

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

**To:** Councillors Runciman (Chair), Baker, Cuthbertson and Lomas

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

Sharon Stoltz Director of Public Health, City of York

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

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

Lisa Winward Chief Constable, North Yorkshire Police

Alison Semmence Chief Executive, York CVS

Sian Balsom Manager, Healthwatch York

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

Naomi Lonergan	Director of Operations, North Yorkshire & York - Tees, Esk & Wear Valleys NHS Foundation Trust
Simon Morritt	Chief Executive, York Hospital NHS Foundation Trust
Dr Andrew Lee	Executive Director for Primary Care and Population Health, NHS Vale of York Clinical Commissioning Group
Mike Padgham	Chair, Independent Care Group

**Date:** Wednesday, 4 December 2019

**Time:** 4.30 pm

**Venue:** The Snow Room - Ground Floor, West Offices (G035)

## **AGENDA**

### **1. Declarations of Interest**

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

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

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

### **2. Minutes**

(Pages 3 - 14)

To approve and sign the minutes of the last meeting of the Health and Wellbeing Board held on 11 September 2019.

### **3. Public Participation**

It is at this point in the meeting that members of the public who have registered their wish to speak can do so. The deadline for registering is by **5.00pm, Tuesday 3 December**.

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

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

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

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

The Council's protocol on Webcasting, Filming & Recording of Meetings ensures that these practices are carried out in a manner both respectful to the conduct of the meeting and all those present. It can be viewed at:  
[http://www.york.gov.uk/download/downloads/id/11406/protocol\\_f\\_or\\_webcasting\\_filming\\_and\\_recording\\_of\\_council\\_meetings\\_20160809.pdf](http://www.york.gov.uk/download/downloads/id/11406/protocol_f_or_webcasting_filming_and_recording_of_council_meetings_20160809.pdf)

### **4. Physical Activity and Sport Strategy for York** (Pages 15 - 30)

Members of the Health and Wellbeing Board (HWB) will receive a report which provides an update on the work to develop a physical activity and sport strategy for York. The report also contains a request of endorsement from the board.

George Cull and Damien Smith from the leadership team at North Yorkshire Sport will both be in attendance to present the report.

**5. Refresh of the Joint Health and Wellbeing Strategy and Review of the Health and Wellbeing Board Sub-Structure** (Pages 31 - 42)

Members of the Health and Wellbeing Board (HWB) will receive a report which presents the outcomes from a recent priority setting workshop; including discussions about how these priorities might be delivered through the Health and Wellbeing Board's sub-structure.

**6. Better Care Fund Update** (Pages 43 - 92)

Members of the Health and Wellbeing Board will receive an information report which sets out the following:

- An update on the 2019-2020 Better Care Fund Plan for York
- Some recent highlights.
- Progress against national targets that the Better Care Fund (BCF) is designed to positively influence.

**7. Healthwatch York Report - Understanding People's Experiences of the Sight Support Service provided by the Eye Clinic Liaison Officers (ECLO) at York Teaching Hospital NHS Foundation Trust.** (Pages 93 - 174)

Members of the Health and Wellbeing Board will receive a new report from Healthwatch York about understanding people's experiences of the sight support service attached at Annex A to this report.

**8. Right Care, Right Place Programme** (Pages 175 - 196)

Members of the Health and Wellbeing Board will receive a report detailing the Trust's Right Care, Right Place Programme (RCRP). The programme is the Trust's response to the NHS Long Term Plan and aims to deliver a more integrated and seamless approach to care. Each locality will look to co-produce their own proposals to implement the principles with local stakeholders. Within the City of York, this work is focused mainly around the 'Connecting Our City' project through the Mental Health Partnership Board.

**9. Urgent Business**

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



## **FOR INFORMATION ONLY**

### **10. Annual Report from the Children's Safeguarding Board** (Pages 197 - 238)

The purpose of this report is to share the Annual Report of the Independent Chair of City of York Safeguarding Children Board 2018/19 (Annex A) with the Health and Wellbeing Board (HWB).

#### **Democracy Officer:**

Name – Michelle Bennett  
Telephone – 01904 551573  
E-mail – michelle.bennett@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**

This page is intentionally left blank

***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 & Adult Social Care Policy & Scrutiny Committee.
- Take responsibility for the outputs and outcomes of specific services – these are best monitored at the level of the specific organisations responsible for them.
- Be the main vehicle for patient voice – this will be the responsibility of Healthwatch York. The Board will however regularly listen to and respect the views of residents, both individuals and communities.

This page is intentionally left blank

## City of York Council

## Committee Minutes

---

Meeting	Health and Wellbeing Board	
Date	11 September 2019	
Present	Councillors Runciman (Chair), Baker, Cuthbertson and Lomas.	
	Dr Nigel Wells (Vice Chair)	Chair, NHS Vale of York Clinical Commissioning Group (CCG)
	Sharon Houlden	Corporate Director, Health, Housing & Adult Social Care, City of York Council
	Amanda Hatton	Corporate Director, Children, Education & Communities, City of York Council
	Sian Balsom	Manager, Healthwatch York
	Naomi Lonergan	Director of Operations, North Yorkshire & York - Tees, Esk & Wear Valleys NHS Foundation Trust
	Dr Andrew Lee	Executive Director for Primary Care and Population Health, NHS Vale of York Clinical Commissioning Group

	Beth Proctor (as a substitute for) Mike Padgham	Chair, Independent Care Group
	Fiona Phillips (as a substitute for) Sharon Stoltz	Director of Public Health, City of York
	Phil Cain (as a substitute for) Lisa Winward	Chief Constable, North Yorkshire Police
	Jane Hustwit (as a substitute for) Alison Semmence	Chief Executive, York CVS
Apologies	Gillian Laurence	Head of Clinical Strategy (North Yorkshire & the Humber) NHS England

---

**47. 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.

Sian Balsom, Manager, Healthwatch York, declared a personal non-prejudicial interest in agenda item 6, the Better Care Fund Update, as Healthwatch York sits within the York Centre for Voluntary Service (CVS). This interest was declared during discussion of this item.

**48. Minutes**

Resolved: That the minutes of the previous meeting of the Health and Wellbeing Board held on 1 August 2019 be approved and signed as a correct record.

#### **49. Public Participation**

Ms Amber Graver, a Steering Group Member from 'Our Minds, Our Future' spoke to encourage local decision-makers to support the objectives of this campaign.

[Campaign http://makeourrightsreality.org.uk/our-minds-our-future/](http://makeourrightsreality.org.uk/our-minds-our-future/)

In her speech Ms Graver:

- Outlined what the campaign is.
- Explained how this campaign links in with this Board's objectives.
- Made a request that the Board considers further action with regard to its commitment to #MyRightsMyMind Pledge.

The 'Our Minds, Our Future' campaign is totally youth-led and recognises and aims to tackle the disparity between young people's needs and access to mental health support by taking a rights based approach, using human rights to stand up for better mental health care. The campaign demonstrates that failures within the mental health system do not only let young people down but breaches our human rights in the UK.

Ms Graver explained that the Campaign is national and currently has a live [Petition](#) with almost 800 signatures.

Ms Graver explained how this campaign links in with this Board's objectives for every resident of York to enjoy the best possible mental health and wellbeing throughout their life and explained that this directly links to our human right to health, which is the number one priority for the Our Minds Our Future Campaign and one of the top three priorities identified by the residents of York. She referred to this Board's latest annual report, having a key priority to improve services for children and young people alongside ensuring that York is a mental health friendly environment and to get better at spotting the early signs of mental ill health and to intervene earlier.

Ms Graver was grateful that the individual organisations within the Board had either signed up to or were considering signing up to #MyRightsMyMind Pledge, which was building on the rights based approach York is already taking. She considered that taking the pledge, was a great first action and wished to request that the Board consider further action, for example, could the Board release a statement expressing commitment to the rights-based approach; or agree to meet local young people to begin a more user-led process offering young people the chance to participate in decisions made around their future care needs.

Board Members expressed their wish to contact Ms Graver to discuss these point further.

The Chair thanked Ms Graver for attending and speaking at this meeting and requested that her contact information be circulated to Members of the Board for individuals to follow up and that a link to this project be provided in these minutes (see above).

## **50. Healthwatch York Annual Report and 2019/2020 Workplan**

The Board considered a report from the Manager at Healthwatch York, which shared details about the activities of Healthwatch York in 2018/19 and their work plan for the year. In particular, the Board gave consideration to the findings for the NHS Long Term Plan engagement work undertaken in March and April this year.

During discussion of this item a number of various points were raised which included:

- A concern that even where organisations had pledged support for the Times to Change initiative, it does not necessarily follow that employees of that organisation know about it.
- The direction of care regarding mental health is that, where applicable, it is preferable for that patient to receive care within their home rather than to be moved from hospital to a permanent care situation.
- In response to questions on p32 of the agenda under the heading 'emerging issue' regarding finding suitable care



for people with “challenging behaviour” Dr Wells spoke about how lack of access to GPs is a national issue. In York patients were waiting for up to two weeks for an appointment which would impacted on this concern. NHS Vale of York Clinical Commissioning Group had recently publicised an on line service for appointments classified as non-urgent. Board Members considered there were still issues of concern regarding vulnerable patients and for those not able to access or use on line services. During this discussion, Dr Wells spoke of the need to get the patient to the right person and place in terms of their care and to get better at talking about an advanced care plan so that carers and family know what to do.

- Regarding access to GP services, a Member highlighted that this was a great concern in Micklegate, where residents are frequently reporting evidence of this. It was agreed that Dr Lee would look in to this matter further and communicate directly with this Member.
- A Member mentioned how the “challenging behaviour” concern had been discussed previously in relation to elderly people with advanced dementia and that the Dementia Forum were considering this.
- Where provision is outside of York it is not so accessible for carers who find it challenging to keep in touch. This is a particular concern for carers in York.

Within the Healthwatch York workplan, there were references to two initiatives of importance to the city. Healthwatch York requested that the Board consider making commitments of support to these initiatives which were:

1. being a ‘Time to Change’ organisation; and
2. confirming the Board’s commitment to ‘no permanent placements’ and a system that thinks Home First.

With regard to the recommendation proposed in this report at option (7a) that Board Members consider pledging their support to the ‘Time to Change’ initiative, within their organisations. Committing to supporting our collective workforces by being mental health friendly employers, using our shared learning to help other employers in the city to make this change. The Board agreed option (7b) To make no collective decision

regarding option (7a), but to ask Board members to consider making such a commitment within their organisations. The Chair asked The Health and Wellbeing Board Partnership Co-ordinator to find out which Board Members' organisations had signed up to (recommendation (7a) ) the 'Time to Change' initiative and also to find out what had happened as a consequence subsequent to signing up for this initiative. It was agreed that these options would be discussed at the next Board meeting. The Corporate Director, Health Housing & Adult Social Care considered that as a Local Authority the Council had achieved the objectives set out in recommendation (7a) above as an employer and with regard to residents, particularly as the Council's priority is living and working well.

Resolved:

- (i) That the Health and Wellbeing Board considered Healthwatch York's Annual Report 2019/19 and their summary work plan for 2019/20.
- (ii) That the Health and Wellbeing Partnerships Co-ordinator would contact Members of the Board to find out if their organisations had pledged their support to the 'Time to Change' initiative and collate information regarding subsequent changes resulting from this pledge. This would then be discussed at the next Board meeting.
- (iii) With regard to 'No Permanent Placement' and working towards a health and care system that thinks 'Home First', the Board agreed to ask the Ageing Well Partnership to develop a formal plan for how we work across the system to embed this approach. This plan would then be presented to this Board in due course.

## **51. Annual Report of the York Mental Health Partnership 2018/19**

The Independent Chair of York's Mental Health Partnership presented the findings of the first annual report of York's Mental Health Partnership covering the period May 2018 to August 2019. The report provided the Board oversight of the work of

the Mental Health Partnership and assurance in relation to strategy delivery. It set out the progress that the partnership had made against its identified priorities and delivery against the All Age Mental Health Strategy 2018-23 and the Joint Health and Wellbeing Strategy 2017-22.

The Independent Chair of York's Mental Health Partnership, shared a short film with the Board on the Connecting Our City Conference held at York St John (YSJ) University in April 2019.

<https://www.youtube.com/watch?v=pqe0OcaL1Fg>

He explained that the purpose of that day had been to launch a programme of work for the next five to ten years that that would aim to transform the way that York supports mental health and wellbeing. He emphasised how this objective is everybody's business. This conference was able to initiate the change programme, bring people together, to energise and motivate all to gain a better understanding of mental health.

Matters arising from discussion on the above report included:

- Discussion on the Suicidal Prevention Conference held on 10 September 2019 and the transformative work this initiative were achieving through sharing and informing.
- The high numbers experiencing mental health issues in York which are not in line with the rest of the UK and the need to understand this better.
- North Yorkshire Police representative spoke about the significant demands on the Police service as a result of mental health concerns and how Police Officers experience mental health concerns in relation to the nature of their work. He considered this work to be of great benefit and expressed his endorsement and support. The chair of the Mental Health Partnership responded that there was a need for early intervention particularly around low level crimes or cannabis use and that he would welcome a response to this challenge.
- In relation to the above point a Council Member considered that there had been a lot of work and initiatives undertaken in relation to this area but that, unfortunately, a lot of that had fallen by the wayside due to lack of funding, however, they were put in place in the first place because a need had been identified and because they worked.

- Board Members discussed how services that improve mental health are not always 'mental health' services, a point which had been made in the film. Board Members considered that it is often the arts and community services such as the work at Tang Hall SMART Community Interest Company and at York Saint John University which contribute so much to the wellbeing of those with mental health concerns and their families. Board Members discussed the need to link and sign post patients to these services so that they continue to provide benefit.

