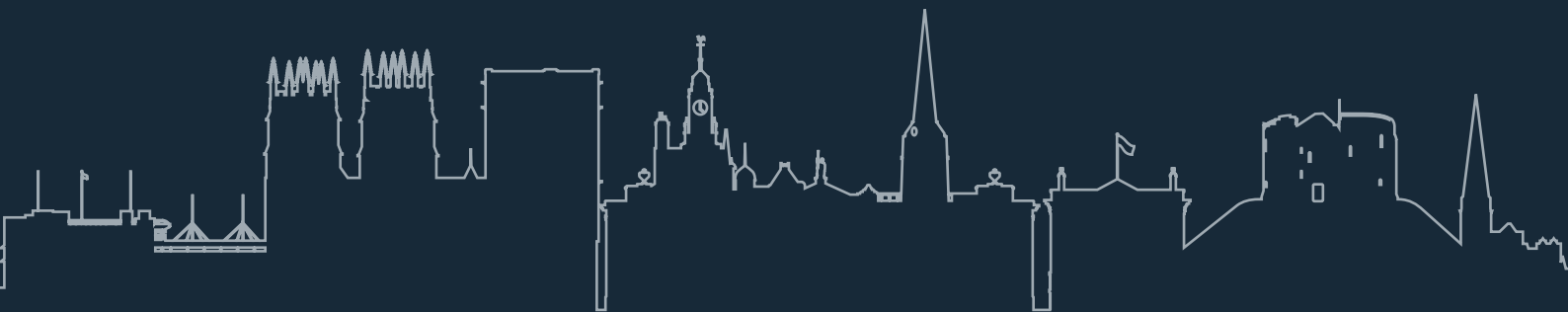
Ref.	CQC description or area for improvement	Named lead	CQC Themes	Progress / next steps
8	<i>Medicines management.</i>	Director of Primary Care and Population Health (VOYCCG)	Medicines management.	BCF funding agreed to expand interface pharmacy 2019/20. NHS Long Term Plan – PCNs established.
9	<i>Continuing Healthcare</i> <ul style="list-style-type: none"> Develop joint commissioning opportunities to maximise efficiency through shared brokerage. Identify issues leading to DTOC attributable to CHC.	Executive Director of Transformation, Complex Care and Mental Health (VOYCCG) AD Joint Commissioning (CYC / VOYCCG)	Continuing Healthcare. Managing social care capacity. Communicating with people who use services.	Working with NYCC to explore brokerage options. Work on pathways progressing. Capacity and Demand Model will shape market options.
10	<i>Digital Interoperability</i>	DASS (CYC) Chief Constable (NYPC)	Digital Interoperability	Multi agency Digital Interoperability Working Group refreshed as project board. LCHRE programme making progress. One Team record sharing as the focus for local programme.

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York Health and Wellbeing Board

2018/19 Annual Report



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

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Welcome

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

Welcome to the fourth annual report of the York Health and Wellbeing Board, May 2018 to 2019.

This report highlights some of the work activities which have contributed to delivering our joint health and wellbeing strategy 2017-2022; how we have worked together and how we have been developing our Joint Strategic Needs Assessment (JSNA).

We would like to acknowledge the incredible amount and variety of work happening in the city to help us deliver against our strategy and all the different

organisations involved. This annual report is just a snapshot of some of this work; it would be impossible to mention everything.

Our formal meetings are open to the public to attend and webcasts are available to view at www.york.gov.uk/webcasts, whenever it is convenient for you.

We would like to take this opportunity to thank all the Health and Wellbeing Board members for their hard work and commitment to improving the health and wellbeing of York's residents.

Contact

If you require further information then please contact the Health and Wellbeing Partnerships Co-ordinator:

☎ 01904 551714

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Councillor Carol Runciman

Chair of the Health and Wellbeing Board



Dr Nigel Wells

Vice-Chair of the Health and Wellbeing Board

The York Health and Wellbeing Board

The York Health and Wellbeing Board (HWBB) is a strategic partnership which sets the vision and direction for health and wellbeing for the city. Its aims are to:

- Improve the health and wellbeing of the locality via strategic influence over decisions across health, public health and social care
- Strengthen working relationships between health and social care partners.

The main responsibilities of the Board are:

- Assessing the health and wellbeing needs of the local population and how they can be addressed through a Joint Strategic Needs Assessment (JSNA)
- Producing and implementing a joint health and wellbeing strategy based on the information in the JSNA
- Promoting greater partnership working and joining up services across the health and social care system
- Producing a Pharmaceutical Needs Assessment (PNA)

Membership

During 2018 and 2019 the York Health and Wellbeing Board had 16 members from several organisations across the city. The Chair keeps a list of named substitutes which is reviewed regularly to ensure it is up to date.

