

Responses to recommendations

Contents

Contents	1
Introduction.....	2
Accessible information – June 2022.....	3
Children’s Mental Health –Nov 2022.....	24
Listening to people with dementia – March 2023.....	36
Health and the Cost of Living – May 2023.....	39
Breaking Point: A recent history of mental health crisis care – June 2023.....	43
Independent Evaluation of the Pilot Pathway for Adult ADHD and Autism Assessment – August 2023.....	51
Urgent Care – October 2023	57
Community Pharmacy – February 2024	61

Introduction

Part of the role of a local Healthwatch is to make recommendations to health and care partners – both providers and commissioners (the people who buy the services.)

This briefing includes the recommendations Healthwatch York has made in chronological order, with responses from partners. Initially this report planned to cover our reports from April 2023 to March 2024. We have been asked to include two reports from the previous year, April 2022 to March 2023.

The partner responses detail the actions taken as a result of the recommendations. Most of these updates were provided in April 2024. We have also included previous responses where updates have already been requested.

Accessible information – June 2022

Full report can be seen here: <https://bit.ly/AccessibleJun22>

	Report recommendations
A1	Ask what helps and do something about it. Put the user first.
A2	Make accessible information an organisational priority from the top down and make sure everyone knows why it is important. Have understanding, committed staff championing this at all levels.
A3	Make sure that you ask people about their preferred format. Record this and use it to provide information in that format as standard.
A4	Once identified, share people's information needs within organisations. Information about people's needs should only need to be recorded once for people across the organisation to get it right.
A5	Involve people with lived experience to help find pragmatic answers.
A6	Provide choice. Don't assume that everyone with a particular issue needs information in the same format or that everything is accessible. Digital is not the solution for everyone.
A7	Each organisation should have one contact / team who work across that organisation to find solutions to accessible information needs quickly and effectively.
A8	Seek and share good practice. Providing information in accessible formats isn't always easy but lots of organisations are trying. Share progress and challenges so that things are constantly improving.
A9	Review what you are doing to make sure it is working and learn from what is and isn't going well.

Update report published November 2022 here:

<https://bit.ly/AccessUpdateMar23>

Responses within the Update report March 2023

North Yorkshire Police Response

North Yorkshire Police (NYP) do not have a policy on accessible information and, in the main, do not currently comply with the recommendations in the report. However, this is something that we recognise. We have already taken steps to review the report and assess our current position.

I have arranged to meet with the Chair of our Diversity, Equality and Inclusion Board, ACC Elliott Foskett, to consider the recommendations and determine a way forward for NYP.

To support NYP develop and provide improved Accessible Information to our communities, we will review the best practices of HMICFRS, the College of Policing and other Police Forces.

Please find below information relating to each of the nine recommendations.

1. Ensure there is a policy of asking every person if they have a communication need as part of a wider accessible information policy or strategy and action plan: We do not currently have a policy in place to do this. Where a reporting person raises, or NYP identify, a communication need during public interaction, this will be recorded and met where possible.

2. Promote the accessible information policy and ensure that it has champions at every level and a regular agenda item for appropriate meetings: We do not have a specific Accessible Information Policy, our website holds information about the various formats available and complies with the Web Content Accessibility Guidelines (v2.1). Where possible, any gaps are clearly highlighted. NYP will give consideration regarding champions and an appropriate meeting structure to govern the accessibility of information.

3. Ensure a person's information needs are clearly recorded on a person's record and that all staff are aware of this and know where to find the information: NYP does not currently have a consistent way of recording this information within a person's record.
4. Ensure information is shared across the organisation, either through a central IT system or another means so that a person only needs to tell you their information needs once: This is not currently undertaken on our systems.
5. Ensure your accessible information policy and action plan includes ways to find solutions if these do not already exist. Ensure the organisation will not condone an answer of 'that is not possible' without exploring a range of alternatives: NYP do not have a current Action Plan to address the needs of accessible information.
6. Make sure you offer and can deliver a range of alternatives, and this is clear to service users and staff and staff know how to access the formats: NYP offer a range of solutions to provide information in different formats based on individual needs such as hearing and sight impairments. Further detail can be supplied if required.
7. Identify someone to take the role of central contact for accessible information and ensure they have all the support, training and information they need to deliver this. Ensure the rest of the organisation knows about the role and works with them: NYP currently do not have a role in the organisation that would meet this requirement.
8. Identify and learn from good practice and what is not working. Share information across organisations and between organisations: This is not an activity that is routinely undertaken, however when national initiatives are launched that support NYP, this would be communicated to our staff. We have recently adopted some services to assist the public in communicating with NYP.
9. Regularly review your policy and action plan to ensure things are improving. Update your policy and action plan to reflect changes and

improvements: This is not currently undertaken; however, our website statement is updated as required.

York Hospital Response

“Thank you very much for sharing the Accessible Information Report and the opportunity to attend the launch event and meet your contributors. We recognise the value of focussing on peoples' lived experiences in the report as well as the principles and recommendations you have identified, for us to consider.

We welcome this report and we recognise that there is much to do in this area. We can see this from the information in your report and from feedback from patients and families who use our service, where we have seen an increase in concerns about accessible information during the pandemic period.

We have processes in place to support staff in meeting patient requirements including a transcription service which can put information into a variety of formats and video tablets to support BSL interpreting. We recognise these systems are not fully embedded across all parts of our organisation.

The trust is committed to ensuring that we communicate with patients in their chosen format and accessible information continues to be a key priority in our equality objectives 2020-24.

Equality objectives

The trust has three key equality objectives for 2020-2024, one of which is implementing the Accessible Information Standard. However, our response to your report will support us in achieving each of our objectives. Work also continues in relation to our built environment access plan, including items which support accessible communication e.g. hearing loops and signage.

Our annual patient Equality, Diversity and Inclusion report (due to be published this autumn) sets out our progress against our equality objectives since 2020, including progress towards implementing the

Accessible Information objective to date. It will also indicate those actions where review and restart are needed.

Trust Equality Objectives 2020-2024;

Objective 1

To engage with patients, carers, governors, and local stakeholders and organisations, including Humber and North Yorkshire Integrated Care Board and Healthwatch, to listen and understand the needs of our patients.

Objective 2

To engage internally with services to discuss the needs of patients to ensure the reduction in health inequalities, that discrimination is eliminated, and patients and staff are supported with appropriate tools.

Objective 3

To achieve compliance with the Accessible Information Standard 2016.

Our response to your report

As a starting point, we have taken steps to engage services across the organisation to share the key messages from the report. We were very pleased to have Healthwatch support us in presenting the key messages at the trust Fairness Forum (chaired by our Chief Executive) and Patient Experience Steering Group (chaired by our deputy Chief Nurse) in July. This allowed colleagues from across the organisation to hear some powerful examples of lived experience and the barriers and negative impact faced by people who require information in different formats. These discussions also highlighted a number of practical steps service areas can take now to help us improve - for example, ensuring staff are aware of the existing processes for getting letters and leaflets transcribed into different formats; the importance of providing an email as well as a telephone contact on letters; encouraging staff to share good practice, take part in e-learning, consider accessibility when making improvements and changes and to log problems.

We have also been considering information from patient complaints, concerns and other patient feedback which can help us understand where we need to do better. We have seen an increase in complaints and

concerns about accessible communication during the pandemic. We recognise that many disabled people who have made a complaint or concern, are likely to have experienced repeated problems with accessing information in their preferred format from a variety of health and care providers. We also know we need to get better at asking people about their accessible communication needs and in using the information we already hold.

As you will know from your involvement in our Fairness Forum and Patient Experience Steering Group, we have a range of challenges, projects and areas for development as well as key opportunities over the next 12-18 months to build improvements on accessible information into our work. This includes making changes as part of our transformation programmes – building better care.

We are also strengthening how we involve patients in our work more widely. We would like to develop better links with people with specific accessible communication needs. We are learning from the examples in your report and we would like to explore ways to involve people with accessibility needs in the work below, as part of our patient and public engagement and involvement strategy.

We will continue to engage colleagues from across the organisation in these issues.

