Notice of a public meeting of

Health and Wellbeing Board

To: Councillors Simpson-Laing (Chair), Looker, Healey,

Kersten England (Chief Executive, City of York Council), Dr Paul Edmondson-Jones (Deputy Chief Executive and Director of Health and Wellbeing, City of York Council), Kevin Hall (Director of Adults, Children and Education, City of York Council), Dave Jones (Chief Constable, North Yorkshire Police),Garry Jones (Chief Executive, York Council for Voluntary Service (CVS)), Siân Balsom (Manager, Healthwatch York), Chris Long (Local Area Team Director for North Yorkshire and the Humber, NHS England),Patrick Crowley (Chief Executive, York Teaching Hospital NHS Foundation Trust), Dr Mark Hayes (Chief Clinical Officer, Vale of York Clinical Commissioning Group), Rachel Potts (Chief Operating Officer, Vale of York Clinical Commissioning Group), Chris Butler (Chief Executive, Leeds and York Partnership NHS Foundation Trust) and Mike Padgham (Chair, Independent Care Group)

Date: Wednesday, 4 December 2013

Time: 4.30 pm

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

A G E N D A

1. Introductions

2. Declarations of Interest (Pages 3 - 4)

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

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

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

3. Minutes (Pages 5 - 14)

To approve and sign the minutes of the last meeting of the Health and Wellbeing Board held on **Wednesday 2 October 2013.**

4. 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 **Tuesday 3 December 2013** at **5:00 pm**.

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

5. The Mental Health Challenge (Pages 17 - 24)

This report asks the Members of the Health and Wellbeing Board to note the contents of the Mental Health Challenge. David Smith from The Retreat will be in attendance to present the report.

6. A & E Winter Pressures Money (Pages 25 - 28)

The purpose of this report is to provide an update on the use of additional money to fund schemes which will support health and social care to address winter pressures. Rachel Potts, Chief Operating Officer, NHS Vale of York Clinical Commissioning Group (CCG) will present the report.

7. Joint Strategic Needs Assessment- Progress Update (Pages 29 - 36)

This report presents an update on progress made for the Joint Strategic Needs Assessment (JSNA) 2013-14 for the Health and Wellbeing Board (HWBB).

8. Clinical Commissioning Group Strategic and Operational Planning Update (Pages 37 - 42)

The purpose of this report is to provide an update on the NHS Vale of York Clinical Commissioning Group's (CCG) strategic planning process and highlight emerging themes for further consideration. Dr Mark Hayes, Chief Clinical Officer, NHS Vale of York CCG will present the report.

9. Older People and People with Long Term Conditions Partnership Board (Pages 43 - 56)

This report asks members of the Health and Wellbeing Board to agree the Constitution, Terms of Reference and Membership for the Older People and People with Long Term Conditions Partnership Board (OPPLTC PB). It also asks the Board to consider an item escalated to them by the OPPLTC PB around the delay in setting up of the Health Inequalities Partnership Board.

10. Autism Self Assessment Framework Return Summary (Pages 57 - 96)

The Minister for Health, Norman Lamb, wrote to Directors of Public Health earlier this year to request that all self-assessment returns for autism were discussed at the relevant Health and Wellbeing Boards. Members of the Health and Wellbeing Board are asked to note the second self-assessment submission by the Council and its partners for the implementation of the Autism Strategy

11. Local Government Declaration on Tobacco Control (Pages 97 - 102)

This report asks the members of the Health and Wellbeing Board to note that City of York Council have signed up to the Local Government Declaration on Tobacco Control, and to consider whether they wish to endorse the Declaration's aims on behalf of all organisations engaged in tobacco control across the City.

12. Progress Report-Section 136 Place of Safety (Pages 103 - 108)

This report asks the members of the Health and Wellbeing Board to note and make comment on the progress made on providing a Place of Safety for York and North Yorkshire.

13. Any Other Business

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

Democracy Officer:

Name- Judith Betts
Telephone No. – 01904 551078
E-mail- judith.betts@york.gov.uk

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

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

Contact details are set out above.

Agenda Annex

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If you would, you will need to:

- register by contacting the Democracy Officer (whose name and contact details can be found on the agenda for the meeting) **no later than** 5.00 pm on the last working day before the meeting;
- ensure that what you want to say speak relates to an item of business on the agenda or an issue which the committee has power to consider (speak to the Democracy Officer for advice on this);
- find out about the rules for public speaking from the Democracy Officer.

A leaflet on public participation is available on the Council's website or from Democratic Services by telephoning York (01904) 551088

Further information about what's being discussed at this meeting
All the reports which Members will be considering are available for viewing online on the Council's website. Alternatively, copies of individual reports or the full agenda are available from Democratic Services. Contact the Democracy Officer whose name and contact details are given on the agenda for the meeting. **Please note a small charge may be made for full copies of the agenda requested to cover administration costs.**

Access Arrangements
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If you have any further access requirements such as parking close-by or a sign language interpreter then please let us know. Contact the Democracy Officer whose name and contact details are given on the order of business for the meeting.

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Holding the Cabinet to Account

The majority of councillors are not appointed to the Cabinet (39 out of 47). Any 3 non-Cabinet councillors can 'call-in' an item of business following a Cabinet meeting or publication of a Cabinet Member decision. A specially convened Corporate and Scrutiny Management Committee (CSMC) will then make its recommendations to the next scheduled Cabinet meeting, where a final decision on the 'called-in' business will be made.

Scrutiny Committees

The purpose of all scrutiny and ad-hoc scrutiny committees appointed by the Council is to:

- Monitor the performance and effectiveness of services;
- Review existing policies and assist in the development of new ones, as necessary; and
- Monitor best value continuous service improvement plans

Who Gets Agenda and Reports for our Meetings?

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- Relevant Council Officers get copies of relevant agenda and reports for the committees which they report to;
- York Explore Library and the Press receive copies of **all** public agenda/reports;
- All public agenda/reports can also be accessed online at other public libraries using this link http://democracy.york.gov.uk/ieDocHome.aspx?bcr=1

Agenda Item 2

Health & Wellbeing Board
Declarations of Interest

Cllr. Tracey Simpson-Laing, Deputy Leader of City of York Council

- Member of Unison
- Safeguarding Adult Board, CYC – Member
- Peaseholme Board – Member
- Governor of Carr Infant School

Kersten England, Chief Executive of City of York Council

My husband, Richard Wells, is currently undertaking leadership coaching and development work with consultants in the NHS, including Yorkshire and the Humber, as an associate of Phoenix Consulting. He is also the director of a Social Enterprise, 'Creating Space 4 You', which works with volunteer organisations in York and North Yorkshire.

Patrick Crowley, Chief Executive of York Hospital

None to declare

Dr. Mark Hayes, (Chair, Vale of York Clinical Commissioning Group)

GP for one day a week in Tadcaster.

Rachel Potts, (Chief Operating Officer, Vale of York Clinical Commissioning Group)

None to declare

Garry Jones, Chief Executive York Council for Voluntary Service

As the Council for Voluntary Service has the contract to run York Health Watch

Chris Butler, Chief Executive of Leeds and York Partnership NHS Foundation Trust

None to declare

Mike Padgham, Chair Council of Independent Care Group

- Managing Director of St Cecilia's Care Services Ltd.
- Chair of Independent Care Group
- Chair of United Kingdom Home Care Association
- Commercial Director of Spirit Care Ltd.
- Director of Care Comm LLP

Siân Balsom, Manager Health Watch York

- Vice Chair of Scarborough and Ryedale Carer's Resource
- Shareholder in the Golden Ball Community Co-operative Pub

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City of York Council	Committee Minutes
Meeting	Health and Wellbeing Board
Date	2 October 2013
Present	Councillors Simpson-Laing (Chair), Looker, and Healey, Dr Paul Edmondson-Jones (Deputy Chief Executive and Director of Public Health and Wellbeing, City of York Council), Kevin Hall (Interim Director of Children's Services, Education & Skills, City of York Council) Siân Balsom (Manager, Health Watch York), Rachel Potts (Chief Operating Officer, Vale of York Clinical Commissioning Group), Chris Butler (Chief Executive, Leeds and York Partnership NHS Foundation Trust), Mike Proctor (Deputy Chief Executive, York Teaching Hospital NHS Foundation Trust) (Substitute for Patrick Crowley), Tim Madgwick (North Yorkshire Police) (Substitute for Dave Jones), Catherine Surtees (York Council for Voluntary Service (CVS)), Mike Padgham (Chair, Independent Care Group)
Apologies	Kersten England (Chief Executive, City of York Council), Chris Long (Local Area Team Director for Yorkshire and the Humber, NHS Commissioning Board),

Patrick Crowley (Chief Executive, York Teaching Hospital NHS Foundation Trust),

Garry Jones (Chief Executive, York Council for Voluntary Service (CVS))

Dave Jones (Chief Constable, North Yorkshire Police)

Mark Hayes (Chair, Vale of York Clinical Commissioning Group)

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12. Declarations of Interest

Board Members were invited to declare any personal, prejudicial or disclosable pecuniary interests, other than their standing interests attached to the agenda, that they might have had in the business on the agenda.

No interests were declared.

13. Minutes

Resolved: That the minutes of the Health and Wellbeing Board held on 10 July 2013 be signed and approved by the Chair as a correct record subject to the following corrections and amendments;

- Attendance List- Siân Balsom is Manager of *Healthwatch York* not York HealthWatch.
- Minute Item 10 (Anti Poverty Update): Delete "One Board Member" and replace it with *Councillor Healey*
- Delete "the bottom percentile of the population" and replace it with the bottom *quartile* of the population.

14. Public Participation

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

15. Progress Report - Section 136 Place of Safety

Board Members received a report which asked them to note and make comments on the progress made on providing a Place of Safety for York and North Yorkshire.

Concerns were raised regarding the speed of the completion of the work on site. The Board wished to receive a definite date for completion of building works and the date for the opening of the suite at Bootham Park Hospital.

The Chair stated that concerns had been expressed by both the Home Office and Department of Health about the lack of an appropriate facility in York and North Yorkshire and about the apparent delay in establishing one.

Further questions were asked about what processes needed to be carried out before the Place of Safety could open.

It was noted that Leeds and York Partnership NHS Foundation Trust needed to confirm their requirements before a planning application was submitted. The Clinical Commissioning Group and regional Foundation Trust also needed to sign off the final specifications for building work and planning permission needed to be granted before building works could commence. The Chair asked that the relevant people involved in the development of the Place of Safety share all information about the completion date.

It was reported that if NHS Property Services agreed that works could proceed at risk then everything would be completed by the start of November. If not, the completion date would be 10 January 2014. The Chair asked that the Board receive a letter from NHS Property Services confirming that all relevant and necessary information had been shared and giving the date of opening.

NHS Property Services agreed to provide such a letter within 7 days. The Chair stated that failure to send that letter or failure to comply with the latest stated opening date of 10 January 2014 would necessitate a letter from her to the Home Secretary highlighting the delays caused by the NHS organisations.

Resolved: (i) That the report and associated annex and the progress made be noted.

(ii) That all partners involved in the development of the Place of Safety suite from Bootham Park hospital share information on the completion andexpected opening date.

(iii) That a confirmation letter from NHS Property Services be received by the Board, informing them of shared information between all involved parties and confirmation and details of the Place of Safety suite's opening date.

Reason: In order to inform the Health and Wellbeing Board of progress made towards providing a Place of Safety for York and North Yorkshire.

16. Integrating Health & Social Care - Integration Transformation Fund

Board Members received a report which set out current government policy and direction on the move towards Integrated Health and Social Care and the creation of the Integrated Transformation Fund.

Discussion took place on the Integrated Transformation Fund, it was emphasised that half of this fund was from money already committed to local services, and that the other half would be new money.

It was noted that the geographic area covered by Vale of York Clinical Commissioning Group would receive approximately £12 million out of the fund, to spend on the entire area rather than just on York. Therefore further detailed work needed to be carried out on how this money would be distributed in the city. It was strongly felt that all partners on the Health and Wellbeing Board should be involved in this work.

Further discussion took place about the implications of the funding towards the pattern and shape of acute services. Some Board Members felt the fund would not resolve issues in the long term and that it was particularly important to take this message to government.

Therefore it was very important to tell the local population that the services in health and social care in York which they would have expected to be provided in the past might change.

Resolved: (i) That the report be noted.

(ii) That the national direction of travel towards health and social care integration with the creation of Integrated Pioneers and the establishment of the Integrated Transformation Fund be noted.

(iii) That the creation of the Collaborative Transformation Board which will oversee the creation of the Integration Plan for the Vale of York CCG footprint working alongside the Integrated Commissioning Board for NYCC area be endorsed.

(iv) That the timetable for preparing the Integration Plan be noted.

(v) That the final Plan be brought to the Health and Wellbeing Board for initial approval on 29 January 2014 and then for final approval on 2 April 2014.

Reason: To ensure that Health and Wellbeing Board has full and formal ownership of the Integrated Plan and use of the Integrated Transformation Fund.

17. Accident and Emergency Winter Money

Board Members received a report which presented them with information about some additional monies to support hospitals through winter.

Rachel Potts, the Chief Operating Officer at the Vale of York Clinical Commissioning Group and Mike Proctor from York Teaching Hospital NHS Foundation Trust gave a verbal update at the meeting. In their update they stated that;

- It was unclear about what the monies would be specifically used for and what performance targets would be needed to deliver services using these funds.

- That hospitals should be looking ahead to next winter and about which models should be tested.

- That hospitals in York were not 'sustaining national standards' but had been overwhelmed by the numbers of patients in Accident and Emergency (A&E) during the winter months and so still needed to 'achieve national standards'.

Board Members felt that the general issues around pressures on services during winter were well known but due to new arrangements in NHS, a whole system approach was essential to serving the local population. For example the commissioning of services for alcohol during this winter would have an effect on the next year. It was felt that drive in demand for alcohol services should be examined by the Board at a later date.

Further discussion took place in which Board Members expressed concerns that the reasons for why people were automatically using A & E were not being examined. Others asked whether admissions for trips and falls (which increased during winter months) could be correlated to figures for gritting of roads and pavements. They requested that further information could be given to the Board at a future meeting, alongside a general update on the monies for A & E.

Resolved: (i) That the report be noted.

(ii) That a further update be provided to the Board on the A & E Winter Money at their next meeting.

Reason: To keep the Board up to date with winter funding allocations.

18. The Independent Care Sector's Response to the Francis Report

Board Members received a report which asked them to consider the Independent Care Sector's response to the Francis Report.

The report was presented alongside a Powerpoint presentation by Mike Padgham, the Chair of the Independent Care Group. Slides from the presentation were attached to the agenda, which was subsequently republished following the meeting.