There were a number of changes in membership throughout 2018/19 and as of May 2019 the membership of the board is shown opposite.



The current membership of the Health and Wellbeing Board is:



Councillor Carol Runciman
(Chair) Portfolio Holder for Adult Social Care and Health, City of York Council



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



Councillor Ian Cuthbertson
Portfolio Holder for Education, Children and Young People
City of York Council



Councillor Rosie Baker
City of York Council



Councillor Katie Lomas
City of York Council



Dr Andrew Lee
Executive Director, Primary Care and Population Health
NHS Vale of York Clinical Commissioning Group



Amanda Hatton
Corporate Director of Education and Communities
City of York Council



Sharon Houlden
Corporate Director of Health, Housing and Adult Social Care, City of York Council



Sharon Stoltz
Director of Public Health
City of York



Siân Balsom
Manager
Healthwatch York



Lisa Winward
Chief Constable
North Yorkshire Police



Alison Semmence
Chief Executive
York CVS



Mike Proctor
Chief Executive
York Teaching Hospital NHS Foundation Trust (until 31.07.2019)



Naomi Lonergan
Director of Operations, North Yorkshire and York Tees, Esk & Wear Valleys NHS Foundation Trust



Mike Padgham
Chair
Independent Care Group



Gillian Laurence
Head of Clinical Strategy (Yorkshire & the Humber)
NHS England & NHS Improvement

Mental health and wellbeing

Top priority

Get better at spotting the early signs of mental ill health and intervening early

Additional things we want to achieve

Focus on recovery and rehabilitation

Improve services for young mothers, children and young people

Improve the services for those with learning disabilities

Ensure that York becomes a Suicide Safer City

Ensure that York is both a mental health and dementia friendly environment

The Health and Wellbeing Board's aim is to improve access to support for residents experiencing mental ill health focusing on prevention and early intervention. Following the launch of our mental health strategy in March 2018 we created a Mental Health Partnership that will report to us on an annual basis. The partnership has now chosen three priority areas to focus on:

- Self harm
- Mental health housing and support
- Developing a community approach to mental health and wellbeing

The Partnership held a **Connecting Our City Conference** in April 2019 to launch a programme of work that over the next 5 to 10 years aims to transform the way we support people's mental health and wellbeing in York. A key message from that event was that co-production has to be at the heart of everything we do. Citizens, carers, staff and communities will be involved in co-designing and co-producing our community approach to mental health and wellbeing.

The Health and Wellbeing Board have agreed to sign up to the **Prevention Concordat for Better Mental Health**. The concordat is underpinned by an understanding that taking a prevention focused approach to improving the public's mental health makes a valuable contribution to achieving a fairer and more equitable society. The Mental Health Partnership will develop an action plan to deliver against the concordat.

A Suicide Safer Community Delivery Group has been established to lead on our priority to ensure that York becomes a **Suicide Safer City**. The group have identified three priorities:

- Reducing the risk of suicide in high risk groups
- Tailoring approaches to improve mental health in specific groups
- Training and awareness raising

The work on ensuring that York becomes a dementia friendly environment will be led by our recently established Ageing Well Partnership.

In our joint health and wellbeing strategy 2017-2022 the board said it would:

Promote the five steps to wellbeing approach to help people improve their own mental health

Ways to Wellbeing connects people to local community support to make them feel better. Funded through the Better Care Fund and managed by York CVS, Ways to Wellbeing reduces use of GP appointments for social issues, helping people stay safe and well at home for longer. 75% of people using Ways to Wellbeing feel more confident and 80% have improved their wellbeing.

Use our influence to press for greater parity between mental and physical health services

NHS Vale of York Clinical Commissioning Group (CCG) has agreed new investment in 2019-20 to enable sustainable service delivery improvements. Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) will concentrate this new investment in services where demand pressures are most severe and where additional investment will have the maximum impact.

Tackle stigma, ensuring there are safe places to talk to friendly people and that everyone is treated with respect and dignity

Time To Change is a national movement to challenge stigma and discrimination in those with mental health problems. A local hub has been commissioned to recruit and support champions. Priory Medical Group has been commissioned by the CCG to set up the first Primary Care Mental Health Service provided by GP surgeries.

Develop a better understanding of mental health needs in York so that we can ensure our services are fit for purpose, redesigning them if necessary

Our JSNA Working Group has produced a report about Mental Health Inequalities. This report is focused on access to support for people with mental health conditions in York and takes the themes and priorities from the [York Mental Health Strategy](#) and examines the extent to which the Health and Wellbeing Board can be assured that there is equity of access to mental health support services for the people of York.

