

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

**To:** Councillors Runciman (Chair), Brooks, Cannon,  
Craghill,  
Sharon Stoltz Interim Director of Public Health,  
City of York Council  
Martin Farran Director of Adult Social Care, City  
of York Council  
Jon Stonehouse Director of Children’s Services,  
Education and Skills City of York  
Council  
Tim Madgwick Deputy Chief Constable, North  
Yorkshire Police  
Kevin Curley Acting Chief Executive York CVS  
Siân Balsom Manager, Healthwatch York  
Julie Warren Locality Director (North) NHS  
England  
Martin Barkley Chief Executive, Tees, Esk and  
Wear Valleys NHS Foundation  
Trust  
Patrick Crowley Chief Executive, York Teaching  
Hospital NHS Foundation Trust  
Dr Mark Hayes Chief Clinical Officer, Vale of York  
Clinical Commissioning Group  
(CCG)  
Rachel Potts Chief Operating Officer, Vale of  
York Clinical Commissioning  
Group (CCG)  
Mike Padgham Chair of Independent Care Group

**Date:** Wednesday, 9 March 2016

**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, Board Members are asked to declare:

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

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

### **3. Minutes (Pages 5 - 14)**

To approve and sign the minutes of the last meeting of the Health and Wellbeing Board held on 20 January 2016.

### **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 8 March 2016 at 5.00 pm.**

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

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

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[https://www.york.gov.uk/downloads/file/6453/protocol\\_for\\_webcasting\\_filming\\_and\\_recording\\_council\\_meetingspdf](https://www.york.gov.uk/downloads/file/6453/protocol_for_webcasting_filming_and_recording_council_meetingspdf)

### **Governance**

**5. Appointments to York's Health and Wellbeing Board**

(Pages 17 - 20)

This report asks the Board to confirm three new appointments to its membership.

### **Themed Meeting-Mental Health**

**6. Annual Report 2015/16 of the Mental Health and Learning Disabilities Partnership Board to the Health and Wellbeing Board** (Pages 21 - 44)

This report presents the Board with the Annual Report of the Mental Health and Learning Disabilities Partnership Board (MHLDPB).

**7. Together: York Pathways Project Update** (Pages 45 - 52)

This report provides an overview of the Together: York Pathways Project, which is a multi-agency collaboration that was established in April 2015 to identify and help address the issues associated with complex distress amongst York's most vulnerable and service-intensive people.

**8. Feedback Report from "Everybody's Business" (a Conference held on 25 November 2015)** (Pages 53 - 58)

This paper briefly outlines the main conclusions from a Conference held on 25 November 2015 at the National Science Learning Centre entitled "Everybody's Business". The Conference, which explored mental health issues for young people aged 0-25, was jointly commissioned by the Child and Adolescent Mental Health Services (CAMHS) Executive and the Higher York Board.

- 9. Future in Mind Transformation Plan (Pages 59 - 70)**  
This report briefs the Board regarding *Future in Mind* and the NHS Vale of York Clinical Commissioning Group's (CCG) Transformation Plan.
- 10. Update on Mental Health Facilities for York (Pages 71 - 74)**  
This report updates the Health and Wellbeing Board on the Mental Health Facilities for York.

### **Core Business**

- 11. Better Care Fund 2015/16 and 2016/17 (Pages 75 - 82)**  
The aim of this report is to update the Health and Wellbeing Board (HWBB) on the progress with the Better Care Fund (BCF) in 2015/16 and the approach being taken for implementation of the Fund in 2016/17 and beyond.
- 12. Verbal Update on Sustainability and Transformation Plans**  
The Chief Operating Officer from the Vale of York Clinical Commissioning Group will give a verbal update on sustainability and transformation plans.
- 13. Forward Plan**  
To consider the Board's Forward Plan. *[To be tabled at the meeting]*
- 14. Urgent 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
- Business of the meeting
- Any special arrangements
- Copies of reports and
- For receiving reports in other formats

Contact details are set out above.

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

我們也用您們的語言提供這個信息 (Cantonese)

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

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

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

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

 (01904) 551550

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

**Remit**

**York Health and Wellbeing Board will:**

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

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

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

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## Health & Wellbeing Board Declarations of Interest

### **Patrick Crowley, Chief Executive of York Hospital**

None to declare

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

None to declare

### **Dr Mark Hayes, Chief Clinical Officer, Vale of York Clinical Commissioning Group**

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 Healthwatch York**

- 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

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Meeting	Health and Wellbeing Board
Date	20 January 2016
Present	Councillors Runciman (Chair), Brooks, Cannon and Craghill,  Sian Balsom (Manager, Healthwatch York),  Patrick Crowley (Chief Executive, York Teaching Hospital NHS Foundation Trust),  Kevin Curley (Acting Chief Executive, York CVS),  Martin Farran (Director of Adult Social Care, CYC)  Dr Mark Hayes (Chief Clinical Officer, NHS Vale of York Clinical Commissioning Group),  Ruth Hill (Director of Operations, Tees, Esk and Wear Valleys NHS Foundation Trust) (substitute for Martin Barkley),  Tim Madgwick (Deputy Chief Constable, North Yorkshire Police),  Mike Padgham (Chair, Independent Care Group)  Rachel Potts (Chief Operating Officer, NHS Vale of York Clinical Commissioning Group)  Sharon Stoltz (Interim Director of Public Health, CYC)  Jon Stonehouse (Director of Children's Services, Education and Skills - CYC)  Julie Warren (Locality Director (North) NHS England)

Apologies - Martin Barkley (Chief Executive, Tees, Esk and Wear Valleys NHS Foundation Trust)

### **37. Introductions**

The Chair opened the meeting by congratulating Tim Madgwick who was due to receive the Queen's Police Medal.

The Board's Terms of Reference were circulated as the Chair felt that the strategic focus of the Board needed to be re-emphasized rather than the operational side.

### **38. Declarations of Interest**

Board Members were invited to declare any personal, prejudicial or disclosable pecuniary interests in the business on the agenda, other than the standing interests which had been circulated with the agenda papers. No additional interests were declared.

### **39. Minutes**

Resolved: That the minutes of the Health and Wellbeing Board held on 2 December 2015 be signed by the Chair as a correct record.

Consideration was given to the Board's Action Grid, in particular the action to write to the Department of Health. A draft letter to the Secretary of State for Health was circulated at the meeting and the Board asked for their comments before submission. The letter covered all the points discussed at the previous Board meeting and a related Council motion on public health cuts.

The following amendments to the letter were suggested:

- add a further sentence into the third paragraph to ask, what would any further reductions be, and the impact these would have on services
- inclusion of wording around dis-investment in prevention and the impact this would have

- include the fact that Health and Wellbeing Board support this letter as well as the council.

Discussions then took place on the current allocation of York's Public Health Grant and the predicted budget.

It was reported that there had been a shortfall in the current budget as there had been unfilled staff vacancies, lower than expected take up in some services and some activity such as a substance misuse service had been put on hold. Therefore the reduction in the overall grant of 6.2 %, which was recurrent, had been absorbed. It was unknown what the allocation for 2016/17 was likely to be, but Officers were expecting a further reduction of 2.7%. Work was currently being undertaken by a Health and Adult Social Care Policy and Scrutiny Committee Task Group on how the Council should prioritise their Public Health spending, and how to influence the way that services could be run.

One Board Member cautioned that 'Public Health' should not be looked at as a singular issue and needed to examine the delivery of services and budgets if they were cut further. It was noted that the Public Health Grant, which was currently ring fenced would no longer have this status after 2020, and it was expected to be funded from business rates.

#### **40. Public Participation**

It was reported that there had been one registered speaker under the Council's Public Participation Scheme.

Dr Andrew Field from the North Yorkshire Branch of YOR Local Medical Committee, who represented a number of GPs, shared a number of concerns with the Board in regards to the delivery of public health services in GP practices.

He raised concerns about cuts in services previously provided in primary care, including smoking cessation and sexual health. Practices who provided sexual health services had trained staff to provide these and there was a risk, that there could be a loss of skills through these cuts.

He added that access wise there was a postcode disparity in that some residents in North Yorkshire could access public health services, whilst those in the City of York could not. It was stated that patients valued these services and those such as health checks, where patients felt reassured.

In conclusion he requested that there be a joined up approach, as he was worried what was going to happen in March when the contracts ended.

The Interim Director of Public Health, Sharon Stoltz explained to the Board the reasons for why the smoking cessation contract had ended. She stated that it was the fifth lowest public health service accessed by patients and was very expensive. The city was currently under performance for the mandated NHS Health Checks and she wanted to make sure that the quality of service was the same across the city. This meant working with the CCG and GPs and she referred to offering the remaining health services as part of an Integrated Wellness Offer with GP practices. The Council were hopeful that in regards to the sexual health services that they could joint co-commission this service with the CCG from 1 April 2016.

#### **41. Joint Strategic Needs Assessment (JSNA) Update**

Board Members received an update report on York's Joint Strategic Needs Assessment (JSNA) and the work undertaken around specific topic areas.

The following comments were made:

- How can the HWBB assure itself that progress is being made against the wider strategic priorities
- There was a need for an alcohol strategy and a falls strategy for the city
- Student health should be included in the new JSNA work programme
- There was a gap in strategic planning around autism that needed to be looked at
- The work around poverty was weighted towards CYC

Resolved: That the report and its annexes be noted.

Reason: To update the Board on progress made with the JSNA.

#### **42. YorOK Board Annual Report**

Board Members received the YorOK Board's second Annual Report.

Councillor Brooks, as the Executive Member for Education, Children and Young People and Jon Stonehouse as the Director of Children's Services, Education and Skills presented the report.

They reported that alcohol had been highlighted as a key issue in the new Children and Young People's Plan.

