



Notice of a public meeting of Health and Wellbeing Board

To: Councillors Runciman (Chair), Craghill, Cannon and Rawlings
Keith Ramsay (Vice Chair) Lay Chair, NHS Vale of York Clinical Commissioning Group (CCG)
Sharon Stoltz Director of Public Health, City of York Council
Martin Farran Corporate Director, Health, Housing & Adult Social Care, City of York Council
Jon Stonehouse Corporate Director, Children, Education & Communities
Lisa Winward Deputy Chief Constable, North Yorkshire Police
Sarah Armstrong Chief Executive, York CVS
Siân Balsom Manager, Healthwatch York
Julie Warren Locality Manager (North), NHS England
Colin Martin Chief Executive, Tees, Esk & Wear Valleys NHS Foundation Trust
Patrick Crowley Chief Executive, York Hospital NHS Foundation Trust
Dr Shaun O'Connell Medical Director, NHS Vale of York Clinical Commissioning Group
Phil Mettam Accountable Officer, NHS Vale of York Clinical Commissioning Group
Mike Padgham Chair, Independent Care Group

Date: Wednesday, 8 November 2017

Time: 4.30 pm

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

A G E N D A

1. 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.

2. Minutes (Pages 5 - 18)

To approve and sign the minutes of the last meeting of the Health and Wellbeing Board held on 6 September 2017.

3. Public Participation

It is at this point in the meeting that members of the public who have registered their wish to speak can do so. The deadline for registering is **5.00pm on 7 November 2017**.

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

The Council's protocol on Webcasting, Filming & Recording of Meetings ensures that these practices are carried out in a

manner both respectful to the conduct of the meeting and all those present. It can be viewed at:
http://www.york.gov.uk/download/downloads/id/11406/protocol_for_webcasting_filming_and_recording_of_council_meetings_20160809.pdf

SAFEGUARDING

4. Annual Report of the Children's Safeguarding Board

(Pages 19 - 122)

This report presents the Annual Report of the Independent Chair of City of York Safeguarding Children Board 2016/17 (Annex A) to the Health and Wellbeing Board (HWBB). This provides an opportunity to share the key issues and priorities for CYSCB with the HWBB. (An Executive Summary of the Annual Report is also made available to the Health & Wellbeing Board at Annex B).

THEMED MEETING: MENTAL HEALTH AND WELLBEING **THEME LEADS: MARTIN FARRAN AND PHIL METTAM**

5. Developing an All Age Mental Health Strategy for York 2017-2022 (Pages 123 - 130)

This report presents progress against producing an all age mental health strategy for York. The Board are asked to note the report and the feedback received during the consultation period.

6. Progress Against the Mental Health Theme of the Joint Health and Wellbeing Strategy (including performance)

(Pages 131 - 146)

This report asks the Health and Wellbeing Board (HWBB) to note the update on progress made against delivery of the mental health and wellbeing theme of the joint health and wellbeing strategy 2017-2022.

7. Healthwatch York Report - Children and Adolescent Mental Health Services (Pages 147 - 190)

This report asks Health and Wellbeing Board (HWBB) members to receive a new report from Healthwatch York about children and adolescent mental health services in York. The report is based on patients' experiences and is attached at **Annex A** to this report. Health and Wellbeing Board members are asked to respond to the recommendations within the report.

OTHER BUSINESS

8. Joint commissioning (Pages 191 - 258)

This report provides Health and Wellbeing Board with the following information:

- Progress on the development of the Joint Commissioning Plan, in line with the joint Commissioning Strategy;
- An update on the Better Care Fund (BCF) assurance process;
- A briefing on the Care Quality Commission (CQC) Local System Review of York, currently in progress.

9. Update from the HWBB Steering Group (Pages 259 - 264)

This report provides the board with an update on the work that has been undertaken by the Health and Wellbeing Board Steering Group and its sub-group the Joint Strategic Needs Assessment (JSNA) Working Group. The board are asked to note the update.

10. Healthwatch York Report: Home Care Services

(Pages 265 - 316)

This report asks Health and Wellbeing Board (HWBB) members to receive a new report from Healthwatch York about home care services attached at **Annex A** to this report.

Health and Wellbeing Board members are asked to respond to the recommendations within the report.

11. Work Programme (Pages 317 - 322)

To note the Board's Forward Plan.

12. Urgent Business

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

Democracy Officer:

Angela Bielby

Telephone No – 01904 552599

Email – a.bielby@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 własnym języku. (Polish)

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

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

 **(01904) 551550**

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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

Dr Shaun O'Connell, Medical Director NHS Vale of York Clinical Commissioning Group

- Employee of South Milford Surgery, working 1 day per week
- Wife an employee of York Hospitals Foundation Trust

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

Keren Wilson, Chief Executive Independent Care Group (Substitute Member)

- Independent Care Group receives funding from City of York Council

Councillor Douglas (Substitute Member)

- Governor of Tees, Esk and Wear Valleys NHS Foundation Trust

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City of York Council

Committee Minutes

Meeting	Health and Wellbeing Board
Date	6 September 2017
Present	Councillors Runciman (Chair), Craghill, Cannon and Rawlings Sheenagh Powell (Lay Member and Audit Committee Chair, NHS Vale of York CCG) - Substitute for Keith Ramsay Fiona Phillips (Assistant Director, Consultatnt in Public Health) - Substitute for Sharon Stoltz Michael Melvin (Assistant Director, Adult Social Care, CYC) - Substitute for Martin Farran Jon Stonehouse (Corporate Director, Health, Housing & Adult Social Care, CYC) Lisa Winward (Deputy Chief Constable, North Yorkshire Police) Sarah Armstrong (Chief Executive, York CVS) John Clark (Chair of Healthwatch York) - Substitute for Siân Balsom Ruth Hill (Director of Operations (York and Selby) Tees, Esk and Wear Valleys NHS) - Substitute for Colin Martin Mike Proctor (Deputy Chief Executive, York Teaching Hospital NHS Foundation Trust) - Substitute for Patrick Crowley Dr Shaun O'Connell (Medical Director, NHS Vale of York CCG) Phil Mettam (Accountable Officer, NHS Vale

of York CCG)

Keren Wilson (Chief Executive, Independent Care Group),

Apologies

Keith Ramsay, Sharon Stoltz, Martin Farran, Sian Balsom, Julie Warren, Colin Martin, Patrick Crowley, Mike Padgham

88. Declarations of Interest

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

No further interests were declared.

89. Minutes

Resolved: That the minutes of the meeting of the Health and Wellbeing Board held on 12 July 2017 be approved and signed by the Chair as a correct record.

90. Public Participation

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

91. Appointments to York's Health and Wellbeing Board

Board members considered a report which asked them to confirm the following new appointments to its membership:

- **Tom Cray**, Senior Strategic Community Lead, City of York Council (CYC) – as second substitute for Martin Farran, Corporate Director, Health, Housing & Adult Social Care, CYC;
- **John Clark**, Chair of Healthwatch York - as first substitute for Siân Balsom, Manager of Healthwatch York;
- **Maxine Squire**, Assistant Director, Education & Skills, CYC – as second substitute for Jon Stonehouse,

Corporate Director of Children, Education & Communities,
CYC.

Resolved: That the above appointments be confirmed.

Reason: In order to make these appointments to the Health and Wellbeing Board, in accordance with the Board's terms of reference.

92. Annual Report - Safeguarding Adults Board (Annex C available online only)

Board members received a report which provided information on the work of the Safeguarding Adults Board (SAB) over the course of the year 2016/17, summarised in Annex B. The full annual report had been made available online as Annex C.

Kevin McAleese CBE, Independent Chair of the SAB, highlighted the following points in his presentation at the meeting, which included the slides at Annex A (page numbers 25-42 refer to these):

- The 3 statutory members of York SAB were City of York Council, North Yorkshire Police and Vale of York CCG.
- York SAB's annual budget, at just over £50k, was the smallest in the region.
- Making Safeguarding Personal (MSP) was a key area and the case study at p.29 illustrated how a complex case should be dealt with using this person-centred approach.
- There had been no Safeguarding Adults Reviews (SARs) in the year, but a 'lessons learned' case was detailed at p.38.
- All planned developments had been achieved in the year.
- The peer review carried out in January 2017 (p.36) had been highly complimentary of the SAB's work.

In response to questions from Board members, Mr McAleese acknowledged that self-neglect was a challenging area in terms of providing effective help for vulnerable adults, as people could not be forced to accept what was on offer. The problem of isolation was also recognised, and the SAB planned to spend a day examining the vulnerabilities of those living alone. Adult services were very lean in terms of resources and this was the case across all areas, due partly to problems with recruitment, which the SAB would be looking at. The issue of abuse by

service providers was a concern, since people could choose to buy services from unregulated providers. However, the SAB was optimistic that it could be as effective as possible in safeguarding adults within this challenging environment. The 'lessons learned' case study at agenda page 49 was an example of the effect of these challenges, when despite the council's best efforts a service had been unobtainable.

The Chair thanked Mr McAleese for his presentation and it was

Resolved: That the report and the additional information presented at the meeting be noted.

Reason: To keep the Board apprised of the work of the Safeguarding Adults Board.

93. Progress on the Ageing Well Theme of the Joint Health and Wellbeing Strategy 2017-2022

Board members received a report which asked them to note and comment upon progress made towards the delivery of the 'ageing well' theme of the joint health and wellbeing strategy 2017-2022, launched in March 2017.

The Chief Executive of York CVS explained that the report had been developed by an operational group of the Voluntary and Community Sector Ageing Well Forum, set up to identify gaps in current support for older people in the city and possible solutions. The group included members from a number of community organisations, as well as the CVS and the council. Places were still available should anyone wish to join the group, or to suggest organisations that could contribute.

Annex A to the report outlined progress and action planning already under way against the priorities in the strategy. In respect of the top priority, to reduce loneliness and isolation for older people, the group had begun to focus on two issues - fuel poverty and transport. Annex B set out an organisational case study, provided by Older Citizens Advocacy York (OCAY), which highlighted the effect of poverty on loneliness.

In response to Board members' questions, the Chief Executive of York CVS confirmed that:

- Regarding action on fuel poverty, there was a need to match up existing services with those who needed them, and as a starting point experts would be invited to attend Ageing Well Forum meetings to advise on this;
- In terms of action to be taken, the process was at an early stage; however, a five-year action plan was in development, in which the Board's involvement would be welcome;
- There were significant issues for older people around public transport, to which there were no easy answers and which the group planned to find out more about;

The Assistant Director of Adult Services (CYC) indicated that there was now a post within the council's Future Focus programme dedicated to information and advice, which would tie in with the work on this theme.

Resolved: That the report and additional comments be noted.

Reason: To keep the Board informed as to progress on delivery against the ageing well theme of the joint health and wellbeing strategy 2017-2022.

94. Presentation: Introducing Ways to Wellbeing - York's Social Prescribing Service

The Board received a report, and a presentation from the Chief Executive of York CVS, which introduced 'Ways to Wellbeing', York's social prescribing service. Presentation slides were attached as Annex A to the report

Put simply, *Ways to Wellbeing* was '*a way to give people a little extra support at a time they need it most*'. Starting with a meeting over a cup of tea, people were given time to talk about their situation, enabling them to open up and identify the support they needed. They could then be connected to local community support which addressed these needs, thus reducing reliance on GPs and other statutory services. Over 200 referrals had been received so far and an evaluation of the first year showed that GP appointments had reduced by 30% for those using the service. After the first three months, 80% of users reported a greater sense of wellbeing and 75% reported increased confidence; there had been a return of £1 for every 50p invested. Positive feedback had been received from GPs.

In response to a question from a Board member, it was acknowledged that preventing dependency on the service was not straightforward, given the range of people and support involved.

The Deputy Chief Constable, North Yorkshire Police, commented that the service also provided an opportunity to reduce pressure on the police, whose time was sometimes taken up by those who were simply lonely.

The Medical Director, NHS Vale of York CCG, expressed support for the service and noted that a similar approach had been adopted by Hull CCG.

The Chair thanked the Chief Executive of York CVS for an excellent presentation and it was

Resolved: That the presentation and report be noted.

Reason: To keep the Board apprised of the Ways to Wellbeing Service.

95. Report on York Older People's Survey

Board members considered a report which provided an overview of some key results emerging from a recent survey of older people in York, similar to that carried out in 2008.

At their meeting on 20 July 2016, the Board had agreed to support the survey, and work had begun through a multi-agency steering committee in October 2016. The survey had been distributed between May and June 2017, and analysis carried out in July and August. There had been a good response rate, with 912 completed surveys returned in total.

Results from the analysis to date were highlighted in Annex A to the report. Respondents generally reported good health, due to being physically active and having adequate social contact. Practical support with personal care or running a home was also important, though the importance of this as a factor in staying independent had decreased since 2008 as against that of social activities and contact.

Board members commented that there was a need to start joining up themes within the overall strategy so that everything worked together. It was also noted that improvements in technology, and older people's increasing willingness to engage with it, offered an opportunity to provide more services electronically in future.

Board members requested that action plans accompany a further more detailed report once full analysis of the survey results had been completed.

Resolved: (i) That the initial findings from the older people's survey be noted.

(ii) That the Board receive a further report, with the full results of the survey.

Reason: To keep the Board informed on the outcome of the survey.

(iii) That the Board consider at a future meeting how any recommendations from the survey might be taken forward.

Reason: To ensure that the survey has been worthwhile.

96. Ageing Well Performance Report

Board members received a report which outlined the current position against a set of indicators relating to the Ageing Well theme within the Joint Health and Wellbeing Strategy 2017-2022.

The performance summary, at Annex A, was intended to provide an accessible starting point to facilitate discussion. It included a narrative update on performance against six measures, including: sufficient social contact; reducing unnecessary admissions to hospital; reducing delayed discharges from hospital; more older people still at home 91 days after reablement/rehabilitation; more older people happy with the care they receive.

During their discussion, Board members:

- Commented on the disconnect between what was being measured, the aims of the joint health and wellbeing strategy itself and the action plans in development for the ageing well theme of the strategy. The Assistant Director, Adult Social Care (AD) agreed that these national measures were becoming less useful as time went on.
- Queried the rise in emergency admissions for acute conditions that should not usually require hospital admissions (CCGOIS301). The AD confirmed that work was in progress to develop community solutions, in order to reduce the pressure on the NHS caused by this. An exercise was also ongoing to increase the number of hours provided for reablement, to tackle the reduced percentage of older people still at home 91 days after discharge from hospital (ASCOF2B1).

The Deputy Chief Executive, York Hospitals NHS Trust commented that, locally, there was a need to measure things in different ways and focus on the broader reasons why, for example, 50% of those in hospital for more than 7 days were no longer in need of acute care.

Resolved: (i) That the content of the performance report be noted.

Reason: To ensure understanding of the progress made against the Health and Wellbeing Strategy.

(ii) That Board members request any further information they may require on specific areas of work by emailing the Health and Wellbeing Partnership Co-ordinator.

Reason: To ensure that Board members have the required level of detail.

97. Developing Co-Production in York

Board members received a report on progress towards developing an approach to co-production that could be used by all partners across the health and social care system in York.

In November 2016, the Board had committed to following a co-design and co-production approach to all future major changes

to health and social care changes. City of York Council had agreed to work with Healthwatch York to develop a co-production strategy for the city.

Following discussions with residents and stakeholders at an event in July entitled 'People and Places: York goes Global', an initial draft co-production document had been produced and was attached at Annex A. Two options were presented:

Option A – to change the focus of this piece of work and agree to the development of a set of guiding principles for co-production. This was the recommended option, in the light of matters raised at the July event regarding the practicalities of working together and the need to involve residents as active citizens rather than passive recipients of services.

Option B – to proceed as originally intended and develop a co-production strategy for the city.

Board members commented favourably on the proposed approach and the document produced to date. They stressed the need to ensure accessible language, avoiding terms such as 'reciprocity'.

Resolved: (i) That Option A be approved; to change the focus of this piece of work and agree to the development of a set of guiding principles for co-production.

Reason: To develop a set of principles that can be used by all organisations within the city and complement the common design principles being developed through the work of Future Focus and the Central Locality Delivery Group.

(ii) That agreement be given to progress this work to a third draft, using the comments already received to shape it, and to then proceed to formal consultation.

Reason: To ensure that the draft reflects the views of those consulted to date, and to seek further views on the document itself and on how best to embed the principles across the different organisations in the city.

98. Better Care Fund (BCF) Update

The Board received an update report on progress towards developing the Better Care Fund (BCF) submission for 2017/19. The draft narrative plan was attached as Appendix 2 to the report. A final performance table showing York's position against national and local metrics for 2016/17 was included at Appendix 1.

The report outlined key differences between the 2016/17 plan and the 2017/19 plan. It noted the increases to local funding contributions, in line with improved BCF allocations, and summarised the proposed investment profile for the fund up to 2018/19. The final narrative plan was due to be signed off by the Chair, Vice-chair and senior officers under delegated authority, for submission with the detailed planning return by 11 September.

The Strategic Programme Consultant, Vale of York CCG attended to present the report. In response to questions from the Chair, she confirmed that officers from the council and the CCG were working well together to produce a jointly agreed draft plan that was balanced in terms of investment across schemes. There were still details to fill in, but the plan had identified ways to keep moving forward, focusing on the areas for which the BCF was intended.

Reference was also made to a forthcoming Care Quality Commission (CQC) Local System Review of York (Appendix 3 to the report, at agenda pages 155-161 refers).

Resolved: That the issues set out in the report be noted.

Reason: So that the Board has oversight of the Better Care Fund.

99. Update on the Humber, Coast and Vale Sustainability and Transformation Partnership (STP)

The Board received an update report on the work of the Humber, Coast and Vale Sustainability and Transformation Partnership (STP).

The STP comprised nearly 30 organisations working together to realise a shared vision for the local health and care system, enabling everyone in the area to start well, live well and age well. Annex A to the report showed the area involved and the membership of the STP Board; Annex B provided details of current STP programmes. Progress was reported on place-based plans, integrated commissioning and STP-wide programmes. Recent developments had included:

- Creating a single management structure across the council and CCG in North-East Lincolnshire;
- Taking steps to integrate CCG and council budgets in Hull;
- Establishing an Accountable Care System Partnership Board and three locality sub-boards in the Vale of York;
- Beginning a review of acute hospital service provision in the Humber, Coast and Vale area;
- Developing a comprehensive communications and engagement strategy, plus additional forums to ensure the effective involvement of all partners.

The Strategic Lead, STP Communications and Engagement attended to present the report. She noted that a new Chief Officer of Hull CCG had recently been appointed after the previous incumbent stood down in July. Since this change in leadership, discussions had begun in relation to what should be done at a Humber, Coast and Vale level and at a more local level.

Board members raised issues regarding the current involvement of City of York Council and York service users in the STP and plans for hospital services across the area. The Chair advised that any questions be directed to the Strategic Lead, STP Communications and Engagement via email. The email address would be circulated.

Resolved: That the contents of the report be noted and that the Board continue to contribute to the work of the partnership via existing mechanisms.

Reason: To ensure that the Board is apprised of the Humber, Coast and Vale Sustainability and Transformation Partnership.

100. Future in Mind Local Transformation Plan (LTP) Refresh 2017

Board members considered a report which provided an overview of work done to implement the Local Transformation Plan (LTP) and set out themes for inclusion in the 2017 refresh.

Future in Mind described the vision and steps to transform the way in which services supported children and young people's emotional and mental health. The LTP set out how to achieve the necessary changes locally, within the CCG area. The Vale of York CCG plan had been published in 2015 and refreshed in 2016. Detailed feedback from NHS England on that refresh, attached at Annex 2, indicated positive progress towards meeting the LTP aspirations and highlighted areas for further work. Detailed guidance for 2017/18 was attached at Annex 3. National guidance was currently focused on early intervention, workforce development and integrated commissioning and delivery structures. In setting local priorities, discussions with colleagues and feedback from service users and providers indicated a focus on systems issues that could have a significant impact on outcomes and experiences.

The Commissioning Specialist, Vale of York CCG attended to present the report. She highlighted the good feedback received on the content and implementation of plans over the past two years and acknowledged the need for further work across all sectors, especially with regard to looked after children, and young people in the criminal justice system.

The Corporate Director, Children, Education and Communities commented that council officers had had ongoing discussions with the CCG and fully endorsed the LTP. In particular, the jointly funded City of York school well-being service (paragraph 3b of the report) was an exemplar of good practice, being well engaged with both *Future in Mind* and with schools. There was a need to re-visit the funding model in the refresh, to build on that exemplar. More detailed discussions were needed around the local priorities in paragraph 11; these could be considered at the Board's next development session in October.

Resolved: (i) That the report and direction for the Local Transformation Plan (LTP) in 2017/18 be noted.

Reason: To keep the Board informed on the progress of the LTP.

(ii) That authority be delegated to the Chair of the Board to approve the final LTP.

Reason: To ensure that the LTP can be submitted to NHS England on 31 October 2017.

101. Work Programme

Board members were asked to consider the Board's proposed work programme up to May 2018.

Resolved: That the current 2017/18 work programme be noted.

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

Cllr Runciman, Chair

[The meeting started at 4.30 pm and finished at 7.08 pm].

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Health and Wellbeing Board

8 November 2017

Annual Report of the Independent Chair of City of York Safeguarding Children Board (CYSCB)

Summary

1. The purpose of this report is to present the Annual Report of the Independent Chair of City of York Safeguarding Children Board 2016/17 (Annex A) to the Health and Wellbeing Board (HWBB). This provides an opportunity to share the key issues and priorities for CYSCB with the HWBB. (An Executive Summary of the Annual Report is also made available to the Health & Wellbeing Board at Annex B).

Background

2. The Independent Chair of the Safeguarding Children Board is required by statutory guidance to publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area. The report is submitted to the Chief Executive, Leader of the Council, the local Police and Crime Commissioner and the Chair of the Health and Wellbeing Board.
3. The City of York Safeguarding Children Board has the statutory objective set out in Section 14 of the Children Act 2004 *to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and to ensure the effectiveness of what is done by each such person or body for those purposes*
4. To provide effective scrutiny, the CYSCB should be independent. It should not be subordinate to, nor subsumed within, other local structures.

Main/Key Issues to be Considered

5. In order to achieve the best outcomes, it is critical that all Boards work closely together to drive forward improvements in prevention, early help and ensuring local safeguarding arrangements are effective. The Inter-Board Protocol is now agreed in full and encompasses the work of the Health and Wellbeing Board; the Safeguarding Adults Board; the YorOk Board; and the Safer York Partnership.
6. The Chairs of these strategic boards meet regularly to ensure good collaboration and cooperation between the Boards and an absence of unnecessary duplication. The operational support officers for each Board meet to facilitate and take forward the agreed work of the Chairs' group.

Consultation

7. CYSCB partners have been consulted in the process of compiling the Annual Report and key partners have contributed accounts of the actions their organisations have undertaken during 2016/17 to safeguard children. These accounts have been included in full in the Annual Report.

Options

8. The CYSCB Annual Report is presented to enable the HWBB to note the key messages and priorities in regard to safeguarding children and young people.

Analysis

9. The key messages and priorities set out in the CYSCB Annual Report should be helpful when HWBB members are looking at future health and wellbeing priorities and plans.

Strategic/Operational Plans

10. The publication of a Local Safeguarding Children Board (LSCB) Annual Report is a statutory requirement of the Working Together 2015 guidance.
11. Outlined in the Report is the CYSCB's intention to respond to the changes brought about in the Children & Social Work Act 2017 which abolishes LSCBs and replaces them with local partnerships

for coordinating and monitoring the arrangements for safeguarding of children and young people. While CYSCB awaits a newly published Working Together later this year which will give more detail to the statutory requirements, Board members have already met to discuss the opportunity for reviewing and amending the functioning of the Board. A proposal will be put to chief officers via the Chief Officers Reference and Accountability Group (CORAG) for a new safeguarding partnership with the strong caveat that, having been judged as 'Outstanding' by Ofsted, there will be no changes made simply for changes' sake.

12. A key objective of the Health and Wellbeing Strategy, under *Starting and Growing Well*, includes the aim to 'Ensure children and young people are free from all forms of neglect and abuse'. The CYSCB has a significant role to play in contributing to this objective. Member organisations of the Health and Wellbeing Board and the YorOk Board are represented on the Safeguarding Board. The Inter-Board Protocol ensures that the priorities and plans of the key strategic Boards are complementary and mutually supportive.

Implications

13. **Financial:** It is not clear at this stage whether there will be any financial implications in the wake of the new statutory guidance. The Board is currently funded by partners and there is no intention currently to change that arrangement. Should the arrangement change this could pose a potential risk to the functioning of, and support to, the Board.
14. **Human Resources (HR):** There are no HR implications posed as a direct result of the CYSCB Annual Report nor, at this stage, by the Children & Social Work Act 2017.
15. **Equalities:** There are no equalities implications to be considered.
16. **Legal:** There are no legal implications to be considered.
17. **Crime and Disorder:** There are no crime and disorder implications to be considered
18. **Information Technology (IT):** There are no IT implications to be considered

- 19. **Property:** There are no property implications to be considered
- 20. **Other:** There are no other known implications.

Risk Management

- 21. There are no direct risks associated with the CYSCB Annual Report. Presentation of this report to the Health & Wellbeing Board plus the existence of the Inter-Board Protocol should mitigate against the risk of any absence if joined up thinking and collaboration to ensure that 'Safeguarding is everybody's business'

Recommendations

- 22. The Health and Wellbeing Board members are asked to receive the Annual Report of the Independent Chair of the CYSCB and reflect on the key messages and priorities when considering plans.

Reason: Communication between Boards and an understanding of each Board's key messages and priorities enhances collaborative work and optimum outcomes.

Contact Details

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**Report
Approved**



Date 24.10.2017

Specialist Implications Officer(s) none

Wards Affected:

All

For further information please contact the author of the report

Background Papers:

Background papers

None

Annexes

Annex A – CYSCB Full Annual Report 2016-17

Annex B – Executive Summary Annual Report 2016-17

Glossary

CYSCB	City of York Safeguarding Children Board
HWBB	Health and Wellbeing Board
LSCB	Local Safeguarding Children Board
YorOK	York Children's Trust
CORAG	Chief Officers Reference and Accountability Group (Safeguarding)

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Annual Report 2016/2017



**Working with children, families
and professionals to make our
children's lives safer**



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Foreword by the Chair

The key purpose of this report is to assess the impact of the work the City of York Safeguarding Children Board and its partners have undertaken in 2016/17 to improve safeguarding outcomes for children and young people in York. The work of the Board continues to be driven by its vision:

“For all the children of York to grow up in safety and to always feel safe.”



I am delighted to tell you that during the year the Board was judged Outstanding by Ofsted, one of only three in England to achieve this. This is recognition for the incredible work of all the people in York who work day to day with children and young people to keep them safe.

I am particularly pleased that Ofsted recognised that a key to the success of the board is the explicit focus on understanding the perspectives of children and young people by asking for and listening to their views and, most importantly, acting on them. This reflects well the culture of partnership working in York.

As we move into 2017/18 the Board will consider making changes to the way the partnership works in response to the Children & Social Work Act 2017 and the new statutory guidance due out at the end of the year. Having had the current arrangements endorsed by the Ofsted judgement, the CYSCB will not be making changes simply for change's sake but see this as an opportunity to enhance arrangements which are already working well.

In the meantime, and going forward, the following key strategic aims will be important and will each present a challenge:

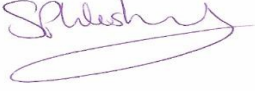
- **Maximising capacity and resources**
- **Managing partnership and engagement**
- **Ensuring a focus on vulnerable groups**
- **Embedding learning and improvement**

The board demonstrates respectful, rigorous and tenacious challenge to partners and agencies and we are ambitious to continue to improve.

In 2017/18 we will complete a revision of the thresholds for access to services and monitor the impact of implementation of the Early Help Strategy in partnership with the YorOK Board; work in partnership with Safer York to ensure that the needs of children affected by domestic violence are recognised and responded to; develop further understanding of how to better safeguard disabled children; continue to monitor the implementation of the neglect strategy; monitor action plans arising from the inspections of safeguarding in partner agencies; and continue to seek further assurance about how access to mental health

services for young people is being improved, building on the excellent work done in schools through the Schools Wellbeing Workers which was extended in 2016 to all schools in York.

Finally, if you have safeguarding concerns about any child or young person please act on them; you might be the only one who notices.



**Simon Westwood,
Independent Chair
City of York Safeguarding Children Board**

Formal Summary Statement

The City of York Safeguarding Children Board (CYSCB) is one of the Local Safeguarding Children Boards (LSCB) across the country which was set up by the Children Act 2004. The statutory guidance in *Working Together (2015)*¹ sets out the role and functions of an LSCB. An LSCB monitors and supports safeguarding practice and provides an overview to the coordination of agencies working together. CYSCB is a strong partnership made up of active and enthusiastic members who represent the agencies and organisations across York who are involved in safeguarding children.

The CYSCB website² provides information about the work of the Board and our current membership. Advice and guidance, along with links to websites with further information and guidance, can also be found on our website.

It is a priority of our Board that children and young people in York should be heard and that their wishes and feelings should inform the delivery of services. It is a particular strength of our Board that we have found ways to understand how agencies are using the views of children and young people to influence the delivery of services and that all children and young people are treated respectfully.

A joint protocol means that CYSCB works with other strategic Boards including the Health and Wellbeing Board, the YorOK Board, the Safer York Partnership and the Safeguarding Adults Board. This means that these Boards can collaborate and avoid duplication. The protocol provides an agreement on which Board will lead on which issues and how the Boards will support each other.

Working Together 2015 specifies that the Independent Chair of the LSCB must publish a report annually about the work of the Board during the previous year. This report is a summary of what we have done during 2016/17, what impact this has had and continuing priorities for 2017/18.

A review of CYSCB in November/December 2016 by Ofsted found that the Board was 'Outstanding'. Ofsted found that our Board: *'coordinates well the key partnerships to ensure the effectiveness of their safeguarding arrangements, and to focus on the critical priorities to improve and develop services to children further.'*³

'During 2016/17 the Board has continued to provide clear and effective support and challenge to partner agencies. It has been instrumental in shaping services across York and setting out aims and outcomes in a priority led business plan.'

Also they commented:

¹ <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

² <http://www.saferchildrenyork.org.uk/>

³ <https://reports.ofsted.gov.uk/local-authorities/york>

'Key to the success of the Board is the explicit focus on understanding the perspectives of children and young people by asking for and listening to their views and, most importantly, acting on them. This ensures that the voice of the child is actively considered across all aspects of the board's work and leads to improvements in the quality of practice.'

We believe that this conclusion is accurate because we have:

- **ensured** that those working with children and young people have heard what they are saying and responded to their wishes and feelings in shaping services. The 'Voice' of children and young people runs through everything we do; **Chapter 2** has more detail
- heard from children and young people who are in the care of the local authority about what the experience is like for them
- continued to **monitor data** and information from our partners. In Chapter 3 you can see what we have learnt from this including that:
 - the number of re-referrals within a 12-month period to Children's Social Care has more than halved since the beginning of the year
 - the percentage of referrals in which Child Sexual Exploitation is a concern at the point of referral has remained consistent in 2016/17 with the previous year. These percentages remain low in comparison with other factors such as domestic abuse and neglect
 - the number of first time entrants to the Youth Justice system remains low and in line with national trends
 - in line with previous years, the majority of children subject to a child protection plan (54%) are listed under the category of neglect, with emotional abuse (38%) a close second. Physical abuse (6%) and Sexual Abuse (2%) are significantly lower than other categories
 - figures from CAFCASS Care Demand Statistics show that 32 children from York were subject to applications to court for care orders in 2016/17
 - 100% of children missing from education were located
- **reviewed** how we are doing against the priorities that we set ourselves. Details of this are in **Chapter 4**
- as always, **invited** our partners to give accounts of the work they have done within their organisations over 2016/17 to safeguard children. This is in Chapter 5 and echoes the Assurance Reports that partners regularly submit to the Board
- **conducted** a series of formal audits of our safeguarding arrangements, including:
 - the "Section 11" audit process (Children Act 2004) and the annual event held jointly with colleagues from North Yorkshire Safeguarding Children
 - audits of casework including looking at planning and reviewing processes in MARACs (Multi-Agency Risk Assessment Conference regarding domestic

abuse) and Child Protection Core Groups and whether the child is central to the process throughout

- concluded one **Learning Lessons Review**, completed the actions and disseminated the learning resulting from this. (Details of our audit activity are in Chapter 6)
- **overseen** the revision of York's Early Help arrangements as the Local Area Teams became established
- created and published our **multi-agency Neglect Strategy**
- been assured by the Independent **Chair's visit to social workers** in the '*Children's Front Door*' that the Children's Social Care Referral & Assessment process is working well
- completed our **training** needs analysis, commissioned and provided training on Working Together to Safeguard Children, on domestic abuse, on neglect, on online safety, on working with fathers, among others. (Our training programmes are described in **Chapter 7**)
- been reviewed via a **Peer Review** commissioned by ourselves and then formally reviewed by **Ofsted**
- **led** on the creation of a joint protocol between the YorOk Board, the Health & Wellbeing Board, the Safer York Partnership and the Safeguarding Adults Board.
- delivered a public facing campaign on Domestic Abuse during **Safeguarding Week 2016**.

Chapter 8 provides our assessment of how we are doing as a Board, whilst **Appendices C to E** gives details about our membership, structure and finances.

We have demonstrated not only to our partners but also to Ofsted that our revised Board structure works well and is effective. We continue to learn and improve and we have taken on the challenge posed by the new *Children & Social Work Act*⁴ to transform our Board from an extremely effective statutory Local Safeguarding Children Board to a new equally effective Safeguarding Children Partnership.

We have revised and re-written our Business Plan so that we can see how we are achieving against each of our priorities, with the 'voice' of children and young people and the safeguarding of children with disabilities running throughout. Our *Learning & Improvement Framework* has continued to outline the way that our Board 'knows what it knows', how it learns and how that learning is disseminated throughout the workforce.

⁴ <http://services.parliament.uk/bills/2016-17/childrenandsocialwork.html>

Chapter 9 sets out our priorities for 2017/18, Early Help, Neglect, Child Sexual Abuse and Exploitation, Children Missing from Home, Care and Education and Domestic Abuse and challenges for the year ahead not least of which is the challenge to revise and publish arrangements for safeguarding children as required by the Children and Social Work Act 2017 and new statutory guidance as it is published.

The key messages for children and young people, for communities, for practitioners, for Board partners, for schools and for everyone are, as ever, set out at the end of the report in **Chapter 10**.

Contact details for the Board are provided and the information about what to do if you are concerned about a child or a young person.

A shorter Executive Summary of this report is available on our website⁵.

This report is formally the responsibility of the Independent Chair, Simon Westwood who is tasked by the statutory guidance Working Together 2015 to produce an Annual Report. This Annual Report has been accepted by the CYSCB. In line with statutory guidance, it will be submitted to Chief Executive, the Leader of the Council, the local Police and Crime Commissioner and the Chair of the Health & Wellbeing Board.

⁵ <http://www.saferchildrenyork.org.uk/annual-reports-and-business-plan.htm>

Chapter 1: Some facts and figures

York is a unitary authority with a population of 206,900⁶. The city is predominately urban with some rural areas. Data for 2015 published by Public Health England states that the number of children aged 0-18 (inclusive) in York is 44,300⁷. The local authority uses a figure of 36,331 for children aged 0-17 (inclusive), making up 21.4% of York's population. The apparent anomaly between Public Health England's number of under 19-year-olds and the city's figure for under 18s (a difference of around 8000) appears very large. It is almost certainly due to the large number of undergraduates starting courses at age 18/19. Almost half of these undergraduates are at the University of York with the rest from St John's University, plus a small figure for York College and Askham Bryan College.

Approximately 10,500 children aged 0-4 comprise 5.1% of the city's population. Estimates from Public Health England project the population of 0-18 year olds in York in 2025 will be around 48,300. Further detailed demographic information on York is available online on the York Health and Wellbeing website⁸ and in the City of York Council Plan 2015-2019⁹.

There are currently 69 schools in York: 51 primary schools; 9 secondary schools; 6 independent schools; 2 special schools and 1 pupil referral unit (Danesgate). At the time of writing, data released from York Education at the local authority Eight of these schools received academy status during 2016/17. A further 13 schools are converting into academies during 2017/18. York also has 422 early years' providers and over 100 voluntary organisations offering services for children and young people.

In 2015, York Health and Wellbeing Board reported that York has become more culturally and religiously diverse. The Black and Minority Ethnic (BME) population in 2015 was 9.8% compared to 4.9% in 2001¹⁰. Public Health England state that in 2017, there are 2,125 children of BME origin living in York, making up 10.6% of the school population. The ethnic composition of York changes each year, with York's most ethnically diverse ward being Heslington where 35% of the city's BME population reside¹¹. This is due to the high number of international students attending University of York. In the coming year, we will seek further guidance to ensure that as a Board we are fully up-to-date with York's changing population and its possible implication for our safeguarding work.

At the end of 2016/2017 there were 171 children subject to a child protection plan in York. The number of children and young people in the care of the local authority in the city at year end was 204.

⁶ <https://www.nomisweb.co.uk/reports/lmp/la/1946157112/report.aspx?town=york#tabrespop>

⁷ https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview/area-search-results/E12000003?search_type=list-child-areas&place_name=Yorkshire%20and%20the%20Humber

⁸ <http://www.healthyork.org/>

⁹ https://www.york.gov.uk/downloads/file/7880/council_plan_2015-2019

¹⁰ <http://www.healthyork.org/the-population-of-york.aspx>

¹¹ https://www.york.gov.uk/downloads/file/86/census_2011_population_by_area

The city is relatively prosperous, with the level of people claiming out of work benefits statistically lower than regional and national averages. In June 2017, 0.7% of those aged 16 to 64 in York were on out of work benefits, which compares favourably with the Yorkshire and Humber regional average of 2.2% and the UK average of 1.9%. Claimants aged 16 and 17 in York made up less than 0.1% of the total number of 16 to 17 year olds in York (in line with regional and national percentages). Also 18 to 24 year olds, at 0.7% of all 18 to 24 year olds, gives a very favourable comparison with regional and national percentages of 3.1% and 2.8% respectively¹².

The most recent Public Health figures from 2014/15 show that the number of children under 16 living in poverty in York (11.9) is lower than regional and national averages. The rate of family homelessness is also better in York than the national average.

Partnership working in services for children in York is overseen by a Children's Trust Board, known as the YorOK Board¹³, with which CYSCB works closely in a spirit of constructive challenge. The YorOK website contains a wealth of valuable information and documents, including the latest Children and Young People's Plan¹⁴ for 2016-20.

¹² <https://www.nomisweb.co.uk/reports/lmp/la/1946157112/report.aspx#tabwab>

¹³ Data sourced from Local Authority database

Chapter 2: What children and young people have told us

Involving children and young people and hearing their voice is a well established part of how York works to deliver the best possible outcomes for families. CYSCB recognises that we must continue to develop our work in this area if we are to hear and respond to messages from children and young people consistently, in particular so we can support those that need our help. York has a multiplicity of forums and mechanisms through which the voice of the child is heard, and strives wherever possible to translate this voice into meaningful action to improve the lives of children and young people living in York. Voice travels from target groups and organisations to strategic boards and influences policy and strategy, particularly the Children and Young People's Plan.

The Ofsted inspection undertaken in autumn 2016 provided a very helpful external scrutiny of our voice arrangements. The feedback provided by Ofsted was exceptionally positive:

“The voice of children is integral to strategic and operational activity. The promotion of children's views and ways in which these influence service developments are highly effective and embedded in the foundations of the local authority and partnership culture.”

One area of development identified by the Ofsted inspection was the quality and consistency of children and young people's voice within early help assessments. This was an area that had already been identified by the 2015 Review of Voice. The introduction of Local Area Teams in January 2017 provides an excellent platform to take forward work to address this issue.

Voice Priorities for 2016/2017

At the beginning of 2016/17, the Voice and Involvement Group set the following priorities

- **Voice at different tiers of need** – There are groups of children and young people on the pyramid of need that do not have the same range of opportunities as others. Opportunities at the universal level and for children in the care of the local authority are the most developed. Over 2016/17, work should be undertaken to improve opportunities for children and young people with emerging difficulties, in need of early help, children in need and subject to child protection plans. In some cases, plans are already in place but additional attention should be given to ensuring this priority is addressed.
- **Voice in assessments** – Work has been undertaken in some areas to improve documentation and processes so that the child's voice is more evident within assessments. However, there is still much work to be done, in particular with early help assessments.

- **Pre-Verbal “voice”** – The children and young people’s workforce needs to be equipped with greater skills for understanding children’s “voice” in pre-verbal children and young people.
- **Challenge and develop** – All partners, in particular the City of York Safeguarding Board and YorOK Board, must continue to challenge and develop their work in relation to children and young people’s voice. The children’s safeguarding performance information framework published in January 2015 provides a helpful set of questions to support this challenge and development.

In addition to the questions posed in this framework boards should also ask themselves:

- How do we hear the voices of children and young people?
- How do messages we hear shape our priorities?
- How have we used these messages to make a difference?
- How do we know children and young people feel safe?
- How do we listen to children and young people’s views during restructures and transitions of services?

Children’s Engagement Strategy:

The joint ***Voice and Involvement Strategy*** has been agreed by the YorOK Board and the City of York Safeguarding Children Board for 2014-2017. This strategy sets out a clear vision for our work in this area:

“Children and young people are at the heart of our strategic arrangements. We are committed to ensuring that children and young people have a voice in decision-making, planning, commissioning, design and delivery of services“

Work will be undertaken in 2017 to update the content and commitment to the Voice and Involvement Strategy. This will be taken forward by the multi-agency Voice and Involvement Subgroup which reports to both the YorOK and CYSCB.

Children and young people’s feedback

Show Me That I Matter:

Show Me That I Matter¹⁵ is York’s Children in Care Council (CiCC). It is a monthly forum where care experienced young people (13+ years of age) raise important issues for discussion with elected members and senior managers, with the aim of helping to shape and improve services for children in the care of the local authority in York. Alongside the forum, a separate focus group has been established to provide additional space for discussion. As part of Show Me That I Matter, the group has developed a young person’s interviewing panel which provides an input into recruitment of professionals in the children’s social care

¹⁵ <http://www.yor-ok.org.uk/workforce2014/Voice/show-me-that-i-matter.htm>

sector¹⁶. For employed professionals, the group offers bespoke training that helps generate an understanding of what the lives of children and young people are like, the barriers they face and how professionals can improve their practice to include the '*child's voice*'.

Some of the other achievements of the SMTIM Group

- SMTIM wanted to end the terminology 'looked after' or LAC and instead to refer to children and young people 'in the care of the local authority' (or CYPIC). 'Children and young people in the care of the local authority' is therefore the terminology used throughout this report
- SMTIM wanted to be more involved in the training of Foster Carers; SMTIM now work closely with the fostering team and contribute to foster carer training.
- SMTIM wanted to increase the opportunity for young people to experience work; Speak Up are working in partnership with York Cares to deliver a new project – Bright Futures - which will provide work experiences, taster sessions and takeover opportunities for young people in care.
- Young people said they wanted access to more information on leaving care. Information has been made more accessible via Facebook and the SMTIM website and the Independent Reviewing Officers are now routinely asking at reviews once a young person has turned 16 to make sure they have begun the pathway plan and have enough information about their rights and entitlements.
- SMTIM wanted to reduce the stigma for children and young people in care; they now deliver the Speak Up and Hear My Voice training to a variety of agencies and professionals aimed at reducing the stigma and sharing positive messages.
- SMTIM challenged why young people over 18 no longer got a free bus pass (young people in the care of the local authority do up until 18); young people who remain in education, employment or training can now request a free bus pass.
- SMTIM wanted more apprenticeships to be available to young people in care and care leavers; as long as they meet the essential criteria, they are now guaranteed an interview with CYC up to the age of 25.
- SMTIM wanted to raise aspirations and challenge the negative stereotype of children and young people in care and care leavers; the Aspire to More project was set up with Inspired Youth and a blog produced that sets out to aspire young people and care leavers and challenge the negative views.

¹⁶ <http://www.cycbuzz.org.uk/March-2016/in-the-spotlight/am-i-just-a-number-amys-story>

Aspire to More:

'Aspire to More' ran throughout 2016 and was a creative project delivered by Inspired Youth in partnership with the Children's Rights and Advocacy Service. Working in close partnership with "Show Me That I Matter" (SMTIM) the project met care leavers that have gone on in their lives to become a success. By discovering what challenges these role models faced and how they overcame them, young people both learnt and shared key messages with the wider community. The aim of the project was to raise the group's aspirations, and by utilising the learning and insight they gained from speaking to successful care leavers they



will be equipped to create a positive campaign that raises aspirations and opens minds to the possibilities of promising and inspiring futures. The website¹⁷ documents the progress of the project and includes interviews with care leavers, poems, artwork and resources developed by young people. The project has received national recognition.

**Speak Up – Access to advocacy provision:**

In 2016/17 the Children's Rights and Advocacy Service received a total of 66 referrals for advocacy; 47 in relation to children and young people in care, 16 in relation to children subject to child protection plans and 3 to support a young person to make a complaint.

Youth Council:

In 2016 York Youth Council¹⁸ worked in schools across York to support the "Make Your Mark" vote. With a record turnout of 5,570 votes this was quite an achievement. "Make your Mark" gives young people an opportunity to have their say about issues they want the UK Youth Parliament to debate at the annual Youth Parliament House of Commons debate. York identified 'Transport' as its priority, with 'Curriculum for Life' becoming the national campaign.

York Youth Council have also worked closely with local Councillors, Head of Transport and schools to increase awareness of the YoZone card which gives young people 11-18 discount on travel and at other retailers across the city. After successfully piloting a bike library at Canon Lee Secondary School, York Youth Council are now working with Welcome to Yorkshire, Yorkshire Bank and a local cycling group to develop a community bike library. The

¹⁷ <https://aspiretomore.wordpress.com/>

¹⁸ <https://yorkyouthcouncil.com/>

aim of this will be to provide children, young people and families who don't have access to a bike, the opportunity to get involved in cycling for free.

Minding Minds:

2016 also saw the culmination of a great deal of hard work on the “Minding Minds Award” campaign. The award developed by York Youth Council is now used by schools to support their students to better deal with stress, balance academic study with wellbeing and improve overall mental health. Wellbeing workers from City of York Council work closely with primary and secondary school students from across York to identify what more schools can do to help support pupils. Schools seek to achieve targets set by the children and young people. Pupils are further involved in monitoring progress and issuing awards to schools. This is a fantastic example of children's and young people's voices being listened to.

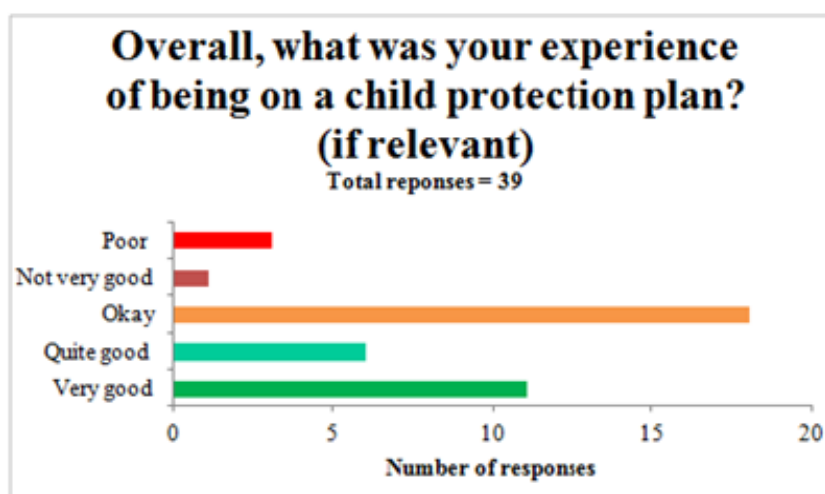
UMatter Survey for children in the care of the Local Authority

The U Matter Survey is a chance for children and young people in care to feedback to the City of York Council about their experiences of being in care. This survey gives children and young people an opportunity to voice their opinion on what the local authority should change and improve for children and young people in care, as well as highlighting areas of strength. The 2016/17 U Matter Survey was conducted between September and December 2016. CYSCB requested that the following questions are included in this survey:

- A child's/young person's experience of being on a child protection plan.
- A child's/young person's experience of having a social worker.

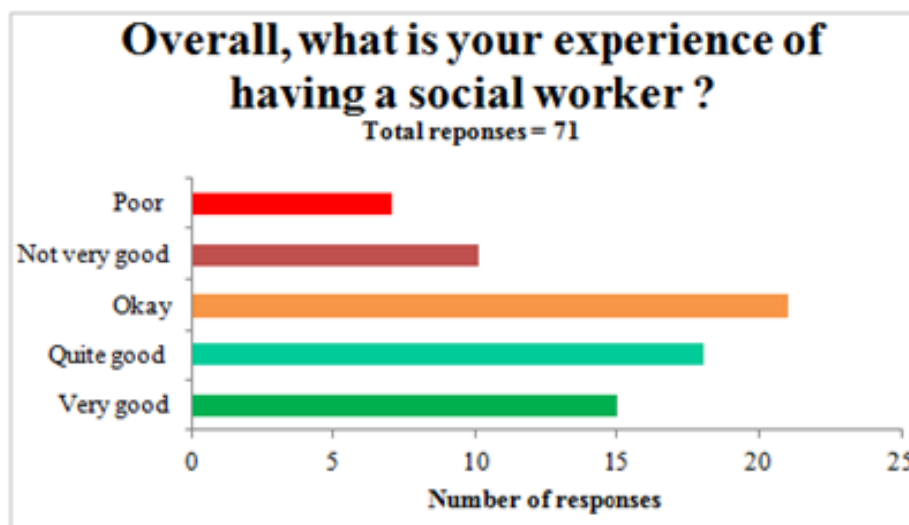
The headlines of the survey are as follows¹⁹:

Figure 1 A child's/young person's experience of being on a child protection plan



¹⁹ The full report is available on request.

Figure 2 A child's/young person's experience of having a social worker.

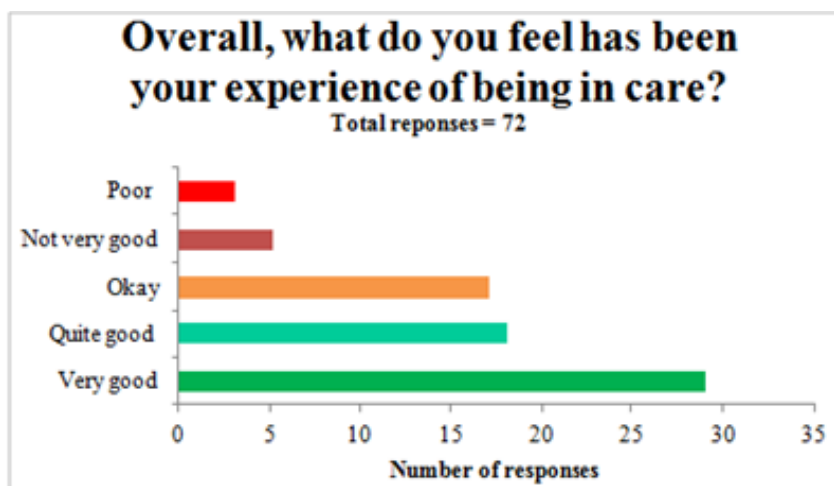


- Almost half (46%) of the young people felt their experience of being on a child protection plan was okay while 44% felt it was either good or very good; 8% felt it had been poor; and 2% (one individual) felt it had not been very good. 46% felt that their experience of having a social worker was either good or very good; 30% felt it was okay; and 25% felt it was either not very good or poor. When asked if they were able to speak to social worker if they were unhappy with their placement, 91% said that they were and 9% said they were not. This is an improvement from 2015 where only 72% said they would be able to talk to a social worker in this situation.
- There were mixed responses regarding young people's views on the reliability of their social worker with 56% reporting them to be reliable, 20% saying they did not think they were reliable and 23% stating they were sometimes. It should be noted that this is a decrease in positive responses from the 2015 survey, when 65% said they thought their social worker was reliable, however this could be attributed to the added option of 'sometimes' to the 2017 version of the survey.
- In terms of how often they saw their social worker, 75% said that they were happy with how often they did while 14% said they were not and 11% said they weren't sure. When asked if they wanted to elaborate, most said that they would like to see them at least once a month. One young person aged 16 commented, "I would like to see my social worker every 4-5 weeks so I can bring any concerns up from your point of view".
- The survey also explored whether, if they had experienced a change of social worker, they were happy with the way in which this change over had taken place, to which a mixed response was reported with 58% saying they were and 42% saying they were not. One young person said "Too many social workers...I want just one social worker who I can bond with." It is worth noting that this survey was rolled out following a

period of significant change and restructure in Children's Social Care and the findings are reflective of this.

- The data shows that a large proportion (65%) of young people stated that their experience of care was quite good or very good. Some young people (24%) simply said their experience was okay. 11% did not feel their experience had been good.

Figure 3 Experience of care



The Children and Young People's Plan 2016-2020

A new Children and Young People's Plan²⁰ has been written and was published in May 2016. During the consultation process for the plan, safeguarding was highlighted frequently as a key priority by all audiences taking part. Generally young people, parents and carers feel that York is a safe place and a good place to live and grow up. The Children and Young People's Plan continues to focus on the following four priorities between 2017 and 2020: Early Help; Emotional and Mental Health; Narrowing Gaps in Outcomes; and Priority Groups. The plan aims to deliver these priorities through: dynamic partnerships; whole family working; Local Area Teams; a confident and skilled workforce and through commissioning, monitoring and reporting.

Voice Priorities for 2017/2018

Progress made by partners will be reported back to our Board throughout 2016-17 through highlight and assurance reports. We will continue to constructively challenge each other and develop our approach to hearing the voice of children and young people. The key priorities for 2017/18 are:

- Draft a new Voice and Involvement Strategy for 2017-2020.

²⁰ <http://www.yor-ok.org.uk/workforce2014/Dream%20again%20and%20YorOK%20Board/dream-again---the-children-and-young-peoples-plan.htm>

- Review the terms of reference and membership of the Voice and Involvement Group.
- Undertake a 2017 “Review of Voice” with a focus on workforce development and voice within SEND arrangements.
- Take forward work through the Voice and Involvement Group and Local Area Teams to improve voice arrangements at an early help level.

Chapter 3: What the performance data tells us

The performance reporting of CYSCB remains closely aligned to our five priorities:

- Early Help;
- Neglect
- Child Sexual Abuse and Exploitation;
- Children Missing from Home, Care and Education;
- Children Affected by Domestic Abuse.

These priorities are the subject of performance updates at each Board meeting. In addition, each sub-group of the Board reviews data relating to their area, highlighting and responding to issues and exceptions.

Our data comes from a variety of sources including: Children's Social Care; North Yorkshire Police; York Teaching Hospital Foundation Trust; NSPCC; Public Health; and IDAS. Together with other information from partners, including regular assurance reports and audit activity, this data helps us to build a picture of what is happening in terms of safeguarding children across York.

At [Appendix A](#) you can see the kind of data that the CYSCB monitors. At [Appendix B](#) you can see the cycle of reports to the Board throughout the year and the activity which goes on in between Board meetings.

CYSCB priorities

Early Help

Due to the new early help arrangements in York with the introduction of the Local Area Teams, some data for this priority is not yet fully developed for 2016/17 including the number of early help assessments. However we know that:

- The number of re-referrals within a 12-month period to Children's Social Care has more than halved since the beginning of the year and is below national averages. This suggests that cases are being closed to Children's Social Care when situations have been fully resolved or when a robust package of support can be provided by other services.
- During the year 88% of children aged 0-4 who live in the most deprived 10% of local areas were registered with a Children's Centre. This is an 8% increase from the previous year and means that families in these areas may be feeling more confident to access services for their children and that more of the services they want are being offered.

- The latest available figures for persistent absence and total absence in primary and secondary schools show that York has better attendance at schools than the national average.
- York continues to have lower rates of teenage pregnancies compared to regional and national averages.
- The number of 1-4 year olds attending the hospital Emergency Department has remained stable.
- The latest health data shows that in 2015/16, children in York were admitted for mental health conditions at a higher rate than in England as a whole. The rate of inpatient admissions during the same period because of self-harm was also higher than the England average. This is unlikely to mean that there are more children and young people in York suffering from mental health conditions than elsewhere and is more likely to indicate that services are more aware of these children. However, Public Health is exploring this data.

Neglect

- The percentage of referrals to Children's Social Care with neglect as a factor (i.e. those reaching the threshold for CSC to intervene) has risen slightly during the year to 12.21% at year end and is higher than it was in 2015/16.
- However the percentage of referrals and enquiries with neglect as a factor at the point of referral (inc. alcohol and substance misuse by parent and absent parenting) has decreased during the year (from 18.84% in 2015/16) to 10.59%.
- This may suggest that more cases are now reaching the threshold for social care intervention. The work which the CYSCB has undertaken regarding neglect and the introduction of the Local Area Teams should see a reduction in the number of these neglect cases reaching the level for statutory intervention as practitioners are able to understand the signs of child and adolescent neglect and intervene earlier.
- The number of admissions to hospital for children with deliberate or unintentional injuries has remained stable in 2016/17.
- The most recent health data (2015/16) for hospital admissions for dental caries (tooth decay) shows that York has a higher number than the national average. Our Public Health colleagues are working on why this is the case and what can be done to address it.