In response to a question regarding the preventative agenda for under four year olds, Dr Nigel Wells considered that the preventative agenda should start at pre-birth, involving a whole system of integration.

The Independent Chair of York's Mental Health Partnership talked about the need for a culture change in this City which looks at the rights of every individual, not just the rights of those that can access services.

The Chair reiterated that mental health is the top priority of this Board and it will continue to be so and invited The Independent Chair of York's Mental Health Partnership to speak at this Board in future about the progress of the 'Corridor' initiative when it is further developed.

Resolved: That the Health and Wellbeing Board considered the Annual Report of the York Mental Health Partnership 2018/19 and look forward to receiving a progress report on the Corridor initiative in due course.

## **52. Better Care Fund Update**

Board Members received the report of the Corporate Director of Health, Housing and Adult Social Care and Accountable Officer of Vale of York Clinical Commissioning Group (CCG) which informed Board Members of the Better Care Fund (BCF) Planning Requirements 2019-20 and an annual overview of the York BCF 2018-19.

The Ways to Wellbeing Project Manager explained that they were a small team with three part time staff members. Their aim was to reduce the number of people accessing GP services for the wrong reason. They provide a bespoke service to find a social solution that fits with the individual, in line with their wishes. She shared a case study with the Board, which provided an example of this. This discussion led Board Members to discuss the benefits of social prescribing in improving wellbeing and the benefits of helping support people to function well within their own homes.

**Resolved:**

- (i) That the Health and Wellbeing Board received the annual report about the Better Care Fund (BCF) and considered the timetable for the planning assurance process.
- (ii) That the Health and Wellbeing Board agreed to delegate responsibility for signing off the BCF Plan 2019-20 to the chair and vice-chair of the Health and Wellbeing Board supported by the Corporate Director of Health, Housing and Adult Social Care and the CCG Accountable Officer.

**53. York Carers Strategy 2019 - 2024**

Board Members received the report of the Head of Adults Commissioning, City of York Council on the York Carers Strategy 2019 – 2024. Key Members of the Carers Centre were in attendance at the meeting to answer questions.

Board Members received further information on how the Carers Strategy encompassed all of the key messages about what matters most to carers. This strategy would now help to shape and develop the specific 'carers offer', as well as enable the delivery of the other strategies identified within the strategy and was intended to build on recent developments such as the City of York Council's commitment to championing the new national Employer's for Carers scheme, which the adults commissioning team were actively leading on in terms of roll-out across the city.

The key points from consideration of this item included the following:

- The Carers group is not officer or councillor led.
- There is a significant increase in the number of carers in York and at the same time a significant depletion in adult services.
- During the course of their work colleagues had visited a number of various groups of carers such as: substance abuse carers or dementia carers.
- Board Members discussed various groups of carers and the need for carers to be able to access respite in an emergency.
- In response to questions around how to make the needs of carers embedded in the work that the various organisations within the Board, the Lead Officer for this report explained that the CCG had supported extensive training at West Offices.

Resolved:

- (i) That the Health and Wellbeing Board (HWB) approved the York Carers Strategy 2019 – 2024 on behalf of all HWB partner organisations.
- (ii) That an annual update report be presented to the Health and Wellbeing Board.

#### **54. Primary Care Home and Networks Presentation**

The Executive Director, Primary Care and Population Health, NHS Vale of York Clinical Commissioning Group gave a presentation which introduced the emerging primary care networks and how this national development could integrate into the community place based delivery models in the city of York (the presentation is attached to the agenda).

The presentation included further information on the following: the Vale of York (VOY) General Practices and numbers of patients, challenges facing primary care, primary care networks generally and in York and their role and the five-year framework for GP Contract Reform.

A Board Member noted that the role of Primary Care networks was to deliver care close to home based on natural geographies, population distribution and need rather than organisational boundaries and considered that York networks did not reflect that aim. The Acomb ward for example, does not have any GPs. The Executive Director, Primary Care and Population Health agreed to follow up this concern and to respond to that Member directly.

Resolved: That a further report be presented to the Health and Wellbeing Board detailing the development of Primary Care Networks.

**55. Health and Wellbeing Board Briefing Paper: Humber, Coast and Vale Partnership Long Term Plan**

The Partnership Director and the Strategic Lead for Engagement and Communications presented the above report. They explained that an extensive programme of engagement with stakeholders had been undertaken to enable a range of voices and perspectives to inform the plan and the priorities identified within it.

The Chair thanked them for attending this meeting and suggested that either a workshop be held to enable the Health and Wellbeing Board Members to give their views on the developing plan prior to submission or to invite them to come back to the Board in approximately 6 months' time for further discussion on how their ambitions and priorities fit with the Boards own strategic vision and priorities. The Health and Wellbeing Board agreed that further discussion take place at a workshop prior to submission of the Long Term Plan.

Resolved: That the Health and Wellbeing Board:

- (i) Considered the report on the Humber, Coast and Vale Partnership Long Term Plan.
- (ii) Endorsed the ambitions and priorities contained within the briefing at Annex A for inclusion within the submission to NHS England.
- (iii) Invited the Partnership Director and Linsay Cunningham, Strategic Lead for Engagement and Communications to a workshop to discuss the plan

further and to consider how their ambitions and priorities fit with the Boards own strategic vision and priorities.

Councillor Runciman, Chair

[The meeting started at 4.30 pm and finished at 6.35 pm].





---

**Health and Wellbeing Board**4<sup>th</sup> December 2019

Report of the Leadership Team From North Yorkshire Sport Ltd

**Physical Activity and Sport Strategy for York****Summary**

1. This report provides an update on the work to develop a physical activity and sport strategy for York.
2. The report also contains a request of endorsement from the board.
3. George Cull and Damien Smith from the leadership team at North Yorkshire Sport will both be in attendance to present the report.

**Background**

4. The [Health and Wellbeing Annual Report for 2018/19](#) outlined Public Health's ambition to develop a physical activity strategy. This resulted in a partnership arrangement with City of York Council (CYC) and North Yorkshire Sport (NYS), who were commissioned to lead the development of a Physical Activity and Sport Strategy for the city.
5. In developing the brief and scope, it was agreed that the strategy will
  - i. Have a strong focus on physical activity, as well as supporting those regularly active through facilities and sports clubs
  - ii. Use physical activity and sport as a way of supporting wider health outcomes and reducing health inequalities
  - iii. Connect and link with existing strategies within the city, as well as on a national level
  - iv. Support existing asset based approaches with communities.

- v. Galvanise partners to work more effectively with each other, as well as identifying new areas of work
  - vi. Promote 'working with' rather than 'doing to' people
  - vii. Be adopted by the Health and Wellbeing Board
  - viii. Be delivered by a range of public, voluntary and private sector organisations.
  - ix. Propose headline actions
  - x. Lead to more detailed action plans being developed following the launch
  - xi. Run from 2020 – 2030 with review processes established to provide progress updates.
6. For the purpose of this strategy the scope of physical activity is defined as follows:
- i. Active recreation – dance, exercise, walking, cycling, active play, swimming
  - ii. Active Travel – walking, cycling, jogging
  - iii. Active Sport – organised sport, structured competitive activity, unstructured sport

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

7. There is a strong evidence base for the benefits of physical activity, including its feature in [NICE guidance](#) and the guidelines of the [Chief Medical Officer](#) (CMO).
8. York currently has some of the highest physical activity levels in the country with the Sport England [Active Lives survey](#) of adult participation rates showing:
- i. 74.9% (132,600 adults) achieve the CMO guidelines of 150 minutes activity per week,
  - ii. 11% (19,400 adults) are active between 30 – 149 minutes per week (fairly active),
  - iii. 14.2% (25,100 adults) are inactive and do less than 30 minutes per week.

NB the above figures have a 95% confidence interval

9. The measure of children's participation is through the [Active Lives Children's](#) survey. York performs well on a national scale however that does not disguise a low number meeting the CMO recommended guidelines based on the 2017/18 results:
  - i. 26.4% are active every day (60 mins + per day), the highest in Yorkshire and Humber region.
  - ii. 22.8% are active across the week (average of 60 minutes per day across a week, but not active every day)
  - iii. 24.9% are fairly active (average of 30-59 minutes per day)
  - iv. 26% are less active (less than 30 minutes per day)

It should be noted the smaller sample sizes for this survey mean there is a reduced confidence in the figures. An updated survey covering 2018/19 academic year is expected in December 2019.
10. Beyond the headline participation figures there are various participation trends to highlight, most notably:
  - i. Females are less active than males (this is using national data)
  - ii. Those from lower socio economic groups are less active
  - iii. Physical activity levels decline with age
  - iv. Those with a disability or long term health condition are more likely to be inactive
11. As a result of the above the strategy will place a strong priority on those who are physically inactive and champion the benefits that can be realised from a change in behaviour. This recognises the desire to reduce health inequalities within the city and the potential health benefits that can be realised from being inactive to active.
12. The strategy strongly recognises the direct contribution of physical activity to other agendas and its role in *"Improving the mental and physical wellbeing of citizens and reducing inequalities in York through physical activity and sport."*
13. Annex 1 contains the slides detailing the six themes based on the consultation. Each theme details the outcomes and gives a

headline indication as to how these will be delivered. These themes form the strategy adopt both a 'people' based approach and a 'community' based approach:

- i. The 'People' based themes mirror the Joint Health and Wellbeing Strategy, adopting a life course approach. The strategy is not proposing a prioritisation of particular age groups in favour of another, but merely recognising the important role of physical activity in supporting outcomes across all age groups.
  - ii. The 'Community' based themes reflect the priorities which stood out the most during consultation, namely stronger 'communities', 'social action' and an 'inclusive network of clubs and providers'.
14. The strategy will publish a series of initial headline actions which are linked to governance as well as delivery related actions. These initial headline actions are proposed as follows:
  - i. To establish a strategic group who will take ownership of the strategy implementation and review and coordinate partners and to relaunch 'Active York' as an umbrella body for supporting the network of sports clubs and providers.
  - ii. To launch the '#CreatingActiveSchools' Framework with schools in the city.
  - iii. To launch the first Man V Fat football league to tackle overweight and obesity amongst males in the city.
  - iv. To introduce physical activity solutions in the prevention and treatment of frailty and Musculoskeletal (MSK) pathways.
  - v. To expand the use of [moving medicine](#) amongst GPs, physios, social prescribers and other health professionals.
  - vi. To establish a cycling taskforce to bring together providers and stakeholders to map provision and to develop a cycling charter for the city.
  - vii. To seek [Global Active City](#) status, managed through the newly created strategic group.
15. Following the launch of the strategy a more detailed action plan will be developed to show how the partners will deliver on the outcomes.

## **Consultation**

16. The strategy consultation commenced in February 2019 and included consultation with colleagues from departments of City of York Council, the Universities, GLL, York CVS, NHS Vale of York Clinical Commissioning Group (CCG) as well as a number of voluntary sector partners and representatives from sports clubs and providers. North Yorkshire Sport have also engaged with the Healthy Weight Steering Group and the Ageing Well Partnership.
17. This work has also been guided by representatives from the CYC Public Health Team, with regular update meetings to assess direction of travel.

## **Options**

18. Whilst there are no options for the board to decide on, they are asked to consider:
  - i. Endorsing the strategy and agreeing the stated ambition and thematic structure.
  - ii. Approving the initial headline actions and supporting the development of more detailed action plans around each theme.

## **Analysis**

19. Whilst there are no options for the board, the analysis of the rationale for the content and structure of the strategy is contained within the main body of the report.

## **Strategic/Operational Plans**

20. The success of this strategy will be how it uses physical activity to contribute towards other outcomes in the city, and how other stakeholders in the city can use physical activity to enhance their service.
21. The most significant influence has been the Joint [Health and Wellbeing Board](#) Strategy (2017 – 2022) which references a number of priorities (for example healthy weight and improving mental health).

22. The strategy has also positioned itself to mutually support the [People Helping People](#) strategy, particularly with the references to social action and impact volunteering.
23. Finally the strategy has been developed in parallel with the Healthy Weight Strategy, complementing each other.
24. The [City of York Council plan](#) for 2019 – 2023 has 'Health and Wellbeing' as one of its headline priorities, providing a strategic fit for physical activity.
25. Nationally the strategy aligns with the [Sport England Towards an Active Nation](#) Strategy which has the primary aim of tackling inactivity. In addition this work acknowledges [Public Health England's 'Everybody Active Every Day'](#) framework.

### **Implications**

26. The report has considered all relevant implications of the proposals have been considered in the following ways:
  - **Financial** – There are no financial implications
  - **Human Resources (HR)** There are no HR implications
  - **Equalities** – The strategy sets out a clear message around reducing inequalities
  - **Legal** There are no legal implications
  - **Crime and Disorder** There are no crime and disorder implications
  - **Information Technology (IT)** There are no IT implications
  - **Property** There are no property implications
  - **Other**

### **Risk Management**

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

### **Recommendations**

28. The Health and Wellbeing Board are asked to:

- i. Endorse the strategy with the stated ambitions and thematic structure
- ii. Approve the initial headline actions and support the development of more detailed action plans around each theme.

Reason: To allow the strategy to be launched in early 2020 and to commence the next stage of delivery planning to action the strategy.