Next steps

We anticipate our key opportunity to deliver more accessible communication in 2022-2023 will be through our outpatients transformation work, which will impact on accessible communication across the organisation;

- Accessible outpatient letters

As part of our outpatients transformation programme, we will implement a new system for generating hospital letters. Over the next 18 months, we expect this to improve the number and type of patient letters we can automatically generate in the appropriate format e.g. large print. This work is beginning with the Ophthalmology

department in Autumn 2022 and will be extended to all services who use our central patient record system. We have discussed some of the examples in your report and we would like to engage people with a visual impairment to help inform and test our approach.

There are a number of other areas for improvement, which will be developed through other parts of the transformation programme. For example, we know we need to get better at asking people about their accessible communication needs and in flagging and using the information we already hold. We need to consider how to improve reminders, two-way communication and patient information leaflets. We must also consider those services who generate patient letters which do not use our central patient record system (e.g. radiology and diagnostics).

In coming months, we will continue work towards our access plan, including items which support accessible communication e.g. hearing loops and signage. We will also be reviewing our arrangements for interpreting (including for British Sign Language); looking at how we can support staff with tools and skills to support accessible communication, including when working with patients and families in response to incidents and concerns. We would welcome your support in engaging people with access needs in this work.

Over the next two years to 2024, we anticipate the actions set against our equality objectives will evolve as the needs of our communities change, as services are developed and technology changes following the pandemic. We intend to build consideration of accessible information and communication into our future ways of working. We can use Equality Impact Assessment work aligned to our transformation programme as a key tool to stimulate change and hope to work with our system partners, to achieve our equality objectives.

We will continue to monitor progress against our equality objectives, via the Fairness Forum and our trust Board and via our transformation programmes.

We will keep you updated on our progress and as our next actions develop.

We welcome your continued support as we develop our work in this area together with feedback and suggestions on how Healthwatch may be able to support us as we move forward.”

City of York Council Response

1. A Joint Report from Healthwatch North Yorkshire & Healthwatch York: Accessible Information was presented to Health & Wellbeing Board (HWBB) on 20th July 2022, highlighting some of the barriers people experience when accessing health and care services. The report contained nine recommendations to make information more accessible. The Board welcomed the report and organisations represented at the HWBB agreed to respond to Healthwatch. The Board asked the manager of Healthwatch York to bring back a further report that detailed the responses they had received. The Council’s Management Team (CMT) have considered this report and requested a council response to be drafted.
2. CMT was then asked to consider and have approved the responses to the nine recommendations as outlined below. This is within the context that the council welcomes the report and its recommendations, however being a multi service complex organisation not single service presents a unique set of challenges for the council in responding in a coherent way. This necessarily means that the council is ‘working towards’ in a number of areas outlined below.
3. Agreed Responses to Recommendations
 - Ask what helps and do something about it. Put the user first.

What do we do now?

There are a variety of methods by which users can contact the council in respect of all age information about our adults and childrens services (phone/email/letter/visit to request any specific requirements they may

need). When setting up meeting we ask if there is accessibility requirements to ensure it is suitable, when asking if someone wants to be on a mailing list (eg Age Friendly York) we provide the opportunity to receive this by post not just email. If someone wants a printed version of information from Live Well York they can request this in printed format and there is a large print option.

From a corporate perspective users can access the wider customer service in the same methods described above (with the exception of letters as these tend to be handled directly by service areas or business support). Currently, we do not ask if they would like information in a different way.

There is not a cross council approach to issuing letters which invites the user to contact us if they require the communication in a different format (for example, council tax letters or parking) and so the Customer Service passes such requests of this nature directly to the service area such as Parking.

What more can we do?

As part of the council's style guide standard include standard accessibility wording for all proactive written communication in relation to how to contact the council to request information in a different format. Target date: December 2022

Recommendation: Make Accessible Information an organisational priority from the top down and make sure everyone knows why it is important. Have understanding, committed staff championing this at all levels.

What do we do now?

In those key services such Family Information Service, Live Well York, Customer Services (including Web Services) and Communications accessibility is considered as a priority. Our corporate style guide covers the standards we follow and the accessibility section is shown below:

The Style Guide should be used as the basis for all communications and design work. This includes guidance on making PDFs accessible online using the correct colour contrast between text and background and using the appropriate Font Size.

The Style guide also gives examples of use for both digital such as social media, webcasting and website, and print documents such as letters, posters, flyers and adverts.

For consultations printed copies are made available for those not online so people are not digitally excluded. We use a mix of communications methods including media, printed publications, e-newsletters and social media to get information to as wide a group as possible.

One way we communicate with our residents is via ward communications. There are several different ways to do this, ward twitter accounts, ward meetings and ward newsletters and ward posters for noticeboards or sharing on social media. Templates are available from the Communications Team.

Web Services are responsible for all web services offered by CYC. All sites (unless exempt) must comply with the 2018 UK Public Bodies Accessibility Regulations. We have provided a range of options to support people access our services digitally such as;

1. ReachDeck. ReachDeck can help with reading support or if someone prefers to listen to information instead of reading. ReachDeck can also translate our web pages into 78 languages. Translated text can also be spoken out loud, if a 'matching' voice is available (there are currently 35 voices for languages).
2. The publication of an accessibility statement and, a process whereby the individual can request information in an accessible format.
3. A BSL interpreting service

4. People can also adjust their settings when visiting the website such as font, letter spacing, colour and size.

There are dedicated pages on the main CoYC website to inform users about accessibility:

<https://www.york.gov.uk/accessibility>

<https://www.york.gov.uk/translation>

<https://www.york.gov.uk/AccessibilityStatement#accessibleformat>

Also on additional Council led websites:

[Live Well York Accessibility Statement](#)

[Yor-OK \(Family Information Service\) Accessibility Statement](#)

We have also faced significant challenges with suppliers who do not always meet the statutory regulations and do not need to if they are not identified as a public body. CYC should be procuring web services via suppliers who are committed to meeting the regulations. Our procurement process includes questions about this.

Customers calling our customer service team can access telephone interpreters to have their call translated to the language of their choice via language line. We also offer BSL video interpretation services for people who access our services face to face.

Live Well York as a partnership community website has been designed as compliant with the international standard Web Content Accessibility Guidelines 2.1 (WCAG) – Level AA.

We have a tool used across the Council run websites (Silktide) which checks the accessibility of pages to enable continual improvement.

What more can we do?

Review and strengthen style guide standards in line with accessibility standards including use of colour across both web and print, standardising our writing style and consistency when using 'easy read'

Target date: March 2023

Find alternatives to PDF or having accessibility as a default of using them needs to be embedded across the organisation better. Target date: March 2023

Incorporate accessibility standards and our design guide into equalities training modules. Target date: May 2023

Promote Accessibility Training across the council that covers both print and web accessibility. As a first step bring in a specialist trainer in to train the Communications team for a day. We could offer this up to partner communications teams too to get best practice across the city Target date: March 2023

Develop a 'CYC Accessibility Guide' to refer back to post-training – something that's separate from the style guide – a simplified version would be useful for easy access. Target date: September 2023

Recommendation: Make sure that you ask people about their preferred format. Record this and use it to provide information in that format as standard.

What do we do now?

As described above people are invited via the website to request services in an accessible format. If made via Customer Services requests will be sent directly to service areas. When people contact customer service by other means such as phone, email or in person we do not capture their preferred format and this may be challenging given the range of services the council undertakes in terms of keeping a central record.

What more can we do?

See information sharing section below.

Recommendation: Once identified, share people's information needs within organisations. Information about people's needs should only need to be recorded once for people across the organisation to get it right.

What do we do now?

Generally we do the internal sharing well as CYC has developed 'MDM' for external customers and internal tools for staff like 'Singleview'.

Any new external customer/resident records system that come online are considered, as part of their project plan, for joining MDM, and this is overseen at the council's ICT Board.

For MDM and Singleview the council has the necessary Data Protection in place, working with the Corporate Governance Team, and annually reviewed.