Child Sexual Abuse and Exploitation (CSA&E)

- This year the percentage of referrals to Children's Social Care (CSC) with sexual abuse as a factor at the point of referral has increased from the previous year as have the number of Single Assessments in which Sexual Abuse has been identified as a factor.
- The percentage of referrals in which Child Sexual Exploitation is a concern at the point of referral has remained consistent in 2016/17 with 2015/16.

- These percentages remain low in comparison with other factors such as domestic abuse and neglect.
- The number of reports to police of sexual offences in which victims are under the age of 18 has increased in 2016/17.
- The difference in the number recorded by the police and the number recorded by CSC may be because some of the reports to the police relate to abuse which took place historically. These would not be referred to CSC as they do not currently involve a child, although they are fully investigated by the police
- Child Sexual Exploitation is being recognised more as a possible concern for young people accessing sexual health services.

Missing from Home, Care and Education

- The number of children recorded as missing from home or care has increased in the numbers recorded in last year by both Children's Social Care and by the Police during this period. None of these children have remained missing.
- 100% of children reported as 'missing from education' have been located or assessed as 'no concern'.

Other data:

Young People and Youth Offending

- 2016-2017 has seen a reduction in first time entrants to the youth justice system, 385.46 (per 100,000 of 10-17 year old population) compared to 477 the previous year.
- The percentage of reoffending has also reduced significantly to 22% compared to 35.5% the previous year.
- The rate of young people sentenced to custody continues to remain very low.
- It seems that as reported by our colleagues in the Youth Offending Team in Chapter 5 the Youth Outcome Panels are seeing some outcomes from addressing cases through early intervention and out-of-court decisions.

Disabled children

- 88% of Education, Health and Care Plans (EHCP) were issued within statutory time limits.
- By the end of March 2017, 97.5% of year 12/13 children (aged 16 and 17) who have an EHCP or Statement of Special Needs were in employment, education or training which compares favourably with regional and national percentages (93.2% and 92.7%).

- CYSCB began monitoring the data about safeguarding disabled children in 2016 and found that the number of children subject to a child protection plan who had a disability was relatively low given the known vulnerabilities of these children to safeguarding issues. CYSCB will increase its understanding of the steps taken by all partners to safeguard disabled children using a discrete focus via all sub-groups and partner assurance reports to Board.

Enquiries and Referrals to Children’s Social Care (CSC)

- The Children’s Front Door received 4446 enquiries in the whole of 2016/17; 1216 of these met the threshold for CSC intervention. (Referrals).
- The re-referral rate within a 12-month period for 2016/17 was 7.57% which is a drop from previous years (9.43% in 2015/16; 13.79% in 2014/15)

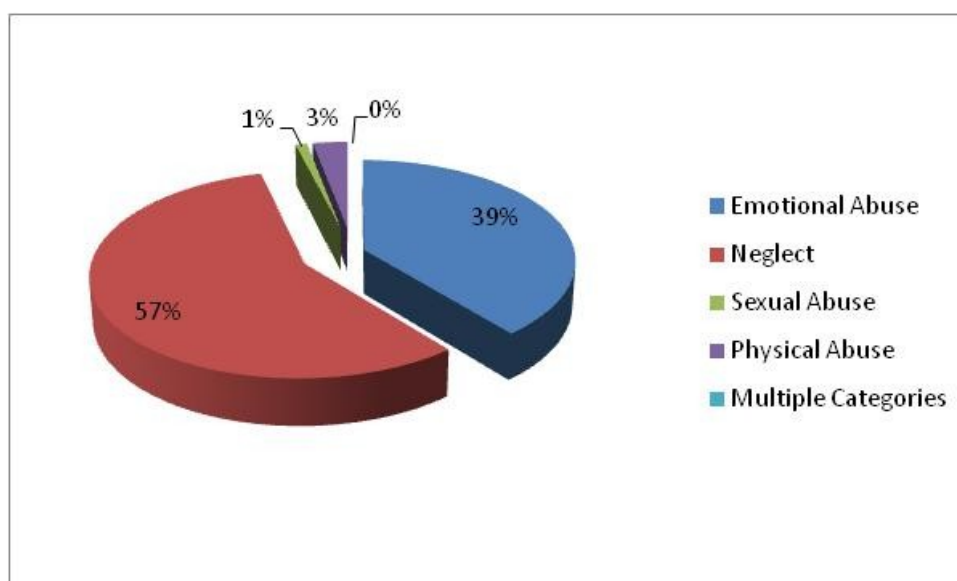
Child in Need

- Around 200 children received a service from the CSC Child In Need teams (social care teams but not statutory social care intervention) at any one time in 2016/17.
- Around 10% of these children – again at any one time – were known to have been prevented from entering statutory child protection systems or being taken into care.

Child Protection and Court Proceedings

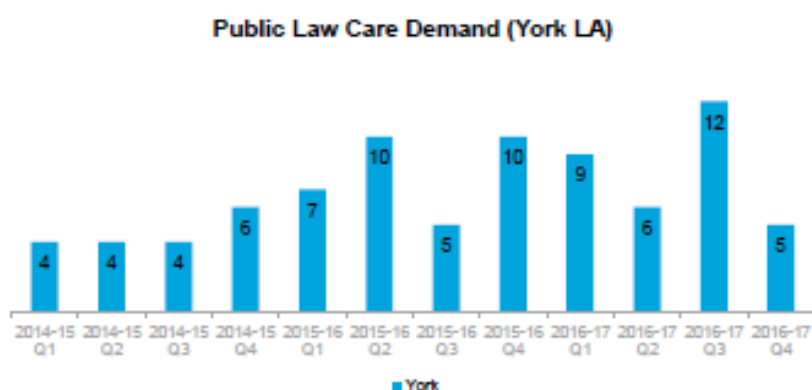
- At the end of March 2017, 171 children were subject to a Child Protection Plan. This represents a 26% increase from 135 at the same time in 2016 and reflects increases nationally.
- In line with previous years, the majority of children subject to a plan (54%) are listed under the category of neglect, with emotional abuse (38%) a close second. Physical abuse (6%) and Sexual Abuse (2%) are significantly lower than other categories.

Figure 4 Categories of Child Protection Plan



- CYSCB is focusing work on raising awareness of the signs of neglect, particularly with early help practitioners, so that more of these cases can be addressed before they reach the point where child protection processes are necessary.
- As a local authority, City of York made 32 applications to court in 2016/17 for Care Orders. This represented no change from previous years even though nationally there was a 14% increase in the same period.

Figure 5 Care Proceedings in York



Children in the care of the local authority

- The number of children in the care of the local authority in 2016/17 has remained consistent with last year (204 at year end). This is a rate of 55 per 10,000 children which is lower than the rate for the region and nationally (63; 60)
- 19% of these children had previously been in the care of the local authority.
- 97% of care leavers were in suitable accommodation at the end of the year and 69% in education, employment or training.

Child Deaths

- There were a total of 14 City of York deaths notified to CDOP in 2016/17. Of these, 8 were unexpected.
- The Panel has reviewed these City of York deaths; 6 expected and 8 'unexpected'. (An unexpected death means that the child became ill very suddenly having previously been relatively, or completely, well, or has suffered a sudden traumatic experience (like a road traffic accident.))

Chapter 4: How we are doing as a Partnership

The five priorities we set ourselves last year and the work of the sub-groups

Information about the structure of the Board and the remit of each sub-group can be found at [Appendix D](#).

Priority 1: Early Help

During 2016/17 work has been ongoing on the re-modelling of early help services. The CYSCB Early Help Sub-group reports to both CYSCB and the YorOk (Children's Trust Board) and via this group and working alongside the YorOk Board, CYSCB has contributed to the establishment of the Local Area Teams or 'LATs'.

The LAT service was eventually launched in January 2017 and is a key part of York's early help response to working with children, young people and families. Each of the three multi-agency teams covers one of three defined geographical areas of York to provide direct intervention or to broker packages of 'team around the family' support to:

- prevent the escalation of needs which, if not addressed early, might require statutory and complex interventions at a later point.
- reduce inequality of outcomes for communities across York.

The outcome of the ongoing audit of early help assessments during 2016/17 indicates that some early help practitioners struggle with robust analysis and that fully capturing the voice of the child in early help assessments is improved but will merit further attention in exploring ways of capturing the voice of pre- and non-verbal children. This will be picked up by the new Local Area Development Partnership (which replaces the Early Help Sub-group) and by the 'Voice & Involvement Sub-group'.

A thorough review and revision of the 'Threshold Guidance Document' will be completed in 2017. This revision will reflect not only the new arrangements for early help but also the changing nature of national and local priorities with increased awareness of Female Genital Mutilation, radicalisation, trafficking etc.

Priority 2: Neglect

CYSCB's Neglect Sub-group has had a busy year developing a new multi-agency Neglect Strategy.

In July 2016, the CYSCB held a Neglect Event for practitioners from all organisations working with children. The key note speaker for the event was Jan Horwath, Emeritus Professor of Child Welfare at the University of Sheffield. Around 70 practitioners had the opportunity to hear about and discuss neglect from the child's perspective to understand a variety of methods for intervening effectively.

An early draft of the Neglect Strategy was shared at this event and the final version was published in December 2016²¹ A full delivery plan will follow in 2017 although much of the work has already begun.

Social Workers and practitioners in the Healthy Child 0-19 Service (Health Visitors and School Nurses) were trained to use the *Graded Care Profile*, a form of assessment specifically designed for situations in which the main issue is neglect. The use of the GCP has gradually been rolled out in 2017 as the 0-19 Healthy Child Service became part of the Local Area Teams. CYSCB looks forward to an evaluation of how the assessment has changed the recognition of neglect.

The sub-group has supported training on 'Voice of the Child' in neglect cases delivered by the NSPCC and has responded to lessons learned from a multi-agency case review by raising the profile of child neglect and signposting practitioners to further training and research.

Priority 3: Sexual Abuse and Exploitation

In 2016 the *It's Not Ok*²² campaign – aimed to raise awareness amongst professional and public about child sexual abuse and exploitation - came to an end with a closing event on 5 July attended by Peter Wanless, Chief Executive Officer of the NSPCC. The campaign had a huge reach and elements continue including a YouTube video related to the 'It's Not Ok' play²³ delivered in schools. Ongoing work is embedded in the training delivered in schools; the work with the hospitality industry to recognise and report child sexual exploitation; and ongoing CSA&E training for professionals.

An evaluation from children and young people who had taken part in the schools' workshops was received by the CSA&E Sub-group. Two thousand evaluation forms were completed and the response was overwhelmingly positive with young people describing their raised awareness (83% said they had learnt something new). There were also some disclosures as a result of the campaign.

A presentation on the campaign was extremely well received at the national NSPCC conference and the campaign has also been taken up by other local authority areas.

The Case Review Group referred the issue of therapeutic support for victims of online sexual abuse to the CSA&E Sub group which is provided for those who are victims of contact offences. The discussion in the CSA&E group highlighted a possible gap in provision and a representative of the Office of the Police & Crime Commissioner was invited to join the Sub-group to discuss potential gaps in service and for CYSCB to have an awareness of, and input into, some of the commissioning decisions.

The sub-group discussed the issue of online grooming and North Yorkshire Police shared the Leicestershire Police video 'Kayleigh's Love Story' with the Sub-group. It was agreed that

²¹ <http://www.saferchildrenyork.org.uk/news.htm>

²² <http://www.yor-ok.org.uk/young-people/Its%20not%20okay/its-not-ok.htm>

²³ <https://www.youtube.com/watch?v=f2NfX6KU5JI>

schools should receive guidance on how to use this video with young people as the outcome which resulted in this young girl's death is quite harrowing. This was picked up by the Schools Safeguarding Advisor.

The sub-group received a presentation from the NSPCC Manager on a recent CEOP (Child Exploitation and Online Protection) event outlining research into perpetrators viewing child abuse images; 100,000 people in the UK are apparently accessing these images.

In 2017 the sub-group will continue to consider Sexually Harmful Behaviour by children and young people with a task and finish group set up to progress this work.

Priority 4: Missing from Home, Care and Education

The CSA&E Sub-group has a combined remit to consider the issue of children missing from home and care as these two can often be linked.

During 2016/17 work has been reported to the sub-group about discussions between North Yorkshire Police and Children's Social Care to refine timely reporting of children and young people who go missing. Changes to communication methods have resulted in Children's Social Care being able to respond more quickly to these situations and to carry out 'return home interviews'. These interviews can often result in information about where children and young people have been or what they have been doing which brings about action to address vulnerability to child sexual exploitation.

It was noted by the sub-group that young people often go missing to particular addresses. North Yorkshire Police are providing a report to the group on the 'disruption' tactics used to make sure that young people cannot frequent these addresses and that those encouraging them are prevented from doing so.

In September 2016, new Department for Education (DfE) Guidance was introduced for schools on children missing from education (CME). This means that all schools must make a return to their local authority when about to remove any pupil from their register due to a non-standard transition. Schools have been made aware of the changes and their new responsibilities directly by DfE and locally in the Head Teachers newsletter and by direct email contact.

The focus on schools seeking destinations, and the inclusion of independent schools, has led to the increase in contacts from schools to the local authority about CME. 100% of these children have been located.

Priority 5: Children affected by Domestic Abuse

In March 2016 CYSCB set up a Domestic Abuse Sub- group as a time limited (12 months) group, in response to an apparent significant increase in the numbers of children recorded by North Yorkshire Police as being present at Domestic Abuse incidents

The terms of reference for the CYSCB Domestic Abuse Sub-group, set by the CYSCB Chair, were to identify:

- The scale of Domestic Abuse in York involving children and young people.

- Whether the services meeting the needs of children and young people experiencing domestic abuse are delivering adequately to meet the need.
- Whether the funding of current services is secure.
- What the impact of Domestic Abuse on children and young people is in York.
- Whether the impact on children and young people of Domestic Abuse is recognised.

During the life of the sub group there has been a significant amount of work undertaken to identify the scale of the issue regarding children and young people and the services currently provided for children and young people experiencing (including perpetrating) domestic abuse; adult perpetrators of domestic abuse; and couples with children where domestic abuse is an issue but who wish to continue their relationship.

The group will report to CYSCB in July 2017 and the report will then go on to the Safer York Partnership (SYP). The Inter Board Protocol (described later in this chapter) cites SYP as the lead partnership for considering the issue Domestic Abuse in York. CYSCB will ask SYP to take forward the recommendations of the Domestic Abuse Sub-group and CYSCB and report back to CYSCB on the actions and outcomes.

The group found that the percentage of incidents at which children were present and an overall increase in the numbers of these children was likely related to better training of police officers attending incidents and their greater awareness of the impact of domestic abuse on children and young people. The same could be said of the high percentage of enquiries and referrals to Children's Social Care in which domestic abuse was a factor.

The group found that there were good services across York for children and young people affected by domestic abuse (both victims and perpetrators) but that the sustainability of these services is crucial and that children and young people would benefit from the availability of more services. Services for young people aged 16 to 18 were a particular focus as nationally the impact of domestic abuse in relationships between young people has only recently been recognised as has the presence of 16 to 18 year-olds as perpetrators.



In October 2016, CYSCB worked with our North Yorkshire equivalent, the Adult Safeguarding Boards and Community Safety Partnerships to deliver **Safeguarding Week**. The focus was on domestic abuse. In York, pop-up stands in the foyer of West Offices included information from IDAS (Independent Domestic Abuse Services), 'Kyra' Women's Project and North Yorkshire Police about domestic abuse and the support services

available for victims and perpetrators. During the month before there was a poster

campaign across the city promoting and signposting to the services plus a media campaign using the local press and social media.

The feedback from National Safeguarding Week in York was very positive. It demonstrated excellent partnership working. Referral rates to IDAS and 'Kyra' rose in the months after the campaign.

Additional Priority: Female Genital Mutilation (FGM)

In 2015/16, CYSCB added an additional priority of FGM with the intention of ascertaining the prevalence in York and of increasing awareness of the practice across the workforce. This was in recognition that the known local incidence of female genital mutilation is very low and, consequently, the Board felt it was especially important for the workforce to be able to identify and to respond to the practice.

New guidance on FGM is now in regular use and awareness raising is embedded in training included multiagency safeguarding training for practitioners and safeguarding training for all schools (including independent schools) and for midwifery services. Ofsted commented that staff and partners spoken to during the inspection were very knowledgeable about the issue.

The School Wellbeing Workers

The School Wellbeing Workers project was extended in 2016 to all schools in York. The School Wellbeing Workers have provided training, support and advice to pastoral staff, and delivered individual and group work to children and young people.

Inter Board Protocol

In 2014 a draft joint protocol was established between CYSCB, the Health and Wellbeing Board and with the Children's Trust (YorOk) Board. In 2016 the Independent Chair of the CYSCB initiated work to develop this further to include the Safeguarding Adults Board and Safer York Partnership. Following a meeting of the Chairs of these Boards in June, and consultation with all Boards thereafter, the final protocol was signed off at a meeting of the Chairs in September.

The protocol sets out which of the Boards leads on key safeguarding issues, identifies the supporting boards and agrees working arrangements for challenge, oversight and reporting between the Boards. It ensures that strategic Boards work together to achieve the best outcomes and avoid duplication.

The Chairs of these Boards meet regularly and the officers who support the functions of the Boards also meet to ensure that any agreed collaborative work takes place.

Chapter 5. Individual Agency Assessments

NHS Partners

Vale of York Clinical Commissioning Group (CCG)

The CCG continues to make good progress in embedding safeguarding children assurance processes, both within the CCG and between the CCG and health provider organisations. The Designated Nurse for Safeguarding Children (DNSC) continues to provide bi monthly reports to the CCG Quality and Patient Experience Committee (QPE). Integral to this report is an update against the Designated Professionals Strategic Plan and details of any specific safeguarding children risks, with the associated action plans.

Key priorities for the strategic plan 2016-17:

- To continue to develop and embed robust assurance processes in relation to safeguarding children arrangements in CCG provider organisations
- To support and continue to develop strong multi-agency partnerships across North Yorkshire and the City of York
- Health services for children in the care of the local authority.
- Supporting Safeguarding Children Practice across the health economy of North Yorkshire and York
- PREVENT
- Ensure all CCG staff are aware of their roles and responsibilities with regard to safeguarding children and have a raised awareness of the role and responsibilities of the Designated Professionals Team
- Continue to develop safeguarding children arrangements in Primary Care

In July 2016 NHS England undertook a safeguarding children assurance visit to the CCG. The subsequent report identified only 5 areas for development-which were deemed to require urgent action. The action plan arising from this report is monitored via the QPE committee. It is of note that the report found *'Excellent evidence of robust safeguarding arrangements'*, together with *'lots of examples of good practice and innovative practice.'*

In December 2016 the Care Quality Commission (CQC) undertook a *Children Looked After and Safeguarding Review* across the health economy in York. The initial verbal feedback identified some areas for development for both the CCG and NHS health providers, as well as recognising that the CCG has good safeguarding children assurance processes in place. Pending receipt of the final report, expected June 2017, the DNSC has led on the development of a provisional action plan for the CCG which covers information sharing, links between CSC and primary care and further embedding the understanding and use of

escalation procedures. The CCG also continues to support NHS provider organisations with the development of their plans.

Supporting the work of the CYSCB:

- The Chief Nurse, Designated Nurse, Nurse Consultant for Safeguarding and Designated Doctor continue to play an active role in supporting the work of the Safeguarding Children Board and relevant sub groups.
- The Designated Nurse continues in the role as Chair of the Case Review Group. As Chair, she has led on seeking assurance that outstanding actions from Learning Reviews and Single Agency Reviews have been completed or are in the process of completion. She has also supported the author of a Learning Lessons Review to produce a report and associated action plan, on behalf of the Board.
- The Designated Nurse is a member of the PDSG and has continued to support in embedding the new structure of the Board and sub groups.

Involving children and young people:

The designated professionals work closely with colleagues across the health economy to ensure that children's and young people's views are fully considered throughout the commissioning cycle. For example, the designated professionals initiated the development of a short video presentation designed to help inform children entering care about what to expect from their Initial Health Assessment. The project was funded collaboratively by the North Yorkshire and York CCGs, NYCC and CYC, and developed by care-experienced young people from York and North Yorkshire.

Primary Care

The developments in safeguarding practice across primary care continue to be led by the Nurse Consultant for Primary Care with the support of the Named GP for Safeguarding. Key achievements include:

- Ongoing offer of the highly successful safeguarding 'hot topics' training
- Development of a Safeguarding Training Strategy for Primary Care
- Well attended safeguarding leads meetings, across North Yorkshire and York
- Development of a primary care 'Was not brought' policy, which aims to support primary care colleagues to identify and respond to concerns regarding the possible neglect of children's medical needs.
- Feedback from the CQC Children Looked After and Safeguarding (CLAS) Review identified developments in safeguarding electronic coding in primary care as '*exemplary*'

York Teaching Hospital and NHS Foundation Trust (YTHFT)

The Trust has continued to recognise safeguarding children as a high priority area.

During 2016/17 the trust has continued to develop and embed robust processes to support effective safeguarding practice.

Key areas to highlight:

Following its launch in November 2015, we have seen the continued success of the Child Sexual Assault and Assessment Centre (CSAAC). This service is jointly commissioned by the Office of Police and Crime Commissioner and NHS England and predominantly serves 0-16 year olds. The aim for the CSAAC team is to provide expert opinion through medical examination, advice and guidance, to support the child at the time of examination and to provide onward referral and appropriate support. Although a key role for the team is to perform forensic examinations they also complete examinations following a disclosure of non recent sexual abuse. The ethos of the team is to provide a service which is child centred and feedback is sought from the children, families and professionals so that we can reflect on the experience and hear the voice of the child. The success of this service was recognised by the organisation when the CSAAC team won the "Partnership Matters" award at the annual Celebration of Achievement for YTHFT.

Further progress against recent priorities has been:

- Working in partnership with CYSCB including participation at Board and sub group levels.
- Working in partnership with Children's Social Care, Education and The Healthy Child Service to develop and deliver training based on the outcomes of a local Learning Lessons Review.
- Implementation and embedding of the ACHILD assessment tool to facilitate early identification of safeguarding concerns when children attend the Emergency Department.
- A review of the Did Not Attend Policy to better reflect the potential neglect of children's/unborn health needs when they are not brought for appointments.
- Introduction of updated Level 3 training modules, including a module that highlights the need for robust referrals and further modules on Neglect, Domestic Abuse and Sexual Abuse/Child Sexual Exploitation. We are also exploring whether alternative methods of achieving training compliance can have a positive impact on compliance levels.
- The development of a safeguarding newsletter to raise awareness amongst staff of recent changes to guidelines and promote the ethos that "Safeguarding is Everyone's Responsibility"
- The development of an interim Action Plan following a Care Quality Commission (CQC) Children Looked After and Safeguarding (CLAS) Inspection in December 2016.

As an organisation we were also involved in the CQC CLAS inspection across North Yorkshire in February 2017. These inspections have encouraged us to reflect on our strengths and our areas for development but they have also reinforced our commitment to achieving the highest standards in safeguarding practice. It is reassuring that although we had areas of weakness highlighted by CQC, these were predominantly areas of which we were aware.

Ongoing priorities are:

- Revising, implementing and evaluating our action plan
- Working towards the Safeguarding Local Quality Requirements including improving and auditing safeguarding practice in the emergency department
- Jointly developing an information sharing protocol between York Teaching Hospital and the local authority Healthy Child Service
- Exploring current methods of communication between our midwifery and primary care colleagues, in order to highlight any gaps and identify best practice
- Developing robust recording and information sharing processes between our midwifery colleagues and primary care
- Continued close working with the Designated Nurses, our primary care and multi-agency partners

Tees & Esk Wear Valley Foundation Trust

Tees & Esk Wear Valleys NHS Foundation Trust (TEWV) provides mental health services in York.

The Trust continues to be committed to safeguarding children both receiving services and those living in a family with a service user.

Members of the Trust safeguarding team are now based in York to ensure that safeguarding is promoted across all areas.

The team provides safeguarding training in line with the Intercollegiate Document (2014) Safeguarding Children and Young People: roles and competencies for health care staff. Training compliance is closely monitored by both the Trust and Commissioners.

The team provides specialist safeguarding supervision to staff which is mandatory for staff working with a child on a child protection plan or staff working with a parent/carer who cares for a child on a child protection plan. It is also available for all staff working with complex cases.

The team operates a duty system to ensure all calls requiring advice and support are responded to as soon as possible.

The Trust is a member of the Safeguarding Children Board and sub-groups. This has ensured that the Board priorities are incorporated into the work plan of the Safeguarding Children Team.

The Safeguarding Children Team and Safeguarding Adult Team have been merged into the 'Safeguarding and Public Protection Team'. This is to ensure a 'think family' approach and also to recognise those issues which impact upon the whole family, such as domestic abuse and Prevent. Think family is essential when considering the impact of parental mental health upon children and the family. Staff use the PAMIC tool (Assessing the Impact of Parental Mental Health on Children) to help with their assessment about the impact of parental mental health and actions required.

York health services had a CQC Child Safeguarding and Looked After Children Inspection of which TEWV services were a part. This identified areas for improvement which are already being addressed, including improving recording communications with CSC, and improving understanding of escalation pathways between the services.

The PAMIC tool was considered to be a positive for staff working with those who are parents/carers. This is incorporated into the electronic case record for staff to use.

The Safeguarding Children Team and CAMHS from across the Trust used the CQC publication (2016) Not Seen Not Heard to review the recommendations from this report and consider the local implications. An action plan was developed by respective areas to ensure the voice of the child is evident within the care given.

CAMHS supports the work of the Board by working with partner agencies on the CAMHS Strategy and the delivery of the 'Future in Mind' Transformation Plan.

A number of CAMHS developments are underway as part of the Transformation Plan.

The service now operates a single point of access for all referrals to come into. This ensures referrals are dealt with efficiently and prioritised and families are offered more timely initial assessments. This has been promoted with all partner agencies.

The service is currently setting up a CAMHS Crisis and Home Treatment team to work with young people in crisis and young people who are at risk of admission to an In-patient service. From July we aim to have the service running from 9am to 9pm seven days a week.

The service is working with TEWV North Yorkshire CAMHS to develop an enhanced Eating Disorders Team. This service will increase the current offer to young people and families who are experiencing severe eating disorders and potentially reduce the rates of admission to in-patient services.

NHS England

The general function of NHS England is to promote a comprehensive health service to improve the health outcomes for people in England.

NHS England's overall roles in terms of safeguarding are direct commissioning, assurance and system leadership as set out in the revised Safeguarding Vulnerable People Accountability and Assurance Framework published by NHS England in July 2015²⁴.

Yorkshire and the Humber has an established Safeguarding Network that promotes an expert, collaborative safeguarding system, which strengthens accountability and assurance within NHS commissioning and adds value to existing NHS safeguarding work across Yorkshire and the Humber. Representatives from this network attend each of the national sub groups, which include Female Genital Mutilation (FGM), Child Sexual Exploitation (CSE) and Prevent. NHS England Yorkshire and the Humber works in collaboration with colleagues across the north region on the safeguarding agenda and during 2016/17 a Clinical Commissioning Group (CCG) peer review assurance process was undertaken. Themes from this process have influenced the commissioning of leadership training for safeguarding professionals and there are future plans for a national assurance tool for CCGs.

Sharing learning from safeguarding reviews:

In order to continuously improve local health services, NHS England has responsibility for sharing pertinent learning from safeguarding serious incidents across Yorkshire and the Humber. This is done via the Safeguarding Network and via quarterly safeguarding newsletters for GPs. A safeguarding newsletter for pharmacists, optometrists and dental practices has been introduced.

Safeguarding Serious Incidents

All safeguarding serious incidents and domestic homicides requiring a review are reported onto the national serious incident management system. During 2016/17 a review of current systems for recording safeguarding incidents and case reviews across the North Region was undertaken to support the identification of themes, trends and shared learning. NHS England works in collaboration with CCG designated professionals to ensure recommendations and actions from any of these reviews are implemented.

Training & Development

NHS England North hosted a safeguarding conference on 10 December 2016 which included presentations on forced marriage, honour based abuse, FGM and domestic abuse. The conference aimed to provide level 4 training for healthcare safeguarding adults and children professionals and leads in the North region. A conference was held on 11 November in York for named safeguarding GPs in Yorkshire and the Humber and also attended by Bradford named GPs. It was well evaluated and plans for a north region named GP conference are in place for 2017/18.

Assurance of safeguarding practice

NHS England North developed a Safeguarding Assurance Tool for use with CCGs across the North Region, which was implemented in 2016. NHS England North Regional Designated Nurses undertook the review which was intended to be supportive. They reviewed all action

²⁴ <https://www.england.nhs.uk/?s=safeguarding+assurance>

plans to identify key themes and trends across the North Region with a view to identifying common areas requiring support.

NHS England North received national safeguarding development monies to support improvements in the implementation of NHS responsibilities regarding the health of children in the care of the local authority. This funding was used to second two designated Looked After Children (LAC) nurses within Yorkshire and Humber to develop a benchmarking tool based on standards in national guidance and documents such as *Promoting the Health and Well-Being of Looked After Children*. The two designated LAC nurses have facilitated the roll out of this peer review benchmarking process across the North which helped identify good practice and any improvement required. The intention is for the tool to be adapted and used nationally.

Learning Disabilities Mortality Review (LeDeR) Programme

Over the last 2 years a focus on improving the lives of people with learning disabilities and/or autism (Transforming Care) has been led jointly by NHS England, the Association of Adult Social Services, the Care Quality Commission, Local Government Association, Health Education England and the Department of Health. In November 2016 the national LeDeR Programme has been established following the Confidential Inquiry into the Premature Deaths of People with Learning Disabilities (CIPOLD). All NHS regions have established the LeDeR process which involves reviewing the deaths of all people with learning disabilities aged 4 years and over.

Prevent

Across NHS England North there are a number of priority areas which are designated by the Home Office, who fund two Regional Prevent Coordinator posts. The coordinators ensure that Health embeds the requirements of the Contest strategy and specifically Prevent into normal safeguarding processes. A number of projects have been funded in 2016/17 including supporting partnership working with the North East Counter Terrorism Unit,, delivering a conference in October on 'Exploitation, grooming and radicalisation', a North Regional Prevent conference and an 'Audit of Referrals to Prevent/Channel' where Mental Health concerns are understood to be a contributing factor. A research project to scope the current, attitudes, awareness and practice amongst GP colleagues has also been commissioned in the Region.

Local Authority

Children's Social Care

Work continues to deliver the ambitious Vision for Children's Social Care (CSC) set out four years ago. This delivery has been supported by a major restructure of CSC in September 2016.

Three major developments within that restructure were the creation of:

- An 'Immediate Response and Edge of Care Team' to ensure that children (and their families) receive services whilst CSC complete an assessment of need.
- A dedicated team to support 'Children in Permanent Placements' which will ensure that children and young people in the care of the local authority receive a high level of support.
- A Quality Assurance Team to provide scrutiny across CSC. We continue to robustly scrutinise whether staff are receiving regular supervision and have manageable caseloads by way of monthly 'Scorecards'.

The commitment to strong professional support is as strong as ever and over the past year staff have continued to access a wide range of excellent learning and development opportunities to support them in their ongoing professional development. Of particular note is the training of CSC practitioners (61 to date) in the assessment of **neglect** (a priority area for the CYSCB) using the Graded Care Profile (GCP). This training is part of a joint initiative with the 0-19 service (health) and the NSPCC. Briefing sessions on the use of the GCP have been given to the Independent Reviewing Officers and to the Neglect Sub-group of the Safeguarding Board.

The dedicated Advanced Social Work Practitioner for Child Sexual Abuse/ Exploitation and Children Missing from Home and Care (a priority area for the CYSCB) worked closely with other members of the CYSCB and the NSPCC on the '*It's not OK*' campaign which came to a close in July 2016. This campaign was highly successful in raising awareness of this type of abuse across the City. This post holder continues to ensure that we keep a sharp focus on those children and young people who are most at risk by closely working with a range of other agencies (particularly the police).

The presence of the police within the CSC Referral and Assessment (R&A) service continues to support improved safeguarding practice across the two agencies. Of particular note is the improved joint working between police and CSC in response to Domestic Abuse concerns.

Finally, in November 2016 CSC was inspected by Ofsted under the Single Inspection Framework (SIF). This was a rigorous inspection which, over a period of 4 weeks, looked at over 25% of all cases open to CSC. The overall judgement was GOOD, placing Children's Services in the top quartile of local authorities. The areas for improvement included the timeliness and quality of single assessments and health assessments for children in care. These are priority areas for 2017/2018.

Youth Offending Team (YOT)

2016-2017 has seen a reduction in first time entrants to the youth justice system, 385.46 (per 100,000 of 10-17 year old population) compared to 477 the previous year. The percentage of reoffending has also reduced significantly to 22% compared to 35.5% the previous year.

In response to the Home Office Draft Concordat On Children In Custody published in 2016, York Youth Offending Team has developed clear pathways and processes for accessing PACE beds with foster carers, hostel accommodation and also secure remand where necessary.

The YOT has secured improved multi agency cooperation with regards to fostering and secure remands, including direct meetings and contact with foster carers, embedding and including their perspective in safeguarding these young people. This is monitored by the Youth Justice Board and the CYSCB will scrutinise this.

The newly developed Youth Outcome Panels are ensuring that early intervention cases are addressed in a consistent manner, with out of court decisions being made at the panel. This has identified young people with complex needs, prior to directly entering the youth justice arena and allowed for earlier referrals to the Local Area Teams and Children's Social Care. Increasing awareness of the availability of local services to young people has been a crucial component in securing better outcomes. This has improved the efficiency of referrals and signposting to other agencies to provide ongoing support after the YOT's intervention has ceased.

The YOT has continued to improve assessment and intervention services for young people displaying sexually harmful behaviour. A joint working protocol with Children's Social Care has been identified, whereby a YOT manager will be present at strategy meetings including young people as a perpetrator or victim of sexually harmful behaviour. Young people are offered voluntary bail support for Children's Social Care cases that are not yet charged with serious violent sexual offences. Training needs within the team have been identified and a strategy has been implemented to improve the skills of staff dealing with sexually harmful behaviour.

The introduction of Asset Plus, an assessment tool, has ensured that management oversight of assessments is timely in relation to safeguarding and vulnerability factors. This has led to an improvement in information sharing between the YOT and the custodial estate with more significant improvement with secure children's homes and secure training centres where the level of need is greatest. A more robust method of Quality Assurance on assessments has been introduced and allows for a greater level of management oversight. This has also improved the quality and accuracy of information being shared with the secure estate.

Healthy Child 0-19 Service

During 2016/17 the York Healthy Child Service (YHCS) has seen significant change. The service TUPE transferred to CYC to be provided through the CEC Directorate (commissioned through Public Health) on 1st April 2016. The two elements of this service, health visiting (0-5 years) and school nursing (5-19 years) were brought together into the one 0-19 service, with the aim of delivering a fully inclusive service offer with no transition points. There has subsequently been a review of the whole service, and the need for modernisation and change was identified. This change will see the whole service working within the LAT bases with the goal of full integration with the LAT services.

The YHCS now has its own safeguarding provision through the creation of the Lead Nurse for Safeguarding. This post is integrated into the Referral & Assessment team in CYC (Children's Front Door) with dedicated administrative support. This enables more immediate access to

information where children are at risk. The Lead Nurse acts as the main point of contact for the YHCS, and supports the service in decision making through supervision and support.

The Lead Nurse has delivered training on the Graded Care Profile in collaboration with Children's Social Care to both YHCS staff and Social Care staff. This has proven to be a successful working model, and has attracted national approval through the NSPCC.

Safeguarding supervision arrangements are being strengthened through NSPCC commissioned training. This will enable a peer model of one-to-one supervision to commence on 1st September 2017. All active cases will then be discussed in depth within defined timescales. This training will be undertaken with Social Care colleagues, again to enhance working relationships, integration and breaking down barriers to practice and information sharing through common language and goals. This request for joint health and social care training delivery with the NSPCC is seen as an exciting development, and offers great opportunities.

The new safeguarding service is very much in its infancy and much change is needed. Excellent progress has been made to date and the YHCS staff welcome the dedicated service.

To date improvements have been made in:

- Information sharing
- Court statement/report writing
- Quality improvement for all reports (ongoing)
- Copies of all referrals are now available to the Lead Nurse for Q & A
- Training and information/legislation updates
- Staff updates
- Processes
- Accessibility to advice and support

We recognise change is constant, and ongoing assessment and audit will further develop the service. Any learning from the CQC review of health services for children in the care of the local authority and safeguarding will be included in the service development in 2017/18.

Adult Social Care

Adult social care has continued to work to strengthen its links and joint working with Children's Services during this period and there are several examples of good joint working, particularly around safeguarding issues.

A joint workshop was held with staff and managers from both Children's and Adults' services to consider the findings of a serious case review from another area. Discussion was both wide-ranging and useful and it is intended that the Adults and Children's Principal Social Workers will organise more of these meetings in the future to encourage joint learning and working together.

Adult social care participated along with many other agencies during Safeguarding Week to highlight the theme of domestic abuse in October 2016, and is now involved in the joint planning of 2017's Safeguarding Week.

An adult safeguarding peer review took place in January 2017, the outcomes of which were very positive; the review highlighted excellent partnership working and engagement, and very person-centred responses from Adult Social Care. It did however note the need for good communication to ensure that in particular, there was no duplication around preventative services.

There is growing recognition of issues within the Transitions Team, of concerns around young people and their vulnerability when using the internet and a need for training, perhaps for both young people and staff around how they can protect themselves online. This might be something for both the Children's and Adults' Boards to consider joint work on over the next 12 months.

Local Area Teams (LAT)

A new approach to early help was launched in January 2017 with the introduction of Local Area Teams. Local Area Teams (LAT) are a key part of York's early help response to working with children, young people and families from pregnancy through to adulthood (the 0-19yrs (25yrs for disability) agenda). A Local Area Team (LAT) is a multi-agency team covering one of three defined geographical areas of York. The purpose of a Local Area Team is:

- To prevent the escalation of needs which may require, if not addressed, statutory, complex and costly interventions at a later point.
- To reduce inequality of outcomes for our communities across York.

The Early Help Strategy sets out how we will achieve this by:

- Helping us to understand the differing needs of children, young people and families across our city.
- Ensuring that children, young people, families and communities have a voice in helping us understand need and how best to respond.
- Identifying which children need extra help so that no child will slip through the net.
- Making sure that early help is proportionate, timely and secures long term outcomes.
- Letting us know that we are making a difference.

Local Area Teams are not just Local Authority services. They are multi-agency and bring together all partners in a local area that exist in the lives of children, young people and families. This way Local Area Teams can bring together the full power of our communities to address need and build resilience. Over the course of 2017 multi-agency partners will work together to develop and extend the model. Key partners that will align/co-locate with Local Area Teams include:

- Well-being workers
- Health Visitors / School Nursing service
- North Yorkshire Police / PCSOs
- Health providers
- Department for Work and Pensions
- Housing
- Community Links
- Local Area Coordinators

The landscape of early help is much broader and diverse than purely the co-located multi-agency services outlined above. Local Area Teams are very much all about early help but early help is not just about Local Area Teams. This strategy clearly sets out the need for all agencies and communities to work together in response to need in order to secure sustained and positive outcomes. This means that this strategy sets a common vision and purpose around early help for any organisation working with children, young people and families including the voluntary and community sectors, schools, childcare providers, colleges, universities, communities and families themselves

North Yorkshire Police

Protecting the public from harm is the purpose of policing. A clear priority for North Yorkshire Police in the police and crime plan is to have ‘an in-depth understanding of how we can best protect the most vulnerable people in our society and will invest in services, skills and partner relationships to deliver the best possible outcomes’.

North Yorkshire Police seek to continuously improve how they safeguard and respond to children and young people. In 2016 this has included the introduction of Operation Encompass. Operation Encompasses is a simple but effective way in which the police share domestic abuse information with schools. Too often children are the silent victims of domestic abuse and are expected to turn up to school the next day and carry on as if nothing at all has happened. By providing information about domestic incidents that a child may have witnessed or have been involved with it is hoped that support for the child can be afforded by the school. The initiative is not to circumvent or replace existing safeguarding processes and schools will assume that safeguarding protocol has been followed prior to a notification being made.

For the past 12 months a Detective Sergeant from North Yorkshire Police’s Vulnerability Assessment Team has jointly assessed police referrals with a social care manager. The purpose of this is to share information, understand risk and determine the most appropriate safeguarding and investigative response. The Vulnerability Assessment team also now has the capability to conduct immediate joint visits with social care. The purpose of this is to immediately check out concerns in referrals and help determine the most appropriate outcome for the child.

North Yorkshire Police has a dedicated missing from home co-coordinator for the City of York. The purpose of the role is to review each missing from home episode from a safeguarding perspective, ensure that information is appropriately shared with the local authority and to seek to problem solve high risk cases with other agencies in order to prevent further missing episodes.

To ensure that officers are equipped to respond to safeguarding concerns involving children North Yorkshire Police have continued to invest in the training of officers. New student officers and PCSOs receive safeguarding inputs. This includes child protection and domestic abuse training and awareness. PCSOs complete local community attachments normally in the locality they will be working in. These are often in settings in which they will work with vulnerable people. Frontline officers have received shift based training days on domestic abuse, stalking harassment and Female Genital Mutilation. Further training is planned which will focus on child neglect and missing from home.

A new Community Safety Support Team has been created in York. The team of PCSOs work under the leadership of community. The team will carry out all Domestic Abuse follow up visits and safety planning (low and medium risk), missing from home re-visits, school inputs regarding vulnerability (internet safety etc.), attending Local Area Team meetings and discussing any concerns in respect of vulnerable children. The team will also work with vulnerable children on a longer term basis, trying to make sure that they get the support from partners in order to reduce vulnerability.

North Yorkshire Police are currently undertaking analysis of 'Child Neglect' across the City and North Yorkshire to understand the demand this creates and conversely the capacity and capability to deal with such abuse – the profile is not as yet finished but will be shared with partners when complete.

Probation Services

During 2016-2017 the National Probation Service York and North Yorkshire Area (NPS Y&NY) have continued to implement the changes arising from the new probation provider arrangements, as part of the Ministry of Justice Transforming Rehabilitation Programme. This has seen a new operating model implemented under E3 (Efficiency, Effectiveness and Excellence) Programme, which introduces a nationally consistent approach to roles and responsibilities, resources, policy and practice. The core priority business of NPS continues to be protecting the public, reducing reoffending and supporting victims, which all have direct links to our responsibilities in relation to safeguarding children. We achieve this in a number of ways including through our responsibility for all court work/reports and risk assessments to inform case allocations; managing all high risk of serious harm offenders and those eligible under Multi Agency Public Protection Arrangements (MAPPA); our statutory victim work; and directly delivering Sex Offender Treatment Programmes. A constant through a significant period of change during 2016-17, has been NPS's continued priority commitment to safeguarding children.

Some of the ways this has been illustrated during 2016-17 include:

- New NPS Safeguarding & Promoting the Welfare of Children Policy 2017 launched
- **Revised National Probation Instruction on Pre-Sentence Reports** to clarify the position in relation to domestic abuse and safeguarding checks. NPS has worked with CSC and Police colleagues to improve the process and timeliness of safeguarding and domestic abuse.
- **Domestic Abuse** – During 2016-17 NPS contributed to a ‘desk top’ review relating to children living with domestic abuse. A training programme has also been rolled out to all grades of staff to further improve understanding, awareness, and practice outcomes.
- **Child Sexual abuse and exploitation** - through its work with adult offenders NPS has continued to identify children at increased risk of exposure to victimisation, including child sexual exploitation, radicalisation, serious organised crime (SOC) and serious group offending. This has included awareness raising in relation to human trafficking and slavery of which CSE can be an element.
- **MAPPA E learning** – NPS and NY Police have developed and rolled out to all MAPPA Duty to Co-operate Agencies an e-learning package to inform and promote understanding of roles and responsibilities under MAPPA, contributing to the protection of children. This e-learning package was highlighted by Her Majesty’s Inspectorate of Probation (HMIP) as an example of good practice, and neighbouring MAPPA Strategic Management Boards in West Yorkshire and Cleveland have recently adopted this North Yorkshire training tool.
- **Training & Development** –NPS has committed to ensuring all staff have appropriate role specific training and a national safeguarding training package has been rolled out as mandatory for all grades of staff.

Outcomes and learning points from audit and inspection.

During May and June 2016, YNY NPS and Community Rehabilitation Company were the subject of an HMIP Quality and Impact Inspection. The report highlighted strong practice by the NPS in relation to Public Protection and identified the following relating to Safeguarding:

- Staff had a good level of knowledge of safeguarding...NPS in good position to recognise and respond to risk issues.
- Effective joint working via MAPPA, local departments of CSC services and PCC.
- All NPS case records inspected evidenced that there had been a sufficient assessment of risk of harm to children and young people.
- All NPS case records inspected evidenced there was sufficient planning to manage and minimise the risk of harm to children and young people.

Many good practice examples were included in the report relevant to

- Domestic abuse and safeguarding.

- Effective NPS work with women offenders
- NPS staff had good working relationships with partner agencies and specialist workers.... drawing on support to manage the most difficult and complex cases.
- Line management provided to NPS staff was good – opportunities to reflect on Practice.
- NPS well represented on public protection forums.
- Services to victims delivered sensitively.
- Risk levels correctly classified in all cases.
- Effective use of MAPPA and good joint working across partnerships to manage risk of harm.
- Work of the NPS was having a stabilising effect on offending behaviour, demonstrating the impact of the work undertaken.

The Inspection report made two recommendations for improvement relevant to the work of Probation providers and Children’s Social Care to support communications and information exchange across the agencies and working with partners. Actions have been taken in the latter part of the year to address these and improvements have been achieved, and will continue to be monitored.

Community Rehabilitation Company

Introduction

The National Probation Service (NPS) and Community Rehabilitation Companies (CRCs) came into existence on 1st June 2014, as part of the Ministry of Justice Transforming Rehabilitation Programme. HLN (Humber, Lincolnshire and North Yorkshire) CRC has responsibility for medium and low risk of harm offenders and responsibilities for safeguarding children cut across both CRCs and the NPS.

CRC Board Representation.

Regular representation at the CYSCB was a priority area for 2016/17 and the appointment of Vikki O’Brien as Community Director for York and North Yorkshire has achieved consistency of attendance.

2016/17 Priorities update

The priorities set by the CRC in last year’s annual report were:

- Continue to work closely and co-operatively with our NPS colleagues to ensure that interface arrangements work to protect children and minimise risk of harm
- Increase the understanding within the CYSCB of the role and responsibilities of the CRC

- Improve our partnership working . Our service delivery model and IT infrastructure will change significantly in the next 12 months and we plan to be less office based. We are exploring opportunities to work more closely with Prevention and Early Intervention Services within the community.
- Continue to improve our child safeguarding practice and knowledge through our local Safeguarding Quality Improvement Plans
- To provide consistent representation to the CYSCB

The priorities have been achieved with continued close working relationships across the NPS and CRC interface in York. The CRC has contributed to the Board with Section 11 (of Children Act 1989) audits and Assurance Reports which have assisted partner agencies to understand the changed structures of probation providers. CRC has continued to undertake quality assurance activity internally and safeguarding remains a priority area within Quality Improvement Plans. Roll out of mobile ICT infrastructure was completed by the end of 2016 and staff are now able to work remotely and are contactable directly through work mobile phones. Staff are more community based and increased use of home visits will be a priority for the year to come.

Developments and Activities

- Safeguarding policies remain subject to ongoing review and practice briefings provide feedback from assurance activity, inspection reports and Serious Further Offence reviews
- In the HMIP report in 2016, Dame Glenys Stacey commented 'it is a pleasure to present this report....NPS staff and those from the CRC should be commended for working well together and providing a high quality service over a period of change... there was a real sense of innovation evident across both organisations and staff showed persistence and initiative.....'
- HMIP commended the CRC for working well with individual service users to assess offending related needs and established good working relationships from which offending behaviour work progressed. The key recommendations with regard to safeguarding were shared recommendations and are included in our HMIP Action Plan
- The York CRC teams have relocated to the 3rd floor in West Offices and locating in the same building as CSC and YOT colleagues will be beneficial to information exchange and building relationships
- Staff have recently received 'people safe' devices to support safe lone working and an increase in home visits where there are safeguarding and domestic abuse concerns will be a priority for the coming year
- The CRC has rolled out a new Supervision and Appraisal policy and safeguarding practice is included as a practice objective for practitioners

CRC staff continue to work closely with our Integrated Offender Management police colleagues, sharing intelligence and expertise.

Staff continue to manage adult offenders to reduce the risks of harm they pose to children by means of skilled assessment, planning review, multi-agency working and targeted interventions.

As a lead provider of domestic abuse services, we continue to deliver Building Better Relationships (BBR) programmes as ordered by the Criminal and Civil Court. We have commenced delivery of an early intervention voluntary domestic abuse perpetrators programme across City of York and North Yorkshire and are developing a modular intervention to be delivered on a one to one basis.

Local delivery takes account of emerging issues such as CSE, Serious and Organised Crime, Prevent etc.

We have representatives on the MARAC core groups in York and Selby and support the attendance of case managers.

Whilst the National Probation Service second staff to YOTs, the CRC York office has continued to support a specialist Transition to Adult Officer to improve the management of the transfer of young people between the two agencies

Priorities for 2017/18

- Deliver against safeguarding recommendations from HMIP Action Plan.
- Demonstrate an improvement in local safeguarding outcomes as measured through quality assurance audit activity.
- Continued regular representation to the CYSCB.

Children and Family Court Advisory and Support Service (CAFCASS)

Cafcass (the Children and Family Court Advisory and Support Service) is a non-departmental public body sponsored by the Ministry of Justice. The role of Cafcass within the family courts is: to safeguard and promote the welfare of children; provide advice to the court; make provision for children to be represented; and provide information and support to children and their families. It employs over 1,500 frontline staff.

The demand upon Cafcass services grew substantially in 2015/16 with a 13% increase in care applications and an 11% increase in private law applications. The grant-in-aid provided by the Ministry of Justice was smaller than the previous year. Notwithstanding this, Cafcass has met all of its Key Performance Indicators.

The following are examples of work undertaken by Cafcass to promote the continuous improvement of our work and support reform of the Family Justice:

- Revision of both the **Quality Assurance and Impact Framework** and **Supervision Policy** which together set out the organisation's commitment to delivering outstanding services, and the ways in which staff are supported to achieve this and

how the quality of work is to be monitored. The Framework integrates the impact of the work on the child into the grade descriptors so that evidence of positive impact is to be present, alongside compliance with the expectations of Cafcass and the Court, for an outstanding grade to be achieved

- Implementation of the **Equality and Diversity Strategy**. This entails: a network of Diversity Ambassadors who support the development of staff understanding and skill; the holding of workshops; a themed audit on the impact of diversity training on practice
- Extending the **Child Exploitation Strategy** introduced in 2014/15 to include trafficking and radicalisation as well as sexual exploitation. Key elements of the strategy include: Ambassadors (at a service area level) and Champions at a team level to have a ‘finger on the pulse’ of local issues and to support learning; training and research (including a study of 54 cases known to Cafcass in which radicalisation was identified as a feature)
- Working with a **range of partners** across family justice, children’s services and the voluntary sector. Examples include Local Family Justice Boards (Cafcass chairs 12 of the 46 of these), the judiciary, the Adoption Leadership Board and the Association for Directors of Children’s Services with whom Cafcass has developed the social work evidence template for use in care cases, and with whom we are developing good practice guidance for children who are accommodated by the local authority
- The development of **innovations** that are aimed at improving our practice and supporting family justice reform. These include: piloting the provision to our Family Court Advisers of consultations with a clinical psychologist; the extension of Family Drug and Alcohol Courts; *the supporting separated parents in dispute* helpline (a pilot across five service areas aimed at promoting out-of-court settlements of disputes where safe to do so)
- Contributing to the government **review of Special Guardianship Orders**, including a small piece of research that was included in the government’s response to the consultation
- A **Service User Feedback Survey**, which looked at the interim outcomes of children six to nine months after private law proceedings concluded. Specifically the survey looked into whether arrangements ordered by the court had sustained; how effective communication was between parents before and after court proceedings; and whether participants believed that the court order was in their child’s best interests

We have published our third Cafcass Quality Account, setting out how we have driven up the quality of our casework and shared best practice with the sector during 2015-16. We are proud that significant improvements have been achieved while meeting rising in case demand across both Public and Private Law and delivering efficiency savings in line with reduced spending targets.

You can read the full report for further details, but in summary it shows how, through innovative practice, we have:

- continued to improve the quality of our practice, building on the ‘Good with Outstanding Leadership’ rating of our 2014 Ofsted inspection; for example increasing the quantum of Good and Outstanding casework
- learnt more about the impact of our work for children by assessing the quality of our case practice against four child-focused outcomes (the extent to which the child is safe, heard, better represented and enabled) introduced through our refreshed Quality Assurance and Impact Framework, and used this insight to drive improvements
- equipped practitioners with the tools and knowledge to strengthen practice and improve analytical reporting - most notably, we embedded our Evidence Informed Practice Tools and disseminated learning driven by focused strategies for areas such as child exploitation and equality and diversity, and which cater to what our practitioners tell us they need
- supported our practitioners to enhance their expertise and improve the quality of recommendations and management of risk through pilots, such the Clinical Psychologist pilot which provided access to one-to-one consultations with accredited clinical psychologists - this is now an embedded service.

We have also helped to drive up quality in the sector by sharing Best Practice - our work includes:

- continuing to support improved services in the wider family justice sector and help shape future sector reform through close working with the Ministry of Justice, Department for Education, sector agencies, our membership of formal boards such as the Family Justice Board and contribution to government consultations leading on practice improvement and helping to raise standards by sharing our insight and learning with others in the sector; for example, by launching updated Local Authority Social Work templates and practice guidance with Association of Directors of Children’s Services (ADCS) which set out best practice, the provision of analytical report writing workshops, and sharing our approach to contracting services to help manage demand
- helping manage demand by piloting pre-Court advice in Private Law, and looking at the new ways of working in care cases.

Cafcass is committed to building on this progress and over the coming year we will continue to:

- draw on findings around the contribution we make to outcomes for children, in order to identify and inform learning points that will drive future improvements to our work which will make a real difference to children and young people

- embed the new outcomes-focused Quality Assurance Impact Framework to support practitioners and their managers in identifying clear plans of how they can develop their own practice to deliver an outstanding service to children and families
- build on our knowledge base and identify where practice can be improved by generating high impact and timely research which responds to the important issues affecting children and families today.

NSPCC

NSPCC services in York are closely aligned with two of CYSCB key strategic priorities namely Child Sexual Abuse and Early Help. The team delivers:

- Letting the Future In – a therapeutic service for children, and their safe carer(s), aged 4 to 17 years who have been sexually abused. The aim of the service is to help children to overcome the impact of the sexual abuse they have experienced and to offer advice and support to parents. In the year ahead the service will be expanded to encompass work with children with a mild/moderate learning disability
- Women as Protectors - a group work service for women who are or have been in a relationship with a man who poses a risk of sexual harm to a child. It provides education, emotional support and guidance to female carers – aimed at enhancing their ability to understand child sexual abuse and to protect their children from sexual harm. Protective behaviour work is offered to all children in the family as well as joint work with the children and the female carer. Written reports and recommendations can be given to the referring agency outlining the risks, strengths and protective factors that have been assessed during the programme. At the end of the group women can receive individual support from a trained and supervised volunteer. This programme is being delivered and evaluated in York and across the country to try and find the very best methods for preventing child sexual abuse and for supporting and protecting children whose lives have been affected by it.
- Minding the Baby (MTB) – is a home visiting parenting programme that begins during the third trimester of pregnancy and aims to help first time mothers (14-25 yrs.) to care for their babies and cope with the challenges of becoming a parent up to the child's second birthday. It is delivered by a multi-disciplinary team of social workers, therapists and nurse practitioners. MTB aims to promote positive attachments and to ensure the mental health and well-being of mothers and their babies. The current programme recruited mothers via a randomised control trial (RCT). The study is being conducted by Prof. Pasco Fearon one of the world's leading experts on infant mental health. The research findings will be published in 2018/19 and shared with CYSCB.
- NSPCC Schools Service – delivered 19 Speak Out and Stay Safe workshops to 3,927 children in York. The CYSCB has been proactive in its support and promotion of the NSPCC Schools Service and this has undoubtedly led to a positive uptake of the service with 95% of all schools in York participating. The workshops aim to educate children in an age appropriate way about all forms of abuse and bullying and crucially how to

seek help if they are worried or need help. In the year ahead the Schools Service will deliver workshops for parents with NSPCC partners O2 to enable them to understand how to ensure their children stay safe online and deliver a new SEND resource for the Speak Out and Stay Safe workshops.

NSPCC is committed to the work of the CYSCB with Service Manager representation on the Board, the PDSG and three sub-groups. NSPCC staff have had regular CYSCB briefings on lessons from themed audits/learning lesson reviews and attended training provided by CYSCB. NSPCC has worked in partnership with CYSCB colleagues to bring national NSPCC services/resources/research and campaigns to the CYSCB with the aim of bringing 'added value' from a national children's organisation where there is synergy with the business of the Board for example sharing the Spotlight research programme that has been published over the past year. Perhaps the best example of this was the CYSCB and NSPCC Sexual Abuse Campaign that concluded in July 2016 and was commended later in the year by Ofsted as an example of effective partnership working to tackle child sexual abuse and exploitation.

CVS (Priory Street Nursery)

Training – The nursery managers have attended various training events including the NSPCC 'It's Not Ok' conferences on CSE, Harmful Behaviour etc. This has supported working with a wider network of agencies and improved the manager's knowledge of agency working.

CVS have also attended courses on Working Together - Multiagency Training, Child Neglect, Early Help, Prevent Duty and the 'No Wrong Door' Conference.