The Chair felt that although the YorOK Board looked at mental health in respect of the child that taking a wider view, to look at parental mental health and the whole family would be beneficial.

One Board Member asked about new Governmental approaches for children's social care and asked what had been put in place in the city. It was noted that the vision for children's social care in York aligned well with the Government's.

Resolved: (i) That the report, including the priorities and cross-cutting issues for the coming year be noted.

(ii) That the opportunities for strengthening partnership working and progressing shared and cross cutting priorities be noted.

(iii) That any other support, development or information that will help the Health and Wellbeing and YorOK Boards fulfil their shared objectives be discussed.

Reason: To keep the Board appraised of progress to date.

**43. Update on Work towards Implementing the Recommendations Arising from Healthwatch York Reports**

Board Members received a report and two annexes which set out progress made to date on implementing the recommendations arising from two Healthwatch York reports on;

- Accident and Emergency (A&E) Department and its Alternatives
- Discharge from Health and Social Care Settings

Patrick Crowley, the Chief Executive of York Hospital commented on the recommendations from the A&E and its Alternatives report, he stated that all of the actions did not sit within his remit.

Martin Farran, the Director of Adult Social Care responded about the Health and Social Care settings report. He stated that there needed to be a better focus on people living in their own homes, and people needed to think in different ways. He stated that the current approach was paternalistic. Some Board Members agreed, whilst others disagreed and felt that it was not possible to be discharged from hospital and then be expected to self care.

It was agreed that future Healthwatch York reports should continue to be presented at the Health and Wellbeing Board but detailed discussions and updates should be considered by the JSNA/Joint Health and Wellbeing Strategy Steering Group.

Resolved: That the updates at Annexes A and B be noted.

Reason: To follow up on the recommendations of the Healthwatch reports.

**44. Delivering the Five Year Forward View for the Vale of York**

Board Members considered a report which provided them with an overview of the new national planning guidance for health services and proposals for the local development of the required plans.



Board Members considered a report which provided them with an overview of the new national planning guidance for health services and proposals for local development of the required plans.

Rachel Potts, the Chief Operating Officer from Vale of York Clinical Commissioning Group (CCG) presented the report. She informed the Board that the CCG had two tasks namely, to develop a Sustainability and Transformation Plan (STP) and a one year operating plan. The footprint of the STP would be large but discussions to the exact footprint were still ongoing. However, alongside the required plans, there also needed to be the submission of a financial recovery plan by the end of June 2016. It was noted that with a larger footprint the implementation of the plans would be slower.

One Board Member asked whether the minutes from the Systems Leaders Board were in the public domain and if there were any plans in the future for them to be. It was confirmed that this was not the case.

Resolved: (i) That the footprint for the Sustainability and Transformation Plan to build on the current System Leaders arrangements and cover the York and Scarborough footprint be noted.

Reason: To provide continuity in strategic direction and planning and reduce complexity through delivery a single plan for the STP requirements and local system recovery requirements.

Resolved: (ii) Receive updates on the development of the development of the Sustainability and Transformation Plan at future meetings.

Reason: The Sustainability and Transformation Plan will be aligned to the Health and Wellbeing Strategy for York and provide the strategic direction for recovery and sustainability for local health care services.

**45. Suicide Prevention**

The Board received a report which provided them with a brief overview of the work around suicide prevention in York.

The Chair confirmed that the report was for information only.

The Interim Director of Public Health added that a suicide audit would come to a development session in March. She commented that there was a need for a City of York Suicide prevention plan which sat under an overarching North Yorkshire Suicide prevention plan, which would include plans on how the city would become a zero suicide city. It was added that the Police had continued funding for a Suicide Prevention Officer.

Resolved: That the report be noted.

Reason: To keep the Health and Wellbeing Board apprised of the work being undertaken on suicide prevention.

**46. Forward Plan**

Board Members were asked to consider the Board's Forward Plan. Mike Padgham commented that there should be an item added on from the Independent Sector and some of its challenges going forward.

Resolved: That the Forward Plan be approved.

Reason: To ensure that the Board has a planned programme of work in place.

Councillor C Runciman, Chair  
[The meeting started at 4.35 pm and finished at 6.25 pm].

## Health and Wellbeing Board Action Grid

Action Number	Date	Action	Responsible	Date Required	Progress
HWBB 008	21.10.2015	Look at ways of better joining up some of the cross cutting issues for Safeguarding Adults Board and Safeguarding Children's Board	MA/DE/TW		In progress
HWBB 014	02.12.2015	Establish new JSNA/Joint Health and Wellbeing Strategy Steering Group	TW	23.02.2016	Complete
HWBB 015	20.01.2016	Alcohol Strategy for York to a future meeting of HWBB			In progress

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Glossary for all reports

ADHD- Attention Deficit and Hyperactivity Disorder

A&E- Accident & Emergency

ASB- Anti Social Behaviour

BCF- Better Care Fund

BPH- Bootham Park Hospital

CAMHS- Child and Adolescent Mental Health Services

CCG- Clinical Commissioning Group

CMHT- Community Mental Health Teams

CTB- Collaborative Transformation Board

CQC- Care Quality Commission

CVS- Centre for Voluntary Services

CYC- City of York Council

DTOC- Delayed Transfers of Care

ELSA- Emotional Literacy Support Assistants

FIM- Future in Mind

FMHP- Forensic Mental Health Practitioner

GP- General Practitioner

HE- Higher Education

HR- Human Resources

HWBB- Health and Wellbeing Board

IAPT- Improving Access to Psychological Therapies

ICT- Integrated Care Team

IT- Information Technology

JDG- Joint Delivery Group

JHSCSAF- Joint Health and Social Care Self Assessment Framework

JSNA- Joint Strategic Needs Assessment

LA- Local Authority

MHLDPB- Mental Health Learning Disabilities Partnership Board

NHS- National Health Service

NHSE- National Health Service England

PCU- Partnership Commissioning Unit

RPH- Roseberry Park Hospital

UCP- Urgent Care Practitioners

TEWV- Tees, Esk and Wear Valleys NHS Foundation Trust

WPH- West Park Hospital



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**Health and Wellbeing Board****9 March 2016**

Report of the Assistant Director, Governance and ICT

**Appointments to York's Health and Wellbeing Board****Summary**

1. This report asks the Board to confirm three new appointments to its membership.

**Background**

2. The Council makes appointments at its Annual Meeting, to Committees for the coming year. However, the Health and Wellbeing Board is able to appoint its membership separate of Full Council. Therefore, the following appointments have been put forward for the Board's endorsement:
  - To appoint Sarah Armstrong, Chief Executive of York CVS in place of Kevin Curley as the Board's representative for the York Voluntary and Community Sector.
  - To appoint Jane Hustwit, Chair of the Board of Trustees as second substitute for Sarah Armstrong.
  - To appoint Marion Gibbon, Consultant in Public Health, as substitute for Sharon Stoltz, Interim Director of Public Health, City of York Council.
3. These appointments have been brought to the Health and Wellbeing Board to allow for their confirmation.

**Consultation**

4. As these are a direct replacement and substitute appointments to the Health and Wellbeing Board no consultation has been necessary in respect of these appointments.

**Options**

5. There are no alternative nominations for these appointments.

## **Council Plan 2015-19**

6. Maintaining an appropriate decision making structure, together with appropriate nominees to that, contribute to the Council delivering its core priorities set out in the current Council Plan, effectively. In particular, these appointments to the Health and Wellbeing Board ensure that partnership working is central to the Council working for the benefit to improve the overall wellbeing of the city.

### **Implications**

7. There are no known implications in relation to the following in terms of dealing with the specific matters before Board Members:
  - Financial
  - Human Resources (HR)
  - Equalities
  - Crime and Disorder
  - Property
  - Other

### **Legal Implications**

8. The Council is statutorily obliged to make appointments to Committees, Advisory Committees, Sub-Committees and certain other prescribed bodies.

### **Risk Management**

9. In compliance with the Council's risk management strategy, the only risk associated with the recommendations in the report is by Board Members not endorsing the appointment of Sarah Armstrong, the voluntary sector will not be represented.

### **Recommendations**

10. The Health and Wellbeing Board is asked to endorse the appointments set out at paragraph 3 of the report.

Reason: In order to make these appointments to the Health and Wellbeing Board.



**Author:**

Judith Betts  
Democracy Officer  
Telephone: 01904 551078

**Chief Officer Responsible for the report:**

Andy Docherty  
Assistant Director, Governance and ICT

**Report  
Approved**



**Date** 22 February 2016

**Specialist Implications Officers**

Not applicable

**Wards Affected:** Not applicable

**All**



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

**Background Papers**

None

**Annexes**

None

**For a list of abbreviations used in this report please see the Glossary page before this report.**

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## Health and Wellbeing Board

9 March 2016

Report of the Chair of the Mental Health and Learning Disabilities Partnership Board

### **Annual Report 2015/16 of the Mental Health and Learning Disabilities Partnership Board to the Health and Wellbeing Board**

#### **Summary**

1. This report presents the Board with the Annual Report of the Mental Health and Learning Disabilities Partnership Board (MHLDPB). MHLDPB is a formalised sub-board of the Health and Wellbeing Board. The Annual Report is at **Annex A** to this report.
2. An easy read version of the report is currently being developed.
3. The Chair of the Partnership Board will be in attendance at the meeting to present the report.

#### **Background**

4. The Joint Health and Wellbeing Strategy require each of its sub-boards to report annually on progress made.

#### **Main/Key Issues to be Considered**

5. The main issues and work undertaken to date are set out in the Annual Report at **Annex A** to this report.

#### **Consultation**

6. No formal engagement on the Annual Report has taken place. However, there have been a number of engagement and consultation events held within the past 12 to 18 months that directly link to the work of MHLDPB.