In respect of systems used for example via the Customer Centre – these would need to be considered carefully as our privacy notices and any required data sharing arrangements, state what we are going to use personal information for. At present we share peoples' details across the council where we have a lawful basis to do so for example a safeguarding risk identified, or this had been requested by the person concerned.

What more can we do?

We don't have "information needs" as a field within Singleview. Whilst technically possible this may not be recorded or recorded well in individual systems.

We will review all of our case management systems as appropriate to see how information needs are captured in order to action the technical change to make appear on Singleview. Target date: various as opportunities emerge.

As a multi service organisation it may never be possible to achieve "needs should only need to be recorded once" as;

- We have many entry points for customer information, held by variety of systems, that we are always likely to recapture this information.
- We do not routinely update any personal details, let alone information needs, from system to system, for example being we do not move personal information from Mosaic to My Account.

We will work towards ‘needs should only recorded once’ generally through various data quality practices (examples being updating systems with NHS numbers, dates of death etc.) Target date: various as opportunities arise

We will work towards “review how held action” and then embedding practices for example asking staff to check customer record via Singleview. Target date: various as opportunities arise then introduce into accessibility training

We will ensure that data protection, privacy and information security risk assessments are undertaken in a timely way and any additional data protection, privacy and information security requirements will be put in place where required. Target date: various as opportunities arise.

Recommendation: Involve people with lived experience to help find pragmatic answers.

What do we do now?

The council is always looking for improved ways to engage, which includes how we provide information. A recent example – we are exploring the opportunity through Age Friendly York to work together with Age UK York, Living4Moments, Wilberforce Trust and Be Independent to provide a workshop on using technology to provide solutions for people who are hard of hearing.

The CYC website development included engagement with a range of users including people representing the blind and partially sighted, older

persons, BAME. The procurement of our BSL included representation from the deaf community.

What more can we do?

Communications Team to review, implement and share learnings from recent Our City survey to build into the style and accessibility guides).

Target date: March 2023

Work with the council’s new Access Officer once appointed to develop standards for engagement as part of Equality Impact Assessments. Target

Date: September 2023

Recommendation: Provide choice. Don’t assume that everyone with a particular issue needs information in the same format or that everything is accessible. Digital is not the solution for everyone.

What do we do now?

We recognise that not everyone uses or has access to technology which can digitally exclude people, we are therefore looking to provide access to the same quality of information from Live Well York to community centres with electronic notice boards. We also provide printable personalised booklets. Our approach through the Communities Team is that it is all about relationships so our Local Area Coordinators and Health Champions are out there in the community having conversations rather than expecting everyone to read information. Our commissioned social prescribers are also having conversations as their first approach to engaging and providing information.

We fund and work alongside YOPA to provide information fairs out in different communities in York. We commission Access Able to provide information on the accessibility of community venues and public spaces to ensure people going out to obtain information can visit knowing what the physical environment is. We have had and are developing the next

community information strategy to ensure the way we provide information remains a priority.

Whilst Customer Services promote the use of digital services we know this is not for everyone. Customers can contact us by phone or email. We will also see people face to face if this meets their needs. For any web service we develop internally we encourage all services to develop an approach to non digital customers.

What more can we do?

Continue to support of York's digital inclusion partnership 100% Digital York including initiatives to develop greater opportunities to access technology, connectivity, develop skills and/or support within communities. Target date: Ongoing

Recommendation: Each organisation should have one contact / team who work across that organisation to find solutions to accessible information needs quickly and effectively.

What do we do now?

The single point of contact for many services is through the Customer Centre but they can also go direct to a specific business area if they require a more bespoke solution. Our style guide is provided through our Communications Team.

What more can we do?

As seen a range of services within corporate and community services are currently involved at CYC. Access and Inclusion resource within communities will be brought together and led directly by the AD Customers & Communities to provide some overall leadership and support. Target date: September 2023

Recommendation: Seek and share good practice. Providing information in accessible formats isn't always easy but lots of organisations are trying. Share progress and challenges so that things are constantly improving.

What do we do now?

We have regional meetings to share good practice relating to advice and information provision with other local authorities. Web Services keep up to date with good practice surrounding accessible web services

What more can we do?

Share good practice internally from user feedback and regular reviews.
Target date: September 2023

Recommendation: Review what you are doing to make sure it is working and learn from what is and isn't going well.

What do we do now?

We review Live Well York periodically which includes accessibility but also provide the opportunity for feedback on any page of the website at any time. We use the Healthwatch York volunteer readability group to feedback on the information pages and whether they are Plain English. We provide Easy Read pages on Live Well York based on feedback from people with learning difficulties.

Web Services use a number of methods to review how we are doing. This includes Silktide (technology which identifies areas on the website which do not comply with the 2018 UK Public Bodies Accessibility Regulations) and direct feedback from users.

What more can we do?

Review Equality Impact Assessments for learning opportunities when the Access and Inclusion Team is established – Target Date: September 2023”

York CVS Response

York CVS has considered the recommendations made in the Healthwatch York and Healthwatch North Yorkshire Accessible Information Standards

report, both at Senior Management Team and through the Equality Diversity and Inclusion working group.

The EDI group has recommended that York CVS takes forward the recommendations through some key actions. Namely:

- Developing an Accessible Information Action Plan for the whole organisation
- Identifying staff and volunteer champions for accessible information
- Recording communication needs, initially through member / supporter records, longer term through a CRM system
- Offering a range of alternative formats
- Holding staff training sessions on the use of the Recite Me accessibility toolbar installed on all 3 websites (York CVS, Priory Street Centre, Healthwatch York)

City of York Council update shared April 2024

Healthwatch Accessible Communications – CMT actions

Quarterly meetings to maintain progress up to December 2024, and then implementation plan.

Action	Progress	Done?
As part of the council’s style guide standard include standard accessibility wording for all proactive written communication in relation to how to contact the council to request information in a different format.	“bookplate” is used across designed graphic design communications and an additional version used in consultation, set out by the social model of disability. Templates for customer communications need to be provided (DS) to teams via HR Guidance and Ian’s Update	Y By Sep 2024

	<p>modelled on social model of disability.</p> <p>DS to inform comms and web services of any language changes</p>	
<p>Review and strengthen style guide standards in line with accessibility standards including use of colour across both web and print, standardising our writing style and consistency when using 'easy read'.</p>	<p>Wealth of information already in place on intranet, making amendments to keep approach up to date, in line with web accessibility standard guidance, including writing guidance.</p> <p>Gradual integration of accessible content across channels based on Public Accessibility Guidance. Access/web meeting every two weeks to work through all aspects, with comments from web to design by end of March 2024. Meeting to include comms when ready for implementation, for example for video. Recommendations covers social media, writing, video, audio for Director of Customer/Communities to approve by request, and proportionate response.</p> <p>Style guide to be completed. Budget code required for externally produced accessible formats to collate and monitor cost of provision.</p>	<p>Y</p> <p>Dec 2024</p> <p>Dec 2024</p>

<p>Find alternatives to PDF or having accessibility as a default of using them needs to be embedded across the organisation better.</p>	<p>Noted on website that word version (from service) with enlarged font will be sent on request.</p> <p>PDF forms are being converted to online forms, with offline option. Posters being converted to web content. Large “glossy” pdfs being converted to web content iteratively.</p> <p>Web to provide print style sheet for printing from web with.</p>	<p>Done</p> <p>Ongoing</p> <p>Mar 2025</p>
<p>Incorporate accessibility standards and our design guide into equalities training modules.</p>	<p>Awaiting recruitment of Head of Equalities appointment.</p>	<p>To confirm</p>
<p>Promote Accessibility Training across the council that covers both print and web accessibility. As a first step bring in a specialist trainer in to train the Communications team for a day. We could offer this up to partner communications teams too to get best practice across the city.</p>	<p>Comms training taken place. Leading Together and DMTs awareness training taken place.</p> <p>Mini-module on web accessibility awareness on MyLO (200 + completed).</p>	<p>Done</p> <p>Ongoing</p>

<p>Develop a 'CYC Accessibility Guide' to refer back to post-training - something that's separate from the style guide - a simplified version would be useful for easy access.</p>	<p>See above, will be incorporated into style guide. Guidance available on the intranet in the interim</p>	<p>Dec 2024</p>
<p>Communications Team to review, implement and share learnings from recent Our City survey to build into the style and accessibility guides.</p>	<p>Comms to update DS/PW</p>	<p>Sep 2024</p>

Children's Mental Health –Nov 2022

Full report can be seen here: <https://bit.ly/SnapshotCMHNov22>

Update report published March 2023 here:

<https://bit.ly/CMHUpdateMar23>

Responses within the report provided for the Health and Wellbeing Board in March 2023

Update from March 2023

Since the report to the Health and Well-Being Board, Healthwatch York have had discussion with CYC, ICB and TEWV to consider the recommendations made.