Policy and Procedures – CVS have enhanced the nursery policies/procedures on the use of social media and digital technologies, and we have included FGM and the Prevent duty in the safeguarding and child protection policy.

Staff Knowledge – CVS have reinforced and embedded staff knowledge by including safeguarding as a standard agenda item in staff meetings. Staff knowledge and suitability is checked regularly as part of the supervision process.

Partnerships – CVS have strengthened links between the nursery, our families and outside agencies. We have shared information with families so they know their responsibility in safeguarding children. We are more confident in using Early Help strategies (e.g. FEHA) more effectively and are working with the Front Door team to do this.

Chapter 6: Formal audits of our safeguarding arrangements

The "Section 11" Audit

Every year the CYSCB undertakes an audit under Section 11 of the Children Act 1989 of what arrangements our partners are making to safeguard children and young people. CYSCB works with our colleagues in the North Yorkshire Safeguarding Children Board to do this since some of our partners work across the county border.

Partners were asked to complete an audit form covering subjects such as, among others: safer recruitment; policies and procedures; roles and responsibilities; and training and development. In addition, an event took place at which partners were asked to report back on the actions they had agreed to take in 2015/16. They were also able to discuss their responses to the 2016/17 audit and to develop actions to address gaps either single or multi-agency.

There were no glaring concerns found in the responses of partners to the audit which was reassuring for both Boards.

There was agreement going forward that:

- NYSCB and CYSCB should continue to develop the interface between the Boards on cross border issues. A York and North Yorkshire Inter-Board Network and Systems Leadership Group exists to progress this
- NYSCB and CYSCB should consider full audit bi-annually rather than every year. Partners felt that this would be more useful than an annual audit when little changes
- However, agencies should provide an update report to each Board regarding any relevant changes to their safeguarding arrangements and any actions they have taken from the Section 11 audit; CYSCB does this by asking partners to provide regular Assurance Reports to the Board giving details of their safeguarding activity

In 2018 NYSCB and CYSCB will establish a task group to review the Section 11 process and agree an appropriate strategy for reviewing partner's in the future.

Multi-agency Case File Audits

In 2016/17 the **Partnership Practice Scrutiny and Review Group (PPSRG) – the CYSCB's audit group** - has undertaken a wide and varied range of audit activity. This mixed professional group has a remit to meet on a regular basis to look at the quality of multi-agency working and adherence to safeguarding policy and procedures. It draws on a variety of written material from various agencies from a random selection of cases. The PPSRG also receives updates on single agency inspections and audits to ensure that audit work is not duplicated.

The group met on 6 occasions during 2016-17 and in addition worked on new forward schedule and developed a new, increasingly child focused audit tool. During the year the **themes for audit** were:

- Multi-Agency Risk Assessment Conferences (MARAC) (Domestic Abuse Conferences)
- Recording of safeguarding enquiries between agencies

- Core Groups (Child Protection front line meetings)

Findings from these audits were shared with CYSCB, and partners were asked to disseminate the findings throughout their organisations. Findings were also shared via CYSCB's communication channels.

Relevant agencies were asked for assurance that findings were noted and actions taken.

An outcome of these audits was that actions were taken that include:

- The tightening of recording processes for all partners including police and health colleagues.
- Assurance that actions from multiagency meetings were shared with the relevant agencies and acted upon.
- Themes regarding recording of safeguarding enquiries and actions have been used in multi-agency training workshops.

The PPSRG has produced a comprehensive forward plan centred upon the Board's priorities, inspection activity and responsive to issues highlighted nationally.

CYSCB would like to extend thanks to Margaret Harvey, Service Manager CAF/CASS who chaired PPSRG until she moved to a new area. In August 2016 Lisa Winward, Deputy Chief Constable, North Yorkshire Police took over the role of Chair.

Reviewing Serious Cases

The Case Review Group (CRG) has met every 2 months throughout 2016/17 in addition to extraordinary meetings to consider whether cases met the criteria for a Serious Case Review (SCR) as set out in Working Together 2015²⁵.

There were no cases which merited SCR during 2016-17. One case was considered for an SCR; however it was the recommendation of the CRG that this case did not meet the criteria for either a SCR or a Learning Lessons Review (LLR). This decision was endorsed by CYSCB's Independent Chair and upheld by the National Panel of Independent Experts. This case is now being progressed through an alternative review process to which CYSCB is a party.

During 2016/17, one LLR was completed in regard to a neglect case. The action plan from this LLR has made substantial progress during 2016/17 and is monitored by the CRG. Given the nature of this review, the lessons learned have also been shared with the CYSCB Neglect sub-group. A programme of workshops was delivered in response to the findings of this LLR and findings disseminated via Board members and CYSCB communication channels.

The Case Review Group has also reviewed the action plans of earlier Learning Lessons Reviews from previous years. Among others, actions resulting from reviews during the 2016/17 and previous years include:

²⁵ <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

- guidance developed on the assessment of injuries to non-mobile children along with an information guide for parents and carers;
- the development and embedding of the ACHILD mnemonic across York Teaching Hospital;
- over 80% of City of York Housing staff has completing safeguarding children training;
- York Teaching Hospital Foundation Trust's new policy requiring practitioners to record children as '*Was Not Brought*' rather than as '*Did Not Attend*' when they hadn't attended medical appointments. The policy reminds health professionals that children do not 'take themselves' to appointments - they have to be taken by parents or carers - whilst supporting the early identification of non-engagement with services where there may be safeguarding concerns;
- a 'One Minute Guide' on Child Neglect has been developed by the CYSCB Neglect Sub-group giving practitioner basic information about recognising neglect plus links to research;
- and sections of the multi-agency neglect strategy and delivery plan published in 2016 have been informed by learning and recommendations from recent LLRs.

The Case Review Group has also reviewed SCRs from other local authorities and used some of the recommendations from these to check local practice and to inform multi-agency training.

Child Death Overview Panel (CDOP)

CYSCB shares the ***Child Death Overview Panel*** (CDOP) with North Yorkshire Safeguarding Children Board in order to review the death of every child (up to the age of 18 years) in the York and North Yorkshire area to learn any lessons that may help other children and families in the future. The North Yorkshire LSCB administers the CDOP on CYSCB's behalf.

Information on the number of child deaths in York is in Chapter 3 above. Of the deaths reviewed, a small number of cases were found to have modifiable factors. There were more female deaths again this year. The CDOP Coordinator reports that according to Public Health Intelligence, deprivation is a contributing factor in North Yorkshire and York towards child deaths.

During 2016/17:

- Work continued on further developing the CDOP performance framework
- A series of One Minute Guides for professionals were developed regarding the Rapid Response Process and what to expect at an inquest
- renewed regional CDOP Managers Meetings, to ensure regional learning and sharing of best practice is disseminated in North Yorkshire and York
- Arrangements and processes were developed and are being agreed with neighbouring authorities in regard to out of county deaths

- The sudden unexpected infant death (SUDI) boxes were rolled out for use by doctors in hospitals across York and North Yorkshire

Priorities for 2017/18 are:

- To continue to champion the effective sharing of information for reviewing child deaths to ensure that learning can be shared.

A full CDOP Annual Report for 2016/17 is available on our website²⁶.

As a result of the Children and Social Work Act 2017 the CDOP process transfers the responsibility from the DfE to the Department of Health. It is not yet clear how the York and North Yorkshire process may change. This will be considered towards the end of 2017/18.

Dealing with allegations against professionals

Investigations regarding allegations about professionals working with children or young people are coordinated by the Local Authority Designated Officer (LADO). For the majority of 2016/2017 the LADO function was managed on behalf of City of York Council by North Yorkshire County Council as a transition while a new LADO post was established in York following restructure. The permanent City of York LADO was appointed in February 2017 and the full service returned to York. In 2016/17 the LADO reports that the combined databases for North Yorkshire and York recorded the following data for City of York:

- 89 contacts to the service.
- 31 consultations
- 58 referrals for further action.

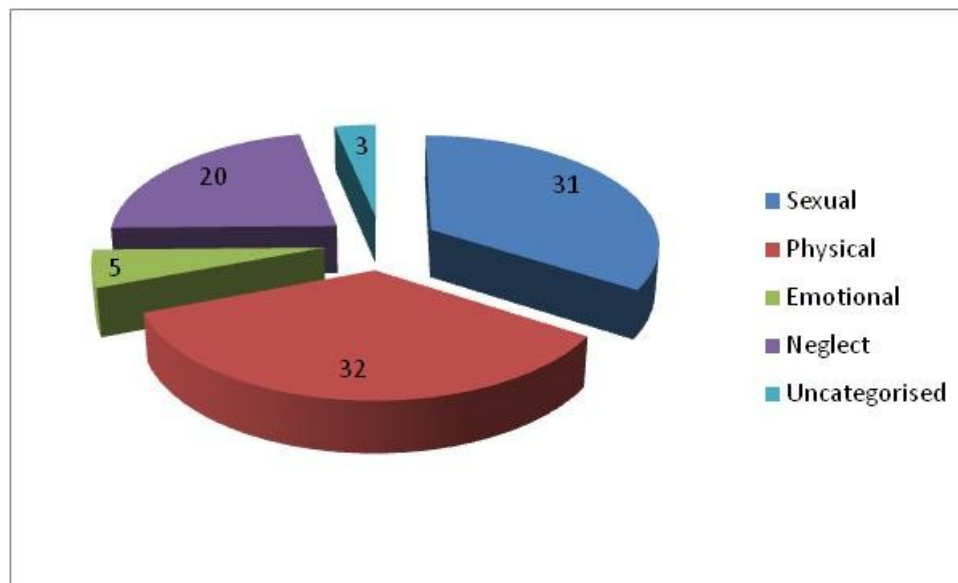
Category of concern:

Those contacts which were considered to be allegations were categorised according to the nature of the concern as follows:

- 32 - physical abuse
- 31 – sexual abuse
- 20 – neglect
- 5 – emotional abuse
- 3 – not categorised.

²⁶ <http://www.saferchildrenyork.org.uk/annual-reports.htm>

Figure 6 Categories of allegations



The allegations spanned several different professions.

Other relevant information:

2016/17 showed a substantial rise in LADO consultations and referrals and this reflects a regional trend across Local Authorities in the Yorkshire region. This is believed to be linked to greater awareness of the role of the LADO by employers, professionals and members of the public.

Chapter 7: Learning and Development

Multi-Agency Training, Learning and Development arrangements

During 2016/17, CYSCB introduced a new model and approach to multi-agency training and learning as a result of the restructure of the Board.

A dedicated half time Workforce Development Advisor post was created to undertake learning needs analysis work and then commission and evaluate multi-agency training on behalf of the Board. The Workforce Development Advisor sits within the Council's Workforce Development Unit (WDU) and works closely with the Board Unit in delivering the objectives set out in the Service Level Agreement between WDU and CYSCB. Under this new commissioning model, the majority of multi-agency training is commissioned from external training providers, with CYSCB partners delivering some specialist courses.

In October 2016 the Board adopted its Training, Learning and Development Strategy 2016-2019. This strategy provides a framework for safeguarding children learning and development in York, ensuring that people who work with children and their families are appropriately knowledgeable, skilled and competent. It sets out the roles and responsibilities of the Board and the arrangements for training, learning and development including a recommended set of standards for single agency and multi-agency training.

A Learning Needs Analysis for 2016/17 was conducted shortly after the Workforce Development Advisor was in post and new courses commissioned to run alongside existing provision.

Delivery of multi-agency training and learning courses

During 2016/17 a range of courses has been delivered on the following topics, which are linked to the Board's priorities:

An Introduction to MARAC and MAPPA

Domestic Abuse Managing Risk & Supporting Families

Online Safety

Safeguarding Disabled Children

Voice of Fathers and Partners in Assessment

Working Together 1 Day Multi - Agency Safeguarding Children Course

Safeguarding Neglect Event

It's Not Ok (NSPCC) Campaign Seminars

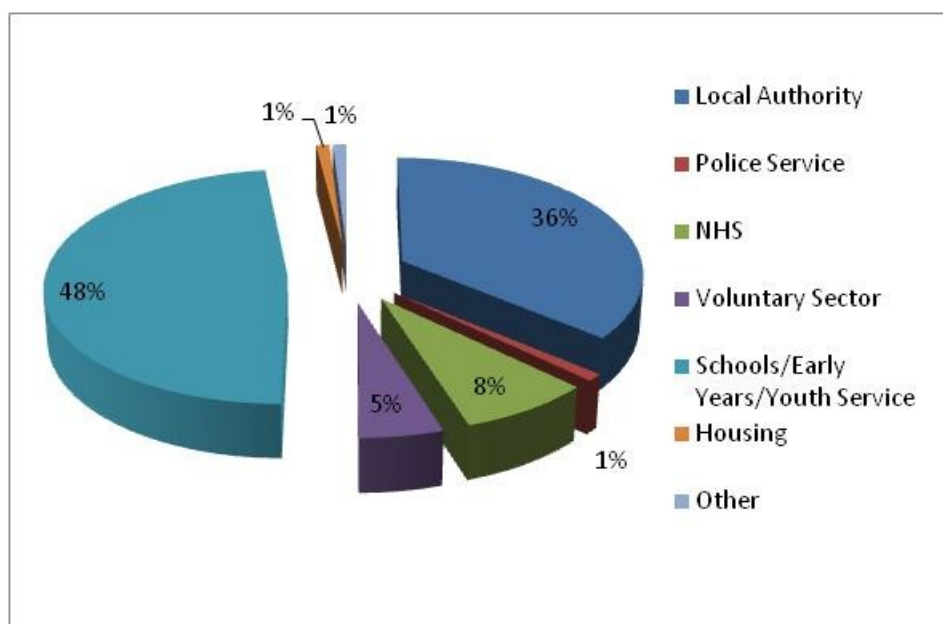
Working Together ½ day update for Education Designated Leads

In total, there were 627 attendances at 25 courses in the year. All courses commissioned by CYSCB are free of charge to attend. (CYSCB agreed, as part of its Training, Learning and Development Strategy that there would not be a charge for those organisations who cancelled places late or did not show.) Generally training is well attended with on average 75% take up of available places. In 2016/17 there were 129 cancellations and 52 “no shows”. The Board will continue to monitor this information carefully to ensure that training is being attended and valued and that valuable resources are not wasted through non-attendance of participants. No courses were cancelled during the year.

A range of e-learning packages continue to be available via the CYSCB’s website, including the Online Basic Awareness package which CYSCB jointly developed with North Yorkshire LSCB.

In 2016/17 take-up by sector for the last three quarters of the year has been analysed.

Figure 7 Take-up of CYSCB training by sector



Evaluation of training, learning and development

At the end of each course, participants are asked to complete an evaluation form. These results are collated and reviewed by WDU on a regular basis, to ensure continuous improvement of the training delivered.

The average evaluation scores on the following measures are generally good to excellent. Attendees gave average scores of good to excellent on how well courses met the learning

objectives; the quality of learning resources, the presentation style and subject knowledge of presenters. Attendees are asked about how likely they are to change the way they do things as a result of the training. Average scores indicate that attendees are likely, or very likely, to change things as a result of training commissioned by the Board. This information helps to confirm that the Board commissions quality training provision that can make a difference to delegates.

Impact of training, learning and development

Training, learning and development for professionals and practitioners is aimed at improving their skills and ultimately improving outcomes for children and young people. The impact of training on working practices is a key measure of the effectiveness of training and an important aspect to measure as part of the Board's responsibilities under Working Together.

In 2016/17, a short survey has been used to capture examples from course attendees about the impact of training on their working practices 3-6 months after training has taken place. Response rates to the two surveys have been reasonable (16% and 23% respectively) and helpful examples are given. Even where respondents said there had been no impact on their working practices, they often provided reasons that opportunities had not arisen yet or that procedures were already in place. This valuable information will be used to improve future training, learning and development.

Some examples are given below:

- 'More confident in my knowledge'
- 'Luckily the systems were in place already but it was still extremely useful to go on the course. It made me more vigilant and less trusting.'
- 'It has made me much more aware of the long-term impact on young children as a result of neglect. I use this knowledge when talking to other professionals and parents, especially in CPP reviews and core group meetings and as part of my family work with vulnerable parents.'
- 'It has refreshed knowledge and ensured our practice is correct but we have not changed anything. It has, however, made staff more aware of just how many people can be involved in a child's life and our part in that.'
- 'Changed procedure for recruiting and inducting volunteers – better safeguarding checks'
- 'The training helped ensure all statutory documentation was up to date and in place. It also provided a wealth of websites where further information could be accessed'
- 'The procedures I have in place are still correct. The training was extremely valuable in confirming that my procedures are correct and that I need to continue to "tick all the boxes" and haggle people for information when needed, and not to give up.'

- 'I was following all the recommended procedures already it was just a refresher for me.'

Learning Needs Analysis work for 2017/18

During 2016/17, a Learning Needs Analysis (LNA) for 2017/18 was carried out. As with the LNA carried out for 2016/17, the process involved gathering information from the Board's sub group chairs, meeting with key partners, Section 11 audit returns, Partner Assurance reports, recent research reports, a recent Learning Lesson Review and discussions at both PDSG and Board meetings. This information was assimilated into a costed training plan which was then discussed and approved by the Board. Detailed course specifications were developed for each line on the training plan and then training commissioned either externally or from partners where they could provide specialist expertise and knowledge.

The Board would like to thank partners who contribute to the provision of its successful training programme through staff, venues and resources.

Learning and Development in schools

The School Safeguarding Advisor delivered 26 training sessions during 2016-17. This included whole school training, both to maintained and independent schools in the city.

Updates were delivered to Education Designated Safeguarding Leads every 6 months. These were well attended and the feedback from the sessions was very positive.

The School Safeguarding Advisor also provided safeguarding training for taxi drivers and passenger assistants involved in the children's transport contract, and to other specialist teams who work with schools.

Two Safer Recruitment Training Courses were also run for school governors and staff.

The School Safeguarding Advisor continues to work closely with schools in the city to support them with their safeguarding arrangements and is delivering an ongoing programme of safeguarding reviews.

Chapter 8: How are we doing as a Board?

‘Outstanding’ Ofsted judgement

In November/December 2016 Ofsted undertook a Review on the Effectiveness of the Local Safeguarding Children Board in York (alongside the *Inspection of Services for Children in Need of Help and Protection, Children Looked After and Care Leavers.*) CYSCB was very proud and pleased to be judged as ‘Outstanding’ – only the second Board in the country to receive this judgement.

Just a few of the comments within the Ofsted report²⁷ were:

- *Membership of the Board is robust, with partners who have sufficient seniority to hold their agencies to account.*
- *The CYSCB is instrumental in shaping service development through its thematic priorities, linking to the work of the sub-groups. The thematic areas for priority are clearly set out in the comprehensive business plan.*
- *The CYSCB has a strong focus on the quality of frontline practice to safeguard children.*
- *Children’s voice is prominent in every aspect of the CYSCB’s work, and scrutiny of the local authority and partnerships.*

While it is gratifying to have been recognised as outstanding, in no way does this mean that CYSCB is complacent or that there is not still work to be done. Ofsted also commented that ‘*The CYSCB has a strong culture of learning*’ and the Board and its partners will continue to promote this.

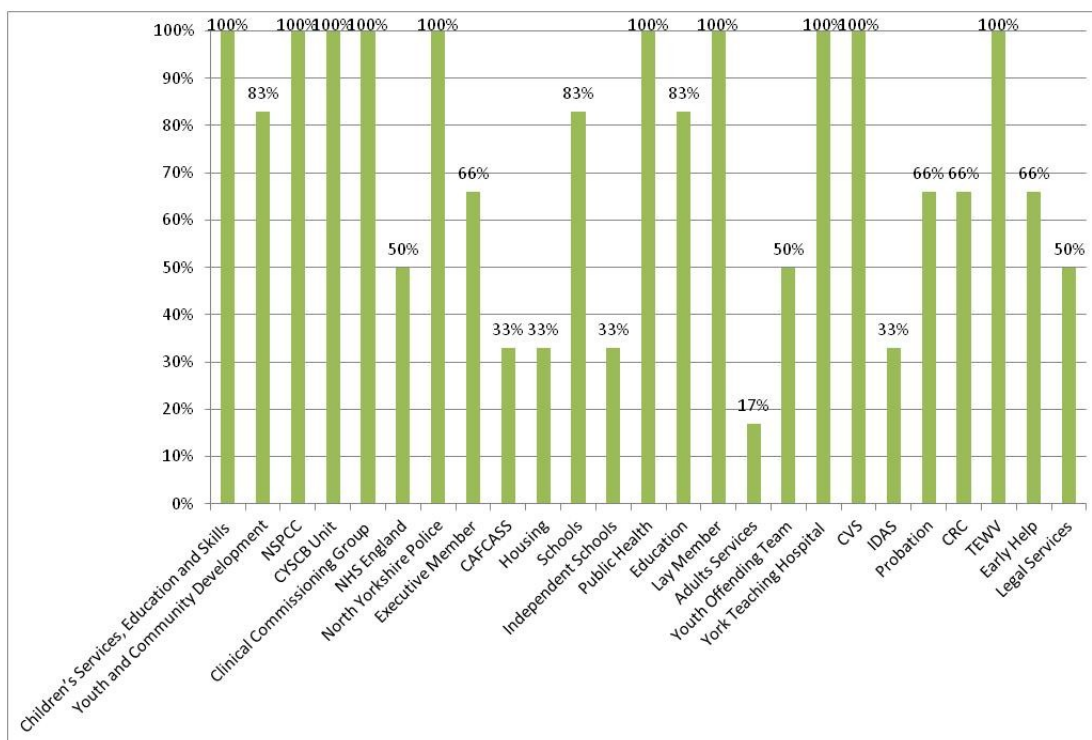
Attendance

The Ofsted inspection found that: ‘*Attendance is good, membership is stable and there is a very strong commitment from members, including positive involvement of the lay member with close, highly effective working relationships, which ensure that progress is sustained.*’

Throughout 2016/17 the attendance at and commitment to Board meetings has been consistently high. Many partners record 100% attendance and where (in the graph below) some appear to have attended relatively few Board meetings, those partners have received and contributed to the papers and been party to discussions outside Board meetings at sub-groups or via other communications.

²⁷ <https://reports.ofsted.gov.uk/local-authorities/york>

Attendance at CYSCB meetings 2017/18



Business Plan

CYSCB works to an agreed *Business Plan* which covers all the priorities and through which runs a focus on 'voice of the child' and safeguarding disabled children.

The strategic aims of the CYSCB Business Plan are to ensure that effective systems in place which:

- Protect children from maltreatment;
- Prevent impairment of children's health or development;
- Ensure that children grow up in circumstances consistent with the provision of safe and effective care;
- And to take action to enable all children to have the best outcomes. (Working Together 2015)

The Business Plan is reviewed at regular intervals and outcomes against each priority and action updated. This is done using information reported by each sub-group to the Priority Delivery Scrutiny and Review Group and to the Board plus other information, for example, from the inter-board protocol arrangements.

The CYSCB *Learning & Improvement Framework*²⁸ outlines the variety of means by which the Board is able to understand the impact of the work undertaken by partners and whether children in York are safe.

²⁸ <http://www.saferchildrenyork.org.uk/cyscb-ways-of-working.htm>

By the end of March 2017, CYSCB had made good progress against all of its priorities as evidenced in this report.

Children & Social Work Act 2017

At the beginning of March 2017, a Board Development Day was held so that Board members had an opportunity to discuss the changes to be brought about by the **Children & Social Work Act 2017**²⁹ (The Act received final royal assent in April 2017)

The Children & Social Work Act makes fundamental changes to statutory safeguarding arrangements for children. Part of this the Act abolishes LSCBs in their current form but will replace this with a new statutory framework for local arrangements.

In March 2017 CYSCB had a Development Day at which all Board members had the chance to discuss what was going well and what they would want to take the opportunity, afforded by the new Act, to change. This discussion will continue at Board meetings in 2017 and a full proposal for the shape of a new partnership will be put to Chief Officers for a decision in early 2018 prior to publication of the new arrangements in March 2018.

Communications

CYSCB has taken advantage of the increasing use of social media to reach more people, public and practitioners. Methods of communication now include email, website, electronic newsletter and a new Twitter account.

Membership, Finances, Structure etc.

Details of membership, finances and the structure of the Board can all be found at Appendices [C](#), [D](#) and [E](#)

Chapter 9: What we have learnt: the priorities and challenges for next year

²⁹ <http://services.parliament.uk/bills/2016-17/childrenandsocialwork.html>

As we move into 2017/18 CYSCB will consider making changes to the way the partnership works in response to the Children & Social Work Act and the new statutory guidance due out at the end of 2017. In the meantime, and going forward, the following areas will be important and will each present challenges:

Maximising capacity and resources

In order to maximise resources and capacity any new arrangements will need to make full use of **partner contributions 'in kind'** to the work of the Board. CYSCB has a strong commitment from partners to the Board and its sub-groups and will want to maintain this, whatever changes are made to the structure of the partnership.

The Inter-Board Protocol will be reviewed, refreshed and developed to ensure full collaboration across partnerships. It may well be that more partnerships are brought into this agreement. This will avoid duplication and maximise the capacity of each partnership to focus on specific priorities whilst working together on cross cutting issues.

In order to maintain the business of the Board (or any new partnership), CYSCB will continue to need a **business unit** which has the capacity to progress the business of the Board and ensure that the partnership functions effectively.

All of the above will require resourcing in terms of a sustainable budget. Current arrangements mean that funding decisions and agreements are made at the Chief Officers Reference and Accountability Group (CORAG). CYSCB, or any new partnership, will continue to need agreements on funding.

Managing partnership and engagement

CYSCB has already begun to work on what the implications of the Children & Social Work Act are for the partnership. Whilst the Act specifies 3 key partners, namely police, the local authority and 'health' – specifically the Clinical Commissioning Group – CYSCB already been judged 'outstanding' because of the strength of its partnerships. CYSCB intends to maintain the commitment from a wide variety of partners to ensure that safeguarding children in York remains the business of all of those who are working with children, young people, their parents and carers, their wider families and also in the forefront of the thinking of the general public.

Work with our colleagues in services for adults continues to be of importance as children and young people are affected by what happens to the adults in their lives. We will continue to do this via 'cross- Board' collaboration and by understanding what children's and adults' services are doing to work together on issues such as adult mental health, human trafficking, modern slavery, radicalisation among others.

Running through everything that the Board does is how we best listen to children and young people and hear what they want to say about the services they receive, the impact of these services and how they feel about their lives. Whatever form the Board takes in the future, there is commitment to ensuring that the 'voice' of children and young people in York is fundamental to the work of the partnership. CYSCB will encourage partners to look for new

ways to engage *with* children and young people and to engage children and young people *in* service revision and development across the city.

Ensuring a focus on vulnerable groups

The key priorities of the Board remain as important as ever in the focus of the Board on vulnerable children and young people. These priorities have remained as:

- Early Help
- Neglect
- Child Sexual Abuse and Exploitation
- Children Missing from Home, Care and Education
- Children Affected by Domestic Abuse

but within each of these the Board has considered a wide variety of issues and learnt about new and upcoming issues as they emerge.

The impact of neglect, for example, has recently been recognised not just as an issue which affects very young children but also one which affects adolescents. The signs and symptoms of adolescent neglect are different from those with which practitioners are traditionally familiar. CYSCB has ensured that practitioners are made aware of these via the Neglect Strategy, the One Minute Guide and in multi-agency training.

Social media and its use and misuse has become increasingly evident during 2016/17. Young people's lives are now affected in different ways in terms not only of the potential of online grooming, but by bullying online or by simply having their lives opened up to the scrutiny of others. CYSCB has included information on this in training and media outputs and continues to learn from national research and guidance.

During 2016 the Board began to seek information about the safeguarding of disabled children as a discrete issue. This is, as research shows, a group who are particularly vulnerable to abuse and neglect and CYSCB is keen to understand what partners' arrangements are for safeguarding this group of children and young people.

CYSCB will continue to keep pace with emerging vulnerabilities such as human trafficking and modern slavery, and to agree with our partners and other strategic boards (including cross border arrangements with other local authorities), how CYSCB can support those taking the lead on these issues. The CYSCB will have a focus on the particular impact on children and young people.

Embedding learning and improvement.

The training delivered in 2016/17 was planned and commissioned in response to a full learning needs analysis carried out with Board partners including sub-group chairs and members. A further learning needs analysis has taken place to plan and commission training

for 2017/18. In addition to training in the priority areas, training in 2017/18 will include issues such as modern slavery and human trafficking, jointly with adult services. Safeguarding disabled children and the 'voice of the child' will run throughout all of the training delivered by CYSCB.

Whilst no Serious Case Reviews were commissioned in 2016/17, CYSCB has learnt from a local Learning Lessons Review and disseminated that learning to practitioners across the spectrum. Via the Case Review Group and PPSRG, CYSCB will continue to learn from local reviews – multi- and single-agency – and to review the recommendations from national SCRs against local practice.

The themed audit work undertaken by PPSRG is planned against CYSCB priorities but the schedule will remain flexible and responsive to emerging themes and issues.

Children & Social Work Act 2017

The most significant challenge for 2017/18 and the following year will be the changes brought about by the Children and Social Work Act 2017. CYSCB awaits the new 'Working Together' guidance to be published later in 2017 for an indication of what local safeguarding arrangements will look like. In the meantime, however, Board members are already reviewing current arrangements and discussing how the new partnership might look. There will be inevitable changes to the case review arrangements and to CDOP. Having had the current arrangements endorsed by the Ofsted judgement, CYSCB will not be making changes simply for changes' sake but sees this as an opportunity to enhance arrangements which are already working well. A proposal on new arrangements will be prepared for Chief Officers and Board members to consider with a view to being ready to publish and to move to new arrangements when the Department for Education requires it.

Chapter 10: Key messages for readers

For children and young people

- Your ‘voice’ – your wishes and feelings – are important to us. We are encouraging our partners to find new ways of listening to you.
- We ask our partners not just to listen to you but to include your ‘voice’ in developing and improving their services
- We want York to be a safe and happy place for you to grow up in.

For the community

- You may be best placed to know what is happening in your community.
- If you have a concern about a child or a young person, contact the Children’s Front Door (contact details below) with as many details as you can.
- If your concern is about someone being at immediate risk of harm, contact the police.

For City of York Safeguarding Children Board partners and organisations

- Please ensure that the voices of children and young people are informing your service development and improvements.
- Be aware also of ways of listening to children who are pre- or non-verbal and have other ways of communicating.
- Be aware of the statutory functions of a Local Safeguarding Children Board and of the potential changes to arrangements in response to the Children & Social Work Act 2017.
- The Board welcomes your assurance through a variety of means – assurance reports, audits, updates to sub-groups – that your agency is aware of the importance of safeguarding children and young people.
- As a representative on CYSCB you are also representing the frontline practitioners in your organisation. The Board is keen to hear what they have to say.
- Ensure your workforce is able to attend training courses and learning events and to take opportunities to give views and feedback on training development (either single or multi-agency).
- As a representative of your organisation, make sure that you share the responsibility for delivery of the work of the Board.

For schools:

- Be aware of guidance for schools on safeguarding children and alert to any changes or updates.

- Take advantage of the safeguarding training which is on offer to your designated leads and to others.
- Be aware of, and compliant with, safer recruitment processes.

For practitioners:

- Be aware of what your LSCB can do for you: newsletters, website (news, guidance, policy, procedures), regular Twitter feed, training online and face to face.
- Your views are important to CYSCB. Find out who your organisation's representative is on the Board or give feedback via 'contact us' on the CYSCB website. (Membership details at [Appendix C](#) or contact details below.)
- Listen to the voices of children and young people in your assessments and be aware that some of the most vulnerable children – very young, disabled etc. – can be at higher risk of abuse than others but may find it more difficult to communicate.
- Understand that while some issues such as CSE, Modern Slavery, Human Trafficking and FGM seem more prevalent in other areas, they do happen in York.
- However, remember that the 'usual suspects' of domestic abuse, neglect, inter-familial sexual abuse and emotional abuse are still happening.
- Take advantage of the multi-agency safeguarding training which is offered by CYSCB here: <http://www.saferchildrenyork.org.uk/learning-and-development.htm>

For everyone:

Remember that

'Safeguarding is everybody's business'

If you have safeguarding concerns about any child or young person please act on them; you might be the only one who notices.

Contact details for the Board

CYSCB website

<http://www.saferchildrenyork.org.uk/>

Twitter: @YorkLSCB

CYSCB Chair: Simon Westwood CYSCB Manager: Juliet Burton

CYSCB, City of York Council,
West Office, Station Rise,
York,
YO1 6GA

<http://www.saferchildrenyork.org.uk/contact-us.htm>

How to report concerns about a child or young person

If you have a concern that a child is vulnerable or at risk of significant harm please contact the Children's Front Door:

Phone for advice: **01904 551900**

or, using a referral form:

Email: childrensfrontdoor@york.gov.uk

Post: The Children's Front Door, West Offices, Station Rise, York, YO1 6GA

Out of hours please contact the Emergency Duty team on: 01609 780780

More information and a referral form are available at:

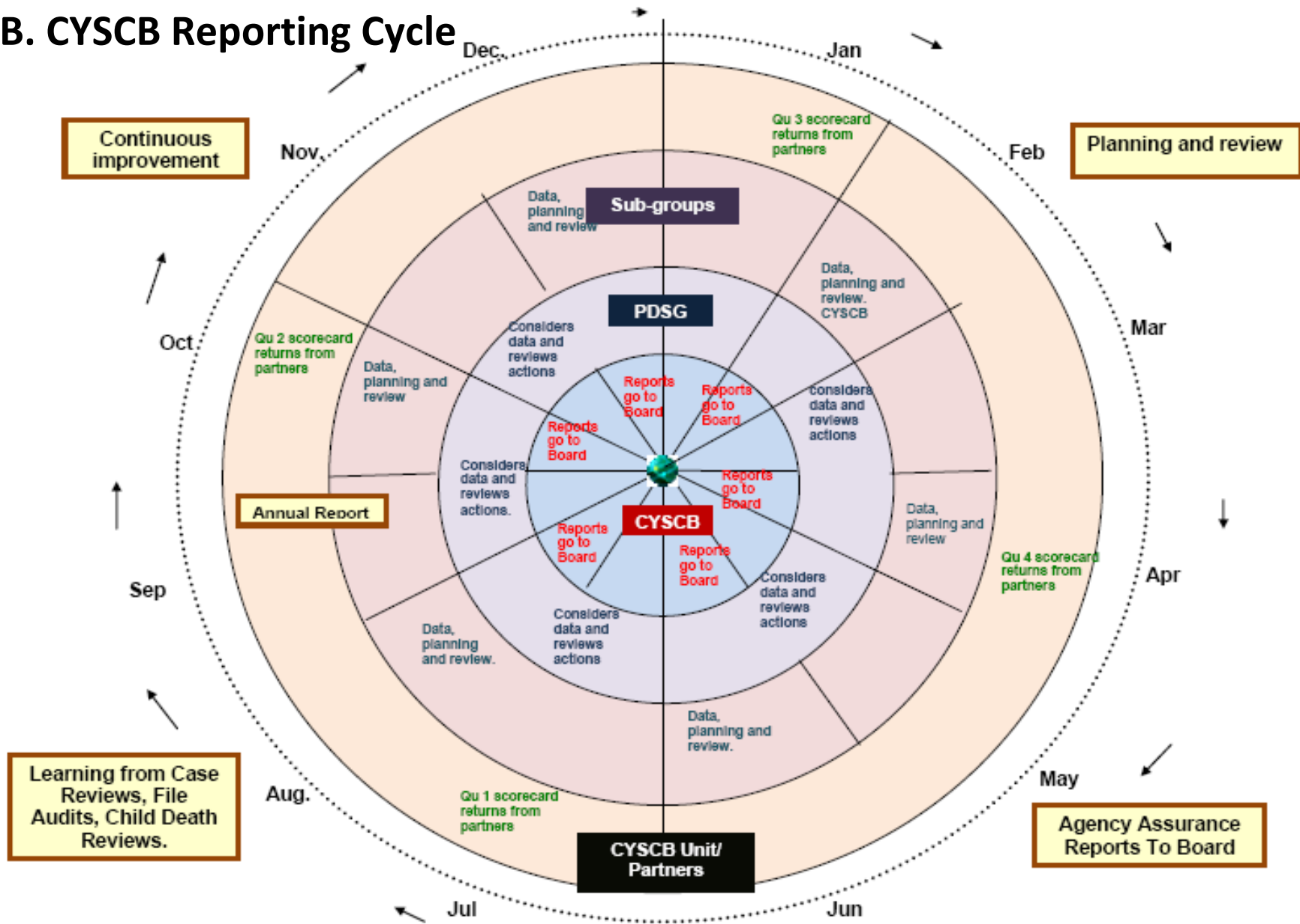
<http://www.saferchildrenyork.org.uk/concerned-about-a-child-or-young-person.htm>

Appendix A. Illustrative Scorecard

CYSCB has a scorecard for each priority sub-group. This is just an example of some of the data from these and from the overall Board scorecard. (CYSCB only ever has the numbers and percentages; it never has the individual names.)

CYSCB Priority	Example of Performance Indicator
Early Help	Percentage of cases not meeting CSC threshold, signposted for early help (with consent)
Neglect	Percentage of Children's Social Care Single Assessments in which neglect identified as a factor
	Rate (per 10,000 population) of hospital inpatient admissions caused by unintentional or deliberate injuries to children 0-19 (inclusive)
Child Sexual Abuse and Exploitation	Percentage of all Child Protection listings which are under category of sexual abuse
	Number of young people from York identified by North Yorkshire Police as at risk of CSE
Missing from Home, Care or Education	Number of episodes of Missing from Home or Care recorded by Children's Social Care
	Number of children reported as Children Missing Education (CME)
Domestic Abuse	Percentage of incidents of Domestic Abuse recorded by the police in which children were present.
	Number of children provided with one-to-one support by the Independent Domestic Abuse Service.
Safeguarding Children with Disabilities	Percentage of referrals to children's social care going on to assessment where the child has a disability
	Number of children with a disability subject to a Child Protection Plan

Appendix B. CYSCB Reporting Cycle



Appendix C. Members of City of York Safeguarding Children Board (31 March 2017)

Independent Chair

Name	Title	Organisation
Simon Westwood	Independent Chair City of York Safeguarding Children Board	City of York Safeguarding Children Board

Health

Name	Title	Organisation
John Pattinson	Deputy Director of Nursing	NHS England, North Yorkshire and Humber Area Team
Michelle Carrington	Chief Nurse	NHS Vale of York CCG
Bev Geary	Chief Nurse – represented by Sue Roughton	York Teaching Hospital NHS Foundation Trust
Karen Hedgley	Designated Nurse for Safeguarding Children	North Yorkshire & York CCG
Sue Roughton	Head of Safeguarding (Children & Adults) <i>representing Chief Nurse Bev Geary</i>	York Teaching Hospitals Foundation Trust
Simon Berriman (not attending – information only)	Liaison officer	North Yorkshire Local Medical Committee
Sarah Snowden	Designated Doctor for Safeguarding Children	North Yorkshire & York CCG
Karen Agar	Directorate of Nursing and Governance, Tees Esk and Wear Valleys NHS Foundation Trust	TEWV

LA Public Health

Name	Title	Organisation
Jayne Andrews	Nurse Consultant in Public Health	City of York Council Public Health

Education

Name	Title	Organisation
Lorna Savage	Secondary School Head Teacher	Secondary Schools
Zoe Lightfoot	Primary School Head Teacher	Primary Schools
Tricia Head	Pupil Referral Unit Head Teacher	Danesgate School
Matthew Grant	Designated Safeguarding Lead	St Peter's School

LA Children and Young People Services

Name	Title	Organisation
Jon Stonehouse	Director of Children's Services, Education and Skills	City of York Council, Children's Social Care
Eoin Rush	Assistant Director Children's Services, Education and Skills	City of York Council, Children's Social Care
Dot Evans	Head of Service (Operations)	City of York Council Children's Social Care
Alan Hodgson	Early Help Group Chair	City of York Council, Youth Services and CTU
Niall McVicar	Head of Early Help	CYC

LA Housing Services

Name	Title	Organisation
Tom Brittain	Head of Housing Services	City of York Council, Housing Services

LA Adults Services

Name	Title	Organisation
Kyra Ayre	Head of Safeguarding Adult Social Care	City of York Council
Martin Farran	Director of Adult Social Care	CYC

Safeguarding Adults' Board

Name	Title	Organisation
Kevin McAleese	Independent Chair	Adults Safeguarding Board

National Probation Service & Community Rehabilitation Service

Name	Title	Organisation
Louise Johnson	Area Manager (Public Protection)	York & North Yorkshire Probation Trust
Vikki O'Brien	LDU Director	Humberside, Lincolnshire and North Yorkshire CRC Ltd

North Yorkshire Police

Name	Title	Organisation
Lisa Winward	Assistant Chief Constable	North Yorkshire Police
Nigel Costello	Detective Chief Superintendent	North Yorkshire Police

Prison Services

Name	Title	Organisation
Paul Simpson	Head of Offender Management, Safer Prisons and Quality	HMP Askham Grange

Cafcass

Name	Title	Organisation
Kim McDonnell	Service Manager	CAFCASS

Lay Member

Name	Title	Organisation
Barry Thomas	Lay person	

Voluntary Sector

Name	Title	Organisation
Sarah Armstrong	Chief Executive	York CVS
Debra Radford	Children's Service Manager	NSPCC
Sarah Hill	Director, IDAS	Independent Domestic Abuse Service

Yorkshire Ambulance Services

Name	Title	Organisation
No designated individual (represented by Karen Hedgley)		Yorkshire Ambulance Service NHS

Local Authority Legal Services

Name	Title	Organisation
Melanie Perara	Deputy Head of Legal Services	City of York Council

Local Authority Communications

Name	Title	Organisation
Megan Rule	Communications Officer	City or York Council

CYSCB Officers

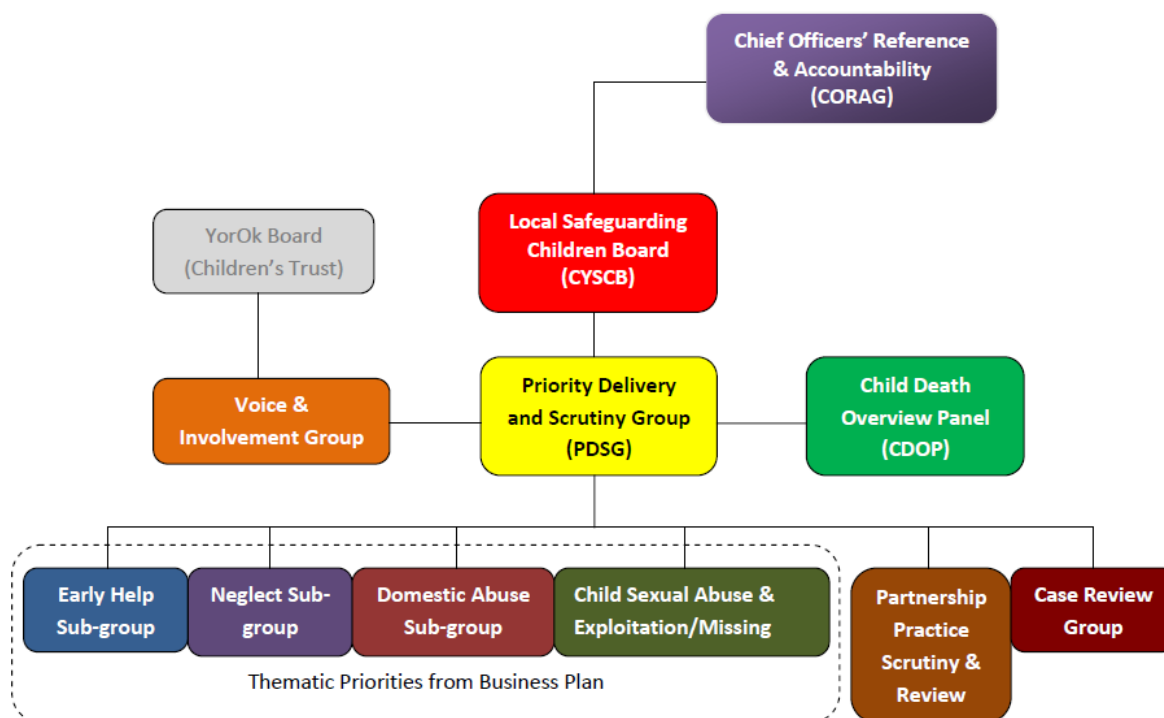
Name	Title	Organisation
Juliet Burton	CYSCB Business and Performance Manager	CYSCB
Caroline Williamson	Safeguarding Advisor Education	CYSCB

Anna Wynne	Performance & Governance Officer	CYSCB
Laura Davis	Workforce Development Advisor (Safeguarding)	CYSCB
Marie Pearson	Business Support Officer	CYSCB

Elected Member Participant Observer

Name	Title	Organisation
CLlr Stuart Rawlings	Cabinet Member, Education, Children & Young People	City of York Council

Appendix D. The Board and sub-group structure



CORAG

Chief Officers from all agencies in York take their responsibilities equally seriously and following a request from the Independent Chair they established a unique mechanism – the Chief Officers' Reference and Advisory Group (CORAG) - to maintain focus and progress. CORAG meets regularly, and includes the senior officers from the Council, the Police, Health partners, and the Independent Safeguarding Board Chairs. Its purpose is not in any way to replace the statutory functions of the LSCB; rather, CORAG serves to ensure that the LSCB can at all times maintain a clear focus on keeping children safe, by swiftly removing any blockages to progress. Its existence offers a powerful demonstration to all staff across all agencies in York that there is no higher priority for any of the agencies than safeguarding children.

Sub-groups

The change of the board structure in April 2015 to one more driven by priorities means performance reporting is more closely aligned to the priorities set by the Board and relayed in the Annual Report. Currently these priorities are:

- Early help
- Neglect

- Child Sexual Abuse and Exploitation
- Children Missing from Home, Care and Education
- Domestic Abuse

Four sub-groups focus specifically on those 5 priorities:

- **Early Help group** – reports to both the CYSCB and YorOk (Children’s Trust) Board.
- **Neglect Sub-group**
- **Child Sexual Abuse and Exploitation/Missing from Home and Care sub group** (one Sub-group looking at both priorities in terms of vulnerability and exploitation.)
- **Domestic Abuse Sub-group**

These sub-groups may be task focused and time limited depending on the scale of the need and the level of challenge required.

Four of the sub-groups are ongoing and carry out the business of the Board:

- **Voice and Involvement** – looks at the voice of children and young people throughout the whole spectrum of intervention and across all agencies. It seeks to hear and to enhance the input of children and young people into service delivery and planning. The Sub-group reports both to CYSCB and to the YorOk (Children’s Trust) Board
- **Partnership Practice Scrutiny and Review** – carries out the auditing of case file material on the Board’s behalf. Auditing is based around themes identified by the group itself or in response to other case reviews or local and national priorities.
- **Case Review Group** – considers cases referred for review – Serious Case Review or other form of review – and refers decisions and recommendations to the Independent Chair and the National Panel of Experts. This group also reviews and challenges action plans in response to case reviews – either single- or multi-agency.
- **Child Death Overview Panel (CDOP)** – co-ordinated on CYSCB’s behalf by North Yorkshire LSCB. Cross border scrutiny and analysis of all child deaths and reports and data are also disaggregated and analysed for York.

The final sub-group, the **Priority Delivery Scrutiny and Review Group** serves as the co-ordinating body for the Board. This Sub-group monitors and analyses the performance and quality of interagency safeguarding practice, of learning activities and progress against priorities.

Appendix E. The Board's Finances

Budget

Expenditure (£)	2016-17	Income (£)	2016-17
		Balance B/fwd	-£53,118
Staffing	£143,086	CYC Children's Services	£66,738
Training Budget	£15,000	Vale of York CCG	£69,436
Information/Miscellaneous	£6,781	Police: North Yorkshire Police	£25,680
Recharges	£18,840	CYC Education and Skills	£2,000
Child Death Review Grant	£12,000	NPS North Yorkshire and CRC	£2,250
Serious Case Reviews	0	Schools	£50,000
Independent Chair	£21,109	CAFCASS	£550
		Others	0
		Child Death Review Grant	£12,000
		Serious Case Review	0
	£201,816		£225,954
Balance C/fwd		C/fwd	-28,980
	£201,816		

The year-end budget shows a small in-year surplus of £24,138, significantly reducing the overall deficit to £28,980 (from £53,118 the previous year.)

The CORAG group has discussed current and future funding arrangements, and will agree the future budgets each year. It has previously been agreed that any funding required for Serious Case Reviews will be met via contributing agencies as the need arises, most probably through contingency funds.

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Annual Report 2016/2017 Executive Summary



**Working with children, families
and professionals to make our
children's lives safer**

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'Safeguarding is everybody's business'

About this Document

This document is a short summary of the 2016-17 Annual Report for the City of York Safeguarding Children Board. The full report, with additional supporting information as appendices, is available on the Safeguarding Children Board website at: <http://www.saferchildrenyork.org.uk/annual-reports-and-business-plan.htm>

Foreword by the chair

The key purpose of this report is to assess the impact of the work the City of York Safeguarding Children Board and its partners have undertaken in 2016/17 to improve safeguarding outcomes for children and young people in York. The work of the board continues to be driven by its vision:

“For all the children of York to grow up in safety and to always feel safe.”



I am delighted to tell you that during the year the Board was judged Outstanding by Ofsted, one of only three in England to achieve this. This is recognition for the incredible work of all the people in York who work day to day with children and young people to keep them safe.

I am particularly pleased that Ofsted recognised that a key to the success of the board is the explicit focus on understanding the perspectives of children and young people by asking for and listening to their views and, most importantly, acting on them. This reflects well the culture of partnership working in York.

As we move into 2017/18 the Board will consider making changes to the way the partnership works in response to the Children & Social Work Act 2017 and the new statutory guidance due out at the end of the year. Having had the current arrangements endorsed by the Ofsted judgement, the CYSCB will not be making changes simply for changes' sake but see this as an opportunity to enhance arrangements which are already working well.

In the meantime, and going forward, the following key strategic aims will be important and will each present a challenge:

- Maximising capacity and resources
- Managing partnership and engagement
- Ensuring a focus on vulnerable groups
- Embedding learning and improvement

The board demonstrates respectful, rigorous and tenacious challenge to partners and agencies and we are ambitious to continue to improve.

In 2017/18 we will complete a revision of the thresholds for access to services and monitor the impact of implementation of the Early Help Strategy in partnership with the YorOK Board; work in partnership with Safer York to ensure that the needs of children affected by domestic violence are recognised and responded to; develop further understanding of how to better safeguard disabled children; continue to monitor the implementation of the neglect strategy; monitor action plans arising from the inspections of safeguarding in partner agencies; and continue to seek further assurance about how access to mental health services for young people is being improved, building on the excellent work done in schools through the Schools Wellbeing Workers which was extended in 2016 to all schools in York.

Finally, if you have safeguarding concerns about any child or young person please act on them; you might be the only one who notices.

Simon Westwood, Independent Chair
City of York Safeguarding Children Board



The City of York Safeguarding Children Board (CYSCB) is one of the Local Safeguarding Children Boards (LSCB) across the country which was set up by the Children Act 2004 and Working Together (2015)¹. An LSCB monitors and supports safeguarding practice and provides an overview to the coordination of agencies working together. The CYSCB website provides information about the work of the Board and our current membership. Advice, guidance, along with links to websites where further information and guidance, can also be found on our website <http://www.saferchildrenyork.org.uk/>

This is an Executive Summary of our much longer Annual Report which gives details of our work and achievements during 2016/17. We believe that our Board partners have worked well together in carrying out their work to safeguard children. This has been endorsed by the Ofsted review in 2016 which judged our Board to be 'Outstanding'.



¹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf



Some facts and figures

York has a population of 206,900² with the number of children aged 0-18 recorded as 44,300 in 2015³. York has become more culturally and religiously diverse in the last few years. Further detailed demographic information on York is available online on the York Health and Wellbeing website⁴ and in the City of York Council Plan 2015-2019⁵.

There are 69 schools in York: 51 primary schools; 9 secondary schools; 6 independent schools; 2 special schools and 1 pupil referral unit (Danesgate). Many of these schools are schools are converting into academies during 2017/18. York also has 422 early years' providers and over 100 voluntary organisations offering services for children and young people.

CYSCB monitors information and data provided by the partner organisations who are members of the Board. This ensures us about safeguarding work across York for children and young people. We know, for example that:

- The number of re-referrals within a 12 month period to Children's Social Care has more than halved since the beginning of the year.
- The percentage of referrals in which Child Sexual Exploitation is a concern at the point of referral remains low in comparison with other factors such as domestic abuse and neglect.

- In line with previous years, the majority of children subject to a child protection plan (54%) are listed under the category of neglect
- **100% of children missing from education were located**
- During the year the percentage of children aged 0-4 who live in the most deprived 10% of local areas were registered with a Children's Centre rose by 8% to 88%.
- The number of children in the care of the local authority in 2016/17 has remained consistent with last year (204 at year end). This is a rate of 55 per 10,000 children which is lower than the rate for the region and nationally (63;60)
- By the end of March 2017, 97.5% of year 12/13 children (aged 16 and 17) who have an EHCP or Statement of Special Needs were in employment, education or training which compares favourably with regional and national percentages (93.2% and 92.7%).
- 2016-2017 has seen a **reduction in first time entrants to the youth justice system**, 385.46 (per 100,000 of 10-17 year old population) compared to 477 the previous year.
- Child Sexual Exploitation is being recognised more as a possible concern for young people accessing sexual health services.

² <https://www.nomisweb.co.uk/reports/lmp/la/1946157112/report.aspx?town=york#tabrespop>

³ https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview/area-search-results/E12000003?search_type=list-child-areas&place_name=Yorkshire and the Humber

⁴ <http://www.healthyork.org/>

⁵ https://www.york.gov.uk/downloads/file/7880/council_plan_2015-2019



What children and young people have told us

It is a priority of our Board that children and young people in York should be heard and that their wishes and feeling should inform the delivery of services. We have found ways to understand how agencies are using the views of children and young people to influence the delivery of services and that all children and young people are treated respectfully. The joint **Voice and Involvement Strategy** had been agreed by the YorOK Board and the City of York Safeguarding Children Board for 2014-2017.

During 2016/17:

- A project called **'Aspire to More' ran for children and young people in care to meet care leavers that have faced challenges and gone on in their lives to become a success**. The aim of the project was to raise the group's aspirations, open their minds to the possibilities of promising and inspiring futures.
- The Children's Rights and Advocacy Service received a total of 66 referrals for advocacy; 47 in relation to children and young people in care; 16 in relation to children subject to child protection plans; and 3 to support a young person to make a complaint.

...record turnout of 5,570 votes with public transport as the main focus

- York Youth Council⁶ worked in schools across York to support the "Make Your Mark" vote to give young people an opportunity to have their say about issues they want the UK Youth Parliament to debate at the annual Youth Parliament House of Commons debate. There was a record turnout of 5,570 votes with public transport as the main focus.
- York Youth Council successfully piloted a bike library at Canon Lee Secondary School, are now working with Welcome to Yorkshire, Yorkshire Bank and a local cycling group to develop a wider community bike library.
- The "Minding Minds Award" campaign is now used by schools to support their students to better deal with stress, balance academic study with wellbeing and improve overall mental health.

In 2016/17 CYSCB requested that questions about child protection processes be included, along with questions about being in care, in the U Matter survey for children and young people in care:

- 44% of the young people felt their experience of being on a child protection plan was either good or very good
- A large proportion (65%) of young people stated that their experience of care was quite good or very good.

⁶ <https://yorkyouthcouncil.com/>



There is still further work to be done to ensure that children and young people have the opportunity to be heard and in 2017/18:

- A new Voice and Involvement Strategy will be drafted.
- The terms of reference of the CYSCB Voice and Involvement Group will be reviewed.
- A “Review of Voice”, with a focus on workforce development and ‘voice’ of disabled children will take place.
- Work will take place to improve ‘voice’ arrangements at an early help level.

44% of the young people felt their experience of being on a child protection plan was either good or very good



How we are doing as a partnership?

CYSCB set 5 priorities last year for the sub-groups to work on. The Annual Report has looked at progress against these thematic priorities and against other work to safeguard children.

During 2016/17 work has been ongoing on the re-modelling of **Early Help** services. And the Local Area Teams or 'LATs' were established in January 2017. Each of the three multi-agency teams covers one of three defined geographical areas of York to provide direct intervention or to broker packages of 'team around the family' support.

Audit of early help assessments during 2016/17 indicated that some early help practitioners struggle with robust analysis. Capturing the 'voice of the child' in early help assessments is improved but 'more ways of capturing the 'voice' of pre- and non- verbal children is being explored. This is being picked up by the CYSCB 'Voice & Involvement Sub-group'.

The **Neglect** Sub-group organised a Neglect Event which was held in July 2016 for practitioners from all organisations working with children. An early draft of the Neglect Strategy was shared at this event. CYSCB published the new multi-agency Neglect Strategy in December 2016.

CYSCB published the new multi-agency Neglect Strategy in December 2016

Social Workers and practitioners in the Healthy Child 0-19 Service (Health Visitors and School Nurses) were trained to use the Graded Care Profile, a form of assessment specifically designed for situations in which the main issue is neglect. CYSCB looks forward to an evaluation of how the assessment has changed the recognition of neglect.

...an evaluation from children and young people who had taken part in the 'It's Not Ok' campaign' was overwhelmingly positive.