During his presentation, Mike told the Board that;

- By 2025 an extra 60,000 people would need to be recruited to deliver social care.
- All nurses that delivered social care (not just within the NHS) needed a stronger voice.
- A wider culture of change was needed in social care to avoid a situation like Mid Staffordshire occurring again.
- That providers of social care needed to be open with one another, in that experiences and challenges faced by different providers were not always similar.
- That the Independent Care Sector appreciated feedback from all partners on the Board.
- That providers of social care could do more to prevent early hospital admissions.
- That pay and remuneration of people in the front line of social care needed to be standardised, for instance should there be a national minimum wage for social care work?
- If there was more stability in social care, it would cost less.

Discussion following the presentation focused around poor pay for those in social care work and how this affected recruitment and staff morale and personal development.

Resolved: That the report on the independent care sector's response to the Francis Report be noted.

Reason: To keep the Board appraised of ongoing work in the city around implanting the recommendations contained within the Francis Report.

19. Joint Strategic Needs Assessment (JSNA) - Progress Update

Board Members received a report which presented them with information on progress against refreshing the Joint Strategic Needs Assessment (JSNA).

It was noted that all partners involved in refreshing the JSNA needed to take into consideration previous and current work on this, and to work within the parameters set by the Health and Wellbeing Board and associated Partnership Boards.

Board Members were also informed that although the JSNA was solely for the City of York, that they also had a responsibility for co-ordinating and sharing information on population in other areas within the Vale of York Clinical Commissioning Group's geographic area. It was felt that this could be challenging.

Resolved: (i) That the report be noted.

(ii) That all partners of the Health and Wellbeing Board commit the relevant resources to support the deep dive work where there is specifically related to their own commissioner or provider responsibilities e.g. (health care, CCG and social services, local authority).

Reason: To keep the Board appraised of ongoing work to update the Joint Strategic Needs Assessment.

20. Mental Health and Learning Disabilities Partnership Board - Terms of Reference and Appointments to the Board

Board Members received a report which asked them to agree to the Constitution, Terms of Reference and Membership for the Mental Health and Learning Disabilities Partnership Board.

The Board were informed that as the Chair of the Mental Health and Learning Disabilities Partnership Board (Doctor Cath Snape) had now left her position at the Vale of York Clinical Commissioning Group (VOYCCG), a new Chair was needed.

Rachel Potts reported that although the CCG were willing to continue to provide the Chair for the Board, that the position would be filled by a Chief Officer or Nurse.

Discussion took place on Mental Health Transitions. It was reported that the Government now saw Children's Mental Health as going up to the age of 25. Some Board Members felt information on the challenges of transition between child and adult Mental Health Care needed to be looked at by the Board.

Members agreed the Terms of Reference but asked that it was made explicit within them that this Board's responsibility was around Adult Mental Health. YorOK Board would continue to take the lead on Children's Mental Health, however in terms of transitions (age 18-25) there may be times when both Boards needed to work together.

Some Board Members felt that there was very little contained within the Board's Action Plan for those with Learning Disabilities.

All Board Members thanked Doctor Snape for her excellent work as Chair of the Mental Health and Learning Disabilities Board. The CCG agreed that it would provide the new Chair of the Partnership Board and the Chair underlined the need for the new Chair to have relevant clinical knowledge of Mental Health and Learning Disabilities.

Resolved: (i) That the report be noted.

(ii) That the Mental Health and Learning Disabilities Partnership Board be formally established.

(iii) That the Constitution/Terms of Reference and Partnership Board's membership be approved. In addition, the Board's responsibility for Adult Mental Health also be made explicit within the Terms of Reference. [1]

(iv) That the Vale of York Clinical continue to chair the Mental Health and Learning Disabilities Partnership Board.

Reason: To finalise the arrangements for setting up this Partnership Board.

Action Required

1. That the Partnership Board's Terms of Reference be amended. TW

21. Any Other Business

The Chair informed the Board that she had been asked by the Chief Executive of York MIND for all the partners involved in the Health and Wellbeing Board to sign up to MIND's Mental Health Challenge Charter.

As a result of this she had invited the Chief Executive, David Smith and a colleague to the next meeting of the Board where the Board would formally sign up to the Challenge.

She felt that the profile of Mental Health needed to be more visible to all those involved in Health and Wellbeing in York.

Councillor T Simpson-Laing, Chair
[The meeting started at 4.40 pm and finished at 6.25 pm].

Glossary of terms found in Agenda Reports

Health and Wellbeing Board 4 December 2013

ASC	Autistic Spectrum Condition
ASD	Autistic Spectrum Disorder
CCG	Clinical Commissioning Group
CSU	Commissioning Support Unit
CYC	City of York Council
DAAT	Drug and Alcohol Action Team
DWP	Department for Work and Pensions
GMP	Guaranteed Maximum Price
HBPOS	Health Based Place of Safety
HWBB	Health and Wellbeing Board
ICG	Independent Care Group
ICT	Information and Communications Technology
JSNA	Joint Strategic Needs Assessment
LYPFT	Leeds and York Partnership Foundation Trust
NHSPS	National Health Service Property Services
OPPLTC PB	Older People and People with Long Term Conditions Partnership Board
PAG	Poverty Action Group
PHE	Public Health England
SCIE	Social Care Institute for Excellence
TBC	To be confirmed
VOY	Vale of York
YOPA	York Older People's Assembly

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Health and Wellbeing Board **4 December 2013**

Report of the Deputy Chief Executive and Director of Health & Wellbeing, Dr Paul Edmondson-Jones

The Mental Health Challenge

Summary

1. This report asks the Members of the Health and Wellbeing Board to note the contents of the Mental Health Challenge. David Smith from The Retreat will be in attendance to present the report.

Background

2. City of York Council has agreed to sign up to the national Mental Health Challenge, which asks local authorities to promote mental health via the following ten pledges:

1) Appoint an elected member as 'mental health champion' across the council
2) Identify a lead officer for mental health to link in with colleagues across the council
3) Follow the implementation framework for the mental health strategy where it is relevant to the council's work and local needs
4) Work to reduce inequalities in mental health in our community
5) Work with the NHS to integrate health and social care support
6) Promote wellbeing and initiate and support action on public mental health for example through our joint health and wellbeing strategy
7) Tackle discrimination on the grounds of mental health in our community

8) Encourage positive mental health in our schools, colleges and workplaces

9) Proactively engage and listen to people of all ages and backgrounds about what they need for better mental health

10) Sign up to the Time to Change pledge.

CYC does not appoint specific member champions in this way, but intends that the Health and Wellbeing Board members collectively undertake to further the actions contained in the Mental Health Challenge.

Further information on the aims of the Challenge are detailed in Annex A, No Health Without Mental Health – a Guide for Health and Wellbeing Boards.

Consultation

3. Not applicable.

Options

4. There are no specific options for board members to consider.

Analysis

5. Not applicable.

Council Plan 2011-15

6. This report is directly linked to the Council Plan 2011-15 priority entitled “Protect vulnerable people”.

Implications

7. **Financial** – The financial implications have yet to be quantified but will take place as part of the wider integration of health and social care.

- **Equalities** – The attached report is intended to promote equalities, with positive effects if the pledge is adhered to.
- **Other –** There are no other known implications

Risk Management

8. In compliance with the Council's risk management strategy there are no known risks associated with the recommendations within this report.

Recommendations

9. Members of the Health and Wellbeing Board are asked to consider the ten points of the Mental Health Challenge and work with City of York to reduce inequalities in mental health across the city.

Reason: To promote equality in mental health.

Contact Details

Author:	**Chief Officer Responsible for the report:**
Helena Nowell Strategy & Development Officer 01904 551746	Dr. Paul Edmondson-Jones Deputy Chief Executive and Director of Health & Wellbeing 01904 551993

Report Approved	√	**Date**	25 November 2013

Specialist Implications Officer(s) None.

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

For further information please contact the author of the report

Background Papers:
None

Annexes
Annex A – No Health without Mental Health – a Guide for Health and Wellbeing Boards

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No Health Without Mental Health: a guide for Health and Wellbeing Boards

Mental health problems account for almost one quarter of ill health in the UK and their prevalence is rising, with the World Health Organisation predicting that depression will be the second most common health condition worldwide by 2020. Poor mental health affects people of all ages yet with effective promotion, prevention and early intervention its impact can be reduced dramatically.

Following the publication of the implementation framework for the Government's mental health strategy, this briefing sets out the crucial role Health and Wellbeing Boards can play in improving the mental health of everyone in their communities and in enhancing the support offered to some of the most vulnerable and excluded members of society, to deliver duties enshrined in the Health and Social Care Act and relevant Outcomes Frameworks. These actions will help deliver the Government's commitment to ensuring 'parity of esteem' between physical and mental health across the full range of health, social care and other local services.

This is one of a series of briefings produced on behalf of the Mental Health Strategic Partnership with funding from the Department of Health

What can Health and Wellbeing boards do?

The recommendations below build on the Implementation Framework's key actions for Health and Wellbeing Boards:

- **Ensure local mental health needs are properly assessed and are given appropriate weight in comparison with physical health needs:** A robust JSNA (Joint Strategic Needs Assesment) process will ensure mental health needs, for people of all ages and including vulnerable, excluded and seldom heard groups, are thoroughly assessed – building on existing information and data. This will include links between mental and physical health and implications for families and carers.

- **Consider how to ensure mental health receives priority equal to physical health.** This could include appointing a named board member as a lead for mental health, consulting mental health organisations and professionals as part of their work and ensuring the JHWS has a clear focus on mental health.

- **Bring together local partnerships to improve mental health and enhance life chances:** Pooled and community budgets offer a means for achieving this.

- **Involve people in all aspects of development of JSNAs and Joint Health and Wellbeing**

Strategy (JHWSs): This includes pro-active and meaningful involvement of the most vulnerable and excluded groups, who often have the highest levels of mental health need, as well as people who use mental health services, their families and carers. Local independent, voluntary, community and user- and carer-led organisations have significant knowledge of local mental health needs and assets as well as expertise in involving people in these processes.

- **Consider the mental health impact of services and initiatives beyond health and social care, such as housing and employment:** Gaining input from organisations outside the health and care system is particularly important in relation to mental health. This approach supports the Government's approach to tackling multiple disadvantage outlined in Social Justice: transforming lives, published in March 2012, and is in line with evidence about the wider determinants of mental health problems.

Facts and figures

At any one time, at least one person in six is experiencing a mental health condition (McManus et al.,2009). Depression and anxiety affect about half of the adult population at some point in their lives.

Mental health conditions account for 23% of the burden of disease but just 13% of NHS spending. Three-quarters of people affected never receive any treatment for their mental health condition (LSE, 2012).

Mental ill health costs some £105 billion each year in England alone. This includes £21bn in health and social care costs and £29bn in losses to business (Centre for Mental Health, 2010).

Half of all lifetime mental health problems emerge before the age of 14 (Kim-Cohen *et al.,* 2003; Kessler *et al,* 2005).

*People with a severe mental illness die up to 20 years younger than their peers in the U*K (Chang *et al.,* 2011; Brown *et al.,* 2010). The mortality rate among people with a severe mental illness aged 18-74 is three times higher than that of the general population (HSCIC, 2012).

People with mental health conditions consume 42% of all tobacco in England (McManus *et al.*, 2010). The single largest cause of increased levels of physical illness and reduced life expectancy is higher levels of smoking (Brown *et al.*, 2010).

Objectives from the strategy

The Government's mental health strategy for England, No Health Without Mental Health, set out six key objectives for better mental health and improved mental health care. It can be found at www.dh.gov.uk/en/Healthcare/Mentalhealth/MentalHealthStrategy/index.htm.

The six objectives are:

More people will have good mental health

More people of all ages and backgrounds will have better wellbeing and good mental health. Fewer people will develop mental health problems – by starting well, developing well, working well, living well and ageing well.

More people with mental health problems will recover

More people who develop mental health problems will have a good quality of life – greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, the skills they need for living and working, improved chances in education, better employment rates and a suitable and stable place to live.

More people with mental health problems will have good physical health

Fewer people with mental health problems will die prematurely, and more people with physical ill health will have better mental health.

More people will have a positive experience of care and support

Care and support, wherever it takes place, should offer access to timely, evidence-based interventions and approaches that give people the greatest choice and control over their own lives, in the least restrictive environment, and should ensure that people's human rights are protected.

Fewer people will suffer avoidable harm

People receiving care and support should have confidence that the services they use are of the highest quality and at least as safe as any other public service.

Fewer people will experience stigma and discrimination

Public understanding of mental health will improve and, as a result, negative attitudes and behaviours to people with mental health problems will decrease.

Embedding mental health in Joint Health and Wellbeing Strategies

By leading on the development of Joint Strategic Needs Assessments and joint health and wellbeing strategies, Health and Wellbeing Boards can set priorities for a range of local services.

Mental health and wellbeing are intimately linked with a range of other issues. For example:

- Behavioural problems in childhood and school exclusions are strongly related to later offending, poverty and family breakdown.
- Insecure housing among young people dramatically increases the risk of a range of mental health problems, while poor mental health is commonplace among those who are homeless.
- Smoking rates among people with mental health conditions are extremely high.

Action to improve physical health in a locality will thus be markedly less effective unless the mental health dimensions of poor overall health are addressed as part and parcel of this process.

Promotion, prevention and early intervention

From early infancy to old age, the sooner a mental health difficulty is spotted the better. Mental health problems often first emerge in childhood and persist into adult life without effective intervention. Yet they can be managed and prevented through cost-effective interventions such as parenting support, anti-bullying initiatives in schools and brief alcohol screening and advice in general practice.

Health and Wellbeing Boards will be well placed to encourage local commissioners to shift investment to support promotion, prevention and early intervention. By taking an 'asset-based approach' (Local Government Group, 2011) to their communities, HWBs can support local groups that are well placed to promote positive mental health.

This is particularly important for some Black and minority ethnic communities, whose experiences of health services have been poor, as they are over-represented in secondary care services and experience higher levels of detention and compulsion.

East Riding of Yorkshire shadow HWB has identified children's emotional health and wellbeing as one of three priorities for its joint health and wellbeing strategy. It has agreed to work alongside the local children's trust to determine how to focus its resources in this area.

Joining services together

The Local Government Group (2011) says that "HWBs offer the opportunity for system-wide leadership to improve both health outcomes and health and care services... by promoting joint commissioning and integrated delivery."

Many people with mental health conditions need support from a range of different agencies. Too often they duplicate efforts, work at cross purposes or create gaps that place vulnerable people at risk. Pulling the efforts of different agencies together will both improve the support people receive and save public money. Health and Wellbeing Boards are ideally placed to act as 'glue' for local services.

For example, at least 75% of drug and alcohol service users have a mental health condition and more than 40% of mental health service users have a substance misuse problem (Weaver et al 2002). And 30% of people with a long-term physical illness also have a mental health condition; this 'co-morbidity' dramatically worsens their physical health and increases their mortality rate.

Yet people with multiple needs rarely receive integrated care, often at high cost to themselves, their families and their communities. Joint commissioning of support to this group, led by the HWB, could radically improve their care as well as

achieving better value for money in both public health and NHS budgets.