The following are key points from those discussions, which indicate progress to date and where further progress will be made:

Helping deliver the iThrive model

We acknowledge that there is work to do on helping make sure children's mental health is everybody's business. Although there is a lot of support already available in schools, the whole schools workforce may not be fully aware of the most appropriate support for each child. The SENDIASS (Special Educational Needs and Disability Information and Advice Support Service) role can play an important part in providing impartial, confidential advice to children, young people and their families. There is a need to improve awareness of the potential role SENDIASS can play in providing support to schools to understand their legal responsibilities towards children and young people with special education needs and/or disabilities.

Waiting times at CAMHS: we acknowledge there is still work to do to improve this further but waiting times are heading in the right direction:

- Significant improvement in autism assessment waiting times over 2019: average wait is now 150 days, down from 315 days
- Improvement in waiting times for initial assessment across all referrals, currently average 25 days, down from 90 days.
- Positive feedback about all Children's Mental Health services – CAMHS, School Wellbeing Service, Wellbeing in Mind – has been received, through the friends and family test, and service feedback forms. couple of examples

New activity now in place

Well-Being in Mind Team: we have approval for a second team in York, which include a focus on children electively home educated or struggling to get into school.

Yorminds website: a co-produced offer for children and young people aged 12 and above, with advice, signposting and articles.

Broadened York Mind counselling offer for children and young people, now from age 12.

Autism social prescriber in post, working with children and families awaiting assessment or in receipt of a positive diagnosis.

Autism mythbusting

FAQs which show what the facts are for children and families in York
<https://www.yor-ok.org.uk/families/Local%20Offer/autism-mythbusting.htm>

Improved CAMHS assessment waiting paperwork and signposting – please see the appendices for details

The ICB Children and Young People Mental Health Plan sets out the actions across the ICB: in York we are setting up a multi-agency delivery group to

prioritise and move the plan. Some of the actions in the plan are reflected below.

Things planned

There is no lack of ambition for the emotional and mental well-being of children and young people in York. The inception of the ICB is now bringing the commissioning resources closer together in the Place Board, and the York Place Prospectus emphasises children's health and well-being, and the challenges facing the 'Covid Generation'. It focuses on preventative and early support.

The overall system ambition is to move to an integrated approach, with a single route into support across primary care, schools, and the wider community offer. There are a number of models for this approach which can reduce cross referrals, waiting times and ensure children and young people have more rapid access to advice and support. We have some of the building blocks in place, and some of the ideas set out below will further support this. Not all are approved and scoped, and not all are funded.

- Primary Care First Contact Worker to support children in primary care before a referral on to CAMHS and improve CAMHS/primary care liaison
- Family Hubs will roll out from June 2023 and offer advice and signposting alongside the development of access to early advice, particularly for parents of babies and young children Improve joint working and commissioning: this is necessary, both for the health and well-being of our children and young people, and also for the best use of scarce resources we have available.
 - Operational delivery group for York Place, we aim to have 1 plan and see it through to completion with joint commitment and planning. There are limited quick wins, mainly in how we communicate across all our partners.

- Opportunity to explore options / preferences for potential peer support and initial information and advice. This is an excellent opportunity to work more closely and directly with HWY support in engaging young people / parents in this.
- Explore enhanced offer for children whilst they are waiting for support: this is across all levels of need not just the specialist CAMHS service.
- Better explanation of pathways to help children, young people, families and professionals understand what support is available and that emotional and mental well-being is not just a matter for the NHS: also, to set expectations; for example, what happens if you pay for a private assessment but then wish to return to the NHS pathway

Challenges

There remain significant challenges:

- Resources: time to devote to analysis, planning and strategy; funding is frequently time limited, and there are multiple demands and priorities; people as staffing in frontline services may be below establishment levels and are stretched.
- Redistribution of funds where pump priming not an option: there is limited or no scope to twin track funding whilst new approaches are trialled and embedded
- Nature of transformational change; it takes time, patience and can be a rocky road

Final thoughts

We are all agreed that children, young people, families and professionals are right to be concerned when they feel that there is insufficient support available or that they are waiting people.

We are also committed to finding approaches across the whole of the system in York, not just health where a lot of children are automatically referred, but also into school and social activities.

We are also looking to focus more on preventative and early intervention work, this takes time because funding has historically been directed at specialist services.

This will translate into work that can enable us to communicate better, provide more information on how to look after emotional and mental well-being and what is the support available when things are not right, whilst we do further work on more challenging, systemic and long-lasting changes

Tees Esk and Wear Valleys NHS Foundation Trust

Direct responses to the recommendations made

Recommendation 1: It was disappointing to see this recommendation as the support requested is already available. It is easier for schools who are working alongside a WiMT team as they have access to them but there is also the Wellbeing in Schools Teams. Both do a significant amount of training in schools supporting teachers. They offer direct work, signpost to other services and support, and assist with referrals. An example would be the consultation clinics WiMT offer. At the clinics a teacher can come to discuss a child in confidence (so no names) and check if it would be an appropriate referral to WiMT or if it needs to go elsewhere in the system. These also provide an opportunity for learning generally and to pick up useful strategies and information.

Recommendation 2: We currently have an on-going piece of work with our SPA team. This includes looking at how we process referrals, communication with referrers and signposting options if the referral is not right for TEWV CAMHS. This also links to the work on educating the system as we receive a lot of referrals that we would not offer a service to and should have been referred to other providers. This includes looking at our service leaflets that covers the point below as to who we are and what we

provide. This is all part of a larger piece of work that is due to be completed by the end of August 2023.

Recommendation 4: This is also part of the SPA work referenced above. We can also say that all staff must complete as part of their mandatory training Information Governance training. Compliance is monitored by managers.

Recommendation 5: Staffing is a National problem in the NHS so not sure how reasonable this is as an action to increase staffing numbers. In York we have seen an improvement in our vacancy rates more recently and are successfully appointing to previous long-standing vacancies but this will remain an on-going concern as we are also seeing an increase in referrals and acuity, especially ADHD/ASD and demand is outstripping capacity. In relation to support there is a need for pre and post ASD diagnostic support for parents in York that is not something TEWV is commissioned to provide.

Recommendation 6: This is also part of the SPA work referenced above but also something for all agencies to be part of. Important to consider collectively whether this is just about better signposting or also identifying gaps in service.

Humber and North Yorkshire Specialised Mental Health, Learning Disability and Autism Provider Collaborative (HNYPC) response to York HWBB Report relating to Children's' Mental Health

The HNY PC are working closely with the Integrated Care Board (ICB), and local place partners to ensure that when a child or young person (CYP) requires admission to a mental health unit that this is embedded as part of a whole pathway.

Building on the iThrive approach, work is focusing on improving the pathways in and out of inpatient care, with a particular focus on reducing

length of stay (as it is known that lengthy inpatient admissions are not always helpful) and keeping young people as close to home as possible so that they can maintain relationships with community CAMHS and social care professionals.