In 2016 the It's Not Ok campaign – aimed to raise awareness amongst professional and public about **Child Sexual Abuse and Exploitation** - came to an end with a closing event on 5 July attended by Peter Wanless, Chief Executive Officer of the NSPCC. The campaign had a huge reach and an evaluation from children and young people who had taken part in the 'It's Not Ok' campaign' was overwhelmingly positive. Young people described their raised awareness of child sexual abuse and exploitation. A presentation on the campaign was extremely well received at the national NSPCC conference and the campaign has also been taken up by other local authority areas.

In 2017 the Sub-group will continue to consider Sexually Harmful Behaviour by children and young people with a task and finish group set up to progress this work.



Changes to communication methods with North Yorkshire Police have resulted in Children's Social Care being able to respond much more quickly to situations of **Children and Young People Missing from Home or Care**.

In September 2016, new Department for Education (DfE) Guidance was introduced for schools on **Children Missing from Education** (CME). This means that all schools must make a return to their local authority when about to remove any pupil from their register due to a non-standard transition. The focus on schools seeking destinations, and the inclusion of independent schools, has led to the increase in contacts from schools to the local authority about CME. 100% of children reported as missing from education during 2016/17 were located.

In March 2016 CYSCB set up a Domestic Abuse sub- group to consider **Children affected by Domestic Abuse** in response to an apparent significant increase in the numbers of children recorded by North Yorkshire Police as being present at Domestic Abuse incidents.

The sub group carried out a significant amount of work to identify the scale of the issue regarding children and young people and the services currently provided for children and young people experiencing (including perpetrating) domestic abuse. The group will report to CYSCB in July 2016 and the report will then go on to the Safer York Partnership (SYP).



The group found that the in the percentage of incidents at which children were present and an overall increase in the numbers of these children was likely related to better training of police officers attending and greater awareness of the impact of domestic abuse on children and young people. The same could be said of the high percentage of enquiries and referrals to Children's Social Care in which domestic abuse was a factor.

In October 2016, CYSCB worked with our North Yorkshire equivalents and the Adult Safeguarding Boards and Community Safety Partnerships to deliver **Safeguarding Week**. The focus was on domestic abuse. During the month before there was a poster campaign across the city promoting and signposting to the services plus a media campaign using the local press and social media. The feedback from National Safeguarding Week in York was very positive. It demonstrated excellent partnership working.

In 2015/16, CYSCB had added an additional priority of **Female Genital Mutilation** to understand the prevalence in York. New guidance on FGM is now in regular use and awareness-raising is embedded in training included multi-agency safeguarding training for practitioners and safeguarding training for all schools (including independent schools) and for midwifery services.

Significant work went into the creation of a **City of York Inter-Board Protocol** in 2016. In 2016 the Independent Chair of the CYSCB initiated work to develop the draft joint protocol between CYSCB, the Health and Wellbeing Board and with the Children's Trust (YorOk) Board to include the Safeguarding Adults Board and Safer York Partnership. The protocol was signed off in September 2016. The City of York Inter-Board Protocol ensures that strategic Boards work together to achieve the best outcomes and avoid duplication.

The City of York Inter-Board Protocol ensures that strategic Boards work together to achieve the best outcomes and avoid duplication.

The Board receives and discusses partners' work with children and young people:

- The number of re-referrals within a 12-month period to Children's Social Care has more than halved since the beginning of the year and is below national averages.

- 2016-2017 has seen a reduction in first time entrants to the youth justice system
- The Children's Referral and Assessment Team have recorded 4,446 enquiries to Children's Social Care in of 2015-16.
- At the end of March 2017, 171 there were children subject to a Child Protection Plan. Most were listed under the category of neglect.
- The number of children in the care of the local authority in 2016/17 has remained consistent with last year at 204 at year end which is lower than the rate for the region and nationally.
- By the end of March 2017, 97.5% of year 12/13 children (aged 16 and 17) who had special needs were in employment, education or training which compares favourably with regional and national percentages.

Individual Board partners have submitted regular assurance reports to Board on what their organisation has done to safeguard children. This, along with audit work, enables CYSCB to discuss, support and challenge action, performance and outcomes. Partners have also contributed with full reports on their safeguarding activities throughout 2016/17 and these are included in our full annual report. A wide range of developments and innovations have taken place all of which play a part in keeping children and young people in York safe.



Formal audits and reviews

CYSCB carries out audits and reviews to ascertain whether there are lessons to be learned. This in turn informs the kind of training that CYSCB needs to commission and feeds into each sub-group so that the sub-groups and the Board know where to focus attention.

- A '**Section 11 audit**' is an exercise defined by the Children Act 1989 to ask our partners a series of questions each year what arrangements they are making to safeguard children. This covers subjects like: safer recruitment; policies and procedures; roles and responsibilities; and training and development. There were no glaring concerns found in the responses of partners to the audit which was reassuring for both Boards. Because arrangements for Local Safeguarding Children Boards will be changing over the next two years in response to the Children & Social Work Act 2017, CYSCB and our colleagues in the North Yorkshire Board decided that the Section 11 Audit will not necessarily take place every year from now on. A small task group will work how the audit will be conducted going forward.
- Our Partnership, Practice, Scrutiny and Review Group brings together a multi-agency group of professionals to carry out **case audits in relation to agreed themes**. A comprehensive forward plan of audits is agreed in line with Board and in response to issues highlighted nationally.

During the year the themes for audit were:

- Multi-Agency Risk Assessment Conferences (MARAC) (Domestic Abuse Conferences)
- Recording of safeguarding enquiries between agencies
- Core Groups (Child Protection front line meetings)

Findings from these audits were shared via CYSCB's communication channels, shared with CYSCB partners, (who were asked to disseminate the findings throughout their organisations and give assurance that findings were noted and actions taken.) Findings also inform multi-agency training.

An outcome of these audits was that actions were taken that include:

- The tightening of recording processes for all partners including police and health colleagues.
- Assurance that actions from multi-agency meetings were shared with the relevant agencies and acted upon.
- Themes in regarding recording of safeguarding enquiries and actions have been used in multi-agency training workshops.

There have been no Serious Case Reviews (SCR) undertaken in 2016/17 although one case was considered for SCR by the Case Review Group. It was the decision of the CRG that this case did not meet the criteria for either a SCR or a Learning Lessons Review (LLR).



This decision was endorsed by CYSCB's Independent Chair and upheld by the National Panel of Independent Experts. A review of this case will be carried out by an alternative means although CYSCB will be involved.

One **Learning Lessons Review** was completed. The findings were shared with the neglect Sub-group and actions resulting from this included a programme of workshops for practitioners.

Among others, actions resulting from reviews from previous years include:

- guidance developed on the assessment of injuries to non-mobile children along with an information guide for parents and carers;
- York Teaching Hospital Foundation Trust's new policy requiring practitioners to record children as 'Was Not Brought' rather than as 'Did Not Attend' when they hadn't attended medical appointments. The policy reminds health professionals that children do not 'take themselves' to appointments.

The Case Review Group also reviews SCRs from other local authorities and uses some of the recommendations from these to check local practice and to inform multi-agency training.

CYSCB works with the North Yorkshire Safeguarding Children Board to review the **deaths of children** in York and North Yorkshire to learn any lessons that may help other children and families in the future. The Child Death Overview Panel (CDOP) reviewed the 14 child

deaths in 2016-17; 6 were 'expected' and 8 'unexpected'. (An unexpected death means that the child became ill very suddenly having previously been relatively, or completely, well, or has suffered a sudden traumatic experience (like a road traffic accident.)) Very few of these were found to have any potentially modifiable factors.

A full CDOP Annual Report for 2016/17 is available on our website⁷.

Investigations regarding **allegations about professionals** working with children or young people are coordinated by the Local Authority Designated Officer (LADO) For the majority of 2016/2017 the LADO function was managed on behalf of City of York Council by North Yorkshire County Council as a transition while a new LADO post was established in York following restructure. The permanent City of York LADO was appointed in February 2017 and the full service returned to York. There were:

- 89 contacts to the LADO service in 2016/17.
- 58 of these were referrals for further action.

Most of these enquiries were about allegations of physical or sexual abuse.

There were more LADO consultations and referrals than in previous years but this is in line with trends across the region and nationally. This is believed to be linked to greater awareness of the role of the LADO by employers, professionals and members of the public.

⁷ www.saferchildrenyork.org.uk/annual-reports.htm





During 2016/17, CYSCB introduced a new model and approach to **multi-agency training and learning** as a result of the restructure of the Board with a dedicated Workforce Development Advisor to undertake learning needs analysis work and then commission and evaluate multi-agency training on behalf of the board. In October 2016 the Board published a new Training, Learning and Development Strategy 2016-2019 ensuring that people who work with children and their families are appropriately knowledgeable, skilled and competent.

During 2016/17 a range of courses have been delivered on the following topics, which are linked to the Board's priorities:

- An Introduction to MARAC and MAPPA
- Domestic Abuse Managing Risk & Supporting Families
- Online Safety
- Safeguarding Disabled Children
- Voice of Fathers and Partners in Assessment
- Working Together to Safeguard Children
- Working Together for Education Designated Leads

A range of e-learning packages is also available via the CYSCB's website, In total, there were 627 attendances at 25 courses in the year.

At the end of each course, participants are asked to complete an evaluation form. The average evaluation scores on how well the courses met the learning objectives, the quality of learning resources, the presentation style and subject knowledge of the presenters are generally good to excellent.

Attendees are asked about how likely they are to change the way they do things as a result of the training. Average scores indicate that attendees are likely, or very likely, to change things as a result of training commissioned by the Board. Practitioners have also been asked how their practice has changed 3 to 6 months after the training and again the examples given were very positive.

The **School Safeguarding Advisor** delivered 26 training sessions during 2016-17; this included whole school training, both to maintained and to independent schools in the city. Updates were delivered to Education Designated Safeguarding Leads every 6 months. These were well attended and the feedback from the sessions was very positive. Safeguarding training was also provide for taxi drivers and for school governors and staff on safer recruitment.

...the quality of learning resources, the presentation style and subject knowledge of the presenters are generally good to excellent.



Priorities and challenges for next year

In 2016 CYSCB was judged to be 'Outstanding' by Ofsted. The Board's first challenge therefore is not to be complacent but to continue to learn and develop. There will be changes over the next two years to the way the partnership works in response to the **Children & Social Work Act 2017** and the new statutory guidance about what safeguarding arrangements should include. This is due out at the end of 2017.

CYSCB has a strong commitment from partners to the Board and to all its sub-groups and will want to maintain this, whatever changes are made to the structure of the partnership to maximise capacity and resources.

Managing partnership and engagement

CYSCB intends to manage partnership and engagement to maintain the commitment from a wide variety of partners to ensure that safeguarding children in York remains the business of all of those who are working with children, young people, their parents and carers, their wider families and also in the forefront of the thinking of the general public. This includes working with our colleagues in adult services and to have 'cross-Board' collaboration via the Inter-Board Protocol.

Whatever form the Board takes in the future, there is commitment to ensuring that the 'voice' of children and young people in York is fundamental to the work of the partnership.

The key priorities of the Board remain as important as ever in the focus of the Board on vulnerable children and young people.

Social media and its use and misuse has become increasingly evident during 2016/17. Young people's lives are now affected in different ways in terms not only of the potential of online grooming, but bullying online or simply having their lives opened up to the scrutiny of others. During 2016/17 the Board has begun to seek information about the safeguarding of disabled children as a discrete issue. CYSCB will continue to keep pace with emerging vulnerabilities such as human trafficking and modern slavery, and to agree with our partners and other strategic boards (including cross border arrangements with other local authorities), how CYSCB can support those taking the lead on these issues. The CYSCB will have a focus on the particular impact on children and young people.

Embedding learning and improvement

The training delivered in 2016/17 was planned and commissioned in response to full learning needs analysis carried out with Board partners including sub-group chairs and members. Training courses have been commissioned in order to embed learning and improvement in the everyday lives of practitioners.

Via the Case Review Group and PPSRG, CYSCB will continue to learn from local reviews – multi- and single- agency – and to review the recommendations from national SCRs.





For children and young people

- Your 'voice' – your wishes and feelings – are important to us. We are encouraging our partners to find new ways of listening to you.
- We ask our partners not just to listen to you but to include your 'voice' in developing and improving their services
- We want York to be a safe and happy place for you to grow up in.

For the community

- You may be best placed to know what is happening in your community.
- If you have a concern about a child or a young person, contact the Children's Front Door (contact details below) with as many details as you can.
- If your concern is about someone being at immediate risk of harm, contact the police.



For City of York Safeguarding Children Board partners and organisations

- Please ensure that the voices of children and young people are informing your service development and improvements.
- Be aware also of ways of listening to children who are pre- or non-verbal and have other ways of communicating.
- Be aware of the statutory functions of a Local Safeguarding Children Board and of the potential changes to arrangements in response to the Children & Social Work Act 2017.
- The Board welcomes your assurance through a variety of means – assurance reports, audits, updates to sub-groups – that your agency is aware of the importance of safeguarding children and young people.
- As a representative on CYSCB you are also representing the frontline practitioners in your organisation. The Board is keen to hear what they have to say.
- Ensure your workforce is able to attend training courses and learning events and to take opportunities to give views and feedback on training development (either single or multi-agency).
- As a representative of your organisation, make sure that you share the responsibility for delivery of the work of the Board.



For schools

- Be aware of guidance for schools on safeguarding children and alert to any changes or updates.
- Take advantage of the safeguarding training which is on offer to your designated leads and to others.
- Be aware of, and compliant, with safer recruitment processes.

For practitioners

- Be aware of what your LSCB can do for you: newsletters, website (news, guidance, policy, procedures), regular Twitter feed, training online and face-to face.)
- Your views are important to CYSCB. Find out who your organisation's representative is on the Board or give feedback via 'contact us' on the CYSCB website.
- Listen to the voices of children and young people in your assessments and be aware that some of the most vulnerable children – very young, disabled etc. – can be at higher risk of abuse than others but may find it more difficult to communicate.

- Understand that while some issues such as CSE, Modern Slavery, Human Trafficking and FGM seem more prevalent in other areas, they do happen in York.
- However, remember that the 'usual suspects' of domestic abuse, neglect, inter-familial sexual abuse and emotional abuse are still happening.
- Take advantage of the multi-agency safeguarding training which is offered by CYSCB here:
www.saferchildrenyork.org.uk/learning-and-development.htm

For everyone

Remember that:

'Safeguarding is everybody's business'

If you have safeguarding concerns about any child or young person please act on them; you might be the only one who notices.



City of York
Safeguarding Children Board



www.saferchildrenyork.org.uk/
Twitter: @YorkLSCB

CYSCB Chair: Simon Westwood
CYSCB Manager: Juliet Burton

CYSCB, City of York Council,
West Office, Station Rise, York, YO1 6GA

www.saferchildrenyork.org.uk/contact-us.htm

How to report concerns about a child or young person

If you have a concern that a child is vulnerable or at risk of significant harm please contact the Children's Front Door:
Phone for advice: **01904 551900**
or, using a referral form:
Email: **childrensfrontdoor@york.gov.uk**

Post: The Children's Front Door, West Offices, Station Rise, York, YO1 6GA

More information and a referral form are available at:
www.saferchildrenyork.org.uk/concerned-about-a-child-or-young-person.htm





Health and Wellbeing Board**8th November 2017**

Report of the Corporate Director of Housing, Health and Adult Social Care & the Accountable Officer NHS Vale of York Clinical Commissioning Group.

Developing an All Age Mental Health Strategy for York 2017-2022**Summary**

1. This report presents progress against producing an all age mental health strategy for York. The Board are asked to note the report and the feedback received during the consultation period.

Background

2. The joint health and wellbeing strategy for 2017-22 identifies four principal themes to be addressed. One of these themes is Mental Health and Wellbeing with the key priority for that theme being 'to get better at spotting the early signs of mental ill health and intervening early'. Other aims in the joint health and wellbeing strategy in relation to mental health are:
 - Focus on recovery and rehabilitation
 - Improve services for young mothers, children and young people
 - Improve the services for those with learning disabilities
 - Ensure that York becomes a Suicide Safer city
 - Ensure that York is both a mental health and dementia-friendly environment
3. Earlier in 2017 Health and Wellbeing Board were asked to approve a draft mental health strategy for consultation. The draft mental health strategy expanded on the themes in the paragraph above and its vision was based on the Department of Health's 2011 publication "No Health without Mental Health"

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination.

Consultation Feedback

4. Consultation on the draft mental health strategy ran from Tuesday 8th August to Sunday 8th October 2017 and was predominantly by way of an online survey hosted by Healthwatch York. Additionally general comments on the draft mental health strategy were received by e-mail and left on the generic comments page of Healthwatch York's website.
5. Prior to the start of consultation officers attended the VCS Forum for Mental Health to discuss the draft and to hear their views. Officers also met with some key stakeholders during the consultation period to discuss the draft mental health strategy and presented the draft strategy at the Health, Housing and Adult Social Care Policy and Scrutiny Committee.
6. There were 21 responses to the online survey and 9 general comments left on the Healthwatch website. Independent of the survey written feedback was received from members of the Strategic Partnership, Emotional & Mental Health (Children & Young People); York Older People's Assembly; Tees, Esk and Wear Valleys NHS Foundation Trust and the Green Party. There were three other responses: an e-mail from a carer; an e-mail from a voluntary sector organisation and a telephone call from a member of the public.
7. The online survey asked the following questions:
Question 1: What do you think the Mental Health Strategy will deliver?

Question 2: From the strategy, what would be your short, medium, and long term priorities?

Question 3: What do you think is missing from the Mental Health Strategy?

Question 4: What one thing would make the biggest improvement to your mental health and wellbeing?

Question 5: What already works well in the city?

Question 6: What should we do more of?

Question 7: Do you have any further comments or feedback.

8. Taking the responses received as a whole some common themes emerged from the consultation feedback:
 - the vision in the draft strategy needs to be more inspirational and the strategy, in general needs to be more ambitious;
 - the whole system approach and the model used in Trieste needs to be better explained; including how the city can achieve a shift to this model of provision in the long term;
 - the mental health strategy for York should be short and succinct. At the moment the strategy states too much of what is already happening rather than concentrating on the strategic direction for the future. Action plans need to be developed independently of the strategy;
 - equalities and diversity needs to run through the whole strategy
 - the strategy needs to be presented in a similar style and format to the joint health and wellbeing strategy
 - outcomes and delivery; 'how will we know the strategy has made a difference'

9. There were also a wide variety of references to more specific themes, some of the more frequently occurring of these are listed below:
 - self harm, suicide prevention;
 - student mental health, transitions; children and young people;

- links to other local and national strategies;
 - links to York as a Human Rights City and a City of Sanctuary;
 - co-production
 - links to primary care
 - access to services and waiting times
 - workforce
 - early intervention and prevention
 - safeguarding
 - understanding resilience and what makes people vulnerable to experiencing mental ill health
 - building community resilience
10. Having taken all the feedback into consideration it is apparent that the draft mental health strategy still needs considerable work before a final version is ready. Work has started on redesigning the strategy and incorporating as much of the feedback received as possible into it; however significant changes are required not just in content but in reformatting, redesigning and making sure that consistent and accessible language is used throughout. It is also important that all key stakeholders have enough time to input into and comment on what will be a radically changed document from the consultation draft.
11. It is therefore proposed that the final version of the all age mental health strategy be signed off at the January 2018 meeting of the Health and Wellbeing Board.

Delivering the All Age Mental Health Strategy for York

12. At the July 2017 meeting Health and Wellbeing Board agreed to split the Mental Health and Learning Disabilities Partnership Board into two discrete groups; one focusing on learning disabilities and one on mental health (each to be the delivery mechanism for their related strategies).
13. Since then the Mental Health and Learning Disabilities Partnership Board has held two workshops to look at how this can be

achieved. Discussions are ongoing as to how to create the new mental health partnership and the following have been identified as key factors:

- co-productive and inclusive of those who use mental health services
- regular attendance by all; including those that can influence the wider determinants of mental health such as planning, housing, education and businesses
- having a clear purpose and an agreed strategy
- has the right people at the table to enable change

14. As part of their second workshop the partnership started to develop some early action plans based on both the joint health and wellbeing strategy and the draft all age mental health strategy. These are focused around the following themes:

- Recovery and rehabilitation
- Suicide Safer City
- Peri-natal mental health; children and young people's mental health; student mental health
- Early signs of mental ill health (intervening early)
- Mental health and dementia friendly city

15. These early action plans include ideas on what the key actions might need to be under each of the above headings; what the milestones might be and how successful delivery can be identified. The plans also look at what is already happening in the city and who needs to be involved in delivery.

16. The current draft of the all age mental health strategy contains some actions and these will need to be separated from the strategic elements of the document and added to the action plans.

17. A date has yet to be set for the first meeting, membership still needs to be agreed and a chair and vice-chair are still to be identified.

18. The above paragraphs are provided to the Health and Wellbeing Board as assurance that work is well underway even though a new mental health partnership has yet to be established.

Options

19. Health and Wellbeing Board are asked to note this progress report.

Implications

20. It is important that the new all age mental health strategy for the city is written in clear and accessible language; is fully inclusive and promotes parity of esteem with physical health.

Recommendations

21. The Health and Wellbeing Board are asked to note the feedback from the consultation and progress made on producing an all age mental health strategy for the city and establishing a new mental health partnership.

Reason: Health and Wellbeing Board oversight of the development of an all age mental health strategy.

Contact Details

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Chief Officer Responsible for the report:

Martin Farran
Corporate Director, Housing, Health and
Adult Social Care
City of York Council

Phil Mettam
Accountable Officer.
NHS Vale of York Clinical
Commissioning Group.

**Report
Approved**



Date 25.10.2017

Specialist Implications Officer(s)

None

Wards Affected:

All

For further information please contact the author of the report

Background Papers:

Draft Mental Health Strategy

Annexes

None

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Health and Wellbeing Board

8 November 2017

Report of the Health and Wellbeing Board Theme Leads for Mental Health

Progress on the Mental Health and Wellbeing Theme of the Joint Health and Wellbeing Strategy 2017-2022 (including performance)**Summary**

1. This report asks the Health and Wellbeing Board (HWBB) to note the update on progress made against delivery of the mental health and wellbeing theme of the joint health and wellbeing strategy 2017-2022.

Background

2. At the Health and Wellbeing Board meeting (HWBB) in March 2017, the new joint health and wellbeing strategy 2017-2022 was launched. The strategy is based around a life course approach with mental health and wellbeing as one of the four key themes.

Context

3. The mental health and wellbeing part of the strategy covers anyone who experiences mental ill health or who is affected by its impact on others.
4. It is known that:
 - 25% of adults experience at least one diagnosable mental health problem in any given year
 - 50% of those with poor mental health had symptoms before the age of 14
 - Between 2006 to 2014 there were 154 suicides in York; 84% of those were men

- York has a higher rate of emergency hospital admissions for intentional self harm than the national average
 - York has an estimated 2,717 people with dementia and this is expected to rise to 3, 503 by 2025
5. The top priority for mental health and wellbeing within the joint health and wellbeing strategy is to get better at spotting the early signs of mental ill health so that support can be provided sooner and problems can be prevented from escalating.
 6. Other priorities identified are as follows:
 - focus efforts on recovery and rehabilitation wherever this is possible, recognising people's need for ongoing support and the importance of housing, education and employment;
 - improve services for young mothers, recognising that this group can be particularly at risk;
 - improve mental health and wellbeing services for children and young people;
 - improve the services we offer to those with learning disabilities;
 - ensure that York becomes a Suicide Safer City and a mental health friendly environment;
 - continue the work to ensure that York is a dementia friendly environment.
 7. Annex A to this report gives examples of some of the ongoing work in the first year of the five year strategy and the progress made to date in delivering against the theme.
 8. Two discrete strategies are also being developed; one focused on learning disabilities and another focused on mental health.
 9. A performance summary is attached at Annex B based on the six agreed indicators for this theme.
 10. Adult Social Care Outcomes Framework (ASCOF) measures relating to mental health outcomes are shown in Annex C.

Consultation

11. Extensive engagement and consultation took place with residents and stakeholders when the joint health and wellbeing strategy 2017-2022 was being developed. Consultation has also been undertaken around developing an all age mental health strategy for the city and this is detailed in a separate report on this agenda.

Options

12. There are no specific options for the Health and Wellbeing Board; they are asked to note and comment on this report, and consider how the priorities within this theme will be supported and delivered

Analysis

13. Not applicable.

Strategic/Operational Plans

14. As detailed earlier in this report, this report fits with the priorities and actions identified in the joint health and wellbeing strategy.

Implications

15. There are no implications associated with the recommendations in this report.

Risk Management

16. There are no risks associated with the recommendations in this report.

Recommendations

17. The Health and Wellbeing Board are asked to note and comment on the report and consider how best to support and deliver all elements of the joint health and wellbeing strategy.

Reason: to keep the Health and Wellbeing Board informed as to progress on delivery against the mental health and wellbeing theme of the joint health and wellbeing strategy 2017-2022.

Contact Details

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Chief Officer Responsible for the report:

Martin Farran
Corporate Director, Housing, Health and
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City of York Council

Phil Mettam
Accountable Officer.
NHS Vale of York Clinical
Commissioning Group

**Report
Approved**



Date 25.10.2017

Specialist Implications Officer(s) None

Wards Affected:

All

For further information please contact the author of the report

Background Papers:

Joint health and wellbeing strategy 2017-2022

Annexes

Annex A – Table of ongoing work: mental health and wellbeing theme of the joint health and wellbeing strategy 2017-2022

Annex B – Performance summary

Annex C – ASCOF Measures relating to mental health

Priority	Progress/Action Planning already underway
<p>Top Priority:</p> <p>Get better at spotting the early signs of mental ill health and intervening early</p>	<ul style="list-style-type: none"> • After a period of public consultation an all age mental health strategy is currently in development and will be brought to the Health and Wellbeing Board for approval early in 2018 • The suicide prevention strategy contains an early identification and intervention focus • Time To Change organic hub development through York CVS, CYC, CCG • A Topic Specific Needs Assessment to investigate the health and wellbeing needs of those in the city who are homeless is being developed and will be used to inform the development of a homelessness strategy <p><u>30 Clarence Street and 'The Haven'</u></p> <ul style="list-style-type: none"> • £326k refurbishment of Sycamore House (£178k of DoH 'health based places of safety' funding, plus £148k of CYC capital funding) which reopened in July 2017 as '30 Clarence Street'. This work has facilitated the bringing together of three distinct services under one roof – adults' mental health recovery, young people's services, and a safe haven. CYC is also leasing office space on the first floor of the building to York Mind and York Pathways. Given the synergy between these organisations and the services operating from the ground floor, this arrangement will help facilitate even closer working relationships between the sector, the council and health. • Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) have recently appointed 'Mental Health Matters' to deliver 'The Haven' service at 30 Clarence Street. The service is due to open in November and will operate from 6:00 – 11:00pm, 7 days a week. It will provide early intervention for adults in mental distress, to prevent an escalation into a mental health crisis. Not only will it help reduce unnecessary attendance at emergency departments, hospital admissions and police

Priority	Progress/Action Planning already underway
	<p>detentions, but it will also make sure that people receive the right care, at the right time, in the right place.</p> <p><u>Mental Health and Well-being Activities Programme</u></p> <ul style="list-style-type: none"> • In July 2017 CYC awarded a three year £80k per year contract to York Mind, in partnership with six local organisations, to deliver a bespoke range of activities to support individuals' mental health and wellbeing across the city of York. York Mind is working in conjunction with Converge, St Nick's, York Carers' Centre, York LGBT Forum, Sunshine Changing Lanes and Kindlewoods. Activities will run across the year, with staggered start dates and include guided learning such as mindfulness, vocational courses, facilitated peer support, green exercise, woodland well-being sessions, social events, and support groups. • Work on the North Yorkshire and York Crisis Care Concordat • Healthwatch York's directory of services, including mental health and dementia • Access to IAPT services • Improved access to early intervention psychosis • Expansion of the mental health liaison service at York Hospital • Implementation of Access to wellbeing service which provides improved access into mental health services and 'bridges the gap' between primary and secondary care.

Priority	Progress/Action Planning already underway
	<ul style="list-style-type: none"> • Development of treatment pathways as part of community services development and in line with least restrictive care principles • Work with local carers group to develop an educational film for carers, service users & staff which will form part of the online content for the TEWV recovery college. • Improving waiting times for treatment for mental health conditions • Developments to improve access to psychological pathways and reduce waiting times.
Other Priorities:	
Focus on recovery and rehabilitation	<ul style="list-style-type: none"> • Housing options for mental health services in progress (recent workshop held by City of York Council) – report to Health and Wellbeing Board January 2018 • International Mental Health Collaborating Network symposia • Management of service users in out of area placements • Development of a community rehabilitation team in TEWV
Improve services for young mothers, children and	<ul style="list-style-type: none"> • School Wellbeing Service operating in City of York Council schools • Development of mental health focussed response to Student Health Needs Assessment findings

Priority	Progress/Action Planning already underway
young people	<p>being led by Higher York</p> <ul style="list-style-type: none"> • Development of school and university based peer emotional wellbeing programmes • Continuation of the Future in Mind programme of work • Preparing to bid for national transformation money for perinatal mental service for York and North Yorkshire • Introduction of Single Point of Access in CAMHS and self referral • Developing work with Child line
Improve the services for those with learning disabilities	<ul style="list-style-type: none"> • Re-tendering the building based short breaks service • Tendering for a new Base at Burnholme Health and Wellbeing Campus in the Centre@Burnholme building • Developing Supported Employment through an employment initiative with the DWP in partnership with United Response • Transforming Care – where people wish to come home to York ensuring there is accommodation and support available and where people wish to remain where they are that this is the right placement for them. Reviewing the needs of NHS assessment and treatment beds across the

Priority	Progress/Action Planning already underway
	<p>Transforming Care Partnership footprint. Exploring the development of forensic outreach teams for those leaving secure mental health/learning disability services</p> <ul style="list-style-type: none"> • Reviewing and enhancing supported living opportunities • Work with children’s services planning for the future • A learning disabilities strategy is currently being developed with input from service users • Ongoing programme to improve access to health checks, health action plans and screening for cancer and other conditions
<p>Ensure that York becomes a Suicide Safer City</p>	<ul style="list-style-type: none"> • Commitment to achieve suicide safer community status through Living Works Accreditation approach. The accreditation process is being reviewed and our initial objective to aim for accreditation in 2019 may need to be reviewed in light of this and in respect of the long term nature of work required to achieve this Suicide Safer Community accreditation • Board members are encouraged to book onto City of York Council SafeTalk or ASIST training in order to raise their own awareness and understanding about suicide prevention • Suicide prevention strategy developed • Suicide prevention action plan developed

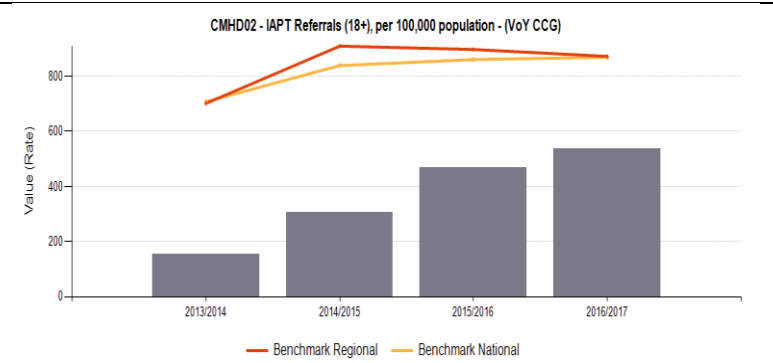
Priority	Progress/Action Planning already underway
	<ul style="list-style-type: none"> • Joint York & North Yorkshire suicide prevention task group • Development of postvention support • Training commissioned to support suicide prevention awareness and skill development • Annual suicide prevention conference and service of reflection held
<p>Ensure that York is both a mental health and dementia friendly environment</p>	<p>Working towards York becoming a dementia friendly city</p> <ul style="list-style-type: none"> • There are four key strands in the dementia action alliance, with lead areas which are reviewed quarterly: • Strand 1: Raise awareness and tackle discrimination. • Priority: Improve equality in access to transport. (Lead Innovations in Dementia) • Strand 2: Involve people with dementia. • Priority: Focus on opportunities to identify people with dementia and support their involvement. (Lead Minds and Voices) • Strand 3: Be a hub for communication and information. • Priority: Develop and implement a communications strategy (lead CYC and CVS) • Strand 4: Improving services and resources • Priority: Work with GPs/Consultants to increase understanding of importance of diagnosis and involving people with dementia (lead CCG)

Priority	Progress/Action Planning already underway
	<ul style="list-style-type: none"> • In addition internal and external staff are undertaking a range of dementia training: <ul style="list-style-type: none"> • On-line Dementia Awareness (iComply) (1962 CYC) • Virtual Dementia Tour (307 CYC/ 54 external) • Person Centred Dementia Care (98 CYC) • Dementia Awareness (45 CYC/21 external) • Dementia Friends (35 CYC/17 external) • Life Story Approach And The Use Of Music (26 CYC/13 external) • Dementia - Bitesize Care of Other (5 CYC staff) • Dementia Peer Facilitator Training (3 CYC) • Dementia Forward Conference (1 CYC) • Dementia Congress (1 CYC) • There has been a review of dementia friends and champions across the city. Ward areas will be targeted for individual action <ul style="list-style-type: none"> • Dementia Friends Champions- 67 • Digital Dementia Friends- 1137 • Information Sessions Dementia Friends – 4053 • Improving diagnostic coding rates across primary care • Intensive Support Team report highlighting other multi-agency opportunities for change. Following a request by the CCG and TEWV an intensive support team from NHS England and NHS Improvement reviewed the local dementia pathway and services. A draft recommendation report has been circulated for comment and accuracy and local partner agencies have agreed to work

Priority	Progress/Action Planning already underway
	<p>collaboratively on the recommendations and will formulate an action plan.</p> <ul style="list-style-type: none"> • Partners in care forum including work with the Dear GP scheme to improve recognition of the signs and symptoms of dementia by care home staff. • Physical environment improvements include dementia friendly enhancements, community hubs and plans for the new mental health hospital • Expansion of Care Home and dementia team • Pathway developments in TEWV to enable community transformation and admission avoidance

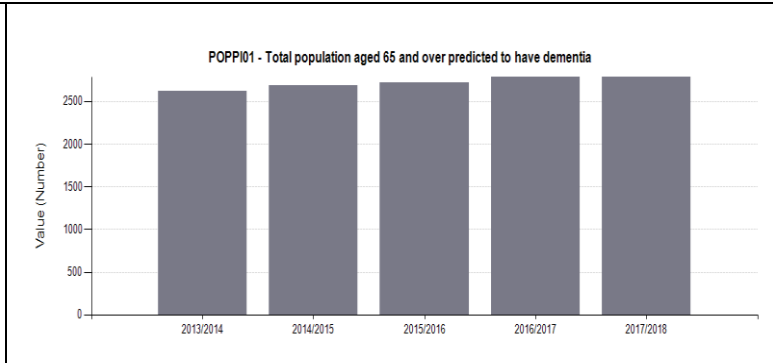
We are monitoring progress on:

- access to, and take-up of, talking therapies
- dementia diagnosis within primary care
- the aim to reduce premature deaths among people with severe mental illness
- the aim to reduce the number of people admitted to hospital following a self-harming episode
- regular sharing of information between GPs and CYC about people with learning disabilities
- more people telling us that they and their families feel well supported through a crisis and afterwards



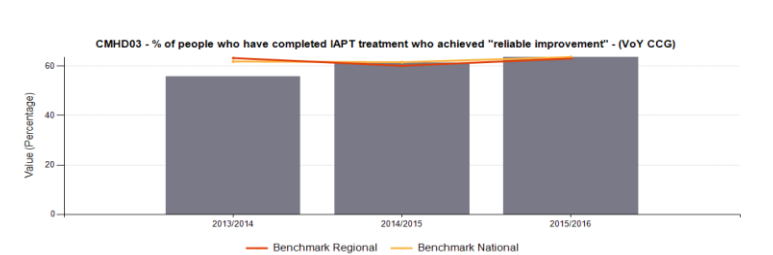
Annual Data

	2014-15	2015-16	2016-17
IAPT Referrals (18+) per 100,000 population – Vale of York CCG	307.08	468.52	538
Benchmark - National Data	838.72	860.6	869
Benchmark - Regional Data	909.29	897.15	872



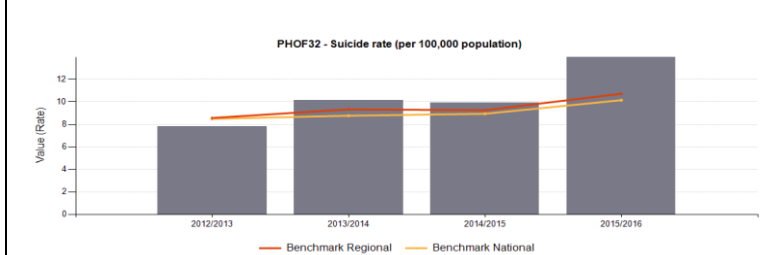
Annual Data

	2016-17	2017-18
Total population aged 65 and over predicted to have dementia	2,788	2,788



Annual Data

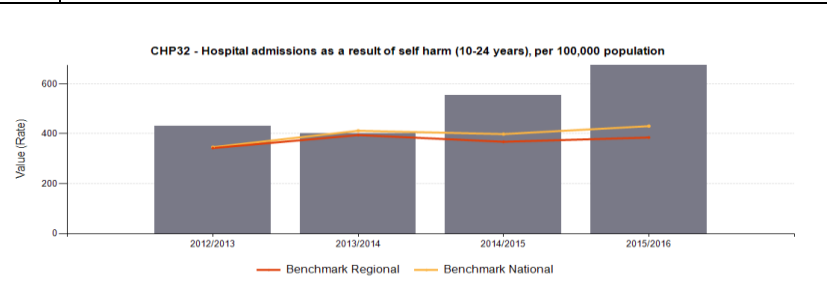
	2013-14	2014-15	2015-16
% of people who have completed IAPT treatment who achieved "reliable improvement" (VoY CCG)	55.88%	61.40%	63.64%
Benchmark – National Data	61.92%	61.62%	63.70%
Benchmark – Regional Data	63.29%	60.17%	63.11%



Annual Data

	2013-14	2014-15	2015-16
Suicide rate (per 100,000 population)	10.13	9.94	13.98
Benchmark - National Data	8.77	8.94	10.15
Benchmark - Regional Data	9.33	9.26	10.72

Regular sharing of information between GPs and CYC about people with learning disabilities – not a performance indicator
 More people advising that they feel supported through a crisis and afterwards – not a performance indicator



Annual Data

	2013-14	2014-15	2015-16
Hospital admissions as a result of self harm (10-24 years), per 100,000 population	401.21	552.96	675.2
Benchmark - National Data	412.07	398.8	430.5
Benchmark - Regional Data	394.68	367.9	384.8

Performance narrative and update on actions

Access to, and take-up of, talking therapies (this is taken from the Ageing Well report as an example of commentary)

The rate of IAPT referrals has increased by 75% between 2014-15 and 2016-17. This is because of an increased offer to the population of York of IAPT, which is a contrast with the regional and national rates, which have, in Y & H, increased only marginally and, in England as a whole, declined slightly. The rate of referrals, however, does remain significantly below regional and national averages, so more work needs to be done to make it more widely available. The latest data available shows that, in the Vale of York CCG area, IAPT is proving effective, with 64% completing IAPT and achieving “reliable improvement” during 2015-16, compared with 56% in 2013-14. This is now comparable with national and regional averages.

Dementia diagnosis within primary care

Dementia continues to have a high profile in York, with the number of people aged over 65 predicted to have dementia being around 2,800. The York Dementia Action Alliance incorporates a number of organisations in the city which aim to promote independence for those with dementia, using asset-based approaches (including those involved in primary care) to improve access to services for those who need them.

A sustained reduction in premature deaths among people with severe mental illness

The mental health (AMHP) team in CYC is moving to a “co-location” model which is focusing on early intervention and protection for service users, and also to develop services together with service users so that they can maintain their independence as long as they can. An assessment has been recently carried out of the health needs of York’s student community, which identified a higher rate of mental health issues than the rest of York’s population; recent suicides by students have led to the increase in the rate of York as a whole.

A sustained reduction in the number of people admitted to hospital for self-harm

The latest figures for York show that there has been a significant (23%) increase in the rate of people aged 10-24 years being admitted to hospital because of self-harm – the rate being 675.2 per 100,000 population. There is a sizeable university student population resident in York, most of whom will be between the ages of 18-24, who are acknowledged to have more mental health issues (and awareness of them) than other people of the same age in the city, and are more likely to present themselves to hospital for treatment. This also explains the disparity between the York rate and the regional and average rates. Work has been carried out to understand these needs and actions will be formulated to reduce this rate in future years. The local suicide prevention task group is working with health care services to develop action plans to respond effectively to self-harm. Assessments of support need are offered through the Psychiatric Liaison Service to anyone presenting themselves to local hospital services when they have self-harmed.

Regular sharing of information between GPs and CYC about people with learning disabilities

At the moment, although there is a facility where GPs and CYC can share information about those with Learning Disabilities, this is not routinely done. The client would need to agree with the GP that their information can be shared, and GPs are not obliged to let CYC know when LD clients visit them. GPs do ring, on a “very occasional” basis, CYC to ask about a client’s package of care.

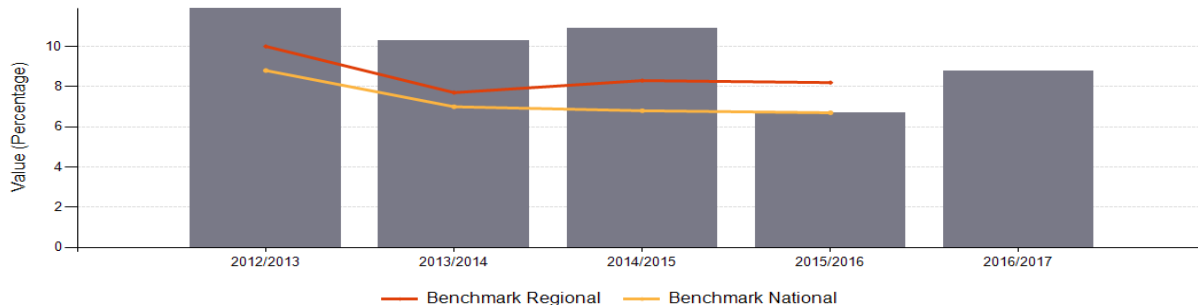
More people telling us that they and their families feel well supported through a crisis and afterwards

York Mind report that they are seeing more people who define themselves as being “in crisis” than ever before. There is a 16-18 month waiting list for their IAPT services. Counselling needs are an increasing issue in the city; GPs are seeing people in surgeries and are signposting them to Mind. Mind deliver over 4,000 sessions of help to over 800 individuals every year. Referrals come from a range of sources including GPs, Community Mental Health Teams and Probation. Mind’s advocacy service, which is funded by CYC, helps over 300 people each year.

Adult Social Care Outcomes Framework (ASCOF) performance measures

1F: Percentage of adults in contact with secondary mental health services in paid employment

ASCOF1F - Proportion of adults in contact with secondary mental health services in paid employment

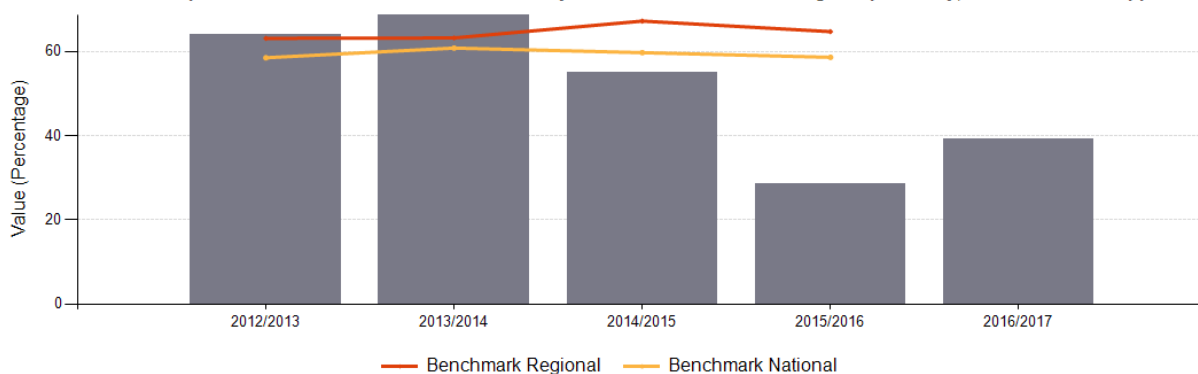


	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18 Q1	2017-18 Q2
Proportion of adults in contact with secondary mental health services in paid employment	11.90%	10.30%	10.90%	6.70%	8.79%	12.54%	12.64%
Benchmark - National Data	8.80%	7.00%	6.80%	6.70%			
Benchmark - Regional Data	10.00%	7.70%	8.30%	8.20%			
National Rank (Rank out of 152)			17	65			
Regional Rank (Rank out of 15)	4	3	3	10			
Comparator Rank (Rank out of 16)			3	12			

There has been a significant increase in the proportion of adults in contact with secondary mental health services gaining employment during 2017-18. This is because of significant efforts by MH service staff to find employment for service users and because of improvements in data quality by the Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust.

1H: Percentage of adults in contact with secondary mental health services living independently, with or without support

ASCOF1H - Proportion of adults in contact with secondary mental health services living independently, with or without support



	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18 Q1	2017-18 Q2
Proportion of adults in contact with secondary mental health services living independently, with or without support	63.90%	68.70%	55.10%	28.50%	39.21%	62.29%	80.64%
Benchmark - National Data	58.50%	60.80%	59.70%	58.60%			
Benchmark - Regional Data	63.10%	63.20%	67.20%	64.70%			
National Rank (Rank out of 152)			113	144			
Regional Rank (Rank out of 15)	8	6	14	15			
Comparator Rank (Rank out of 16)			13	15			

TEWV are in the process of a major data quality exercise which has led to significant improvements in the recording of this indicator. The most recent percentage now reflects the view of CYC that the majority of adults in contact with secondary mental health services are now living in “settled” accommodation.





Health and Wellbeing Board

8 November 2017

Report of the Health and Wellbeing Board Healthwatch York Representative and the Corporate Director of Children's Services, Education and Communities.

Healthwatch York Report – Children and Adolescent Mental Health Services (CAMHS) Review 2017

Summary

1. This report asks Health and Wellbeing Board (HWBB) members to receive a new report from Healthwatch York about children and adolescent mental health services in York. The report is based on patients' experiences and is attached at **Annex A** to this report.
2. Health and Wellbeing Board members are asked to respond to the recommendations within the report.

Background

3. Healthwatch York produces several reports a year arising from work undertaken as part of their annual work programme. These reports are presented to the Health and Wellbeing Board for consideration.
4. In December 2016 Healthwatch York were contacted by York Carers Centre who raised concerns about CAMHS in York. Healthwatch York also met with York Inspirational Kids in June 2017 and they raised concern about the difficulties parents faced getting support from CAMHS and also concerns about funding for mental health services in York.

Main/Key Issues to be Considered

5. There are a number of recommendations arising from the report and these are set out in the table below:

	Recommendation	Recommended to
1	Consider further investment in Early Intervention & Prevention Services to help reduce waiting times for CAMHS	NHS Vale of York CCG (VoYCCG) City of York Council (CYC) Tees Esk & Wear Valleys NHS Foundation Trust (TEWV)
2	Consider ways to provide faster emergency appointments for those in crisis	TEWV / VoYCCG
3	Consider long-term treatment options for young people who return to services to maintain mental wellbeing and prevent crises	TEWV VoYCCG
4	Develop different ways of communicating with families for appointments and assessment – e.g. through email rather than just telephone	TEWV
5	Improve support for those who struggle to engage, including offering more appointments in a format that the child/young person is most comfortable with, such as Skype or Facetime appointments, or at a venue that they feel 'safe', to enable them to best engage with CAMHS	TEWV VoY CCG
6	Clearer pathway for children/young people and/or families to re-engage with services post discharge	TEWV
7	Consider ways to support improved communication with other bodies that provide services such as voluntary and private sector services	VoYCCG, TEWV, York CVS, CYC
8	Consider how to strengthen signposting to other services that can provide support/help to children/young people	TEWV VoYCCG

	Recommendation	Recommended to
	and their families, including better signposting to voluntary sector/peer support such as York Carers Centre, York Parent Carers Forum, York Inspirational Kids (see Appendix 2)	City of York Council (CYC)
9	Work effectively with schools & families and improve support for schools to ensure that all children experiencing emotional and mental health difficulties receive the best support possible at school	TEWV; VoYCCG; CYC
10	Improve access to appropriate Carers Assessment of needs and support for parent carers, including for those who are waiting for a CAMHS assessment, diagnosis or further support	CYC; TEWV; VoYCCG
11	Consider ways of improving support for siblings, including proactive identification and signposting of young carers	TEWV CYC VoYCCG

6. Healthwatch York's report deals with experiences of CAMHS and the recommendations are useful in their relevance to a range of agendas and services. The CAMHS Review 2017 report and its associated recommendations will be considered by the multi-agency Strategic Partnership: Emotional and Mental Health (Children and Young People) in November 2017.
7. If the recommendations in CAMHS Review 2017 report are to be progressed it is important to move to a genuine joint commissioning approach for children's emotional health and wellbeing. It is therefore suggested that an additional recommendation is added to those in paragraph 5 of this report to progress to a more joint commissioning approach going forward.

Response from NHS Vale of York Clinical Commissioning Group

8. NHS Vale of York Clinical Commissioning Group (CCG) notes the contents of the report, and has welcomed the sharing of the views of this group of families. The CCG has used the evidence base from the report to help inform actions in the Local Transformation Plan refresh for 2017/18. This includes further work with Tees, Esk

and Wear Valleys NHS Foundation Trust to improve waiting times for commencement of treatment, improvement in communications with families and exploring with third sector partners how to improve support for children and young people with needs for less intensive support. In respect of the issues raised in the report, the CCG would comment as follows:

- a) The in-year monitoring data shows that as at September 2017 74% of referrals were assessed in less than 9 weeks from referral: this is a significant improvement from 2016/17. The matter is kept under close review, but the in year trajectory is extremely positive, and work will now be done to establish robust monitoring data for waiting times for commencement of treatment.
- b) The new crisis response team is now in operation, and those parents commenting on the difficulty of accessing crisis support should now have direct access to the crisis team between 10am and 10pm 7 days a week.
- c) The CCG and City of York Council have jointly funded the School Well-Being Service, which places a staff member in each school cluster to advise staff and undertake individual and group work with pupils. The first year project report (academic year 2016/17) showed that there had been over 800 consultations, and 370 pupils had received direct work to support emotional and mental health. Over 90% of pupils accessing the service were satisfied with it, and case studies in the report show how effective the service has been in supporting pupils and families. The service is part of a network of support in schools, together with Special Educational Needs Coordinators (SenCos), Emotional, Literary Support Assistants (ELSAs) and pastoral teams.

Consultation

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

Options

10. This report is for information but it is suggested that Health and Wellbeing Board ask Healthwatch to add an additional

recommendation to work towards a more joint commissioning approach going forward.

11. Those Health and Wellbeing Board organisations with recommendations against their organisation's name are asked to formally respond to Healthwatch York by no later than the end of April 2018. This could come from individual organisations or as a formal response from the Strategic Partnership: Emotional and Mental Health (Children and Young People).

Analysis

12. Not applicable.

Strategic/Operational Plans

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

Implications

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

Risk Management

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

Recommendations

16. Health and Wellbeing Board are asked to receive and comment on the report and request Healthwatch York add a further recommendation to their report to progress joint commissioning in this area.
17. Additionally those Health and Wellbeing Board organisations with recommendations against their organisation's name are asked to formally respond to Healthwatch York by no later than the end of April 2018 either individually or through the Strategic Partnership: Emotional and Mental Health (Children and Young People).

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

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**Report
Approved**

Date 25.10.2017

Specialist Implications Officer(s) None

Wards Affected:

All

For further information please contact the author of the report

Background Papers:

None

Annexes

Annex A – Healthwatch York Report: CAMHS Review



healthwatch York

CAMHS Review 2017

A report based on local peoples' experience

August 2017

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CAMHS Review 2017

Introduction

This report presents parents' experiences of Children & Adolescent Mental Health Services in York.

What is CAMHS?

CAMHS stands for Child and Adolescent Mental Health Services. CAMHS is a service for children and young people under the age of 18 with emotional, behavioural or mental health difficulties. They can support young people experiencing a range of problems such as depression, problems with food, self-harm, abuse, violence or anger, bipolar, schizophrenia and anxiety.

There are CAMHS services all around the UK. There are both outpatient and inpatient services in York; the outpatient service is called Lime Trees, which is provided by Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV), commissioned by NHS Vale of York Clinical Commissioning Group (VoYCCG). The inpatient service – Mill Lodge, is provided by Leeds and York Partnership NHS Foundation Trust, commissioned by NHS England. It is not a local facility, and treats children and young people across the region and nationally.

How does a child or young person get help from CAMHS?

Usually, a child or young person is referred for an assessment with CAMHS by a parent, teacher, or GP, or self-referral if they are old enough.¹ The assessment allows a specialist to understand the problems the individual is facing, and how CAMHS may be able to support them.

Each locality can be different. In York, the referral process involves an initial assessment with a primary mental health worker. They may then refer the individual on to be seen by somebody from the CAMHS Lime Trees service.

¹ Referral is via Single Point of Access (SPA) has been in place since Oct 2016. Self-referral has been in place since July 2017 for parents/carers and adolescents.

Why is Healthwatch York looking at CAMHS?

In December 2016, York Carers Centre contacted us. They told us about the issues parent carers were raising about CAMHS services in York. We met with York Inspirational Kids in June 2017. They also highlighted the difficulties parents were facing getting support from CAMHS, and also raised concerns surrounding funding for mental health services in York.

We have also been contacted directly by individuals sharing their views on CAMHS services.

National and Local Picture

Nationally, there has been an increase in focus on children and young people's mental health over the past 20 years or so. This has been particularly following the Children's Act 2004, which put forward the aim to improve children and young people's outcomes, including their health and wellbeing.

The Five Year Forward View for Mental Health, published in February 2016, has a specific focus on children and young people's mental health. In the Health Education England Report published in August 2017, the NHS set out plans to recruit more staff for CAMHS, and to increase the number of children and young people with diagnosable mental health conditions receiving treatment from community mental health services from 28% in 2016/17 to at least 35% by 2020/21. It must be noted that this is based on a prediction in 2004 of the number of individuals that would be experiencing mental ill-health today. However, the current number of those accessing mental health services would suggest that rates are increasing, meaning funding is not in line with the increased demand for services.

The Vale of York CCG developed a Local Transformation Plan (LTP) to meet the national ambition for mental health for children and young people following the Future in Mind report by the Department of Health and Department of Education in 2015. This LTP sets out the plan for transforming children and young people's emotional and mental health in our local area.

There are 5 local priorities:

- Community Eating Disorder Services
- Development of 'Children and Young People's IAPT principles'
- Promotion, prevention and early intervention
- Easier access to support
- Support for the most vulnerable

The actions set out in the LTP include:

- Named emotional and mental health lead in schools, working alongside the CAMHS worker, Healthy Child Programme, pastoral team, Emotional Literacy Support Assistants and Special Educational Needs Co-ordinators
- Single Point of Access (SPA) into CAMHS
- Online tools and access to help and advice children and young people
- Supporting vulnerable children and their families within the school environment
- 'Working Better Together' as a theme across agencies and organisations, including:
 - Mapping pathways across agencies to ensure clarity, consistency of approach and effective communications'
 - The outcomes of this will be that:
 - Services work and communicate better together
 - Patients and families understand the options for advice, care and support
 - Children and young people are directed to the most appropriate services for their needs
 - The principles of joint working across agencies are reinforced and developed²

An update in September 2017³ outlined how they had already launched a City of York school well-being service. This means every 'school cluster' has a dedicated well-being worker who can advise and support staff, and provide direct support to individuals and groups of pupils. The purpose of this service is to improve early intervention. A similar scheme has been set up in the North Yorkshire County Council area also. The Single Point of Access (SPA) is now operational, as is the extended crisis response. There are also national targets and performance

² Vale of York Clinical Commissioning Group in their Transformation Plan for Children and Young People's Emotional and Mental health 2015-2020

³ Future in Mind Local Transformation Plan (LTP) refresh 2017

indicators for Children and Young People's Mental Health Services, which include levels of access to services, and waiting times for certain services such as eating disorder services and psychosis services.

The LTP is updated annually, and the aims for the 2017/18 update include:

- Increasing the awareness of and availability of early support
- Reducing waiting times further

Recently, Child and Adolescent Mental Health Services in York have been discussed in the political arena. York Outer MP, Julian Sturdy, took the issue of waiting times in the York area to Parliament in February 2017.

Current state of CAMHS in York:

The Vale of York CCG target for assessment times is that 90% of people who have been referred for an assessment should be assessed within 9 weeks of referral. However, between September 2016 and April 2017, the average was 66%.

According to NHS Vale of York Clinical Commissioning Group Quality and Patient Experience Report (July 2017), of those waiting for an assessment or treatment with CAMHS in York, 22% of people are waiting longer than 12 weeks for an assessment. Of those who are then referred on for treatment, 72% are waiting longer than 12 weeks to start the treatment.⁴

The Mental health performance update at the September 2017 Vale of York CCG Governing Body Meeting presented the issues surrounding CAMHS services in York. They identified the problem as 'potentially poor quality service for patients as a consequence of long waits for patients to be assessed potentially leading to delays in active treatment'. They detailed the actions that had been put in place by TEWV in response to this, which included streamlining pathways; investing an additional £380k into the service; introduction of the Single Point of Access service. Some funding from NHS England was used to address some of the pressures on the waiting list, which alleviated local pressures for a time.