### Contact Details

**Author:**

George Cull  
Head of Development  
North Yorkshire Sport  
01423 637653

Damien Smith  
Head of Development  
North Yorkshire Sport  
01423 637652

**Chief Officer Responsible for the report:**

Fiona Phillips  
Assistant Director of Public Health for  
City of York

**Report  
Approved**



**Date** 21.11.2019

**Wards Affected:**

All

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

### Annexes

Annex 1 – Explanation of the 6 themes and outcomes.

### Glossary

CCG – Clinical Commissioning Group  
CMO – Chief Medical Officer  
CYC – City of York Council  
MSK – Musculoskeletal  
NYS – North Yorkshire Sport  
NICE - National Institute for Health and Care Excellence





## **Physical Activity and Sport Strategy for York**

### Strategy Themes and Outcomes

The headline content of the strategy has been determined as follows:

### **Headline Ambition for the Strategy**

*“Improving the mental and physical wellbeing of citizens and reducing inequalities in York through physical activity and sport”.*

### **Themes for delivery**

#### People

- Starting and growing well,
- Living and working well,
- Ageing well.

#### Communities

- Developing stronger communities,
- A culture of social action,
- Sporting providers experience inclusive and sustainable growth, supported by a strong workforce.

## **People – Starting and Growing Well**

Ambition *“Physical Activity and Sport contributing to every child achieving, staying safe and developing resilience”*.

### **Physical Activity and Sport will contribute towards:**

- A reduction in equalities
- A reduction in the number of children who are overweight or obese
- Improving emotional wellbeing
- Building life skills and improving attainment

### **It will do this by:**

- Using the #Creatingactiveschool framework to provide a broad offer designed to engage all children and young people and embed physical activity within schools.
- Targeting disadvantaged groups (eg looked after children/SEND/Pupil Premium) with physical activity interventions
- All children and young people being capable swimmers and are able to ride, and have access to a bike
- Harnessing the success of athletes to inspire children and young people

## **People – Living and Working Well**

Ambition *“Physical Activity and Sport contributing to active, health and productive citizens”*.

### **Physical Activity and sport will contribute towards:**

- A reduction in health inequalities
- A reduction in the number of adults who are overweight or obese
- Improving emotional wellbeing
- An economically productive city and a healthy workforce

### **It will do this by:**

- A whole systems approach to promoting healthy weight
- Prioritising people who are inactive
- Developing places (eg workplaces, clubs, facilities) and activities which are welcoming and supportive of people with mental health conditions
- Amplifying campaigns such as “This Girl Can” and “We are Undefeatables” and supporting facilities to be more accessible and welcoming.
- Promoting the wide range of opportunities for families to be active together

## People – Ageing well

Ambition *“Physical Activity and Sport will contribute towards every citizen having the opportunity to age well”.*

### **Physical Activity and sport will contribute towards:**

- Prevention and treatment of medical conditions
- Creating accessible “age friendly” environments
- Connecting communities and reducing loneliness and isolation
- Supporting the transition through to retirement age

### **It will do this by:**

- Making physical activity an integral part of the treatment of a number of conditions
- Developing places (eg clubs, facilities) and activities which are welcoming and supportive of older people, for example those with dementia.
- Advocating the inclusion of physical activity in planning policy and development
- Amplifying campaigns such as “This Girl Can” and “We are Undefeatables” and supporting facilities to be more accessible and welcoming.
- Supporting York to become an “Age Friendly City”

## **Communities – Place**

Ambition *“Physical Activity and Sport developing stronger communities”*.

### **Physical Activity and sport will contribute towards**

- Improved quality and quantity of open spaces
- A reduction in inequalities across the city
- Improved community cohesion
- York becoming carbon neutral by 2030

### **It will do this by:**

- Supporting the actions identified in the playing pitch strategy and built facilities strategy
- Incorporating the promotion of physical activity into planning and development, and in parks and open spaces
- Working in a place-based approach to embed the promotion of physical activity
- Targeting physical activity interventions which will improve community cohesion (eg tackling anti-social behaviour)
- Encouraging active travel across the city

## **Communities – Social Action**

Ambition *“Physical activity and sport will provide a platform for social action to take place”.*

### **Physical Activity and sport will contribute towards:**

- More citizens actively involved in social action
- More citizens developing practical and softer skills
- A reduction in loneliness and isolation

### **It will do this by:**

- Utilising business and employee supported volunteering to benefit physical activity and sport
- Build on the asset based approach to create the conditions for social action to take place
- Promoting the use of informal and causal volunteering to support physical activity and sport.

## **Communities – Sports Clubs and Providers**

Ambition “*The sporting providers experience inclusive and sustainable growth, supported by a strong workforce*”.

### **Physical Activity and sport will contribute towards:**

- A strong, diverse and flexible workforce
- Developing skills and capability in marketing and communications
- Developing competence in club management and fundraising
- Providers being recognised for their contribution to the community and to health of citizens.

### **It will do this by:**

- Clubs engaging in a comprehensive offer of training and guidance to clubs and new and existing volunteers
- Celebrating and recognising the success of clubs, coaches and volunteers who champion physical wellbeing, mental wellbeing and safeguarding.

This page is intentionally left blank





---

**Health and Wellbeing Board**

4th December 2019

Report of the Assistant Director of Public Health

**Refresh of the Joint Health and Wellbeing Strategy and Review of the Health and Wellbeing Board Sub-Structure****Summary**

1. The purpose of this report is to present Health and Wellbeing Board with the outcomes from a recent priority setting workshop; including discussions about how these might be delivered through the Health and Wellbeing Board's sub-structure.

**Background**

2. During 2015/16 there was extensive engagement with stakeholders and residents on the priorities for a new Joint Health and Wellbeing Strategy for York. This ranged from attendance at meetings, focused engagement events and an online survey. Over 1200 responses were received in total. This led to our current [Joint Health and Wellbeing Strategy 2017-2022](#).
3. The Joint Health and Wellbeing Strategy 2017-2022 is now approximately midway through its life span and Health and Wellbeing Board indicated at their meeting in August 2019 that they would like to re-look at the priorities within it and focus on a smaller number for the rest of the strategy's duration.

**Main/Key Issues to be Considered**

4. At a Health and Wellbeing Board workshop session in October 2019 Health and Wellbeing Board members received a presentation from the Assistant Director of Public Health. This covered:
  - The vision set out within the current Joint Health and Wellbeing Strategy;

- What has changed since the current Joint Health and Wellbeing Strategy was originally written;
- The current priorities set out within the Joint Health and Wellbeing Strategy 2017-2022;
- Progress made against the current priorities;
- How the priorities are delivered.

Priority areas for the remainder of the Joint Health and Wellbeing Strategy

5. From this the board members and substitutes present considered where the focus should lie for the next 18 to 24 months and proposed the following four priorities:

Starting and Growing Well: The board will promote system wide recognition and understanding of the impact of Adverse Childhood Experiences (ACEs). We will ensure that the model and methodology of working with ACEs is agreed between partners in order that all agencies follow a consistent approach to preventing potential ACEs and responding to known ACEs in a particular person.

However, since the workshop was held further conversations have taken place about what the priority for the starting and growing well theme should be. There will shortly be a peer review in the children's services directorate and there is a preference that the feedback from this should determine the focus for the Health and Wellbeing Board in relation to this theme.

Living and Working Well: The board will bring housing and financial inclusion into the business of the board in order to minimise the impact of poverty, isolation, poor housing or homelessness on health and wellbeing.

Ageing Well: The board's ambition is that York will be the most age friendly city that it can be. We will ensure that our Age Friendly programme of work is connected across all ages and parts of society.

Mental Health: The board will promote awareness and understanding of the protective factors that support good mental wellbeing and ensure compassionate, strength-based approaches in communities are developed.

6. Board members will see that the four proposed new areas of focus do fit with the current overarching priorities of the strategy, but are more specific and give greater focus to the areas where more work is needed and where the board can bring added value.

#### Health and Wellbeing Board Sub-structure

7. A small task and finish group met once to consider the sub-structure beneath the Health and Wellbeing Board and the way it currently delivers its priorities. Additionally, further discussion around this happened at the workshop held in October 2019 when more board members and substitutes were present. The groups that were considered were:
  - The Mental Health Partnership
  - The Ageing Well Partnership
  - The Learning Disabilities Partnership
  - YorOK Board
  - Health and Wellbeing Board Steering Group
8. In both forums there was a general consensus that the groups we already have in place are the right groups to deliver the board's priorities. Considering that the re-focused priorities are not significantly different the proposal is to keep the first four existing groups in the list above and ask them to take responsibility for delivery of any priorities agreed; reporting back on an annual basis to the Health and Wellbeing Board.
9. However; there is currently no group either set up by or having a relationship with the Health and Wellbeing Board to deliver against the new priority for living and working well as set out in paragraph 5. It is proposed that a relationship is formed between the board and the existing Human Rights Board and that Health and Wellbeing Board invite them to take the lead on delivering this priority on behalf of the board.
10. Health and Wellbeing Board are also asked to consider dissolving the Health and Wellbeing Board Steering Group which has been surpassed by other mechanisms for ensuring that HWBB delivers its statutory functions. However, doing this would leave the JSNA Working Group without a clear reporting line. It is therefore proposed that the Working Group brings an annual report to the Health and Wellbeing Board which would also include any

amendments to the Pharmaceutical Needs Assessment (PNA) during the course of its life.

11. A draft sub-structure diagram is attached at Annex A to this report.

What else has changed since the current Joint Health and Wellbeing Strategy was produced

12. Since the Joint Health and Wellbeing Strategy was agreed in March 2017 there have been some significant changes both nationally and regionally within the health and social care system.
13. Nationally the NHS has released its long term plan and the board will need to be sighted on and understand their role in delivering this. One element of this is around Primary Care Networks (PCNs) which are a key part of the NHS long term plan. Additionally we need to ensure that York gets the most out of work happening at a regional level through Integrated Care Partnerships; Integrated Care Systems and their associated delivery mechanisms.
14. In York, we are working to a Primary Care Home (PCH) model to achieve integration at a place based level. Currently the Primary Care Home Steering Group does not have robust governance arrangements or a relationship with the Health and Wellbeing Board. It would seem timely for the Health and Wellbeing Board to consider inviting the PCH Steering Group into its own governance arrangements and asking them to report annually in line with the other groups in its sub-structure.

Other thoughts on how the Health and Wellbeing operates

15. As part of the discussions at the October workshop a number of other matters arose; in particular around the values of the board. These are summarised as follows:
  - The board should be focused on reducing inequality
  - The board should increase its diversity
  - The board should focus on system interest and building one system
  - The board should strive to work towards shared funding, shared outcomes and shared goals

- The board should exercise kindness and goodwill towards all partners around the Health and Wellbeing Board table

### **Consultation**

16. As indicated in paragraph 2 of this report extensive consultation took place when developing the current Joint Health and Wellbeing Strategy. Additionally consultation with key stakeholders took place at the workshop held in October 2019.
17. Once the new priorities have been agreed by the board the Joint Health and Wellbeing Strategy will be refreshed as per the options chosen by the Health and Wellbeing Board today.
18. The refreshed strategy will be presented at the Health and Wellbeing Board meeting in March 2020.

### **Options**

19. Health and Wellbeing Board are asked to consider the following options:

#### Priority areas for the remainder of the Joint Health and Wellbeing Strategy

**Option A:** Agree that for the remainder of the timeframe covered by the current Joint Health and Wellbeing Strategy the board will focus on the priorities set out in paragraph 5 of this report, with confirmation for the priority around starting and growing well to be confirmed by the Corporate Director – Children, Education and Communities once the feedback from the forthcoming peer review has been received.

**Option B:** Amend or change all or some of the priority areas set out at paragraph 5 of this report.

**Option C:** Do not make any changes to the priorities in the current Joint Health and Wellbeing Strategy.

#### Health and Wellbeing Board sub-structure

**Option D:** Disband the HWWB Steering Group but keep the rest of the existing groups as a delivery mechanism for the board's priorities and additionally ask the Human Rights Board to take the lead on delivering against the living and working well priority.

**Option E:** Consider whether they wish to establish any further groups or ask any other existing groups to report to them; specifically around the wider system issues such as integration and joint commissioning and in particular the Primary Care Home Steering Group.

**Option F:** Suggest an alternative delivery mechanism/sub-structure.

Communicating the changes that are made to the Joint Health and Wellbeing Strategy

**Option G:** Produce a short supplementary document that identifies the national, regional and local system changes and the re-focused priorities of the board;

**Option H:** Amend/Re-write the current strategy to reflect the changes.

Board values

**Option I:** Adopt the values set out at paragraph 15 of this report

**Analysis**

20. The Health and Wellbeing Board have previously indicated that they wish to review and refresh their Joint Health and Wellbeing Strategy; with this in mind the board are asked to carefully consider the newly identified priorities in paragraph 5 of this report noting that they are not too dissimilar in essence to those in their original strategy. However, they do reflect emerging issues and some of the areas that the current partnerships are progressing such as a community approach to mental health and developing and delivering the Age Friendly York programme of work.
21. It is worth reiterating at this point that this is a short term piece of work and does not mean that work on developing a single plan for the city could not start soon.
22. There are sub-groups and mechanisms already in place to deliver against the board's priorities and discussions have not indicated a strong view on changing these but rather to strengthen them and additionally build links with the Human Rights Board who are already focused around much of the living and working well priority. A practical solution would be for each group to produce an annual

report to present to the Health and Wellbeing Board outlining progress made against their allocated priority.