Birmingham's Shadow HWB aims to oversee existing local joint commissioning (including a £315 million pooled mental health and learning disability budget) and to identify opportunities for new pooled budget arrangements – for example for children's services. The Board has visited a range of community organisations to establish links between them, developed a social media presence and set up a neighbourhood HWB in one locality.

A pilot scheme in Cambridgeshire to coordinate support for people facing multiple needs and exclusions improved wellbeing and reduced the cost to the criminal justice system in its first year, more than offsetting the cost of the extra support that was provided (Battrick et al., 2012).

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Health and Wellbeing Board **4 December 2013**

Report of the Deputy Chief Executive and Director of Health & Wellbeing, Dr Paul Edmondson-Jones

A & E Winter Pressures Money

Summary

1. The purpose of this report is to provide an update on the use of additional money to fund schemes which will support health and social care to address winter pressures. Rachel Potts, Chief Operating Officer, NHS Vale of York Clinical Commissioning Group (CCG) will present the report.

Background

2. Initial information on the Winter Pressures funding was given verbally at a previous meeting of the Health and Wellbeing Board, but further detail on expenditure to date was requested by the Board.

Update

3. The Department of Health has allocated additional funding for this year, to support reducing pressure on A&E services, for example by providing additional services in the community. The allocation for Vale of York was £1.4m, and a variety of schemes are currently being supported. For further details see Annex A.

Options

4. Members of the Board are asked to note the progress made across all agencies, as set out in Annex A.

Analysis

5. Not applicable.

Council Plan

6. This update contributes towards the Council Plan priority "Protecting vulnerable people".

Implications

7. There are no known implications.

Risk Management

8. There are no known risks of noting this report.

Recommendation

9. Board Members are asked to note:

   Note the paper and recommendation

   Reason: To co-ordinate work across partners

Contact Details

Author:	**Chief Officer Responsible for the report:**
Helena Nowell Strategy & Development Officer Tel: 01904 551746	Dr Paul Edmondson-Jones Deputy Chief Executive and Director of Health and Wellbeing Tel: 01904 551993

Report Approved	√	**Date**	25 November 2013

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

For further information please contact the author of the report

Background Papers:

None

Annexes

Annex A – Clinical Commissioning Group Strategic and Operational Update-Annex Author: Becky Case, Senior Innovation and Improvement Manager, NHS Vale of York CCG

Prioritisation o. Winter Pressures Money 2013-14

Health and Wellbeing Board, CoY December 2013

Purpose of the paper

This paper is to provide the Health and Wellbeing Board with an update on plans to utilise the 2013/14 winter pressures allocation.

Background

An Urgent Care Board has been established with partners with the primary aim of working across health and social care systems to support urgent care delivery. Representation includes CCG's, Local Authorities, Providers, Ambulance Service and the Voluntary Sector. This group has been meeting to consider how the system works together and latterly has been discussing the use of recently allocated funds to support winter pressures in our locality.

A variety of proposals have been submitted by partners with the primary aim of using the whole health and social care system to manage increased demand over winter. This recognises the interdependencies across the whole system and the role that all partners have in addressing winter pressures in health and social care.

The key objective is to manage and maintain patients with high care needs in their own home where clinically appropriate. The working group also recognised the role of all partners in trying to reduce attendance at the Emergency Department and schemes which will help to do this have been prioritised.

This will be achieved by;

1. Supporting people in the community wherever possible and therefore preventing attendance at hospital
2. Managing patients quicker within the Emergency Department using available skills and expertise in health and social care appropriately and effectively
3. Providing enhanced resource into the Emergency Department at York Hospital
4. Reduction of admissions into emergency health and social care beds
5. Supported earlier discharge of patients out of hospital

Prioritisation Criteria

- Good patient experience – evidence base from similar initiatives?
- Clinical effectiveness – does this proposal meet with clinical standards?
- Equity of access – does this address health inequalities?
- Acceptable and safe for patients?
- Are timescales from mobilisation through to project delivery clear and practicable?
- Sustainability – including understanding social/economic/environmental impacts?
- Does it support local/national priorities
- Complexity and partnerships – is this initiative working across the stakeholders?
- How long will it take the service to start?
- Benefit type – consider as a trial/potential to expand recurrently?

The Allocation

NHS England set out clear parameters for the use of winter pressures money, with a clear mandate to focus on schemes which supported out of hospital care. The guidance also recognised the need to enhance the provision of equipment, and to support local hospitals in achieving their four hour emergency department targets. £1.4M was allocated to Vale of York CCG to support this work. The funding has been allocated against the following areas:

1. Pre-hospital Care – Enhanced 24/7 rapid access and response (69%)
2. ED Flow (7.5%)
3. Additional equipment and associated costs (23.5%)

The table below details the funding which was agreed by the Urgent Care Working Group on 24 October 2013.

Pre-hospital attendance and admission avoidance	Community Single Point of Access to streamline referrals into services Phlebotomy Services – provision of a community service to free up community nursing capacity to support more complex patients. Hospice/End of life care – extension of resource to support end of life care End of life Practitioners – as above
Emergency Department Flow	Consultant/doctor hours – additional resource to support an increase in medical staffing in the emergency department Extended Nurse Practitioners– additional resource within the emergency department Rapid Access and Treatment Team early evening Social work posts – to prevent unnecessary admissions to hospital and support rapid discharge from the emergency department
Supported Discharge	Equipment – additional equipment to facilitate discharge and support individuals safely at home. ArcLight Link Worker – to support work with homeless individuals attending the emergency department Block purchase Step Down Beds Spot purchase Step Down Beds – additional bed capacity Emergency Care Practitioners/Paramedic Practitioners – to see and treat individuals at the scene or at home and prevent unnecessary conveyance to the emergency department where appropriate to do so.

The Urgent Care Working Group will continue to bring partners together to review progress in implementation and effectiveness of the schemes in supporting the health and social care system through the winter period.

Next steps

Proposals have been agreed and schemes are now in the process of being implemented. The next meeting of the Urgent Care Working Group on 28th November will review progress to date. Future meetings will assess the impact of the schemes over the coming months.

The Health and Well Being Board is asked to note the progress made across all agencies.

Health and Wellbeing Board **4th December 2013**

Report of the Deputy Chief Executive and Director of Health & Wellbeing, Dr Paul Edmondson-Jones

Joint Strategic Needs Assessment – Progress Update

Summary

1. This report presents an update on progress made for the Joint Strategic Needs Assessment (JSNA) 2013-14 for the Health and Wellbeing Board (HWBB).

2. The Board are asked to note the update contained within this report and the issues raised in delivering the sequential 'reports' for the JSNA

2.1 The JSNA refresh

- The 'light touch' JSNA refresh prior to development of the full web based JSNA.

2.2 The five JSNA 'Deep Dives'

- Mental Health and Social Care
- Frail Elderly
- Children and Young People
- Poverty and Inequalities
- Gypsy/ Roma/Traveller

3. There are also issues around capacity and resources in delivering the work on both the JSNA refresh and the 'deep dive work'.

4. The Health and Wellbeing Board are asked to note work undertaken to date and to give direction on how it wishes progress to be made where clarification is required.

Background

5. Under the Health & Social Care Act 2012 the production of a JSNA is a joint responsibility for local authorities and Clinical Commissioning Groups (CCGs). The York Health and Wellbeing Board (HWBB) has set up a process for completion of the JSNA. This report provides an update against the broad objectives of a 'light touch refresh' of the JSNA and completion of 'deep dives' in 5 key areas as identified by the HWBB.

Work undertaken to date

JSNA Refresh

6. It is expected that refresh of the current JSNA will be complete by the end of this calendar year.

7. The current JSNA under Section 1: 'Population Structure & Projections'; Section 2: 'Social and Place Wellbeing in York' are currently being reviewed by JSNA Steering Group members for approval. Draft Section 3: 'Lifestyles in York' will be brought to the next JSNA Steering Group for consideration.

8. Whilst progress is being made, there are a number of capacity and resource limiting factors that are hindering the process.

- There is insufficient dedicated capacity to deliver the JSNA refresh in a comprehensive and timely manner because of competing priorities and lack of dedicated support.
- The resources and capacity identified within the CYC Public Health team include leadership from the Consultant in Public Health, and support from the merged DAAT team data intelligence officer and programme manager whose roles also include support to the wider public health team as well as their substantive roles in the council.
- The wider council business intelligence and data analyst functions supporting other directorates have reviewed their previous submissions for the JSNA 2012 and this information will be transformed into the refreshed JSNA.
- There is a lack of clearly identified dedicated resource from CYC and the CCG, from its own business intelligence function or from within the Commissioning Support Unit (CSU), to support the JSNA.

- A business case proposal is being submitted to request additional data and information analyst support within the Public Health team.
- There have also been issues with regard to Public Health team access to certain restricted public health datasets. This is in the main resolved.

JSNA Website

9. The CYC ICT department have agreed to develop a website to host the JSNA with a deadline of March 31st 2014. Testing of the site is planned to start towards the end of January / beginning of February 2014. It is suggested that Healthwatch York are engaged to support the testing process with volunteers and members. An overview of key milestones for completion of JSNA website is:

- Scoping exercise to be completed by mid January
- Content architecture sign off by end of January
- Wireframes completion during early February
- Content management build by mid-Feb (this is the point at which content can be added)
- Early functional build by late February – testing can begin
- Finalise functional build by mid-March
- Completion by end March

10. The site is being designed to require a minimal amount of maintenance by making use of links to external sites, data sets and other web based content. The Board is however asked to note that there will need to be some ongoing capacity identified to maintain the content of the website.

11. The move towards a web based JSNA requires a different approach to that of writing a paper based document. Until the website is designed and tested it is difficult to populate the necessary front facing web pages and linked resources in the new format.

JSNA Steering Group

12. The timescale for the production of the five 'deep dives' is for April 2014. The JSNA Steering Group has been established from member organisations of the HWBB and wider stakeholders. The Steering Group are undertaking the following:

- Project Plan and scheduled programme to deliver the JSNA refresh
- Project Plan and scheduled programme to deliver the five Deep Dives
- Understanding the resource requirement for managing the JSNA process, public health and business intelligence, website design and content and future update requirements to support JSNA work

Deep Dive work

Mental Health 'deep dive'

13. A mental health JSNA Project Group has agreed to undertake the first of two sequential mental health deep dives concentrating firstly on mental health and social care issues and subsequently wider determinants of mental wellbeing including recovery, resilience and mental health promotion.

14. The prioritisation of 'care and services' in the first mental health deep dive includes the benchmarking of mental health quality and outcomes as areas for improvement in York. This work will include detailed analysis and will:

    'Contrast/benchmark provision and model what is good and what not so good in current provision and how could this change to improve outcomes/patient experience and re-invest in other areas'.

15. It has been agreed that the resources for this deep dive will include the CYC Public Health team (identified above) as well as dedicated resources in Public Health England (PHE) commissioned by CCG through CSU. Wider stakeholders in this work include the voluntary sector forums and other mental health providers. There is engagement from both the Mental Health and Acute Trust and conversations have started regarding how the trusts will provide the necessary capacity to support the work.

Older People

16. The Frail/Elderly JSNA Project Group has met to scope work for the Deep Dive around the broad area of frailty.

17. There are capacity challenges in supporting this 'deep dive' within the Public Health team.

Links have been made with the CCG, PHE, the Acute Trust and voluntary sector forum as well as initial discussions with the existing End of Life Strategy Group.

Young People

18. At the November YorOK Board it was agreed that the focus will be a benchmarking exercise against a broad range of health and wellbeing indicators to identify areas of potential strength and concern. This will utilise PHEs JSNA Navigator toolkit and will contribute significantly to the ongoing development and improvement of the children's element of our JSNA.

19. A YorOK task and finish group (Children's Trust Unit) has offered to coordinate this JSNA 'deep dive'. Progress updates and discussion will be tabled at the YorOK Board in January / March 2014 with the web version completed by April.

20. This approach will provide more depth and breadth than a simple refresh of the JSNA, and will support future work in greater depth, and would appear to be manageable to progress in terms of capacity.

Gypsy/Roma/Travellers

21. The Public Health Team have completed a 'health needs assessment' on this topic. There is also existing work on broader issues undertaken in developing the CYC Joint Housing Strategy and the Gypsy/Roma/Traveller Strategy.

22. The JSNA Steering Group would welcome direction and further clarity regarding the formation of a partnership board under the HWBB whose work this deep dive should support.

Poverty

23. It was agreed that a 'poverty deep dive' should be undertaken to pull together work from across the council under the previous Poverty Action Group (PAG) and the Fairness Commission incorporating relevant further public health intelligence. An ad hoc group has met to review work.

24. The JSNA Steering Group would welcome direction and further clarity regarding the formation of a partnership board under the HWBB whose work this deep dive should support.

Consultation

25. To date consultation has happened in the following ways:

- A JSNA Steering Group has been set up with members from City of York Council, Commissioning Support Unit, Public Health England, CCG, Healthwatch York and Voluntary Sector representatives to oversee progress against refreshing the content of the JSNA and the areas of 'deep dive'.
- Sub-groups for each deep dive area, with representatives from Partnership Boards, key stakeholders and the voluntary sector are being been established
- Reports have been circulated to the CCG and Partnership Boards to inform them and ensure oversight of the process
- Voluntary sector organisations have been invited to comment and contribute through the Healthwatch newsletter
- A range of consultation has taken place among key stakeholders and contributors to the 2012 JSNA have been asked to provide content via templates asking for updates to information and changes to be highlighted.
- Heads of Department within CYC and key stakeholders have been invited to attend JSNA content sessions which have reviewed the structure and content of the JSNA for appropriateness and identified areas of additional focus that the JSNA should cover.
- Lay person representation on the JSNA Steering Group has been established with 4 members of the public now linked into the process.
- Wider consultation will follow in late 2013 / early 2014 linked into the HWBB consultation event already in planning with the aim of seeking feedback on what has been produced in the refresh.

Options

26. There are no specific options for the Board, however the Board are asked to consider the following:

i. Issues around resources and capacity to undertake the JSNA

ii. The 'light touch refresh' will be distributed in the form of a report by the end of the calendar year. The completion of work on the deep dives will necessitate the development of the JSNA website which will ultimately host the content.

iii. The JSNA Steering Group would welcome direction and further clarity regarding the partnership board under the HWBB that the 'deep dive' work around Poverty and Gypsy/Roma/Travellers should support.

Analysis

27. In relation to paragraph 26 (i) a business case proposal is being submitted through Director of Public Health for consideration of additional resources to support the JSNA process.

28. In relation to paragraph 26 (ii) the move towards a web based JSNA. It is recommended that individual Partnership Boards make arrangements to review this content as appropriate.

29. In relation to paragraph 26 (iii) the JSNA Steering Group would welcome direction and further clarity regarding which partnership board under the HWB the 'deep dive' work around Poverty and Gypsy/Roma/Travellers should support.

Council Plan 2011-15

30. The HWBB have a statutory duty to ensure the production of a fit for purpose JSNA. The JSNA will include assessment of needs against Council Plan objectives, in particular "Protecting vulnerable people", and ensure that these are included within it.