⁴ From 'NHS Vale of York Clinical Commissioning Group Quality and Patient Experience Report – July 2017' and 'Programme Overview – Mental Health, Learning Disability, Complex Care and Children – Validated data to April 2017'

The York and North Yorkshire Children and Young People's Community Eating Disorder Service has also been established, launching on 1 April 2016. A crisis liaison service has also been developed, with an extension of their opening hours from 1pm to 9pm to 10am to 10pm seven days a week from September 2017.

A Single Point of Access (SPA) for CAMHS in York, is where 'all new referrals come through SPA and will receive at least 30 minute phone call with a clinician on duty, who will decide on the appropriateness of a full assessment or signposting to other services'. Initial feedback following its introduction in 2017 include that 'staff report that SPA has been well used, with the effect that a more consistent service is developing across the area as staff develop a common approach towards referrals handling'⁵.

However, the York Carers Centre have highlighted to us that since the introduction of the SPA for CAMHS, some parents have reported that things have improved, whilst others have said they have not. One concern is that some individuals trying to access services prior to the introduction of the SPA could still be waiting for support or treatment from CAMHS.

York Carers Centre raised the issues they were seeing with CAMHS to TEWV. As a result of this, they were offered:

- A meeting with Ruth Hill Director of Operations & Carol Redmond CAMHS lead
- Opportunity to attend a staff meeting & explain about York Carers Centre services. This was well received and staff at TEWV seemed keen to know as much as possible
- Information about the new Single Point of Access
- Support for Young Carer Lead in working through issues with young carers needing MH support
- The Young Carers Lead was also invited to be a part of the 'CAMHS Executive Strategy group' (now known as the 'Strategic Partnership – Emotional and Mental Health Meeting')

The lead officer for adult carers at the Centre, and the young carer lead attended the meeting as above and raised a number of issues. They told us that they felt reassured that the new SPA would help to alleviate some of the things they were hearing from families. They also provided

⁵ NHS Vale of York CCG – Quarter 4 Progress Report Future in Mind Transformation Plan

TEWV with an example of a young person who had been let down; TEWV said they would follow up on this situation, and they welcomed other examples in order to inform development and training.

What we did to find out more

We agreed that a survey into CAMHS services would be helpful to understand parents' experiences of these services in York. York Inspirational Kids kindly offered to launch a survey reviewing parents' experiences, and this ran for approximately two weeks in June and July 2017. This gave people a very short response time, providing us with a snapshot of people's current experiences.

There were 55 responses to the survey in total. We appreciate this is a small sample of those using CAMHS, but it provides meaningful insight into how they hope services can change.

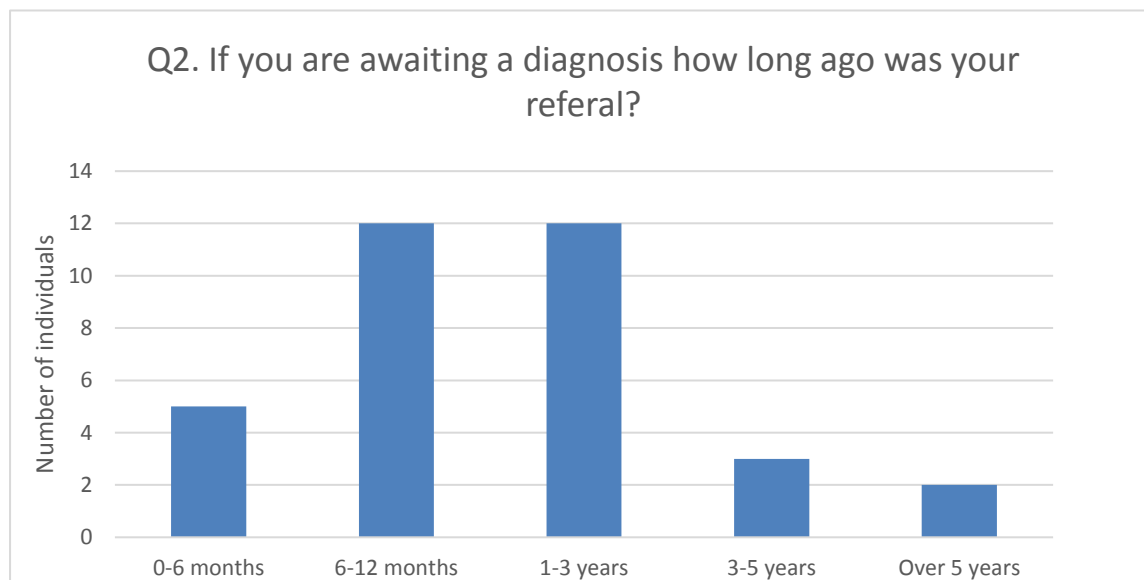
We also looked through our issues log and any direct contact from parents/carers we have previously regarding CAMHS services, and took into account the information we had received from York Carers Centre alongside our survey findings.

What we found out

Question 1: How old is your child that is accessing/awaiting access to CAMHS?

Age	
0-5 years	2
5-11 years	26
11-16 years	26
16 years +	1

Question 2: If you are awaiting a diagnosis how long ago was your referral?



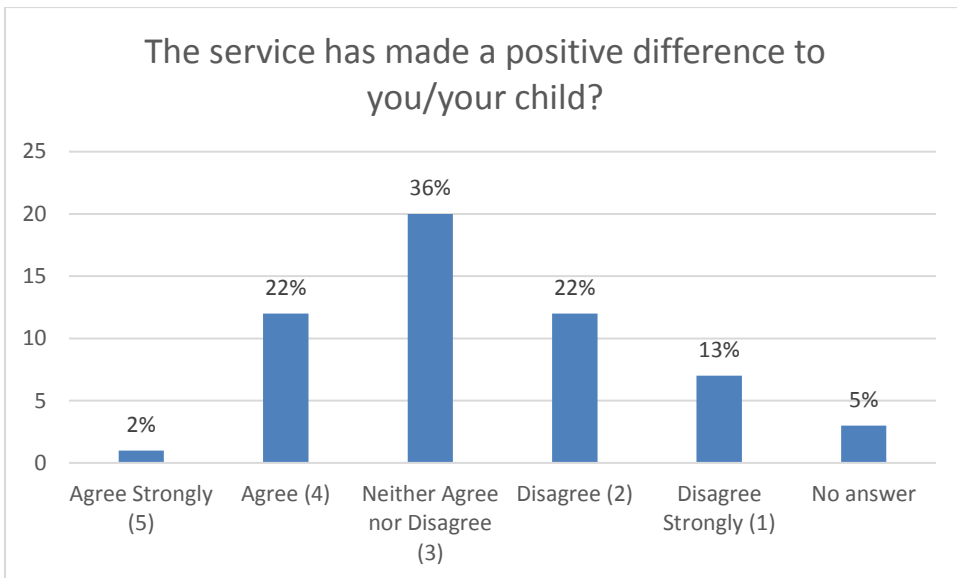
34 responses in total

Question 3 asked parents whether they agreed with certain statements about CAMHS.

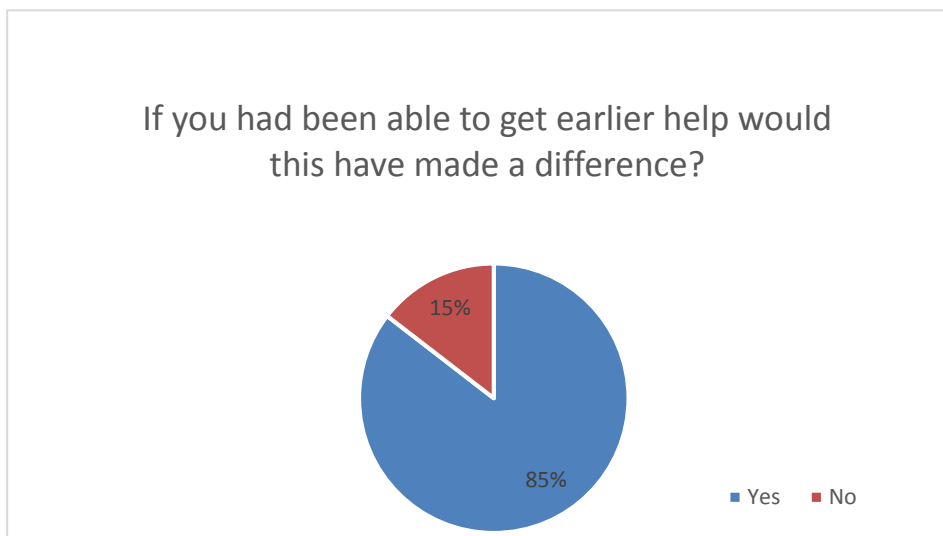
The statements and their responses were:

- 36% said that the people who are working with their child are easy to talk to
- 27% of people said they felt that their views as a parent are listened to by CAMHS
- 22% agreed that CAMHS understand their child's needs
- 11% said they have been given advice about where else they might be able to get help
- 9% agreed that they feel that people at CAMHS know how to help their child
- 5% agreed that the length of time support is available is good (e.g. weeks, months or years)
- 4% agreed with the statement: 'I have been given enough support to help my child'
- Nobody said that it was easy to get an appointment

Question 4: Has the service made a positive difference to you/your child?



Question 5: If you had been able to get earlier help would this have made a difference?



85% of people answered yes.
15% of people answered no.

Question 6 asked: if you answered yes above, please explain why.
Themes from the answers included:

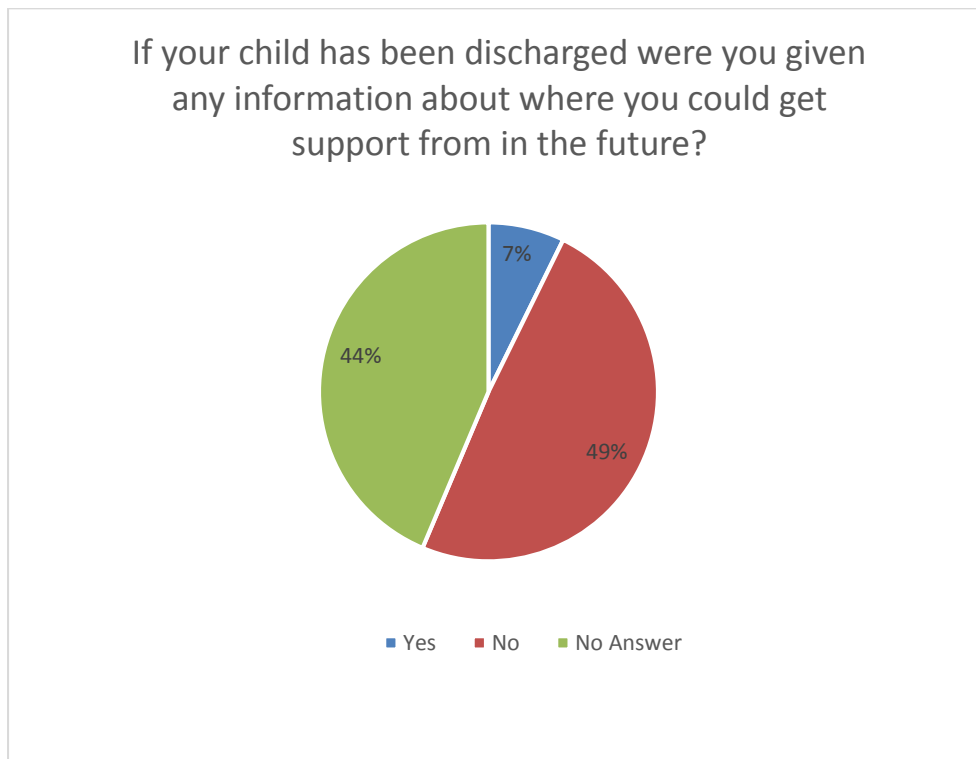
- Lack of diagnosis meaning lack of support or understanding of how best to deal with the problems/issues
- Prevention of difficulties at school – having a diagnosis/support, would have meant better support and knowledge of how to help
- Long wait for contact/support/diagnosis meant increased anxiety
- Earlier help may have prevented the child's mental health deteriorating
- Pressures on family to try and deal with the problems without knowledge of how to best support the child

Comments included:

- 'Earlier help would have helped increase support at school'
- 'Knowing what the condition is would help in understanding how to deal with it appropriately'
- 'If earlier diagnosis had happened, support from other agencies and school would have been put in place when really needed. Instead my child's needs increased through anxiety of school not knowing what to do, no support for us as a family and we hit crisis point before getting screening and diagnosis'
- 'It would have stopped the prolonged anxiety that both my children experience'
- 'It might have stopped things from reaching crisis point'
- 'Would have avoided stress and breakdown of relationships in family'
- 'There would have been more help earlier and strategies in place so he was able to do well instead he was slipping further away from his education and lost confidence'
- 'Early intervention would have helped manage anxieties with both my son and rest of family but due to the long waiting times and having to keep re-referring through school/GP the difficulties have...resulted in crisis for whole family'
- 'We didn't know what to do for him, how to help him'

Please see Appendix 3 for all responses.

Question 7: If your child has been discharged were you given any information about where you could get support from in the future?



31 responses received.

Question 8: What recommendations would you make to improve the CAMHS service?

Themes coming from responses to this question:

- More staff
- Shorter waiting times
- Better support pre-diagnosis – advice on where to get support, including whilst on waiting list
- Better support post-discharge, including easier way for re-referral
- Emergency appointments for those in crisis
- Earlier intervention
- Groups for the patients and the families
- Where else to get support from – outside organisations
- Help for longer than a course of treatment – i.e. don't discharge just because finished 6 sessions
- Don't just communicate by phone – use email

- Earlier diagnosis
- Family support – including for siblings
- Money - more investment in the services
- Better support for those who struggle to engage – use of alternative contact methods/Skype/Facetime etc.
- Listen to parents
- Lower staff turnover

Please see Appendix 4 for all the responses to this question.

Question 9 Any other comments

Comments included:

- As a parent at the beginning of this quite daunting time understanding what lies ahead for our son, it would be good to access support for us and for someone to be able to explain who all the different services are and how it all fits together. It's hard enough without feeling totally confused as to who does what. The only people who have actually offered any practical support are nursery - everyone else just writes a report and disappears
- There is a huge shortage of children's mental health services in York, particularly for anxiety and attachment issues. Cut backs are not what's needed at Limetrees- children are our future generation and it's important to be able to offer the help needed in a decent time frame
- I think an emergency access point should be that. Not 2 weeks later. Even a weekly drop in session would be helpful
- Trying to book appointments is extremely difficult as the doctors seem to run their own diary. Recently when an appointment was cancelled I wasn't given an alternative nor was I contacted with a new appointment. I had to contact them then wait two days before they phoned with an appointment at which point my daughter was suffering from some side effects from the medication
Also some transcripts had been mislaid resulting in a letter to my daughters GP being delayed this resulted in my chasing them up as my daughters meds were running out and the GP was being asked to prescribe them now

- Since we started seeing Limetrees two weeks ago there is already an improvement and I no longer feel alone in this. The support is amazing it's just a shame it takes so long to be seen. More funding please City of York Council
- The staff are lovely but everything seems to take a long time and it's frustrating to always have to chase things up
- There does not seem to be sign posting from health visitors g.ps not all doctors are on the same page re diagnosis even hospital seem to have limited resources for parents awaiting diagnosis. The process takes far too long leaving families in dire situations without support
- There doesn't seem to be another level of support once you have exhausted all the usual techniques
- Difficult to get hold of by phone and don't let you know where you are in the process
- The people we have seen have been very lovely & have helped as much as they were able but when we needed help we couldn't get it. I dread the next time my child needs help quickly - he is getting older & has more ideas on how to "leave this life" so quicker response times are imperative
- Siblings need support. To avoid siblings becoming CAMHS user too this needs to be addressed and information given to those young people about services that can access themselves for support
- Help the children sooner
- Biggest and worse area of all the services we use
- Our child got a diagnosis and is currently awaiting further assessment as of yet Limetrees haven't returned my call regarding how long waiting time are expected to be for his next few assessments
- There seems to be only one option when it comes to mental health for children and it's a struggle to get help

Please see Appendix 5 for all responses to this question.

Conclusion

Despite the increasing attention on Child and Adolescent Mental Health Services both nationally and locally, and commitments from the Department of Health, NHS trusts and local CCGs, the results of this survey suggest that there are ongoing and deep rooted issues with access to and support from this service. Although the results only capture a small number of families accessing or waiting to access CAMHS, it gives insight into their experiences. It provides useful information about how these families would like CAMHS to develop in the future.

It appears that there are long waiting times, both for assessment and diagnosis. A number of organisations and individuals have expressed concern about the acceptability of the 6 month to 3 year wait that vulnerable children may experience, with 85% of those who took the survey saying that earlier help would have made a difference. However, there was the general theme that once in the system, the support offered by CAMHS in York was generally beneficial. The survey results do suggest that increasing the length of support CAMHS provide to children and their families would be helpful, and that more staff would also be advantageous.

There were comments that support in schools could be improved, and that earlier diagnosis would enable better understanding of how both schools and families could best support the child.

Throughout the survey, there were comments about there being a lack of information about where else families can go to get support, both whilst waiting for an assessment or diagnosis from CAMHS, or post-discharge. Lack of support for parents and families was also a concern raised by the survey respondents, including specific issues regarding siblings.

The process of getting carers support via a carers assessment was also raised as a concern. In order to get access a carer assessment, the child needs to have been identified as disabled, and therefore needs a diagnosis. This means those waiting for support and diagnosis from CAMHS are unable to access a carers assessment and therefore unable to get the support that they need.

It must be noted that these results differ from the CAMHS Friends and Family Test of April to October 2017, which reported that over 80% of

those who access CAMHS would recommend it. However, the findings from our survey are in common with the understanding of the issues set out by the update on mental health performance, presented in the Vale of York CCG Governing Body Meeting in September 2017. This suggests that when looking at the experiences of those using CAMHS services in the future, it would be useful to work alongside CAMHS and other organisations to reach more individuals and get a better and wider understanding of the views of those accessing CAMHS.

Overall, the responses to the survey suggest that more work needs to be done to improve access to and support from local CAMHS in the York area, to ensure that this service is best supporting the children and young people of York and their families. Below, we set out our recommendations that we believe are needed to make improvements in this area.

Recommendations

Recommendation	Recommended to
Consider further investment in Early Intervention & Prevention Services to help reduce waiting times for CAMHS	NHS Vale of York CCG (VoYCCG) City of York Council (CYC) Tees Esk & Wear Valleys NHS Foundation Trust (TEWV)
Consider ways to provide faster emergency appointments for those in crisis	TEWV / VoYCCG
Consider long-term treatment options for young people who return to services to maintain mental wellbeing and prevent crises	TEWV VoYCCG
Develop different ways of communicating with families for appointments and assessment – e.g. through email rather than just telephone	TEWV
Improve support for those who struggle to engage, including offering more appointments in a format that the child/young person is most comfortable with, such as Skype or Facetime appointments, or at a venue that they feel 'safe', to enable them to best engage with CAMHS	TEWV VoY CCG
Clearer pathway for children/young people and/or families to re-engage with services post discharge	TEWV
Consider ways to support improved communication with other bodies that provide services such as voluntary and private sector services	VoYCCG, TEWV, York CVS, CYC
Consider how to strengthen signposting to other services that can provide support/help to children/young people and their families, including better signposting to voluntary sector/peer support such as York Carers Centre, York Parent Carers Forum, York Inspirational Kids (see Appendix 2)	TEWV VoYCCG City of York Council (CYC)
Work effectively with schools & families and improve support for schools to ensure that all children experiencing emotional and mental health difficulties receive the best support possible at school	TEWV; VoYCCG; CYC

<p>Improve access to appropriate Carers Assessment of needs and support for parent carers, including for those who are waiting for a CAMHS assessment, diagnosis or further support</p>	<p>CYC; TEWV; VoYCCG</p>
<p>Consider ways of improving support for siblings, including proactive identification and signposting of young carers</p>	<p>TEWV CYC VoYCCG</p>

Initial Response from Tees Esk and Wear Valleys NHS Trust (TEWV) and NHS Vale of York Clinical Commissioning Group (VoY CCG)

Both VoY CCG and TEWV were keen to highlight that the results of this survey are based on a small number of individuals accessing or waiting to access CAMHS services, and were gathered in a small time frame. TEWV said: “We absolutely take the concerns raised in this paper seriously, and work to ensure all families get the service that they deserve, i.e. timely access to an evidence based outcome-led service. However, it is important to recognise the sample size of families accessing CAMHS that these views represent”.

VoY CCG said that “we agree that it’s important to have the figures in context of the size of the caseload at CAMHS (currently 1921) and the responses for the Friends and Family test, (the most recent done between July and October 2017 indicated that 88.9% would be extremely likely or likely to recommend the service to friends and family if they need similar care or treatment). However we also agree that if families have poor experience, then the issues need to be flagged to ensure there are no systemic problems”.

They were also keen to highlight that many changes have already been or are currently being implemented to improve CAMHS services, and they should make a significant difference to some of the issues raised in this report.

Actions that have already been taken to implement the 5 Local Transformation Plan priorities:

- Priority: Promotion, prevention and early intervention:
 - Action: The introduction of well-being workers in schools
- Priority: Easier access to support:
 - Action: The introduction of the Single Point of Access (SPA) into CAMHS services

TEWV and VoY CCG have given their initial responses and comments to specific issues raised in the report as follows:

Concern with waiting times:

- The current figures for August 2017 suggest that 84.62% were seen for their second contact with the service within 9 weeks of referral. The current contract target is that 90% are seen within this time frame, but this is a large improvement from the average of 66% between September 2016 and April 2017

- Susan De Val from the Vale of York CCG commented that “this represents good progress in managing the waiting list, and represents the effects of the SPA and latterly the effect of the crisis team in reducing calls on clinician’s time”

“The evidence is that waiting times are reducing, although the CCG is undertaking very close monitoring of the position to better understand the full waiting time to start treatment. With the reductions in waiting times for assessment it appears at present that the investment in the mental health contract in 2015 is having an effect”

“We know from current monitoring data that very few are now waiting over 10 weeks for assessment and the CCG is waiting for details of average waits from referral to treatment to complete the picture of the journey through CAMHS”
- Despite the results in Question 2 which asked ‘If you are awaiting a diagnosis how long ago was your referral’, TEWV said that there are currently no waiting lists that are three years for specialist neurodevelopmental diagnosis. Additionally, the amount of time a clinician will wait before making a diagnosis for certain conditions different from other conditions, in order to allow a child to develop further, so the reports of long delays before getting a diagnosis can be misleading.
- In terms of the waiting times for an initial assessment, the implementation of the SPA has led TEWV to set a target of contacting families within one week of referral for a 30 minute telephone consultation, with a turnaround target of 24 hours. Data from August 2017 shows that 95.15% have had a telephone consultation in the first 4 weeks of being referred, showing an improvement from the 22% of those waiting for an assessment or treatment with CAMHS in York who were waiting longer than 12 weeks.⁶

Responses to other concerns raised in the report:

- Increasing the number of staff in CAMHS requires increased funding, however the recent capacity and demand analysis provided by TEWV is to be discussed
- Waiting times are expected to improve following changes such as the introduction of SPA
- Emergency appointments: Since September 2017, the CAMHS crisis team operates from 10am to 10pm 7 days a week to support

⁶ NHS Vale of York Clinical Commissioning Group Quality and Patient Experience Report, July 2017

those in crisis, and provide emergency appointments as appropriate

- It was highlighted that there are specific groups for service users and family/carers. However TEWV and the CCG take on board that the development of a support group would be welcomed by service users and their families/carers
- In response to the call for support for longer than just a course of treatment, it was confirmed that this was a matter of clinical judgement. Around 50% of the current CAMHS caseload has been with CAMHS for over 6 months. Additionally, considering long-term treatment options for young people to maintain mental wellbeing and prevent crisis would reduce capacity for new assessments and access to the service. This would be difficult to achieve without further investment in services
- The suggestion for communication to service users and their families/carers to be done via more than just telephone was welcomed, but it was pointed out that the reason this hasn't been employed is probably due to the current IT infrastructure
- Possibility of the development of a "What to expect in CAMHS" leaflet to be sent out with all new initial assessment appointments
- The current service specification requires high quality detailed information on signposting and support. There was suggestion of CAMHS working with Healthwatch York to develop a leaflet detailing local services that can support parents/carers and young people, which could be given to individuals alongside their initial assessment appointments and discharge
- The current service specification requires detailed communications with families, as identified co-ordinator for families, and this should be upheld in all instances
- Families can now re-refer themselves via SPA if they feel they need to
- CAMHS said they would be happy to engage in a joint initiative regarding improving communication between other bodies that provide services such as voluntary and private sector organisations
- In response to the recommendation regarding working effectively with schools and families, it was pointed out that CAMHS currently offer supervision and consultation to well-being workers located within schools, and school professionals can access the clinicians working on SPA for consultation regarding a young person. However, it was noted that there was a need to understand that schools have primary legal responsibility for the emotional and

mental well-being of pupils, and in York there is strong support for initiatives to improve, including workforce development, and additional public health funding for school mental health mentors

- Improving access to appropriate Carers Assessment of needs and support for parent carers was welcomed. There was comment on developing a leaflet for parents/carers with other national and local parent/carer support information regarding this

Both TEWV and VoY CCG were supportive of repeating the study in a year's time to see the difference these changes are making to the experiences of those trying to or accessing CAMHS. They were appreciative of the information it has given them in highlighting areas that still need to be looked at, and appreciated the honesty of those who took the time to answer the survey.

Appendices

Appendix 1 – Newspaper Articles

<http://www.cypnow.co.uk/cyp/news/2004025/government-to-recruit-2-000-additional-camhs-staff>

http://www.yorkpress.co.uk/news/15078226.York_MP_speaks_out_on_child_mental_health_waiting_lists/

Appendix 2 – Sources of Support For Children and Young People:

Ambition

www.ambitionuk.org/

Ambition is the leading youth charity, reaching half a million young people every year across the UK inspiring and encouraging them to achieve, improving health and wellbeing by developing confidence, life skills and resilience.

ATLAS

01904 464680

york@lifeline.org.uk

York's Young People's Drug and Alcohol Service. ATLAS can help anyone under the age of 25 who wants to talk about drugs and alcohol. Can provide 1:1 support anywhere in the community to make sure you get the help and support you need.

B-eat

0845 634 7650 (Monday to Friday evenings from 4.30pm to 8.30pm and
Saturdays 1.00pm - 4.30pm)

fyp@b-eat.co.uk

www.b-eat.co.uk

Information, help and support for anyone affected by eating disorders.

Childline

0800 1111

www.childline.org.uk

ChildLine is a private and confidential service for children and young people up to the age of nineteen. You can contact a ChildLine counsellor about anything - no +problem is too big or too small including advice, information and help on a range of emotional health issues.

Call free on 0800 1111, have a 1-2-1 chat online or send an email through the website.

Childline app Zipit

www.childline.org.uk/info-advice/bullying-abuse-safety/online-mobilesafety/sexting/zipit-app

An app created by Childline to provide young people with advice for sexting and top tips for staying safe whilst texting/chatting online.

Includes a function to call Childline.

Childnet International

www.childnet.com

Work in partnership with others around the world to help make the internet a great and safe place for children. Also work directly with children and young people from the ages of 3 to 18 on a weekly basis, as well as parents, carers, teachers and professionals, finding out about their real experiences online and the positive things they are doing as well as sharing safety advice.

Also practical advice and teaching activities to help teaching staff explore e-safety with young people with autistic spectrum disorders in Key Stage 3 and 4. Plus information on staying safe online for parents, young people and teachers.

The Children's Legal Centre

www.lawstuff.org.uk

The Children's Legal Centre is a charity that promotes children's rights and gives legal advice and representation to children and young people.

The Cybersmile Foundation

www.cybersmile.org

Tackling on-line bullying and hate campaigns. Providing support, help and advice for young people, parents/carers and professionals. Email and twitter service to ask questions plus helpline services.

Caremonkeys

www.caremonkeys.co.uk/

Web-based app providing information for young people on issues such as sexting and bullying. Links to websites such as Childline for reporting and "safe zone" button to keep searching confidential.

HeadMeds

www.headmeds.org.uk

Straight talk on mental health medication. Look up your medication to find out about side effects and things you might not feel comfortable asking your GP about and listen to other people's experiences.

MindFul

www.mindful.org

MindFul provides 11-17 year olds with tailored support to improve their wellbeing and mental health. By helping them to improve their emotional resilience and develop positive coping mechanisms, MindFul equips young people with the tools and emotional foundations needed to fulfil their potential.

The Mix

Freephone: [0808 808 4994](tel:08088084994)

www.themix.org.uk

An online guide to life for 16 to 25 year-olds.

It provides non-judgmental support and information on everything from sex and exam stress to debt and drugs.

Mood Juice

www.Moodjuice.scot.nhs.uk

Self-help resources on issues such as anxiety, depression and bereavement. Also information for parents/carers and professionals.

Anger? Panic? Assertiveness? Anxiety? Stress? Chronic Pain? Bereavement? Phobias? Depression? Post-Traumatic Stress? Obsessions and Compulsions? Sleep Problems? Shyness? Addiction? Carers Support? Feel in Crisis?

Emotional problems often indicate that something needs to be changed in our life. Mood Juice helps you think about emotional problems and work towards solving them.

Stem4

www.stem4.org.uk

A charity aimed at improving teenage mental health by stemming commonly occurring mental health issues at an early stage. Covering eating disorders, self-harm, depression and anxiety, and addiction. For young people affected by the conditions, their friends, their families and carers, schools – teachers and nurses

Talk to Frank

0300 123 6600

www.talktofrank.com

Friendly, confidential advice on drugs. Chat facility, phone line. Live chat, email, phone and text service. If you want to talk, you can call FRANK, **24 hours a day, 365 days a year. Online chat 2pm-6pm any day of the year.**

Need a quick answer? Text 82111 a question and FRANK will text you back.

Young Carers Revolution

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

Blog: www.ycryorkuk.wordpress.com

01904 715490

Young Carers Revolution (YCR) provides empowerment and influence to young carers and young adult carers (8 to 25 years) in York. Its purpose is to proactively influence services provided for them by statutory and third sector organisations. Although administered by York Carers Centre the group has its own autonomy and sets its own agenda for projects and campaign themes.

YCR is open to all young carers and young adult carers living in York. It is run by a team of volunteers and supported by York Carers Centre.

The office is open Monday to Thursday 9am to 5pm and Friday 9am to 4.30pm. The telephone lines will be open 9.30 to 4.30 Monday to Friday for information and guidance.

Young People's Project (York Mind)

Highcliffe House Highcliffe Court,
York YO30 6BP

01904 643364

vicky.blakey@yorkmind.org.uk or

rab.ferguson@yorkmind.org.uk

www.yorkmind.org.uk

Providing support for young people between 13 and 25 who are recovering from mental health issues. The mentoring service provides 1-to-1 support where people, over a 12 week period, build their confidence by setting their own goals. The Arts Award project is available for people who are aged 13 to 16 and 16 to 25. The project will support individuals to explore a range of creative arts activities.

Young People's Survival Guide

www.yorksurvivalguide.co.uk

The Young People's Survival Guide to York is a useful little book full of things you might need to know or make decisions about. It also has places you might need to contact for help and advice. It is written for young people 16-25 in York (though you might find it useful at any age). The guide is produced by the friendly people at Castlegate.

Do you want to talk to someone face to face? There are places you can go to in York especially for you.

29 Castlegate, York YO1 9RN

01904 555400

mail@29castlegate.org

www.29castlegate.org

Offers information, support, advice, guidance and counselling to young people aged 16 to 25 who live in York. This includes practical and emotional support, advice on sexual health, benefits, debt, housing options and housing rights and help with employment, training and education.

Appointments: Monday to Friday, 9m to 5pm.

Drop in: Monday to Friday, 11am to 4.30pm.

YoungMinds

www.youngminds.org.uk

The UK's leading charity committed to improving the emotional wellbeing and mental health of children and young people with information and advice for young people, parents, carers and training for professionals.

The YoungMinds Parents' Helpline: **0808 802 5544 is free for mobiles and landlines and open from 9.30 to 4.00pm, Mon- Fri.**

For general enquiries:

yemenquiries@youngminds.org.uk.

We'll try to get back to you within 48 hours.

Write: Suite 11, Baden Place, Crosby Row, London SE1 1YW

Youth Access

www.youthaccess.org.uk

A national membership organisation for youth information, advice and counselling agencies. Provides information on youth agencies to children aged 11-25 and their carers but does not provide direct advice.

For Parents and Families

MindEd

www.minded.org.uk/

MindEd is suitable for all adults working with or caring for infants, children or teenagers; all the information provided is quality assured by experts, useful and easy to understand. We aim to give adults who care for or work with young people the knowledge to support their wellbeing, the understanding to identify a child at risk of a mental health condition and the confidence to act on their concern and, if needed, signpost to services that can help

York Carers Centre

17 Priory Street, York YO1 6ET

01904 715490

enquiries@yorkcarerscentre.co.uk

www.yorkcarerscentre.co.uk

York Carers Centre helps unpaid carers in York find the support they need. They have services for young carers (aged 8-18), young adult carers (18-25) and adult carers. They support carers regarding their individual situations, and can provide this over the phone, at the office, at home or another suitable place.

Offering carers:

A Carers Emergency Card

Discounts at businesses in York

Free, regular newsletters

Social activities for carers

Employment, education & training support

Help filling in forms

The opportunity to have their voice heard by decision makers

A dedicated advice worker

Information and advice service

The Carers' Mental Health Group runs in partnership with carers themselves, York

Carers' Centre and Rethink York branch.

Meeting monthly on the 2nd Wednesday of each month, alternating between a carers informal sharing /peer support session and discussion group.

York Carers Forum

yorkcarersforum@tiscali.co.uk

www.yorkcarersforum.org

York Carers Forum supports and empowers unpaid carers and former carers (aged over 18) by gathering information for carers and sending it out in a free monthly newsletter and e-newsletter: "York Carers Voice".

Drop-in meetings, speakers and events, provide respite such as mini massages or trips out.

York Inspirational Kids

01904 780880

info@keyworking.co.uk

www.keyworking.co.uk/

York Inspirational Kids is for parents of a child with disabilities/additional needs in the York area. They aim to provide information and support to all our members along with family and parent events.

York Mind Carers Peer Support Group

Darrin at York Mind: 01904 643364

darrin.thomson@yorkmind.org.uk

Meets regularly to promote the well-being of carers for people with mental health issues.

York Parent Carer Forum

15 Priory Street, York, North Yorkshire, YO1 6ET

info@yorkparentcarerforum.org.uk

07751828369

York Parent Carer Forum are a parent/carer forum for children and young people aged 0-25 with disability or additional need who access services in York. They aim to represent the views of families of children and young people who have physical and Sensory impairments, learning difficulties and those who have been identified with additional needs.

Appendix 3 – Comments from Question 6 in response to the question: Q5. If you had been able to get earlier help would this have made a difference?

- We still have no idea what our child's condition is and have had to go through 3 years of school so far using trial and error approaches. Knowing what the condition is would help in understanding how to deal with it appropriately
- Asked for help from age 4 via primary care MH workers. Eventual referral into CAMHS age 11. No formal ASC diagnosis until age 15. Earlier help would have helped increase support at school
- I find it is very hard to get referred and seen by lime trees
- She has had no support since leaving our previous LA in Oct 2015
- Referred by GP to Lime Trees but they don't give any support until he is 5
- If earlier diagnosis had happened, support from other agencies and school would have been put in place when really needed. Instead my child's needs increased through anxiety of school not knowing what to do, no support for us as a family and we hit crisis point before getting screening and diagnosis
- Anxiety is the problem with my son. We did get an appointment after the GP and the doctors had sent many letters. We were told we would get support for Anxiety 3 months ago and still waiting. I do wonder if we have been forgotten. Quick email to keep us informed would be lovely
- It would have stopped the prolonged anxiety that both my children experience
- Still waiting to be seen and struggle at home and school
- Awaiting an autism diagnosis and my son is deteriorating and has started self harming, school lack understanding and will not help until he has a diagnosis so just punish him when he can't cope treating him like a naughty child. If his diagnosis had happened earlier help would be in place for him both in and out of school
- Just helping my child to understand his emotions might have prevented him from self harming
- Allow recognition of needs; provide evidence of needs
Allow access to ascend and other elements only available to those with diagnosis
- Would have been nice to have the support

- It might have stopped things from reaching crisis point and stopped my child from self harming
- would have avoided stress and breakdown of relationships in family
- My son suffered emotional needs and was discriminated against during his primary school years because the school didn't understand his needs and were unable to support him as he didn't have a diagnosis at the time. This made it difficult for myself and my husband to work and I had to pay extra to support him myself on school trips and residential visits
- There would of been more help earlier and strategies in place so he was able to do well instead he was slipping further away from his education and lost confidence
- First referral from GP dismissed in June 2014. Then referred again in 2015 by paediatrician put on long waiting list and fobbed off for a long time after getting MP involved saw someone in July 2016 who did back us and pushed for autism assessment diagnosis finally given in December 2016 and only now starting to get the correct help in school and we are getting more support. This could have happened a lot sooner and maybe helped us all a lot sooner
- The wait for support is so long and you're on your own just muddling through
- We we're discharged last year and then had to go almost straight back on the waiting list again. We then had to wait 7 months to be seen during which time our child had to make the transition from primary to secondary school
- Could have put support in place whilst at junior school
- I went to Limetrees and I told them my son had ADHD when he was 10 they wouldn't listen to me just fobbed me off for 2 yrs then they finally decided he had ADHD ... but we had struggled with his behaviour and he had got himself in trouble with the police if the Limetrees doctors had listened to me at first , and put him on Medication he would not have been so bad . And his school work has suffered because he couldn't concentrate and sit long enough to listen and learn
- My child was suffering with anxiety, including suicidal thoughts ... we waited 5 months for an initial meeting, then another 3 months before we were allocated a therapist ... I fear that this delay has caused irreparable harm to his confidence & mental health

- Early intervention would have helped manage anxieties with both son and rest of family but due to the long waiting times and having to keep 're referring through school/GP the difficulties have become in manage and resulted in crisis for whole family therefore both parents and siblings mental health deteriorated resulting in support from mental health for all at crisis level and marriage breakdown
 - 'X' has been failed been under this for 5 years nearly 6 no diagnosis as yet had to go to Selby
 - We didn't know what to do for him how to help where we making it worse he's got worse and worse escalating all the time gone from been anxious to self harming and having bad thoughts no other service can help until diagnosis school didn't want to know
-

Appendix 4 - Comments from Question 8: What recommendations would you make to improve the CAMHS service?

- Whilst I haven't had any direct dealings yet I am fearful of the reports I hear of an overwhelmed and confused service. I am really hoping our experience doesn't match the reputation
- More staff! Waiting lists are ridiculous and the new SPA system isn't working very well at the moment. Staffing levels have been cut and it's only causing more anxiety and stress for parents which is adding to the problems the children have. Other professionals can no longer make any difference to referral times and putting 'everything into one pot' is clogging up the system
- Interventions with schools whilst children are undergoing an assessment. Help for children during assessments
- Not to completely close files but to have a period of time when you can still go back for advice following discharge
- - Link more fully with other bodies e.g. council LAT; schools
 - Manage waiting lists better
 - Provide more ascend style courses
 - Allow drop-ins / support groups access to those pre-diagnosis
- Provide emergency appointments when crisis occurs e.g. self harm
- Recognise that school behaviour may be good and receive feedback from other bodies e.g. childminders, cubs, activity groups to allow evidence of behaviours to be seen more fully when many of our kids 'hold it together' at school leading to poor behaviour elsewhere
- Quicker assessments. Also more support after diagnosis
- Earlier help, more available interventions
- Need more staff and resources. Also permanent help. Feel like CAMHS just like to sign patients off as soon as possible
- More groups to help the patients and the families
- More interaction with outside organisations that may be able to offer support
- Bigger service allowing people to be seen quicker for as long as they need rather than issuing a 6 session guideline for all problems no matter how big and setting this out at the beginning which puts pressure on the child from the start to get 'fixed in 6 sessions'
- Have a proper waiting list where people take their turn. It is hard for all of us, not just those that constantly complain
- To recognise and have support for PDA and OD

- Shorter waiting times. This is children we're dealing with, they shouldn't be left to suffer so long
- Try not to use Locums. More observation of child at home and school
- Shorter waiting lists for diagnosis
- Perhaps an easier way of communicating rather than just phone as it's difficult to get to speak to people so maybe email
- More money invested and more staff, enabling better service and support
- Prioritise the child's needs on the waiting list. Children in crisis should be top. Make medication changes available through the GP so appointments with CAHMS aren't always needed
- - Diagnosis earlier
- - Better support for siblings
- - More training in schools for teachers
- - More courses
- Look at each referral properly and individually - all children are different and have different needs. Time scales for help are ridiculous - children and families are suffering in the meantime
- More staff, more investment, just more of everything. Life is hard enough without waiting for support
- Shorter waiting times
- - Shorter wait time
- - Members of staff turnover too high.
- - A willingness to pass on if it is out of expertise
- - Improve ways of contacting specialists
- - Actually meet the children you are advising on
- - Discharging people when they have helped not because they have completed a set period of help
- Split autism spectrum assessments into fast track for low level needs and more depth where needs are higher, to speed up process where only basic diagnosis is needed. Also please standardize questionnaires between York and Tees systems
- More staff, quicker assessments, help that covers all of the major mental health areas - e.g. Attachment
- Ensure parents/young people have support of who they can access while in waiting list
- Ensure parents/young person have tools to maintain mental health at home to reduce re-referral and crisis
- Have better pathways for referrals back to the service. Many conditions don't go away after CAMHS support and need re-visiting

Look at support to help those most vulnerable that struggle to engage due to condition and not just discharge as min engager

- Listen to the parents
 - Length of waiting time actually getting past the mental health workers a joke [X] member of staff is useless - fobbed off, parents blamed. Actually listen to parents, meet with us without child, too many false promises, nothing put in writing, no plan, can't wait to discharge, you're a number not a person, too quick to judge, second guess, pass the book, no joined up working
 - Realise that not every child is going to fit in specific boxes. Listen more to parents and teachers, we know the children better than someone who has never met them
 - - Shorter waiting lists
 - Better communication with parents, read between the lines as parents forget the long list of things in which their child differs
 - Stop telling parents to not label when the whole outside world expects a label before you can access anything
 - Right strategies can only be put in place when right diagnosis gets made
 - Lower turnover in staff
 - Listen to the parents and not to the school the child is at
 - Read the information sent in from other sources (family friends/sports centres). Actually bother to read the file instead of lying to people
 - Quicker times for diagnosis and more support
-

Appendix 5 - Comments from Question 9: Any other comments

- As a parent at the beginning of this quite daunting time understanding what lies ahead for our son, it would be good to access support for us and for someone to be able to explain who all the different services are and how it all fits together. It's hard enough without feeling totally confused as to who does what. The only people who have actually offered any practical support are nursery - everyone else just writes a report and disappears
- There is a huge shortage of children's mental health services in York, particularly for anxiety and attachment issues. Cut backs are not what's needed at Limetrees- children are our future generation and it's important to be able to offer the help needed in a decent time frame
- I think an emergency access point should be that. Not 2 weeks later. Even a weekly drop in session would be helpful
- Trying to book appointments is extremely difficult as the doctors seem to run their own diary. Recently when an appointment was cancelled I wasn't given an alternative nor was I contacted with a new appointment. I had to contact them then wait two days before there phoned with an appointment at which point my daughter was suffering from some side effects from the medication. Also some transcripts had been mislaid resulting in a letter to my daughters GP being delayed this resulted in my chasing them up as my daughters meds were running out and the GP was being asked to prescribe them now
- Have Skype appointments for children that get anxious going to new places
- Since we started seeing Limetrees two weeks ago there is already an improvement and I no longer feel alone in this. The support is amazing it's just a shame it takes so long to be seen. More funding please City of York Council
- The staff are lovely but everything seems to take a long time and it's frustrating to always have to chase things up
- There does not seem to be sign posting from health visitors, GPs. Not all doctors are on the same page re diagnosis - even hospital seem to have limited resources for parents awaiting diagnosis. The process takes far too long leaving families in dire situations without support
- There doesn't seem to be another level of support once you have exhausted all the usual techniques
- Difficult to get hold of by phone and don't let you know where you are in the process

- The people we have seen have been very lovely & have helped as much as they were able but when we needed help we couldn't get it. I dread the next time my child needs help quickly - he is getting older & has more ideas on how to "leave this life" so quicker response times are imperative
 - Siblings need support. To avoid siblings becoming CAMHS user too this needs to be addressed and information given to those young people about services that can access themselves for support
 - Help the children sooner. 'X' year 6 September and no support at all but there thought she had ADHD aspect since 2014 but still no help
 - Biggest and worse area of all the services we use
 - Our child got a diagnosis and is currently awaiting further assessment as of yet Limetrees haven't returned my call regarding how long waiting time are expected to be for his next few assessments
 - Now been told to start again with GP, meanwhile things have escalated but when you ring to discharge you don't even check that families are ok and not in crisis. I told them things were worse now than ever only to be told nothing I can do I'm just passing on a message re discharge go back to GP
 - There seems to be only one option when it comes to mental health for children and it's a struggle to get help
-

Contact us:

- Post: Freepost RTEG-BLES-RRYJ
Healthwatch York
15 Priory Street
York YO1 6ET
- Phone: 01904 621133
- Mobile: 07779 597361 – use this if you would like to leave us a text or voicemail message
- E mail: healthwatch@yorkcvs.org.uk
- Twitter: @healthwatchyork
- Facebook: Like us on Facebook
- Web: www.healthwatchyork.co.uk
-

York CVS

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

This report

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

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Health and Wellbeing Board

8 November 2017

Report of the Head of Joint Commissioning Programme, NHS Vale of York CCG and City of York Council.

Joint Commissioning Update**Summary**

1. This report provides Health and Wellbeing Board with the following information:
 - Progress on the development of the Joint Commissioning Plan, in line with the joint Commissioning Strategy;
 - An update on the Better Care Fund (BCF) assurance process;
 - A briefing on the Care Quality Commission (CQC) Local System Review of York, currently in progress.

Background

2. The Health and Wellbeing Board approved the Joint Commissioning Strategy 2016 – 2020 in January 2017. The strategy included a commitment to develop a Joint Commissioning Plan. The jointly funded post of Head of Joint Commissioning was created in June 2017 by the Council and NHS Vale of York Clinical Commissioning Group (CCG) to take forward this work. A draft plan has been in place since July 2017 and is attached at Annex A.
3. The Health and Wellbeing Board has received regular reports from the joint chairs of the Better Care Fund Performance and Delivery Task Group. These reports have informed the board of planning requirements and assurance processes for the 2017-19 period. This report includes an update on the current position.
4. The board is aware of the ongoing Care Quality Commission (CQC) Local System Review of York, having received a full briefing and participated in a development discussion in October 2017.

Main/Key Issues to be Considered

Joint Commissioning

5. The Joint Commissioning Plan will evolve over the remaining two quarters of 2017-18. Opportunities for further integration are being actively pursued. One of the national conditions for the BCF is to have a plan for integration by 2020. The current plan contributes to these developments.

Better Care Fund

6. The Integration and BCF Narrative Plan 2017-19 was submitted on 11th September 2017, in line with the prescribed timetable.
7. The Better Care Fund assurance process has been carried out at the regional level, resulting in York's plan being included in the national assurance and escalation process. The plan did not meet NHS England expectations on two key areas. Firstly, NHS England was not satisfied that the requirements on minimum financial expenditure were met on carers and Reablement. Secondly, NHS England required York to agree a target for the reduction in Delayed Transfers of Care (DTOC) which was based on known errors in the data, resulting in a target of zero delays attributable to the NHS.
8. The Council and CCG participated in discussions with NHS England through the Escalation Panel teleconference on 19th October, and there has been further correspondence to clarify the York position. This clarification has satisfied NHS England that the funding in the plan is compliant with the requirements. The partners remain concerned about taking on a stretch target of this magnitude for DTOC in a system where the wider pressures are well known. We have proposed that a revised target of 3.5% is confirmed but it will be challenging to achieve and will require close monitoring.
9. We await the outcome of this next stage in the process by 26th October, and the completion of the assurance process by 30th November 2017.

CQC Review

10. CQC commenced the review of York in September 2017, with an initial visit on 10th and 11th October. We submitted the System Overview Information Return (SOIR) on 20th October and Annex B refers. CQC will be completing their on site programme during the week commencing 30th October, with initial feedback being provided at the end of the week. The final report will be presented at a Local Summit in December, and published afterwards. The Local Summit is intended for Health and Wellbeing Board members.
11. A national interim report, drawing together the findings from the first few reviews will be published in mid November.

Consultation

12. No consultation has taken place to produce this update report.

Options

13. This report is for information only and there are no options for the Health and Wellbeing Board to consider.

Analysis

14. Not applicable.

Strategic/Operational Plans

15. As above:
 - Joint Commissioning Strategy
 - Integration and Better Care Fund Plan

Implications

16. One of the key challenges facing partners is the stated desire to progress shared initiatives and grow the level of pooled resource whilst managing the on-going system pressure. Movement towards an accountable care system with localised planning and delivery provides a platform to develop this intent.

Risk Management

17. Risks which have been previously reported to the board in relation to BCF remain relevant.
18. The CQC review report will be published in December. We are confident that it will highlight our good practice, and we should anticipate there will be areas for improvement. We will prepare a response informing the public of actions we are taking to address these.

Recommendations

19. The Health and Wellbeing Board is asked to note this report.

Reason: To keep the Health and Wellbeing Board informed about these areas of work.

Contact Details

Author:

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Commissioning
Programme.
CYC / NHS VOY CCG
01904 551076

Chief Officer Responsible for the report:

Martin Farran
Corporate Director of Health, Housing
and Adult Social Services

Report **Date** 26.10.2017
Approved

Phil Mettam
Accountable Officer.
NHS Vale of York Clinical
Commissioning Group

Report **Date** 26.10.2017
Approved

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 – Joint Commissioning Plan (draft)

Annex B – York System Overview Information Return (SOIR)

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Vale of York Annual Joint Commissioning Plan 2017 – 2018

[DRAFT OUTLINE v.2.0, 11-9-17] [Pippa Corner]

1 Introduction

- 1.1 This plan responds to the Vale of York Joint Commissioning Strategy 2016-2020.
- 1.2 The national intention is to achieve integration of Health and Social Care by 2020, with the Better Care Fund and Improved Better Care Fund as vehicles for bringing about strategic and operational change.
- 1.3 This means the council and CCGs will be working together to commission services jointly, and people needing care and support will experience seamless, personalised services at home or close to home.
- 1.4 The plan sets out the 2017-2018 actions to jointly commission health, public health and social care services for children, young people and adults in the Vale of York.
- 1.5 This plan has been developed during the early part of 2017-2018. Its impact on frontline service transformation will therefore be limited to part year effect during this transitional year. However, it enables significant developments in our approach to the activity of commissioning. This expectation is set out in paragraph 8 of the Joint Commissioning Strategy, described as:

“ . . . developing a robust and sustainable joint commissioning approach to support long term service integration and system transformation.”

2 Joint Commissioning Strategy (Principles)

- 2.1 This plan has been prepared in line with the principles set out in the Joint Commissioning Strategy (see paragraph 4). Its focus is the practical process of planning, agreeing and monitoring services. It sets out the specific activities and functions which will be jointly commissioned to improve outcomes for individuals, families and communities through the integration of care and support.
- 2.2 The overarching strategic objectives are described in paragraph 4.8 of the Joint Commissioning Strategy.

2.3 Added value from joint commissioning will come from commissioners living by our shared values, creating an environment of mutual:

- Trust
- Integrity
- Respect
- Fairness
- Empathy

2.4 Added value will come from paying close attention to increasing:

- Co-production
- Personalisation
- Prevention and early intervention
- Asset Based Community Development (ABCD)
- Community capacity
- Self-directed support and self care

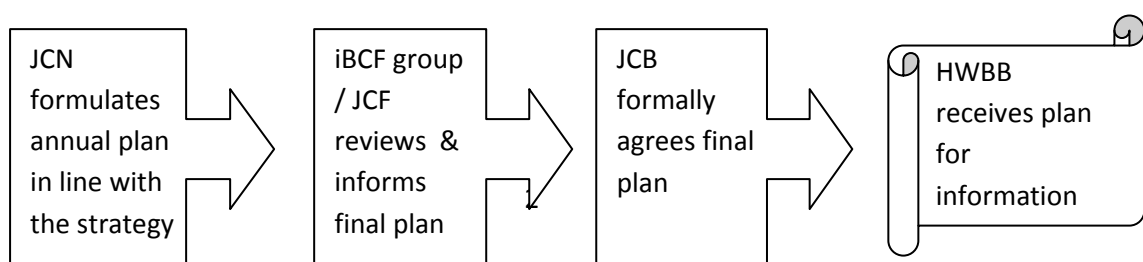
3 Governance

3.1 The Governance arrangements for joint commissioning between VOYCCG and CYC were set out in Appendix 1 of the Vale of York Joint Commissioning Strategy.

3.2 Since December 2016 the arrangements for joint working have continued to evolve.

3.3 The purpose of this plan is to deliver the objectives of the Health and Wellbeing Boards' Wellbeing Strategies, the Humber, Coast and Vale Sustainability and Transformation Plan and the Improved Better Care Fund.

3.4 The Joint Commissioning Strategy describes the process for developing the plan as follows:



4 Resources

4.1 VOYCCG and CYC have agreed to commit resources to the joint commissioning programme. These resources include, but are not necessarily limited to:

- Staff time – commissioning staff with skills, expertise, local knowledge and experience
- Access to advice and specialist expertise – time commitment from practitioners in the functions of procurement, legal, financial, governance, public engagement, communications, community development
- Commissioning budgets
- Wider access to local assets through our powerful public service relationships – the creativity of local people, the health and social care market place, GP and other clinical networks, the council's wider resources in communities, community assets

4.2 Early action of the programme will include mapping these resources, including identifying the staff members involved and their areas of responsibility.

5 Current Position

5.1 The joint commissioning programme has adopted the recognised commissioning cycle.



5.2 This plan uses six factors set out in the Joint Commissioning Strategy options appraisal to identify and prioritise the current opportunities for action:

- Shared priority
- Fit with strategic objectives
- Affordability
- Achievability
- Risk
- Relational impact

5.3 The plan takes account of current transformation programmes in VOYCCG and CYC:

- York Locality Delivery Plan
- CCG Operational Plan
- CYC Future Focus

5.4 The plan takes account of the workforce development implications of service transformation.

5.5 The plan takes account of the current Market Position Statement. The plan will also become a means of signalling intent to the wider sector and to service providers.

5.6 The plan assumes non-service solutions, or universal services will be the first line of support in all cases where appropriate, in line with the commitment to manage demand and promote independence:

- Prevent
- Reduce
- Delay
- Manage

5.7 The plan supports the alignment of VOYCCG Central Locality Delivery Group plan for integrated care hubs and CYC's Future Focus programme. Housing and accommodation will be considered alongside Health and Social Care.

6 Transformation Programme

6.1 Numerous areas of the transformation agenda have been put forward as amenable to joint commissioning in the short, medium and longer term. The following list has not yet been tested against the options appraisal for Better Care Fund Schemes and graduation to iBCF.

- CHC / s117
- Discharge to Assess / Supported Discharge and work on the Delayed Patient Review,
- Integrated Reablement / "One Team"
- Mental Health Strategy implementation, including accommodation
- Learning Disabilities Strategy (to be developed)
- CAMHS
- SEND
 - Autism
 - Intermediate Care / Rehab
 - Prevention and demand management – need to join up current transformation programmes in Integrate Care Hubs (CCG) and Future Focus (CYC)

- Clifton - falls prevention
- Mental health housing support (not yet jointly commissioned) – Homelessness, changing lives, Howe Hill
- Information, Advice and Guidance
- Community Development / community resilience

6.2 There may be some areas which are straightforward to start joint work immediately, such as sharing and aligning VCS contracts registers. Where early progress is possible this will help guide our prioritisation and phasing of work.

6.3 The plan will initially focus on existing areas of joint spend and opportunities to increase this in future. The Section 256 and Section 75 agreements offer a starting point.

6.4 The plan will identify:

- Shared goals of integration (outcomes for people)
- Key performance measures (KPIs) and targets
- Shared intelligence and benchmarking
- Specific actions to be taken and milestones
- Regulatory / statutory requirements on both organisations

7 Action Plan

7.1 The 2017- 2018 plan focuses partly on the process of developing the joint commissioning virtual network (and joint commissioning unit) as described in the strategy. CYC and VOYCCG share the expectation that this network will rapidly evolve to become the basis for the Joint Commissioning Unit. The plan will reflect the timeline for further developments as the opportunities become clear.

7.2 It will also set out the road map for sharing information (including, for example, contracts registers, financial information, KPIs).

7.3 It will name two or three priority areas. At the present time these appear to be BCF and CHC / s117.

- 7.4 The DTOC action plan brings together all the areas for urgent joint working to reduce the number of reportable delays across the system, in line with the target as a minimum aspiration. More importantly the action plan should reduce the experience of delays for people needing care and ensure that older people in particular are not placed at unnecessary risk of de-conditioning and deterioration as result of their hospital admission. Thus, the joint commissioning plan will be addressed in part through the DTOC action plan.