23. The board may also wish to consider and discuss whether they think the right mechanisms are in place to deliver against some of the wider system programmes of work such as integration and joint commissioning and how they might like to influence and/or receive updates on these. The board should give particular consideration as to whether they want to invite the Primary Care Home Steering Group to be part of their governance structure.
24. Additionally the board can at any point establish task and finish groups to work on discrete time limited projects should they wish to do so.
25. In terms of refreshing the Joint Health and Wellbeing Strategy documentation one option would be to produce a supplementary document that can easily be annexed to the existing strategy. This would ensure that the original sentiment expressed in the strategy is not lost.
26. Considering that the priorities identified at the October workshop are not too dissimilar to those in the original strategy document it would seem practical to append a supplement to the original strategy stating the board's intentions for the remainder of the strategy's lifetime.
27. Finally the board are asked to think about the values and ethos of the board and whether those identified at their workshop in October (paragraph 15 refers).

### **Strategic/Operational Plans**

28. The Health and Wellbeing Board should be mindful of strategic and operational plans from across the health and social care system. These will include, but are not limited to, the NHS Long Term Plan, the Joint Strategic Needs Assessment and their own Joint Health and Wellbeing Strategy.

### **Implications**

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

## **Risk Management**

30. If the HWBB choose not to agree the priorities in paragraph 5 of the report there is a risk that there will be a lack of agreed focus for the remainder of the strategy's life.

## **Recommendations**

31. The Health and Wellbeing Board are recommended to approve the following options:

**Option A** - that for the remainder of the timeframe covered by the current Joint Health and Wellbeing Strategy the board will focus on the four priorities set out in paragraph 5 of this report with confirmation for the priority around starting and growing well to be confirmed by the Corporate Director – Children, Education and Communities once the feedback from the forthcoming peer review has been received.

**Option D:** Disband the HWBB Steering Group but keep the rest of the existing groups as a delivery mechanism for the board's priorities and additionally ask the Human Rights Board to take the lead on delivering against the living and working well priority.

**Option E** - Consider whether they wish to establish any further groups or ask any other existing groups to report to them; specifically around the wider system issues such as integration and joint commissioning, in particular the Primary Care Home Steering Group

**Option G:** Produce a short supplementary document that identifies the national, regional and local system changes and the re-focused priorities of the board;

32. They are also asked to give consideration to:

**Option I** in terms of whether to adopt the values set out at paragraph 15 of this report.

Reason for all options: To ensure that the Health and Wellbeing Board are focused on fulfilling their statutory responsibilities to produce and deliver a joint health and wellbeing strategy and to ensure that the HWBB functions in an effective and meaningful way retaining robust governance arrangements.



**Contact Details**

**Author:**

Fiona Phillips  
Assistant Director of Public  
Health

**Chief Officer Responsible for the  
report:**

Sharon Houlden  
Corporate Director for Health, Housing  
and Adult Social Care

**Report  
Approved**



**Date** 21.11.2019

**Specialist Implications Officer(s)** None

**Wards Affected:**

**All**



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

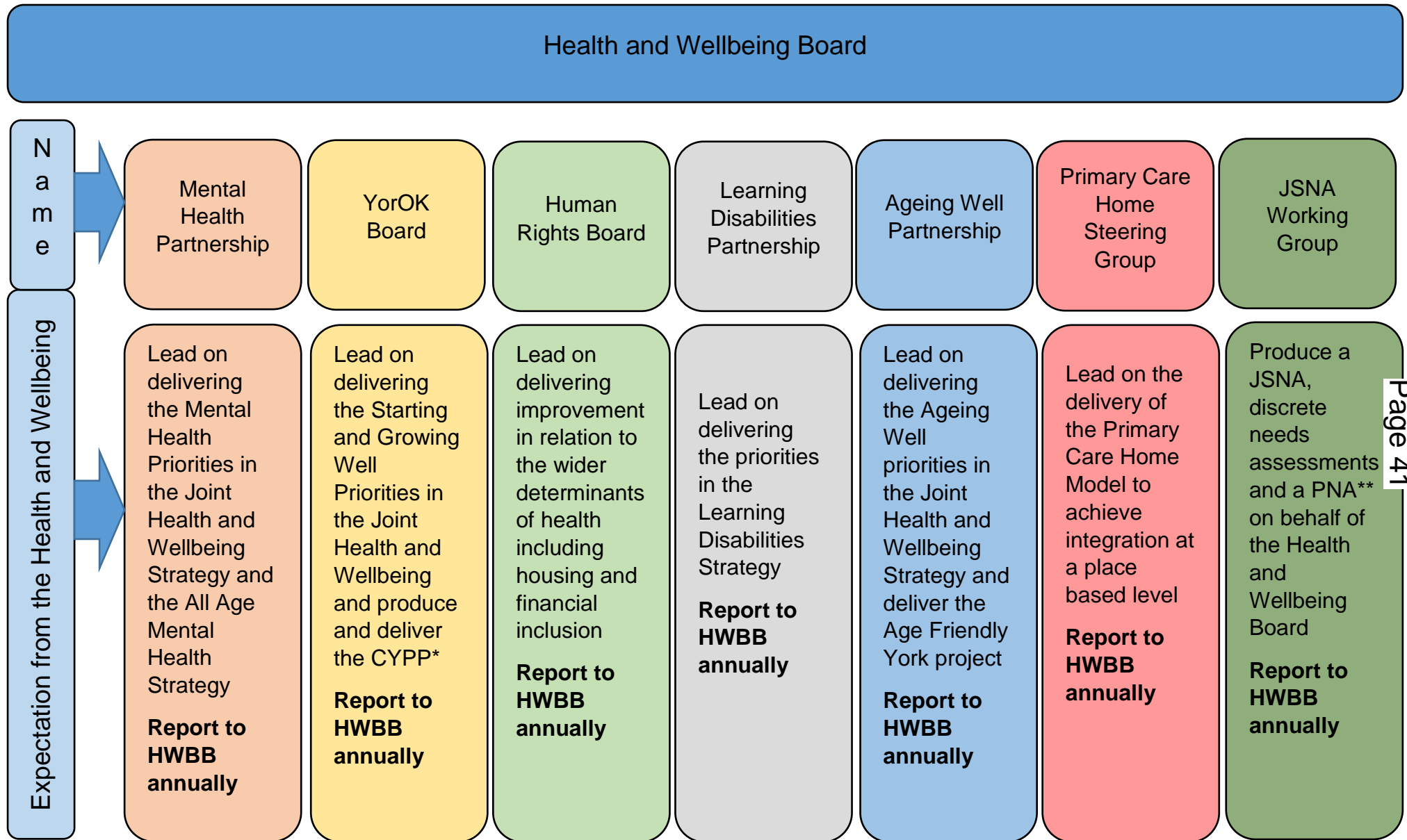
**Background Papers:**

None

**Annexes**

Annex A – Draft Sub-Structure diagram for the Health and Wellbeing  
Board

This page is intentionally left blank



\*Children and Young People’s Plan

\*\*PNA – Pharmaceutical Needs Assessment

This page is intentionally left blank



---

## Health and Wellbeing Board

4 December 2019

Report of the Assistant Director - Joint Commissioning, (BCF Lead)  
NHS Vale of York Clinical Commissioning Group and City of York  
Council.

## Better Care Fund Update

### Summary

1. This report is for information. It sets out the following:
  - An update on the 2019-2020 Better Care Fund Plan for York
  - Some recent highlights.
  - Progress against national targets that the Better Care Fund (BCF) is designed to positively influence.

### Background

2. The Health and Wellbeing Board has received regular reports from the Better Care Fund Performance and Delivery Group. The previous report included the annual review of achievements in 2018-2019, and so this is a brief report on progress.

### Main/Key Issues to be considered

#### 2019-2020 BCF Plan

3. York Health and Wellbeing Board submitted its plan for the current financial year on 27<sup>th</sup> September 2019, in line with the national planning requirements. The strategic narrative is attached for information at **Annex 1** and the excel version of the plan is available from the author of this report, but as it is not a 'user friendly' format for readers it has not been included here in full.
4. York had already received feedback from the regional Better Care Team on our draft plan, enabling us to ensure we were fully

compliant with the Key Lines of Enquiry and the national conditions. We have been informed that the plan passed the regional quality assurance process. We expect receive official confirmation of the status of our plan by letter from the national Better Care Team in the near future. At the time of writing this has not yet been received. Plans will be either 'Approved' or 'Not Approved'. The latter status will result in escalation to further national assurance processes.

5. There has been no requirement for BCF quarterly performance returns for quarter one or quarter two, due to the late timing of the approval process. An expenditure return was required for the Improved Better Care Fund (iBCF) for quarter two. This was submitted in October in line with requirements.

### **Recent Highlights**

6. Representatives of the Primary Care Networks in York have joined the membership of the Better Care Fund Performance and Delivery Group. This has enabled a good level of information sharing as the networks develop, and has fostered collaboration on areas of shared interest. In particular, the Primary Care Networks have been exploring how the NHS Long Term Plan investment in social prescribers can be implemented in partnership with our existing Ways to Wellbeing service during the initial year of the plan. There have been national technical issues to overcome, but regular dialogue has been maintained to achieve the best outcome for people in York.
7. Work has started with the Independent Care Group and care home providers to develop our Trusted Assessors scheme. A working group has been established, and options for a local model are being considered. Within reablement, a pilot is being undertaken during the winter to test an approach to 'enhanced review' which will enable people to move on from the service in a timely manner as their recovery is completed and their support needs stabilise.
8. In November we held the first of our partnership planning events to develop our approach to the forthcoming one year plan for 2020 – 2021. While there remains considerable uncertainty about the financial forecast for next year, we were able to continue the coproduction of our priorities, and principles for decision making. Person centred outcomes, collaboration and prevention remain the core themes of our work.

9. A further planning event will be held with partners in the spring.

### **Performance Dashboard**

10. HWBB members will recognise the performance dashboard of four key indicators, which have been carried forward into the current year.
11. The quarter 2 position is attached at **Annex 2**. The full excel document is available on request from the author of this report, however, the content is not easy to read in this board report format.
12. While York continues to perform below our four key BCF targets, there has been a steady improvement in delayed transfers of care, when comparing this year to the previous year, on a 12 month rolling average basis. This is the result of wide ranging action across the system, for example the continued development of the One Team, additional investment by the council in home care, concerted efforts to improve the flow through reablement services, and progress on implementation of initiatives such as the High Impact Changes (described in earlier reports to HWBB). Delays waiting for nursing care have been reducing over recent months. However, we cannot afford to be complacent about delayed transfers as we enter the winter period, and York remains in the bottom performance quartile nationally, and is seen as a cause for concern. As a system we are implementing the 'Why not home, why not today' policy as part of our transformation program under the leadership of the Health and Care Resilience Partnership.
13. The reablement indicator is an annual snapshot, and is therefore unchanged from previous reports. It measure the outcomes of people over 65 years of age who were discharged from hospital into reablement during October, November and December 2018, following up their situation after 91 days in January, February and March 2019.
14. Non Elective Admissions are currently 1.4% below the planned level, up to month 6. However, the CCG plan is significantly higher than the previous financial year. Non-Elective Admissions are higher in this financial year than the previous financial year. During the year to date the national growth in emergency admissions is 3.2% (estimated by NHSE/I), York is above this at 3.4% and Scarborough is 14.1%.

15. York's performance with regard to admissions to care homes shows an improvement compared to the same period last year, however this may be a reflection of how these are recorded and may not be sustained into the third quarter of the year. BCF supports a wide range of preventative measures designed to support people to maintain their independence for as long as possible. The case study in **Annex 3** gives an example of the work funded through the Disabled Facilities Grant to enable people to continue living at home. Previous reports have highlighted Local Area Coordination and Social Prescribing.
16. The York BCF Performance and Delivery Group is committed to providing the HWBB with case studies to highlight the positive outcomes of BCF funded schemes. The NHS Long Term Plan places a new emphasis on integration of health and social care with housing, among other partners. The High Impact Change Model is being refreshed nationally to include a ninth change focused on the role of housing to people's wellbeing and independence. Housing Services are represented at the York BCF Performance and Delivery Group. Disabled Facilities Grant is featured at **Annex 4**.

### **Consultation**

17. None.

### **Options**

18. Not applicable.

### **Analysis**

19. Not applicable.

### **Strategic/Operational Plans**

20. As above:
  - Better Care Fund Plan 2019-20

### **Implications**

21. There are no new implications as a result of this report. A verbal update on the approval process for 2019/20 will be provided at the H&WBB if it has been received at that time.



## Risk Management

22. Risks which have been previously reported to the board in relation to BCF remain relevant.

## Recommendations

23. The Health and Wellbeing Board is asked to note this report.

## Contact Details

### Author:

Pippa Corner  
Assistant Director - Joint  
Commissioning.  
CYC / NHS VOY CCG  
01904 551076

### Chief Officer Responsible for the report:

Sharon Houlden, Corporate Director  
Health, Housing & Adult Social Care  
City of York Council  
  
Phil Mettam  
Accountable Officer  
NHS Vale of York Clinical  
Commissioning Group

Report  
Approved

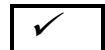


Date 20.11.2019

Specialist Implications Officer(s) None

Wards Affected:

All



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

## Annexes

Annex 1 – Strategic Narrative, 2019-20  
Annex 2 – BCF Performance dashboard (summary) Quarter 2  
Annex 3 – Disabled Facilities Grant case study  
Annex 4 -Presentation slides from the 2019 BCF annual evaluation event.