Implications

31. **Financial** – there may be financial implications associated with some of the 'deep dive' areas of work. There is a need to fund specific pieces of work with Public Health England.

32. All partners of the HWBB should understand that the timescales and outputs within this update will only be delivered if they balance their joint responsibilities to deliver the JSNA with their own programmes of work and commissioning priorities.

Risk Management

33. There is a risk that the information requirements for commissioning services and developing strategies to meet the health and healthcare needs of the city's population will not be met if there are elements of the JSNA plan that are not adequately resourced.

Recommendations

34. The Board is asked to:

i. Note the update report

ii. Comment on issues around resources and capacity to undertake the JSNA work stream

iii. Consider how best to approach the distribution of content prior to the development of the JSNA website which will ultimately host the content

iv. Who will take the lead on the 'deep dive' work around poverty and Gypsy/Roma/Travellers

Reason: To keep the Board aware of ongoing work to update the JSNA

Contact Details

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Tel: 01904 551993

Report Approved	√	**Date**	25 November 2013

Specialist Implications Officer(s) None

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

For further information please contact the author of the report

Background Papers:
None

Annexes
None

Health and Wellbeing Board **4 December 2013**

Report of the Deputy Chief Executive and Director of Health & Wellbeing, Dr. Paul Edmondson-Jones

Clinical Commissioning Group Strategic and Operational Planning Update

Summary

1. The purpose of this report is to provide an update on the NHS Vale of York Clinical Commissioning Group's (CCG) strategic planning process and highlight emerging themes for further consideration. Dr Mark Hayes, Chief Clinical Officer, NHS Vale of York CCG will present the report.

Background

2. The CCG, as one of the key partners in the Health and Wellbeing Board, has undertaken to update the Board on current developments and progress made towards its operational plan.

Consultation

3. A number of consultation events have been held across the Vale of York community on key topics, to identify the public and patients' experience of services and opportunities for improvement, and a strategic planning workshop was held in October to begin a needs analysis. For further details see Annex A.

Options

4. Members of the Board are asked to consider how they wish to receive future updates.

Analysis

5. Not applicable.

Council Plan

6. This update contributes towards the Council Plan priority "Protecting vulnerable people".

Implications

7. There are no known implications.

Risk Management

8. There are no known risks.

Recommendations

9. Members are asked to note:

   1) Note the paper and key recommendations

   2) Consider how the Board would like further updates and engagement throughout this process.

Reason: To co-ordinate work across partners and maintain the flow of information in an optimal manner

Contact Details

Author:	**Chief Officer Responsible for the report:**
Helena Nowell Strategy & Development Officer Tel: 01904 551746	Dr Paul Edmondson-Jones Deputy Chief Executive and Director of Health & Wellbeing Tel: 01904 551993

Report Approved	√	**Date**	25 November 2013

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

For further information please contact the author of the report

Background Papers:

None

Annexes

Annex A – Clinical Commissioning Group Strategic and Operational Update
Annex Author: Lynette Smith, Head of Integrated Governance, NHS Vale of York CCG

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NHS
Vale of York
Clinical Commissioning Group

Clinical Commissioning Group Strategic and Operational Planning Update

1.0 Purpose of the Report

To provide an update on the NHS Vale of York CCG's strategic planning process and highlight emerging themes for further consideration.

2.0 Background

2.1 NHS bodies and the Local Authority received a letter on the 4th November outlining the strategic and operational planning arrangements over the next five years. There is an expectation to develop bold and transformational five-year strategic plans, supported by two-year detailed operational plans to address the current challenges and national drivers, such as the 'Call to Action' and 'Closing the Gap' reports. The final two year plan and the draft five year plan must be submitted, following local approvals, by the 4th April 2014. The 'unit of planning' for the five year strategic plans can be determined locally and confirmation on the proposed unit of planning was requested by mid- November.

2.2 NHS Vale of York CCG is currently working on the CCG boundaries as the 'Unit of Planning' for the five year plan, to allow for flexibility in approach across the three Local Authorities. This will enable the CCG to reflect the priorities of each of the Health and Wellbeing Boards and the integrated transformation work. The development of the five year plan will be done in conjunction with the work on the integration agenda.

3.0 Progress to Date

3.1 A number of consultation events have been held across the Vale of York community on key topics, to identify the public and patients' experience of services and opportunities for improvement. These have included a series of 'world café' events on long term conditions, diabetes and a series of public and patient engagement forums. The strategic plan must reflect the needs of the local community and take account of key stakeholders, including the voluntary and community sector. An engagement plan is being finalised to ensure there are opportunities to inform and influence the strategic planning.

3.2 The NHS Vale of York CCG Governing Body held a strategic planning workshop in October 2013, pulling together performance information, demographics, policy drivers, national mandates and local priorities from Health and Wellbeing Boards to start the initial needs analysis. Initial themes for the next few years from this session included:

- Delivering the integrated transformation agenda
- Community services and care home review
- Urgent care
- Mental health
- Frail elderly and end of life care
- Self-management/ shared care approaches
- Primary care
- Patient engagement and patient choice

3.3 The most recent comparative information has now been published and the immediate focus of work is reviewing the available financial, quality and performance and patient feedback data to determine additional areas for consideration. Once fully compiled, a prioritisation framework will be used to help determine which pieces of work will be the focus of the two-year operational plan, and which are medium to longer term activities to help deliver the integration agenda and five year vision.

3.4 A project team has been set up internally to drive forward the planning work and implement a robust engagement strategy to ensure all partners and stakeholders are involved in this process.

4.0 Next Steps

November – Mid-December	Analysis of data and initial prioritisation to develop a 'long list' of proposals Stakeholder engagement plan implemented Early work on 'levels of ambition' against the NHS Outcomes Framework
16th December	Planning Guidance Issued and funding allocations
Mid-December – Mid- February	Consultation on emerging proposals Detailed prioritisation and financial planning Draft document developed
14th February	Draft Submitted
Mid-February – End March	Finalising planning documents Contract negotiations and sign-off Approval and sign-off of plans.

5.0 Recommendations

The Health and Wellbeing Board is asked to:

1. Note the paper and key milestones
2. Consider how the Board would like further updates and engagement through this process.

Report Sponsor:
Rachel Potts, Chief Operating Officer

Author:
Lynette Smith, Head of Integrated Governance.

Health and Wellbeing Board **4th December 2013**

Report of the Deputy Chief Executive and Director of Health & Wellbeing, Dr Paul Edmondson-Jones

Older People and People with Long Term Conditions Partnership Board

Summary

1. This report asks members of the Health and Wellbeing Board to agree the Constitution, Terms of Reference and Membership for the Older People and People with Long Term Conditions Partnership Board (OPPLTC PB).

2. It also asks the Board to consider an item escalated to them by the OPPLTC PB around the delay in setting up of the Health Inequalities Partnership Board.

Background

3. The Health and Wellbeing Board (HWBB) had previously agreed to set up four sub-boards to ensure the delivery of certain key actions arising from the Health and Wellbeing Strategy, of which the OPPLTC PB is one.

Constitution, Terms of Reference & Membership

4. OPPLTC PB is an informal, non-decision making sub-board of the HWBB. The OPPLTC PB has now met on several occasions and is due to meet for the first time in public in early 2014. At its 31st October meeting, in preparation for this, the Board agreed its Constitution, Terms of Reference and membership. These can be found at **Annex A** to this report.

5. The Board have over several meetings carefully considered what the most appropriate membership would be and have now agreed the following:

i. Vale of York Clinical Commissioning Group - Deputy Chief Operating Officer/Innovation Lead (Chair) *[Fiona Bell]*

ii. Vale of York Clinical Commissioning Group - Chief Operating Officer *[Rachel Potts]*

iii. CYC - Assistant Director Assessment and Safeguarding *[Kathy Clark]*

iv. CYC – Assistant Director, Adult Commissioning, Modernisation and Provision *[Graham Terry]*

v. CYC – Consultant in Public Health *[Martin Hawkings]*

vi. CYC – Elected Member *[Councillor Barbara Boyce]*

vii. CYC – Elected Member *[Councillor Tony Richardson]*

viii. York Council for Voluntary Service – Partnerships Manager *[Catherine Surtees]*

ix. York Older People's Assembly – Voluntary Sector Representative *[Bob Towner]*

x. York Blind & Partially Sighted Society – Voluntary Sector Representative *[Diane Roworth]*

xi. Age UK – Voluntary Sector Representative *[Sally Hutchinson]*

xii. York Carer's Forum - Carer Representative *[Katie Smith]*

xiii. York Carer's Centre – Carer Representative *[Carole Zagrovic]*

xiv. Leeds and York Partnership NHS Foundation Trust – Associate Director, North Yorkshire & York Services *[Melanie Hird]*

xv. York Teaching Hospital NHS Foundation Trust *[Mike Proctor]*

xvi. Independent Care Group – Chair of Independent Care Group *[Mike Padgham]*

xvii. Healthwatch York – Healthwatch Manager *[Siân Balsom]*

xviii. Long Term Conditions Representative(s) *[TBC]*

6. The appointments are all on an unspecified term of office and will be until such a time as natural vacancies arise.

7. The long term conditions representative(s) is currently vacant as the Board are still discussing who would be best placed to fill this. It was agreed at the 31st October meeting of the OPPLTC PB that:

   'further exploration needed to happen around this and that for now the position should remain vacant until further consultation and engagement could take place by all organisations represented on this Board.'

   Items to Raise with the Health and Wellbeing Board

8. At their meeting held on 31st October 2013 the OPPLTC PB expressed concerns in the delays in setting up the Health Inequalities Partnership Board and asked this to be raised with the Health and Wellbeing Board.

9. The Director of Public Health and a consultant (currently working with CYC on their anti-poverty programme) are in the process of developing the Health Inequalities Partnership Board. Work is ongoing on what the Board should look like and its remit. Most of those that have been invited to join the Board have accepted.

10. The aim is to create a dynamic Board to work through a number of issues that fall within the overall theme of health inequalities; work around poverty will be the first strand that the Board looks at.

Consultation

11. Not applicable

Options

12. The Health and Wellbeing Board are asked to:

    - Formally establish the Older People and People with Long Term Conditions Partnership Board
    - Approve the Constitution/Terms of Reference and the Partnership Board's membership
    - Consider the item raised by the OPPLTC PB at paragraphs 8, 9 and 10 of this report.

Analysis

13. Not applicable

Council Plan 2011-2015

14. One of the key responsibilities of the Older People and People with Long Term Conditions Partnership Board is to ensure the delivery of the actions around older people and those with long term conditions living in the city that are contained within the Health and Wellbeing Strategy. These actions are relevant to the protecting vulnerable people strand of the Council Plan 2011-15.

Implications

15. There are no known implications associated with the recommendations within this report however it should be noted that the HWBB's own terms of reference give it the authority to set up sub-groups and thus agree the membership and Terms of Reference for those sub-groups.

Risk Management

16. In compliance with the Council's risk management strategy there are no known risks associated with the recommendations within this report.

Recommendations

17. The HWB are asked to:

    a. Formally establish the Older People and People with Long Term Conditions Partnership Board

    b. Approve the Constitution/Terms of Reference and the Partnership Board's membership

    c. Consider/note the item raised by the OPPLTC PB at paragraphs 8, 9 and 10 of this report.

    Reason: To finalise the arrangements for setting up this Partnership Board

Contact Details

Author:	**Chief Officer Responsible for the report:**
Tracy Wallis Health and Wellbeing Partnerships Co-ordinator Tel: 01904 551714	Dr Paul Edmondson-Jones Deputy Chief Executive and Director of Health and Wellbeing Tel: 01904 551993

Report Approved	√	**Date**	25 November 2013

Specialist Implications Officer(s) None

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

For further information please contact the author of the report

Background Papers:

None

Annexes

Annex A – Constitution, Terms of Reference and Membership

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Annex A

Older People and People with Long Term Conditions Partnership Board
Draft Constitution

1 Constitution

This constitution and terms of reference were adopted by Older People and People with Long Term Conditions Partnership Board on 31st October 2013. They will be reviewed periodically.

1.1 Name

The name of the Board is the Older People and People with Long Term Conditions Partnership Board.

1.2 Status

Older People and People with Long Term Conditions Partnership Board operates as a sub-group of the York Health and Wellbeing Board.

1.3 Membership of the Board

Responsibility for leading and supporting the Board is shared between the key commissioning organisations for health and wellbeing in York, i.e. City of York Council and the Vale of York Clinical Commissioning Group (VOYCCG).

Board members will be required to represent their organisation with sufficient seniority and influence to take forward the Board's shared vision and agenda and to take decisions within their own organisations in a manner consistent with that vision.

Membership of the Board will consist of:

Organisation	Position
Vale of York Clinical Commissioning Group	Deputy Chief Operating Officer/Innovation Lead (Chair)
Vale of York Clinical Commissioning Group	Chief Operating Officer
York Older People's Assembly (YOPA)	Vice Chair of YOPA
York Council for Voluntary Service	Partnerships Manager
City of York Council	Assistant Director Assessment and Safeguarding
City of York Council	Assistant Director, Adult Commissioning, Modernisation and Provision

Annex A

City of York Council	Consultant in Public Health
City of York Council	Elected Member Representative
City of York Council	Elected Member Representative
York Blind & Partially Sighted Society	Voluntary Sector Representative
Age UK	Voluntary Sector Representative
York Carer's Forum	Carer Representative
York Carer's Centre	York Carer's Centre Manager
Leeds and York Partnership NHS Foundation Trust	Associate Director, North Yorkshire & York Services
Independent Care Group (ICG)	Chair of ICG
York Teaching Hospital NHS Foundation Trust	Deputy Chief Executive
HealthWatch	HealthWatch Manager
Long Term Conditions Representative(s)	TBC and added

Board membership will be reviewed periodically and can be amended at any stage with the agreement of existing Board members. Partner organisations may substitute for their named Board representative with the prior agreement of the Chair providing they are well briefed in advance by the person they are substituting for. Colleagues from across the partnership can attend the Board for specific agenda items with the prior agreement of the Chair.

All Board members will have equal status. Board Members shall ensure that appointments to the Board have been made in a fair way having due regard to the Nolan principles of public life.

1.4 Chair and Vice Chair

The Chair and Vice Chair of the Board will be nominated from City of York Council and the Vale of York Clinical Commissioning Group in consultation with Board members.

The Chair is responsible for determining the forward plan and agenda items (with assistance from the Lead Officer), ensuring the efficient running of the meeting, maintaining focus and facilitating and enabling participation of all those present and ensuring that confidential items are handled accordingly.

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

1.6 Secretariat
Board meetings will be serviced by a secretariat. The secretariat is responsible for planning and coordinating meetings and venues, maintaining an up to date register of Board members and their contact details, publicising agendas and papers to Board members in advance of meetings, taking and publishing minutes of Board meetings and acting as a contact point for enquiries.