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7.4 Areas for Action

Ref.	Area for action	Action	Outcome	Lead	Timescale	Progress
					Date achieved	
1	Joint Commissioning virtual network	Stage 1 - discuss direction of travel with commissioning lead officers and consider the preferred approach to creating draft plan	Commissioners are informed of the strategic commitment and contribute to the plan's development, including identifying who else needs to be involved.	PCLC	June / July completed by 3-7-17	Initial conversations have taken place on one to one basis to alert colleagues to the proposed network / JCU
		Stage 2 workshop to map out the information needed to develop the plan	The people involved in the Virtual Network contribute practically to the development of the plan and can influence how the network will evolve, with an understanding of the longer term goals for the governance – co-operation and collaboration initially, NOT structural change.	PCLC	August / September	First meeting scheduled for 13-7-17 Not possible to bring whole network together. Further dates to be arranged.
		Schedule of meetings and activities for delivery of 2017-2018 plan, including naming people involved.	Regular opportunities to enhance working relationships, share knowledge and join up specific pieces of work to maximise efficiency and improve partnership	PCLC	Commence September	Reablement and Intermediate Care Steering Group established – co-chaired by CYC Head of Commissioning and CCG Head of Service. Agreed common set of KPI's for Reablement and

						<p>Intermediate Care.</p> <p>Development of Safe Haven, partnership working between CYC, TEWV and VoyCCG, Service open is October as part of Clarence Street re-development and revenue funded by CCG.</p> <p>Commissioning of Older Persons Community Service incorporated a consolidated approach to service delivery by CYC and was extended to include services commissioned by the VoYCCG.</p>
		Working version of joint commissioning plan disseminated to key	Shared understanding of the programme of joint work, shared commitment to delivering the	PCLC	September	Emphasis on BCF has been the route for this

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Ref.	Area for action	Action	Outcome	Lead	Timescale Date achieved	Progress
		people, used as road map	strategy. Practical tasks completed together.			so far.
2	Information Sharing	Design the road map for information sharing between stakeholders (starting with VOYCCG and CYC)	Commissioners contribute to shaping the arrangements for information sharing. This is a mutually agreed core commitment for partnership working. Colleagues are aware of the information requirements.	PCLC	August / September	see CQC SOIR evidence. Needs to join up. BCF activity.
		Draw up information schedule.	Named colleagues are responsible for providing the information required by the JCU. A shared schedule of dates when information is available exists. Agreement is reached about the mechanism for sharing and storing information, with an emphasis on reducing duplication. For example the potential to develop a shared drive or <i>sharepoint</i> site, in particular for statutory returns.	tbc		CQC local system review has delivered additional data sources from CQC which we are exploring.
		Information sharing embedded as "business as usual".	Transparent: Timetable for commissioning activity Opportunities to combine or align specifications / contracts	tbc		BCF programme is developing this in the first instance.

			Efficient use of financial resources Joint evaluation of Performance			
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Ref.	Area for action	Action	Outcome	Lead	Timescale Date achieved	Progress
3	Improved Better Care Fund / BCF – growing the fund	CYC / VOYCCG agree final list of schemes in iBCF/BCF.	Clarity of purpose and shared vision. Ability to progress schemes to achieve outcomes for local people.	TC/EW	28-7-17	iBCF return completed and submitted by CYC. DTOC Trajectory submitted by CCG
		Prepare joint narrative for BCF submission ahead of final deadline.	VOYCCG / CYC improve performance compared to previous year. Able to implement plans and achieve further integration – maintaining pace. Supports stability and sustainability of services across sectors. Better experience for people using services.	CS-H	Final submission deadline: 11-9-17	submission ready 11-9-17 regional and national assurance processes ongoing (until 30-11-17).
		Translate list of schemes into joint schedule of monitoring and evaluation by JCU.	Recognised system for performance and budget management in place for all schemes. JCU able to escalate any areas of concern by exception to JCF. Named commissioner attached to each scheme.	CS-H	Q3 onwards	refers to BCF performance and delivery group agenda.

		Identify opportunities to expand the iBCF / BCF by including additional schemes. Develop criteria for expansion.	Whole system / One York System is promoted and supported – enhancing focus on prevention and seamlessness of services.	TC/EW/ PCLC	September	Winter schemes will widen the plan and accelerate activity in some areas.
Ref.	Area for action	Action	Outcome	Lead	Timescale Date achieved	Progress
4	Continuing Health Care (CHC)	As part of the DTOC action plan, develop a programme of work to improve business processes for CHC assessments and brokerage.	There will be fewer delays in completing assessments. People assessed as eligible for CHC will have their care arranged in a timely way, with any delays shorter than the baseline (2016-17) experience.	EW	August	Denise Nightingale (CCG) review of CHC team and business processes. working with Gary Brittain on market management.
		Establish the appropriate working group to focus on CHC. (Could be allocated to an existing group.			August	Discussions between CCG/CYC Senior Officers
		Use performance information, case studies and staff input to redesign business process.			September / November	CCG lead (Denise Nightingale)
		Use finance information to quantify cost of current	This may support a business case for investment in resources to reduce		September / November	CCG lead (Denise Nightingale)

Annex A

		delays to the system.	waiting times for assessment.			
		Use case load information to forecast current and future demand, and to shape the market.			September / November	CCG lead (Denise Nightingale)

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CQC Local System Reviews

Local System Overview

Information Request

Introduction

Following the budget announcement of additional funding for adult social care, CQC has been requested by the Secretary of State for Health to undertake a programme of targeted reviews in local authority areas. These reviews will be focused on the interface of health and social care.

The reviews will look specifically at how people move between health and social care, including delayed transfers of care, with a particular focus on people over 65 years old. The review will not include Mental Health Services or specialist commissioning but, through case tracking, will look at the experiences of people living with dementia as they move through the system.

The purpose of the reviews is to provide a bespoke response to support those areas facing the greatest challenges to secure improvement.

Our intention is that these reviews will provide a useful reflection for each of the local areas highlighting what is working well and where there are opportunities for improving how the system works for people using services.

Once we have completed all of the reviews, we will also be producing a national report of our findings, which will identify key themes and recommendations.

As outlined in a letter to York on 31st July 2017, your area has been selected for a local system review, commencing on 30 October 2017.

Local System Overview Information Request

In preparation for your review we are asking for a representative in your area to complete this Local System Overview Information Request. It contains 15 questions and provides an opportunity for you to introduce your area to us, and tell us in your own words how York works as a system for older people moving between health and social care.

The aim is to help us understand:

- How health and social care is organised across your local authority area
- What you are trying to achieve as an integrated system and the impact this is having for people who use services
- The challenges and constraints you face

Accompanying the information request is a 'System Contact Form' document (see question 1 for details). This will need to be completed and returned ahead of the main document.

How the information will be used

The Local System Overview Information Request is a vital part of the review process. The information you provide will help the review team understand your local system, inform the planning and delivery of review activities, and help the team develop the findings of the review.

The Local System Overview Information Request will also be shared with the analytical team and will be used to inform the national report of our key findings and recommendations, which will be published after all of the reviews are completed.

The information you provide in response to this request will be treated in accordance with CQC's information governance policy. As a public body we are obliged to consider requests for disclosure of information under the Freedom for Information Act 2000. In the event of a request for any information you have provided we will consult with you before deciding whether to release or withhold the information.

Who should complete the Local System Overview Information Request?

We expect an individual to hold the responsibility for completing the Local System Overview Information Request on behalf of your area. It is up to each area to decide who takes on responsibility for this, but we recommend that it is a person with strong contacts across health and social care, as the questions will need to be answered from a whole-system perspective. You may wish to use your Health and Wellbeing Board as a forum for completing and/or signing off the document, however this is not mandatory.

How to complete the Local System Overview Information Request

We have a very limited timeframe to review submitted information before we visit your area. We want to ensure that we are able to make the best use of all the information you provide. To help us do this we ask that you follow these guiding principles when answering the questions:

- **Answer concisely** and within the question word limit. Prioritise the reporting of exceptions- what is going particularly well/ less well. We welcome the use of diagrams and charts where appropriate.
- **Answer candidly**; reflecting openly on the challenges you face as a system, as well as your successes. The review is intended to provide a useful reflection for your area highlighting what is working well, and where there are opportunities for improvement and this can only happen if your responses are accurate, honest and transparent.

Annex B

- **Answer specifically;** directly address each question and avoid copying large chunks of more general text from existing documents. If you refer to supporting documents or data in your answer, include a page or tab reference and attach the document/file. We can only review attached documents/files where it is clearly explained how they address the question and where there is a page/tab reference.
- Be mindful of the scope of the local system review programme, described at the beginning of this introduction.

Deadline for completion

The Local System Overview Information Request is vital to our planning for your review. We therefore ask that you please send your completed document to health&socialcarereviews@cqc.org.uk no later than 20th October 2017

Please note that the accompanying 'System Contacts Form' document should be completed and returned ahead of the main document by Friday 29th September 2017. See question 1 for more detail.

Further information

If you have any questions about completing the Local System Overview Information Request or would like further information about the local system reviews programme, please email health&socialcarereviews@cqc.org.uk and a member of the team will get back to you.

Thank you for your support in completing the Local System Overview – we look forward to working with you and colleagues in your area over the coming weeks.

Lead contact details

Please provide the contact details of the lead person completing the Local System Overview Information Return.

Name: *Pippa Corner*

Role: *Head of Joint Commissioning Programme*

Organisation: *City of York Council (CYC) and NHS Vale of York Clinical Commissioning Group (VOYCCG)*

Email: *pippa.corner@york.gov.uk*

Telephone: *01904 551076 or 07500 973 261*

Annex B

Section 1: Background to your local system

1. In the accompanying document (System Contacts Form) please identify the key organisations and the system leaders within them that drive the commissioning, planning and delivery of services for older people at the interfaces of health and social care.

Please note the System Contacts Form needs to be completed and returned ahead of this main document, by 29th September 2017

2. How are health and social care services organised to serve the population within your local authority area, in particular for people aged 65 and over? [max 500 words]

[Tip: This is an opportunity to articulate what the health and social care system(s) looks like in your local authority area. We recognise that there may be more than one system operating across your local authority boundary]

[Tip: You may wish to use a diagram or chart here to illustrate how your health and social care system(s) are organised]

A pattern, not a puzzle

Our view of the system in York starts with the person.

Working across sectors, we are building a truly person-centred, place-based pattern of support. Tackling loneliness and isolation is the top priority, preventing, reducing, delaying and managing need at the least intensive level possible.

Annex B



The voluntary and community sector is a formidable resource in York. We are building capacity and resilience in communities, for example our Ways To Wellbeing Service(2.1) uses social prescribing to tackle loneliness and isolation among older people.

In Primary Care, Vale of York Clinical Commissioning Group is leading the development of integrated care hubs(2.2), and partnership working with the GP federations.

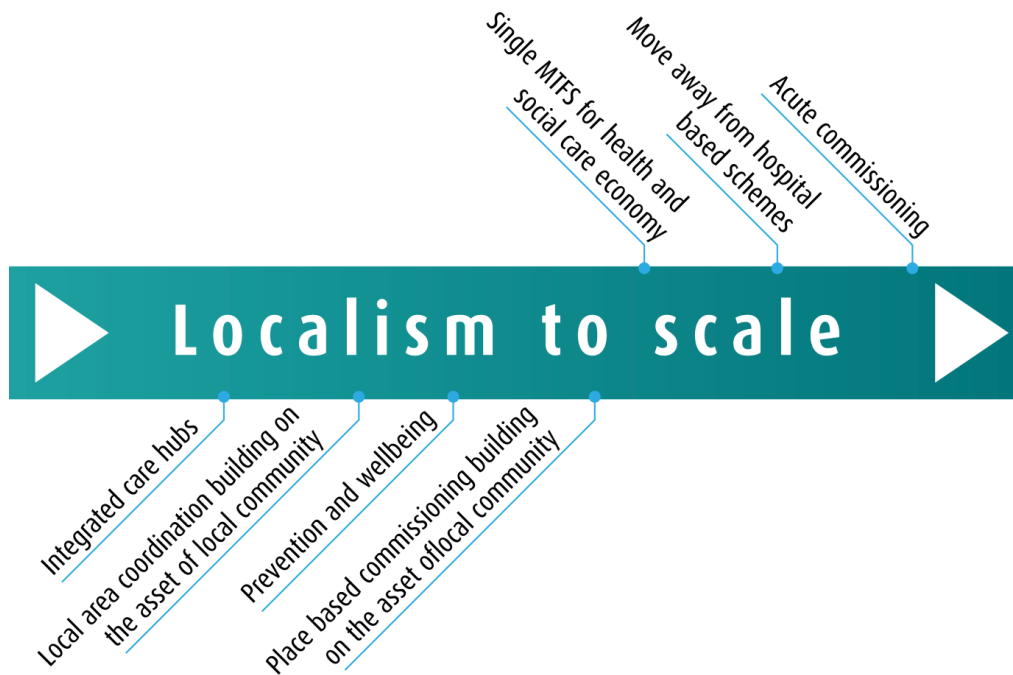
The Council is leading on a new 'community operating model'. With partner organisations in NHS, community and voluntary services, through our strong partnership with York CVS, we are reviewing the volunteering strategy for the city, which will focus more on the growth of social action and impact volunteering – 'People Helping People'. Our Local Area Coordination(2.3) programme and Community Facilitation is central to this approach.

Future Focus(2.4) – our assessment and care management redesign programme – starts with a strength based approach, reaching people quickly with information, advice and guidance, skilled in helping people stay well and resilient, maintaining their independence for as long as possible.

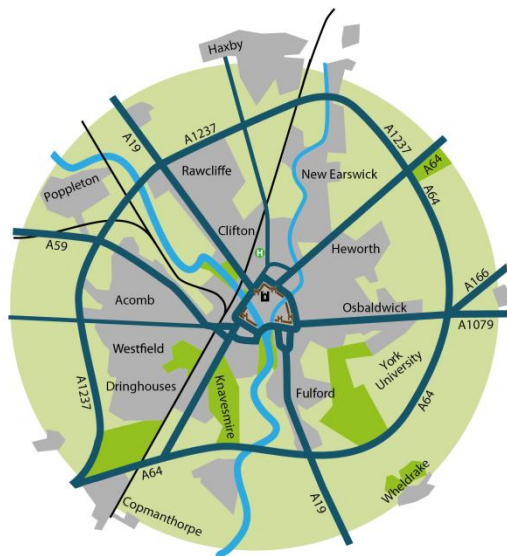
We have united our Intermediate Care and Reablement teams (which support people through a crisis or returning home from hospital) as 'One Team'(2.5).

Our aim is for people who need care and support to receive it at home or as close to home as possible, reducing our dependence on acute and in-patient

services.



This review centres on the City of York Health and Wellbeing Board footprint.



Our system geography is highly complex.

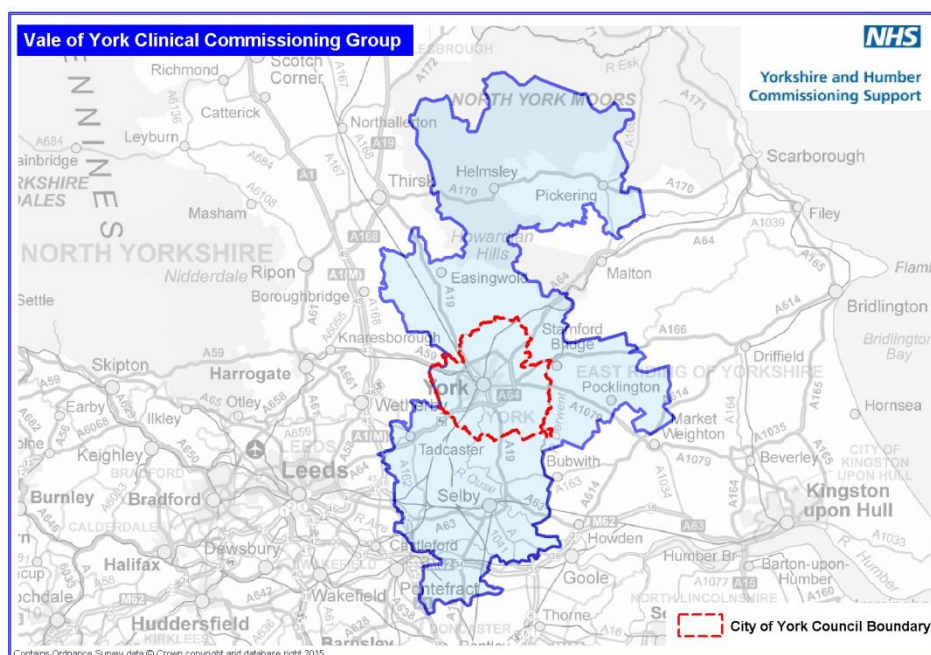
York CVS – bringing together the voluntary and community sector, with a network of 1,000 organisations and groups.

www.yorkcvs.org.uk

VOYCCG – commissioning in partnership with CYC, NYCC and ERYC, across North South and Central (York) Localities. There are two GP federations under

the VOYCCG umbrella, as well as unaligned practices.

www.valeofyorkccg.nhs.uk



YTHFT- providing acute and community healthcare to the populations of York and Scarborough (and surrounding areas). YTHFT operates York district general hospital, two community rehabilitation units and community teams working from several locations. The Healthcare of Older People directorate (acute) has led the development of improved services for frail patients arriving at hospital. The Out of Hospital Care directorate brings together adult community services and allied health professionals (acute and community).

www.york.nhs.uk

TEWV – delivering mental health and learning disability services to the CCG registered population, as part of a much wider Trust footprint. TEWV has disaggregated Adult Mental Health and Mental Health Services for Older People into specialities, aligned to Royal College guidelines.

www.tewv.nhs.uk

YAS - providing the region's emergency, urgent care and non-emergency patient transport services, serving a population of over five million people across Yorkshire and the Humber. The catchment area for our NHS 111 service extends to North Lincolnshire, North East Lincolnshire and Bassetlaw in Nottinghamshire.

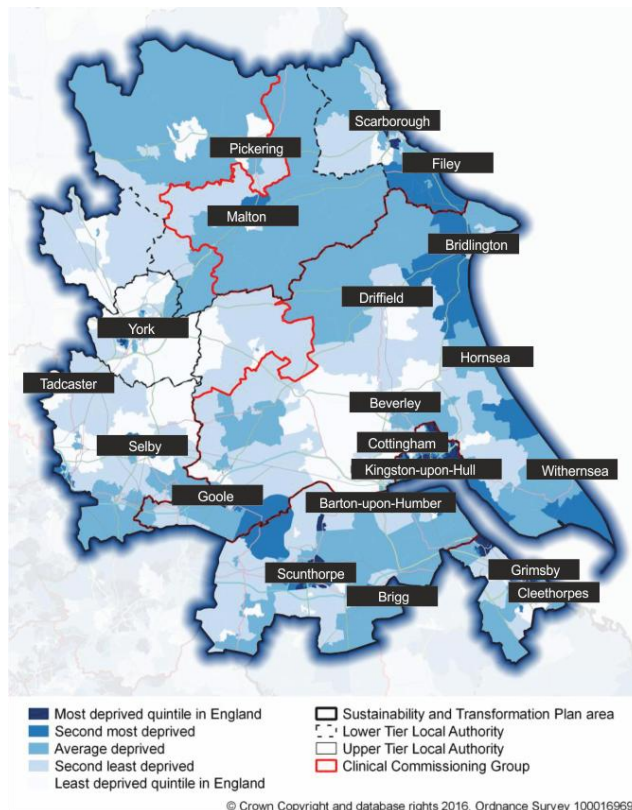
www.yas.nhs.uk

Annex B



Humber, Coast and Vale STP

www.humbercoastandvale.org.uk



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Annex B

3. **What key partnership, commissioning and governance arrangements are in place across the system(s) to support the planning and delivery of joined up care for older people at the interfaces of health and social care? [max 500 words]**

[For example, Better Care Fund plan; Local A&E Delivery Board; integrated care programme work streams; joint or aligned commissioning and provider arrangements]

York – part of the wider system

Under the Humber, Coast and Vale Sustainability and Transformation Partnership, the Accountable Care Systems Partnership Board covers the Vale of York and Scarborough and Ryedale CCG catchment populations.

An Unplanned Care Programme has been approved by the Board. This is overseen by a Steering Group with delivery through three Locality Delivery Groups, aligned to local authority boundaries.

The A&E Delivery Board, covering the York Teaching Hospital NHS FT footprint, reports to NHS Improvement North and NHSE, and is responsible for developing and managing urgent and emergency care across the system.

Amongst other things, the Board has introduced a Complex Discharge Programme(3.1), which is overseen by the Complex Discharge Task and Finish Group(3.2) (comprising senior managers from across the partner agencies), focussing on operational actions to improve discharge pathways, implementing the High Impact Changes and reducing delayed transfers of care.

Partnership arrangements in York

The Health and Wellbeing Board oversees the direction of health and social care in York.

During 2017 The HWBB reviewed and streamlined the formal reporting structure beneath it. A single Steering Group now reports to the board.

The Board published York's Joint Health and Wellbeing Strategy 2017-2022(3.3) in March 2017.

All partners are signed up to the Health and Wellbeing Strategy which sets out our aspirations for the way we will promote and sustain the health and wellbeing of the whole community, and particularly including those people who need care and support.

The strategy is underpinned by the JSNA(3.4), (which is a continual

programme of work, compiling evidence and shaping priorities), and the Annual Public Health Report(3.5) – which sets out the state of health for the area over a yearly cycle.

In January 2017 the HWBB approved the Joint Commissioning Strategy(3.6). This formalises the commitment of CYC and VOYCCG to align and pool budgets where appropriate and to form a joint commissioning unit in preparation for integration by 2020.

The developing partnerships for Mental Health, Learning Disability and Autism will be informed by the findings of this review.

The Better Care Fund Plan(3.7) has accelerated our journey towards greater integration of service delivery. The BCF Performance & Delivery Group(3.8) is a multi agency task and finish group where our joint plans are developed in partnership and schemes are monitored and evaluated to ensure value for money from the fund. This group works closely with the VOYCCG Central Locality Delivery Group, which covers York.

System leaders have regularly reviewed the effectiveness of our partnership groups and networks in the context of the changing external environment for VOYCCG. Some groups such as the Integration and Transformation Board have had a relatively short life but have been critical in establishing trust and consensus, and adopting shared values and behaviours to drive system change.

Partnership arrangements in primary care between Primary Care Home and York Care Collaborative are developing.

In addition, there are regular contract management boards between VOYCCG and TEWV and VOYCCG and YTHFT.

4. What is the history of NHS and local government collaboration in your local authority area? [max 500 words]

[Tip: To what extent is there a track record of partners working together at the system level in your area? What are your successes and where have you historically faced difficulties in collaborating?]

Recent history:

We have invested in system leadership, addressing together the combined

challenges facing our system (Q6).

Our shared appreciation of the changes needed is shaping our approach to integration and service transformation.

- **Co-location: e.g. West Offices, Archways, 30 Clarence Street**
- **Collaboration: e.g. BCF, Joint Commissioning Programme, Quality initiatives**
- **Communication: e.g. Co-production principles, DTOC protocol, Choice Protocol**

Changes in step – looking back

York has benefited from formal and informal partnership arrangements for many years, including some long standing working relationships.

However, there have been many changes along the way, in key leadership roles and in organisational structures. This has required individuals and agencies to rebuild relationships frequently, investing personal energy in partnerships and open communication.

Joint Commissioning

Changes in the configuration of NHS commissioning (PCTs, CCGs, CSU, PCU) and changes in personnel across the system in recent years have interrupted working arrangements and disrupted relationships at times.

In 2013-14, the inception of the BCF fostered openness and transparency in joint finances - we recognise that this has been a long journey. Each year's process has deepened our integration. There remains a sense that some schemes are CCG and some council. Joint commissioning will overcome this within the lifetime of the current plan.

Over the past year the Council and CCG have worked together, jointly commissioning a Community Service for Older People and an Advocacy Hub - consolidating all aspects of advocacy support under one single specification and provider. The Council acted as lead commissioner on behalf of the partnership.

We are now in the process of jointly re-commissioning our carers service.

Integrated provision

Providers here have a tradition of working together to pool resources,

supported by the commissioners as a vehicle for whole system working.

The impact of Transforming Community Services (TCS in 2011) and changes in provider contracts have now settled. The past two years have seen a period of greater stability. Since that time a number of planned and unplanned changes to beds have been required. This has been undertaken in a collaborative manner to meet patient needs.

The York Dementia Action Alliance(4.1) comprises over 60 groups and agencies working to make York a dementia friendly city.

In 2016, we established our Provider Alliance Board bringing together primary care leads, mental health trust, local authorities, foundation trust and voluntary sector leads. The Board has developed relationships and trust between provider organisations to support integrated service delivery.

The System Resilience Group previously led the winter planning and escalation processes. Its leadership role incentivised integrated approaches to service delivery by allocating one-off winter monies. The group evolved into the A&E Delivery Board, established in September 2016. It leads the provision of urgent and emergency care.

We have a history of collaboration between the council and foundation trust to improve discharge pathways. Our joint work to introduce a 'discharge to assess(4.2)' approach during 2016 has been followed by a project to integrate intermediate rehabilitation and Reablement services under the banner of "One Team" with a new single specification(4.3). (Q12)

Word count: 500 / 500

5. How effective are local relationships in delivering integrated health and social care for people in your area*? [max 500 words]

[Tip: Please add any comments that would give further information to how different parts of the system work together to deliver health and social care to older people in your geographical area, focussing on quality of relationships in the system.]

A step change

We can demonstrate progress against key local and national targets as evidence of our step change in delivery.

There is now a common purpose across the partnership to prevent, reduce, delay and manage people's need for care and support. We are developing as a team and are emphatically optimistic about our direction of travel.

The past two years show renewed stability in the leadership teams across the health and social care system. Regular meetings – formal and informal - between system leaders are adding value to working relationships, resulting in opportunities for joint posts, sharing assets and resources, such as estates.

Our BCF plan opens:

“We start this year in a great place...

- We have a jointly agreed plan**
- We have a balanced plan**
- We have had some successes in 2016/17 and are building on these**
- We have better partnerships that are more resilient**
- We are collectively committed to integrating services and removing obstacles**
- We recognize the connections across the different parts of our local system and continue to try and work through barriers**

These are great achievements for any system but are especially significant given the position we started from last year.”

We are proud of the changes we are making to join up services around the people who need them and improving flow through the system. (Examples detailed in Q12).

- **Ways to Wellbeing – showing 30% reduction in people needing to see their GP.**
- **YICT has reduced excess bed days for their admitted patients by 33% in 2016-17, identifying those at risk and pulling people out of acute care to be looked after closer to home.**
- **The One Team has enabled a 14% increase in the number of patients able to access intermediate care (home and bed based) and increased the proportion delivered at home from 33% to 50%.**
- **The Complex Discharge Task and Finish Group High Impact Changes self-assessment(5.1), highlighting progress and the work still required.**
- **Discharge to Assess: we have worked collaboratively to deliver a project testing three D2A pathways during 2016/17.**
- **We are exploring the use of step down and short breaks services in our**

Independent Living Communities.

- **The Ambulatory Care Unit opened in 2016, enables 90% of its patients to be discharged with some treatment and to stay in their local communities.**
- **The Emergency Department front door streaming commenced in July 2016 triages ‘walk –in’ patients to the right place, such as a medical ward, a GP, community pharmacy or social care.**
- **TEWV and YTHFT host weekly DTOC meetings involving CCG and council to reduce delays in Older Peoples’ wards with a clear focus on delivering the best possible discharge outcomes for individuals.**
- **TEWV has a dedicated Care Home and Dementia Team who specifically work with the care homes across the Vale of York.**
- **HCVSTP recently completed a NHS 111 direct booking (in hours / out of hours) PID for the Urgent and Emergency Care Network.**

Word count c. 500 / 500

* Please note we will ask system contacts (question 1) to complete a short anonymised survey that will form part of an audit on system relationships.

6. What significant pressures and challenges are you currently facing as a system(s) that impact on the delivery of joined up care for older people? [max 500 words]

[For example, financial; health and care workforce; provider market. Please provide any data or financial detail in support of your answer.]

[Tip: Are there any contextual factors that are specific to your area e.g. geography]

The pressures and challenges facing York are unique within the region.

pressures and challenges	impact on delivery
<p>The funding formula has not reflected York's financial and demographic pressures over a considerable period.</p> <p>The affluent image of York makes it harder to attract new funding – (4% of the population lives in the 20% most deprived areas in England).</p> <p>The capped expenditure regime and NHSE legal directions imposed on the CCG reflect £50m deficit in annual budget across NHS organisations.</p>	<p>York has an allocation 11% lower than HCVSTP benchmark(6.1).</p> <p>The Capped Expenditure Programme impedes invest to save opportunities.</p> <p>National BCF assurance process delays funding reaching our voluntary sector schemes.</p>
<p>Workforce pressures across health and social care are deepened by the unequal prosperity, high cost of housing and full employment environment whereby social care is less attractive than other industries. Low paid workers cannot afford to live in the city.</p> <p>Qualified staff (all levels) in high demand. Nursing and medical workforce is significant challenge for YTHFT and TEWV, as well as the specialist independent sector care beds. EU referendum is a factor.</p>	<p>Difficulty in retaining the staff in home care and care home sector.</p> <p>High cost of agency staff in YTHFT(6.1/2) causes significant budget pressure and vacancies impact on safe service and efficiency.</p> <p>Pressure on placements and care packages – risk for the future and current cause of DTOC.</p>
<p>The wider system is highly complex. Geography of strategic and operational systems is often mismatched.</p> <p>HCV STP footprint is not necessarily a natural affiliation for York.</p> <p>CCG footprint includes CYC, NYCC, ERYC.</p> <p>YTHFT footprint: York, Easingwold, Malton, Selby, Scarborough,</p>	<p>Public gravitates to convenient and familiar services - not necessarily best placed to meet their need (such as emergency department).</p> <p>Two GP federations and some unaligned practices impedes CCG's ability to lead York as one system.</p> <p>Competing regulatory frameworks. Resources are stretched in partnership arenas.</p>

Annex B

<p>Bridlington.</p> <p>For YAS and TEVV York is a small but pressured part of their business.</p>	<p>A&E delivery board doesn't disaggregate for the York population.</p>
<p>Demographic demand:</p> <p>9,500 older people in York – rising to 10,000 by 2020.</p> <p>2,700 older people with dementia – rising to 3,500 in next 10 years.</p>	<p>Reliance on bed based services, including in mental health.</p> <p>Workforce pressures (see below) will be compounded by rising need.</p> <p>The council in-house care homes closure programme.</p>
<p>Population expectations are high in York. Relatively affluent and educated people make higher use of elective services.</p> <p>General health is better overall, but the most deprived do not always seek the support they need early enough.</p>	<p>The number of (lower need) self funders buying care impacts on the flexibility and capacity in the wider system.</p>
<p>Information sharing is impeded by legacy of multiple IT systems and low investment in mobile devices.</p>	<p>No single shared case record.</p> <p>People have to tell their story more than once.</p> <p>Poor history of shared data / business intelligence</p>
<p>7 day services not yet fully embedded.</p>	<p>Impact on weekend discharge.</p> <p>Potential impact on individuals unable to obtain right care, right time, right place.</p>

Word count 500 / 500

7. How have you managed changes to your system spend for older people and/or changes in demand for services since 2010/11 [max 500 words]

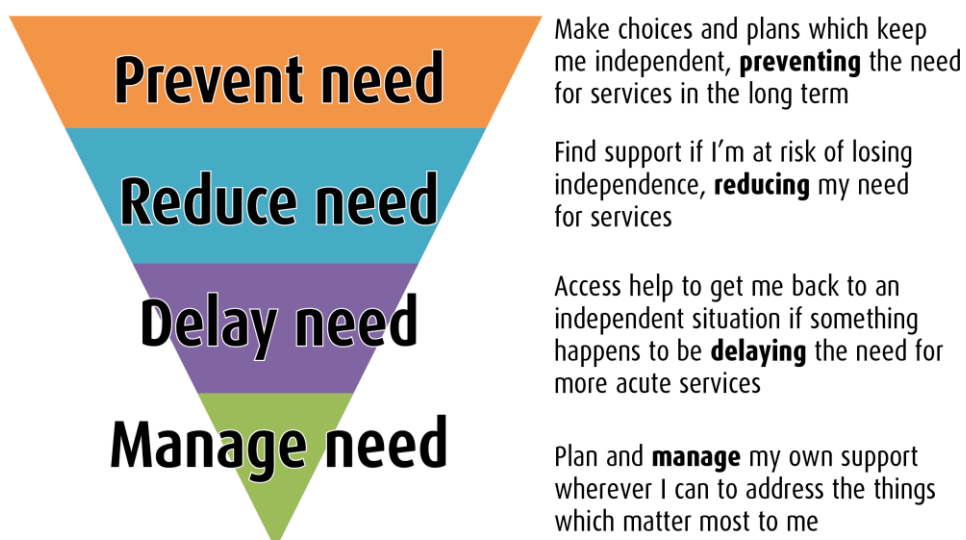
[Tip: Describe how your system spend for older people has changed since 2010/11. This information may be collected by your STP or you may wish to draw on your Better Care Fund detail. Please provide data or financial detail in support of your answer.]

Spending less, achieving more together – “the glass half full”

Our social care story of spend describes three key cultural changes:

- Prevention
- Redesign
- Cost effectiveness

Our focus on tackling loneliness and isolation through social prescribing is preventing the need for traditional care services, shifting towards personalised support, drawing on the strengths and assets of individuals, families and communities.



We are redesigning services to manage demand differently. Future Focus is expected to achieve recurrent savings by changing the culture.

The JSNA informs our planning and commissioning. For example the Older People’s Accommodation Strategy(7.1) promotes independent living – providing 900 new units by 2020.

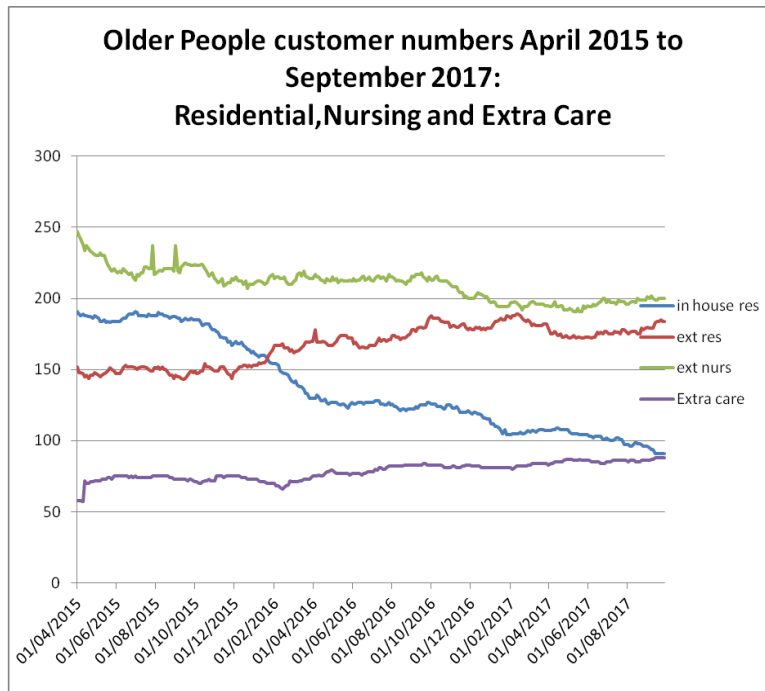
We are becoming more efficient while improving outcomes through our joint commissioning programme. For example, the Sensory Hub and the Older Person’s Community Service, the Community Wellbeing Service and services for carers.

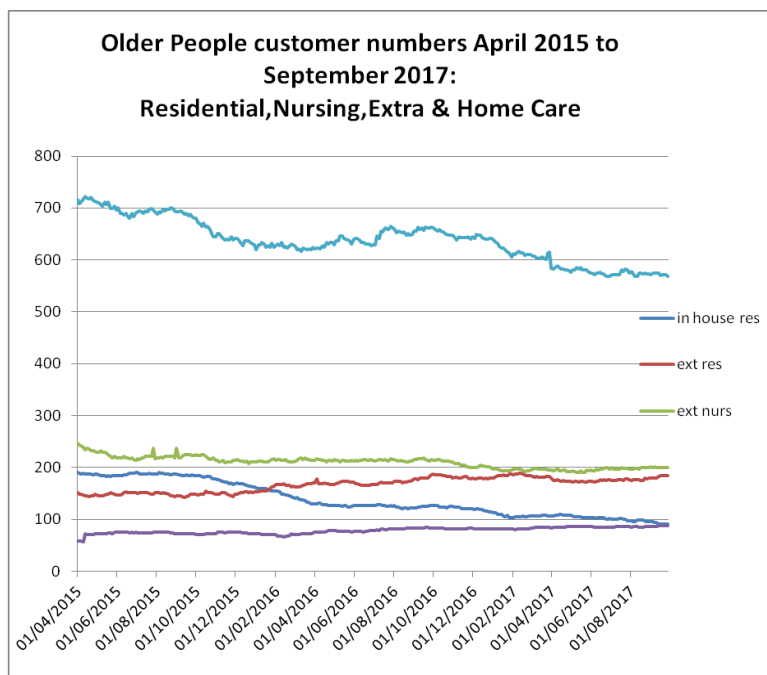
CYC/HHAS Older People spend has reduced by £2m since 2010/11 and achieved a balanced budget since 2015.

Total customer numbers are reducing; admissions to Residential Care are reducing.

The council’s standard rates have increased by 30% over the last six years having worked with providers on two Actual Cost of Care exercises. Demand for residential care has dropped over the last two years (See graph).

We have implemented full cost recovery in council run homes for those who can afford to pay.





Home care customer numbers are also reducing but complexity is rising.

The hourly home care rate has increased significantly over the last six years. Demand has declined in terms of numbers of people supported (see graph) but the complexity has risen. The total number of hours of home care purchased has stabilised over the 30 months.

Our BCF Plan(see 3.7) sets out our financial commitments for 2017-19.

The Council raised the Social Care precept by 3% in 2017-18. This has been used to fund the price increases for external provision.

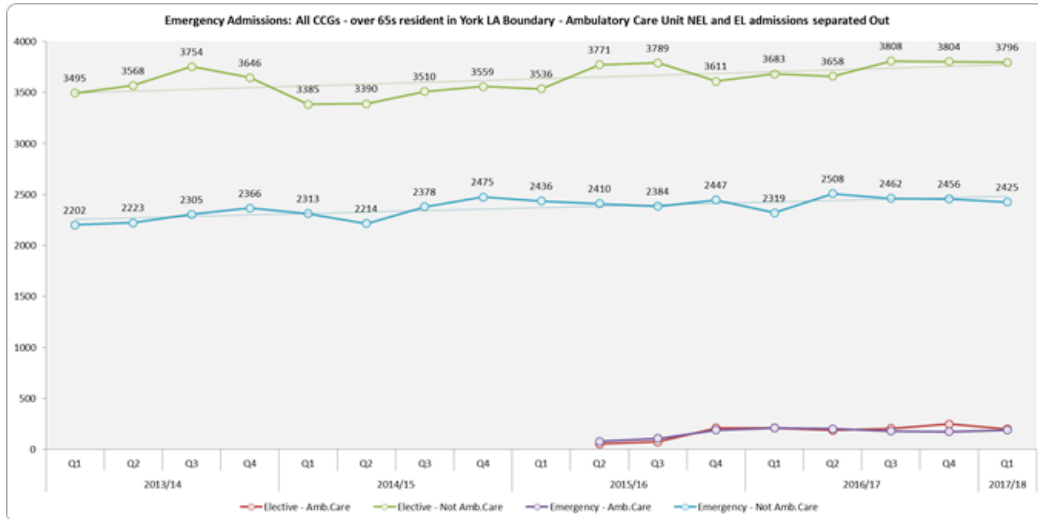
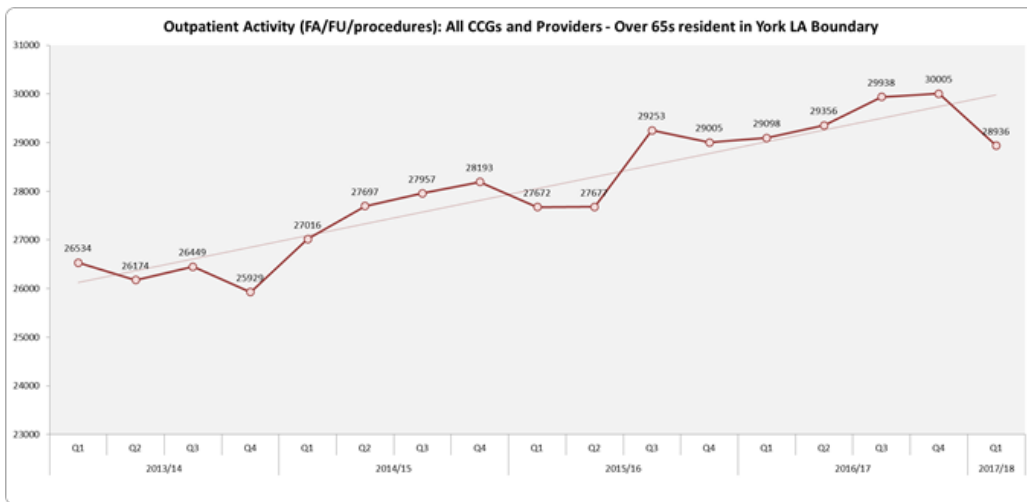
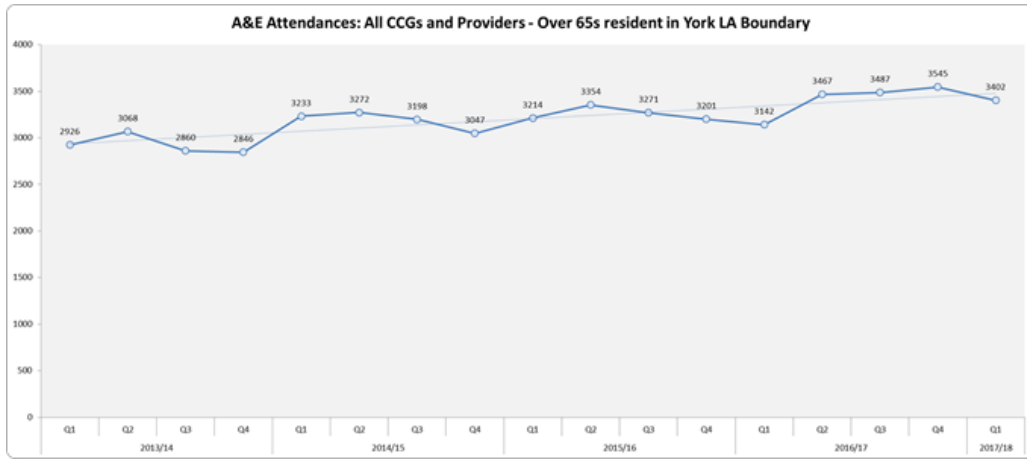
The CCG opened 1st April 2013 and does not have financial “legacy information”. The CCG footprint differs from the legacy PCT.

The CCG does not capture, record or report its overall spend by age category. However, it is captured and recorded for acute secondary hospital activity. Since 2013, the national tariff for this activity has changed, there have been coding and counting changes from providers and there may have been case mix changes making comparison inconsistent.

This assessment is based on activity for over 65s resident within the Council boundary:

- **A&E attendances – steady increase for over 65s (16.2% since 1st April 2013), levelling off since Q2 of 2016/17.**
- **Outpatients – 13.6% increase in the total activity since 2013/14.**
- **Admissions - steady increase in elective and non-elective admissions since 2013/14. The Ambulatory Care unit started in 2015/16. Overall figures show 8% rise in Elective admissions since 2013/14 and an increase of 13.5% in emergency admissions. However, excluding the Ambulatory Care unit activity, these increases are 3.3% and 6.6% respectively.**
- **Note: 10.4% increase in the number of over 65s resident within the City of York Council boundary since the 1st April 2013.**

Annex B



Word count 500 / 500

Section 2: People who use services, their families and carers

8. How does your system(s) engage with older people their families and carers in how it designs, commissions and delivers services at the interface of health and social care? [max 500 words]

[For example, co-production; consultation; service user and carer representation]

[Tip: Describe any gaps in your engagement activities and explain how engagement is evaluated]

Ageing Well: our social capital

Activism and participation in the many strands of public life, along with a proud history of philanthropy in the city, are signs of great richness in our social capital and community capacity.

Our partnerships work together to maximise these benefits for all our communities.

Shaping Strategy

York's vibrant voluntary and community sector provides a solid foundation for traditional consultation, public involvement and engagement work across health and social care. Well established networks exist for engaging local people in the design, planning, commissioning and evaluation of services. The HWBB consulted widely when developing the Joint HWB Strategy and the Ageing Well theme. The Ageing Well Forum owns the strategy and leads its implementation.

Respondents to the Older People's survey(8.1) provided feedback about problems or weaknesses they saw in the survey itself. The survey was changed and the next time a higher return rate was achieved, offering greater insights into older people's experiences.

We also engage via other surveys including Annual Social Care Survey, the bi-annual Carers Survey and specific individual pieces of work such as a review of Advice and Information Services in 2016, by an external partner.

HWBB approved guiding principles for Co-production(8.2) in September 2017, following local events arranged to coincide with national co-production week in July.

During the summer, 2017, the CCG began a series of ‘big conversation’ public events to:

talk openly and honestly about the local £40million financial challenge.

- **focus the discussion on how we can involve our local population in enabling them to have a real input into the formulation of plans and ideas.**
- **collate a range of views and feedback and use this as part of our decision-making process.**
- **ensure that people attending the events feel listened to and have been able to feed into discussions in a meaningful way.**

Service Design

In the recent past numerous developments have been co-designed with older people. For example:

- **‘One Team’(8.3) (continuing with a Public Reference Group)**
- **Future Focus project enshrined principles of co-design and co-production**
- **Comprehensive public consultation regarding the proposals for a new hospital for York, outlined as a principal TEWV ambition when the contract for Mental Health services was awarded in October 2015**

VOYCCG has carried out a wide range of engagement activities with local people, for example:

- **Integrating services and providing care closer to home**
- **Improving care and support for patients with long term conditions - Proactive Health Coaching**
- **Community Equipment and wheelchair services – following complaints raised**
- **Patient transport services**
- **Gluten free prescribing**
- **Out of Hours service redesign**

Personalisation and self-directed support

Future Focus, Ways to Wellbeing and Local Area Co-ordination are enabling individuals to design their own support solutions.

We recognise the need to improve level of take up of direct payments and personal health budgets. The CCG faces a challenging target for PHBs, which are focused primarily on continuing health care and are not widely understood by the workforce or the market

word count 499 / 500

9. **How are you assured that older people are currently experiencing person-centred, coordinated and appropriate care as they move across different parts of the health and social care system(s)? [max 500 words]**

[Tip: What feedback mechanisms are in place and how do you use this feedback to improve service user experience?]

[Tip: Describe where there are areas for improvement]

Quality is Key

York has numerous mechanisms providing a level of assurance on the quality of services across the system. Contract monitoring and customer feedback are key.

Healthwatch York provides detailed investigation reports on the quality of services and patient / customer experience. For example, their report in May 2015, highlighting poor experience of community equipment and wheelchair services resulted in a change of service provider from December 2016. Action taken by service in response is reported to HWBB.

The Adults Commissioning Team works closely with CQC in the sharing concerns and information relating to provision through its own monitoring process (Quality Assessment Framework).

Information from the Council's Quality Assurance programme is shared with CCG colleagues and meetings take place between the "quality and service improvement leads" in both organisations on a regular basis. The teams undertake joint visits where there are safeguarding concerns.

CYC Commissioning and Contracting team makes calls to customers – sampling user experience, gaining direct feedback on their experience of services and levels of satisfaction to feed into the contract management arrangements. A full report has been provided to the HWBB.

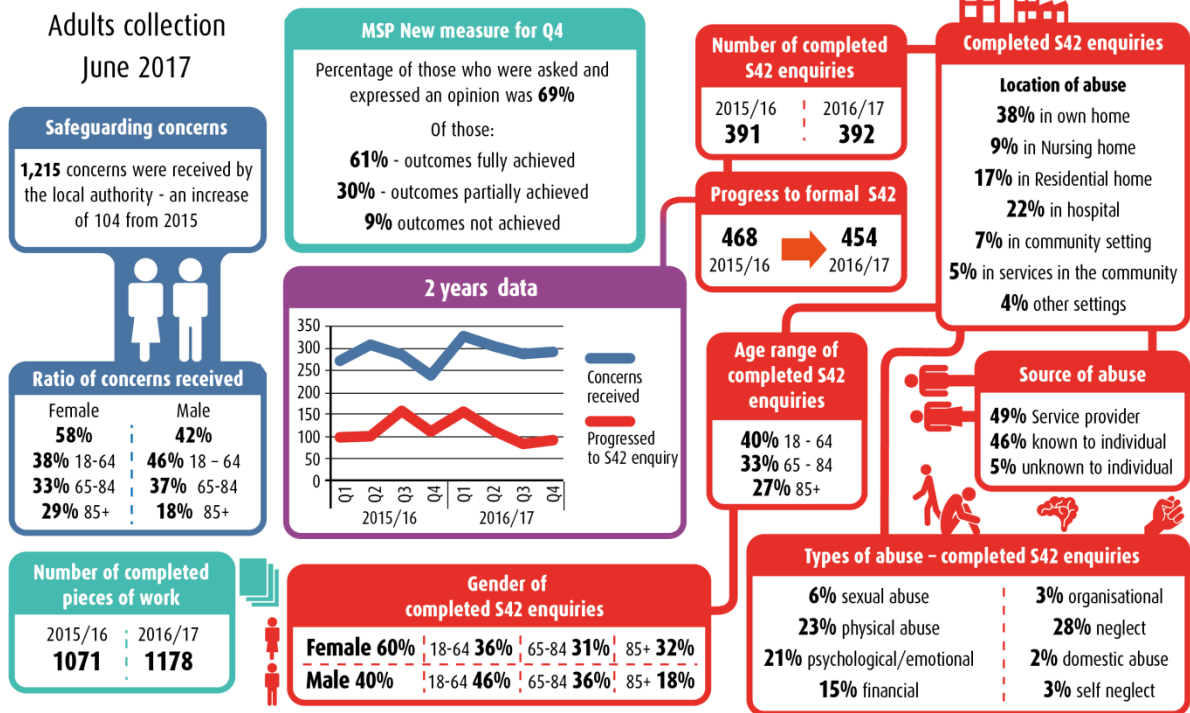
The council undertakes annual monitoring visits. These are appropriate to the services provided and comprise an Observation visit and / or a Quality Assurance Visit and consultation with residents / customers. Reports are shared with the provider and with CQC colleagues to inform their programme of inspections.

Healthwatch has joined up with the City of York Council Adults Commissioning Team to provide a joint approach to involving people who receive services and inform the quality of service provision in Care Homes. This approach prevents duplication and avoids residents being over consulted. Healthwatch has recruited and trained volunteers to carry out the role of Care Home Assessors to support the Consultation & Observation visits that are undertaken.

The CCG Partners in Care Forum engages providers in the quality and improvement programme.

York Safeguarding Adults Board(9.1) monitors the referrals and enquiries to the Safeguarding Adults Team by age group. The annual report for 2016-17 publishes the latest available analysis for a complete year. It shows that older people, over the age of 85 are over represented in safeguarding enquiries (referrals that proceed to an investigation). 90% of people reported that their desired outcomes were fully or partly achieved through the Safeguarding process.

Performance and activity information



Learning from compliments, complaints and incidents.

The journey of patients through York Hospital is monitored and reviewed at each point by the Elderly Medicine Senior Team and Corporately, from arrival either via Emergency Department or GP admission, through to their experience on wards and discharge processes. This is reported to Trust Board and Commissioners through the Trust reports.

YTHFT Patient Involvement Groups

- **Elderly Medicine Directorate Manager attending the York Ageing Well Forum, Chaired by York CVS.**
- **Foundation Trust governors**
- **The Trust engages patient and groups relating to particular conditions, including many older people. Increasingly hospital staff reach out to community groups, e.g. Different Strokes and the Alzheimer's Society.**

Word count 495 / 500

Section 3: Market shaping

- 10. How are you collectively working as a system(s) to shape a high quality, diverse and sustainable health and care provider market that will enable older people to get the right care, in the right place, and at the right time? [max 600 words]**

[For example, collaborative working around provider fees; measures to avoid competition amongst commissioning bodies; adopting a consistent approach to quality assurance]

Market Leadership and Management

The HWBB provides the strategic leadership and direction for the sector.

The A&E Delivery Board and BCF Delivery Group bridge the strategic and operational responsibilities for “making it happen”.

The Council Plan and Joint Health and Wellbeing Strategy set out the outcomes and ambitions for the city.

The JSNA, Market Position Statement(10.1) and Local Account(10.2) provide the strategic overview for partners, including providers. These include statistics about demographic change and future models of care and support. This year it will include a section about the council's Future Focus operating model.

The CCG is developing its contracting and commissioning intentions, as part of its forward plan, in line with NHS requirements.

The BCF plan commissions specific services and schemes to build capacity

where it is needed most. However, resources are tight, limiting the scale and scope of developments. Commissioners and providers worked together to review the effectiveness of previous schemes to ensure value for money when preparing for the 2017-19 plan. The Older People's Community Services contract was re-commissioned and awarded to Age UK.

Our new accommodation plans aim to maximise the use of two of York's existing Sheltered Housing with Extra Care schemes, increasing the support available at each venue.



Regular information updates are sent to 93 providers in the city



The commissioning team have given development and support to all 62 commissioned care agencies and care homes through quarterly business meetings.



The commissioning team have supported 20 providers with improvement plans and enhanced monitoring in the last year.

Word count 204

How do partners work together to ensure capacity is available to meet demand?

[Tip: What systems are in place to predict demand and how can existing capacity be flexed to meet spikes in demand?]

The A&E Delivery Board meets monthly. It co-ordinates system wide winter planning to ensure a robust Winter Escalation Plan(10.3) is in place, owned by all partners. This year's plan was reviewed and partners' submissions tested at a session on 15th August.

We recognise gaps in our collective understanding of capacity and demand. We have requested national support (currently unavailable). We have undertaken a review of patients 'stranded' in hospital, developing our knowledge of what support patients need to leave.

The council has made arrangements to obtain additional placements in the community to ease pressure in the hospital, though funding remains an issue.

Housing and accommodation developments support older people's independence.

VOYCCG participated in the Actual Cost of Care exercise in 2016, agreeing fee rates with the independent sector for a three year period. The independently facilitated exercise was undertaken across North Yorkshire with both councils.

Commissioners ensure sufficient capacity in the independent sector through

quality initiatives, using CQC reports as part of the picture. The council and CCG are working closely on care home contracts, including infection control and Safeguarding. The Scrutiny Committee receives a half yearly report on the quality of care services across the City.

Weekly monitoring of placements, care packages and known trends enables capacity to be mapped in a challenging environment where occupancy levels in care homes are around 98%. New and innovative methods such as time banding, an asset based approach and partnership working enable the market to flexibly meet surges in demand.

In response to mounting financial pressure for the CCG, which included reductions in grant funding for the voluntary sector, a Prevention Partnership has been initiated, led by York CVS. The partnership's purpose is to strengthen the role of the voluntary and community sector in early intervention and prevention.

The Joint Commissioning Plan (being developed) will enable all partners to agree the key priorities and shape a programme of activity that will enable commissioning to be focused on key areas and avoid duplication and competition between areas.

Word count 396

Total 600 / 600

- 11. What is your approach to system-wide workforce planning to make sure you have the workforce you need so that older people receive the right care, in the right place at the right time? [max 500 words]**

[For example, system-wide workforce analysis; succession planning; working with local education providers]

All Aboard!

Workforce planning is happening between partner organisations, and across sectors.

The York Workforce Strategy Group(11.1) is chaired by CYC HHAS Executive

Director. Its vision:

“To ensure that partners within the City are working together to attract, retain and develop, a skilled, confident and competent social care workforce. A workforce that delivers truly person centred care and promotes independence, choice and control to improve the lives of people in York.”

Its subgroups:

- **Recruitment, retention and careers**
- **Service redesign and positive risk**
- **Broader Profile**
- **PA Development**

HCVSTP Local Workforce Action Board (LWAB) is jointly chaired by Health Education Yorkshire and Humber and YTHFT. The Board has senior membership from all sectors.

LWAB is working to improve recruitment and retention of clinical staff across professional disciplines including medical, nursing and paramedic.

Word count 134

What progress have you made against these plans?

The LWAB’s major work streams:

- **developing Advanced Practitioners and**
- **developing health and social care support staff at scale.**

We have developed a framework of stakeholder engagement and a system leadership programme with senior participation from statutory and voluntary sectors.

We have been approved as an Excellence Centre by the National Skills Academy in June 2017. The LWAB has supported, providing infrastructure costs.

Our ambition is to develop a career framework for care givers that is relevant to all sectors, attracting and keeping people in caring roles by offering progression opportunities which maximise their individual potential.

Within YAS, NHS 111 is improving clinical recruitment and developing the Clinical Advisory Service. YAS plans to provide a more integrated workforce including advanced skilled clinicians to support safe and appropriate treatment without transferring people unnecessarily to Emergency

Departments.

TEWV works closely with the University, offering job opportunities to employment-ready graduates, and also works with the Open University financially-assisting non-qualified staff to complete their nursing degree via a programme

In York by the Trust and Council hold joint recruitment events.

City of York Trading Ltd (CYT Ltd) - formed in November 2011- is wholly owned by City of York Council, providing agency staff to CYC and to other public, private and commercial organisations in York and the surrounding towns. It has since 2012 provided temporary care staff in Adult Social Care as well as a number of social workers and administrative/project based staff.