## **Glossary of Abbreviations**

A&E – Accident and Emergency  
BCF - Better Care Fund  
CCG – Clinical Commissioning Group  
CDSG – Complex Discharge Steering Group  
CHC - Continuing Healthcare  
CRT – Community Response Team  
CQC - Care Quality Commission  
CYC – City of York Council  
DASS – Director of Adult Social Services  
DCLG - Department for Communities and Local Government  
DH - Department of Health  
DHSC - Department of Health and Social Care  
DIG – Digital Integration Group  
GDPR - General Data Protection Regulation  
GP – General Practitioner  
HCVSTP – Humber Coast and Vale Sustainability and Transformation Partnership  
HICM – High Impact Change Model  
H&CRB – Health and Care Resilience Board  
HWBB – Health and Wellbeing Board  
ICP - Integrated Care Partnership  
ICS - Integrated Care System  
IT – Information Technology  
JCSG – Joint Commissioning Strategic Group  
JSNA - Joint Strategic Needs Assessment  
KPI – Key Performance Indicator  
LCHRE – Local Care and Health Record Exemplar  
LSR - Local System Review  
MADE - Multi-Agency Discharge Events  
NHS - National Health Service  
NYC – North Yorkshire Constabulary  
NYCC – North Yorkshire County Council  
OD – Organisational Development  
OT – Occupational Therapy  
PCN – Primary Care Network  
SCIE - Social Care Institute for Excellence  
STP - Sustainability and Transformations Partnerships  
S117 – Section 117 (of the Mental Health Act 1983)  
TEWV – Tees, Esk and Wear Valleys NHS Mental Health Foundation Trust  
VOYCCG – Vale of York Clinical Commissioning Group  
YTHFT - York Teaching Hospital NHS Foundation Trust

BCF Strategic Narrative – DRAFT 6.6 (27-9-19)

**Section A. Person-centred outcomes max 1500 words**

Your approach to integrating care around the person, this may include (but is not limited to):

- Prevention and self-care
- Promoting choice and independence

The York BCF Plan 2017-19 offered a portrait of our system at a stage on our journey towards full integration. It focused on the improvement in partnership working (compared to earlier years) and on the leadership connections being made across the system, and was indicative of the partnership relationships developing at the time. It pinpointed the commitment to joining up services around individuals, families and communities, and integrating through closer working at the frontline, rather than organisational reconfiguration. Reflecting the multiple challenges we faced, it described prevention and self-care as critical to our demand management. It recognised that only a whole system community response would succeed in shifting away from institutional and hospital dominated services towards new models of care and support, concentrating investment on the upstream services of early intervention and prevention. The Joint Health and Wellbeing Strategy provided the overarching system vision for the future of care and support, articulating the outcomes we sought for local people.

Our schemes in 2017-19 built on existing arrangements from earlier years. The combined impact of BCF and iBCF has been to strengthen our services which are geared towards avoiding admission and supporting people's independence and resilience. Following the approval of our plan in December 2017 we refreshed our BCF Performance and Delivery Group, including updated terms of reference to reflect integration and enhance our approach to co-production and collaborative leadership. We have developed our partnership arrangements significantly, covered in more detail in section D.

We re-launched our BCF programme in early May 2018, with a special event for partners, where we looked at the history and progress as well as the future of BCF, and invited external guests to help us learn from good practice elsewhere in the region. This afforded an opportunity to

look in detail at the SCIE Integration Logic Model, and to further develop our vision in partnership. We adopted the headline: *Integration: Collaboration; Innovation; Prevention* to describe our overarching approach. Later in May 2018 we held our annual evaluation, taking this as an opportunity to bring schemes together to report back to each other on their achievements, challenges and learning. This enriched our shared understanding of the whole system, and fostered collaboration among partners, instead of competition for funding among providers. In addition to members of the multi-agency BCF Performance and Delivery Group, these sessions involved representatives of the various schemes, and key stakeholders such as Healthwatch York and The Independent Care Group (ICG). Schemes were required to bring customer / patient experience and individual testimony into their presentations and to ensure we heard their voice as part of our appreciation of what was working well and what could be better. The sequence of co-production events has been built into our annual planning cycle, with partnership events in November 2018 and February 2019 to look forward to our 2019-20 plan, in the light of our agreed vision and our shared assessment of the outcomes being delivered by our schemes.

Embedding co-production across the partnership has contributed to our journey of integration, with a powerful emphasis on shifting towards prevention and approaching all our challenges from an asset based / strengths based perspective. Further events are scheduled for November 2019 and spring 2020 to plan for 2020-21.

We are rightfully proud of our strength and depth in schemes which are working upstream in communities to deliver early intervention and prevention, as part of our overall commitment to promoting York as an inclusive city, improving population health and reducing health inequalities. Our annual evaluation events in May 2019 generated a wealth of evidence about the value of our schemes individually and working together. We have provided a snapshot of this evidence to the Health and Wellbeing Board (HWBB) through an annual report [R1], and by including at least one individual story (*cf* case study) within each of our quarterly updates to the HWBB.

We have deployed BCF to develop Ways to Wellbeing social prescribing, led by the Centre for Voluntary Service (CVS) and embedded in GP practices. We will describe how this service is developing in the context of Primary Care Networks in section B. Social Prescribing operates alongside other schemes rooted in our communities, such as Local Area Co-ordination, now expanded to the

eight areas of greatest need within the city thanks to BCF. The council's redesigned operating model for Community Led Support, and the development of Talking Points in community settings enable rapid access to social work expertise, avoiding unnecessary waits for costly Care Act Assessments where a person's circumstances can be better dealt with by accessing universal services and local resources to build the support networks around them and their family. Ways to Wellbeing and our Local Area Co-ordination programme have both been independently evaluated, providing impartial evidence of the impact they are making. [R2 & R3].

Allied to these, the York Integrated Care Team (YICT) and the Rapid Assessment and Treatment Service (RATS) together with the Home from Hospital Service provided by Age UK York, are enabling people to manage their wellbeing and their challenges in the least institutional setting possible, supporting individuals to remain at home or return there, with creative solutions when required. Personalisation, in its full sense, is central to these developments, supporting people to exercise choice and control over how their care and support needs are met, maximising their own resources as part of their personal plan for a good life, and promoting their rights as citizens in an inclusive community, with a positive risk appetite for enabling independence.

Reablement - delivered by Human Support Group (HSG) – and YICT form part of the One Team in York, alongside the Community Response Team (CRT) and dedicated social work posts, funded from BCF. The One Team represents a significant aspect of our approach to joined-up care and seamless services for people requiring support to avoid a hospital admission or to return home from hospital. The evolution of the One Team into a single service is ongoing, with digital integration a major block to progress. However, there have been very significant improvements over the past year, reducing delayed discharges, liaising with other services and supporting the implementation of the High Impact Change Model by planning discharges earlier, seven days per week.

Our Mental Health provider, Tees, Esk & Wear Valleys (TEWV) have supported patients becoming active participants in developing their own care plans and their voice is heard and listened to throughout their engagement with us. They have developed a 'Peer Mentoring' programme that enables existing service users to benefit from others with lived experience of the challenges they face, providing personalised non-clinical support through treatment and recovery. They have also

developed a 'Virtual recovery College' to aid understanding and promote prevention, self-care and recovery.

The Recovery College provides:

- a public area available to anyone worldwide, providing generic, non-Trust specific information on mental health and wellbeing topics.
- an e-learning section providing teaching and learning on a range of mental health topics, available to anyone within the TEWV catchment area

We have recognised the room for improvement in our system, particularly to ensure that all people receive the right care at the right time in the right place. The CQC Local System Review in 2017 and Progress Review in 2018, which focused on the experience of older people at the interface of health and social care, highlighted the need to go further faster in relation to seamless, joined-up services. In response, we used BCF money to fund the Venn Consulting Capacity and Demand Model for York during the spring of 2019. This has provided vital insight into how our system flows, and it has re-shaped some of our plans for 2019-20. For example, instead of continuing to increase year on year the amount we invest in short term beds, we will be targeting our funds towards more care for people in their own homes, as this was shown to be insufficient to meet demand in York. We have learned from experience that our population as a whole does not favour the offer of admission to a short term bed as part of the discharge pathway in most cases. People would far prefer to go directly home with more support. This chimes with the strategic intention of the council to reduce the number of admissions to permanent residential care, and to ensure no one goes to a permanent new placement from a hospital bed. We have committed a proportion of the winter funding in 2018-19 and again in 2019-20 towards live-in care at home to support timely discharge from hospital. This has expanded the range of options for people, giving them more choice and control about how their care needs are met.

[Total 1461]

**Section B. Your approach to integrated services at HWB level** (and neighbourhood where applicable), this may include (but is not limited to):  
**maximum word count 800**

### Joint commissioning arrangements

- Alignment with primary care services (including PCNs (Primary Care Networks))
- Alignment of services and the approach to partnership with the VCS (Voluntary and Community Sector)

BCF has been the catalyst for a whole system engagement in Joint Commissioning. Much of this has been captured in section A of this plan, for example in terms of collaboration, co-production, transparency and shared decision making.

Over past two years joint commissioning arrangements have evolved, firstly with a joint CCG and council interim post for Head of the Joint Commissioning Programme, then the new post of Assistant Director - Joint Commissioning, leading the BCF programme. Wrapped around this, the establishment of the Joint Commissioning Strategic Group, with members from CCG Executive Group and Council Corporate Management Team, confirms the level of significance and commitment to joint working and shared objectives. The Place Based Improvement Partnership, established in 2018, brings together system leaders across council, NHS, Police, CVS and NHSE to focus on the health and care agenda for York as a place. Here, as at the HWBB and BCF Performance and Delivery Group, the voice of the voluntary and community sector is strong. The sector itself is pivotal to the authenticity and sustainability of our strengths based approach to our challenges, and our delivery of better outcomes in asset based areas.

The non-coterminous relationships for CYC and VoYCCG have meant it has been essential to build positive working relationships across the system, and where relevant to work across a wider footprint, particularly with NYCC, and our emerging Integrated Care Partnership across North Yorkshire and York.

The Primary Care Home model has been a focal point for delivering integrated care in communities, responding to needs of the populations around practices as well as the wider population health and prevention agenda. With the publication of the NHS Long Term Plan, the Primary Care Home steering group has worked collectively to respond to the establishment of Primary Care Networks, achieving all target goals on time. The CCG has led protected learning time and CCG governing

body workshops, bringing the clinical directors together to shape the agenda for anticipatory care with partners.

We have welcomed the NHS Long Term Plan shift towards collaborative commissioning and whole system working. The clinical directors from the York PCNs are sharing representation at the BCF Performance and Delivery Group meetings to exchange information, build relationships and begin to shape a shared agenda. Alongside social prescribing, our Local Area Co-ordination programme and [www.livewellyork.co.uk](http://www.livewellyork.co.uk) website are well placed to support the PCNs' prevention agenda, particularly in our most deprived or unequal communities.

The history of social prescribing in York has been solid preparation for the expectations of the Long Term Plan, with our Ways to Wellbeing scheme funded by BCF delivered by the CVS in partnership with GP practices. This has paved the way for PCNs to continue the relationship with the service into the future, ensuring continuity and consistency as well as value for money for local people. It has also provided inspiration to look at other settings where social prescribing could be a better alternative to calling upon scarce public sector services.

Beyond BCF, we have been making important advances on Joint Commissioning, and making connections across other strategic programmes such as the ICP and ICS development, the Complex Discharge Steering Group and Health and Care Resilience Partnership (A&EDB). We have deployed BCF to fund strategic activity to support the whole system strategic objectives. For example, the Venn Capacity and Demand Model is an asset for all strategic / system leadership groups. BCF is also funding a project manager for digital integration to enable our whole system preparation for the Yorkshire and Humber Care Record. Other local strengths include our commitment to become an Age Friendly City, and to work towards the Trieste model in mental health.

We have characterised our approach to integration as 'learning by doing'. We have mapped our existing local activities against the 6 principles of integrated care, and worked with clinical directors of PCNs to describe the local approach to anticipatory care as: 'Identification, Communication, Shared Responsibility and Learning'. [R8]

**[Total 658]**



**Section C. Your approach to integration with wider services (e.g. Housing), this should include: maximum word count 800**

Your approach to using the DFG to support the housing needs of people with disabilities or care needs. This should include any arrangements for strategic planning for the use of adaptations and technologies to support independent living in line with the (Regulatory Reform Order 2002)

The Housing Service of the council is a member of BCF P&D group, with the DFG schemes included in the annual evaluation. In 2017 the Council took the opportunity to review its DFG major adaptation programme, delivered through the BCF, using a system thinking approach.

The Housing Authority (City of York Council) agreed the use of DFG, as set out in the BCF Plan. CYC is a unitary council and Housing sits within a joint Directorate of Health, Housing and Adult Social Care. All changes including the revised Private Sector Housing Policy were taken through the council decision making process and then approved by the member of Housing and Safer Community Safety based on the BCF allocation. <https://www.democracy.york.gov.uk/ieListDocuments.aspx?CId=932&MIId=10309&Ver=4>

- 1) A dedicated resource working with customers accessing the DFG programme. Two additional Occupational Therapist (OTs) are now co-located within the team, providing this dedicated resource.
- 2) Reviewing the DFG eligibility policy using opportunities provided by the Regulatory Reform Order 2002. This was completed in June 2017. Changes introduced include a non-means tested grant for low value work less than £5k.
- 3) Expanding the pool of contractors, in particular for bathing work, as delays to adaptations had previously been caused by this. Contractors are vetted both Age UK and CYC's Trading Standards Service, offering reassurance to customers. The same contractors are also used by the council to deliver their adaptation programme in council homes. This year a new framework for adaptations in council homes will expand the pool of contractors, releasing time for work with private customers.