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

1.8 Making decisions
The Board will not exceed its powers and will comply with any relevant obligations imposed by its members. Members will seek to achieve consensus through discussion. Any vote will be by a simple majority of members in attendance with the exception of proposals to alter or amend the Constitution (see 1.12 below). The Chair has a casting vote if needed.

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

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

1.11 Meetings

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

1.12 Changing the Constitution

Subject to the following provisions of this clause, this constitution and annexes may be altered by a resolution passed by not less than two thirds of the members present and voting at a meeting of the Board. The notice of the meeting must include notice of the resolution, setting out the terms of the alteration proposed.

No amendment may be made to this constitution which would conflict with any legislation, regulations or standing orders of City of York Council or the Vale of York Clinical Commissioning Group. Significant changes to the membership or constitution will also need to be ratified by the Health and Wellbeing Board, who will have the final authority in the event of any dispute. The Health and Wellbeing Board may also itself recommend changes to the membership or constitution of the Older People and People with Long Term Conditions Partnership Board.

This constitution was adopted on the date noted above by the relevant Chief Executives/Leaders.

Signed _____

Organisation _____

Annex A

Older People and People with Long Term Conditions Partnership Board
Draft Terms of Reference

2 Terms of Reference

2.1 Purpose of the Older People and People with Long Term Conditions Partnership Board

The Board is accountable to the Health & Wellbeing Board for delivering certain Health & Wellbeing Strategy priorities and objectives. The Board has several specific responsibilities in relation to Older People and People with Long Term Conditions

1. Taking joint leadership and responsibility for the City
2. Setting priority objectives, not only for health and wellbeing but also for any other matters relevant to older people and people with long term conditions
3. Collating an understanding of need, for use in Joint Strategic Needs Assessments
4. Investigating joint commissioning and shared budget arrangements
5. Overseeing whole system pathway redesign
6. Ensure individual organisation plans / spending reflect priorities
7. Monitoring outcomes
8. Setting up task and finish groups to undertake particular detailed work
9. Ensuring planning, commissioning and delivery is informed by community and patient voice.
10. Producing an annual report for the Health and Wellbeing Board.

2.2 Involving residents, communities and individuals who use our services

The Board expects that the views and involvement of residents, communities and individuals who use our services will influence the work of the Board and its sub groups at all stages. It will ensure that the views of residents, communities and individuals who use our services inform planning, commissioning, design and delivery of service provision. It will link in with several engagement mechanisms in the city to ensure that community priorities are delivered, and actions are influenced by local intelligence.

2.3 What the Board doesn't do

The Board is not directly responsible for managing and running services but it does consider the quality and impact of commissioning and service delivery across partner organisations. It does not have direct responsibility for budgets, except where these have been delegated to it.

2.4 Accountability and reporting

The Older People and People with Long Term Conditions Partnership Board is formally accountable to the Health and Wellbeing Board for York. The Chair of the Board may or may not be a member of the Health and Wellbeing Board; however, it is expected that he or she will establish and maintain effective links with the Health and Wellbeing Board to ensure alignment of the strategic objectives of both Boards.

The Older People and People with Long Term Conditions Partnership Board may establish subgroups, or "task and finish" groups as appropriate to deliver its agenda and priorities. These subgroups will be accountable to the Board and will report at least annually to the Board.

2.5 Expert advice and support for the Board

Financial and legal advice will be available to the Board from within the Local Authority and the Vale of York Clinical Commissioning Group ICG to ensure that decisions taken are both permissible and in accordance with proper accounting procedures.

Performance and management information and advice will be provided by the Local Authority and the Vale of York Clinical Commissioning Group to enable the Board to fulfil its performance and outcome monitoring role.

2.6 Culture and values: how the Board exercises its responsibilities and functions

The Board will take into account the following behaviours and values in exercising its functions. Board Members will:

- Participate on the basis of mutual trust and openness, respecting and maintaining confidentiality as appropriate;
- Work collaboratively, ensuring clear lines of accountability and communication;
- Share expertise and intelligence and use this synergy to provide creative solutions to complex issues;

- Take account of any particular challenges, policies and guidance faced by individual partners;
- Have regard to the policies and guidance which apply to each of the individual partners;
- Adhere to and develop their work based on the vision statement approved by the Board;
- Where decisions of the Board require ratification by other bodies the relevant Board Member shall seek such ratification in advance of any meeting of the Board or promptly following Boards recommendations;
- The Board shall exercise its functions so as to secure the effective cooperation of partners and the provision of high quality integrated services for children, young people and their families.
- Adhere to the Nolan principles on the conduct of public life.

2.7 Public participation

Members of the public will have a right of access to the Older People and People with Long Term Conditions Partnership Board's meetings, agendas, reports, background papers and minutes. These will be available 5 clear working days before the meeting and will appear in the Health and Wellbeing section of the Council's website and also on the Vale of York Clinical Commissioning Group's website. Alternatively you can telephone Tracy Wallis (Health and Wellbeing Partnerships Co-ordinator) on 01904 551714 or Rachael Murray (Team Administrator) on 01904 555923 and request a copy be sent to you by e-mail or post.

Anyone wishing to address the Partnership Board about a matter within their remit can do so in person at the meeting, in writing or in a format appropriate to their needs. Both Registrations to speak at the meeting and any written questions/submissions must be received at least 2 clear working days before the meeting so a response can be prepared by the Board. Speakers will be given a maximum of 3 minutes to speak, with a sum total of 20 minutes being allocated to the public participation section of the meeting. Submissions can be made in the following ways:

- By telephoning Tracy Wallis on 01904 551714
- By e-mail to tracy.wallis@york.gov.uk
- By post to Tracy Wallis, Health and Wellbeing Partnerships Co-ordinator, Public Health Team, Second Floor, West Offices, Station Rise, York, YO1 6GA.

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Health and Wellbeing Board **4 December 2013**

Report of the Deputy Chief Executive and Director of Health & Wellbeing, Dr. Paul Edmondson-Jones.

Autism Self–Assessment Framework Return Summary

1. The Minister for Health, Norman Lamb, wrote to Directors of Public Health earlier this year to request that all self-assessment returns for autism were discussed at the relevant Health and Wellbeing Boards. Members of the Health and Wellbeing Board are asked to note the second self-assessment submission by the Council and its partners for the implementation of the Autism Strategy. The purpose of the self assessment was to:

   - assist Local Authorities and their partners in assessing progress in implementing the 2010 Adult Autism Strategy;
   - see how much progress has been made since the baseline survey, as at February 2012;
   - provide evidence of examples of good progress made that can be shared and of remaining challenges.

Background

2. The Adult Autism Strategy *Fulfilling and Rewarding Lives* was published in 2010. It is an essential step towards realising the Government's long term vision for transforming the lives of and outcomes for adults with autism. The Department of Health is the lead policy department for the Strategy but with delivery shared across a range of government departments and agencies and local health and social service providers.

   The Autism Strategy has five areas for action aimed at improving the lives of adults with autism:

   - increasing awareness and understanding of autism;
   - developing a clear, consistent pathway for diagnosis of autism;

- improving access for adults with autism to services and support;
- helping adults with autism into work; and
- enabling local partners to develop relevant services.

The Strategy is not just about putting in place autism services but about enabling equal access to mainstream services, support and opportunities through reasonable adjustments, training and awareness raising.

This exercise builds on the first self assessment exercise which looked at what progress had been made since February 2012. This was based around the self-assessment framework which the Department of Health launched in April 2011 to support localities with the delivery of the Adult Autism Strategy and the statutory guidance for health and social care which was issued in December 2010.

The Council recently launched its own Joint Strategy for Autism (2013-15) and a successful "engagement" event was held recently with the following as the key areas for discussion:

- Have we captured the vision and the priority for everyone?
- How can we all be involved in making the priorities happen?
- What's missing?

Consultation

3. Consultation was undertaken as part of the development of York's response to the National Strategy. Specific consultation was not undertaken as part of the self-assessment but it was important to come to a multi-agency perspective which included liaison with Health colleagues, to reflect the requirements of the implementation of the strategy, although the Local Authority is tasked with the consolidation of the return as the lead body locally

   The Department of Health has recently undertaken a formal review of progress against the Strategy. This is an opportunity for Government to assess whether the objectives of the Strategy remain fundamentally the right ones, to be assured of the progress that is being achieved by Local Authorities and the NHS, and consider what should happen to continue to make progress and what barriers could be resolved. The investigative stage of the

Review ended in October and the Strategy will be revised as necessary by March 2014.

Options

4. Members of the Health and Wellbeing Board are asked to review and comment on the attached statutory return.

Analysis

5. Further updates and options to support the progress of the Autism Strategy Action Plan for York will be presented to the Health and Wellbeing Board in 2014-2015.

Council Plan

6. York's Joint Autism Strategy links to the following Council Plan priorities:

    - Create Jobs and Grow the Economy:
        - Connecting residents to jobs
    - Protect Vulnerable People:
        - Supporting families who may be struggling
        - Community based support and promoting individual budgets
        - Improved health and wellbeing arrangements
    - Build Strong Communities:
        - Community infrastructure
        - Healthy Communities
        - Community engagement
        - Create communities where young people flourish
        - Safer & Inclusive

Implications

7. The implications of the report include:

    - **Financial**

      There are no financial implications

    - **Human Resources (HR)**

      There are no HR implications

- **Equalities**

  The strategy aims to improve access to services for vulnerable adults.

- **Legal**

  There are no legal implications.

- **Crime and Disorder**

  The strategy will involve partnership working with North Yorkshire Police.

- **Information Technology (IT)**

  There are no IT implications

- **Property**

  There are no implications for property

Risk Management

8. There are no known risks attached to the presentation of City of York's self assessment return.

Recommendation

9. Members of the Board are asked to review the statutory return and provide any comments to the responsible officer.

   Reason: To fulfil statutory requirements.

Contact Details

Author:	**Chief Officer Responsible for the report:**
Becky Allright Joint Commissioning Manager Commissioning & Contracts Team, Adults, Children & Education Tel No. 551185	**Dr Paul Edmondson Jones** Deputy Chief Executive and Director of Health and Wellbeing
Responsible Manager: Gary Brittain, Commissioning& Contracts Manager (Commissioning Lead) Adults, Children & Education. Tel No. 554099	**Report Approved** √ **Date** 25 November 2013

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

For further information please contact the author of the report

Background Papers: None

Annexes:
Annex A: "Fulfilling and rewarding lives for adults with Autistic Spectrum Conditions living in York", A Joint Strategy for 2013-2015.
Annex B: Online Autism Return to Public Health England

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Fulfilling and rewarding lives for adults with Autistic Spectrum Conditions living in York

A Joint Strategy for 2013-15

A working strategy

Summary of this strategy

This is the first joint strategy for York which aims to put the national guidelines as set out in 'Fulfilling and Rewarding Lives' into the local context of York. The five main outcomes within 'Fulfilling and Rewarding Lives' are:

- Increasing awareness and understanding of autism among frontline professionals
- developing a clear, consistent pathway for diagnosis in every area, which is followed by the offer of a personalised needs assessment
- improving access for adults with autism to the services and support they need to live independently within the community
- helping adults with autism into work, and
- enabling local partners to plan and develop appropriate services for adults with autism to meet identified needs and priorities. Fulfilling and Rewarding Lives.[1]

This first joint strategy for York is an initial response to the changes required by the national guidance and aims to work towards these guidelines and the vision of 'Fulfilling and Rewarding Lives' whilst putting it into a local context. It is not complete and will need to be reviewed on a regular basis. York, like many areas, does not know enough about prevalence, need and what works well and is working towards addressing this gap in knowledge. To this end this strategy is a living, changing document that will evolve and expand.

Introduction

This strategy is the first strategy for adults with Autistic Spectrum Conditions (ASC) in York. It takes into account the individual, complex and diverse nature of autism and responds to this. As a document it does not stand alone and links in with the Children's Autism Strategy and the Learning Disabilities Commissioning Strategy.

In developing and implementing this strategy it must be noted that unlike other legislative developments no ring-fenced funding was provided by central government to support this. Local Authorities and NHS partners

[1] "*Fulfilling and rewarding lives" The strategy for adults with autism in England*, Department of Health, (2010)

are expected to meet the needs of adults with autism through existing budgets.
It must also be acknowledged that an outcome of the comprehensive spending review and resulting savings within the public sector mean that there are reduced public sector budgets at a time when adults with autism should expect to benefit from legislation and policy directives.

Partners want to work with people with autism, their families and carers and be as innovative as possible to create positive changes for people with autism in York. As 'Fulfilling and Rewarding Lives states:

> "Autism is sometimes described as a 'hidden disability', not only because it has no physical signs, but also because adults with autism are some of the most excluded, and least visible, people in the UK. All adults with autism should be able to live fulfilling and rewarding lives in a society that accepts and understands them."
> Fulfilling and Rewarding Lives[2]

A key aim of the strategy is to increase awareness of autism and make all services accessible for people with autism because everyone should be able to have their needs met in the best place for them.

This strategy is for adults but we will work in partnership with children's services to learn from the work they have already done and to smooth the path of people in transition from children's to adult's services.

Definition of Autistic Spectrum Condition (ASC)

Autism is a condition that affects an estimated 1% of the population. People with autism are often described as having a 'triad of impairment'; social communication, social interaction and social imagination. Increasingly there is evidence of the importance of sensory differences in people with autism – either hypersensitivity or hyposensitivity.

Autism is often referred to as an Autistic Spectrum Disorder (ASD) or Autistic Spectrum Condition (ASC). The word spectrum is used because whilst all people on the spectrum will share three main areas of difficulty their condition will affect them in different ways hence the often quoted:

[2] "*Fulfilling and rewarding lives" The strategy for adults with autism in England*, Department of Health, (2010)

“If you’ve met one person with autism – you’ve met one person with autism."

Some people with autism will live independent lives whilst others will require a lifetime of specialist support. Whilst those with less severe symptoms and no learning disability may appear to ‘get by’, they are often subject to less obvious difficulties such as social exclusion, isolation and bullying.

Aspergers Syndrome: is commonly described as a 'hidden disability'. People with Aspergers also have a ‘triad of impairment’. Whilst there are similarities with autism, people with Asperger syndrome have fewer problems with speaking and are often of average, or above average, intelligence. They do not usually have the accompanying learning disabilities associated with autism, but they may have specific learning difficulties. These may include dyslexia and dyspraxia or other conditions such as attention deficit hyperactivity disorder (ADHD) and epilepsy. They may also have difficulty in learning social rules.

Autism and Learning Disability: People with autism can also have a learning disability, which can affect all aspects of their life, from studying in school to learning how to wash themselves or make a meal. *The estimated prevalence of autism among adults with learning disabilities in England (2010)*[3] concluded,

> We estimate that between 20% and 33% of adults known to Councils with Social Services Responsibilities as people with learning disabilities also have autism.

For the purposes of this strategy the definition of autism will cover everyone on the autistic spectrum.

Many people with autism also have particular strengths which they can bring to the workplace. They are good at following instructions, abiding by rules, sticking to structured programmes; and they can have good technical skills.