Dementia Friendly York

CYC has delivered person centred dementia care training in the past 12 months (98 care staff in the Provider services) and Virtual Dementia Tour (307 CYC staff/ 54 external Provider staff). There is also a range of types of training which all have an element of person centred approach. This has been recognised in previous CQC inspections in terms of the effective domain using best practice.

In addition in the Older People's Homes staff have previously received training from 'Dementia Care Matters' 'Bradford University School of Dementia Studies', and use research from Stirling University and Kings Fund.

In terms of good practice through supervision over the past 2 years we have worked with staff to change the culture and ensure language is positive.



City of York Council's Workforce Development Unit
has trained 3,168 people who work with adults
between September 2015 and September 2016

Word count 366

Total Word count 500 / 500

Section 4: Integrated service delivery

12. How does your system(s) enable person-centred, coordinated local service delivery that supports the safe and smooth movement of older people through the health and social care system? [max 1000 words]

[Tip: beneath each heading, provide examples of innovative/good practice, evidence of success and impact, and describe gaps and challenges]

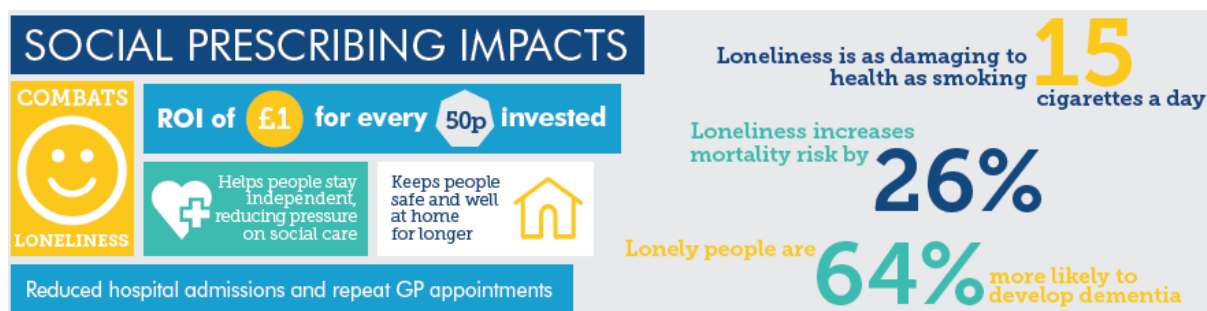
We prize the good general health of our older population in York, with above average outcomes and life expectancy. However, there remain inequalities between the most and least deprived areas. We target our resources to those areas where the need is greatest, for example, the Clifton Falls initiative, where evidence pointed to higher than average risk for the local older population.

Supporting people to remain independent begins with good Information, Advice and Guidance(12.1). CYC's refreshed IAG strategy was approved earlier in 2017.

Signposting through the initial referral screening process ensures people without eligible needs (Care Act), including self-funders, access advice and low level support in their community.

Case studies of person-centred support accompany the SOIR(12.2-5).

Ways to Wellbeing – showing 30% reduction in people needing to see their GP(12.6).



The CCG is promoting Integrated Primary Care Hubs to keep care as close to home and joined up as possible, including for people in care homes. In York these are York Integrated Care Team (YICT) and Primary Care Home.

YICT has reduced excess bed days for their admitted patients by 33% over the last financial year – identifying those at risk and pulling people out of acute care to be looked after closer to home. Targeted onward signposting to other services takes place in up to 2/3 of discussions. A social worker attends the daily MDTs.



The advent of Local Area Co-ordination in areas of greatest social need supports and builds community capacity to respond to individuals at home before they experience crisis.

Local area coordination

Support in the community



Supporting our residents to stay strong, safe, well, resilient, independent and connected with their local communities



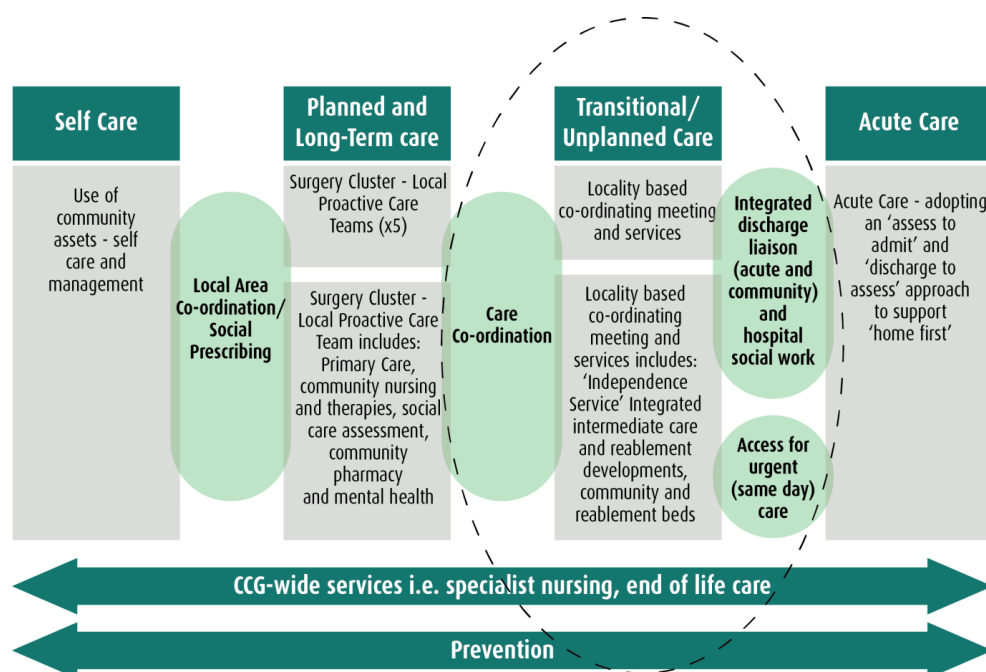
The development of asset based community social work is already showing positive benefits of the Future Focus model. 38% people who received a home visit from the Intensive Support Service did not go on to need a service. During the pilot: 100% of respondents said the advice and information had a positive impact.



word count 303

Annex B

Offering alternatives to/avoiding older people entering acute hospital care as a result of a changing need or crisis



Since July 2016, Front Door Streaming has managed people from the Emergency Department into the right place: a medical ward, a GP, community pharmacy or social care depending on the initial triage. This ensures people access the right support quickly.

The Rapid Assessment Team (RATS) is a well-established, integrated health and social care team made up of social workers and therapists working alongside medical and nursing colleagues to prevent the need for older people to be admitted to hospital.

We have expanded this service to work from 8am to 8pm, seven days of the week. The team avoids admissions for 80% of the patients they review in the department.

We recognise there are gaps in the services we currently provide at home to prevent hospital admission. This includes home based sub-acute services, for example intravenous antibiotic therapy at home and overnight services

People managed by the Ambulatory Care Unit come via ED presentations, directly from GPs or attending for return treatment and checks – reducing numbers at out-patient and GP clinics. Outcomes for these patients are rapidly achieved: 90% are discharged with some treatment – enabling them to stay at home.

The CCG secured funding from NHSE to provide a CORE 24 service model for Mental Health within YDH. TEWV also have a dedicated Care Home and Dementia Team who work with care homes across VOYCCG. NHSE recently completed an IST review of dementia services across the economy. The outcomes of this review are now being implemented.

Word count 244

Ensuring smooth discharge planning and access to ongoing health and social care for older people

The DTOC protocol is in place, with daily monitoring and weekly multi-disciplinary SITREP meetings between all partners at YTHFT. TEWV align to the protocol, hosting a weekly DTOC multi agency meeting to discuss delays in their Older Peoples' wards, with a clear focus on delivering the best possible discharge outcomes for individuals.

YTHFT has accessed support from ECIP, and is working towards the SAFER bundle and Estimated Date of Discharge, but this is not yet embedded. The development of Trusted Assessors is another area where more needs to be done to support people getting out of hospital.

We are working towards full implementation of the High Impact Changes. The Complex Discharge Task and Finish Group has undertaken a self-assessment(12.7). The project has four key work-streams: workforce (an integrated discharge liaison team), training and development, policies and procedures and communication (between acute and community teams and with patients and their carers).

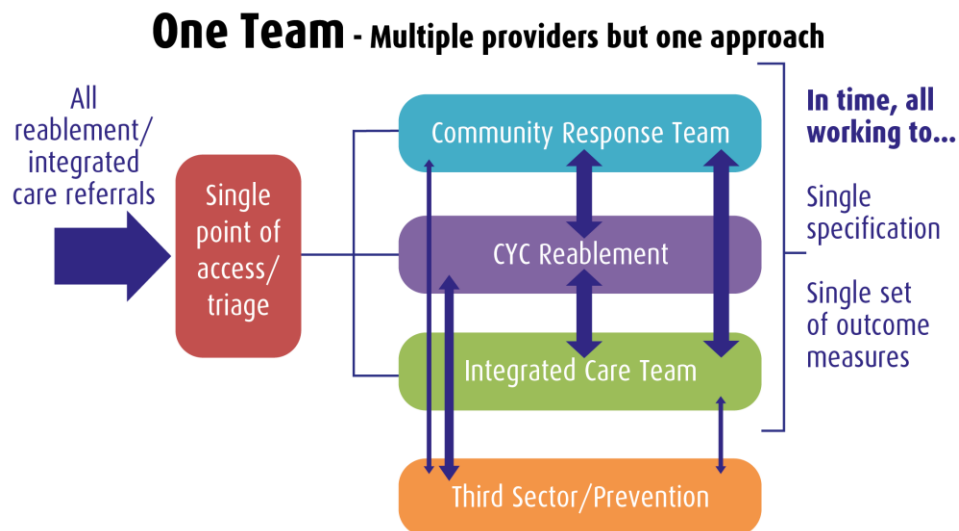
We have worked collaborated between health and social care to deliver a project testing three Discharge To Assess(12.8) pathways during 2016/17.

The council undertook a small scale telehealth pilot with Priory Medical Group to reduce admissions into hospital, and piloted Discharge to Assess at one of our Older People's Homes. We are also reviewing the possible use of step down and short breaks services in our Independent Living Communities.

We have decreased beds and increased the number of people who are supported by the home based intermediate care team as an alternative to admission.

This is an increase from 45 to 65 patients per month on average, who have been able to access intermediate care (home and bed based) and increased the proportion delivered at home from 33% to 50%.

The One Team project brings together health intermediate care (Community Response Team and primary care short term care service) with local authority reablement services and voluntary sector wellbeing support in order to simplify referral pathways (for both step up and step down referrals), ensure people receive the right service first time and maximise capacity within available resources.



Ensuring older people in reablement reach their maximum goals/ have a timely return to their normal place of residence or a new place of residence that meets their needs

The new Reablement specification(12.9), - going live October 2017 to coincide with the development of the integrated intermediate care service – will increase the capacity of council’s direct contact hours in Reablement by approximately 40%. The Service will promote rehabilitation and recovery, enabling Customers to attain the optimum level of independence through the provision of both personal care and practical support. By helping Customers to maximise their independence the Service will minimise the ongoing need for, or intensity of, longer term care packages. It will deliver support on the basis of a documented, structured and individual goal plan agreed with the Customer, their aim being to support Customers to achieve their optimum level of independence.

Word count 114

Total word count 998 / 1,000

Section 5: Monitoring performance and progress

13. What is the vision and strategic aims for the next five years to improve quality and outcomes for older people at the interface of health and social care? [max 500 words]

[Tip: This question is asking you to think beyond the day-to-day operational plans and to outline the bigger strategic shifts and new care models planned for your area]

York's Joint Health and Wellbeing Strategy 2017-2022 provides the overarching vision for York. Integral to this is Ageing Well.

We want to see York as a fantastic place to grow old, with our increasingly ageing population able to stay fit, healthy and independent for longer, and (though it is a sensitive topic) also a good place in which to die.

Our top priority is to reduce loneliness and isolation for older people.

We also want to:

- **ensure that there is sufficient community-based support to tackle the problem of delayed discharges from hospital**
- **celebrate the role that older people play in making York such a special place**
- **enable people to recover faster and remain independent for longer**
- **recognise and support the vital contribution of York's carers**
- **increase the use of social prescribing, ie, linking patients in primary care with sources of support within the community**
- **enable people to die well in a place of their choosing and encourage people to prepare advanced directives.**

The Ageing Well lead is Sarah Armstrong, Chief Executive York CVS, supported through the Ageing Well forum.

Word count 186

What practical arrangements are in place to deliver this?

Related plans are:

- **BCF integration plan**
- **BCF Schemes to build community capacity – focusing on early intervention and prevention. These are a jointly owned system response.**
- **Older People’s accommodation programme – 900 new units by 2020**
- **Mental Health multi agency accommodation project**
- **Unplanned Care Programme, delivered through the Central locality delivery group**
- **Complex Discharge Programme(13.1)**
- **YTHFT Out of Hospital Strategy(13.2)**
- **CCG operational plan**
- **CYC forward plan for adult social care**

Word count 77

How do you assure yourselves that you have the capacity and resilience to achieve this?

Over the past two years our Systems Leaders have invested in capacity and organisational resilience through:

- **Active relationship building between leaders**
- **Additional capacity has been added to the leadership of CCG, despite its financial challenge.**
- **Drawing on the strengths and assets of the VCS**
- **As series of multi agency vision and strategy workshops – adopting place based approaches and shared design principles agreed by all partners**
- **Promoting “prevent, reduce, delay, manage”**
- **Investing in community infrastructure**
- **Looking outside York for integration exemplars**
- **External support, such as KPMG**
- **Establishing leadership capacity through interim and permanent appointments**
- **Committing to integration and joint commissioning**
- **Workforce development and succession planning (CYC Leading Together programme, NHSE presence in CCG)**
- **Communicating good news stories**

Challenges

Capacity and capability are challenged by the prolonged period of under funding and cuts in resources available to the system. The ability to invest in innovative services or scale up projects where pilots have shown success is limited by the depth of the financial deficit. However, additional capacity to support joint commissioning has been resourced. Capped Expenditure has created a pressure to accelerate change.

In the context of the Capped Expenditure programme within the NHS, York locality finances cannot be managed separately.

Legal Directions and intervention by NHS England require VOYCCG to show a clear return on any investment.

Word count 200

Total word count 491/500

14. Do you have a strategy for person-centred, coordinated care and support that all partners are signed up to? [max 1500 words]

[Tip: Please provide an overview to this strategy and attach any relevant strategic framework(s) referenced in this answer]

One York working towards One Plan.

The Board published York's Joint Health and Wellbeing Strategy 2017-2022 in March 2017.

HWBB provides stable and consistent leadership to the system, with all partners signed up to the strategy which sets out our aspirations for the way we will promote and sustain the health and wellbeing of the whole community, and particularly those people who need care and support.

As a system we recognise the value of harnessing the energy of all partners, including primary care, and the independent, community and voluntary sectors. We are co-producing approaches to improving preventative and out of hospital care, with a focus on creating long term sustainability in the system.

Key Principles for the Health and Wellbeing Board

Ensure that we work together in true partnership for the good of the people of York;

Involve local people in identifying the challenges and redesigning services;

Promote equality of opportunity and access for all communities, and challenge discrimination if it arises;

Treat everyone with dignity and respect at all times;

Recognise and promote the vital role of unpaid carers who contribute so much to health and wellbeing in York;

Champion the role of the voluntary sector and the value its strength, diversity and knowledge brings in improving the health and wellbeing of our residents;

Work with the Adults' and Children's Safeguarding Boards to ensure that everyone always feels safe, and that the ways to report concerns are clear.

In 2016 the Health and Wellbeing Board participated in a development programme facilitated by the Local Government Association to reflect on what was working well and what should change.

Partners agreed that the board should concentrate on strategic leadership, be more inclusive (and less like a council sub-committee) and to articulate its vision more clearly.

Partners recognised we could make better use of available data to improve our system intelligence. The HWBB is now operating to revised terms of reference.

In the current year the HWBB has approved a Joint Commissioning Strategy which enshrines person centred approaches and commissioning for outcomes, and the Co-production guidelines and principles for our system.

Our model is person centred and strengths based, fostering positive action as a fundamental element of individual rights, choice and control. We explicitly recognise the risk to a person's independence associated with hospital admission, institutional care and an over emphasis on safety.

Word count 391

What operational planning framework(s) do you use that converts the strategic framework into deliverable and measurable objectives?

The Better Care Fund plan underpins the joint health and wellbeing strategy through the joint investment programme in services and schemes.

Our BCF plan is optimistic and ambitious for the future, while realistic about the very real challenges our system faces in the immediate and medium terms. The plan sees the continuation of existing schemes, investment in new schemes, and deployment of the Improved Better Care Fund monies (iBCF) to support the whole system.

The 2016/17 BCF plan focused on the move to jointly commissioned activities contributing towards a set of shared strategic objectives. The 2017/19 plan continues this intent and includes existing BCF schemes, system wide pilots that require on-going funding and new schemes to address areas that require greater focus locally as part of the integration agenda.

The schemes are monitored through our contract monitoring and management arrangements and reported to the BCF Task and Finish Group. Existing schemes were jointly evaluated before this year's plan was agreed.

There is a high level of consensus about the characteristics of an integrated health and social care system for York. We believe that the progress made to date gives us a platform to build on and move towards fuller integration by 2020. The areas that we are already working on but would want to see strengthen include:

- Integrated place based commissioning**
- Integrated service delivery teams**
- Local area co-ordination**
- More self-care, self-management**
- A greater focus on well-being, emotional and mental health**

The Unplanned Care Board has agreed the Unplanned Care PID which forms the

operational plan to reduce unplanned admissions to hospital.

The following groups are working to deliver the strategy at the frontline – A&E Delivery board, Central Locality Delivery Group, CDT&F group.

Separately, partner organisations retain operational management arrangements, performance managing progress against milestones.

In the council, a major transformation programme in Adult Services promotes early intervention and prevention in all that we do. The ‘community operating model’, endorsed in September 2016, includes working with partner organisations in NHS, community and voluntary services and reflects our strong partnership with York CVS. We are together, currently reviewing the volunteering strategy for the city, which will focus more on the growth of social action and impact volunteering, linked to challenges in society and public services. Tackling loneliness and social isolation is one of the key priorities within this strategy – ‘People Helping People’.

Word count 395

What shared measures are in place to monitor performance against these plans?

[Tip: Please tell us about any shared Key Performance Indicators (KPIs) that system partners have agreed. For example, KPIs from Urgent and Emergency Care plans and Better Care Fund plans.]

Performance monitoring frameworks are evolving in York. Partners have not always had access to a shared dataset across the whole system, but have received high level reports and updates on project milestones by exception. HWBB tracks a suite of high level measures drawn from national outcome frameworks and incorporating local priorities.

The HWBB focused on the Ageing Well theme in September 2017(14.1). This included updates on the schemes and initiatives delivering the strategy as well as the formal performance report.

The six “Ageing Well” KPIs are:

- **More older people telling us they have as much social contact as they like (source: ASC User survey, annual)**
- **Reducing “unnecessary” admissions to hospital (source: CCG, annual)**
- **Reducing DTOC (source: NHS Digital, monthly)**
- **Older people still at home 91 days after discharge (source: ASCOF, annual)**

- More volunteering opportunities for older people
- More older people telling us they are happy with the care they receive (source: ASC User survey, annual)

Other frameworks include:

- A&E Delivery Board performance report
- Complex discharge report(14.2)
- Winter escalation plan monitoring
- BCF Performance dashboard
- DTOC protocol monitoring
- A shared dashboard being developed for Intermediate Care and Community Response Team (CRT).

Recent audits of specific areas of service have enabled a focused discussion on improvement and efficiency, such as the Community Beds Audit(14.2-3).

Word count 223

How are you currently performing against these plans? [Please provide a recent KPI performance report as an attachment]

Separate reports are attached in emails as background evidence to support the SOIR.

ECS performance is recognised as a barometer for the overall system flow. Achieving the local performance for ECS has been challenging and bed occupancy rates are consistently above the recommended levels to sustain flow. Recognising the pressure in the local system, the winter plan is targeted on achieving the bed occupancy target of 92%.

Word count 67

Performance against the 6 domains of the NHS and Social Care dashboard is summarised below.

<p>Emergency admissions of OP/100,000</p> <p>March 16 – Feb 17: 26,056 (rank 89/152) April 16 – March 17: 26,712</p> <p>Story:</p> <p>The data on admissions includes assessment and ambulatory functions, which are operational at the York Hospital site. This is reflected in the reducing</p>	<p>90_percentile length of stay of emergency admissions</p> <p>March 16 – Feb 17: 21 (rank 75 / 152) May 17 – July 17: 19</p> <p>Story:</p> <p>Improving picture – reflects wide range of work to improve flow, and reduce DTOC, including rise in short treatment episodes in recent months, mostly</p>
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Annex B

length of stay for the over 65's.	weekdays, which do not increase proportion of weekend discharges.								
<p>OP receiving reablement after leaving hospital</p> <p>2015-16: 2.2% (rank 108 / 152)</p> <p>2016-17: c o.9%</p> <p>Story:</p> <p>An apparent drop in performance in 16-17 compared to previous year was the result of a reinterpretation of the NHS digital guidance. The decision to exclude NHS reablement providers reduces the people included as receiving a service. The numbers receiving a service from social care providers has remained stable.</p>	<p>Older people still at home 91 days after leaving hospital</p> <p>2015-16: 75.6% (rank 135 / 152)</p> <p>2016-17: 79.2% (93.3% excluding deceased)</p> <p>Story:</p> <p>position improving</p> <p>previous figures are disproportionately affected by the inclusion of deceased people, who in some areas are re-coded as end of life pathway.</p>								
<p>Total days DTOC per 100,000 population,</p> <p>Feb 17 – April 17: 14.20 (rank 97 / 152)</p> <p>June 17 – Aug 17: 10.01</p> <table border="0" data-bbox="204 1041 758 1243"> <tr> <td>NHS attributable</td> <td>Social Care</td> </tr> <tr> <td>attributable</td> <td></td> </tr> <tr> <td>Feb 17– Apr 17: 9.14 (rank 117/152)</td> <td>Feb 17– April 17: 4.54 rank 90 / 152</td> </tr> <tr> <td>June 17– Aug 17: 5.61</td> <td>June 17- Aug17: 4.19</td> </tr> </table> <p>Story:</p> <p>Decreases in all causes.</p> <p>Complex Discharge (multi agency) T&F group leading on the range of actions – no one single reason for reduction</p> <p>NHS delays for CHC = fewer customers each experiencing longer delays. ASC = higher number of individuals delayed for a shorter period</p>	NHS attributable	Social Care	attributable		Feb 17– Apr 17: 9.14 (rank 117/152)	Feb 17– April 17: 4.54 rank 90 / 152	June 17– Aug 17: 5.61	June 17- Aug17: 4.19	<p>Percentage of hospital discharges made at weekends</p> <p>Oct 15 – Sept 16: 17.9% (rank 148 / 152)</p> <p>April 2016- March 17: 17.6%</p> <p>Story:</p> <p>This is an area where we know we need to implement change. The implementation of Assessment units has resulted in shorter lengths of stay across York Hospital, with more patients 'turned around' in one day.</p>
NHS attributable	Social Care								
attributable									
Feb 17– Apr 17: 9.14 (rank 117/152)	Feb 17– April 17: 4.54 rank 90 / 152								
June 17– Aug 17: 5.61	June 17- Aug17: 4.19								

Word count c 378

Total word count 1,454 / 1,500

15. What strategic and operational plans are in place to facilitate information sharing across the health and social care system(s)? [max 500 words]

“Our systems don’t talk to each other, but our people do”

The Digital Road Map sets out the intended direction of travel for IT developments between partners in York. However, we are disadvantaged by the history of a wide range of different systems in use among and within organisations. Therefore, information sharing around the needs of the individual patient or service user is achieved by close partnership working and sound practice in communications at the frontline.

Progress with Local Digital Roadmaps has been slow, with a view that the LDR footprint should ideally match the STP footprint (which they do not at present. Commissioning support (through Embed) is working with CCGs to develop Universal Capability Delivery Plans to support digital transformation.

Word count 124

What progress have you made against these plans?

Locally, interoperability is complicated by multiple systems. At present there has been no significant progress towards a single shared care record, but if this could be achieved it would make a big difference.

CYC (ASC) = mosaic

CYC (Housing) = multiple systems, currently being re-procured as a single system

GPs = SystemOne(60%) and EMIS (40%)

YTH (acute) = in house system CPD

YTH (community) = System1

TEWV = PARIS

To overcome these obstacles practitioners share information case by case.

Weekly and Daily meetings are held to discuss patients at risk of delayed

transfers of care and stranded patients. These meetings allow staff to actively manage the care pathways for individuals.

The introduction of the One Team is addressing the joins in step down care, with Reablement, Community Response Team, Intermediate Care, GP and social care co-located under one roof. As teams are co-located they are able to access individual systems in real time.

We have engaged with TPP (provider of SystmOne) to support our moves toward interoperability with EMIS and expect to commence a pilot this year.

We have developed our in-house hospital PAS system to enable Notifications for Assessment and Discharge to be created within the electronic patient record. Council teams access the hospital record to obtain relevant information and Social Care Records are linked to the NHS number.

An overarching information sharing protocol is in place, and system partners are beginning to sign up to data sharing agreements that sit underneath this as needed.

Enhanced Shared Care records are also being completed across a number of areas now, with support from the York Integrated Care Team. These contain a detailed record of both health and social issues and support the care plans in place. Additionally a trial for End of Life patients will be taking place with web-based software called MyRightCare which enables relevant information to be accessed by all teams rapidly.

The HCVSTP is working towards direct booking from NHS 111 for Yorkshire Doctors and Aadastra, providing urgent care and out of hours services.

Word count 461 / 500

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Health and Wellbeing Board

8 November 2017

Report of the Chair of the Health and Wellbeing Board Steering Group

Update on the work of the Health and Wellbeing Board (HWBB) Steering Group**Summary**

1. This report provides the board with an update on the work that has been undertaken by the Health and Wellbeing Board Steering Group and its sub-group the Joint Strategic Needs Assessment (JSNA) Working Group. The board are asked to note the update.

Background

2. Under the Health and Social Care Act 2012, all Health and Wellbeing Boards are under a duty to prepare a Joint Strategic Needs Assessment and from this a Joint Health and Wellbeing Strategy. Additionally they are required to prepare and publish a Pharmaceutical Needs Assessment every three years.
3. At their March 2017 meeting HWBB agreed to dissolve the old Joint Strategic Needs Assessment/Joint Health and Wellbeing Strategy Steering Group and create a new HWBB Steering Group to manage its statutory duties and its work programme. The JSNA Working Group was created to specifically lead on the JSNA and reports to the HWBB Steering Group.
4. Terms of Reference for both the HWBB Steering Group and the JSNA Working Group were signed off by the Health and Wellbeing Board at their meeting in July 2017.
5. The HWBB Steering Group has met once since its establishment and is due to meet again in both November 2017 and January 2018. Following on from this there is a commitment from the group to meet at least once every two months. There is still work to do around ensuring partner representation and engagement with the group.

6. The JSNA working Group meets monthly and has met four times to date.
7. The paragraphs below provide an update on the recent work of both the HWBB Steering Group and the JSNA Working Group.

Main/Key Issues to be Considered

HWBB Work Programme

8. As part of their remit HWBB Steering Group manage the business on the HWBB's work programme. This should ensure the board receives and considers the most appropriate material at its meetings. The Steering Group have started to look at this but in a rapidly changing health and social care system the work programme needs to be flexible enough to accommodate a wide variety of items, sometimes at short notice.
9. Further work is needed to manage the volume of business scheduled into the work programme so that individual meeting agendas are manageable. The Steering Group will continue to look at this.

Joint Health and Wellbeing Strategy Implementation

10. The current joint health and wellbeing strategy was approved by Health and Wellbeing Board in March 2017. It has a five year life span from 2017-2022. Since July 2017 Health and Wellbeing Board have held themed meetings, each focused around one theme of the joint health and wellbeing strategy. The focused meetings aim to provide assurance to the HWBB around implementation and performance against the individual themes. However, further work is needed to develop action plans for each of the themes and this is in progress.
11. At their November 2017 meeting the HWBB Steering Group will revisit the joint health and wellbeing strategy and consider it more holistically. The Steering Group will discuss how to progress some of the elements that sit outside the themes and priorities set out on the 'plan on a page' (which has been the main focus t to date). This will include looking at how best to progress 'the board will' elements of the strategy and some of the more hidden commitments.

The Joint Strategic Needs Assessment (JSNA)

12. The current York JSNA is a web based document that contains a wealth of information covering a wide range of health and wellbeing areas. It is currently being redesigned to mirror the life course approach of the joint health and wellbeing strategy. Life course summaries have been developed by the JSNA Working Group in conjunction with the Health and Wellbeing Board Theme Leads. Additionally a place based summary has been developed to encompass the wider determinants of health that effect residents across the whole life course.
13. The life course summaries and redesigned website will be live for viewing by the end of November 2017.
14. There will be a JSNA Road Show which will encompass a number of showcasing events to raise awareness and enable partners to get the best from the JSNA. These events will run from late October 2017 (a preview at Healthwatch Assembly) into 2018. Currently these are predominantly targeted at staff in West Offices, including elected members and staff at NHS Vale of York Clinical Commissioning Group. Sessions are currently being developed for the two universities who are keen to be involved and further sessions can be planned for other HWBB partners should they wish to be involved.

Topic Specific Needs Assessments

15. A homelessness health needs assessment, focusing on the health and wellbeing needs of people who are homeless or at risk of being homeless in York was approved by the HWBB Steering Group in October 2017. This work will be completed by January 2018 and will feed into the homelessness strategy.
16. Initial stages of a two stage sexual health needs assessment were approved by the HWBB Steering Group at its October meeting. This will support the sexual health strategy and the re-procurement of sexual health services for the city. Part 1 of this needs assessment is due to be complete by December 2017 and this covers the size of the met need and volume of service use.
17. The Working Group will present this to the HWBB Steering Group in January 2018 along with the plans for the next stages.

18. There are further plans to bring other topic specific needs assessments to the HWBB Steering Group for consideration.
19. The HWBB Steering Group raised concern as to whether the health and social care system had the intelligence needed to adequately prepare for excess winter pressures and suggested that this might become a topic specific needs assessment in the future. This would help plan for the 2018/19 winter.

Pharmaceutical Needs Assessment (PNA)

20. Production of a new PNA has been ongoing since March 2017. Public and stakeholder engagement is now complete and a draft PNA has been produced. This will be formally consulted on with the consultation period running throughout November and December. The HWBB Steering Group will consider the draft at their November meeting.
21. The final version of the PNA will be presented to the HWBB in March 2018.

Communications and Engagement

22. Communicating and engaging with residents and stakeholders is important for the Health and Wellbeing Board. The Steering Group have considered a programme of work that includes seasonal HWBB newsletters; a JSNA Road Show; a Joint Health and Wellbeing Strategy Mapping Event (early 2018) and an event or events as part of the 2018 York Festival of ideas. Work is in its early stages for most of these but further updates will be provided when the HWBB Steering Group next report.
23. also considered the system as a whole and their role in winter pressures; the current CQC whole system review

Consultation

24. Consultation and engagement around specific projects and topics is ongoing. The current HWBB Steering Group and the JSNA Working Group are multi-agency groups with the ability to co-produce, engage and consult on specific areas of work.

Options

25. The Board are asked to note the contents of this report.

Analysis

26. This report is for information only.

Strategic/Operational Plans

27. The Health and Wellbeing Board have a statutory duty to produce a Joint Strategic Needs Assessment; a Joint Health and Wellbeing Strategy and a Pharmaceutical Needs Assessment.

Implications

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

Risk Management

29. The production of a JSNA, a Joint Health and Wellbeing Strategy and a PNA are statutory responsibilities for the HWBB. Delivering against these is resource intensive and needs to be managed to ensure they are fit for purpose and subsequently delivered.

Recommendations

30. The Health and Wellbeing Board are asked to note this update.

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

Contact Details**Author:**

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Health and Wellbeing
Partnerships Co-ordinator
City of York Council/NHS
Vale of York Clinical
Commissioning Group

Chief Officer Responsible for the report:

Sharon Stoltz
Director of Public Health
City of York

**Report
Approved**



Date 25.10.2017

Tel: 01904 551714

Specialist Implications Officer(s) None

Wards Affected:

All

For further information please contact the author of the report

Background Papers:

Joint Strategic Needs Assessment

Joint Health and Wellbeing Strategy 2017-2022

Glossary

HWBB – Health and Wellbeing Board

JHWBS – Joint Health and Wellbeing Strategy

JSNA – Joint Strategic Needs Assessment



Health and Wellbeing Board

8 November 2017

Report of the Health and Wellbeing Board Healthwatch York Representative and the Corporate Director of Health, Housing and Adult Social Services.

Healthwatch York Report – Home Care Services

Summary

1. This report asks Health and Wellbeing Board (HWBB) members to receive a new report from Healthwatch York about home care services attached at **Annex A** to this report.
2. Health and Wellbeing Board members are asked to respond to the recommendations within the report.

Background

3. Healthwatch York produces several reports a year arising from work undertaken as part of their annual work programme. These reports are presented to the Health and Wellbeing Board for consideration.
4. Home care services were voted one of the issues the public wanted Healthwatch York to look at in their work plan survey 2015/16. A number of people contacted Healthwatch York regarding their experiences of home care between 2015 and 2017. Conducting a survey allowed Healthwatch York to further understand how well supported those receiving home care services felt in their own homes.

Main/Key Issues to be Considered

5. There are a number of recommendations arising from the report and these are set out in the table below:

	Recommendation	Recommended to
1	Consider ways to improve communication regarding changes to care workers – inform individuals receiving care as far in advance as possible when there will be changes in care workers	City of York Council (CYC); Home Care providers; Care Quality Commission (CQC) Independent Care Group (ICG)
2	Consider ways to improve commitment from care workers/agencies to arrange and attend at times that suit the individual receiving home care	CYC Home Care Providers CQC ICG
3	Consider ways to improve the number of care workers arriving on time	CYC Home Care Providers CQC ICG
4	Better inform individual receiving home care about changes to their care	CYC Home Care Providers CQC ICG
5	Consider ways to improve continuity amongst care agencies in how easy it is for individuals to make changes to their planned care	CYC Home Care Providers CQC ICG
6	Make sure all individuals know what personalisation is and what it means for them and their care	CYC Home Care Providers CQC ICG
7	Consider re-running the survey in partnership with City of York Council at a mutually convenient time, to gain more insight into home care in York.	City of York Council; Healthwatch York

6. In relation to recommendation 7 in the table above City of York Council have provided the following response:

City of York Council already conduct a very similar survey on a bi-annual basis; moving to annual where the views of a minimum of 25% of home care service users/carers are sought. This is used to assess quality across all providers on an individual and service wide level. The survey has been in place for several years and is integral to how City of York Council monitors home care services. Individual results are shared with providers and used as part of the monitoring cycle of services they provide.

The last survey was undertaken in 2016/17 and City of York Council consulted with 379 customers/carers to produce the report (168 customers and 211 carers). A summary report of this survey is attached at **Annex B** to this report and a summary of customer comments at **Annex C**.

This is felt to be a more comprehensive sample of views in comparison to the 31 respondents to Healthwatch York's survey.

The next survey is due to take place in late 2017 or early 2018.

Consultation

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

Options

8. This report is for information only and as such there are no specific options for members of the Board to consider. However, those Health and Wellbeing Board organisations with recommendations against their organisation's name are asked to formally respond to Healthwatch York by no later than the end of April 2018.
9. Additionally Health and Wellbeing Board are asked to:
 - acknowledge the engagement and consultation undertaken presently by the adult social care team and agree that the next survey includes input from Healthwatch York;
 - agree that all Healthwatch York and adult social care reports in relation to home care services are made publicly available;
 - continue to work collaboratively to ensure the retention of a high quality home care service across the city.

Analysis

10. Health and Wellbeing Board are asked to support the principles of collaborative working as set out above to ensure that as wide a range of views in relation to home care services are collected via the bi-annual survey.

Strategic/Operational Plans

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

Implications

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

Risk Management

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

Recommendations

14. Health and Wellbeing Board are asked to receive and comment on the report and those Health and Wellbeing Board organisations with recommendations against their organisation's name are asked to formally respond to Healthwatch York by no later than the end of April 2018.
15. Additionally Health and Wellbeing Board are asked to:
 - acknowledge the engagement and consultation undertaken presently by the adult social care team and agree that the next survey includes input from Healthwatch York;
 - agree that all Healthwatch York and adult social care reports in relation to home care services are made publicly available;
 - continue to work collaboratively to ensure the retention of a high quality home care service across the city.

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

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**Report
Approved**



Date 25.10.2017

Specialist Implications Officer(s) None

Wards Affected:

All

For further information please contact the author of the report

Background Papers:

None

Annexes

Annex A – Healthwatch York Report: Home Care Services

Annex B – City of York Council Home Care Survey Summary Report

Annex C – Summary of a Selection of Customer Comments

Glossary

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healthwatch York

Home Care Services

July 2017

A report based on local peoples' experience

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Home Care

What is Home Care?

Home Care (also called domiciliary care, social care, or in-home care) is supportive care provided in your own home. This is care provided by paid carers, whether by the local council or by individuals themselves. It is not unpaid care provided by family, friends or neighbours. The paid support helps with activities of daily life, such as:

- Getting up
- Getting dressed
- Getting washed
- Preparing and eating food
- Going to the toilet

National and Local Picture

Home care services make a major contribution to the wellbeing and safety of older and disabled people. Healthwatch England compiled a report: Home care services: What people told Healthwatch about their experiences, analysing the experiences of over 3000 people, their families and front line staff, across 54 local areas between August 2015 and June 2017.

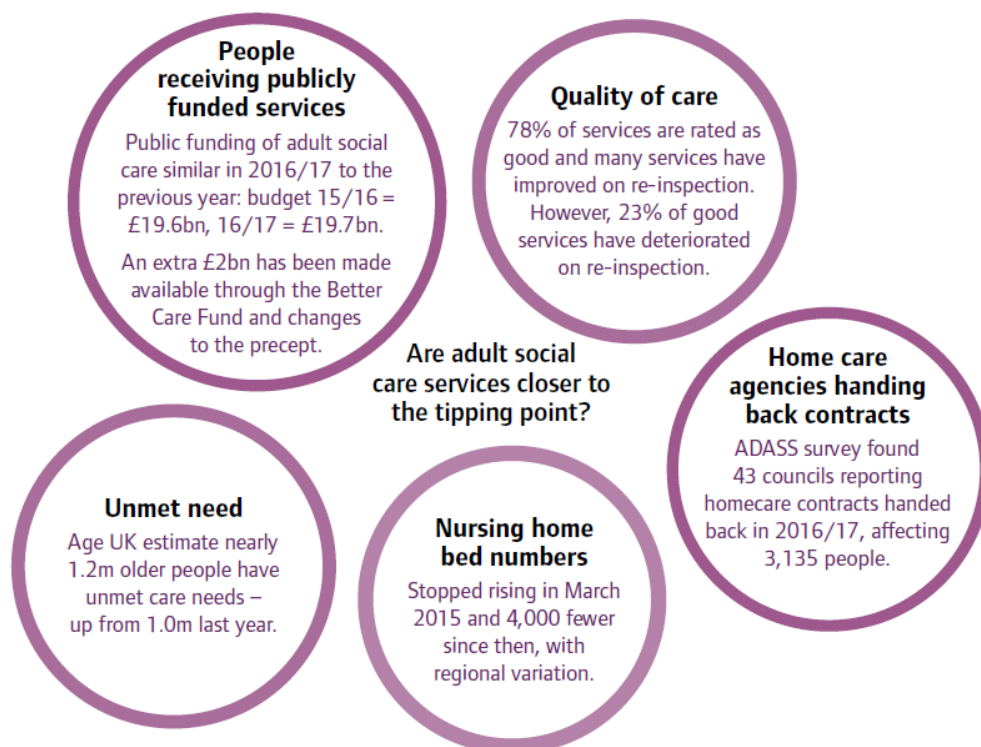
Their main findings were that although people were generally very happy with their home care services, improvement was needed in the following areas:

- Care planning - People spoke a lot about staff who were unfamiliar with their clients' care plans
- Skills and qualifications –some said that some care workers lacked experience and basic skills, such as the ability to wash someone or make them breakfast
- Consistency and continuity - All local Healthwatch found problems with staff coming at different times and even missing appointments
- Communication and feedback – Providers need to make greater and more regular use of feedback to address problems early and prevent minor issues turning into complaints

These findings reflect the ongoing pressure put on the home care market following reduced government funding for health and social care services nationally. The Care Quality Commission (CQC) State of Adult Social Care 2016/17 report states that: “the quality of health and social care has been maintained despite very real challenges...However, future quality is precarious as the system struggles with increasingly complex demand, access and cost. ... With the complexity of demand increasing across all sectors, the entire health and social care system is at full stretch. The impact on people is particularly noticeable where sectors come together – or fail to come together, as the complex patchwork of health and social care strains at the seams.”

The CQC report states that there are 1.2 million older people with unmet care needs, which has gone up from 1 million in 2015/16. They say there have been delays in adult social care, with 4,000 fewer nursing home beds in 2016/17 than in April 2015, and 780,000 days delayed attributed to adult social care in 2016/17. Staffing has also seen challenges, with 90,000 staff vacancies across adult social care. The complex context in which home care sits can be seen below.¹

Figure 1.12 Are adult social care services closer to the tipping point?



¹ CQC Report: The State of Adult Social Care in England 2016/17

When asked about the state of home care, the Independent Care Group (ICG) commented: “The state of home care nationally, remains perilous. Without additional funding in the sector we will continue to see providers handing back local authority contracts because they are no longer able to deliver them in a viable manner. Starved of resources within the sector, providers are also finding it increasingly difficult to recruit and retain care staff. There remains a real danger of more and more people going without the home care they rely upon.”

There has been an increase in press coverage of issues surrounding social care across the country following reduced funding and increased pressures, with reports of closures to home care agencies across the country². In 2016, a national care agency closed its branch in York, after a rating of inadequate by CQC.³ The Local Government Ombudsmen (LGO) has also seen a 25% rise in the number of complaints nationally about home care in the year 2015/16. There have also been reports about staff recruitment problems and difficulties in keeping staff. A recent study by Unison found that home care workers were concerned about the lack of time they could give to the individuals they cared for. Three out of four said they ‘feared they were compromising the dignity of those in their care because they were pressured to fit in too many visits’⁴.

In November 2016, Healthwatch York reported on the United Kingdom Homecare Association (UKHCA) Report on the funding of older people’s home care across the UK. The report estimated that state-funded home care services were running at a deficit of £513 million in 2016-17, and findings of *The Homecare Deficit 2016* revealed that low prices paid for home care services compromise the safety of those in need of home care, due to insufficient resources and poor training of care workers. Considering that the state purchases more than 4.6 million hours of home care services every week and 873,500 people are estimated to be supported at home to live independently, this has potentially critical implications.

² http://www.yorkpress.co.uk/news/14930695.Social_care_crisis_cannot_be_ignored_ministers_warned/

³ <http://www.yorkpress.co.uk/news/14536072.Yorkcareprovidertocloseafterdamninginspectionreport>

⁴ <http://www.yorkpress.co.uk/news/15565775.OverworkedcarestafftoorushedtoperformjobproperlyUnisonsurvey/>

In York, however, the average pay of direct care staff, managerial staff, and regulated professionals in October 2016 was recorded as above both the regional and national averages.⁵ Qualifications levels are slightly lower than the average in England, with 37% of the workforce in York holding a relevant adult social care qualification.⁶

Why is Healthwatch York looking at Home Care?

Home Care was voted one of the issues the public wanted Healthwatch York to look at in the Work Plan Survey 2015/16. A number of people contacted us regarding their experiences of home care between 2015 and 2017. Conducting this survey allows us to further understand how well supported those receiving Home Care feel in their own homes.

What we did to find out more

We undertook desk research, looking at local media stories and comments about experiences of home care, as well as reviewing the Healthwatch York Feedback Centre and Issues Log.

We ran a survey between October 2016 and January 2017 to gain understanding of people's experiences of home care. Our survey was aimed at people who receive home care services in York. We received 31 responses in total.

Unfortunately at the time we were gathering responses to the survey, the City of York Council were running a similar survey about home care, which they run every 6 months. This may account for the low number of responses we got to our survey. We hope to avoid doing surveys of a similar nature at the same time in the future. We would be happy to work in partnership with organisations such as the City of York Council to make sure that we reach a larger number of the people, and accurately represent the views of the York population.

⁵ Based on analysis from the National Minimum Data Set (NMDS)

⁶ From NMDS-Social Care data, October 2016

What we found out

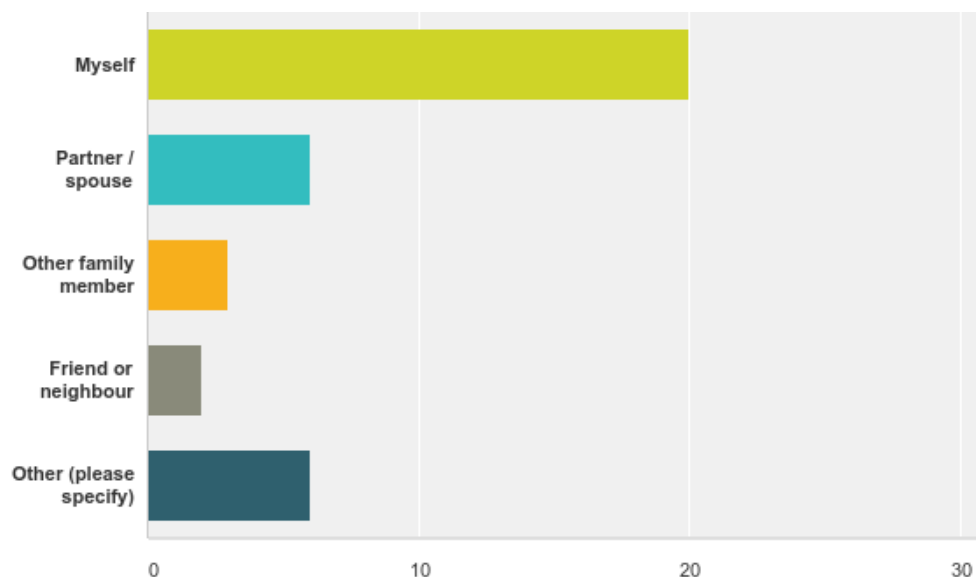
Comments from the Healthwatch York Feedback Centre and Issues Log

Comments from the Healthwatch York Feedback Centre and Issues Log included comments about the difficulty of getting a home care package, as well as getting an appropriate care package to meet the needs of the individual. There were also comments around the poor quality of care received from a home care worker.

Our survey looked at home care services provided by the City of York Council and private agencies. People also talked to us about experiences they have had with the Community Response Team and district nurses, showing the genuine confusion over what is meant by 'home care'. These issues have been logged, and will contribute to any future pieces of work we do in these areas.

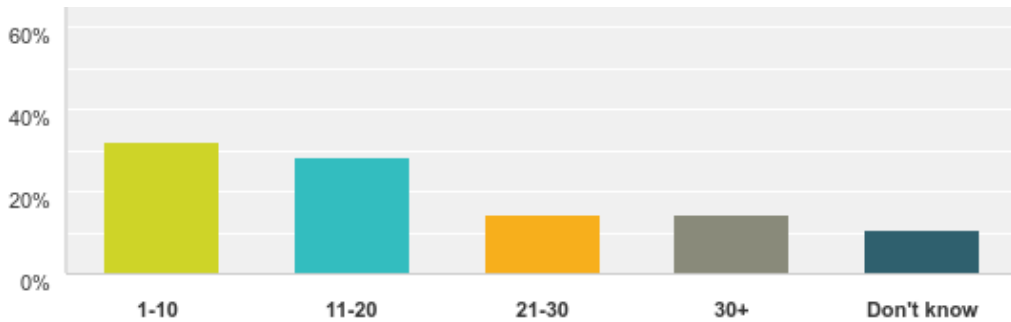
Survey Responses

Q1. Who receives home care services?



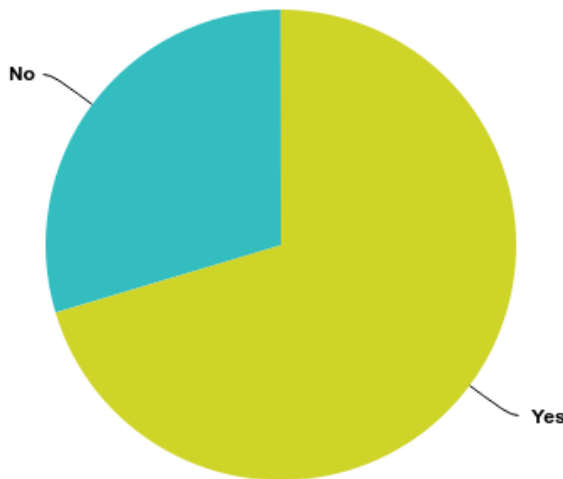
31 people answered in total; 20 of these received homecare themselves. 'Other' included people in supported living.

Q2. How many hours of care do you receive each week?



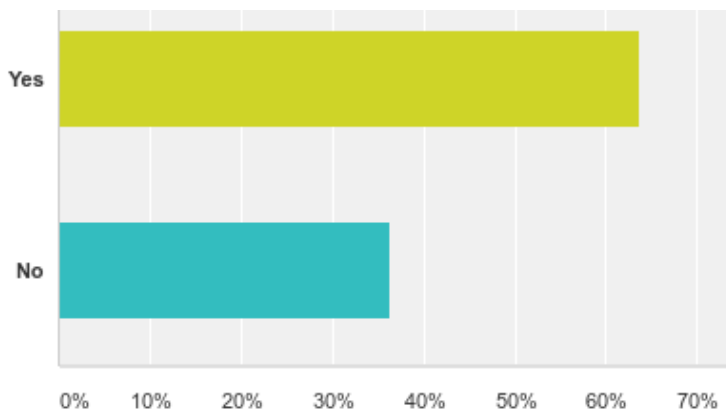
32% of the 28 people who answered this question received between 1 and 10 hours of care each week.

Q3. Do you receive care from more than one person?



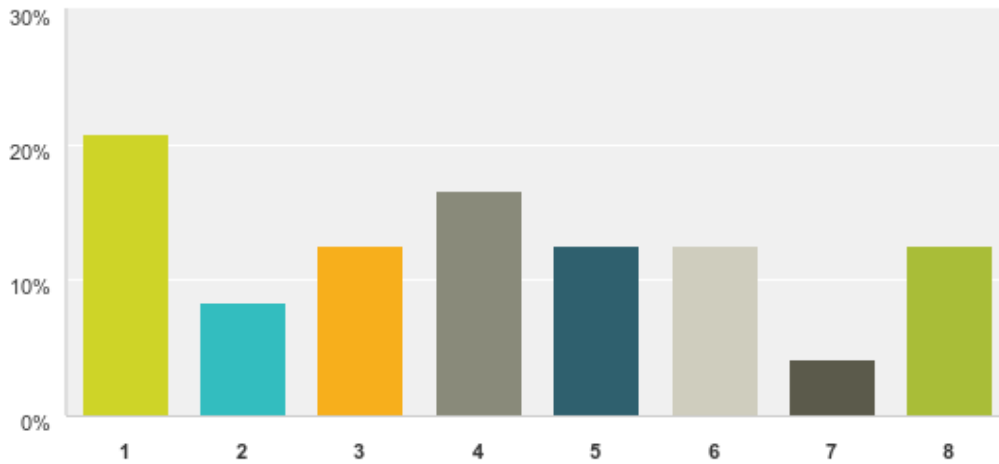
70% stated that they received care from more than one person; 30% said that they did not.

Q4. Are you still waiting for your assessment?



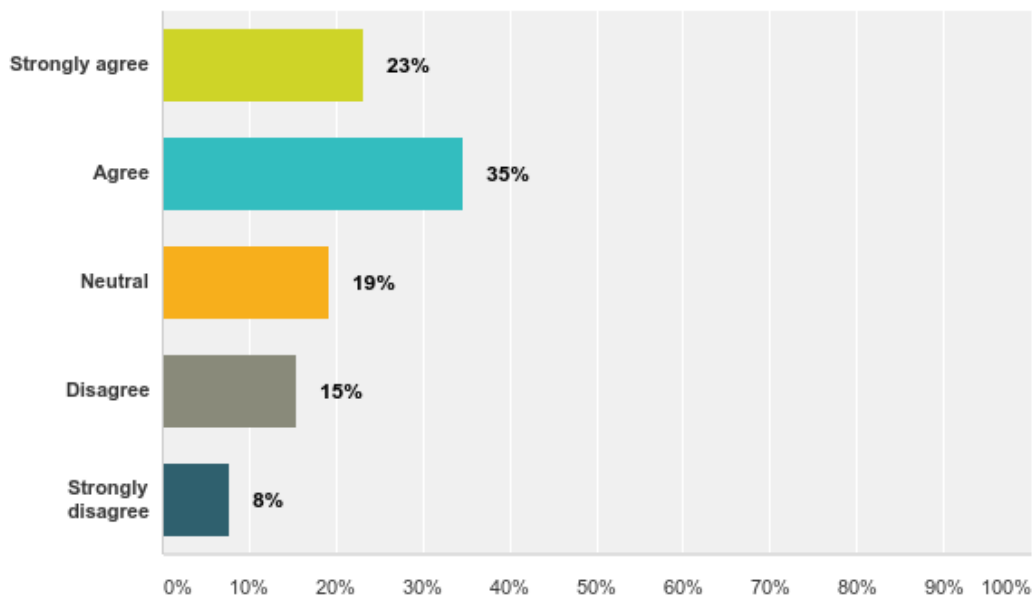
64% of people were still waiting for their assessment, while 36% people were not.

Q5. In an average week, how many different care workers come to your home?



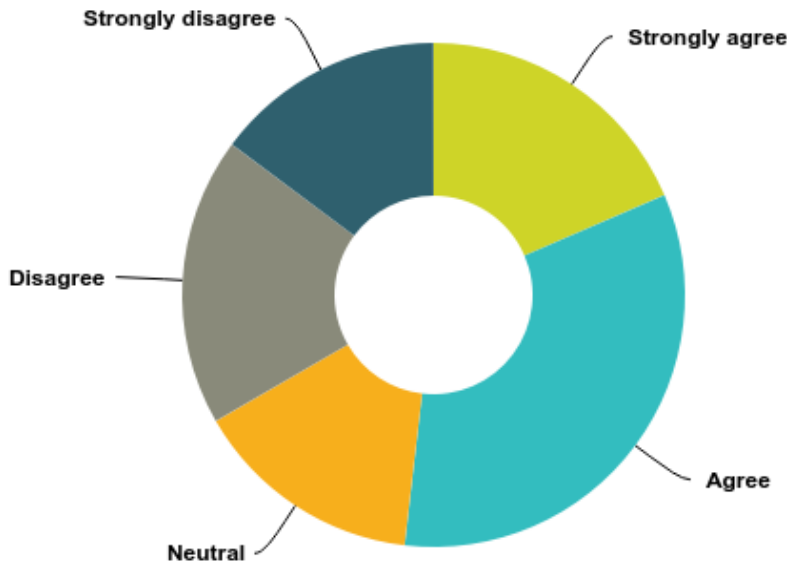
There were a wide range of responses to this question, with over 20% saying that they had the same care worker coming to their home in an average week.

Q6. I always have the same care worker(s)



Comments included: “All the time”; “Varies from week to week”; “Quite a regular team but every day have at least 2 and sometimes 4 different carers”

Q7. I don't mind who comes as the work gets done

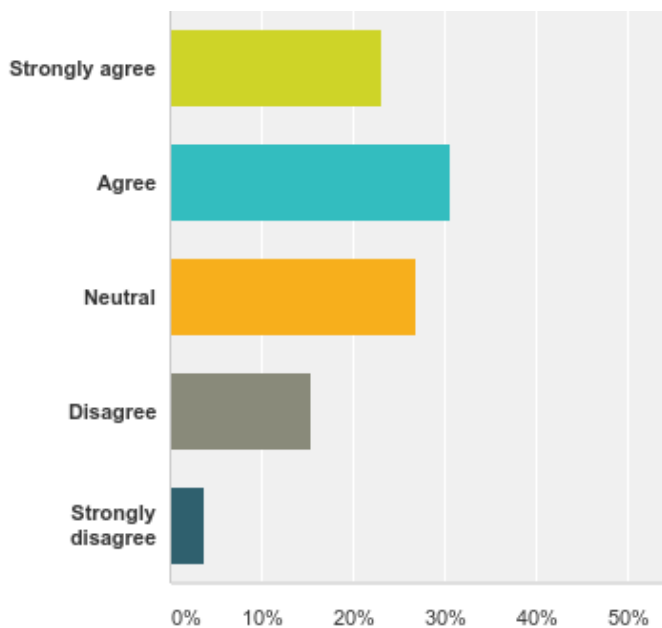


19% said they strongly agreed; 33% said they agreed; 15% reported neutral; 19% said they disagreed; 15% said they strongly disagreed.