Current programs of work to meet the increasing pressures following COVID:

1. Eating disorder.

There has been an increase in the number of CYP needing inpatient admission for eating disorders, including naso-gastric tube feeding. HNYPC have worked hard to ensure CYP who require admission receive this and as such a higher number of out of area admissions have been necessary to ensure needs are met and best outcomes are achieved for CYP. HNYPC has allocated significant additional funding and is working with providers to develop the following:

- Flexible alternatives to admission to hospital including intensive home treatment for eating disorder
- A whole pathway approach to eating disorders with earlier robust prevention of naso-gastric tube feeding requirement
- Prevention of admission to hospital
- Support for early discharge and reduction in length of stay by working with community teams to level up service provision
- Developing protocols and improving communication with paediatric/medical units in managing eating disorders in CYP.

2. Develop an integrated referral hub for CYPMHS inpatient referrals

Currently the two inpatient teams in HNY PC (Mill Lodge and Inspire) assess referrals for their respective place based providers. The access assessment process involves ensuring all necessary information is gathered prior to making a decision regarding whether admission is the appropriate next step and if further assessment is warranted (e.g., CETR information, copies of detention papers etc.) and this is done from existing

capacity and can cause delays and frustration for young people, their families and referrers. All referrals are currently discussed in a weekly meeting with both units and decisions made regarding the most appropriate environment for each young person based on the young person's needs, distance to home and capacity of the units. Work is planned to develop an integrated referral hub:

- To provide a central point for all referrals for inpatient admission to be managed and responded to in a timely manner.
- Improve consistency of response and develop a clear understanding of thresholds for admission and appropriate referrals with community partners.
- Reduce the number of inappropriate referrals/admissions.
- Ensure that referred young person's needs are met in the most appropriate environment as close to home as possible.
- Provide ongoing support/guidance to community referrers whilst a young person is awaiting admission.
- Provide discharge planning support and input to the inpatient and community teams to ensure there is a clear and timely discharge plan with appropriate support available post discharge.

NHS England Regional Information Provided on any relevant policy and approaches

- The Healthwatch York Report on Children's Mental Health highlights the significant challenges experienced by many children and young people in trying to access Child and Adolescent Mental Health Services (CAMHS) in York. The strong presence of children and young people's voices throughout the report and the emphasis on lived experience is extremely important and very welcome.
- This report is useful in further reiterating these challenges and the difficulties faced by children and young people. Increasing timely access to high quality, evidence-based mental health services for children and young people continues to be of the utmost priority regionally and nationally.

- Information has been provided on the national picture below and additional context but it is recognised that many challenges exist and the difficulties faced by children and young people and their parents and carers remain.

National Policy Picture

A number of Long Term Plan Ambitions and recent NHS England communications relate to the themes highlighted within the report. Key elements are shared below with NHS England's continued commitment to increasing access to mental health services for children and young people.

- Key ambitions and policy areas specifically relating to improving access to CYPMH services include:
 - Increasing access to children and young people's mental health services: By 2023/24 at least an additional 345,000 children and young people aged 0-25 will be able to access support via NHS funded mental health services and school or college-based Mental Health Support Teams.
 - This builds upon the Five Year Forward View for Mental Health commitment that at least 70,000 additional children and young people each year will receive evidence-based treatment – equating to 35% of those with diagnosable mental health conditions using 2004 prevalence data.
 - Mental Health Support Teams in Schools (MHSTs) offer evidence-based interventions and contribute to the attainment of the national 345,000 ambition for access.
- As highlighted in the recent 2023/24 Operational Planning Guidance, NHS England is continuing in its commitment to deliver the Long Term Plan including core commitments to improve children and young people's mental health services supported with funding.
 - NHS England's Quality Improvement Taskforce has launched a resource pack that aims to improve understanding of the current care and treatment offer for children and young people with mental health needs, learning disabilities and/or who are autistic,

with a specific focus on pathways of care into hospital beds, as well as the experience of inpatient care. The resource pack aims to support professionals to develop their local case for change around pathways of care to increase and improve community provision and reducing unnecessary inpatient admissions and can be found on the FutureNHS Platform.

- As part of the increasing access ambition, the importance of expanding the CYPMH workforce remains. NHS England were pleased to recently announce the publication of the Children and Young People's Mental Health (CYPMH) Workforce Census 2022, which highlights a 5% increase nationally in whole time equivalent (WTE) staff across CYPMH services between 31 March 2021 and 31 March 2022.

Additional Context

We would also suggest that the refreshed Humber and North Yorkshire CYPMH Strategic Plan would be a useful resource to view in order to further understand the ICB's commitments and priorities within this area. [Mental Health – Humber and North Yorkshire Health and Care Partnership](#)

TEWV update shared April 2024

	Recommendation	Response
C1	Provide teachers with support when completing referral information on behalf of a child. Giving an understanding of what information is needed, why, and how this relates to special educational needs or impairments, and education health and care plan.	Teachers / CAMHS Clinicians / Social Worker are provided training through locality SEND boards around this area of training. There are also regular local partnership meetings for SEND children in locality / Speciality.
C2	Hold a conversation at the first point of contact with CAMHS outlining service options and the expected journey following referral.	TEWV has a single point of access team in the locality/specialty that triages referrals and signposts to appropriate 'needs' led services within the young person's ICB footprint. When we meet with a young person for assessment we complete an Access to Service form with young person or family to identify needs and any risks, and identify with them the most appropriate clinical pathway.
C3	Provide information on 'who, what, why, when' as part of their journey to receiving support. E.g. who will you see, for what, and why that decision has been made.	When a young person is offered a TEWV CAMHS assessment or treatment pathway, a clinician will spend time with the young person and family describing next steps including 'who, what, why, when' as part of their journey to receiving further treatment. Where a waiting list is identified in our neurodevelopmental pathway we

		have keeping in touch process to support young people and families in the process.
C4	Improve administration processes in accordance with GDPR.	TEWV are currently developing the administration of our service as we recognise there are opportunities to improve and work co-creatively with young people, families and carers.
C5	Address staff capacity in order to support staff with answering parents', child's', and professionals' questions through the referral pathway.	TEWV strives to have a skilled flexible workforce and we are undergoing a number of service developments to improve. We appointed a project manager in our neurodevelopment service in York, based on feedback and co creation work.
C6	Better signposting support. On first contact with CAMHS, direct individuals to relevant training and information workshops available.	In North Yorkshire, TEWV has been commissioned to provide a Think Together Team, commissioned to support with better signposting support on first contact with CAMHS, including relevant training and information workshops. In York the project manager is supporting with better signposting support on first contact with CAMHS, including relevant training and information.

Listening to people with dementia – March 2023

Full report can be seen here: <https://bit.ly/ListeningMar23>

There are no recommendations within this report. York Health and Wellbeing Board were asked to note the key aspirations outlined in the report, to help inform the Dementia Strategy and subsequent action plans.

These aspirations are:

1. A key person with knowledge of support available and connections to the person's GP practice
2. A hub, with a wide range of activities, and able to provide care so carers also get a break
3. Improved emotional, practical and financial support for carers
4. Improved medical and social care for people with dementia with regular checks
5. Improved dementia training for all frontline health and care staff

TEWV update shared April 2024

Please find below some very brief feedback in relation to items within the report. We would be happy to expand on our comments if this would be helpful.

"Delirium meant delay to diagnosis" – The clinical team may make a decision to delay diagnosis if it is decided it would be clinically appropriate to wait.

"Memory assessment suspended when patient admitted to hospital" – this could be clinically appropriate, decision could be made on a case by case basis.

"Mobility issues prevented people participating" – we offer home visits for those who are unable to attend clinics.

"Feedback generally indicated people were left to fend for themselves after their initial diagnosis." – Our agreed process is to offer a referral to Dementia Forward. The individual would be transferred from the Memory Assessment Service to care of their GP who can escalate to the Community Mental Health Team if they feel this is appropriate.

"Feedback about gaps in coordination on discharge from hospital and a long wait for practical support at home" – discharge meetings should be in place to agree levels of care and support needed, it's acknowledged that there's an issue accessing social care input.

"Some people found the diagnostic process confusing. Four people didn't even realise they were being given a diagnosis;" – We value feedback from those who use our services in order to make improvements. We will feed this back to the team who deliver diagnosis.

“Some people reported having ‘no formal support: people generally had to source information themselves’, ‘just given leaflets and left to fend for themselves.’” – We offer a referral to Dementia Forward to support this.