Work in particular to improve mental health services for children and young people so that emerging issues are quickly identified and supported within universal settings and that timely specialist help is available when it is needed

Investment has been made into Child and Adolescent Mental Health Services (CAMHS). Children and families waiting for further treatment are now able to keep in contact with the service. The School Wellbeing Service has supported 290 pupils with their emotional and mental wellbeing.

Ensure that the actions arising from the joint health and wellbeing strategy also take account of the guidance and specific targets within the national **Five Year Forward View for Mental Health**

There has been improved performance in the eating disorders team with young people waiting less time to access the service. A peri-natal mental health service for new mothers has been launched.

Starting and growing well

Top priority

Support for the first 1001 days, especially for vulnerable communities

Additional things we want to achieve

Reduce inequalities in outcomes for particular groups of children

Ensure children and young people are free from all forms of neglect and abuse

Improve services for vulnerable mothers

Ensure that York becomes a breastfeeding-friendly city

Make sustained progress towards a smoke-free generation

The Health and Wellbeing Board's aim is to make sure all of our children get the best start in life. This includes looking after their health and wellbeing and making sure that all services are child and family friendly.

As part of the refresh of our Joint Strategic Needs Assessment (JSNA) an [inequalities report](#) was produced focusing on obesity in childhood; hospital admissions for self harm and childhood poverty. This has led to the Healthy Weight Steering Group investigating how best to develop community interventions to reduce childhood obesity.

In July 2018 the social mobility through education pledge and action plan was developed. As part of this plan the West Project, which is all about working to improve outcomes in the early years through a focus on speech, language and communication needs, will be launched in September 2019.

A range of partnership mechanisms across the city are used to deliver against the starting and growing well theme of the joint health and wellbeing strategy (2017-22) and [The Children and Young People's Plan 2016-2020](#).

An Infant Feeding Strategy Group has been established to take forward the work around breastfeeding across the city.

Healthy Child Service mandated contact timeliness targets (from antenatal to 2-2.5 years) have been a focus and have all increased.

One area of inequality identified was children's oral health; a needs assessment has been completed and this will lead to a children's focused oral health strategy being completed by the end of 2019.

Work is underway to establish a Tobacco Control Alliance for York. A Tobacco Summit will be held in July 2019 to initiate this work and identify priorities for York. This will help us make progress towards a smoke free generation.

In our joint health and wellbeing strategy 2017-2022 the board said it would:

Ensure the successful establishment of York's Local Area Teams

Local Area Teams (LATs) responded to 'holiday food poverty' in Clifton bringing together a number of partners to establish community run access to positive activities alongside food in the Clifton area.

Promote healthy choices including healthy eating and locally sourced food

Local Area Teams (LATs) carry out direct work with families in response to need; working with partners to co-ordinate services and help find solutions to problems. This model of early intervention is making a real difference to young people, be it through support for vulnerable mothers or the work we are doing to integrate the healthy child service.

Further develop the parenting offer for all families; especially those with children under five

LATs have commissioned a number of activities to support parents in their role. Homestart have been re-commissioned with an extended age range of supporting families from birth to six years old. This allows the newly commissioned service to include supporting isolated families transition into education provision. In addition evidenced based parenting programmes have been commissioned and early intervention would suggest positive outcomes. In response to need a short parenting programme for parents supporting children's emotional resilience received an exceptionally high take up. The programme and referrals are currently being evaluated.

Ensure that the ambitions outlined in the Children and Young People's Plan 2016-2020 are delivered

Our Children and Young People's Plan was published in 2016 and runs until 2020. It identified the priority areas of:

- Early Help
- Emotional and Mental Health
- Narrowing gaps in outcomes
- Priority groups (children and young people in care, Not in Education Employment and Training, young carers, refugees, children living in poverty)

The YorOK board regularly considers reports that reflect these themes and priorities. Following the appointment of a new Director of Children's Services and lead executive member for children and young people the group discussed taking forward work to evaluate the work of the current Children and Young People's Plan, clearly identify and articulate need in the city and establish a new plan for 2020 and beyond.

Ensure that the particular needs of students are understood and reflected in all relevant local plans

The Student Health Network was launched at the start of 2019. Led by public health, this is a partnership between the higher education institutions in the city and other partners to ensure that the needs of students are featured in local plans.

Living and working well

Top priority

Promote workplace health and remove barriers to employment

Additional things we want to achieve

Reduce inequalities for those living in the poorer wards and for vulnerable groups

Help residents make good choices

Support people to maintain a healthy weight

Help people to help themselves including management of long term conditions

Work with Safer York Partnership to implement the city's new alcohol strategy

The Health and Wellbeing Board wants to see everyone in York have the opportunity to live a long, healthy and productive life.