### **Options**

7. There are no specific options for the Board to consider other than noting the Annual Report at **Annex A**.

### **Analysis**

8. There are no specific options for the Board and therefore no analysis of these is required.

### **Strategic/Operational Plans**

9. This report relates to progress made against delivering against the Joint Health and Wellbeing Strategy, a document that the Health and Wellbeing Board are statutorily required to produce.

### **Implications**

10. There are no known recommendations associated with the recommendations in this report.

### **Risk Management**

11. There are no known risks associated with the recommendations within this report.

### **Recommendations**

12. The Health and Wellbeing Board are asked to note the contents of the attached Annual Report from MHLDPB.

Reason: To keep HWBB apprised of the work of Mental Health and Learning Disabilities Partnership Board.

**Contact Details**

**Author:**

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

**Chief Officer Responsible for the report:**

Paul Howatson  
Chair of Mental Health and Learning  
Disabilities Partnership Board  
NHS Vale of York Clinical  
Commissioning Group

**Report  
Approved**



22.02.2016

**Specialist Implications Officer(s)** None

**Wards Affected:**

All

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

**Background Papers:**

None

**Annexes**

**Annex A** – Annual Report 2015/16 of the Mental Health and Learning  
Disabilities Partnership Board

**For a list of abbreviations used in this report please see the  
Glossary page before the first report in the agenda.**

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# **Mental Health and Learning Disabilities Partnership Board**

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Working in partnership to oversee the delivery of the Mental Health and Learning Disability Elements of the Joint Health and Wellbeing Strategy

# **Mental Health and Learning Disabilities Partnership Board**

# **Annual Report 2015/16**

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## **Foreword by the Chair of Mental Health and Learning Disabilities Partnership Board**

As Chair of the Mental Health and Learning Disabilities Partnership Board I am pleased to introduce the Annual Report for 2015/16.

Since the last Annual Report of the Mental Health and Learning Disabilities Partnership Board to Health and Wellbeing Board in March 2015 there have been a number of changes within the mental health and learning disabilities landscape in York.

The two most significant changes relate to who provides services in the Vale of York and where these services are provided from:

- Firstly, from 1<sup>st</sup> October 2015 Tees, Esk and Wear Valleys NHS Foundation Trust became the provider of mental health and learning disability services
- Secondly, just prior to this change in provider, the local system was placed under immense pressure when Bootham Park Hospital closed for both inpatient and outpatient services.

The staff across multiple agencies demonstrated true professionalism by rising to the unprecedented challenge which the closure of Bootham Park Hospital presented in order to keep people safe. I would like to formally acknowledge their sterling efforts and that of families and carers who worked alongside them during this challenging time.

The Board have worked hard over this time to ensure that delivery against the 'Improving Mental Health and Intervening Early' element of the Joint Health and Wellbeing Strategy has been as co-ordinated as possible. In addition to this they have also begun to focus on some of the broader themes around mental health and learning disabilities for the city; including developing a Mental Health Strategy for York. The body of this report sets out in more detail what the Partnership Board have been working on during the course of the last 12 to 18 months.

On behalf of the Partnership Board I would like to thank those representatives who moved on during the past year and to Leeds and York Partnership NHS Foundation Trust for their contributions to the Board prior to September 2015.

Looking forward into 2016 and 2017 the Board will need to focus on ensuring that work continues to take place in partnership to achieve the best possible outcomes for residents using services across the Vale of York.

I look forward to continue working with colleagues and partners on this exciting and challenging agenda.

**Paul Howatson**

Senior Innovation and Improvement Manager  
NHS Vale of York Clinical Commissioning Group  
Chair of the Mental Health and Learning Disabilities Partnership Board

## Introduction

The Mental Health and Learning Disabilities Partnership Board was established in January 2013 as a sub-board of the Health and Wellbeing Board. Initially set up to ensure delivery against the 'improving mental health and intervening early' element of the Joint Health and Wellbeing Strategy it has, where possible widened its remit to take account of other national and local priorities in relation to the mental health and learning disabilities agenda.

The Joint Health and Wellbeing Strategy 2013-16 tells us that at any one time it is estimated that there are just under 26,000 York residents experiencing mental health problems such as anxiety or depression.

In addition to this, there is a range of other mental health conditions, for which prevalence estimates show that in York there are expected to be approximately:

- between 720-1480 adults who experience psychosis or schizophrenia
- 800 people who might have a learning disability of which 170 have a severe learning disability
- 850 people could experience an eating disorder such as Anorexia Nervosa or Bulimia Nervosa
- 930 people could be expected to suffer from Attention Deficit and Hyperactivity Disorder (ADHD)
- 1, 280 adults might have either an Antisocial Personality or Borderline Personality Disorders
- 1 in 10 mothers are predicted to suffer from post natal depression within a year of giving birth

- 120 people might be expected to have Down's Syndrome
- 2450 people could develop dementia

Where possible the Board wants to be able to:

- encourage people and professionals to talk openly about mental health and well-being issues
- signpost them to accessible services so that professionals intervene early to prevent them escalating
- encourage people to engage fully with treatments and therapies to help them with more severe or longer term conditions.

The Board meets on a bi-monthly basis and holds its meetings in public. This includes a commitment to:

- publish agendas on-line five clear working days before a meeting
- offer a public participation scheme for anyone wanting to address the Board in relation to a matter on their agenda.

In addition to this the Board have now committed to two of their six meetings per year being focused on learning disabilities.

## Role of the Board

The Mental Health and Learning Disabilities Partnership Board was established as the strategic body to oversee the delivery of the 'improving mental health and intervening early' element of the Joint Health and Wellbeing Strategy. Its overall aim is to focus on the following key principles set out within the recently refreshed Strategy:

- Increase understanding of mental health needs across the city
  - Ensure that all agencies and practitioners record and provide accurate data about mental health and can share this across relevant partners (on a confidential basis, as appropriate), building on the recommendations of the Joint Strategic Needs Assessment
  
- Raise awareness of mental health and reduce stigma
  - Commit to a joint annual communication campaign for mental health: awareness of it, how to respond to it and how to promote mental wellbeing
  - Work with partners across the city on the development of the 'well at work' training for managers
  
- Intervene earlier and support community based initiatives
  - Work jointly to promote the delivery of more mental health first aid training in York – either from the existing national programme or develop a local model
  - Across sectors, we will jointly map the support and pathways available for people with mental health conditions, including thresholds and eligibility criteria for services
  - Support the commissioning of more community based support and services for individuals, especially early intervention and prevention work
  
- Ensure service planning and provision promotes choice and control

- Review our housing policy for people with a mental health condition, to ensure the policy promotes choice and control

The Board has scope to further define the actions within these priorities and to respond to key challenges around mental health and learning disabilities across the city.

## Membership

The Board has representation from the City of York Council (including an elected member representative), NHS Vale of York Clinical Commissioning Group, NHS Partnership Commissioning Unit (PCU), Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV), York Teaching Hospital NHS Foundation Trust, North Yorkshire Police, Healthwatch York. There are also three community representatives on the Partnership Board selected by the voluntary and community sector fora.

Membership of the Board is kept under review to ensure people who are best placed to deliver against the actions in the work plan and the wider remit of the Board are present. The most recent changes have been to welcome a representative from York Teaching Hospital NHS Foundation Trust to join the Board as well as seeking further representation from City of York Council to ensure that transitions between services for children and young people and adults are considered.

## Key Successes

The Board have contributed to the successes of a number of positive outcomes for the city in the past 12 to 18 months and these include:

### **Re-procurement of Mental Health and Learning Disability Services -**

The re-procurement of mental health and learning disability services for the city is now complete and the contract awarded to Tees, Esk and Wear Valleys NHS Foundation Trust commenced in October 2015. The contract term is for five years (with the potential to extend for up to a further two years).

The specifications for the contract were developed with partners after a series of in-depth discussions with local service users, members of the community, voluntary sector and clinicians through DISCOVER. This was an extensive engagement programme to collect the views of people from across the footprint of NHS Vale of York Clinical Commissioning Group to help develop high quality mental health and learning disability services.

**Learning Disabilities** – the Board have worked towards ensuring that learning disabilities work is included within their work programme and now has two meetings focused around learning disabilities per year.

**Crisis Response Services** - North Yorkshire Police, other emergency services and partner agencies have worked really well with the local health based place of safety, street triage and psychiatric liaison functions - demonstrably improving outcomes for service users.

**Pathways Together** – This collaborative project is working with an identified group of service users with multiple needs and complex demands on a range of agencies to address their issues in a structured, person centred manner. This project has also tackled some of the issues related to information sharing.

**Mental Health Directory** - Partners worked closely with Healthwatch York on the development of the local support services directory which was well received.

**Children & Young People** - A nationally driven 'Futures in Mind' programme has been established in York which will provide school based specialist mental health support workers to support early intervention and identification.

## Consultation and Engagement

The Board held three engagement events during 2015. The first in March 2015 which was focused around two issues:

- annual health checks for people with a learning disability
- whether a reasonable adjustment was made when people with a learning disability visited their GP, dentist, optician or pharmacist.

Two further engagement events were held in September 2015 in relation to the Joint Strategic Needs Assessment (JSNA) work on learning disabilities. These events were facilitated by Inclusion North and were well attended.

Additionally the DISCOVER engagement programme continued into mid 2015. This was directly linked with the re-procurement of mental health services for the city and the wider Vale of York.