The outcome of this systems approach means that in 2016/17 160 grants were completed in 2018/19 274 grants were completed enabling 42% more customers to be helped to live warmly safely and independently at home

Customers accessing the major adaptation service are also supported by a range of other council based services namely Be Independent telecare care and warden services, the falls prevention service, minor adaptation services, handy person service and a range of initiatives delivered through the Better Homes Scheme aimed at providing energy efficiency and affordable warmth. This is complemented by a range of voluntary schemes like Good Gym and York Neighbours Community Bees which offer a range of services to help customers remain at home.

The evaluation of the Falls Service pilot showed a significant reduction in falls and in people's fear of falling. The evaluation includes impressive analysis of the social value return on investment. [R4]

TEWV remain committed partners and contributors to the multi-agency forums developing improved housing offers for people with disabilities or care needs. The Mental Health Housing and Support Programme Board is developing housing support options including recovery team support requirements and multiple-complex needs support.

Changing Lives – A Bed Ahead project, BCF funded, helps avoid hospital admissions for people who are homeless when seen and treated in A&E. We are including additional funding in 2019-20 to maximise take up of vaccinations for this vulnerable customer group.

As a city, York has joined the Collaborative Mental Health Learning Partnership, implementing the Trieste 'home first' model for people affected by long term mental health complex needs.

The Multiple Complex Needs Network includes a number of partner agencies funded through BCF, as well as North Yorkshire Police, Job Centre Plus and people with lived experience. The network has been successful in attracting significant external support through Lankelly Chase. The 2019-20 BCF plan includes money to facilitate small scale experiments to improve people's outcomes linked to social exclusion and homelessness.

Led by the council, the older people's accommodation programme is delivering significant increases in purpose built homes across a mix of tenures and service models. Recent research in partnership with Age

UK and a number of registered social landlords has highlighted the high demand for small, safe, single storey properties amongst our older residents. The programme includes the development of independent living, independent living with care and where required residential and nursing accommodation.

The council developed a Private Sector Housing Strategy 2016-21. In 2015 the council commissioned Building Research Establishment to provide a revised evidence base which included a Private Sector housing stock survey detailing the condition of the existing private sector housing (not council homes) and health impact assessment of those conditions on their occupants. The council used this evidence base to develop a number of services to support residents to remain at home. The evidence base clearly demonstrated there was a need to tackle falls at homes and fuel poverty. In the context of this request the strategy has a number of aims, but strategic aim 3: “To enable people whose independence may be at risk safely remain in or return to their homes” is the most relevant (see item 11 – Thursday 30th June 2016 Executive. <https://www.democracy.york.gov.uk/ieListDocuments.aspx?CId=733&MIId=9191&Ver=4>)

**[total 788]**

***Section D. System level alignment, for example this may include (but is not limited to): maximum word count 1500***

- How the BCF plan and other plans align to the wider integration landscape, such as STP/ICS plans
- A brief description of joint governance arrangements for the BCF plan

York BCF is a crucial building block for transformation in our system, both locally and in the context of the Integrated Care Partnership (North Yorkshire and York) and the Integrated Care System (Humber Coast and Vale)(HCV). Aligned to the Joint Health and Wellbeing Strategy 2017-22, and informed by the Joint Strategic Needs Assessment, our plan has been a consistent and coherent resource for the promotion of better population health through integrated services in communities, working in partnership across organisations and the sub-region.

A number of our schemes are part of a wider pattern, recognisable in neighbouring HWBB areas, working at scale, such as the Urgent Care

Practitioners (Yorkshire Ambulance Service). TEWV remain active partners in development of a 'system wide' approach within York, and a core member of the BCF Performance and Delivery Group. TEWV contributed to the development of the system wide capacity and demand model and remains a key member of the JSNA steering group, actively participating in sharing and alignment of business, strategic, regional and national plans through these forums.

The local system (incorporating all health and care partners) works together through a number of groups including the York Place Based Improvement Partnership and Systems Leadership Executive. The VOYCCG also works with the acute provider through the System Delivery Board (SDB) to focus on financial recovery. We have described in section B the development of the Joint Strategic Commissioning Group, which looks wider than BCF to promote integration, and support innovation and transformation through a shared leadership agenda.

The CCG and SDB both provide assurance and planning through the HCV Care Partnership (aspirant ICS) for the NHS LTP for the local place. The 5 year planning process in line with national requirements is underway. VOYCCG Commissioning Intentions [R5] support the shift from a hospital focused system towards care closer to home, prevention and self-care, with BCF an important plank in this platform for improvement.

Some of our challenges can only be addressed at the level of the ICS, such as workforce, digital and estates / capital (this is reflected in the priorities of the Place Based Improvement Partnership, which actively mirrors the STP priorities). An obstacle to developing truly sustainable improvement has been the short term nature of BCF funding for many schemes, and the limitations of a one year framework. This will be true nationally, but in York where near full employment makes recruitment and retention in all sectors extremely competitive, this is an added pressure, particularly for care providers.

Following the election of a new administration in York and the re-set of VOYCCG Governing Body, the HWBB has welcomed its new members to their first meetings, and is refreshing its ways of working. This includes renewing our focus on outcomes of the Joint HWB Strategy. The HWBB has ratified a number of specific all age strategies for York, relating to Autism, Mental Health, Learning Disabilities and Carers (Sept 2019). Under the overall vision: *for every single resident of York to enjoy the best possible health and wellbeing throughout the course of*

*their life*. This provides the overarching framework for the BCF approach to population health, prevention and integration.

The Joint HWB strategy recognises the importance of the wider determinants of health, in particular the impact of the environment, the economy, and housing on the health and wellbeing of York's residents. While York compares well to national averages, key groups in our population are affected by or at greater risk of health inequalities. For example, carers, frail older people living alone, people living in the more deprived parts of the city, people with long term conditions, people with few qualifications, people from ethnic minority groups, or LGBT people.

During the planning process, these groups and areas are prioritised. Schemes such as Local Area Co-ordination and our cultural commissioning for community capacity building are targeted towards the most deprived wards of the city. The JSNA group has undertaken a deep dive into the needs of self-funders to enable us to provide better, earlier preventative information to people who could otherwise be isolated from support. The JSNA group has also conducted in depth exploration into the health needs for homeless adults, and people with a learning disability. These projects have supported and informed the Homeless Strategy and the Learning Disability Strategy.

[www.livewellyork.co.uk](http://www.livewellyork.co.uk) is our community information resource that is searchable by neighbourhood, community of interest, activity or service area. It is capable of producing personalised booklets for people who are not online, either through the library service or other support routes, like families or care workers. A comprehensive report on early intervention and prevention (the asset based area) was presented to the scrutiny committee in December 2018, describing in depth the impact of these programmes.

As part of its commitment to reducing health inequalities VOYCCG uses Equality Impact Assessments to measure the impact of its decisions and how they affect the local population, particularly protected groups. This helps it to identify any action needed to reduce or remove any negative impacts. As part of this process the CCG considers and analyses a range of information and data including any engagement activity and this informs its decision making both as a commissioner and as an employer. To support the equality objectives and refreshed Equality, Diversity & Human Rights Strategy we developed an action plan, forming part of our Public Sector Equality duty reporting. (R7)

BCF schemes that support our vision for equality in healthcare are: Bed Ahead, providing link worker/discharge liaison for homeless in ED, ensuring that none is discharged to the streets after hospital treatment; the Vaccinations Outreach service to provide flu and Hep B vaccinations to the homeless community in outreach settings; the START dementia carers support service; and Street Triage supporting individuals detained in mental health crisis.

To ensure that the city's housing can meet the needs of our social care clients and York's high number of self-funders the programme is also working with commercial developers to support them to include specialist accommodation for older people, enabling the creation of vibrant multi-generational communities. Strategic assessments needs of other customer groups are being undertaken, such as people with learning disabilities, physical impairments and mental health. Work is underway to ensure that their needs are addressed in the council's housing delivery programme.

We have used the pooled budget to develop our BCF Performance Framework, recruiting a BCF project officer to build expertise in this aspect of the governance and assurance process for the fund. Over the past year our ability to monitor key performance indicators and individual outcomes, aligned to activity and expenditure, has been greatly enhanced. Information collection has become more efficient and routine, making interpretation and analysis a stronger element of our discussions at the multi-agency meeting. We are better equipped as a result to work together on understanding challenges and creating local solutions.

The BCF Performance & Delivery Group reports quarterly to HWBB. We are not satisfied with our overall performance against our targets. The BCF dashboard of four indicators demonstrates continued pressure on non-elective admissions, delayed transfers of care, residential admissions and reablement outcomes. We are aware of some anomalies in the counting which adversely affect our local picture, as well as fundamental aspects of our health and care economy, however these factors are not the story. We have benefited from regional and national support to address key areas such as seven day working and trusted assessment, and we are also using the intelligence from Venn to support our strategic intentions around reducing admissions to care, improving the flow through reablement, and reducing our reliance on

beds for people who could be better supported at home. The council is leading a programme of work to change our culture in relation to the high rate of admissions to care from hospital. We recently held a multi-agency workshop to kick start this, focusing on the determination that York will be a place where no one goes directly to a new permanent placement from a hospital bed. Our trend on delayed transfers of care is improving although still above the BCF target. By getting it 'right first time, every time' we will deliver integrated, seamless care for people who need it, and in doing so we will improve our performance.

The chair of the group is a member of the Complex Discharge Steering Group and regularly updates partners here, and through this, the Health and Care Resilience Partnership (A&EDB). Updates are also provided to the CCG Governing Body and when required through other partners' governance arrangements. The Health and Adult Social Care Policy and Scrutiny Committee requested an overview of Integration in York in March 2019, with BCF a focal point in developing members' awareness of progress and local challenges. [R6]

***[total 1494]***

This page is intentionally left blank



**BCF National Metrics - Quarterly Performance to end of Q2 2019/20**

Indicator	Description	Previous Years outturn				2018/19						2019/20						Polarity		
		2014/15	2015/16	2016/17	2017/18	Actuals				Total Plan	Outturn	Total plan	Actuals				Q2 YTD Actual		Q2 YTD plan	
						Quarter 1	Quarter 2	Quarter 3	Quarter 4				Quarter 1	Quarter 2	Quarter 3	Quarter 4				
<b>CCG_NEL</b>	Reduction in non-elective admissions (General & Acute)	19,662	20,819	22,639	23,135	6,023	5,911	6,360	6,334	22,977	<b>24,628</b>	25,035	6,106	6,039				12,331	Improving against plan but above 18/19	
<p><b>Performance Summary:</b>                      NEAs are currently 1.4% below plan up to month 6, however, the CCG plan is significantly higher than the previous financial year. Non-Elective Admissions are higher in this financial year than the previous financial year. Year to date the national growth in emergency admissions is 3.2% (estimated by NHSE/I), York is above this at 3.4% and Scarborough is 14.1%. In addition, York is shown as a special cause concern for the number of DToC patients since August 2018.</p>																				
<b>BCF1</b>	Delayed Transfers of Care: Raw number of bed days	8,130	8,463	10535 (115/152)	8494 (108/152)	3,001	2,560	2,807	2,601	7,559	<b>10,969</b> (143/151)	7,559	3,164	2,258				5,422	3,789	Not on target but stable
<p><b>Performance Summary</b>                      DToC are significantly above target for acute beds whilst those for non-acute and mental health (TEWV) are below target. Performance is at or around the same level as the end of Q2 last year.</p>																				
<b>ASCOF2B(1)</b>	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	0.815	0.7571	0.793 (111/152)	0.925 (15/152)	No Data	No Data	No Data	0.83	0.93	<b>0.83</b> (86/152)	0.84	No aata	No data						
<b>ASCOF2A(2) &amp; BCF2</b>	Long-term support needs met by admission to residential and nursing care homes, per 100,000 population (older people) (YTD Cumulative) (New definition for 2015/16)	683	683	648 (87/152)	656 (100/152)	240	160	168	104	592	<b>672</b> (107/152)	605	179	141				320		Above target but improvement on 18/19
<b>BCF2</b>	Number of permanent admissions to residential & nursing care homes for older people (65+)	241	260	248 (87/152)	246 (100/152)	90	60	63	39	222	<b>252</b> (107/152)	227	67	53				120		Above target but improvement on 18/19
<p><b>Performance Summary</b>                      Admissions to care homes are slightly up on target (assuming a linear profile) but below the level at the end of Q2 last year</p>																				

**BCF National Metrics - Quarterly Performance to end of Q2 2019/20**

Indicator	Description	Previous Years outturn				2018/19						2019/20						Polarity	
		2014/15	2015/16	2016/17	2017/18	Actuals				Total Plan	Outturn	Total plan	Actuals				Q2 YTD Actual		Q2 YTD plan
						Quarter 1	Quarter 2	Quarter 3	Quarter 4				Quarter 1	Quarter 2	Quarter 3	Quarter 4			
CCG_NEL	Reduction in non-elective admissions (General & Acute)	19,662	20,819	22,639	23,135	6,023	5,911	6,360	6,334	22,977	24,628	25,035	6,104	6,039				12,331	Improving against plan
CQC Interface	Emergency Admissions (65+) per 100,000 65+ population	24,135	25,413	26,712 (89/152)	27,512	7,572	6,674	7,072	6,447	N/A	27,765	N/A	7,941	7,821				N/A	Static

**Performance Summary:**

NEAs are currently 1.4% below plan up to month 6, however, the CCG plan is significantly higher than the previous financial year. Non-Elective Admissions are higher in this financial year than the previous financial year. Year to date the national growth in emergency admissions is 3.2% (estimated by NHSE/I), York is above this at 3.4% and Scarborough is 14.1%. In addition, York is shown as a special cause concern for the number of DToC patients since August 2018.