In the last year we have established a multi-agency Healthy Weight Steering Group. This group has developed a healthy weight strategy for the city that we are now consulting on, with the aim to publish in autumn this year.

Public Health are working with North Yorkshire Sport to develop a physical activity strategy, which will identify actions to increase levels of physical activity and impact on the healthy weight agenda.

Our approach to tackling inequalities at ward level is through our asset based community work. Schemes such as Good Gym encourage volunteering by channelling the energy that people spend on exercising and turning it into positive social action, alongside tackling loneliness and social isolation.

Proactive Health Coaching is a telephone-based health management service that improves patient health and quality of life, while ensuring that healthcare resources are spent as efficiently as possible. In partnership with Health Navigator and York Teaching Hospital NHS Foundation Trust, NHS Vale of York Clinical Commissioning Group have delivered an effective preventative strategy that simultaneously provides better care for patients and reduces stress on Accident and Emergency departments.

In our joint health and wellbeing strategy 2017-2022 the board said it would:

Promote greater awareness of, and referral to services that support people to live healthily by all frontline staff

[MECC Link](#) is a simple signposting tool for professionals that has been carefully designed to support an approach to positive behaviour change called 'Making Every Contact Count' (MECC). [Live Well York](#) provides good quality information pages that navigate through to more specialist websites where appropriate.

Promote the Workplace Wellbeing Charter amongst the city's employers, ensuring board members lead by example

Nationally the work around Workplace Wellbeing Charters has changed. Work needs to take place to consider how we can best implement something similar on a local level. Some organisations represented at the board have their own workforce strategies and workforce wellbeing initiatives and some elements of these have similarities to the Workplace Wellbeing Charter.

Oversee the establishment of an integrated wellness service in York, providing advice on a wide range of health and wellbeing issues

An integrated wellbeing service was established in York in 2017. Since then the service has evolved to meet the needs of our population. To date the focus has been to increase the uptake of people receiving an NHS Health Check. The service will transition to become a health trainer service. As well as identifying the issues that may lead to poorer health outcomes they will also have the capacity to work with residents on a 1:1 basis to support them to make lifestyle changes to achieve better health.

Lead by example in the employment of people with learning disabilities and other vulnerable groups

A pilot for a supported employment service has been delivered in partnership with City of York Council and United Response. 94 entered the scheme; 36 have paid employment, 5 have taken up volunteering opportunities, 31 are still on an extension of the scheme funded through Adult Social Care and 22 left the scheme part way through.

Scrutinise and challenge the development and delivery of local health and care services to ensure a focus on physical activity and healthy weight is embedded in the management of long term conditions

Significant improvements have been made in developing an obesity pathway in York, covering all 4 tiers of the nationally recommended pathway. Public health are working to implement the Healthy Weight Declaration in York, which takes a health in all policies approach to tackling healthy weight.

Increase the visibility of alcohol related harm as a key public health issue, supporting an approach to alcohol licensing that ensures alcohol is sold and consumed in a responsible way

An Alcohol Identification and Brief Advice training package has been developed, with 148 frontline health professionals receiving the training to date.

Ageing well

Top priority

Reduce loneliness and isolation for older people

Additional things we want to achieve

Continue work on delayed discharges from hospital

Celebrate the role that older people play and use their talents

Enable people to recover faster

Support the vital contribution of York's carers

Increase the use of social prescribing

Enable people to die well in their place of choice

The Health and Wellbeing Board's aim is for York to be a fantastic place to grow old, with the city's increasingly ageing population able to stay fit, healthy and independent for longer. Below are some of the things we have been working on to achieve this.

We have now established an **Ageing Well Partnership** to lead on this section of the joint health and wellbeing strategy. This is currently chaired by York's Director of Public Health.

A key priority for the partnership is for York to become an www.healthyyork.org and we have recently joined the UK Network of Age Friendly Communities. This has provided us with a World Health Organisation (WHO) approved framework to shape our work. An Age Friendly Operations Group, reporting to the partnership has been established to lead on this work and to engage with appropriate groups and stakeholders on the themes in the framework. The first theme that will be looked at is transport.

The council and other developers are building a number of independent living and extra care schemes to ensure that our older people are able to live independently in accommodation that meets their needs, without having to automatically move into residential or nursing care when they are no longer able to manage their previous home.

A new carer's strategy is in development and will be considered at a board meeting in autumn 2019.

The Ageing Well Partnership will lead on the work around making York a dementia friendly city with the understanding that this will also link with the work of the Mental Health Partnership. This will include the development of a dementia strategy for the city.