During the course of this year the Chair of the Mental Health and Learning Disabilities Partnership Board has also:

- Met with York People First
- Met with mental health carers group
- Met with the Chair of the York Health and Wellbeing Board
- Sat as a panel member at a public meeting in relation to Bootham Park Hospital
- Met with the newly-appointed Assistant Director for Public Health

## **Delivering Against the Joint Health and Wellbeing Strategy**

The Board report the following highlights in terms of progress in relation to delivering against the four key action areas in the 'improving mental health and intervening early element' of the current Joint Health and Wellbeing Strategy:

### **Increasing understanding of mental health needs across the city**

- New models of care from TEWV will build on some of the pilot projects previously undertaken (street triage, crisis care concordat, Pathways Together project and psychiatric liaison) all of which involve multiple agencies sharing information appropriately



- The development of a multi-agency information sharing protocol adopted across York and North Yorkshire is making information sharing significantly easier
- North Yorkshire Police have introduced five key priority areas for development
  - identification of mental vulnerability
  - recording of vulnerability
  - responding to vulnerability, using appropriate internal and external resources
  - referral to partners to ensure that longer term needs are addressed
  - review to make sure that risks have been mitigated

### **Raising awareness of mental health and reducing stigma**

- A joint suicide prevention officer role working across York and North Yorkshire is leading on developing a suicide prevention action plan which will aim to identify opportunities and priorities for communication around mental health wellbeing, prevention of suicide and prevention of self harm. A retrospective audit of recent suicides is being undertaken and key findings shared appropriately with partner agencies including those represented at both the Partnership and Health and Wellbeing Boards.
- Members of the Mental Health and Learning Disabilities Partnership Board have various communications plans within their individual organisations which includes support for mental health campaigns.

### **Intervene early and support community based initiatives**

- Work has been undertaken collectively to develop an action plan to set out how the aims of the national Crisis Care Concordat can be delivered; this focuses on four main areas:
  - **Access to support before crisis point** - making sure people with mental health problems can get help 24 hours a day and that when they ask for help, they are taken seriously

- **Urgent and emergency access to crisis care** – making sure that a mental health crisis is treated with the same urgency as a physical health emergency
  - **Quality of treatment and care when in crisis** – making sure that people are treated with dignity and respect, in a therapeutic environment
  - **Recovery and staying well** – preventing future crises by making sure people are referred to appropriate services.
- Partner agencies have embraced the challenge of mental health first aid training and there is a need to continue to promote this with other organisations around the city and to explore how this can be embedded into the public mental health offer for York. To achieve this the Public Health team are developing a training plan
  - The recent re-procurement of mental health and learning disability services is focused around supporting people staying at home and in the community rather than being treated as patients in hospital settings. It encourages robust collaboration with the very active voluntary sector partners across York.

### **Ensure service planning and provision promotes choice and control**

Housing, social care and mental health teams are now working collaboratively in a task and finish group to create joint, sustainable and person centred solutions for service users who have complex housing support needs. Support housing options for this cohort of people has been an ongoing concern in the city for a number of years. The newly formed task and finish group have agreed to work towards developing detailed and costed proposals on how to meet the health support and housing needs of people with mental ill health and other complex issues such as substance misuse, non-engagement with support or serious risk issues. Starting from December 2015 the task and finish group are meeting monthly to progress this work with a view to reporting back to the Mental Health and Learning Disabilities Partnership Board by the end of June 2016.

## Ongoing Work Streams

### Learning Disabilities

Mental Health and Learning Disabilities Partnership Board have worked hard to be more inclusive of the learning disabilities community on their agendas over the past 12 to 18 months. This work has been focussed around the following key areas:

#### Annual Health Checks for people with a learning disability

Through the Joint Health and Social Care Self Assessment Framework (Learning Disabilities) (JHSCSAF) submitted in January 2015 a number of red and amber areas were identified as requiring further work. One of these was around Annual Health Checks for people with a learning disability.

Many people with a learning disability may have more difficulty than others in recognising ordinary health problems and may need 'reasonable adjustments' to be made in getting treatment for them. Each year GPs offer regular health checks to make sure important problems are identified and treated. 2013/14 data shows:

- NHS Vale of York Clinical Commissioning Group has a lower GP participation rate (55% compared with 58% regionally and nationally)
- Patients with a learning disability registered with 15 out of 33 practices in the Vale of York effectively did not have access to the programme in 2013/14

To look at why this was the Partnership Board held an engagement event in March 2015 to ask people with a learning disability:

- Have you had an Annual Health Check with your GP this year?
- Did you ask for your Annual Health Check?
- Did you go for your Annual Health Check? If you didn't can you tell us why you didn't

- When you go to your GP, Dentist, Optician or Pharmacist do they make things easier for you by making reasonable adjustments?
- What type of support or help would you like when you use these services

Twenty three people (including people with a learning disability, carers and professionals) attended the event. The debate was lively and engaging and in brief summary it was found that:

- Approximately  $\frac{3}{4}$  of those with a learning disability, in attendance at the meeting, had been offered and had accepted the offer of an Annual Health Check
- In many cases the GPs had arranged the appointment for the Annual Health Check by sending a letter to the patient. However there were at least 3 people who had to request the check themselves
- The invitation letter to an Annual Health Check should be accessible and in an easy read format; however alternatives should be available and an individual's needs and preferences taken into consideration when communicating.

Throughout the event it was apparent that communication in an appropriate format was one of the key factors in encouraging people with a learning disability to attend their Annual Health Check.

Following the event the Partnership Board led on the production of an easy read invitation letter for GPs to use with the aim of improving take up of the service. Input into what the easy read letter should contain and how it should be set out was received from the Learning Disabilities Health Action Group.

NHS Vale of York Clinical Commissioning Group continues to promote the use of this easy read invitation by GP practices.

### Transforming Care Agenda

Mental Health and Learning Disabilities Partnership Board have received updates from the Transforming Care Group, led by the Partnership Commissioning Unit (PCU). This group leads on the national transforming care agenda and in line with NHS England guidelines; report on the following patient categories:

- Out of area in residential and nursing home
- Out of area in supported living
- Hospital inpatients both in and out of area (North Yorkshire and York)

The Winterbourne target was reached in March 2015 but work is still continuing in line with national guidance. The overall aim of this work is to provide support and care to individuals in the least restrictive environment necessary to meet their individual care needs.

### JSNA work around Learning Disabilities

During 2015 work on a learning disabilities needs assessment began. This was led by a steering group reporting up to Mental Health and Learning Disabilities Partnership Board.

As part of this work two engagement events were held in the city, these were facilitated by Inclusion North. Both of the events were well attended with 35 people at the first event and 24 at the second. This included a mixture of people with a learning disability, carers and professionals. The discussion at both events was excellent and the anecdotal feedback was quite positive.

Initial findings from the two events suggested that the following were important for the learning disability community:

- More paid work was needed
- There needed to be more supported courses to help people get a job
- More information on getting old and planning for the future
- Keeping healthy
- Information needed to be provided in an accessible format
- Housing and short breaks

- Keeping safe
- Help to manage personal budgets
- Out of area placements
- Benefits
- Travelling around York
- Some bus drivers still did not listen
- Young people going into adult services
- A feeling that the support available for those with a learning disability wasn't as good as it was 6 or 7 years ago

The narrative comments received along with other relevant data will be used to compile the needs assessment and its associated recommendations.

### **Mental Health Strategy for York**

Members of the Mental Health and Learning Disabilities Partnership Board are in agreement that work needs to progress around developing a Mental Health Strategy for York. A task and finish group, reporting to the Partnership Board is currently being established to lead on this.

### **JSNA work around Self Harm**

During 2015 a needs assessment was carried out around self harm in order to identify local needs. Self-harm had been reported as a growing concern locally with York having slightly higher rates of hospital admissions due to self harm than the England average. In 2014/15 there were 659 admissions to York Hospital for self harm.

The work undertaken to date identifies various data issues and gaps in knowledge around self harm. The draft report concluded with some specific pieces of work that needed to be developed rather than with recommendations:

- Strengthening the identification and recording of self harm related problems that do not result in a hospital admission
- Developing and enhancing a local offer of information, advice and training to key staff groups and people most at risk of self harm
- To be able to offer evidence based interventions that are effective in reducing self harming behaviour and clear referral routes into this support.

The Mental Health and Learning Disabilities Partnership Board considered the draft report at their meeting in January 2016 and requested a further update once the report had been discussed further with key partners.

### **Mental health facilities for York**

Since the closure of Bootham Park Hospital the Partnership Board have kept a watching brief on mental health facilities for the residents of York. Updates are being provided on a regular basis by TEWV to all key partners and to Health and Wellbeing Board and more recently these have included:

- Section 136 suite at Bootham Part Hospital has now reopened
- As from early February 2016 some out patients are being seen at Bootham Park Hospital
- Currently inpatients are still going to Middlesbrough and Darlington
- Peppermill Court should be ready to take inpatients from July 2016
- Acomb Gables will also be developed to become a dementia unit
- A number of sites are being considered for a new mental health facility in York but no decision has been made on where this will be. Engagement around this will start in 2016 and be ongoing

## Performance

A range of 22 performance indicators were previously agreed by the Health and Wellbeing Board; six of these specifically relate to mental health and learning disabilities. The Board receives regular updates on these, the last being in November 2015. A summary of the key points discussed then is set out below:

- There was an increase in the use of mental health care bed days in the Vale of York. Rates during 2014/15 were much higher than the national average but there has been a fall in the first quarter of 2015/16.
- Referral rates to IAPT services in the Vale of York remain lower than national averages but the 2014-15 Q4 data showed an increase.
- To help provide context to the activity data, mental health and learning disability prevalence estimates are lower in the Vale of York compared with national averages and the spend per head on specialist mental health services is also lower.
- Reliable improvement rates for patients leaving IAPT services in the Vale of York are comparable with regional and national averages.
- The uptake of health checks for people with learning disabilities is lower in the Vale of York. Work is taking place to introduce an 'easy read' invitation letter for GP's to use with the aim of improving take up of the service.
- The gap in the employment rate between mental health patients and the overall employment rate appears to be widening slightly in York.
- The % of adults in contact with secondary mental health services living independently fell in York in 2014/15, having previously been above the national average.