Health and the Cost of Living – May 2023

Full report can be found here: <https://bit.ly/HealthCoLMay23>

	Report recommendations	Made to	
HI	Consider ways of measuring and monitoring the health impacts of cost of living rises across the York population, for example monitoring over time the levels of people admitted to hospital who are malnourished.	York Population Health Hub	The population health hub has committed to doing an annual cost of living pack. The next one is due to be November 2024. The Hub will include food bank data and A+E attendance data for a range of issues (for example respiratory conditions which is linked to cold homes). We feel that malnourishment is a difficult to measure (we have been advised it would also pick up eating disorder admissions) and any trend may not truly reflect deprivation (i.e. obesity is also known to rise in people experiencing depression). York PHH has published its second report on the effects of the cost of living crisis on health. Work is ongoing with York Hospital to monitor the impact of the COL crisis on admissions to hospital for malnutrition and an ICB

			analyst has been tasked with producing data on this
H2	Consider ways of making sure everyone has access to advice and information, not just those living in known areas of deprivation in the city. This must include access for those in the outer villages and those experiencing digital exclusion.	City of York Council and Advice York	See comments on the accessibility report and the City has a digital inclusion partnership which is looking at skills development and access to technology
H3	Consider the findings from the pilot of heating help for those with long term conditions in Gloucester, and whether opportunity exists locally to support those most at risk through winter pressures funding.	York Health and Care Partnership	CYC have discussed the Gloucester pilot with Energy Catapult. The funding for warm homes on prescription, even with a limited / targeted approach, would be prohibitive. However an active programme has been set up between public health and housing in CYC to target housing adaptations / retrofit / insulation measures to those with certain clinical conditions, including funding new work, and also proactive targetting of certain households to

			<p>register for the Household Support Fund</p> <p>Further update 01/07/2024</p> <p>A GP fellow who worked with us developed guidance for Ant Dean’s team around diagnoses which would make a social housing resident more vulnerable / prioritised for retrofit.</p> <p>Household Support Fund comms was targeted via SMS messages from GP practices to patients with respiratory health issues last winter with 18 people making a successful application through this route.</p> <p>Public Health and Healthy and Sustainable Homes Teams (CYC) are leading a winter warmth grant scheme in 2024/25 around cold, damp and mould.</p> <p>The warm homes on prescription project led by Energy Systems Catapult in partnership with public health / ICB is now starting this winter – further public updates shortly.</p>
H4	Continue to make strong representations to challenge the	York Health and Care Partnership	

	<p>perceptions of York as an affluent city, and speak out for our residents who are currently struggling. This must include making sure colleagues across the wider Integrated Care System are fully sighted on the particular issues York residents are experiencing.</p>		
H5	<p>Collectively recommit to the council motion to recognise socio economic status.</p>	<p>City of York Council, York Health and Wellbeing Board, York Health and Care Partnership</p>	<p>The council includes low income as a protected characteristic in its equalities impact assessments.</p>

Breaking Point: A recent history of mental health crisis care – June 2023

Full report is published here: <https://bit.ly/BreakingPointJun23>

Participant recommendations

Participant Recommendations	Made to
B1 Increased provision of preventative care so that fewer people end up in crisis in the first place	York Health and Care Partnership / York Health and Wellbeing Board
B2 Lower level support; decrease the threshold for support so that people don't have to end up in crisis before they get support	York Health and Care Partnership / Tees Esk and Wear Valleys NHS Foundation Trust
B3 Improved follow up after discharge or after calling the crisis line so that crisis is not a revolving door and people do not repeatedly find themselves in crisis	Tees Esk and Wear Valleys NHS Foundation Trust
B4 Strengthening the crisis line alongside promoting the second line for those who need support but are not in crisis	York Health and Care Partnership / Tees Esk and Wear Valleys NHS Foundation Trust
B5 Clarify what constitutes 'crisis' for both service users and professionals.	Tees Esk and Wear Valleys NHS Foundation Trust

Healthwatch Recommendations	Made to
Reinstate and strengthen the Mental Health Crisis Care Concordat to clarify care pathways, provide clear minimum performance standards for all those working in services, and make sure members of the public can access the right help and support at the right time delivered by appropriately trained professionals.	NYP, TEWV, CYC, Y&SHNHSFT, voluntary sector partners, YAS
Review existing resources, support services and gaps in the pathway and identify the most effective ways to deliver support and fill gaps, including those best provided by the VCSE sector.	YHCP, TEWV, CYC
Restructure approaches to coproduction to make sure everyone’s views and experiences are heard and influence service design and delivery. This must include working with external partners to facilitate involvement for those who cannot engage directly. Consideration must be made of the resource implications for VCSE organisations to make this possible.	TEWV
Learn from schemes improving people’s experiences of crisis response / changing the system to identify ways to invest in and maintain those that work (for example, the positive feedback about police street support).	YHCPEC / MHCCC
Make sure workforce plans reflect the specific challenges for attracting health and care staff to York (including lack of affordable housing, transport). Work together locally to learn from historical examples such as the Rowntree Housing model and how this fits with Local Plans.	HNY ICB
Embed a compassionate culture towards all people experiencing mental ill health.	YHCPEC / YHWB

Update to recommendation 1 from York & Scarborough Hospital NHS Foundation Trust

There are several initiatives we are working on, in collaboration with TEWV colleagues and other partners, to strengthen the Crisis Concordat.

1. Multi-agency collaboration via the Trust Mental Health Steering Group, which reports quarterly to the Patient Experience Subcommittee
2. Service Level Agreement is in place with TEWV for them to monitor our performance in relation to Mental Health section activity
3. A digital mental health risk assessment has been piloted and implemented in the Emergency Department (ED) at Scarborough in February 2024, to inform effective care planning – the tool is to be rolled out in Q1 at York ED 2024/25
4. Anti-ligature room is available at York in the extended ED, suitable for assessing patients presenting with mental health needs
5. Plans are being developed to convert an additional room in York ED to be better suited to assess patients' physical health needs, where they also have mental health concerns
6. Anti-ligature room has been designed into the new build ED at Scarborough hospital
7. Referral processes are in place from ED and adult inpatient wards to psychiatric liaison teams on both acute hospital sites – work ongoing to ensure processes are consistent between sites
8. A training needs analysis is being developed to map existing training provision and identify gaps in knowledge and skills
9. Mental Health Awareness training sessions are being delivered by local MIND trainer

10. Specific Mental Health training in relational complexity and trauma has been delivered by TEWV to ED colleagues at both Scarborough and York, in conjunction with partner colleagues from York Ending Stigma – additional sessions are planned for the York site to maximise attendance

11. Plans are in place for York Ending Stigma to deliver a facilitated training session to share lived experiences between service users and staff members, initially at the Scarborough site and then plan to repeat at York. This will focus on the sharing of a film, co-produced with service users with lived experience, followed by a facilitated and supported learning discussion and signposting to staff regarding additional support.

12. Two Conflict Resolution trainers have been appointed to offer staff enhanced training, above and beyond our statutory and mandatory requirements of Conflict Resolution Training. The training supports the Restraint Reduction Network requirements and includes: Positive Approaches to Behaviour; Safer De-Escalation; Personal Safety and Disengagement; and Redirection and Guiding

13. Funding has been provided by City of York Council Public Health and a programme manager appointed to scope out the requirements for an Alcohol Care Team, in line with ambitions contained within the NHS Long Term Plan – the ambition is that the work will include a baseline review of the Alcohol Withdrawal Pathway, supported by TEWV colleagues

14. A 'twinning' relationship has been fostered between a ward at Foss Parke hospital and ward 37 in York hospital, to share training and improvement ideas – the aim is to promote improved mental health care for patients in ward 37 and improved physical health care for patients in Foss Parke.

15. The Trust has funded a Lead Professional post for Complex Needs to provide additional leadership and oversight to the Mental Health care agenda in the acute setting

16. The Trust has appointed a team of 3 Admiral Nurses to support the care of those living with dementia (jointly funded by Dementia UK) I hope this information provides assurance of our commitment to partnership working and collaboration, to improve the mental health care of patients who access our services.