In our joint health and wellbeing strategy 2017-2022 the board said it would:

Promote volunteering, befriending and other opportunities to share knowledge, skills and experience

Live Well York is a website for all adults and families in York. The website can be used to find helpful information and advice; discover hundreds of local groups and activities and find out what events are happening across York.

Press for improvements in the accessibility and availability of community transport

The first area the Ageing Well Partnership will be considering is transport and the WHO framework has a number of age friendly checks in this area to help guide the work.

Promote local social opportunities such as health walks

York has a group of volunteers who lead short health walks in different parts of the city. These are publicised in a number of ways and [leaflets](#) are also available in local libraries.

Offer practical support and advice to those preparing for the end of life

A new end of life care strategy has been developed which will lead to an action plan and a citizen's charter.

Ensure that the needs of carers feature prominently in all policy making and service delivery

A carer's strategy is currently being developed and will be considered by the Health and Wellbeing Board in Autumn 2019.

Champion the issues of older people, ensuring they have a voice in all local debates

York's Older People's Assembly (YOPA) continues to raise awareness and speak on behalf of older people. Recent conversations between the statutory sector and YOPA have been held around refreshing the Older People's Survey that took place in 2017 and about older people's oral health.

Press for improvements in the range and choice of accommodation available for older people

Work has started on the development of 29 extra care apartments, 4 bungalows and a new community hall at Marjorie Waite Court in Clifton. Development of 15 new fully accessible apartments and 20 refurbished and modernised properties has started at Lincoln Court independent living scheme in Westfield. The York Central development includes the requirement to provide an independent living scheme for older residents within the scheme. Work has also begun to develop an 80 bed care home on Burnholme community hub site. A new care home is being built on the site of the former Fordlands care home in Fulford. Joseph Rowntree Housing Trust are due to open the first phase of their New Lodge development in Summer 2019. This will include residential and Nursing care beds as well as Extra Care properties.



Other elements of the joint health and wellbeing strategy

Establishing a Learning Disabilities Partnership

The first meeting of the Learning Disability Partnership took place at the Burnholme Centre in June 2018, with great participation from people with learning disabilities, carers and representatives from health, social care and education services and community groups.

The focus of the partnership's first year has been on the development of the All Age Learning Disability Strategy. This was presented to the Health and Wellbeing Board in April 2019 by a team including the partnership's co-chair from York People First. The strategy was approved by the Health and Wellbeing Board.

Since then the Partnership has established four working groups to develop an action

plan which will deliver the strategy. A number of events will take place during the coming year to celebrate the work of the partnership and to drive progress towards being an inclusive city.

Resilient communities

Volunteering Strategy

York launched the [People Helping People Volunteering and Social Action Strategy](#) for the city in November 2017. It utilises the internationally recognised Cities of Service 'impact volunteering' model to help connect citizens to shared city priorities. These were identified as; health and wellbeing, loneliness and isolation and supporting children and young people to reach their potential. A number of volunteering initiatives are now beginning to work in this way, complementing existing community engagement and development arrangements in the city.

One such example is the Community Health Champions programme. This has attracted national funding from the Nesta Connected Communities Innovation Fund and is supporting volunteers who have a passion for health and wellbeing to develop activities and connect with other beneficiaries. Over the last year, 35 Champions have been recruited and trained and have reached over 1000 beneficiaries. Initiatives that are led by the Champions include walking football, positive diet, discussing mental health, arts, drama and culture and family sports and physical activity.

Addressing loneliness through asset based community development

York is adopting an asset based approach to engaging citizens to help address loneliness as a recognised 'public problem'. It is one of our most pressing public health issues. The links between loneliness, poor mental and physical health are well established. People who are lonely are known to make more use of health services, yet have poorer health outcomes. York has recognised the strong case for investing in preventative and community development actions co-produced with citizens, to help solve this problem.

Our city wide conversation to catalyse greater levels of impact volunteering to help address loneliness is demonstrating measurable results and a focus on developing the evidence base for change. We are working with the Office of Civil Society on this through their Enabling Social Action programme.

We continue to ask people, community organisations, public sector and businesses, what encourages/discourages them to contribute to their local community and help address loneliness. The city has subsequently invested in a number of co-production early intervention and prevention programmes, including Social Prescribing, Local Area Coordination, Community Catalysts, Health Champions, Cultural Prescribing and Good Gym, alongside providing small grants to encourage social action, through our ward committee arrangements. This collaborative productive way of working is enabling a more joined up approach to addressing this challenge.



Joint Strategic Needs Assessment

Producing a [Joint Strategic Needs Assessment \(JSNA\)](#), describing the health of York's population and the factors that influence health is one of the main responsibilities for the Board. Its primary purpose is to be a tool for commissioning and policy decisions. In York the JSNA is a website <http://www.healthyork.org/>. The core information is updated in autumn each year with individual needs assessments and other reports added when they have been completed.