- Any impact from the recent closure of Bootham Park hospital will not be captured in these indicators due to the time lag in availability of data.

## **Challenges and Focus for 2016/17**

In the context of budgetary pressures throughout the health and social care system and the increased national drive to improve and invest in mental health and learning disability services it is imperative that the city of York, NHS Vale of York Clinical Commissioning Group and their partners work towards the most efficient care system to ensure more needs are met from ever precious resources. With this in mind the following will be the key areas of focus for the Mental Health and Learning Disabilities Partnership Board in the coming months:

- (i). Mental health and wellbeing is a key priority for the city. The task and finish group appointed to lead the work on a mental health strategy for the city will need to feed their work into the renewed Joint Health and Wellbeing Strategy. The task and finish group will engage and consult on the collective vision for the future of mental health in the Vale of York.
- (ii). New models of care and different ways of supporting people with mental health and wellbeing concerns require suitable, safe and accessible facilities. Tees, Esk and Wear Valleys NHS Foundation Trust have already made great progress with upgrading and updating mental health facilities in York. Plans for a new mental health hospital in York will need to be advanced over the coming months and this will need to include engagement with Partnership Board members and the wider public.
- (iii). Mental Health and Learning Disabilities Partnership Board will continue to support the work of JSNA needs assessments and

wider pieces of work; these currently include work on self harm and on learning disabilities

- (iv). The housing and mental health support task and finish group will continue their work and garner support for improved housing options for those with complex health and wellbeing needs.

The above is in addition to continuing to monitor progress against the mental health and learning disability elements of the current Joint Health and Wellbeing Strategy.

It is likely that given the increased focus on mental health and learning disability services that further things will be added to the work plan.



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**Health and Wellbeing Board****9 March 2016**Report of Inspector Bill Scott, Mental Health Partnership Development,  
North Yorkshire Police**Together: York Pathways Project Update****Summary**

1. This report provides an overview of the Together: York Pathways Project, which is a multi-agency collaboration that was established in April 2015 to identify and help address the issues associated with complex distress amongst York's most vulnerable and service-intensive people.

**Background**

2. The need for this project was identified through concerns regarding self-harm and suicides in the North Yorkshire Police area, which triggered a collaboration between the national mental health charity *Together: for Mental Wellbeing* and North Yorkshire Police in the development of this two year pilot.

The York Pathways Project, as it became known, recognised that distress often occurs alongside a range of other disadvantaging factors, including substance misuse, trauma, abuse or homelessness, for which individuals regularly come into contact with emergency services. Emergency services can only address immediate risks, rather than long-standing issues, meaning any benefits of this are often short-lived as these services are not equipped to determine the underlying causes of such crisis.

With no clear onward referral pathway, and no interface between emergency services and other local support agencies, individuals often find themselves back in contact with emergency services as a means of having their needs met. Furthermore, clinically led services such as the Community Mental Health Teams (CMHT) may not be accessible to individuals facing complex distress due to the nature of their other difficulties (e.g. homelessness or substance

misuse, which may impact on an individual's ability to attend regular appointments, finding themselves being discharged for not engaging with the service). Similarly, Community Support Services, with expertise in practical issues, such as housing, often lack clinical expertise to tackle psychological difficulties.

As such, the York Pathways Project has formed a strong strategic level partnership which is committed to improving the response to individuals experiencing complex distress and placing high demand on emergency services within the City of York. This is complemented by clinical work by a small team that can work with individuals in a flexible and psychologically-informed way, bringing a wealth of expertise and unique ways of working with individuals who are multiply disadvantaged.

### **Main/Key Issues to be considered**

3. This exciting project is working to improve York's response to excluded individuals experiencing mental distress coming into contact with emergency services by:
  - Identifying and supporting individuals;
  - Educating and informing services about vulnerabilities;
  - Facilitating joint strategic planning about the needs of this client group.

The Pathways project works specifically with individuals to tackle mental distress in the context of complex or multiple needs, for which the target cohort is those experiencing distress and placing a demand on emergency services or at risk of placing a demand on emergency services, and perpetrators or victims of Anti-Social Behaviour (ASB). The project aims to:

- Preventatively divert individuals into appropriate resources
- Strengthen networks, friendships and family relationships
- Develop coping and relating skills
- Increase understanding and management of emotions
- Enhance problem solving

- Address concerns that are causing distress (e.g. financial problems, housing issues, substance misuse etc.)
- Reduce contact with emergency services
- Reduce enforcement action

The project is lightly staffed, with the equivalent of 5 employees, consisting of:

- 1 Full time Forensic Mental Health Practitioner – Project Manager (FMHP – PM)
- 0.5 Forensic Mental Health Practitioner (FMHP)
- 3.5 Pathway Workers

York Pathways works over two main referral streams; supporting individuals who are placing a frequently high demand on emergency services and those linked to the Community Safety Hub as either a victim or perpetrator of anti-social behaviour (ASB), for which there is often an overlap in terms of the demand made on emergency services.

### **Consultation**

4. During the formation of the project, there was extensive consultation, including (but not limited to):
  - Arclight
  - City of York Council
  - Leeds and York Partnership NHS Foundation Trust
  - North Yorkshire Fire and Rescue Service
  - North Yorkshire Police
  - Users of services
  - Vale of York CCG
  - York Teaching Hospitals
  - York CVS

A Strategy Board was established to include key partners and users of services, ensuring that there is top-level commitment to identifying gaps in existing provision between agencies, and to assist in closing those gaps.

An Operational Board was also formed to make sure that the project remains operationally focused on the most vulnerable, high-volume users of service.

### **Options**

5. The Board are asked to consider this report and to endorse the project's continued work towards reduction of distress, vulnerability and demand on services.

### **Analysis**

6. The York Pathways project officially started on 13th April 2015 at the first Operational Board Meeting, where key partners were asked to produce a list of their highest volume / highest vulnerability users to identify those who were of greatest concern across emergency services within the City of York.

This innovative approach has demonstrated the power of genuine interagency collaboration in reducing mental distress and escalation into crisis for some of our York's most vulnerable people.

The overall aim of the project is to reduce the demand on emergency services, whilst linking individuals into more appropriate support networks in order to have their needs met. As such, emergency service use is being monitored for the 6 months prior, during and 6 months post intervention where funding allows for those referred to and engaged in the service.

In order to further support this, the softer outcomes associated with engagement with the service were identified as an area of importance in terms of being able to evidence effective service delivery, for which the following were identified for data collection moving forward.

- Engagement rates
- Referrals into other support services and level of engagement
- Multi-agency support and consultation

- Safeguarding
- Registration with GP
- Fire safety within the home
- Housing improvements / status
- Reduction in anti-social behaviour and tenancy enforcement

A case management and performance monitoring tool is now in place and will enable regular reporting through governance.

In December 2015, the Pathways Project won the prestigious national Third Sector Care Award for collaboration and integration, which is a mark of its success in bringing agencies together to meet the needs of people suffering complex distress.

### **Strategic / Operational Plans**

7. The project's Strategy Board has considered the issues associated with information sharing between agencies.

There have been specific issues to date in securing the engagement of certain local health partners in this endeavour. This has restricted the opportunities to their service users in York to benefit from the project, but efforts continue to encourage participation from all emergency services in the city.

### **Implications**

8. The following assessments have been conducted:

- **Financial**

The project has benefitted from significant charitable funding from Lankelly Case Foundation (£150K) and £37K from NHS England, which has levered the effect of the contributions from Vale of York CCG and CYC.

- **Human Resources (HR)**

There are no legal implications.

- **Equalities**

There are no legal implications.

- **Legal**

Information sharing arrangements have proven complex, but all referrals are conducted with consent.

- **Crime and Disorder**

The project has close working arrangements with the York Community Safety Hub (formerly “Anti-Social Behaviour Hub”) to work with vulnerable victims and suspects within the city.

- **Information Technology (IT)**

There are no legal implications.

- **Property**

There are no legal implications.

- **Other**

None

### **Risk Management**

9. Risks are managed within the project.

### **Recommendations**

10. The Health and Wellbeing Board are asked to consider:
  - i. It is recommended that the Board continues to endorse the work of the project and its innovative collaborative to reduce distress, vulnerability and demand on emergency services in the city.

The award-winning project has brought together key partners in a pioneering partnership, assisted by significant funding from the charitable sector, to shape the response to assist some of the most vulnerable people in York.

Reason: To provide the Health and Wellbeing Board with a First Year Report on this project.



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Superintendent Anderson  
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**Report  
Approved**



**Date** 25.02.2016

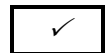
Samantha Durrant  
Project Manager  
York Pathways  
Together: Pathways

**Specialist Implications Officer(s)** None

*Tel No.*

**Wards Affected:**

**All**



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

**Background Papers:** None

**Annexes:** None

**For a list of abbreviations used in this report please see the Glossary page before the first report in the agenda.**

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**Health and Wellbeing Board****9 March 2016**

Report from the Associate Director of Higher York

**Feedback from *Everybody's Business* (a Conference held on 25 November 2015)****Summary**

1. This paper briefly outlines the main conclusions from a Conference held on 25 November 2015 at the National Science Learning Centre entitled "Everybody's Business". The Conference, which explored mental health issues for young people aged 0-25, was jointly commissioned by the Child and Adolescent Mental Health Services (CAMHS) Executive and the Higher York Board. Councillor Runciman attended the event.
2. The report is offered for information and discussion.

**Background**

3. The Conference came about because the Higher York Board was concerned at the apparently rising incidence of student mental health problems. This chimed with evidence being considered York's CAMHS Executive about growing problems in schools and other settings. The Conference therefore aimed to:
  - develop a shared understanding of the scale of the issues;
  - understand the provision that is available to help, and to identify any gaps;
  - explore and share best practice, particularly around transitions.
4. The Conference was designed to bring together practitioners working with young people of all ages, especially in educational settings.