**Impact of BCF Schemes**

**York Integrated Care Team** - 287 possible admissions avoided by end of Q2. The number of Admission alerts received remain consistent at around 2000 per month and the number of patients on Case Management seems to be in decline. There seems to have been a sharp rise in the number of avoided admissions in August 2019 which appears to be across all areas. 'Hub' Patient contacts remains steady at around 600-800 per month. Activity prior to this was as high as 1400 contacts in November 2018

**Specialist Community Nursing** - .

**Urgent Care Practitioners** -

**RATS - Extended Hours** - 1080 patients have been seen within the extended period of which 761 were discharged home, 70 were referred to other services and 249 were admitted

**Street Triage** - .By end of Q2 - 84 referrals: 39 follow-up appointments, 7 referrals to crisis services, 7 Section 136 detentions, 25 NFA and 6 other. All of the posts are now filled and the team are operating 7 days per week between the hours of 11 – 23.30. The street triage team attended police briefings throughout Q2 aiming to visit York, Selby and Acomb police station at least once per week to discuss any cases as well as to discuss referrals etc

**Hospice at Home** -

**Handyperson Service** - Goodgym missions completed = 8.6 per month. Blueberry Accademy, households supported in Q2 = 33. Community Bees, new residents supported in Q2 = 18

**Alcohol Prevention** - Two further training courses have been delivered to a total of 30 participants. Resources and information have been sent out to all 37 GP practices and 42 pharmacies across the city, including the offer of IBA training. Further resources have been ordered to supplement the training programme, including unit information and AUDIT-C scratch cards.

**YMG - Vaccination Outreach** - New GP Registrations within Service = 12. Vaccination Rates - Hep B = 3. Vaccination Rates - Flu = 21. Vaccination Rates - Pneumonia = 20

**BCF National Metrics - Quarterly Performance to end of Q1 2019/20**

Indicator	Description	Previous Years outturn				2018/19						2019/20					Polarity	
		2014/15	2015/16	2016/17	2017/18	Actuals				Total Plan	Outturn	Total plan	Actuals					Q2 YTD Actual
						Quarter 1	Quarter 2	Quarter 3	Quarter 4				Quarter 1	Quarter 2	Quarter 3	Quarter 4		
BCF1	Delayed Transfers of Care: Raw number of bed days	8,130	8,463	10535 (115/152)	8443 (108/152)	3,001	2,560	2,807	2,601	7,559	10969 (143/151)	7,559	3,164	2,258		5,422	Not on target but stable	
CQC Interface	Proportion of discharges (following emergency admissions) which occur at the weekend	17.5%	17.4%	17.6%	17.8%	18.2%	18.7%	18.5%	18.9%	N/A	N/A							
CQC Interface	90th percentile of length of stay for emergency admissions (65+)	24 days	22 days	21 days (75/152)	21 days	20 days	20 days	20 days	19 days	N/A	N/A							

**Performance Summary**

DToC are significantly above target for acute beds whilst those for non-acute and mental health (TEWV) are below target. Performance is at or around the same level as the end of Q2 last year.

**Impact of BCF Schemes**

**Seven Day Working** - 7 day working continues to great effect the last evaluation April - June 2019 evidencing 183 customer contacts on Saturday and Sunday and 12 actual discharges following intervention at the weekend with the following outcomes: 1 Tuesday with CRT; 4 to care homes - 2 at the weekend and 2 the following Monday; 1 with family support; 1 into respite care; 1 with information & advice; 1 no support required; and 3 packages of care commenced early the following week. 1 admission was actually prevented with advice & information given to the ambulance service. Overall successful outcomes with other varying customer contacts one being the continuation of assessments started at an earlier time - 48 contacts in this time period involved on going assessment intervention.

**Step Down/up Beds** - No report received

**Fulford Nursing Home Beds** - 34 patients admitted by end of Q2 and there have been 35 discharges - 31 were discharged to home and 4 to hospital. Average length of stay in Q2 was 42 days. 32 patients have received OT support.

**ARC - Changing Lives** -

**Age UK Home from Hospital** - Total Number of people who received support this year = 1508 (includes the Home from Hospital, Prevention Service and Keep Your Pet service users). The majority of support given is information and signposting. Main source of referral is OT's (43.9%) and RATS (29.4%). 77% of service users reported an increase in confidence to live independently and lead an active life.

**BCF National Metrics - Quarterly Performance to end of Q1 2019/20**

Indicator	Description	Previous Years outturn				2018/19						2019/20					Polarity	
		2014/15	2015/16	2016/17	2017/18	Actuals				Total Plan	Outturn	Total plan	Actuals					Q2 YTD Actual
						Quarter 1	Quarter 2	Quarter 3	Quarter 4				Quarter 1	Quarter 2	Quarter 3	Quarter 4		
ASCOF2B(1)	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	0.815	0.7571	0.793 (111/152)	<b>0.925</b> <b>(15/152)</b>	No Data	No Data	No Data	<b>0.83</b> <b>(86/152)</b>	<b>0.9</b>	<b>0.83</b>	<b>0.84</b>	No Data	No Data				
CQC Interface	Proportion of older people (65 and over) who are discharged from hospital who receive reablement/rehabilitation services			0.8% (149/152)	<b>0.8%</b> <b>(148/152)</b>	No Data	No Data	No Data	<b>0.7</b> <b>(150/152)</b>		<b>0.7</b> <b>(150/152)</b>							

**Performance Summary**

**Impact of BCF Schemes**

**Reablement (HSG)** - Service now operating at capacity (including additional hours). 57% of clients are going home with either no ongoing care needs or a reduced level. However 23% are going into hospital as either a new admission or a re-admission and a further 5% have moved into permanent care. There are still difficulties in finding suitable care packages for some customers due to e.g. specialist needs or geographical isolation.

**Priory Outreach** - 118 referrals received into Outreach from RATS plus 139 into Step-down from community. Onward Outcomes: RATS/Outreach - No Ongoing Care 74, ongoing care 20, admission 12, referrals to other services 76. Onward Outcomes: Community/Step Up - No Ongoing Care 55, ongoing care 34, admission 22, died 2, referrals made to other services 110.



**BCF National Metrics - Quarterly Performance to end of Q1 2019/20**

Indicator	Description	Previous Years outturn				2018/19						2019/20					Polarity	
		2014/15	2015/16	2016/17	2017/18	Actuals				Total Plan	Outturn	Total plan	Actuals					Q2 YTD Actual
						Quarter 1	Quarter 2	Quarter 3	Quarter 4				Quarter 1	Quarter 2	Quarter 3	Quarter 4		
ASCOF2A(2) & BCF2	Long-term support needs met by admission to residential and nursing care homes, per 100,000 population (older people) (YTD Cumulative) (New definition for 2015/16)	683	683	648 (87/152)	656 (100/152)	240	160	168	104	592	672 (107/152)	605	179	141			320	Above target but improvement on 18/19
BCF2	Number of permanent admissions to residential & nursing care homes for older people (65+)	241	260	248 (87/152)	246 (100/152)	90	60	63	39	222	252 (107/152)	227	67	53			120	Above target but improvement on 18/19

**Performance Summary**

Admissions to care homes are slightly up on target (assuming a linear profile) but below the level at the end of Q2 last year

**Impact of BCF Schemes**

**Community Support Packages** - Numbers in receipt of preventive services continues to increase with a consequent reduction in those supported by the Council. However many of these customers are requiring a more intensive level of support as a result of a combination of age, frailty, co-morbidity, etc.

**Home Adaptations** - During the first half of the year 131 grants were newly approved and 136 Grants were completed. 167 new referrals were received for the Handyperson service 47 of these were key safes, the next popular request was for changing light bulbs in particular within the bathrooms. 147 referrals were received for the Falls Prevention Service. In September we extended the Falls Prevention Service to cover the Heworth Ward so the service is now operating in 6 wards.

**Telecare and Community Equipment** - 2609 clients on Response Service - 4,800 call outs so far this year (includes maintenance and installations, reviews and wellbeing checks). Most common cause of non-planned call-outs is falls (51%). Over 7700 items of equipment delivered by end of Q2

**Carers Support** - Most targets being exceeded we have seen 361 new registrations, 575 referrals to the Carers Support Service, 60 referrals for Carers Needs Assessment, 27 Young Carers Impact Assessments, 285 1:1 advice sessions, 11 1:1 Counselling sessions, and 89 referrals to the Financial Support Service. Hubs and pop-up hubs continue to be delivered along with specialist support groups for carers off people with mental health and substance misuse problems.

**Local Area Coordinators/Community Facilitator** - Partnership working with Mental Health services continues to develop in a positive way, with the recent agreement from a TEVV colleague to provide formal support and supervision to the team through bi monthly clinical case discussions. The first Local Area Coordination Network Conference coming up in November, will feature a workshop about the transformation of Adult Social Care in York. The total number of people the team have worked with to date is 1605 and currently 671 are active (including reactivated cases). 53% of these are level 1, i.e. provision of information, advice and connections and/or limited and short term support. Most referrals have come from Self referrals (16%), Adult Social Care (12%) and CMHT or CAMHS (8%). Over half of cases are working with people who are unemployed (41%) or retired (20%), where 7% are not disclosed. The main reasons for making contact across all cases are currently Mental Health (16%), Isolation (14%), and Housing Issues (9%). These account for over a third (39%) of concerns by the close of this period.

**Self Support Champions (increased capacity in CAAT and ISS)** - Average of number of days wait from first contact to seeing someone at Talking Point = 9.7 days (slight reduction from Q4 18/19). *Awaiting Q2 update*

**Social Prescribing** - 88 referrals this quarter (733 in total): Promoting emotional Wellbeing: 63, Long term condition: 24, Exercise opportunities: 18, Volunteering and skills development: 19

*"It has been great, it has felt like a safety net. I never knew [Ways to Wellbeing] was there and I'm so glad it was. Especially with the way things are, with GP's being so rushed for time, it felt like a real luxury to have the time to talk. I think it will be useful for a lot of people, it has really helped, thank you."*

**Live Well York** - Users = 3,611, new users = 3,150. Quality: 4.14/5 star rating from 840 feedbacks. Regional comparison per population: 3rd out of 8 Local Authorities. York is 0.76% reach with the mean being 0.61%. Live Well York continues to grow in entries posted and partners coming on board (15 formal partners) but use of the site has flat lined so we need to do more now we are beyond the full launch in March. We are working with the Coms team to raise the profile further. It is also worth noting that 18% of users are coming via the CYC website which hopefully shows a re-direct to community based solutions. At the end of the quarter the site had 366 followers on Twitter.

This page is intentionally left blank

### **Annex 3**

#### **Case study from a customer accessing the Discretionary Adaptation Grant (DAG) which is funded using the DFG money**

The service user for which the major adaptation was completed for is a 79 year old woman, who lives alone in their own occupied bungalow, and has supportive family who live close by. She also receives assistance from the re-ablement team to enable her to engage with her activities of daily living. Both family and the re-ablement team communicated an overall decline in the service user's mobility, which they attribute to deterioration caused by progression of her long-term health condition (transverse myelitis), which has resulted in a significant left-sided weakness and reduced sensation in the affected foot.

The arrangement in their existing bathrooms was no longer meeting the service user's needs and placing them at an increased risk of falls, as they were relying heavily on family and carers to physically support them in accessing the small en-suite shower cubicle; access to which required navigation of 1 x steep step down into the tray and no option for seating solutions due to the restricted space. Also, at the initial visit, the falls prevention practitioner identified the potential use of a bath tub in the main bathroom; however following assessment with the use of a bath lift at a return visit, it was identified that the bath-lift did not meet SU's needs as unable to complete adequate hip flexion and knee extension to facilitate clearance of left leg over bath panel. With these factors in mind, the falls prevention practitioner gained consent from the service user and family to action the installation of a level access shower, complete with half-height screens to facilitate continued support from the care team.

This adaptation has allowed the service user to gain independence with maintaining their personal hygiene, they are now able to attend to most elements of washing on their own, whereas previously they were receiving more support due to the unsupportive physical environment. Additionally, the current layout provides the option for increased support from carers as their condition progresses and their mobility declines, allowing them to stay in their home as is their desire.

This page is intentionally left blank



# Housing Standards and Adaptations Service Healthier Homes – A Preventative Approach

Service Manager: Ruth Abbott

# Service Areas:

- HMO Licensing
- Private sector housing enforcement
- Empty Properties
- Public Health enquiries
- Fuel Poverty alleviation
  
- Disabled Facilities Grants (DFG)
- Minor Adaptations Service
- Loans for owner occupiers
- Falls Prevention Service
- Handyman Service



Prevention Services

# Disabled Facilities Grant

- Used to support people to remain in their home
- Profile of customers- older people with mobility problems
- Most commonly funded adaptations being
  - Level Access Shower
  - Stairlift
  - Ramped Access

# Regulatory Reform Order

- DFG review in 2017

Dedicated OTs for DFG work

Use of RRO to remove means testing for low value work –<£5K

- Impact increase in the number of customers supported

2016/18 -160 grants completed

2017/18 -222 grants completed

2018/19-274 grants completed

# Over 50% of DFGs fund



# What next ?

- National Report on DFGs

Nationally Advocating	Locally
Strategic joined up	Unitary Authority – under Health, Housing And Adult Social Care
Changes to the Means Testing	Already introduce a non- means test for low value work
Consumer Technology	Considering how we can use this in older people’s accommodation but there is scope for more work
Five year funding plan /change to how it could be allocated	More focus on Prevention??
Measuring outcomes	Use of Social Value Engine to demonstrate wider benefits

# What next ?

- Changes to our Private Sector Assistance policy – review the last two years, identifying key gaps and blockages
- Children with complex needs – how to support families better
  - Better links with Children Services
- Tradespersons- Procurement of contractors for Council adaptation programme, lack of contractors for DFG programme
  - Adaptations made more attractive / use of technology ??