The JSNA is co-ordinated by a multi-agency working group which includes representation from York's Public Health Team; NHS Vale of York Clinical Commissioning Group; York Teaching Hospital NHS Foundation Trust; York CVS; City of York Council and North Yorkshire Police.

Since the last Health and Wellbeing Board Annual Report the JSNA has published three reports.

1. [The starting and growing well inequality report](#) focuses on three areas of inequality namely childhood obesity; self harm in young people and childhood poverty.
2. [The mental health report](#) into equity of access to services recommended that the mental health partnership identify an approach that balances the need to be assured that services are accessible to all, against the need for data practices to be proportionate
3. [The self-funders needs assessment](#) raised the profile of this growing but less well understood population group and makes a number of recommendations for local change.



The JSNA Group has also supported a piece of work into best practice for falls prevention and an Armed Forces Covenant needs assessment. The group is currently committed to an inequality report focused on ageing well and a multi-morbidity needs assessment.

Additionally the JSNA Group has considerably improved data flow between organisations. In particular data requests have been quicker and there is a substantially clearer shared understanding of the information held within each organisation.

The JSNA Group recognise that awareness of the JSNA is low in some parts of the health system in York. It remains an ambition to address this.

The JSNA website currently has modest visitor numbers. In an average month there are approximately 120 visits to the front page of the website, however most visitors do not visit many pages or stay very long on the website. This indicates that engagement with the website is lower than we would like. The JSNA group are seeking to address this by exploring this issue and looking at ways of engaging with stakeholders to raise awareness of the website and the kind of information it holds.





Working with partners

Healthwatch York Reports

The Health and Wellbeing Board received one report from Healthwatch York between May 2018 and May 2019 around [Lesbian, Gay, Bisexual and Trans+ \(LGBT+\) experiences of Health and Social Care services in York](#).

The report contained four recommendations:

1. Treat all those accessing services with equal respect to ensure services are more inclusive. Make simple changes such as asking people their preferred name, using this and keeping a record of it;
2. Improve training to include more on LGBT+ issues and health care;

3. Ensure complaints and concerns are dealt with in a sensitive and appropriate manner enabling the LGBT+ community to feel they will be supported when raising issues;
4. Improve signposting and access to specialist services, including sexual health, mental health, and gender identity services.

Health and Wellbeing Board actively encourages all partners to respond to the recommendations within Healthwatch York's reports.

Responses to the recommendations are included within Healthwatch York's Annual Report.

Better Care Fund

The Better Care Fund (BCF) is a nationally mandated joint commissioning fund designed to enable joint working across health and social care, to improve people's experience of care and support, and to promote the integration of services as a means of achieving better outcomes. The BCF plan covered two years from 2017 to 2019, and in 2018 benefited from additional investment from government – the Improved Better Care Fund (iBCF), designed to support the NHS and protect social care, and in doing so to reduce delayed transfers of care and emergency admissions to hospital.

The national assurance process for BCF plans was concluded in December 2017, followed by national Better Care Integration events to reflect on the range of approaches. Inspired by this, York BCF Performance and Delivery Group held a re-launch event in May 2018 to co-produce our vision for integration as a wider partnership with schemes funded through BCF. We summarise our vision as 'integration: collaboration, innovation and prevention'. This session was followed by the annual evaluation of schemes. For the first time, schemes were brought together to share their learning and identify opportunities to enhance joint working and collaboration.

The additional investment through iBCF enabled the partnership to extend the commitment to seven day working and Local Area Co-ordination including expansion to seven areas in the city, as well as supporting a range of initiatives to tackle delayed transfers of care, such as increasing funding for care packages.

There are four national conditions for the Better Care Fund:

- i) That a BCF Plan, including at least the minimum contribution to the pooled fund specified in the BCF allocations, must be signed off by the Health and Wellbeing Board, and by the constituent Local Authorities and Clinical Commissioning Groups;
- ii) A demonstration of how the area will maintain in real terms the level of spending on social care services from the CCG minimum contribution to the fund in line with inflation;
- iii) That a specific proportion of the area's allocation is invested in NHS-commissioned out-of-hospital services, or retained pending release as part of a local risk sharing agreement; and
- iv) All areas to implement the [High Impact Change Model](#) for Managing Transfer of Care to support system-wide improvements in transfers of care.

We are required to report quarterly to government on our progress with the High Impact Changes, and in 2018 we were awarded additional one off funding from NHS England to assist with the implementation of 7 day working, in order that York could meet this requirement more quickly. In 2019 we have received additional funding to support our plans for Trusted Assessors.