It was originally designed for 75 delegates but the numbers rapidly swelled to 150 with a waiting list. Delegates included:

- Primary School Teachers
- Secondary School Teachers
- College Staff
- University Student Support Teams
- Academics
- Educational Psychologists
- Other LA Staff
- NHS Commissioners
- NHS Providers
- Representatives from the voluntary sector

5. The Conference was considered a great success, with 100% of those who completed the evaluation expressing interest in a follow-up event. Further details, including the full Evaluation Report and copies of the main presentations, can be found at [www.higheryork.org/eb](http://www.higheryork.org/eb).

### **Main/Key Issues to be Considered**

6. The following themes emerged from the Conference and are offered to the Health and Wellbeing Board for consideration:

### ***Planning and Commissioning***

- It is essential that Commissioners take account of the strong evidence of the rising incidence of poor mental health in young people, of all ages;
- York's substantial body of HE students, 10% of the population, needs to be given appropriate attention in local plans and strategies, and in the JSNA, alongside the needs of young people of all ages;
- There is an appetite to work on a multi-agency basis, across sectors (including the third sector) and age ranges, to address the issues of young people's mental health.

### ***Transitions***

- This was the theme that came up most frequently at the Conference: we still seem to be poor at transferring information and support across key transition points, especially primary to secondary schools; school to college; Sixth form or College to University; and CAMHS to Adult Services;
- There are particular issues for University students who may arrive from another location and find themselves having to restart the process of getting the care and support they need, often with significant waiting times;
- Do we need to design a mental healthcare plan, designed to follow the young person from one institution to another? Ownership of such a “passport” would need further debate, and this may be a national, rather than a local, issue.

### ***Early Intervention***

- It is a truism that issues identified and dealt with at an early stage can save much greater problems – and expenditure of resources – further down the track. This is particularly evident when talking about young people, where those dealing with the older age range may find themselves having to deal with the consequences of inadequate identification and support at a younger age;
- Many problems identified at an early age can be addressed through nothing more complicated than empathy, emotional support and the opportunity to talk openly about issues.

### ***Support for the Workforce***

- There is an urgent need to support the academic workforce who may be in most regular contact with young people – including teachers, lecturers and pastoral staff – to identify mental health problems and to respond appropriately;
- For example, staff need to be able to recognise the difference between “normal” anxiety and something potentially much more serious;

- “Mental Health First Aid” was frequently cited as an example of good practice in training non-health professionals;
- Others mentioned Networks of support for staff – similar to the cluster project pilot – giving external support and supervision for staff in stressful situations.

### ***Specific Issues (1): Self-harm and suicide***

- Suicide prevention should feature more prominently in the JSNA;
- We need to follow up the initial work commissioned by CAMHS to develop a better understanding of the incidence of self-harm in York, whether certain groups of young people are over-represented, and what can be done to help;
- We can learn from others:
  - A National campaign in Scotland:  
<http://www.chooselife.net/Home/index.aspx>
  - ASIST training: <https://www.livingworks.net/programs/asist/>
  - A community wide response in Brighton – ‘Suicide Safer Community’ [http://prevent-suicide.org.uk/suicide\\_safer\\_brighton\\_and\\_hove.html](http://prevent-suicide.org.uk/suicide_safer_brighton_and_hove.html)

### ***Specific Issues (2): Body image and self-esteem***

- Body image is now considered an everyday state of wellbeing and should therefore be recognised as such;
- We should do more to share best practise as to how schools and other institutions in York are addressing issues such as body image and self-esteem;
- Can the ELSA’s programme be expected to continue post review? Current work developing self-esteem workshops with children at school are proving very successful;
- The removal of youth clubs and group activities after school that are cheap / free to access has removed the opportunity for many children to create social networks outside of school, which used to help build self-esteem;

- Can more be done when young people do not ‘meet the criteria’, especially relating to eating disorders – a young person is presently unable to access support until they are at a dangerously low weight;
- Boys and younger men are often neglected from conversations surrounding body image and wellbeing – how can we include this group?

### ***Other specific issues***

- Other specific issues raised at the Conference of relevance to young people included:
  - Anxiety and Depression – especially when changing institutions;
  - Autism; and
  - Dyslexia

### ***Communications***

- The pathways to support are complicated and hard to understand – how can staff and families understand the pathways better?
- Communication between stakeholders and providers needs to improve;
- Across the conference as a whole there was high demand for similar events and increased communication and information-sharing between services.

### **Consultation, Options, Analysis, Strategic Plans, Implications and Risks**

7. As the report is offered for information, these sections do not apply.

### **Recommendations**

8. These brief notes are offered to the Health and Wellbeing Board for discussion and to assist future commissioning. Higher York stands ready to facilitate further debate with, and between, its partner institutions.

Reason: To inform the Board of the feedback from the Conference.

**Contact Details**

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**Chief Officer Responsible for the  
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**Report  
Approved**



**Date** 22.02.2016

**For a list of abbreviations used in this report please see the  
Glossary page before the first report in the agenda.**





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**Health and Wellbeing Board****9 March 2016**

Report of the Partnership Commissioning Unit on behalf of NHS Vale of York Clinical Commissioning Group

**Future in Mind Transformation Plan****Summary**

1. This report briefs the Board regarding *Future in Mind* and the NHS Vale of York Clinical Commissioning Group's (CCG) Transformation Plan. At the point of sign-off by the Chair of the Health and Wellbeing Board, prior to submission on 16 October 2015, it was agreed that a full report would be submitted to the Board in due course.

**Background**

2. Attached at Annex A is a report from the Partnership Commissioning Unit setting out the background to Future in Mind, and details of the Local Transformation Plan for the NHS Vale of York CCG area approved by NHS England.

The Local Transformation Plan is published on the Vale of York CCG website

<http://www.valeofyorkccg.nhs.uk/publications/future-in-mind-n-our-transformation-plan/>

**Main/Key Issues to be Considered**

3. The details of the approved local Transformation Plan are set out in Annex A.

**Consultation**

4. Not applicable, the report is for noting only.

### **Options**

5. Not applicable, the report is for noting only.

### **Analysis**

6. Not applicable, the report is for noting only.

### **Strategic/Operational Plans**

7. The report at Annex A sets out the detail of the Transformation Plan. The Transformation Plan itself references strategic and operational plans

### **Implications**

8. Not applicable, the report is for noting only.
  - **Financial:** Not applicable
  - **Human Resources (HR):** Not applicable
  - **Equalities:** Not applicable
  - **Legal:** Not applicable
  - **Crime and Disorder:** Not applicable
  - **Information Technology (IT):** Not applicable
  - **Property:** Not applicable
  - **Other:** Not applicable

### **Risk Management**

9. Not applicable, the report is for noting only.

### **Recommendations**

10. The Board is asked to note the report.

Reason: To keep the Health and Wellbeing Board up to date with progress.

**Contact Details**

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**Chief Officer Responsible for the  
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Victoria Pilkington  
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**Report  
Approved**



**Date** 25.02.2016

**Specialist Implications Officer(s)** None

*Tel No.*

**Wards Affected:**

**All**

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

**Background Papers:** None

**Annexes**

**Annex A:** Report of the Partnership Commissioning Unit on behalf of the Vale of York Clinical Commissioning Group on *Future in Mind* local Transformation Plan.

**For a list of abbreviations in this report please see the Glossary page before the first report in the agenda.**

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**Partnership Commissioning Unit**  
 Commissioning services on behalf of:  
 NHS Hambleton, Richmondshire and Whitby CCG  
 NHS Harrogate and Rural District CCG  
 NHS Scarborough and Ryedale CCG  
 NHS Vale of York CCG

**City of York Council Health and Wellbeing Board**  
**9 March 2016**

<b>Report Title:</b>	<i>Future in Mind</i> : transforming support for Children and Young People's Mental Health and Well-being
<b>Report From:</b>	Victoria Pilkington Head of Partnership Commissioning on behalf of Vale of York CCG.

## 1. INTRODUCTION

This report briefs the Board regarding *Future in Mind* and the Vale of York CCG Transformation Plan. At the point of sign-off by the Chair prior to submission on 16 October 2015, it was agreed that a full report would be submitted to the Board.

*Future in Mind* sets out a strong national vision and ambition for the delivery of mental health support for children and young people by 2020. 49 recommendations grouped into 5 themes set the direction, away from the existing health-led 4 tier structure to a model that clusters services around the child or young person, and emphasises prevention, and early support. The delivery mechanism is through the Local Transformation Plan, monitored by NHS England and the local Health and Well-Being Boards, to which is attached £1.3 million annually for 5 years to 2020 across North Yorkshire and York.

The Vale of York Transformation Plan was approved by NHS England in November 2015, and is published on the CCG website

<http://www.valeofyorkccg.nhs.uk/publications/future-in-mind-n-our-transformation-plan/>

This report:

- Outlines *Future in Mind*
- Sets out the priorities and actions in the Plan.
- Sets out the governance and monitoring arrangements
- Sets out the implementation arrangements

## **2. THE NATIONAL AMBITION: *FUTURE IN MIND***

*Future in Mind* sets out the national ambition for delivery of emotional and mental health for children and young people.

The national ambition is:

1. Children and young people will grow up confident and resilient so they can achieve their goals and ambitions
2. When children and young people need help they can find it easily, and be able to trust it
3. Help for children and young people will meet their needs as individuals and be delivered by people who care about what happens to that child
4. Children and young people are experts in their own care and will be involved in how mental health services are developed and delivered

To make the vision happen, there are **5 delivery themes**:

1. Promote resilience, prevention and early intervention
2. Improve access to effective support – a system without tiers
3. Care for the most vulnerable
4. Accountability and transparency
5. A well- developed workforce

*Future in Mind* requires the publication of transformation plans for emotional and mental health services up to 2020.