[3] *The Estimated Prevalence of Autism among Adults with Learning Disabilities in England,* Eric Emerson & Susannah Baines (2010)

How many people have autism in York?

The numbers of people with autism in the general population are not well understood. It is estimated that more than half a million people have autism in the UK which equates approximately to 1% of the general population having autism[4] as estimated in the 2001 census.

The Projecting Adults Needs and Information System (PANSI) uses this estimate to locally project that the numbers in the 18-64 age group within York with autism and a learning disability in 2012 are 1,287 rising to 1,306 by 2020 and to 1,339 by 2030[5]. The detailed breakdown is seen in the table below.

People with a learning disability and are on the autistic spectrum	**2012**	**2015**	**2020**	**2030**
People aged 18-24 predicted to have autistic spectrum disorders	279	275	255	283
People aged 25-34 predicted to have autistic spectrum disorders	295	312	318	292
People aged 35-44 predicted to have autistic spectrum disorders	245	239	256	294
People aged 45-54 predicted to have autistic spectrum disorders	255	260	244	239
People aged 55-64 predicted to have autistic spectrum disorders	213	211	233	230
Total population aged 18-64 predicted to have autistic spectrum disorders	**1,287**	**1,296**	**1,306**	**1,339**

The Projecting Adults Needs and Information System (PANSI), York, February 2013

It should be noted that estimates of the proportion of people with autism and a learning disability vary considerably and therefore an accurate figure is unlikely however an estimate would be under 50%.

[4] http://www.autism.org.uk/about-autism/myths-facts-and-statistics/statistics-how-many-people-have-autism-spectrum-disorders.aspx

[5] http://www.pansi.org.uk/index.php?pageNo=392&areaID=8640&loc=8640

This could mean that over 50% of people with autism have an IQ in the average to high range and a proportion of these will be very able intellectually. As The National Autistic Society states,

> Some very able people with autism may never come to the attention of services as having special needs, because they have learned strategies to overcome any difficulties with communication and social interaction and found fulfilling employment. Other people with autism may be able intellectually, but have need of support from services, because the degree of impairment they have of social interaction hampers their chances of employment and achieving independence.
> The National Autistic Society[6]

There are no reliable estimates on prevalence of Aspergers Syndrome, studies only go so far as to suggest around half of all those with autism also have a learning disability and the other half are likely to have high functioning autism including Aspergers Syndrome.

There are currently approximately 180 adults with a diagnosis of autism known to social services, either through the Learning Disabilities Community Team or though the Long Term Care Management Team. There will also be other individuals who are currently receiving support from social services but who have never had a formal diagnosis of autism.

We know that within York over the next 5 years there will be approximately 90 people who have been diagnosed with autism leaving school, including both mainstream and specialist schools.

These figures do not reflect people who have never had a diagnosis and / or have not come to the attention of social services or health during their adult life in York. There is still work to be done with regards to getting a clearer picture of actual figures of people with autism in York.

As stated, in York at present there is not a full and detailed picture of the number of adults with autism within the York area.

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[6] http://www.autism.org.uk/about-autism/myths-facts-and-statistics/statistics-how-many-people-have-autism-spectrum-disorders.aspx

With regards to autism and mental health The Health & Wellbeing in York Joint Strategic Needs Assessment (JSNA) 2012 puts as a recommendation:

> We recommend that work be undertaken to establish a full and holistic picture of mental health needs across the whole population and in relation to specific groups of people (including the Gypsy and Traveller community, looked after children, teenage mothers, people with autism, parents experiencing stress, people misusing substances, people who are unemployed, older adults including those with dementia and carers) in order to inform future planning and commissioning activity.
> The Health & Wellbeing in York Joint Strategic Needs Assessment (JSNA) 2012 [7]

Although this only looks at one aspect with regards to people with autism and mental health it does mean that information on people with autism will need to be gathered and this might give us a better understanding of mental health and autism.

As acknowledged work still needs to be done with regards to collating and working towards getting a clearer picture of autism figures in York and this will form part of this action plan.

The bigger picture – national policy context

There are key themes which link strongly to the messages we hear from people with autism and their carers. People want good information, staff who are trained to understand their specific needs; services which respond to individual need; and a joined-up approach between health, social care and other support.

The Autism Act (2009) identifies the collective commitment to improve the lives of people with autism and their families. It was the first ever legislation to focus on a particular disorder and ensure the government made a commitment to improving service provision and support for those with autism.

[7] The Health & Wellbeing in York Joint Strategic Needs Assessment (JSNA) 2012

The Act made two key provisions; that the Government produce an adult autism strategy by 1 April 2010, and that the Secretary of State for Health issue statutory guidance for local authorities and local health bodies on supporting the needs of adults with autism by 31 December 2010.

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

In 2010 **"Fulfilling and rewarding lives" The strategy for adults with autism in England**[8] was published with the key aim of improving the lives of people with autism and their families. Following on from this the first year delivery plan[9] was published in April 2010. The new government has consulted and published guidance for implementing Fulfilling and rewarding lives[10], indicating it continues to be seen as important policy.

In 2011 **Improving access to social care for autism** [11] was published. These guidelines from the Social Care Institute for Excellence (SCIE) give a number of key recommendations for practice, including:

- Greater understanding of autism among the social care workforce is really important, but it needs to go hand in hand with in depth knowledge of the individual with autism
- Better awareness of autism in the social care sector can help people get a diagnosis of autism and get timely and appropriate support when they are diagnosed

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

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

[10] *Implementing Fulfilling Rewarding Lives*, Department of Health, 2010

[11] *Social Care Institute for Excellence (2011). Improving access to social care for adults with autism.* SCIE, October 2011

- Staff supporting people with autism need to make adjustments in how they work, plan and communicate with people with autism and with each other, so that services can be more accessible to people with autism
- Managers and commissioners of services also need to be flexible, creative and collaborative in how they meet the needs of people with autism.
- Good support is vital when people with autism experience significant life changes
- Multidisciplinary specialist autism services can provide good outcomes for people with autism. Professionals should offer carers support in their own right and work in partnership with them to provide the best possible assessment and service provision

In June 2012 **NICE Clinical guideline: Autism: recognition, referral, diagnosis and management of adults on the autism spectrum**[12] was published. This guideline gives key priorities for implementation; General Principles of Care (All staff working with adults with autism should; working partnership with adults with autism, offer support and care respectfully and take time to build a trusting, supporting and non-judgemental relationship as an essential part of care), Identification and Assessment, Interventions for Autism, Organisation and Delivery of Care.

Aims and Objectives

Fulfilling and rewarding lives identifies 5 key areas, as stated above, and those will from the basis of the key priorities on which the action plan will be based.

New funding for commissioning activities to fund the strategy is unlikely given the current financial position within the public sector. This means a greater focus will be placed on ensuring existing services are fit for purpose and enhancing experiences of mainstream services.

The priorities are:

1. increasing awareness and understanding of autism among frontline professionals;

[12] *Autism: recognition, referral, diagnosis and management of adults on the autism spectrum*, NICE clinical guideline 142, June 2012

2. developing a clear, consistent pathway for diagnosis in every area, which is followed by the offer of a personalised needs assessment;

3. improving access to the support that adults with autism need to live independently within the community;

4. helping adults with autism into work;

5. enabling local partners to plan and develop appropriate services for adults with autism to meet identified needs and priorities.

What people with autism and their parents / carers tell us

City of York Council has been seeking to engage with people with autism and their families. The primary aim continues to be to engage with as many people as possible, both those known to services and those not, to better understand what is and is not working for people and families. Various approaches have been undertaken with questionnaires being sent out through various means, commissioners going to known groups and by attending an event undertaken by a local group.

Messages to date that are coming back through peer support groups, talking to people with autism and their carers, attending a Lives Unlimited event and through a questionnaire tell us very clearly that people want to live in their communities with the appropriate support that enables this to happen.

> "Remember we want the same thing as everyone else – home, education and a job. Not separate, not different"
> Lives Unlimited Event, 6th October 2012

The top 3 priorities identified by people in York who responded to the questionnaire were:

1. More information about what support is available

2. More opportunities for social inclusion and befriending

3. More help with finding employment and more job opportunities

Consultation with regards to this strategy is ongoing and Commissioners will continue to go to groups to gain feedback. The emphasis remains that this document is a working document which will continue to evolve.

Partnership Working

We are committed to working in partnership and close collaboration with:

- Individuals with autism, their families and carers
- Children ‘s Services - Health and Community Services
- Health Provider Services
- Health Commissioning Services
- Department for Work and Pensions (DWP)
- Providers of support for people with autism

BUT we still need to achieve engagement with wider stakeholders to ensure that all of this strategy can be delivered and the everyday experiences of people living in York with autism are improved.

What we will do

Priority 1: **increasing awareness and understanding of autism among frontline professionals**
Failing to understand autism, and the implications for adults with autism, mean that many individuals with autism do not receive the appropriate support from public services and therefore sometimes fail to access them. This may increase a sense of isolation and lead to physical and mental problems that will only be treated once those problems have reached crisis point. Increasing awareness amongst frontline staff about autism will mean that there is more likelihood of better support and less people reaching crisis before getting or asking for support. *Fulfilling and Rewarding Lives* makes it clear that the most fundamental step towards improving services for adults with autism is to increase awareness and understanding of autism across all public services. Increased awareness and understanding of autism will provide the foundations for the broader changes sought to the way services are provided, planned and delivered. Implementing Fulfilling Rewarding Lives[13] Every health or social care service should be ready to provide services to people with autism, or to their families or others who care for them. Skills for Care and Skills for Health, 2011 [14]
What we will do: • Raise public awareness and understanding of autism and promote a positive image and attitude towards everyone on the autistic spectrum. • Work towards including autism within key policies and procedures. • Work with people with Autism to develop / plan / be involved in training of professionals and ensuring this is linked in to all actions.

[13] *Implementing Fulfilling Rewarding Lives*, Department of Health, 2010
[14] *Autism skills and knowledge list, for workers in generic health and social care services, Part of the 'Better social care and health outcomes for people with autism' series,* Skills for Care and Skills for Health, 2011

- Establish a group who will identify and report on gaps in awareness training and will report on this and work towards getting the gaps in training filled.

- Ensure the Health and Wellbeing Board is well briefed on the autism strategy and is clear about leadership and commissioning implications.

- Within the first year Autism will be an agenda item on the Health and Wellbeing Board, Without Walls Strategic Partnership, the York Fairness Commission.

- Discuss with City of York Council's Workforce Development Unit with regards to facilitating an autism awareness course for next year's module and ensure this training is ongoing.

- Review on line materials and local programmes to identify best practice alongside City of York Council's Workforce development Unit who will promote to partners and professionals the e-learning opportunities / modules that have been developed specifically for Autism nationally.

- Improve training and autism awareness among front line public sector staff (can be included in general equality and diversity training across all public services).

- Participation in training and awareness training is actively promoted and encouraged by senior managers across all health and social care provision and more widely across all sectors.

- Provide specialist training for GPs and workers in social care and health care settings who regularly come into contact with people with autism.

- Work closely with children's services to ensure there is good understanding of issues for young people with autism as they become young adults. In particular, ensure the York Transition Team have a good understanding of the needs of young people with autism.

Priority 2:
developing a clear, consistent pathway for diagnosis in every area, which is followed by the offer of a personalised needs assessment

Better Services for People with an Autistic Spectrum Disorder[15] reported that many people with autism and their families found that a diagnosis of autism was helpful in understanding the support needed by an individual. *Fulfilling and Rewarding Lives* suggests:

> ... diagnosis is not a goal in itself. Instead, it is one part of an integrated process which should lead to adults with autism being able to access the services and support they need.
> *Fulfilling and rewarding lives"*[16])

For adults with autism in York obtaining a diagnosis of autism often means going out of area for an assessment although a diagnosis is only part of the journey in getting the right support for their particular needs.

What we will do:

- Identify a lead professional in Health.
- Develop a clear and consistent pathway for people with autism from diagnosis to social care assessment.
- Work towards developing within the existing team a social work resource with specialist knowledge.
- Develop post diagnostic information and signposting.
- Collate more accurate inter agency, (housing, social care and health) data to provide appropriate services and support for young people as they move to adulthood
- Ensure there is a clear pathway for young people as they move from children's to adult services

[15] *Better services for people with an autistic spectrum disorder*, Department of Health,(2006)
[16] "*Fulfilling and rewarding lives" The strategy for adults with autism in England*, Department of Health, (2010)

- Develop York's Education, Health and Care plan, commonly known as the 'single plan'. The plan is to coordinate assessment and provide a single action plan, agreed by health, education and social care, as appropriate. It is aimed to support young adults with autism and special educational needs, who would benefit from continuing their education beyond school leaving age, and up to a maximum of 25 years.

Priority 3:
improving access for adults with autism to the services and support they need to live independently within the community

All public service delivery is currently underpinned by the Equality Act 2010, which requires all organisations that provide a service to the public to make reasonable adjustments to those services to ensure they are accessible for disabled people. This includes making reasonable adjustments for people with autism.

> Equality of access is a fundamental principle of UK public services. But it is clear that, too often, adults with autism are not currently able to access the services or support they need.
> *Fulfilling and rewarding lives"*[17])

Many people with autism can, with access to the right support / services, live independently, often small adjustments to the immediate environment or to the way professionals engage with the person with autism can make the service accessible to the person with autism.

What we will do:

- Ensure that accurate data is available and is up-to-date with regard to the demography profile of all people on the autistic spectrum.

- Continue to develop, within the existing financial constraints, supported living opportunities for more adults with complex autism.

- Continue to develop, within the existing financial constraints, short-term and respite / short breaks facilities for people with autism.

[17] "*Fulfilling and rewarding lives" The strategy for adults with autism in England*, Department of Health, (2010)

- Work with Housing colleagues to promote awareness training among housing professionals, Estate Managers etc.
- Work with partners to help support people with autism in their own homes.
- Consider how we can build community capacity to support people with autism within their communities.
- Ensure that advocacy support will be available for people with autism when it is needed.
- The use of 'group' budgets will be explored to enable adults with autism to engage in 'autism friendly' group activities.
- Map all autism-specific and autism-friendly services in and around York.

Priority 4:
helping adults with autism into work

We know that only 15% of adults with autism are employed nationally[18]. We also know that:

> The ability to get, and keep, a job and then to progress in work is the best route out of poverty, and a central part of social inclusion. We know that adults with autism are significantly underrepresented in the labour market and we are committed to doing more to help adults with autism into work.
> *Fulfilling and rewarding lives"*[19]

People with autism are entitled to the same life chances as everyone and this includes employment.

[18] *I Exist, National Autistic Society,* 2008
[19] "*Fulfilling and rewarding lives" The strategy for adults with autism in England*, Department of Health, (2010)

What we will do:

- Ensure that people with autism are represented and their needs addressed in City of York Council's Employment Strategy.
- Secure representation from Department for Work and Pensions (DWP) onto strategy group.
- Consider wording of support specifications to potentially include employment support where appropriate. (day support to look at employment as a meaningful activity not just leisure / education pursuits).
- Ensure the new DWP work scheme considers the needs of people with autism.
- Work closely with children's transition services to promote work experience/volunteering within school and as an essential element of post maintained education personalised learning packages
- Work with post maintained education providers to offer work related learning courses to support young people with autism to be 'work-ready'.