There are four key performance indicators linked to BCF:

- Reduction in non-elective admissions
- Reduction in Delayed Transfers of Care

- Effectiveness of reablement services
- Reducing admissions to long term residential or nursing care

We have continued to experience significant challenges in these areas, and performance has been below target, although we have seen improvements in some areas. We now have more people in receipt of preventative support and fewer receiving formal packages. We have invested in an external review of our capacity and demand, which is due to report findings in July 2019. We will use this intelligence to make longer term decisions on priorities for investment, and to help re-shape our pattern of services to address delayed discharges, reduce avoidable admissions to hospital and care, and support people to stay independent.

Our focus on prevention is making a difference in communities. The Ways to Wellbeing social prescribing service and the Local Area Co-ordination programme have both been independently evaluated and demonstrated very positive outcomes. The reports are available here:

Looking forward to 2019-20, the annual evaluation of schemes in May 2019 once again brought the partnership together with services to share learning and consider priorities for the coming year. National planning guidance has not yet been published (at the time of writing), but the direction of travel is known to be for further progress on integration and prevention.

Care Quality Commission Local System Progress Review

In 2018 the government commissioned the Care Quality Commission (CQC) to

undertake progress reviews on the areas which had been the focus of Local System Reviews the previous year. The majority were 'desktop' reviews, with three areas, including York, receiving a site visit. The inspection team returned to York in November 2018, and published their [follow up report](#) in January 2019. It can be found here:

The key messages were:

- York has made some progress, but we need to increase the pace of improvement.
- The Place Based Improvement Partnership has been an important advance.
- We needed to promote the Joint Health and Wellbeing Strategy as our shared vision and translate it directly into action.
- Some great examples of joined up working at the frontline, such as the One Team, the Integrated Discharge Hub, Live Well York and Social Prescribing, but obstacles to information sharing remain.
- We need to make further progress on Joint Commissioning, beyond BCF, and make progress on a joint workforce strategy.
- York needs to continue to align priorities to those of the Sustainability and Transformation Partnership (emerging Integrated Care System) and to develop a stronger voice at a regional level, so the York locality influence is effective.

A Health and Wellbeing Board workshop held in January 2019 provided an opportunity for partners to refresh the improvement plan and identify additional opportunities for joint working. Most of the 2018 plan has been completed, and further progress made against

the ongoing actions during 2019. A refreshed approach to the plan is proposed so that the improvements become 'business as usual'.

Live Well York

The new community operating model also includes the provision of high quality information through a range of channels including the development of a new 'citizen wellbeing portal' [Live Well York](#) as a community based website for adults and families. The website can be used to find [information and advice](#), discover hundreds of local groups and [activities](#) and find out what [events](#) are happening across York. It also provides a directory of [services and products](#) to meet individual needs. The site is particularly useful to prevent, reduce and delay the need for statutory services as well as provide information for self funders and people receiving direct payments but is also designed to be useful to all citizens of York. Reflecting co-production, the site has been designed in partnership with citizens, Age UK York, Healthwatch York, York CVS, York Explore, York Mind, NHS Vale of York Clinical Commissioning Group and the City of York Council.

Live Well York has been available to the public since February 2018 as part of the development phase leading to a full launch in March 2019. It delivers against the Care Act 2014 requirement to provide good quality information and advice to all citizens of York. We have deliberately taken a phased approach in the development of the site to ensure we are confident in the quality aspect of the content. It meets AAA Accessibility

Standards, there is a named editor for each page and the pages have been checked by the readability group from Healthwatch York to ensure it is in plain English. The average star rating on the quality of the content is 4.28/5 (based on 731 individual feedbacks).

The site consists of over 570 community activities and 75 events per month with the more recent service and product directory starting to build. It is already used by around 1,400 new people per month which compares favourably with other local authority sites, particularly considering its early phase of development. Practitioners, family and friends can also produce a personalised booklet from any of the pages in the site which can then be printed or requested to be printed in large font or another language.

Primary Care Home

Developed by the National Association of Primary Care, Primary Care Home is a model that brings together a range of health and social care professionals to work together to provide enhanced personalised and preventative care for their local community. York has adopted this model over the last 18 months and has been working in three primary care home groupings that mirror the geography of Local Area Teams in the local authority. The Primary Care Homes have been working on a range of initiatives, informed by evidence of need from the Joint Strategic Needs Assessment, such as health checks for people with learning disabilities, mental health and childhood obesity

Challenges and the future

The Health and Wellbeing Board is a multi-agency partnership and central to them is the joint health and wellbeing strategy to address inequalities in health and wellbeing between different communities across the city.