Update to recommendation 1 provided by North Yorkshire Police

The Crisis Care Concordat has been reinstated under the new title - NY & Y Mental Health Crisis Care Implementation Delivery Group. It is incredibly well attended and North Yorkshire Police are fully integrated members of the group. Through the group NYP have highlighted and discussed with all attendees Right Care Right Person, the important role of our MH Triage Team within the Control Room, and alongside colleagues within the OFPCC (Wendy Green) we have shared guidance on 'Working effectively with North Yorkshire Police' so partners can understand our roles and where their services link in.

Through this group we are able to have input, awareness and share learning across our organisations around what other organisations can offer and pathways in to those services. Attendees have a clear understanding of each other's services and through this we are able to update our Service Directory and use that on an operational basis, this enables officers to signpost people to appropriate agencies and third sector organisations where necessary. We will continue to attend and actively contribute into that group.

The Group is aligned with a range of other meetings that focus specifically on aspects of Mental Health, Dual Diagnosis and urgent and emergency care. The NYP Working together, supporting Right Care, Right Person Forum is a multi agency meeting at operational level looking at how services are working together in the delivery of Right Care, Right Person including reflective practice sessions related to case studies and identifying good practice and learning from

these. A Right care Right Person Strategic Workshop was held in April 2024 by North Yorkshire Police alongside system partners which has now led to the formulation of a multi-agency strategic oversight group.

Update to recommendation 1 provided by Tees Esk and Wear Valleys NHS Foundation Trust (TEWV)

The crisis concordant meeting across North Yorkshire and York has been developed and is titled North Yorkshire & York Mental Health Crisis Improvement and delivery Group. The meeting is aligned with a range of other meetings with specific focus on aspects of urgent and emergency care which are attended by all partners. This includes:

- Working together, supporting Right Care, Right Person (A multi agency meeting at operational level looking at how services are working together in the delivery of Right Care, Right Person including reflective practice sessions related to case studies and identifying good practice and learning from these).
- TEWV Urgent and Emergency Care Board (This is an internal board within the trust working across the whole trust area to develop urgent and emergency care services, ensure they reflect best practice and support there local delivery at place. There is a stakeholder event planned involving people who use services, partner organisations and trust staff towards the end of May).
- Right care Right Person Workshop (North Yorkshire Police are leading a workshop at the end of April with system partners to develop the strategic overview and ownership within the system of Right Care, Right Person and its delivery in line with national guidance).

- Multi Agency Mental Health Act Legislation Operational Group (This meeting has been reinstated and led by TEWV first meeting 12 April 2024. The meeting is a forum to monitor the use of the Mental Health Act and partners responsibilities within the Act across North Yorkshire and York. The meeting is also intended to be place of support for agencies in the use of the Mental Health Act and how we can further develop knowledge, skills and working practices across all agencies).

There are national performance standards in place in relation to many aspects of mental health urgent and emergency care and the reporting against these and development of local standard will be developed within the meeting structures.

We are working to strengthen the relationship between the mental health urgent and emergency care work and the wider urgent and emergency care board within North Yorkshire and York and also the urgent and emergency care work within Humber and North Yorkshire ICB.

Update for recommendations 2 and 3 from TEWV

The identification of existing resources and how changes in the current model of service delivery support the overall support for people who need access to urgent and emergency mental health is in progress. The relaunch of the mental health hub in York and the subsequent required changes to the way current services are structured is part of the York Delivery Boards work and will be reported into the York Mental Health Partnership. Through the work of the Joint Delivery Board and the Mental Health Partnership all partners including VCSE and people who use services will work together to continue to identify gaps in service provision and explore how these can be addressed by the most appropriate organisation.

The Trust has now established a co-creation board which includes people who use services and staff. The co-creation board works with service user groups across trust services to ensure that the Trust continues to develop and sustain how we work in partnership with people who use services, carers and local communities in all our work. The board also works alongside the Care Group Board in ensuring that co-creation is evidenced in the development of new services or service changes. The Trust uses feedback from people who use our services and local communities to improve the services we offer and peoples experience of them.

Feedback includes, as examples, a monthly summary of contacts with Healthwatch, Friend and Family Test, Patient Rated Outcome Measures, PALs and Complaints, Service User Groups, contact with governors and partnership meetings. The Trust's role within community mental health transformation is a partner in its delivery and again the community transformation is co-created and progress reviewed by partners (including people who use services and carers) working in collaboration. The trust's Director by lived experience continues to work to identify opportunities to further develop or strengthen our relationships between services and people who may or currently use them.

Independent Evaluation of the Pilot Pathway for Adult ADHD and Autism Assessment – August 2023

Full report can be seen here: <https://bit.ly/IndependentAug23>

Responses from Humber and North Yorkshire Health and Care Partnership, April 2024 added in the table below

	Recommendation	Response received
E1	Review the referral criteria, working with leading academics within neurodiversity .	The referral criteria has remained under review throughout the pilot and the ICB has already implemented adjustments based on user and clinical feedback, for example; direct referrals for people under the care of secondary mental health services where it is identified there is a barrier to making a mental health diagnosis. Further adjustments are in development with The Retreat's specialist clinicians and TEWV based on experience and learning from the pilot including feedback from the neurodivergent community.
E2	Review all the feedback available, involving from relevant and appropriate partners.	The ICB's Communications, Marketing and Engagement Team undertook engagement events in December 2023, which, alongside Healthwatch York's report 'Pilot pathway for Autism and ADHD: Independent evaluation August 2023,' has provided further insight to inform the development of the referral pathway and wider support needs.

		<p>The ICB is responding to feedback to improve accessibility of the online platform for people without digital access. Individuals will be supported to register their referral on the online platform and join the assessment waiting list by phone, SMS text or email to the ICB Referral Support Service who will enter the required referral information on behalf of the individual. The ICB is also planning training and awareness raising of neurodiverse conditions for staff in primary and secondary care so they are able to fully support and understand their needs.</p>
E3	<p>Commit to investing in meaningful community engagement throughout the commissioning cycle.</p>	<p>The ICB has listened to the experience of users throughout the pilot period. Focus groups have taken place in early April 2024 to continuously develop the service in response to feedback and intelligence from communities as a result of the engagement with people with lived experience. The feedback will also be shared with system partners in the development of other strategies, for example the All-Age Autism Strategy and Commissioning Strategy to ensure a system-wide response.</p>
E4	<p>Commit to providing the resources necessary to support those not able to access the pathway in its current form, communicating</p>	<p>The ICB is actively working on a new development to provide people without digital access to support by phone, email or SMS text. Future communications will be co-produced with the neurodiverse community.</p>

	how this will be provided.	
E5	<p>Investigate the use of the Do-It Profiler as a digital health technology in accordance with guidance and legislation. This should include the completion of a clinical risk assessment and equality/discrimination assessment.</p>	<p>Clinicians and commissioners researched the use of the Do-IT Profiler as a digital neurodiverse tool and an EQIA has been undertaken, including aspects of clinical safety. In addition, as a requirement of GDPR, the ICB as data controller, has undertaken a Data Protection Impact Assessment to demonstrate how it will comply with data protection law and in doing so identify and minimise data protection risks.</p> <p>The pilot has been approved by the Humber and North Yorkshire System Ethics Panel.</p> <p>The ICB is leading a collaborative working group to explore the Adult Autism / ADHD referral pathways across the ICB.</p> <p>Do-IT Solutions, has Cyber Security Plus Certification. In line with The General Data Protection Regulation (GDPR,) regarding associated consent and storage of data, Do-IT Solutions ensure that data is stored whilst giving the option for people to choose to delete their data at any point. All data is stored in the UK on Microsoft who also have ISO 27001.</p>
E6	<p>Provide effective 'waiting well' initiatives that are accessible to all, working in partnership with</p>	<p>The ICB has gathered feedback from communities as a result of the engagement with people with lived experience in relation to the ongoing referral pilot, including pre-diagnosis support. The ICB is exploring options for training and raising awareness of neurodiversity in primary and</p>