Whilst the details of Transformation Plans reflect local priorities, they must deliver the national ambition and also set out how three key national priorities will be taken forward:

1. Community Eating Disorder Service: this encompasses all support other than inpatient treatment, ranging from basic advice and information through to specialist clinic based therapies. There will be £384k pa across all 4 CCGs until 2020 to support this service.
2. Complete the roll-out of psychological therapies for children and young people (IAPT); these are therapies such as cognitive behaviour therapy, which have a strong track record in helping people to recover from or manage mental illness. It is expected that the area will meet the commitment in the *Future in Mind plan*.
3. Strengthen peri-natal mental healthcare: the subject area covers maternity care through to Health Visiting support, and separate guidance will be published about the expected standards and potential additional funding.

### **3. THE VALE OF YORK TRANSFORMATION PLAN**

The Transformation Plan was developed in conjunction with City of York Council, East Riding of York Council and North Yorkshire County Council. It was approved by the Board through Chair's action on 12 October 2015, submitted to NHS England on 16 October 2015 and received assurance on 18 November 2015.

The Plan articulates a vision for 2020:

*By 2020, we will work together and share resources across North Yorkshire and York to make sure that children and young people...*

- *Grow up confident and resilient and are able to achieve their goals and ambitions*
- *Can find help easily when they need it*
- *Receive help that meets their needs as individuals in a timely way*
- *Are fully involved in deciding on their support and more broadly how services are delivered and organised.*

The delivery programme is incorporated into three themes, in addition to the national priorities:

1. Prevention, promotion and early intervention
2. A system without tiers: easy access to appropriate help
3. Care for the most vulnerable children and young people

Each theme carries a set of projects that will deliver significant new levels of support for children and young people and those who work with them. All partners are keen to ensure this excellent new opportunity builds both on existing strategic priorities as expressed in the Health and Wellbeing Strategy and the children and young people's plan, and also results in new provision closely aligned with work to enhance the local integration and alignment of key services.

### Prevention, promotion and early intervention

This is concerned with the value placed on recognising and promoting good mental health and emotional well-being, rather than focusing on illness. There must be an integrated partnership approach to defining and meeting needs across the full range of universal, targeted and specialist services:

- Promoting good mental well-being and resilience
- Preventing mental health problems from arising by taking early action with those at risk
- Early identification of need as problems emerge; The main proposals for action are:
- Support throughout childhood from birth: subject to awaited guidance on peri-natal mental health care, working with the Healthy Child, and Health Visitor programmes and also within early years settings such as pre-school
- Whole system approach in schools: approaches involving building academic resilience
- Schools, GPs and others are equipped to support: named mental health links for school clusters and allied GP surgeries to offer advice, support training and early therapies for individuals and groups; and a mental health lead in schools.

### A system without tiers: easy access to appropriate help

The proposal is to move away from a tiered model of care to a flexible needs based model: this allows agencies to jointly commission and deliver support to enable children and young people to move more easily into and between services and to make collaborative choices about what help best suits them.



This means that clearly structured access into services, and common understanding of how the 'whole system' functions is critical. The Plan will establish a single point of access into support, comprising multi-agency triage to ensure that children and young people are offered the most appropriate support to suit their needs. A mental health worker assigned to work with children's services, police, and healthy child programme staff will advise, offer consultation to colleagues and facilitate onward referral to appropriate services. This will also ensure that high risk vulnerable groups are prioritised, allowing prompt decision making on interventions, advice and support.

### Care for the most vulnerable

Children and young people such as those in care, with complex needs, or in the Youth Justice system have greater vulnerability to mental illness, but often find it harder to access help and support. If access is readily available, then outcomes are improved for the individual and the potential costs to the public purse can be reduced.

The challenges are to ensure a clear sense of purpose across agencies in ensuring that appropriate care is always available. There are a number of models of care for vulnerable groups, such as Team Around the Child, and consultation and liaison models. Initiatives will be focused on work in schools.

In addition, the Plan details the approach towards establishing a **community eating disorder service** to meet the NHS national waiting time standards by 2020. There is very clear evidence that children and young people with eating disorders achieve better outcomes, both health and social/economic, if they can be treated in the community rather than in inpatient units. The eating disorder service will be based on a population footprint in North Yorkshire and York of 700,000. NHS data shows that from Vale of York, there were 56 admissions to Tier 4 CAMHS inpatient units in 2014/15 of which 2 were primary presentations of significant eating disorder, although others will be included within 'generic' categories of care.

The national standard is that all urgent cases will commence treatment within five days, and non-urgent within fifteen days of referral. There is currently a general CAMHS clinic in York that treats children and young people with eating disorders; the clinic carries a caseload of around 30-40 cases at any one time.

### How will we know we have succeeded?

The critical success factors for this ambitious project will be:

- Reduction in inappropriate referrals to specialist CAMHS services
- Measurement through pupil surveys that show more pupils feel supported and able to cope with adversity
- Measurement through staff surveys that show frontline staff are better informed and support and able to manage children and young people with difficulties
- Measurement that shows workforce generally is better aware of the issues surrounding emotional and mental well-being and able to respond appropriately to support children and young people

## **4. GOVERNANCE AND MONITORING**

Following assurance from NHSE, the CCG is working on implementation within the framework of its overall commissioning intentions for 2016/17.

Following approval, the project is overseen by an Implementation Group, comprising the Partnership Commissioning Unit (PCU) on behalf of the 4 CCGs, North Yorkshire County Council, City of York Council, Airedale Wharfedale and Craven CCG, NHS England and East Riding of Yorkshire Council.

The governance structure outlined in the Transformation Plans provides for oversight by the Health and Wellbeing Board, which will ensure that the Transformation Plans reflect and are reflected across all children and adolescent strategies.

NHS England will monitor the Plan against the financial and performance metrics adopted within the Plan structure.

## **5. Conclusion**

*Future in Mind* offers the opportunity for a fresh start to the whole approach for responding to the basic need of children and young people for good mental health and emotional wellbeing.

By moving from a deficit model of treating illness to one built around developing and reinforcing that which is good and supportive in the lives of children and young people, it is intended that fewer will report negative feelings about their lives and be better equipped to manage adversity and challenge.

For those children and young people who need support, the move to a system structured to provide early support appropriate for the individual should mean speedier recovery.

**6. Recommendation**

The Board is asked to note the report.

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**Health and Wellbeing Board****9 March 2016**

Report of the Director of Operations, Tees, Esk and Wear Valleys NHS Foundation Trust.

**Update on Mental Health Facilities for York****Summary**

1. This report updates the Health and Wellbeing Board on the Mental Health Facilities for York.

**Background**

2. Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) became responsible for all mental health and learning disability services across the Vale of York from the 1 October 2015.
3. The service transition has been complicated by business continuity arrangements which have been in place since the decision by the Care Quality Commission (CQC) not to register services at Bootham Park Hospital (BPH).
4. TEWV have put in place a number of operational plans to minimise, where possible, the disruption to patients and carers. The Trust have reinstated services in a number of areas and has in place plans to return adult inpatient beds to York in July 2016.
5. Work is progressing to develop plans for a new mental health hospital to open January 2019.

**Main/Key Issues to be Considered**

6. Since 28/09/15 all adult inpatient services have been provided by Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) across its inpatient wards.

The majority of inpatient care has been provided at Roseberry Park (RPH - Middlesbrough) with additional input from West Park Hospital (WPH - Darlington).

7. TEWV have worked with CQC to reinstate the Place of Safety (136 Suite) on the 16 December 2015 and the phased return of outpatients from the 8<sup>th</sup> February 2016. As part of this process there has been considerable works undertaken with NHS Property Services to address the estate requirements and meet the necessary health and safety elements and issues identified by CQC.
8. Work has commenced on the 1 February 2016 to upgrade Peppermill Court, York. This unit will provide 24 beds and the 136 suite and will enable the reinstatement of adult beds back to York. Work is anticipated to take approximately 6 months with the unit being operational in July 2016.
9. A number of estate issues have been progressed or are planned covering:
  - Interim modifications to Worsley Court (male dementia unit in Selby) to address service requirements including staff attack alarm system/ backlog maintenance/ revisions to door entry – work scheduled February to April 2016.
  - Minor modifications to Meadowfields (female dementia unit in York) – staff attack alarm system work scheduled March to April 2016.
  - Acomb Gables (rehabilitation unit in York) - work scheduled from April 2016 to upgrade the unit to dementia standards for the transfer of patients from Worsley Court in Summer 2016. This work will also enhance the community team space and increase outpatient facilities.
10. A work stream around the development of community hubs has begun. This is exploring the optimal configuration of community teams. This will improve clinic and patient facing environments, address the need to consolidate a number of separate community bases, which in turn will improve team effectiveness. The plans for hubs are interdependent on various service solutions and availability of sites/ buildings. Plans are developing and should be identified by Autumn 2016.

We want to relocate the Community Mental Health Teams (CMHTs) currently located at Bootham Park Hospital as early as possible in 2017.

11. Plans for the new hospital are progressing. TEWV are currently in discussions with CCG to develop a Strategic Outline Case that will consider options for the new hospital and include options on potential sites.

### **Consultation**

12. There is an emerging plan for consultation and engagement which will involve patients, carers, stakeholders and the public. Details will be circulated as they are finalised.

### **Strategic/Operational Plans**

13. The NHS Vale of York Clinical Commissioning Group (CCG) have confirmed the strategic requirement for a new mental health hospital by 2019.