The joint health and wellbeing strategy 2017-2022 enables the Health and Wellbeing Board to work towards their vision and through a variety of partnership mechanisms we are able to deliver against the priorities in our strategy. We are now half way through the life span of the strategy and this year's annual report highlights many of the initiatives and schemes in place to deliver against our priorities.

However, there have been significant changes both nationally and regionally since it was first produced.

Nationally the NHS has released its long term plan and the board will need to understand their role in the delivery of this. One element is around Primary Care Networks (PCNs) which are a key part of the NHS Long Term Plan, with all general practices being required to be in a network by June 2019. At the time of writing, all GP practices in York have determined which network they will be in and are awaiting approval of these plans from NHS England.

The networks will have expanded teams that will comprise a range of staff such as GPs, pharmacists, district nurses, community geriatricians, dementia workers and Allied Health Professionals such as physiotherapists and podiatrists/chiropodists, joined by social care and the voluntary sector. This will build on the work that has already started in York using the Primary Care Home model. Whilst the geography of Primary Care Networks may be different to that of Primary Care Homes, there is still a commitment to work together on the Primary Care Home geography as partners.

York health and social care organisations are working together at a system level across a wider geography as the Humber, Coast and Vale Health and Care Partnership and are focused on a number of work areas that include cancer; mental health; workforce and urgent and emergency care. The board need to be more sighted on this work, and how it impacts the residents of York. The board will need to understand how this work is being further developed.

Locally we will be reviewing the board's governance arrangements in the coming months to ensure that it operates in an effective way. We will revisit our strategy now that it is at its mid way point and

consider whether any changes need to be made to bring it up to date; this will include revisiting our performance management framework to ensure we have robust mechanisms in place to monitor our progress.

Our current performance framework has highlighted areas where things are not going as well as we would want them to be and we are developing specific strategies and work streams to address these. These include the development of a healthy weight strategy to provide a strategic framework for us to reduce the variation in obesity levels between different wards in York and an oral health strategy to provide a strategic approach to reducing hospital admissions for tooth decay in children.

One particular focus for the board over the next 12 months will be to look at ways we can sustain a reduction in the rate of admissions involving an alcohol related primary diagnosis or an alcohol related external cause.

As a city we face a challenge to address poverty and inequalities; acknowledging that 80% of a person's health is affected by the wider determinants rather than by health and social care services. We will be continuing our work to address loneliness and social isolation and continuing with our asset based community development using people's own knowledge and skills to become more pro-active about their health.



Therefore our focus over the next two years of the strategy must be to:

- Review the governance arrangements for the Health and Wellbeing Board and consider the production of a new joint health and wellbeing strategy;
- Continue to implement the action plan arising from the Care Quality Commission visit;
- Develop our place based working in the light of Primary Care Networks and Primary Care Home;
- Ensure that York gets the most out of work happening at a regional level through Integrated Care Partnerships and Integrated Care Systems;
- Focus on those areas where we know health outcomes are not as good as they could be.

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(for example in large print, in Braille, on CD or by email)
please call **(01904) 551550**


This information can be provided in your own language.

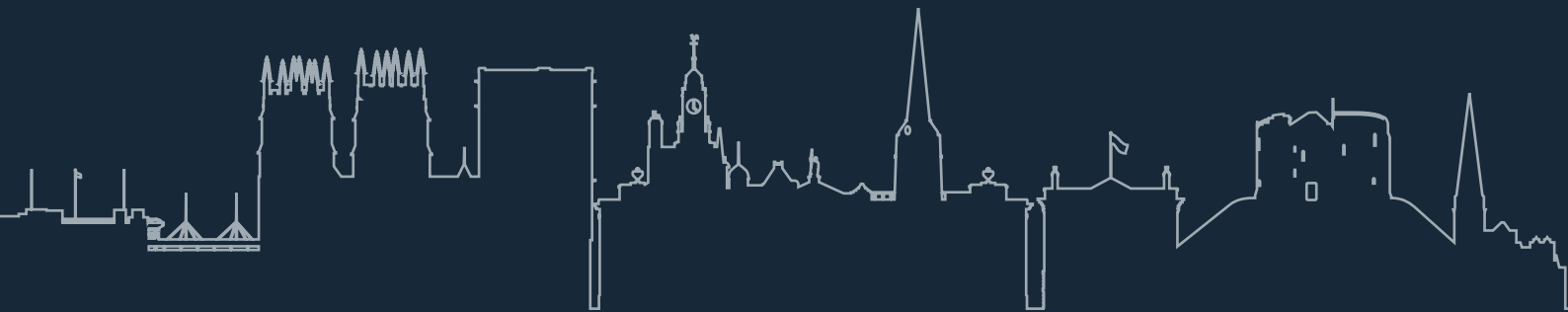
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