Comments included:

- "I get along with all my staff"
- "It is important that the same people come often as they know me and the house and I get to know them. I depend on them being familiar with my situation and needs"
- "I need to get to know the person"

Q8. I can get upset or concerned if my care worker(s) change without notice

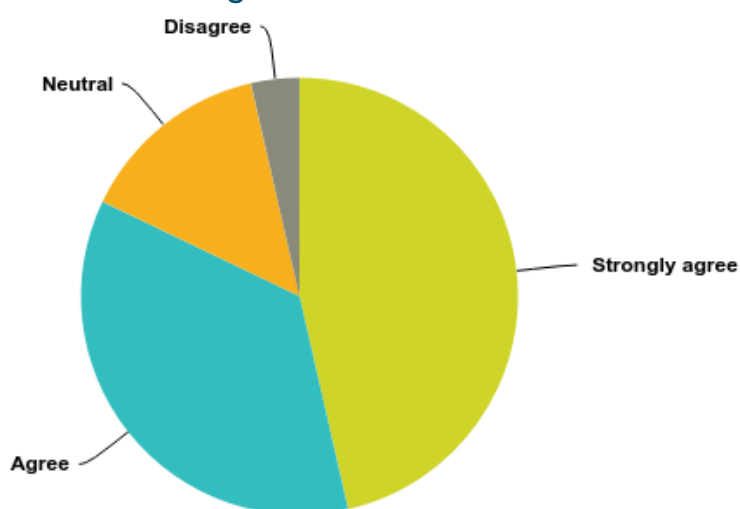


The majority of people said they did get upset or were concerned if their care worker(s) changed without notice.

Comments included:

- “Usually happens and resolved before the day”
- “Continuity is important to me. I depend on them being reliable and aware of my needs and I need to get to know them”

Q9. I've built a good relationship with my care worker(s) and look forward to seeing them

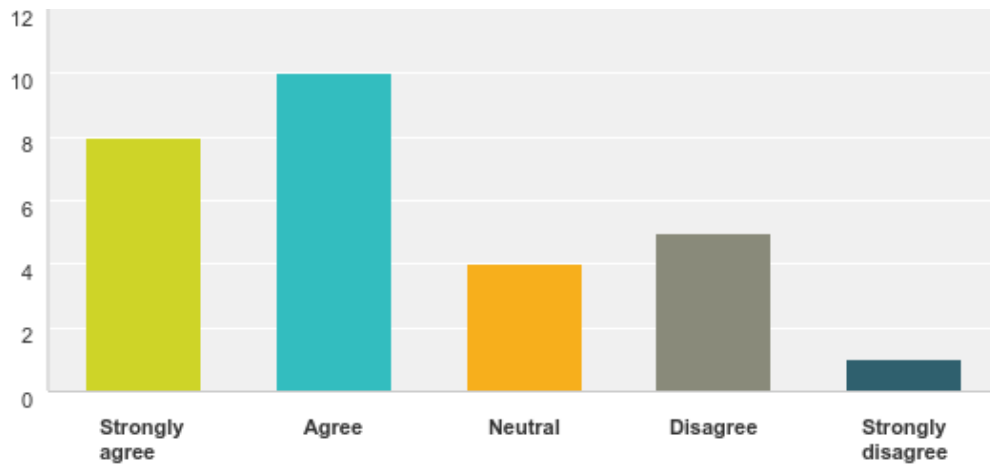


82% of people said they agreed or strongly agreed that they have built a good relationship with their care worker(s).

Comments included:

- “look forward to seeing them”
- “They are humourful and caring. They look after the details and keep me in touch with the world outside. They treat me like someone they are pleased to see. I am pleased to see them and totally rely on their care as I am immobile”
- “My mother has a good relationship with a few of the carers. But there are some who she says don't do a great job and others who she just doesn't really like”

Q10. My care worker(s) come at times that suit me

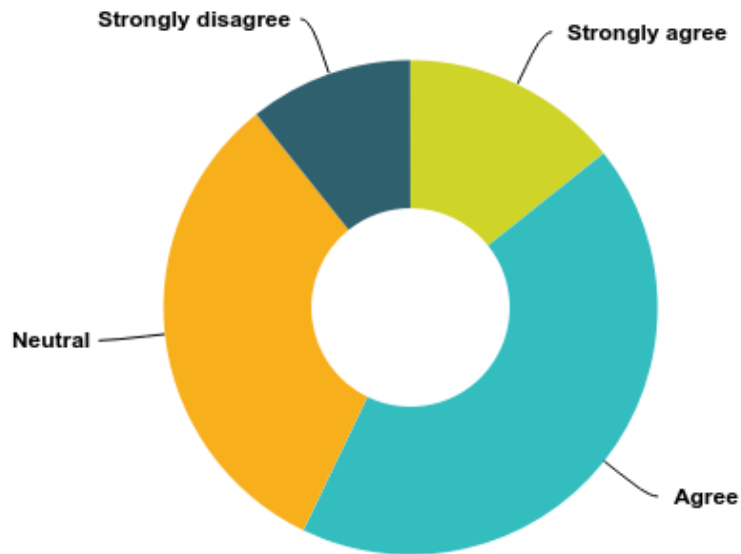


65% of people agreed or strongly agreed that their care worker(s) come at times that suit them. 22% said they disagreed or strongly disagreed.

Comments included:

- “Have never come at times of my choice – have to fit into when they are available”
- “The care agency determine the times for the most part”
- “Pre-arranged time arranged by me and agreed by them”

Q11. My care worker(s) arrive on time

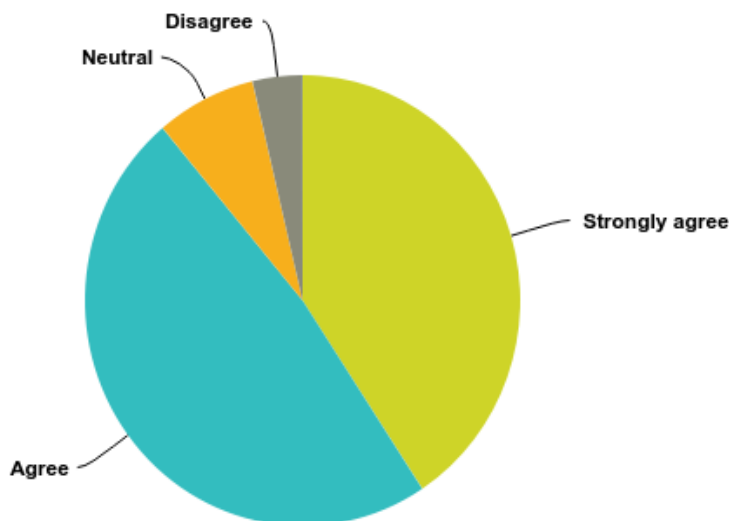


11% said they strongly disagreed that their care worker(s) arrive on time, with 57% said they agreed or strongly agreed.

Comments included:

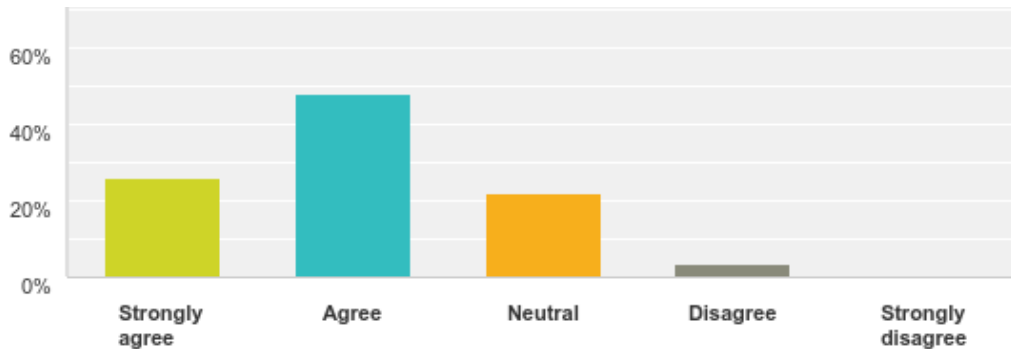
- “They regularly arrive either early or late”
- “Quite good at present but has been extremely bad at times”

Q12. I know what my care worker(s) should be doing



89% of people agreed that they knew what their care worker should be doing.

Q13. My care worker(s) do what they are meant to do

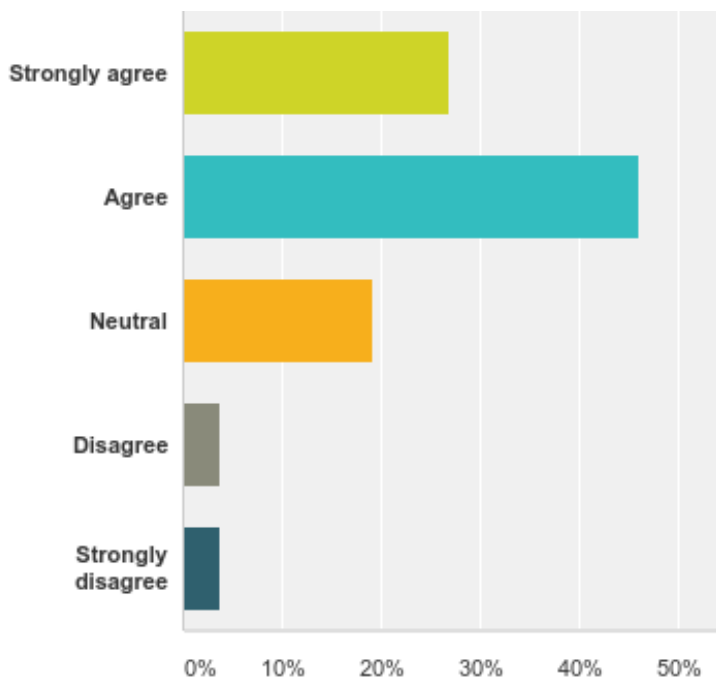


74% agreed or strongly agreed, and only 4% disagreed that their care worker(s) do what they are meant to do.

Comments included:

- “We have clear lists and instructions for people to do things but it is rare for everyone to do everything on the lists/routine well”
- “Sometimes on their phones when they are sitting with us”

Q14. My care worker(s) work the hours as written in my care plan (for example for 30 minute visits they are in my house for 30 minutes)

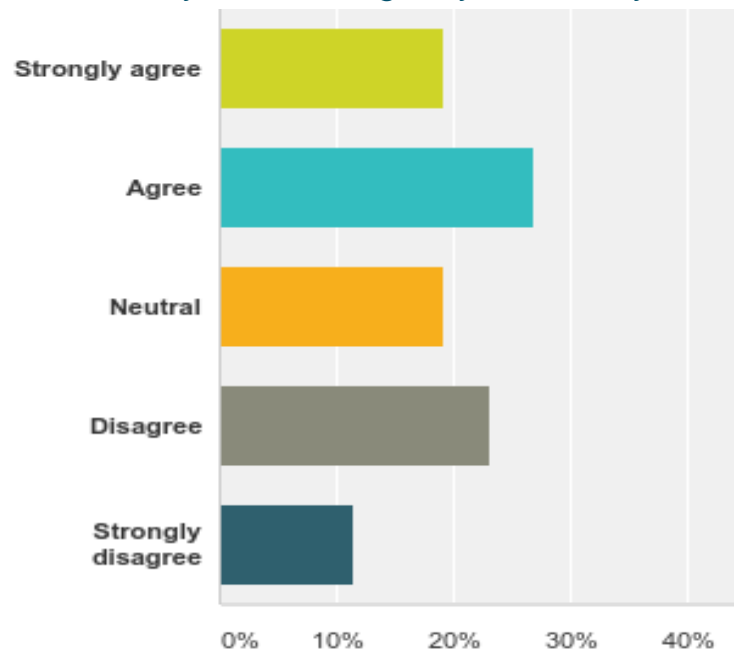


The majority of people agreed or strongly agreed with this question. Only 8% disagreeing or strongly disagreeing.

Comments included:

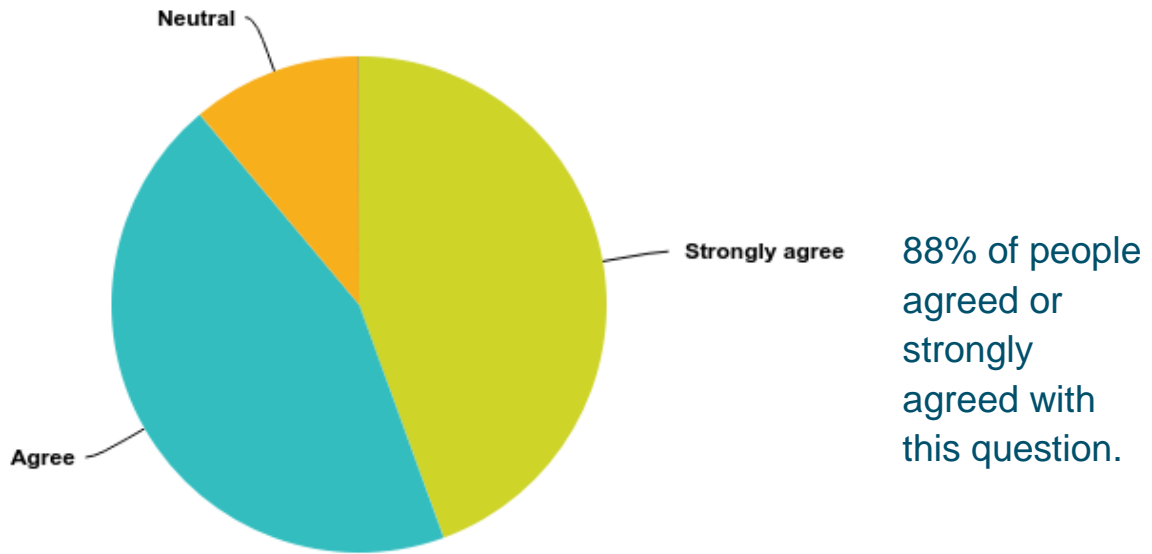
- “They fairly regularly leave early without completing everything on the task list”
- “Sometimes they work over the time allocated, generally they work the time agreed in the care plan”

Q15. I am kept informed by the care agency about any changes in care



Responses to this question were varied, with 27% of people saying they agreed, and 23% of people saying they disagreed.

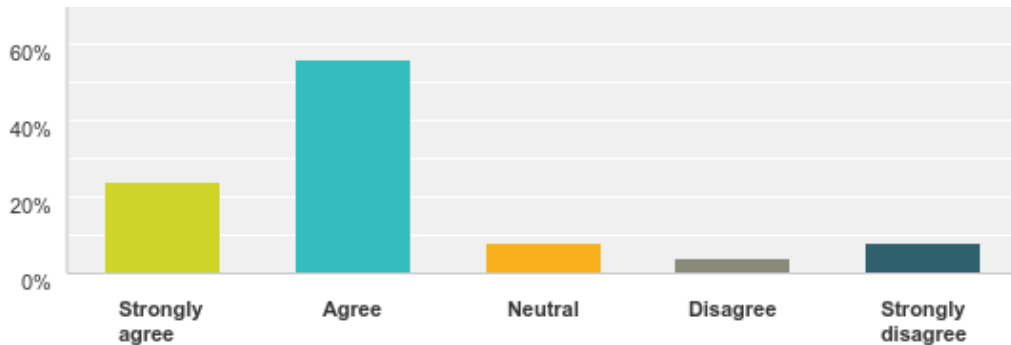
Q16. My care worker(s) treat me with dignity and respect



Comments included:

- “Personalities obviously vary but the care and patience and humour shown by all is impressive especially considering how hard they work, long hours for so little money. You think they would get tired and irritable but they never seem to get impatient, despite their working conditions and pay”
- “The carers I have do. Lack of respect is one of the main reasons I have refused to have certain workers. I have been treated as a child, including baby talk on numerous occasions and some of my carers have been very disrespectful to my home and belongings as well as me”

Q17. I am involved in planning the care I need

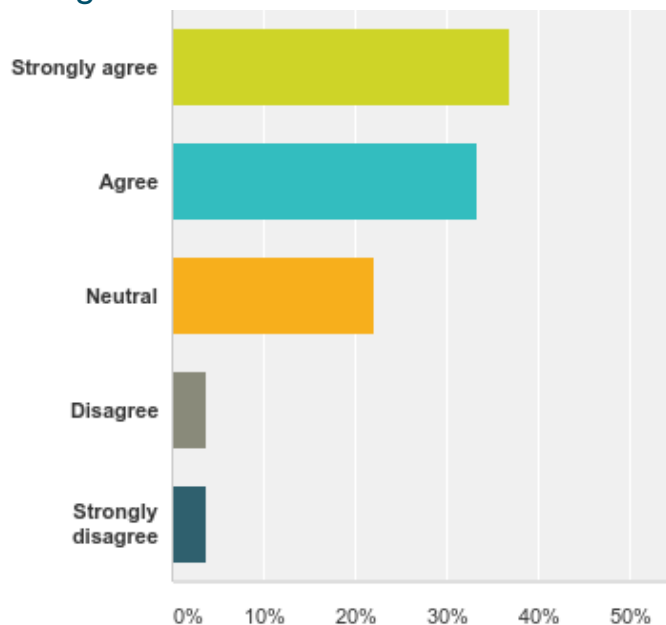


80% of people agreed or strongly agreed with this statement.

Comments included:

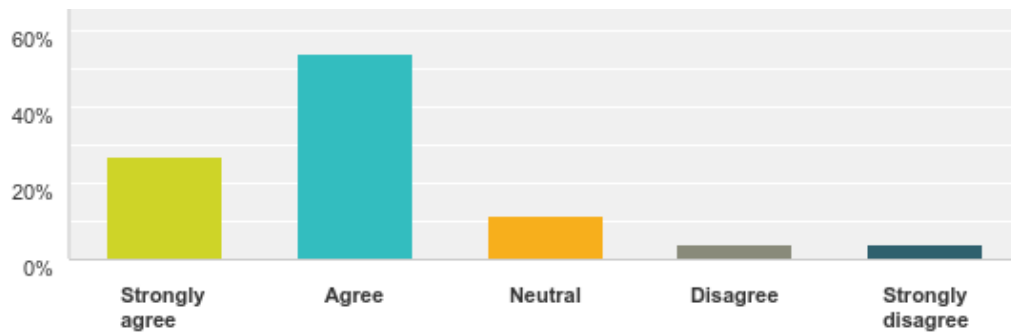
- “There is a team that comes to assess things and decide how much support I need and what for. I have no say”
- “I am involved in agreeing the plan”

Q18. I can involve other people that matter to me (e.g. family, friends) in planning the care I need



70% of people agreed or strongly agreed that they could involve other people that matter to them in planning the care they need.

Q19. My care worker(s) and home care agency understand what matters to me

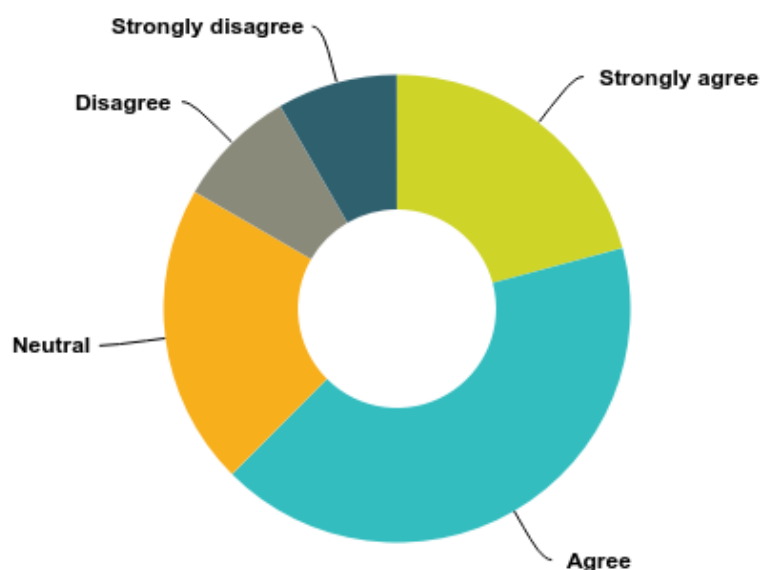


Over 50% of people said they agreed, with only 8% disagreeing or strongly disagreeing.

Comments include:

- “They are responsive as far as possible”
- “Yes I think so”
- “Usually helpful”

Q20. The care agency is flexible when I want to make changes to my planned care

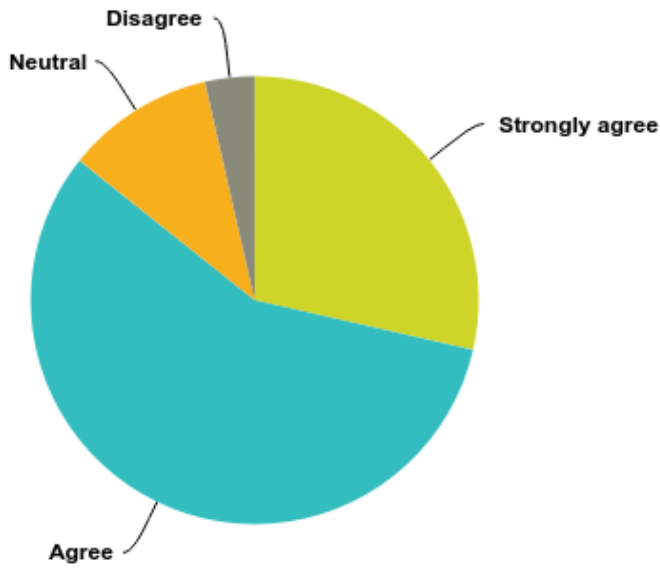


63% of people agreed or strongly agreed with this statement.

Comments included:

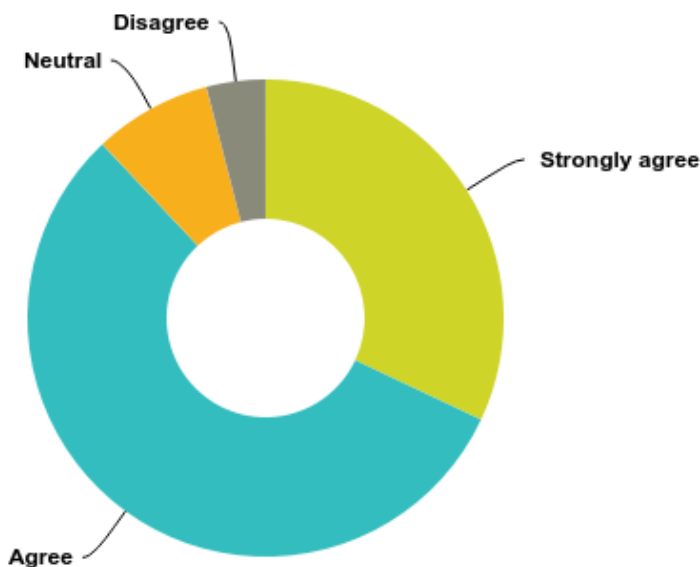
- “Changes are difficult, the agency does not have enough staff to make changes easily and react to changes in need”
- “The Agency is limited by numbers of carers available and the logistics of rostering at times of high demand but usually they are responsive and make attempt to be flexible to suit my needs”
- “I am required to give vast amounts of notice so they can plan support for my social hours but I get the care rota a week or so ahead making it very difficult for me to make plans. I have also had requests for support forgotten about or cancelled last minute despite me having had confirmation of them and made plans accordingly”

Q21. I am happy with the overall quality of my care



86% of people agreed or strongly agreed with this statement. 4% answered that they disagreed.

Q22. I am happy with the overall consistency of my care (e.g. I usually get the care I expect, from the care worker(s) I am used to)

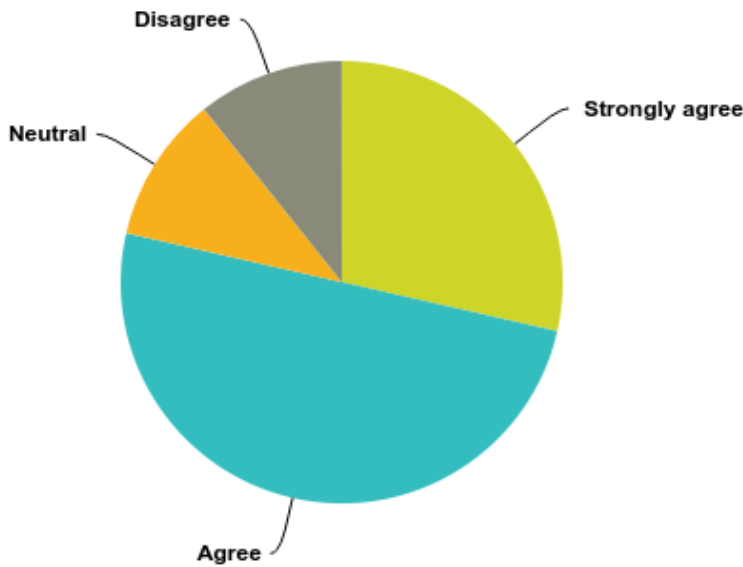


88% of people agreed or strongly agreed with this statement.

Comments included:

- “Obviously there are staff changes/turnover of people and emergencies but usually I get the good care I expect.”
- “I think they do a good job each time”

Q23. I have choice and control over my care



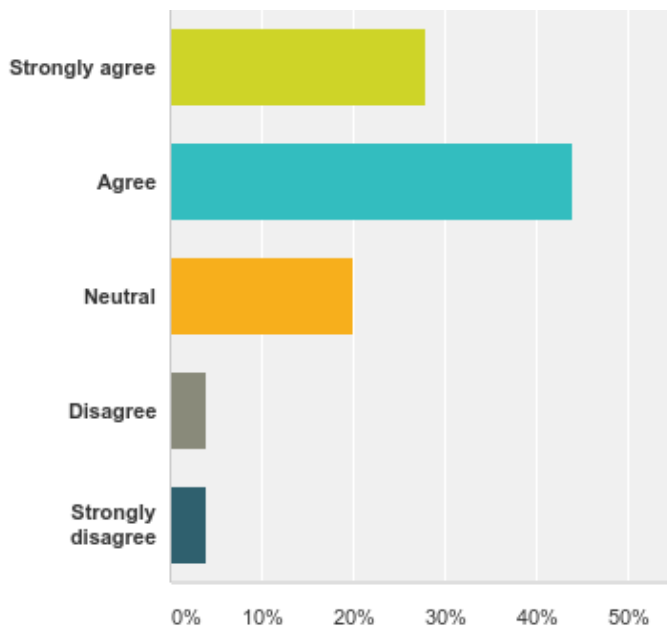
79% of people agreed or strongly agreed that they have choice and control over their care.

Comments included:

- “I cannot control the availability and rostering of workers but generally the agency tries to suit any needs.”
- “Some control but not as much as I would

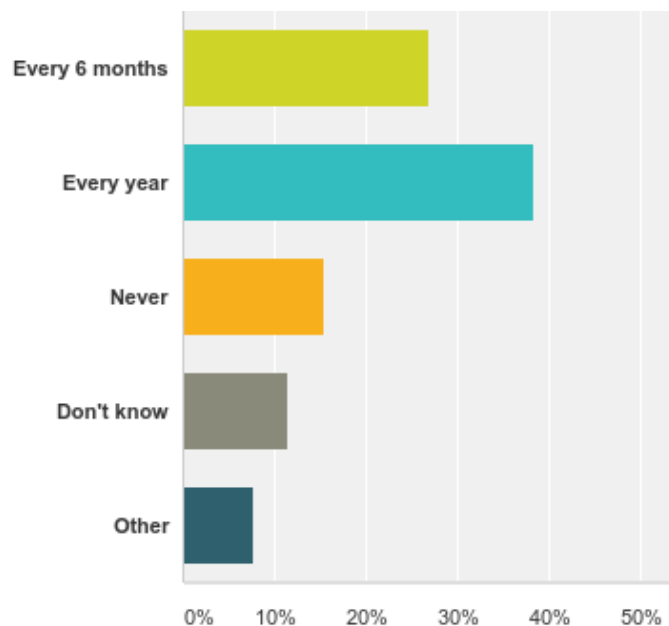
like”

Q24. I understand what personalisation is and what this means for me



72% of people agreed or strongly agreed that they understand what personalisation is and what this means for me.

Q25. How often does the care agency review the care you need with you?



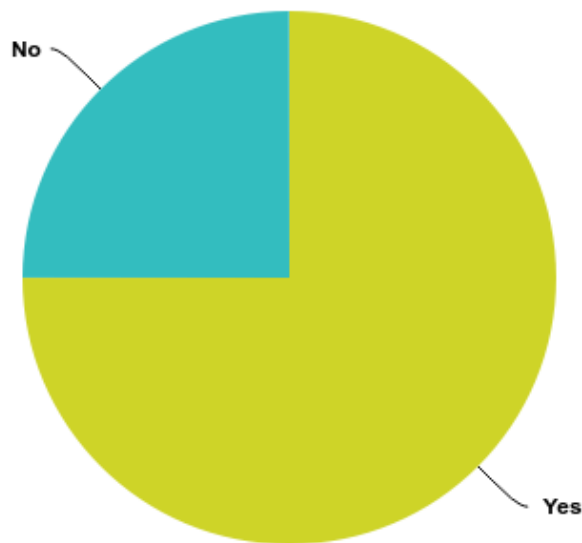
38% of people said they had a review of the care they need every year.
27% of people answered every 6 months.

Q26. Is there anything else that you would like to tell us (good or bad) about your experiences of home care?

Comments included:

- “The Care Agency should inform the client when/if there is a change, but this rarely happens.”
- “Would like more consistency, if my care worker is changed then I would like to be informed in advance”
- “The odd occasion I’m not happy but usually everything is fine”
- “Over the years our experience has been very mixed. The key problem is the level of skill and competence of staff; along with staffing levels and staff retention. The role of caring staff is not valued enough. This should be seen as a skilled role and paid accordingly to attract and keep good people.”
- “The carers are very good however the agency seems to be constantly putting more work on to their rotas which causes all sorts of problems for both parties”

Q27. Do you know who to contact if you are unhappy with the service or have any concerns?



75% said they did know who to contact. 25% said that they did not.

Q28. If yes, who would this be?

Comments included:

- “The carer”
- “social worker”
- “Agency”
- “Manager of the care team”
- “The care provider”
- “CQC”
- “Service provider and care manager”
- “The Agency Supervisor/The Council team”

Conclusion

Looking at the responses to our survey, it is clear to that many of those who took the survey are generally happy with their home care. 88% said they are treated with dignity and respect. 81% agreed or strongly agreed that their care worker or home care agency understood what matters to them. Most people said they were involved in planning the care they need, and can involve the people that they want to in this process too. The majority of the respondents reported that they were happy with the quality and consistency of their care.

It seems that one of the most important things for those receiving care is getting the right support rather than having the same care worker. However, people reported problems with consistency and continuity. Although having a number of different care workers does not seem to be a problem, changes to their care worker without notice can causes upset and concern.

There were mixed responses as to how well individuals were informed about their changes to their care. 63% agreed or strongly agreed that they could make changes to their planned care; however, the comments we received suggests that this can be varied, with some reporting this was very difficult for them to do.

Overall, there was generally a positive response to certain aspects of people's home care reported in the survey. We have never had any nominations for home care services or workers for our annual 'Making a Difference Awards', suggesting we need to do more to celebrate the work that home care workers and services are doing around the York area. There are, however, areas that need to be improved, and below we set out some recommendations we believe will help these areas.

Recommendations

Recommendation	Recommended to
Consider ways to improve communication regarding changes to care workers – inform individuals receiving care as far in advance as possible when there will be changes in care workers	City of York Council (CYC); Home Care providers; Care Quality Commission (CQC) Independent Care Group (ICG)
Consider ways to improve commitment from care workers/agencies to arrange and attend at times that suit the individual receiving home care	CYC Home Care Providers CQC ICG
Consider ways to improve the number of care workers arriving on time	CYC Home Care Providers CQC ICG
Better inform individual receiving home care about changes to their care	CYC Home Care Providers CQC ICG
Consider ways to improve continuity amongst care agencies in how easy it is for individuals to make changes to their planned care	CYC Home Care Providers CQC ICG
Make sure all individuals know what personalisation is and what it means for them and their care	CYC Home Care Providers CQC ICG
Consider re-running the survey in partnership with City of York Council at a mutually convenient time, to gain more insight into home care in York.	City of York Council; Healthwatch York

Feedback from relevant organisations

We have received feedback from the City of York Council regarding our survey results on home care services in York.

They commented on the useful feedback about the need for better communication regarding changes to care workers. They confirmed that they will discuss with providers in the near future. They also informed us about how they are looking to revise their approach on times as a part of a move to outcomes focused approach and to facilitate flexibility and improved capacity across the sector. This will involve a move away from set times unless circumstances mean a set time is needed, for example the giving of medication at a specific time. They have said that they are “proposing that a band of time be allocated for a call and that the care agency and customer then agree what the most suitable times area as opposed to the prescriptive approach used at times now by social workers.” Currently the situation is that there is as 30 minute threshold for home care workers to arrive by, but that providers should notify service users if their carer is running late. We look forward to hearing how the changes the City of York Council are looking to make will affect service users in the future.

In response to recommendation 7, they said:

“City of York Council already conduct a very similar survey on a bi-annual basis; moving to annual where the views of a minimum of 25% of home care service users (around 200-225 people) are sought. This is used to assess quality across all providers on an individual and service wide level. The survey has been in place for several years and is integral to how City of York Council monitors home care services. Individual results are shared with providers and used as part of the monitoring cycle of services they provide. The last survey was undertaken in 2016/17 and City of York Council consulted with 379 customers/carers to produce the report (168 customers and 211 carers).

This is felt to be a more comprehensive sample of views in comparison to the 31 respondents to Healthwatch York’s survey.”

Appendices

Appendix 1 -. Comments from the Healthwatch York Issues Log between September 2015 and August 2017

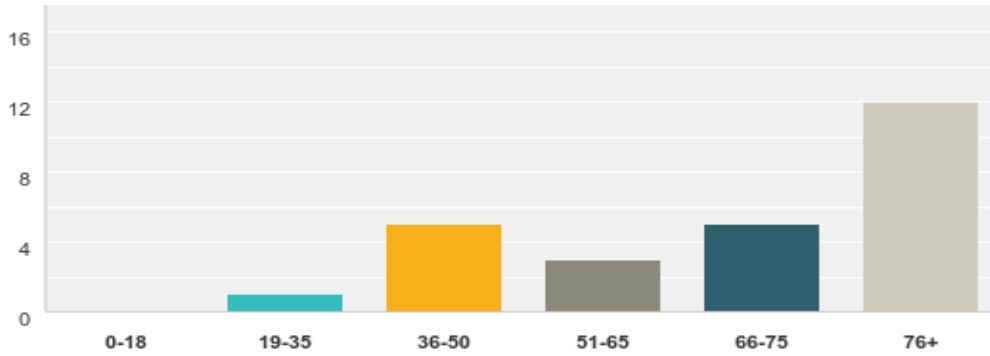
- People are refusing care packages as they do not want to pay for half hour visits where they believe that 15 minutes will do. An individual was offered a package but rejected it as they only offered half hour visits not 15 minute ones. Their family was unhappy as their relative would not tolerate someone in the house longer than needed to provide medication, and that would cost double what is required
- A person with MS had to be admitted to hospital with pressure sores due to poor care from home care workers. They also developed a urinary infection due to incorrect care of their catheter
- A family contacted CYC Adult Social care in September regarding care for an 83 year old individual. The individual had a care assessment but then there was no communication from CYC unless initiated by the person's daughter. The individual was being cared for by their granddaughter, who was due to give birth at the end of November and there are no other family members able to provide care due to other health issues. The family were informed that a care package would be in place within a week, but shortly after were told that this would not be happening, and that a care home was the only option. The family challenged this, and after a series of events, carers were found. The family felt that they had not been treated well by Adult Social Services, said that the social worker's attitude was very poor, and that communication had been very bad. The family were concerned that this might happen to other people who don't have a family willing to fight their cause.
- Visit to an individual living independently. Found 3 pills in a glass dish, but the person stated they had taken all medication they had been offered. A care worker was there so they were asked. They said they didn't know anything about it. The visitor waited until the next carer came, and pointed the tablets out; the carer took the pills away to dispose of. The visitor raises this only because they are concerned how long they had been there, why they hadn't

been noticed before, and what the effect would be of accidentally taking too many tablets

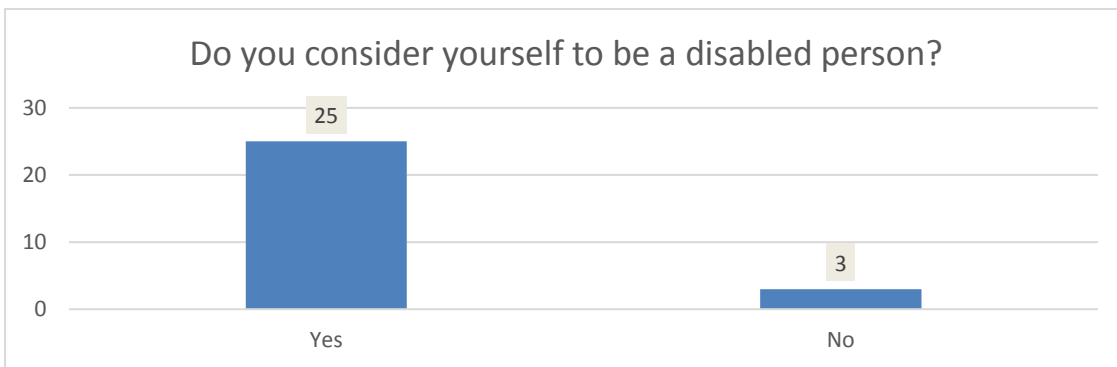
- An individual who is full time carer for their spouse, needs carer for half a day per week to give them respite (self-funded). Checked with Crossroads Care, they will accept the referral

Appendix 2 – Monitoring Information

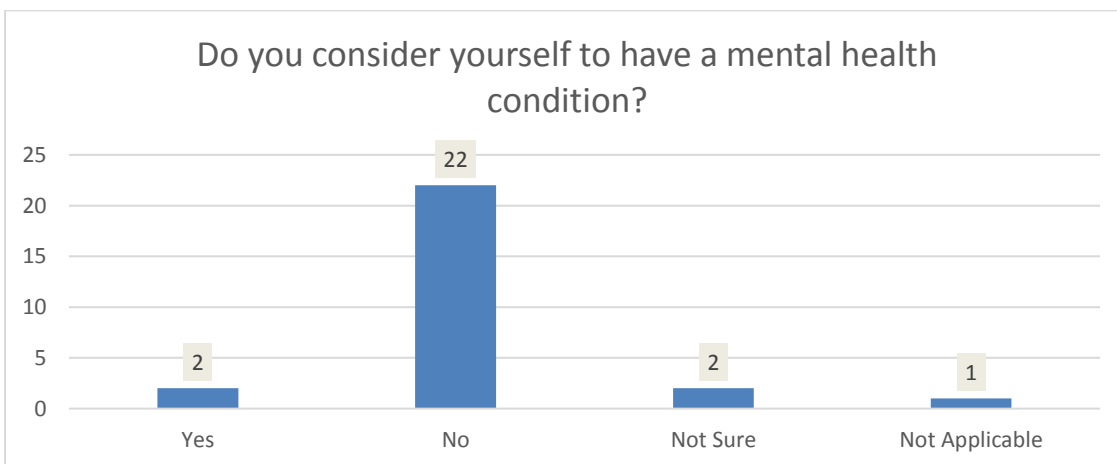
Please tell us your age



Do you consider yourself to be a disabled person?



Do you consider yourself to have a mental health condition?



Contact us:

- Post: Freepost RTEG-BLES-RRYJ
Healthwatch York
15 Priory Street
York YO1 6ET
- Phone: 01904 621133
- Mobile: 07779 597361 – use this if you would like to leave us a text or voicemail message
- E mail: healthwatch@yorkcvs.org.uk
- Twitter: @healthwatchyork
- Facebook: Like us on Facebook
- Web: www.healthwatchyork.co.uk
-

York CVS

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

This report

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

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



ADULTS COMMISSIONING TEAM

Homecare Consultations

2016-2017 Customer Surveys

Summary Report

Home Care Quality Monitoring

HOME CARE CUSTOMER SURVEYS 2016/2017

Executive Summary

Introduction

Our annual home care customer consultation programme has now been established for 6 years. Every year most providers have their customers surveyed twice during the year with the aim of consulting a minimum of 25%. During 2016/17 the sample size actually averaged 32% of customers consulted per provider.

In the case of some providers who have 20 customers or less, we have consulted once a year and with as many of their customers as we can to provide as representative a view as possible.

In many cases, when customers are unable to participate, their relatives are consulted on their behalf. Most of the surveys were carried out by postal questionnaire and a limited number of telephone interviews.

In order to measure the individual providers' and the services overall performance, **Standard Quality Outcomes** targets have been set. These have been agreed with providers and set a mark as to what level of customer satisfaction is expected with the key aspects of their service.

Following each survey, the customer/representative responses are analysed and, a report is sent to the provider in preparation for a business meeting with a contract manager. Customers' responses are treated as confidential and remain anonymous, however, any issues raised by customers during the consultation process which are of concern (potential Safeguarding etc) are referred to the appropriate person/team and addressed with the provider as soon as possible.

This year's consultation

During the year, the Adults Commissioning Team have consulted with 168 customers and 211 customers' representatives, **representing a total of 379 customers** who received a homecare service.

The providers involved in the survey were:

Able Carers
Allott
CYC Overnight
Direct Carers
EJ Specialists
Home Instead
HSG Reablement
Heritage
HSG Homecare Support
Riccall
Support Solutions
St. Anne's Community Services

Annex B

Surecare
Wetherby
York Helpers

Note: Due to the specialist nature of the services provided, we are unable to use the results for HSG Reablement in a comparison and have set these out in a separate report..

The reports attached to this summary are:

- A table setting out **the overall results** for the home care service against the targets set for the **Standard Quality Outcomes** for the service. This also includes, for comparison, the figures achieved for 2015/16.
- The detailed overall results for each question asked of the customers or representatives, with a comparison with the figures achieved for 2015/16.
- **Results Summary and what customers said**, a selection of quotes from customers and their representatives.

Keeping the Approach to Home Care Monitoring Under Review

- **The process** – Having reviewed our approach to home care consultation we will from April 2017 be consulting with providers' customers once a year instead of twice. The only change to this is if concerns/difficulties arise with a provider and it was felt a consultation would contribute to resolving these.

We shall also be placing the emphasis on telephone interviews rather than postal questionnaires. Although this will take up more time, we have found that the quality of information gathered in this way is much higher.

- **The Quality Assessment Framework** – This sets out **the standards for the service** and the criteria to meet them. The providers are expected to meet, or show that they are working towards these and this is what we measure performance against. This Framework and our methods and tools for measuring performance are kept under review. This is essential to our staying responsive to local and national developments in the service and to customer feed back.

HOME CARE 2016/17
PERFORMANCE AGAINST THE AGREED STANDARD OUTCOME TARGETS

This table compares the survey results for 2016/17 with the targets agreed for each of the Standard outcomes. It also includes the results for 2015/16. **The figures in red are below target.**

Note: As in previous years the table only includes the results from the surveys of providers with over 20 customers and does not include the results for HSG Reablement..

Standard	Outcome	Target	2015/16 Results	2016/17 Results
Fulfilment	Customers are satisfied with the overall quality of care.	95%	92%	91%
Rights	Customers feel carers turn up regularly on time (within half an hour of agreed time)	87%	77%	70%
Choice	Customers believe this is the time specified on their Support Plan	85%	92%	77%
Rights	Customers feel they are informed about which carer is coming to see them.	80%	74%	75%
Privacy/ dignity	Customers feel that new carers are aware of their needs and how they like things done.	80%	73%	66%
Fulfilment	Carers complete tasks to the customers' satisfaction.	90%	92%	89%
Rights	Customers feel listened to and respected.	92%	94%	92%
Dignity	Customers do not feel rushed.	88%	84%	78%
Rights	Customers feel they would be listened to if they complained.	90%	93%	83%
Independence	Customers feel that the care & support they receive maximises their independence.	85%	90%	93%

SURVEY ANALYSIS

These are the questions we asked. The overall results are given together with the overall results for 2015/16 for comparison.

Q1: Would you say the Carers usually turn up at the time agreed on your Care Plan?

Rights Target – 87.0%	2015/16	2016/17
All of the time	17%	19%
Most of the time	61%	60%
Some of the time	19%	21%
None of the time	4%	2%
% of satisfied responses	78%	78%

Q2: If your answer to Question 1 is ‘some of the time’ or ‘none of the time’, can you tell us if the carers are early or late, do they usually arrive within 30 minutes of the agreed time?

Choice Target - 85%	2015/16	2016/17
Yes	82%	71%
No	24%	30%
% positive responses	82%	71%

Q3: Would you say you know which carer is coming to see you?

Note: We changed the way we asked this question and therefore cannot make a direct comparison to the previous year’s results.

Rights Target – 80.0%	2016/17
Yes	76%
No	24%
% positive responses	76%

Q4: Do you usually have regular carers?

(Please note: This is the first time we have asked the question in this way about regular carers - with no standard target yet set.)

	P2 2016/17
Yes	86%
No	14%
% positive responses	86%

Q5: If you get a new carer, do you feel that they are aware of your needs and how you like things done?

Privacy/Dignity Target – 80.0%	2015/16	2016/17
All of the time	27%	20%
Most of the time	47%	47%
Some of the time	21%	28%
None of the time	7%	6%
% of satisfied responses	73%	67%

Q6: When the carers visit you, do they complete everything to your satisfaction?

Fulfilment Target – 90.0%	2015/16	2016/17
All of the time	51%	43%
Most of the time	41%	46%
Some of the time	7%	11%
None of the time	1%	1%
% positive responses	92%	89%

Q7: Do you feel that the care and support you receive help maximise your independence?

Independence Target – 85.0%	2015/16	2016/17
Yes	91%	94%
No	10%	6%
% positive responses	91%	94%

Q8: Do you feel that Carers listen to you and respect your wishes?

Rights Target – 92.0%	2015/16	2016/17
All of the time	67%	57%
Most of the time	25%	36%
Some of the time	5%	7%
None of the time	2%	1%
% positive responses	94%	93%

Q9: Do you ever feel rushed when Carers are assisting you?

Dignity Target – 88.0%	2015/16	2016/17
No	85%	78%
Yes	16%	22%
% positive responses	85%	78%

Q10: In the last three months, have you had cause to contact the provider with any concerns about your care?

It was explained to customers that this was not necessarily a formal complaint, but included anything that had caused them enough concern to contact the office to speak with someone.

(Please note: This is the first time we have asked the question in this way with no standard target yet set and no previous figures available for comparison).

	2016/17
No	67%
Yes	33%
% positive responses	67%

Q10a: If 'Yes', were you satisfied with the way it was dealt with?

	2016/17
Yes	46%
No	54%
% of satisfied responses	46%

Q10b: If 'No', if you were unhappy with anything would you find it easy to complain about it?

(Please note: This is the first time we have asked the question in this way with no standard target yet set and no previous figures available for comparison).

Old question: *'Do you feel the service would listen to you if you did need to make a complaint?'*

The results from the previous quarters are included below for comparison.

Rights	2015/16
Target – 90.0%	
No	7%
Yes	93%
% of satisfied responses	93%

Annex B

The results from the changed question:

Rights	
Target – 90.0%	2016/17
Yes	84%
No	16%
% positive responses	84%

Q11: Have you any concerns about any other aspect of your care that we haven't discussed?

	2016/17
No	86%
Yes	14%
% positive responses	86%

Annex B

Q12: How satisfied are you with the overall quality of care you are receiving at present?

Fulfilment	2015/16	2016/17
Target – 95.0%		
I am Extremely Satisfied	19%	22%
I am Very Satisfied	45%	41%
I am Quite Satisfied	30%	29%
I am Neither Satisfied nor Dissatisfied	5%	7%
I am Quite Dissatisfied	2%	2%
I am Very Dissatisfied	0%	1%
I am Extremely Dissatisfied	1%	0%
% positive responses	93%	91%

Summary

Overall the service has met or surpassed just 20% of the targets agreed for each of the Standard Outcomes for 2016/17 as opposed to 50% in 2015/16. From the many comments we received it was obvious that customers and their relatives were on the whole happy with the care and there was a great deal of praise for the carers.

Where targets were met:

- 94% of customers said that they felt listened to and respected.
- Well above the target at 93%, the number of customers feeling that the care and support they received maximised their independence.
- Although the target of 95% was not quite met, customers' overall satisfaction with the quality of care received remains high at 91%.

The areas where customers or their representatives appeared to have issues with the service:

Those areas where the results came 10% and more below target were:

- **Customers feeling that carers turned up regularly on time**
Target: 87% Result 70%
- **Customers feeling that new carers were aware of their needs and how they liked things done**
Target: 80% Result: 66%
- **Customers not feeling rushed**
Target: 88% Result: 78%

Other areas where there was some shortfall in meeting the targets:

- **Customers saying that they believed that carers turned up at the time specified on their support plan**
Target: 85% Result: 77%
- **Customers feeling they are informed about which carer is coming to see them**
Target: 80% Result: 75%
- **Customers feeling that they would be listened to if they complained**
Target: 90% Result: 83%

Summary of performance and a selection of customer comments

Although the target of 95% was not quite met, **customers' overall satisfaction with the quality of care received remains high at 91%. - 87% said that they had regular carers**

'Generally speaking, we are very satisfied, but accept caring for individuals is not an exact science and small problems can occur from time to time.'

'They make me feel confident and treat me with respect'

'In general the care was very good so thank you.'

'We are satisfied with our regular carers, they are very good, but the problem occurs if a new carer comes on their own. It takes longer to do the call as I have to show them how my husband likes things done.'

Where targets were met:

- **94% of customers said that they felt listened to and respected.**

'My carers have been attentive and considerate of my needs. I feel listened to and like my wishes are respected and taken into account.'

'As far as we are concerned the carers are top class people.'

'They are always kind and will do things that are asked. We have no problem with the carers themselves – timings – issues that make us unhappy!'

- **Well above the target at 93%, the number of customers feeling that the care and support they received maximised their independence.**

'Since receiving care from XXXX they have helped my independence and I feel having carers on time and regular carers have made such a positive difference.'

'Without carers my aunt would be in a nursing home by now.'

'XXXX cannot manage his own urostomy bags so he would need to be in care if he did not have these visits.'

The areas where customers or their representatives appeared to have issues with the service:

Those areas where the results came 10% and more below target were:

- **Customers feeling that carers turned up regularly on time**

Target: 87%

Result 70%

'Weekends' times vary due to different staff.'

'There are many times they are late plus do not contact XXXX to let him know despite being asked to do this. XXXX's anxiety increases plus it is family who is left to deal with this.....'

'Carers do not appear to get enough travelling time in between calls; extra calls seem to be slipped into their schedule at little notice. All staff does their best but the framework they work with does not seem adequate. '

'When they are late it makes me anxious that they may not be coming.'

'The carers are constantly overworked and underpaid. They are often off work due to stress and illness.'

'We have started our preferred arrival times on many occasions. Too frequently the arrival time is outside the 'window' of 1 hour which we believe to be reasonable, i.e. it is outside 30 minutes either side of our preferred time.'

- **Customers feeling that new carers were aware of their needs and how they liked things done**

Target: 80% Result: 66%

'I have had some carers who are new and they have not done shadowing on my husband, because of his severe aphasia we find that hard

'Sometimes I have to give instructions.'

'Different carer at weekends; do not know my care needs.'

'If they are new carers they usually don't know one thing about me or what my needs are.'

'I felt they need to read the specific care plan and carry out the required tasks as detailed. They ask my mother if there is anything she needs. She has dementia and says no. they don't check or encourage her to do tasks. Some do but not all of them.'

- **Customers not feeling rushed**

Target: 88% Result: 78%

'Only have 30 minutes to change pad, cook meal, feed and give drink: not enough time.'

'This is because they are rushed for time. I do not blame the individual carers, it's the system.'

Annex C

'I could write an essay on this one! You know the answers – travelling times, breaks, lunchtime and reasonable hours of work!'

'Sometimes I feel rushed at lunch, morning calls are ok and so are tea times, but come bed time call they can turn up early and I feel rushed to go to bed and they can then go home or to the next call. I really don't want to be going to bed at 9:00-9:15pm.'

'Nearly all the time.'

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Health and Wellbeing Board – Meeting Work Programme 2017/18

Wednesday 8 th November 2017 - West Offices			
Item/Topic	Lead Organisation & Officer	Other Contributing Organisations & Participants	Scope
Theme: Mental Health (lead HWBB Members: Martin Farran and Phil Mettam)			
Mental Health Strategy for York	<u>City of York Council</u> Martin Farran <u>NHS Vale of York Clinical Commissioning Group</u> Phil Mettam		<ul style="list-style-type: none"> To receive a progress update on developing a mental health strategy for York
Progress against the Mental Health theme of the Joint Health and Wellbeing Strategy (including performance)	<u>City of York Council</u> Martin Farran <u>NHS Vale of York Clinical Commissioning Group</u> Phil Mettam		<ul style="list-style-type: none"> To receive a progress update on the mental health theme of the Joint Health and Wellbeing Strategy including performance
Healthwatch York Report – Children and Adolescent Mental Health Services (CAMHS)	<u>Healthwatch York</u> Siân Balsom		<ul style="list-style-type: none"> To receive Healthwatch York’s Report on Children and Adolescent Mental Health Services
Other Business			
Joint Commissioning	<u>NHS Vale of York Clinical</u>		<ul style="list-style-type: none"> To receive an update on the Better Care Fund To include the work programme for the joint

Health and Wellbeing Board – Meeting Work Programme 2017/18

Wednesday 8 th November 2017 - West Offices			
Item/Topic	Lead Organisation & Officer	Other Contributing Organisations & Participants	Scope
	<u>Commissioning Group</u> TBC <u>City of York Council</u> Tom Cray		commissioning strategy • To provide an update on the CQC Review
Update from the HWBB Steering Group	<u>City of York Council</u> Sharon Stoltz		• Update from the HWBB Steering Group • Launch of the new JSNA
Annual Report of the Children's Safeguarding Board	<u>Independent Chair</u> Simon Westwood		• To receive the annual report of the Children's Safeguarding Board
Healthwatch York Report – Home Care Services	<u>Healthwatch York</u> Siân Balsom		• To receive Healthwatch York's Report on Home Care Services

Health and Wellbeing Board – Meeting Work Programme 2017/18

Wednesday 24 th January 2018 - West Offices			
Item/Topic	Lead Organisation & Officer	Other Contributing Organisations & Participants	Scope
Theme: Living & Working Well (lead HWBB Member: Sharon Stoltz)			
Progress against the Living & Working Well theme of the Joint Health and Wellbeing Strategy	<u>City of York Council</u> Sharon Stoltz		<ul style="list-style-type: none"> To receive a progress update on the Living & Working Well theme of the Joint Health and Wellbeing Strategy
Performance Management	<u>City of York Council</u> Sharon Stoltz		<ul style="list-style-type: none"> To receive a performance and monitoring update in relation to the Living & Working Well theme of the Joint Health and Wellbeing Strategy
Other Business			
Joint Commissioning	<u>NHS Vale of York Clinical Commissioning Group/city of York Council</u> Pippa Corner		<ul style="list-style-type: none"> To receive an update on the Better Care Fund and the iBCF
Update from the HWBB Steering Group	<u>City of York Council</u> Sharon Stoltz		<ul style="list-style-type: none"> Update from the HWBB Steering Group
CQC Whole System Review	<u>NHS Vale of York Clinical Commissioning Group/city of York</u>		<ul style="list-style-type: none"> To receive the final report arising from the CQC Whole System Review

Health and Wellbeing Board – Meeting Work Programme 2017/18

Wednesday 24 th January 2018 - West Offices			
Item/Topic	Lead Organisation & Officer	Other Contributing Organisations & Participants	Scope
	<u>Council</u> Pippa Corner		
Mental Health Strategy for York	<u>City of York Council</u> Martin Farran <u>NHS Vale of York Clinical Commissioning Group</u> Phil Mettam		<ul style="list-style-type: none"> to receive the mental health strategy for York for approval
Mental Health Housing and Support	<u>City of York Council</u> Martin Farran <u>NHS Vale of York Clinical Commissioning Group</u> Phil Mettam	<u>City of York Council</u> Chris Weeks	<ul style="list-style-type: none"> For noting and cross-agency support

Health and Wellbeing Board – Meeting Work Programme 2017/18

Wednesday 7 March 2018 - West Offices			
Item/Topic	Lead Organisation & Officer	Other Contributing Organisations & Participants	Scope
Theme: All themes: Reducing Health Inequalities – content of agenda tbc			
TBC: Learning Disabilities Strategy for York	Tbc	Tbc	<ul style="list-style-type: none"> To receive the Learning Disabilities Strategy
TBC: Reducing Health Inequalities through Cultural Commissioning	Tbc	Tbc	<ul style="list-style-type: none"> Tbc
Other Business			
Update from the HWBB Steering Group	<u>City of York Council</u> Sharon Stoltz		<ul style="list-style-type: none"> Update from the HWBB Steering Group
Pharmaceutical Needs Assessment (PNA)	<u>City of York Council</u> Sharon Stoltz		<ul style="list-style-type: none"> To receive a new PNA for the city covering the period 2018-21
Healthwatch York's Report on Dental Services	<u>Healthwatch York</u> Siân Balsom		<ul style="list-style-type: none"> To receive a Healthwatch York report on dental services

Health and Wellbeing Board – Meeting Work Programme 2017/18

Wednesday 9 May 2018 - West Offices			
Item/Topic	Lead Organisation & Officer	Other Contributing Organisations & Participants	Scope
Theme: Wrap up Meeting – content of agenda to be confirmed			
Performance Management	<u>TBC</u>		<ul style="list-style-type: none"> To receive a performance and monitoring update in relation to the Joint Health and Wellbeing Strategy
Other Business			
Update from the HWBB Steering Group	<u>City of York Council</u> Sharon Stoltz		<ul style="list-style-type: none"> Update from the HWBB Steering Group