Priority 5:
enabling local partners to plan and develop appropriate support for adults with autism to meet identified needs and priorities.

We want to make it easier for adults with autism to access mainstream public services and to be fully included in society. We want to enable

> adults with autism and their families to have greater choice and control over where and how they live
> *Fulfilling and rewarding lives"*[20])

People with autism are entitled to the same life chances as everyone else in society.

What we will do:

- Establish a working group to scope how people can best live their life in their own community.
- Explore with the new advocacy service the potential interest in the development of an autism self advocacy group
- Assist in establishing a self advocacy group for people with autism to inform future planning.
- Identify the needs of older people with autism and work towards meeting those needs.
- Working group to provide reports to appropriate strategy partnership delivery body (LD and MH partnership board which reports to the health and wellbeing board?).
- Establish a wider stake holder reference group including people with autism to feed into the strategy group.
- Consider how information and signposting to relevant services happens and how to improve this experience.

[20] "*Fulfilling and rewarding lives" The strategy for adults with autism in England*, Department of Health, (2010)

- Ensure that the Strategy Group is aware of services and networks locally that people with autism currently access, as well as any gaps there may be.

- Liaise with other Local Authority strategy groups to share learning and experiences.

- If a person is eligible for social care the Social Care Team will continue to ensure that personalised approaches continue to be undertaken.

Governance and implementation

An action plan will be developed detailing the actions needed to deliver the key priorities alongside timescales for delivery and identifying who is responsible for making it happen. This will be overseen by the Autism Strategy Group.

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Supporting people with autism through adulthood National Audit Office, 2009

The Way we are: autism in 2012, National Autistic Society, 2012

Towards 'Fulfilling and rewarding lives': The first year delivery plan for adults with autism in England, 2010, Department of Health: Central Office for Information

Other documents and policies which apply to adults with autism

Access to Work, Department of Work and Pensions
A specialist disability programme delivered by Jobcentre Plus, which provides work related practical advice and financial assistance.

Aiming High for Disabled Children (2007), Department of Health
Introduced the Transition Support Programme which works to support local areas to improve transition arrangements across health and social care.

Bradley Review (2009), Department of Health
Examines the extent to which offenders with mental health or learning disabilities could, in appropriate cases, be diverted from prison to other services, and the barriers to such diversion. The review makes a series of recommendations.

Building Britain's Recovery: Achieving Full Employment (2009), Department of Work and Pensions
Sets out Government plans to combat the effects of the recession and to help young people into jobs and training more quickly and to support older workers.

Creating Strong, Safe and Prosperous Communities (2008), Communities and Local Government
Provides statutory guidance to local authorities and their partners on creating strong, safe and prosperous communities.

Disability Discrimination Act (2005), Home Office
Promotes civil rights for disabled people and protects disabled people from discrimination.

Equality Act (2010), Home Office
A commitment to provide an accessible framework of discrimination law which protects individuals from unfair treatment and promotes a fair and more equal society.

Health and Social Care Act (2012), Department of Health
Primary Care Trusts will be replaced by Clinical Commissioning Groups (CCGs) to purchase health services, thus placing General Practitioners (GPs) at the centre of commissioning. The voice of patients will be strengthened through the development of local HealthWatch organisations and Public Health England, will lead on public health at national level, and local authorities will lead at a local level.

High Quality Care for All (2008), Department of Health
The final report of Lord Darzi's NHS Next Stage Review. It responds to the 10 Strategic Health Authorities' strategic visions and sets out a framework for quality to be at the centre of the NHS.

Improving Health, Supporting Justice: The national delivery plan of the Health and Criminal Justice Programme Board (2009), Department of Health
This national delivery plan contributes to key Government initiatives around protecting the public, reducing health inequalities, reducing reoffending, and health improvement and protection.

Improving the Life Chances of Disabled People (2005), Department of Health
Examines how disabled people in Britain should have full opportunities and choices to improve their quality of life, and should be respected and included as equal members of society.

Independence and Opportunity: Our Strategy for Supporting People (2007), Communities and Local Government
The Department for Communities and Local Government vision on how it intends to improve housing opportunities.

Independent Living Strategy (2008), Office for Disability Issues
States disabled people who need support to go about their daily lives will have greater choice and control over how support is provided; and disabled people will have greater access to housing, health, education, employment, leisure and transport opportunities and to participation in family and community life.

Mental Capacity Act (2005), Department of Health
Provides a legal framework for people who lack capacity, placing people who lack capacity at the heart of the decision-making process; this includes people with autism and those who may not find it easy to express their choice in words. The Act requires an assumption that people have capacity to make decisions for themselves unless there is evidence to the contrary.

National Service Framework for Mental Health: five years on (2004), Department of Health
Key relevance is to continue tackling barriers creating social exclusion.

New Horizons: Working Together for Better Mental Health (2009), Department of Health
Aims are to improve the mental health and wellbeing of the population, and the quality and accessibility of services for people with poor mental health.

Our Health, Our Care, Our Say: A New Direction for Community Services (2006), Department of Health
All services should become more responsive, focusing on people with complex needs, and shifting care and support closer to home.

Putting People First (2007), Department of Health
Organisations to work together to provide information, advice and advocacy, early intervention and re-enablement, prevention and personalisation for people with learning disabilities.

Roadmap 2025 (2009), Department of Work and Pensions
Sets out how government departments are working towards disability equality by 2025.

Safeguarding Adults: A Consultation on the Review of the 'No Secrets' Guidance (2008), Department of Health
To safeguard and protect adults who may become vulnerable and enable them to live safely in their local communities and not be constrained by abuse.

Valuing Employment Now: real jobs for people with learning disabilities (2009), Department of health
Sets out the goal to radically increase the number of people with learning disabilities in employment by 2025.

Valuing People: A New Strategy for Learning Disability for the 21st Century (2001), Department of Health
A White Paper, focusing on achieving fulfilling lives for people with learning disabilities aiming to redress inequalities.

Valuing People Now (2009), Department of Health
Restates the principles and priorities in the Valuing People White Paper (2001), and commitment to achieve its aims within 3 years.

Work Choice, Department of Work and Pensions
A pan-disability programme, introduced in October 2010, to help customers who face complex disability related barriers and have the highest support needs find and keep a paid job or progress while in work.

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Public Health England

Improving Health and Lives:
Learning Disabilities Observatory

Autism Self Evaluation

Local authority area

1. How many Clinical Commissioning Groups do you need to work with to implement the Adult Autism Strategy in your local authority area?

1

Comment

2. Are you working with other local authorities to implement part or all of the priorities of the strategy?

- ◯ *Yes*
- ⊗ *No*

If yes, how are you doing this?

Planning

3. Do you have a named joint commissioner/senior manager of responsible for services for adults with autism?

- ⊗ *Yes*
- ◯ *No*

If yes, what are their responsibilities and who do they report to? Please provide their name and contact details.

Gary Brittain
Head of Commissioning
Adults Children and Education
City of York Council

4. Is Autism included in the local JSNA?

- ◯ *Red*
- ⊗ *Amber*
- ◯ *Green*

Comment

JSNA for 2012 recommends further work to be undertaken to identify the needs of people with autism. The 2013 refresh of the JSNA will develop this further.

5. Have you started to collect data on people with a diagnosis of autism?

- ⊗ *Red*
- ○ *Amber*
- ○ *Green*

Comment

There is a lot of work needed to analyse the current Continuing Health Care database to identify Autism patients (currently under one category of LD/ASD).

6. Do you collect data on the number of people with a diagnosis of autism meeting eligibility criteria for social care (irrespective of whether they receive any)?

- ⊗ *Yes*
- ○ *No*

If yes, what is

the total number of people?

180

the number who are also identified as having a learning disability?

the number who are identified as also having mental health problems?

Comment

We don't have a formal system for identification for people with autism, however we do know that approximate 180 people with learning disability / mental health / Long term social care teams anecdotaly are known to social care who have behaviours which would indicate autism.

7. Does your commissioning plan reflect local data and needs of people with autism?

- ⊗ *Yes*
- ○ *No*

If yes, how is this demonstrated?

Working strategy to be published online by the end of this year. An action plan will be developed to complement the strategy, priorities have been identified within the strategy.

8. What data collection sources do you use?

- ○ *Red*
- ○ *Red/Amber*
- ○ *Amber*
- ⊗ *Amber/Green*
- ○ *Green*

Comment

Through PANSI (http://www.pansi.org.uk/) and through reviewing local social care case loads.
The data bases held within the Partnerships Commissioning Unit on behalf of the CCGs are the Continuing Health Care Quality Assurance Database and the Mental Health and Vulnerable People Database.

9. Is your local Clinical Commissioning Group or Clinical Commissioning Groups (including the Support Service) engaged in the planning and implementation of the strategy in your local area?

- ◯ Red
- ⊗ Amber
- ◯ Green

Comment

Social care lead has been endorsed by the CCG and North Yorkshire and York commissioning support unit (VACU).

10. How have you and your partners engaged people with autism and their carers in planning?

- ◯ Red
- ◯ Amber
- ⊗ Green

Please give an example to demonstrate your score.

We have engaged with the local community in planning the working strategy through questionnaires, attending local groups and formal engagement event planned in October 2013.

11. Have reasonable adjustments been made to everyday services to improve access and support for people with autism?

- ⊗ Red
- ◯ Amber
- ◯ Green

Please give an example.

Anecdotal evidence from local providers, eg dentists, who have tailored services for individual patients.

12. Do you have a Transition process in place from Children's social services to Adult social services?

- ⊗ Yes
- ◯ No

If yes, please give brief details of whether this is automatic or requires a parental request, the mechanism and any restrictions on who it applies to.

If a person is known to children's social care then a referral is made anytime from 16 onwards. This is done alongside parents and young people. The person needs to fulfil the criteria for adult LD support to have a Transitions Care Manager. A person can also be referred by other services and as Connexions is part of the Transitions team there are often get referrals from them.
If a person is under 18 they have to meet the criteria for children's Health and Disability Team, if over 18 they need to meet the criteria for the adult LD. If a person is over 18 and doesn't meet the criteria for the LD team there may be a referral to one of the Locality Teams (long term adult team).

13. Does your planning consider the particular needs of older people with Autism?

- ⊗ Red
- ◯ Amber
- ◯ Green

Comment

Wider planning around older people is led by the Older People and Long Term Conditions Partnership on behalf of the Health and Well Being Board. The strategic autism action plan will report into this process.

Training

14. Have you got a multi-agency autism training plan?

◯ *Yes*
⊗ *No*

15. Is autism awareness training being/been made available to all staff working in health and social care?

◯ *Red*
⊗ *Amber*
◯ *Green*

Comment: Specify whether Self-Advocates with autism are included in the design of training and/or whether they have a role as trainers. If the latter specify whether face-to-face or on video/other recorded media.

Social Care staff can access training through the Workforce Development Unit and additional courses are put on as/when required. Online e-learning is also available for all including primary care.

16. Is specific training being/been provided to staff that carry out statutory assessments on how to make adjustments in their approach and communication?

◯ *Red*
◯ *Amber*
⊗ *Green*

Comments

This takes place within the Learning Disabilities Service.

17. Have Clinical Commissioning Group(s) been involved in the development of workforce planning and are general practitioners and primary care practitioners engaged included in the training agenda?

◯ *Yes*
⊗ *No*

Please comment further on any developments and challenges.

Next steps within the working strategy for York are to target primary care.

18. Have local Criminal Justice services engaged in the training agenda?

◯ *Yes*
⊗ *No*

Please comment further on any developments and challenges.

Next steps within the working strategy for York are to target criminal justice.

Diagnosis led by the local NHS Commissioner

19. Have you got an established local diagnostic pathway?

⊗ *Red*
◯ *Amber*
◯ *Green*

Please provide further comment.

There is no standardised pathway in place in York. Referrals are made to an out of area clinic (mainly Sheffield) and the decision to refer for a diagnosis is made on a case by case basis, mainly by GPs and Consultant Psychiatrists.

20. If you have got an established local diagnostic pathway, when was the pathway put in place?

Month (Numerical, e.g. January 01)

Year (Four figures, e.g. 2013)

Comment

21. How long is the average wait for referral to diagnostic services?

Please report the total number of weeks

Comment

22. How many people have completed the pathway in the last year?

Comment

23. Has the local Clinical Commissioning Group(s)/support services taken the lead in developing the pathway?

- ◯ *Yes*
- ⊗ *No*

Comment

The Partnerships Commissioning Unit (PCU) acting on behalf of the CCGs will take the lead on developing the pathway.

24. How would you describe the local diagnostic pathway, ie Integrated with mainstream statutory services with a specialist awareness of autism for diagnosis or a specialist autism specific service?

- ◯ *a. Integrated with mainstream statutory services with a specialist awareness of autism for diagnosis*
- ◯ *b. Specialist autism specific service*

Please comment further

The autism diagnosis of adults is undertaken by a range of services that are external to the mainstream core services. Each funding request is considered on a case by case basis via a MH and Vulnerable Adults Triage Panel (which meets weekly).

25. In your local diagnostic path does a diagnosis of autism automatically trigger an offer of a Community Care Assessment?

- ◯ *Yes*
- ⊗ *No*

Please comment, i.e. if not who receives notification from diagnosticians when someone has received a diagnosis?

Currently this would only happen if a Community Care Assessment was recommended by the assessing service.

26. What post-diagnostic support (in a wider personalisation perspective, not just assuming statutory services), is available to people diagnosed?

If further NHS treatment is recommended after diagnosis, it would be referred to the MH&VP panel to approve funding. These requests are considered on a case by case basis.

A range of social care services have been commissioned in York to support individual need post diagnosis, including social groups and home support.

Care and support

27. Of those adults who were assessed as being eligible for adult social care services and are in receipt of a personal care budget, how many people have a diagnosis of Autism both with a co-occurring learning disability and without?

a. Number of adults assessed as being eligible for adult social care services and in receipt of a personal budget

b. Number of those reported in 27a. who have a diagnosis of Autism but not learning disability

c. Number of those reported in 27a. who have both a diagnosis of Autism AND Learning Disability

Comment

28. Do you have a single identifiable contact point where people with autism whether or not in receipt of statutory services can get information signposting autism-friendly entry points for a wide range of local services?

◯ *Yes*
⊗ *No*

If yes, please give details

The LA is developing a specialist autism 'hub' for people with LD/autism and it is planned that information will also be available for all indiviuals with autism and their families / carers.

29. Do you have a recognised pathway for people with autism but without a learning disability to access a community care assessment and other support?

◯ *Yes*
⊗ *No*

If yes, please give details

30. Do you have a programme in place to ensure that all advocates working with people with autism have training in their specific requirements?