<p>others to understand what would produce the best outcomes for the best price.</p>	<p>secondary care, and is exploring options for face-to-face and open access support in community settings for people with or without a diagnosis, alongside online options. The ICB is sharing this feedback with partners developing the All-Age Autism Strategy which will consider neurodiversity as a whole to create inclusive communities. Similarly the York Connecting Our City Neurodiverse Working Group provides opportunities to work together as a system and co-create solutions for ND support.</p> <p>Data from the online platform can help the ICB and partners develop the most relevant programmes and workshops for people needing support, including targeted information about functional skills such as time management, organisation, dealing with anxiety and low mood and understanding local pathways to services.</p>
<p>E7 Implement a strategy for <u>neurodiverse</u> service market growth, ensuring a preventative approach to commissioning and delivering.</p>	<p>The ICB works with system partners collaboratively in the interests of the city's population to embed integrated working and agree priorities within joint local strategies, with a key focus on prevention and managing demand for services. The huge rise in demand for assessment and support as a result of greater awareness of neurodiverse conditions requires this system-wide approach across health, care and society as a whole.</p> <p>The development of an All Age Autism Strategy for York along with the ongoing mental health transformation programme provides the opportunity to recognise, understand and</p>

		celebrate neurodiversity more widely, and for all neurodivergent people to be empowered and enabled to have equal access to effective services, support and fulfilling lives.
E8	Immediately amend the pilot in accordance with legislation and best practice.	<p>The pilot phase is informing the steps we can take towards a sustainable model, in the context of the changing rises and patterns in demand seen nationally for adult ADHD and autism services. There is an urgent need to address this by deploying existing resources as effectively and efficiently as possible. This requires a different approach which takes account of the latest clinical practice, innovation, and national recommendations.</p> <p>The ICB is leading a Collaborative Pathway Task Group to explore the Adult Autism / ADHD referral pathways across the ICB and ensure alignment of approaches for the diagnosis of Autism and ADHD. The Task Group will work as a collaborative across the Humber and North Yorkshire area to share access to tailored diagnostic services. The group will engage with local communities and collaborate with advocacy groups, support organisations and individuals with lived experience to incorporate their views into the pathway.</p>
E9	Conduct an audit of commissioning to ensure full legislative compliance and	The pilot approach has been discussed widely including by the Humber and North Yorkshire System Ethics Panel in May 2023. The practicalities of managing an unprecedented increase in demand for assessments is complex. The ICB has maintained the level of service by working with the

learn from mistakes made.

specialist provider to pilot changes to the commissioned pathway and prioritise those people with the greatest need. As this is a pilot phase, the ICB is continually amending the pathway in response to learning. The Healthwatch evaluation and subsequent work has been invaluable to learn how best to undertake meaningful engagement through face to face and virtual focus groups with our communities.

Urgent Care – October 2023

Full report can be seen here: <https://bit.ly/UrgentCareOct23>

These recommendations were made for guidance only to the commissioning organisation, to inform their own urgent care work programme.

General recommendations

- Share praise with staff to make sure they know people appreciate and value the service they are providing.
- Develop systems to provide better information about waiting times and where someone is in the queue. This could include a text/buzzer system to alert people when their turn is approaching.
- There needs to be a system whereby people on holiday or at home from university can still access GP services, including medication prescribing, rather than having to rely on the Urgent Treatment Centres (UTCs).
- Set up better cooperation and communication between UTCs. Someone seen at one UTC and redirected to York or Scarborough UTC should be confident that information has been shared and that they will be prioritised on arrival at the next UTC and not made to start the process again.
- Improve sharing of healthcare records and data so clinicians are fully informed and don't have to rely on patients to know their full medical history, allergic reactions etc.
- Explore the approach to triage to see if there is a way it could be done to redirect people who do not need urgent care; to direct people straight to x-ray if that is needed and to ensure appropriate prioritisation including for older people, very young children, carers and people with comorbidities.
- Explore digital alternatives, including video appointments, for people with a minor illness.

- Address barriers for women, and particularly young women, attending urgent care so they feel their issues are taken seriously.
- Make sure all facilities are autism informed and autism friendly and staff have autism awareness training.
- If not available, provide waiting areas specifically for children.
- Provide distractions for people while waiting, e.g. televisions, books or magazines etc. Provide mobile phone charging facilities.
- Provide water fountains or similar in all waiting areas.
- Make sure there is always a source of food and drink available, including when shops and cafés are closed.
- When refurbishing waiting areas, investigate options for having colour coded seating or clear waiting areas for different services where there is more than one service catered for by one waiting area.

Communication specific recommendations:

- Make sure information about the facilities available at each UTC and when they are available is widely publicised for people to access in advance and on arrival at the UTC.
- Continue to share information about the options for people who have an urgent health issue. This should be promoted through GP practices, part of on hold messages for GP practices and NHS 111, available at pharmacies as well as online. Make sure similar information is shared with healthcare professionals and particularly where people who have long-term conditions might need specialist care out of hours so there is clarity on where someone should go.
- GP practices should provide clearer information about what they are able to help with in terms of urgent care and how quickly someone might get an urgent appointment. There should be more communication between the UTC providers and GPs to make sure GPs are providing appropriate urgent care and not just sending people to UTCs as a default position.

Site specific recommendations: York

- Carry out an audit of signage, involving service users, to make sure it is clear how to get to the UTC/A&E.
- Provide clear information about where people need to go to book in and that they are confident they are on the waiting list for urgent treatment.
- Work with NHS 111 to make sure both services are clear on what is available via York UTC and the opening times of different services. Make sure there is clarity on whether NHS 111 should book appointments at York UTC and that if this is appropriate, there is a consistent approach.
- Review the triage system to make sure everyone is asked if they need pain killers and about any underlying health conditions that could impact on their treatment/prioritisation.
- Investigate an approach to parking charges to ensure people waiting for urgent care have a limited cost to pay no matter how long they have to wait. Make sure car parking is available close to the UTC/A&E and includes dedicated parent and child parking.

Site specific recommendations: other UTCs

- Malton – make sure there is a way to attract a receptionist (buzzer/bell) if no-one is at the desk.
- Malton, Scarborough and Selby – make sure there is a way to offer more privacy at reception or an option for a more private space for people to explain their symptoms if needed.
- Scarborough – explore options for more blue badge car parking close to A&E/UTC.

For future research and engagement

- Make sure all appropriate staff are aware and supportive of the engagement plan and outline before the project commences.
- Where possible, do not carry out engagement during times when services are in flux due to building works. The responses, while very rich, often provide feedback on a situation that will change in the short term and thus is not as useful as it might be.

- Make sure there is sufficient time in the project to gain sufficient feedback from all sites.

York Health and Care Partnership update received April 2024.

"The Healthwatch Urgent Care Report made sure we heard people's voice in the best way we could, with impartiality. The report told us what we suspected, that patients experienced a disjointed system that was difficult to navigate. When read with the York GP snapshot report, this helped identify that a fully integrated urgent care service was of real value to patients.

We are now working towards a single blended urgent care model, with our local hospital and local GPs working together to develop a seamless service for people across York, Scarborough, Malton, Whitby, and Selby. The first stage of this has seen the GP Out of Hours (GP OOH) contract awarded to local GPs (NimbusCare) and York Hospital taking over responsibility for delivery of the Urgent Treatment Centres (UTC) from 1st April 2024. York Hospital is working closely with local GPs to jointly staff the Urgent Treatment Centre. Both GP OOH and York UTC now use the same clinical record system, which is also used by the majority of GPs in York.

This is a huge step towards improving cooperation and communication, not only between UTCs (as recommended by Healthwatch) but also with GP Out of Hours, and the patient's own GP clinical record.

With the new services operating only since 1st April, its early days but we have already seen a number of significant improvements as a result of local partners working together collaboratively. We aim to present a more detailed report in June 2024."

Community Pharmacy – February 2024

The full report can be seen here: <https://bit.ly/CommunityPharmacy2024>

No recommendations made.




healthwatch York

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