### **Implications**

14.
  - **Financial**
  - The Strategic Outline Case will consider the financial implications arising from the new hospital.
  - **Human Resources (HR)**
  - There are no specific HR implications
  - **Equalities**
  - There are no specific equalities implications
  - **Legal**
  - There are no specific legal implications
  - **Crime and Disorder**
  - There are no specific crime and disorder implications

- **Information Technology (IT)**
- There are no specific IT implications
- **Property**
- The estate plans will enhance the mental health patient care environments for the population of York.

### **Risk Management**

15. As part of the Strategic Outline Case for the new hospital there will be consideration of the relative risks associated with this project.

### **Recommendations**

16. The Health and Wellbeing Board are asked to consider:

This report and the current update around mental health estate provision for York.

Reason: To keep the Board up to date on mental health services for York

### **Contact Details**

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**Report  
Approved**



**Date** 24.02.2016

**Wards Affected:**

**All**

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

**Background Papers:** None

**Annexes:** None

**For a list of abbreviations in this report please see the Glossary page before the first report in the agenda.**





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**Health and Wellbeing Board****9 March 2016**

Report of the Interim Senior Innovation and Improvement Manager,  
NHS Vale of York Clinical Commissioning Group

**Better Care Fund 2015/16 and 2016/17****Summary**

1. The aim of this report is to update the Health and Wellbeing Board (HWBB) on the progress with the Better Care Fund (BCF) in 2015/16 and the approach being taken for implementation of the Fund in 2016/17 and beyond.
2. The HWBB are asked to note the content of this report and agree the approach to 2016/17 planning.

**Background**

3. The BCF is the biggest ever financial incentive for the integration of health and social care. It requires Clinical Commissioning Groups (CCGs) and local authorities to pool budgets and to agree an integrated spending plan for how they will use their BCF allocation. In 2015-16, the Government committed £3.8 billion to the BCF with local areas contributing an additional £1.5 billion, taking the total spending power of the BCF to £5.3 billion. Locally, this equated to a BCF budget for York of £12.127 million. Plans for how this budget was to be spent in 15/16 were agreed between the CCG and City of York Council and were signed off by the HWBB in March 2015.
4. In 2016/17 the BCF is being increased to a mandated minimum of £3.9 billion to be deployed locally on health and social care through pooled budget arrangements between local authorities and CCGs. The local flexibility to pool more than the mandatory amount will remain. Locally, this will equate to a minimum pooled BCF budget for York of £12.203 million.

Planning for how this budget will be allocated is underway and will be expanded on further later in this report.

### **Main/Key Issues to be Considered**

5. In 2015/16 the main aim of the BCF was to reduce Non Elective Admissions to hospital, as well as having an impact on permanent admissions to residential care, improving the effectiveness of reablement and helping to reduce the number of Delayed Transfers of Care (DToC) across the system. A local aim to reduce the number of falls related injuries for the over 65s was also agreed. Partners across the health and social care system agreed these aims and our ambitious plan was finally fully signed off through the National Assurance Process in January 2016
6. To deliver the aims identified above, a series of schemes and interventions were commissioned across the footprint of the HWBB and across a range of providers. The main schemes are as detailed below:
  - Urgent Care Practitioners (UCPs). A total of 11 UCPs have been commissioned with an aim to reduce the amount of people in crisis who are conveyed to local Accident and Emergency departments (A&E) through a 'see and treat' model. By reducing the number of people taken to A&E this scheme would also reduce the number of people admitted to hospital from A&E.
  - York Integrated Care Team (York ICT). The York ICT has developed throughout 15/16 from the original Priory Hub, as more General Practices in York have joined the team. The team take a proactive approach to case management, working through a Multi-Disciplinary Team approach with colleagues from York Hospital, York Adult Social Care, Yorkshire Ambulance Service and the voluntary sector to put in place rapid interventions and packages of support to avoid hospital admissions and facilitate quicker and safer discharge from hospital.
  - Hospice at Home (H@H). This scheme funded additional out of hours support to provide palliative care to patients in their own home in partnership with St Leonards' Hospice.

The impact of this scheme has been measured against the increased numbers of patients dying in their place of choice and a reduction in admissions to hospital for patients at end of life.

7. The schemes above have all had an impact (of varying degrees) across the full range of identified aims. UCPs are reporting a non-conveyance rate (amount of call outs where they 'see and treat' rather than take to A&E) of approximately 55% compared to a non UCP conveyance rate of 27%, the York ICT is currently actively managing 2448 individuals and Hospice at Home has seen an increase in the percentage of people dying at their place of choice to 77% from 23% in 2012. The quality impact of the above schemes is also significant with high degrees of satisfaction from service users, families and carers.
8. Notwithstanding the above, pressures across the system continue to rise particularly in relation to Non Elective Admissions, A&E attendances and Delayed Transfers of Care. Whilst the 15/16 BCF schemes have managed an element of growth in these areas, they have not had the level of impact anticipated which has resulted in a significant cost pressure on the CCG. Simplistically, because the BCF as a whole has not had the desired impact on hospital based activity, the cost to the CCG of this activity is above plan and has necessitated some difficult discussions and decisions between the CCG and CYC.
9. The intention of the proposed risk share arrangement within the Section 75 agreement is that the £1M set as a contingency in the pooled fund would cover any non-delivery of health related savings from the BCF schemes.
10. For 2016/17 and beyond, local health and social care leaders have recognised that a much more systems based approach to delivering the outcomes expected from the BCF is necessary. Whilst the 2015/16 plan contained much that is positive and can be continued in 16/17, there has been a lack of tangible delivery in some areas and a review of where funds are targeted is now underway. The key focus of this review is to ensure that whatever decisions are made, we get the maximum value from the "York £" and that cost savings in part of the system should not cause cost pressures in other parts. By addressing the significant challenges the York health and social care system faces in a more joined up and integrated fashion the impact of planned schemes and interventions will be greater.

11. It is also recognised that the existing governance and leadership structures associated with the BCF in York are no longer fit for purpose. The existing Joint Delivery Group (JDG) was established in 2014 as a formal sub group of the Collaborative Transformation Board (CTB) which in turn was a formal sub board of the HWBB. Since the demise of the CTB in October 2014 the JDG has been operating outside a formal governance process, albeit with strong links to remaining CCG and CYC systems. JDG has undergone several refreshes since its inception to make sure it keeps the right balance between operational oversight of BCF whilst at the same time providing suitable strategic leadership and decision making. It is this latter point where it has been least effective (due to governance issues highlighted above) and where a renewed focus and energy will be in place for 2016/17 and beyond.
12. Taking all of the above into account, discussions are taking place at a senior level between health and social care partners to put in place new processes for the delivery, monitoring and leadership of BCF for the coming year. These discussion are at an early stage and a multi-partner planning meeting is scheduled for the 25<sup>th</sup> of February. The outcomes from this meeting will be shared verbally at the Health and Wellbeing Board meeting on the 9<sup>th</sup> March.
13. Partners across the health and social care system agree that whilst there have been challenges in 2015/16 – relationships, financial and operational – the focus now should be on building long term, sustainable solutions that will address the needs and aspirations of our community, using a refreshed approach to BCF as a key enabler to achieve this. The detail to support this will be addressed in a separate report to be tabled at a later date.

### **Consultation**

14. Throughout the whole of the BCF process there has been extensive engagement across all groups through a variety of forums and this will continue through 16/17. A refreshed communications and engagement strategy is being developed and this will be shared with HWBB at a later date.

### **Options**

15. As this is an update report, there are no options for the HWBB to consider.

## Analysis

16. Not applicable

## Strategic/Operational Plans

17. The BCF does not sit in isolation and is an integral enabler that supports numerous operational and strategic planning frameworks. Whilst the detail of where BCF resources will be focussed in 16/17 are still to be finalised, there are clear links to the CCG Operational Plan, the fledgling Sustainability and Transformation Plan and the Council's Strategic Plan. Addressing the key health and social care drivers and inequalities highlighted in the Joint Strategic Needs Assessment (JSNA) are also the focus of BCF planning.

## Implications

18. The following implications have been addressed in this report
- **Financial** – The financial pressures faced by all organisations across the system are one of the key drivers behind the refreshed approach to BCF planning and delivery. Senior leaders are committed to ensuring that addressing financial pressure in one part of the system do not create additional pressures in other parts. This is a significant move towards a more integrated and whole system approach and will require strong leadership and buy in to succeed.
  - **Human Resources (HR)** - There are no specific HR implications at this stage of the planning process
  - **Equalities** – Equalities are continuously addressed through the engagement and consultation approach and recognised methods of assessing this through Equality Impact Assessments are followed
  - **Legal** – There are no specific legal implications at this stage of the planning process
  - **Crime and Disorder** – There are no specific crime and disorder implications at this stage of the planning process
  - **Information Technology (IT)** – Progress towards a more joined up approach to IT is being addressed through the Digital Roadmap, progress on which is outside the scope of this report

- **Property** – There are no specific property implications at this stage of the planning process

### **Risk Management**

19. The whole system approach to BCF planning for 16/17 is not without risk, primarily that pressures in specific parts of the system will force organisations to take an inward facing approach to addressing these, rather than how these pressures can be managed across the system. The proposed governance approach and a clear commitment to system working will go a long way to mitigate this risk.

### **Recommendations**

20. The Health and Wellbeing Board are requested to note and accept the update on BCF 15/16 and to note and agree the early approach to planning for BCF 16/17.

Reason: To keep the HWBB up to date in relation to the Better Care Fund

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**Report  
Approved**

**Date** 25.02.2016

**Specialist Implications Officer(s)** None

**Wards Affected:**

**All**

**Background Papers:**

<http://democracy.york.gov.uk/ieListDocuments.aspx?CId=763&MId=8489&Ver=4> (Health and Wellbeing Board Agenda 11 March 2015)

**Annexes**

None

**For a list of abbreviations used in this report please see the Glossary page before the first report in the agenda.**

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