- ◯ Red
- ⊗ Amber
- ◯ Green

Comment

We have a generic advocacy service in York but we will be working with the provider to ensure that this is in place.

31. Do adults with autism who could not otherwise meaningfully participate in needs assessments, care and support planning, appeals, reviews, or safeguarding processes have access to an advocate?

- ◯ Red
- ◯ Amber
- ⊗ Green

Comment

As above.

32. Can people with autism access support if they are non Fair Access Criteria eligible or not eligible for statutory services?

- ⊗ Yes
- ◯ No

Provide an example of the type of support that is available in your area.

This service is provided by York Mind and Older Peoples Advocacy Service.

33. How would you assess the level of information about local support in your area being accessible to people with autism?

- ⊗ Red
- ◯ Amber
- ◯ Green

Comment

Part of the Autism Strategy will be reviewing access to information in our area.

Housing & Accommodation

34. Does your local housing strategy specifically identify Autism?

- ◯ Red
- ◯ Amber
- ⊗ Green

Comment

The Supported Housing Strategy 2012 for York identifies autism within it's scope.

Employment

35. How have you promoted in your area the employment of people on the Autistic Spectrum?

- ◯ *Red*
- ⊗ *Amber*
- ◯ *Green*

Comment

Yes if you have a learning disability. A range of local learning providers support people with autism to access employment opportunties. DWP also have a specialist provider.

36. Do transition processes to adult services have an employment focus?

- ◯ *Red*
- ⊗ *Amber*
- ◯ *Green*

Comment

For learning disabilities this forms part of their transitions plan.

Criminal Justice System (CJS)

37. Are the CJS engaging with you as a key partner in your planning for adults with autism?

- ⊗ *Red*
- ◯ *Amber*
- ◯ *Green*

Comment

As part of the action plan we are addressing this.

Optional Self-advocate stories

Self-advocate stories.

Up to 5 stories may be added. These need to be less than 2000 characters. In the first box, indicate the Question Number(s) of the points they illustrate (may be more than one. In the comment box provide the story.

Self-advocate story one

Question number

Comment

Self-advocate story two

Question number

Comment

Self-advocate story three

Question number

Comment

Self-advocate story four

Question number

Comment

Self-advocate story five

Question number

Comment

This marks the end of principal data collection.

Can you confirm that the two requirements for the process to be complete have been met?

a. Have you inspected the pdf output to ensure that the answers recorded on the system match what you intended to enter?

☒ *Yes*

b. Has the response for your Local Authority area been agreed by the Autism Partnership Board or equivalent group, and the ratings validated by people who have autism, as requested in the ministerial letter of 5th August 2013?

☐ *Yes*

The data set used for report-writing purposes will be taken from the system on 30th September 2013.

The data fill will remain open after that for two reasons:

1. to allow entry of the dates on which Health and Well Being Boards discuss the submission and
2. to allow modifications arising from this discussion to be made to RAG rated or yes/no questions.

Please note modifications to comment text or additional stories entered after this point will not be used in the final report.

What was the date of the meeting of the Health and Well Being Board that this was discussed?

Please enter in the following format: 01/01/2014 for the 1st January 2014.

Day

Month

Year

Health and Wellbeing Board **4th December 2013**

Report of the Deputy Chief Executive and Director of Health & Wellbeing, Dr Paul Edmondson-Jones

Local Government Declaration on Tobacco Control

Summary

1. This report asks the members of the Health and Wellbeing Board to note that City of York Council have signed up to the Local Government Declaration on Tobacco Control, and to consider whether they wish to endorse the Declaration's aims on behalf of all organisations engaged in tobacco control across the City.

2. A copy of the Declaration has been provided and is at **Annex A** to this report.

3. The Tobacco Control Lead for City of York Council will be in attendance at the meeting to answer any questions that the Board may have.

Background

4. The Local Government Declaration on Tobacco Control was first passed by Newcastle City Council in May 2013 and provides a public opportunity for local authorities to publish a statement of their dedication to protecting local communities from the harm caused by smoking. The Declaration has been endorsed by leading figures including the Public Health Minister and the Chief Medical Officer.

5. Signing the Declaration reaffirms the Council's commitment to reduce the prevalence of smoking in York, and to tackle the harm it causes to the health of our residents. The Declaration also includes a specific and important commitment to protect health policy from undue influence from the national tobacco industry, by not accepting grants or sponsorship.

6. The three signatories required for the Declaration are the Chief Executive, the Director of Public Health, and the Leader of the Council. Group Leaders on the Council were able to reach a mutual agreement that the Council should sign up to the Declaration. Accordingly City of York Council has notified itself as having signed the Declaration, and there will be a formal 'signing' with a press call on December 2nd.

7. Effective tobacco control is already a high priority for the local authority and for its partners, and the Declaration merely confirms our commitment to this work. All of the actions to which local authorities are asked to commit themselves are already underway as part of our emerging tobacco control strategy.

8. Although the Declaration is specific to local government, it is being formally presented to the Health and Well Being Board in recognition of the fact that effective tobacco control will only be delivered by a strong partnership of many different organisations. There is an opportunity for the Health and Well Being Board to endorse the Declaration's aims on behalf of all its members engaged in tobacco control across the City.

   We look to work with all partners across the City to promote the aims of the Declaration.

Consultation

9. Consultation took place within City of York Council between Group Leaders and the Chief Executive, the Director of Health and Wellbeing, and the Leader and Deputy Leader.

Options

10. There are no specific options for the Board to consider. However they are asked to note the Council's adoption of the Declaration, and the opportunity for the Health and Well Being Board to formally endorse its aims, on behalf of the wider group of stakeholders engaged in tobacco control across the City.

Analysis

11. Not applicable

Council Plan 2011-2015

12. This report is directly linked to the 'protect vulnerable people' element of the Council Plan 2011-2015.

Implications

Financial – None

Human Resources (HR)

13. There are HR implications in relation to the Council's policies on workplace smoking and smoking in work time or while on Council business. As the Council has signed up to high profile commitments on tobacco control, there may be concerns about employees of the Council seen smoking while on their breaks or on Council business around the City.

The Tobacco Control lead will work with HR and occupational health in the Council, and with other interested partner organisations, to further develop policies on workplace smoking/ smoking in work time, and extensions of existing smoking cessation support for Council employees.
Equalities – None

Risk Management

14. There is a potential reputational risk should the Council, and wider stakeholders, fail to deliver effective action to reduce smoking prevalence in York having made this high profile commitment. However, effective tobacco control is already a high priority for the local authority and for its partners, and the Declaration merely confirms our commitment to this work. All of the actions to which local authorities are asked to commit themselves are already underway as part of our emerging tobacco control strategy.

Recommendations

15. Members of the Health and Wellbeing Board are asked to note and comment on the Declaration.

16. Members of the Health and Wellbeing Board are also asked to consider whether they wish to pass a formal resolution endorsing the Declaration's aims on behalf of all members engaged in tobacco control across the City.

17. A possible wording of such a resolution would be:

'The HWB welcomes City of York Council's signing up to the Local Government Declaration on Tobacco Control. As partner organisations engaged in improving health and wellbeing, we endorse the Declaration's commitment to tackling the harm caused by tobacco in our population. We also commit ourselves to work to reduce prevalence and participate in a city-wide strategy for tobacco control.'

Reason: In order to confirm the Council's commitment, and that of its partners, to improving health and reducing inequalities by tackling the harm caused by tobacco in our population.

Contact Details

Author:	**Chief Officer Responsible for the report:**
Clare Offer Specialty Registrar in Public Health (Lead for Tobacco Control) Tel: 01904 551577	Dr Paul Edmondson-Jones Deputy Chief Executive and Director of Health and Wellbeing Tel: 01904 551993

Report Approved	√	**Date**	25 November 2013

Specialist Implications Officer(s)

Wards Affected: **All** √

For further information please contact the author of the report

Background Papers:
None

Annexes

Annex A – Local Declaration on Tobacco Control

Local Government Declaration on Tobacco Control

We acknowledge that:

- Smoking is the single greatest cause of premature death and disease in our communities;
- Reducing smoking in our communities significantly increases household incomes and benefits the local economy;
- Reducing smoking amongst the most disadvantaged in our communities is the single most important means of reducing health inequalities;
- Smoking is an addiction largely taken up by children and young people, two thirds of smokers start before the age of 18;
- Smoking is an epidemic created and sustained by the tobacco industry, which promotes uptake of smoking to replace the 80,000 people its products kill in England every year; and
- The illicit trade in tobacco funds the activities of organised criminal gangs and gives children access to cheap tobacco.

As local leaders in public health we welcome the:

- Opportunity for local government to lead local action to tackle smoking and secure the health, welfare, social, economic and environmental benefits that come from reducing smoking prevalence;
- Commitment by the government to live up to its obligations as a party to the World Health Organization's Framework Convention on Tobacco Control (FCTC) and in particular to protect the development of public health policy from the vested interests of the tobacco industry; and
- Endorsement of this declaration by the Department of Health, Public Health England and professional bodies.

We commit our Council from this date .....to:

- Act at a local level to reduce smoking prevalence and health inequalities and to raise the profile of the harm caused by smoking to our communities;
- Develop plans with our partners and local communities to address the causes and impacts of tobacco use;
- Participate in local and regional networks for support;
- Support the government in taking action at national level to help local authorities reduce smoking prevalence and health inequalities in our communities;
- Protect our tobacco control work from the commercial and vested interests of the tobacco industry by not accepting any partnerships, payments, gifts and services, monetary or in kind or research funding offered by the tobacco industry to officials or employees;
- Monitor the progress of our plans against our commitments and publish the results; and
- Publicly declare our commitment to reducing smoking in our communities by joining the Smokefree Action Coalition, the alliance of organisations working to reduce the harm caused by tobacco.

Signatories

Leader of Council

Chief Executive

Director of Public Health

Endorsed by

Anna Soubry, Public Health Minister, Department of Health

Duncan Selbie, Chief Executive, Public Health England

Professor Dame Sally Davies, Chief Medical Officer, Department of Health

Dr Janet Atherton, President, Association of Directors of Public Health

Dr Lindsey Davies, President, UK Faculty of Public Health

Graham Jukes, Chief Executive, Chartered Institute of Environmental Health

Leon Livermore, Chief Executive, Trading Standards Institute

Department of Health | Public Health England | Association of Directors of Public Health | Faculty of Public Health | Chartered Institute of Environmental Health | trading standards institute

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Health and Wellbeing Board **4 December 2013**

Report of the Deputy Chief Executive and Director of Health & Wellbeing, Dr. Paul Edmondson-Jones

Progress Report – Section 136 Place of Safety

Summary

1. This report asks the members of the Health and Wellbeing Board to note and make comment on the progress made on providing a Place of Safety for York and North Yorkshire. An update has been provided and is at **Annex A** to this report.

2. Partners from appropriate organisations will be in attendance at the meeting to answer any questions that the Board may have.

Background

3. The Health and Wellbeing Board gave a commitment in their Joint Health and Wellbeing Strategy to provide a more fit for purpose Place of Safety for York and North Yorkshire.

4. An update was presented to the Health and Wellbeing Board at its previous meeting on 2 October, and this report provides a further update to the position outlined in October.

Consultation

5. Consultation and discussion has taken place between appropriate partner organisations which has led to Bootham Park being the chosen building to house the Place of Safety.

Options

6. There are no specific options for the Board to consider, however they are asked to note the update at **Annex A** and make any comments they feel necessary to move this project forward.

Analysis

7. Not applicable

Council Plan 2011-2015

8. This report is directly linked to the 'protect vulnerable people' link of the Council Plan 2011-2015.

9. It is also a priority identified in the Joint Health and Wellbeing Strategy 2013-16.

Implications

10. **Financial** – Vale of York Clinical Commissioning Group have agreed funding for the Place of Safety.

11. **Human Resources (HR)** - None

12. **Equalities** - We need to ensure that those detained under the Mental Health Act are treated with respect and dignity and to make adequate provision to meet their needs. As we currently do not have a Place of Safety those detained may well be detained in police custody and this is inappropriate. Establishing a Place of Safety for York and North Yorkshire will prevent this happening.

Risk Management

13. There is a risk that vulnerable adults will continue to be inappropriately detained in police custody if a Place of Safety is not provided.

Recommendations

14. Members of the Health and Wellbeing Board are asked to note and comment on the report and its associated annex.

    Reason: In order to inform the Health and Wellbeing Board of progress made towards providing a Place of Safety for York and North Yorkshire.

Contact Details

Author:	**Chief Officer Responsible for the report:**
Helena Nowell Health and Wellbeing Partnerships Co-ordinator Tel: 01904 551746	Dr Paul Edmondson-Jones Deputy Chief Executive andDirector of Health and Wellbeing Tel: 01904 551993

Report Approved	✓	**Date**	26 November 2013

Specialist Implications Officer(s)

Wards Affected: **All** ✓

For further information please contact the author of the report

Background Papers:
None

Annexes

Annex A – Place of Safety Update November 2013

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NHS
Partnership Commissioning Unit
On behalf of
Hambleton, Richmondshire and Whitby CCG
Harrogate and Rural District CCG
Scarborough and Ryedale CCG
Vale of York CCG

NHS
Vale of York
Clinical Commissioning Group

Annex A-

Meeting: York Health and Wellbeing Board
4th December 2013

Report From: Judith Knapton, Head of Mental Health and Vulnerable Adults, Partnerships Commissioning Unit

Report Subject: Section 136 Health Based Place of Safety

1. Introduction

1.1 The purpose of this paper is to update the York Health and Wellbeing Board on developments regarding s136 Health Based Place of Safety (HBPOS).

1.2 The intention is to commission a HBPOS from Leeds and York Partnership Foundation Trust (LYPFT) as part of the overall crisis service provision. The facility will be located on the main site in Bootham Park Hospital in York, adjacent to acute care facilities. However, the site requires capital works to achieve the specification required for the S136 service. NHS Property Services (NHSPS) have been working with Commissioners and LYPFT to progress this work since 30th July 2013.

2. Actions taken since last meeting

2.1 The service specification has been agreed between VOY CCG and LYPFT.

2.2 LYPFT have held the last interviews as part of the recruitment process.

2.3 Listed Building Consent has been granted.

NHS
Partnership Commissioning Unit
On behalf of
Hambleton, Richmondshire and Whitby CCG
Harrogate and Rural District CCG
Scarborough and Ryedale CCG
Vale of York CCG

NHS
Vale of York
Clinical Commissioning Group

2.4 Confirmation has been received from Mansells of the Guaranteed Maximum Price (GMP). This has been signed off by both the Vale of York CCG and LYPFT

2.5 Orders have been placed for the materials including windows for the ground floor assessment rooms.

2.6 Police officers in the York area have had a briefing on the s136 HBPOS

3. Next Steps

3.1 Complete contract variation with LYPFT.

3.2 Undertake necessary building work.

3.3 Due for completion by 10th January.

4. Recommendation

For the Health and Wellbeing Board to note the content of this paper.