# Low Cost-Prevention Services

- Minor Adaptations
- Falls Prevention Service
- Handyperson Service



*Simple, low-cost, interventions within the home that encourage independence and reduce pressures on health and social care services*



# Minor Adaptation Service

- 75% of referrals from NHS services to enable hospital discharge
- Normally grab rails/banister rails and half steps

2016/17 -1436 referrals received and completed

2017/18 -1536 referrals received and completed

2018/19 -1561 referrals received and completed

# Falls Prevention Service

**Free** home safety visits to residents who want practical help and advice to reduce the risk of falls in their ho

- Early intervention
- Residents of participating wards or referred by a partner agencies
- Assessment by Falls Prevention Practitioners
- Work 'there and then' where possible
- Stress and balance/exercise advice
- Medication assessments
- No charge for works carried out



# Handypersons Service

## Purpose of the service

*To enable people to live independently and safely, by helping with simple repairs and tasks within their own home*

## Eligibility

- CYC resident
- Over 60 or disabled



# What the handyperson can do?



The type of work is limited to small jobs around the house which would take no more than half a day to carry out, but no job is too small.

Typical tasks the service can carry out include:

- fitting shelves
- fitting/resetting key safes
- installing smoke detectors
- hanging pictures
- putting up or taking down curtains or curtain rails
- securing loose carpets
- simple security measures (door and window locks)

## Handyperson service costs

- Free labour for customers in receipt of income based benefits
- **£22.50ph** (inc VAT) labour charge for all other customers
- Minimum half hour labour charge applies
- All customers pay for the cost of materials over £10.

# Other Sources of Support

- Good Gym is a community of runners who combine getting fit with supporting older people and community projects.
  - changing light bulbs
  - moving heavy items of furniture
  - assembling flat-pack furniture
- The [Blueberry Academy](#) garden care Team – a free service for low income households who require assistance with gardening but are unable to carry out works themselves

# What next?

Review the services the aim is to provide one holistic service working across tenures which compliments services provided by the voluntary sector.

# Home Appreciation Loans (for owner occupiers)

To qualify for assistance an applicant must:-

- be aged 18 or over
- be a home owner **and**
- be either 60 or over, disabled, or have a child under 16 living with them **and**
- be on a means tested benefit



# Home Appreciation Loans (for owner occupiers)

- Equity release/mortgage
- Schedule of works and 2 quotes
- Maximum loan £30k (up to £50k in special circumstances)
- Secured as a legal charge on the property
- Repayment upon sale or transfer
- Administered by Sheffield City Council 'Homes and Loans Service'

# What **types of work** are covered?

Works required to meet the health and safety and decency standards, e.g:

- Rewiring
- Roof repairs
- Flooring
- Replacement windows and doors
- Energy efficiency works (including boilers, radiators and insulation)
- Replacement kitchens and bathrooms
- Damp treatment
- **Not decoration**

# Case Study 1



## Details:

- Single male
- No heating

## Actions:

- Notice served to address pigeon issue followed by works in default
- Survey undertaken
- Home Appreciation Loan (HAL)

## Outcome:

- Approval of loan application
- Completion of works by private contractor





# Case Study 2



## Details:

- Disabled lady in her 60's
- No heating or hot water for 10 years
- Joint visit (Housing and Social Care Worker)

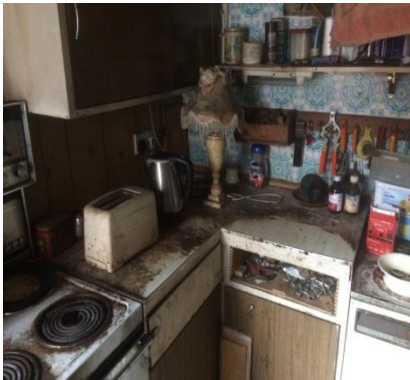
## Actions:

- Advice given on housing options
- Auction recommended
- Auction valuation obtained
- Sharon Homan (Specialist Housing Advisor) involved

## Outcome:

- Housing Panel agreed entry on to housing register
- Accepted offer of a flat at Marjorie Waite Court
- Property to be sold at auction Feb 2019

# Case Study 3



## Details:

- Referral from Social Care Manager
- Single man in his 70's
- No heating or hot water for 10 years

## Actions:

- Home visit/survey undertaken
- Suggested auction and rehousing as an alternative to a loan

## Outcome:

- Homeowner met with auctioneers within 2 days
- Property to be sold at auction Feb 2019
- Attended viewings for a suitable flat



---

**Health and Wellbeing Board**4<sup>th</sup> December 2019

Report of the Health and Wellbeing Board Healthwatch York Representative.

**Healthwatch York Report – Understanding People’s Experiences of the Sight Support Service provided by the Eye Clinic Liaison Officers (ECLO) at York Teaching Hospital NHS Foundation Trust.**

**Summary**

1. This report asks Health and Wellbeing Board (HWBB) members to receive a new report from Healthwatch York about understanding people’s experiences of the sight support service 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.

**Main/Key Issues to be Considered**

4. In 2018, Healthwatch York were approached by MySight York and the Royal National Institute of Blind People (RNIB) who discussed work being done nationally to explore the impact of the ECLO service in light of concerns over future funding. Healthwatch York were interested in talking to people living with sight loss and receiving support from the sight support service run out of York Teaching Hospital NHS Foundation Trust about how they experienced this support. Healthwatch York were interested in finding out what support was available for people living with sight loss in York, including whether there were any gaps in the services

provided, alongside consideration of the impact of funding. Healthwatch York have not previously carried out research with this population and wanted to make sure their voices were heard and represented. Their research resulted in the report at Annex A and to a number of recommendations as follows:

<b>Recommendation</b>	<b>Recommended to</b>
<p>We propose that a recognised pathway be put into place so that everyone with a sight loss diagnosis is referred to an ECLO. People should be provided with information in an appropriate format about the ECLO service so that if they choose not to take up the service at that time, they know how to access it in the future. Family members and carers should also have access to this information as they may also need support.</p>	<p>York Teaching Hospital NHS Foundation Trust.</p>
<p>The detailed feedback we received from patients, carers and staff supported the view that the ECLO service offers vital support to staff and patients. Best practice also indicates that all patients who receive a diagnosis of sight loss should be offered emotional support and referrals to appropriate services. In increasingly busy Ophthalmology Departments this has been reported as hugely difficult for other medical professionals to provide. Funding for the ECLO service should reflect its importance and be long-term and we urge relevant commissioning bodies from across the region, including local authorities and CCGs to develop a joint commissioning strategy for the ECLO service going forward.</p>	<p>Relevant commissioning bodies from across the region, including local authorities, NHS Trusts and Clinical Commissioning Groups (CCGs) (NHS Vale of York CCG, Scarborough and Ryedale CCG, East Riding CCG and York Teaching Hospital NHS Foundation Trust).</p>
<p>Access to an ECLO service should be fair and equal across local authorities and an understanding of the challenges posed by more rural areas should be taken into consideration. We propose that further work be done to look into any differences in accessibility between</p>	<p>York Teaching Hospital NHS Foundation Trust. NHS Vale of York CCG. Scarborough and Ryedale CCG.</p>



those living in different local authorities and ways in which access might be improved.	East Riding CCG.
In terms of patients receiving the best available support and being well informed about the different services available to them, information needs to be clear and accessible. Services in local areas should work together to create joint information to provide to service users/patients which clearly identifies the different services and their benefits and when each is accessible to the person involved.	All statutory and third sector services working together in local areas to support people living with sight loss.

### **Consultation**

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

### **Options**

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

### **Analysis**

7. Analysis of responses and comments received are set out in Annex A.

### **Strategic/Operational Plans**

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

### **Implications**

9. 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**

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

**Recommendations**

- 11. The Health and Wellbeing Board are asked to:
  - Consider the report and recommendations within their own organisations
  - For those organisations with a specific recommendation to respond to Healthwatch York within 20 working days from the date of the board meeting, acknowledging the receipt of the report, and detailing any actions they intend to take
  - Refer the report to the Joint Commissioning Group for consideration of any implications for joint commissioning

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

**Contact Details**

**Author:**

Sian Balsom  
Manager  
Healthwatch York  
Tel: 01904 621133

**Chief Officer Responsible for the report:**

Sian Balsom  
Manager  
Healthwatch York  
Tel: 01904 621133

**Report  
Approved**



**Date** 21.11.2019

**Specialist Implications Officer(s)** *None*

**Wards Affected:** *All*

**All**

**For further information please contact the author of the report**  
**Background Papers: None**

## **Annexes**

**Annex A:** Understanding People's Experiences of the Sight Support Service *provided by the Eye Clinic Liaison Officers (ECLO) at York Teaching Hospital NHS Foundation Trust.*

## **Glossary**

HWBB – Health and Wellbeing Board

NHS – National Health Service

RNIB – Royal National Institute of Blind People

ECLO – Eye clinic liaison officer

This page is intentionally left blank



**healthwatch**  
York

**Understanding People's  
Experiences of the  
Sight Support Service**

*provided by the*  
**Eye Clinic Liaison Officers (ECLO)**  
**at York Teaching Hospital NHS Foundation Trust**

**September 2019**

## Contents

Acknowledgements.....	4
Project Summary .....	5
What is an ECLO? .....	6
Why is Healthwatch York looking at ECLO services? .....	8
The National Picture .....	9
The Local Picture .....	13
Previous reports on the benefits of the ECLO service .....	16
What we did to find out more .....	18
Responses.....	19
Who did we speak to?.....	19
What difference did being in contact with the ECLO make? .....	21
Did people feel better informed after speaking with an ECLO? .....	25
How did the views of people who did not receive ECLO input compare? .....	27
What other support did people receive who did not have ECLO contact? .....	29
How beneficial was the ECLO support of signposting to services? .....	31
How important was the emotional support people received through contact with the ECLO service? .....	34
How important was the timing of contact with the ECLO service?.....	37
How did people feel the ECLO service could be improved?.....	39
Findings from the Ophthalmology Departments at York Teaching Hospital NHS Foundation Trust .....	42

What benefits did the ECLO service bring to the Ophthalmology Departments? .....	43
Why were patients referred to the ECLO service? .....	50
.....	50
.....	50
Findings from staff at local authority social care services .....	51
What did staff feel were the benefits to service users? .....	53
Conclusion .....	58
Recommendations .....	61
Appendices .....	63
Appendix 1: Responses for statements from the Ophthalmology Department survey .....	63
Appendix 2: Appendix 2 – Responses for statements from the local authority survey .....	66
Appendix 3: Some Additional Comments from the Ophthalmology Department .....	70
Appendix 4: Support information and some useful contacts .....	72

## Acknowledgements

We would firstly like to say a huge thank you to all those who took the time and effort to let us know about their experiences of living with sight loss, supporting and caring for someone who does or working within services for those living with sight loss.

We would also like to greatly thank several organisations who supported us with this project: East Riding Sensory Team, MySight York, North Yorkshire County Council Rehabilitation Service, Ophthalmology Departments at York Teaching Hospital NHS Foundation Trust (and the Sight Support Service), RNIB (The Royal National Institute for Blind People), Sight Support Hull and East Yorkshire, Sight Support Ryedale, The Wilberforce Trust and Yoursensory Services and Yorkshire Coast Sight Support.

Lastly, we would like to thank Healthwatch Middlesbrough for their insight into the project planning and design.




## Project Summary


Healthwatch York were interested in exploring people's experience of the Eye Clinic Liaison Officer (ECLO) Service. ECLOs offer practical and emotional support to people to help them manage their sight loss.

We spoke to people living with sight loss, their family members or carers, staff from social services and staff from ophthalmology clinics across three local authorities covered by York Teaching Hospital NHS Foundation Trust. This included: City of York, North Yorkshire and East Yorkshire.


Overall, the detailed responses we received from patients, carers and staff strongly supported the view that the ECLO service offers vital and invaluable support to staff and patients.



*"At a very difficult time the ECLO offered invaluable support to both myself and my wife. We felt we weren't doomed!"*



*"The ECLO service is an integral part of our service and is no longer optional."*



*"We find the liaison between the ECLOs and our team invaluable and we can see how the people we visit and assess have benefitted from contact with them."*

Healthwatch York proposed four recommendations from the feedback we received which aim to improve access to the ECLO service, ensure appropriate service funding and promote joint working between statutory and third sector services to support people living with sight loss, their carers and family members.

## What is an ECLO?

ECLOs are Eye Clinic Liaison Officers who work closely with medical and nursing staff within eye clinics and with sensory teams in social services. ECLOs are there to provide to those recently diagnosed with an eye condition, practical and emotional support. They are there to help people understand their diagnosis, manage their sight loss and maintain their independence. ECLOs have the time to spend with patients to discuss the impact the condition may have on their life.

Patient standards for Ophthalmology Services, written by the UK Ophthalmology Alliance and RNIB (Royal National Institute for Blind People), state that ECLOs should:

- Always be provided within the hospital eye service
- Adhere to, and be trained in accordance with, the RNIB ECLO Quality Framework
- Provide a person-centred service to people of all ages affected by sight loss including relatives and carers
- Offer information, practical advice on aids and adaptations, and emotional support
- Empower people to access appropriate statutory and community support services
- Offer an initial screening of needs and signpost or refer clients to local and national services and organisations to meet their needs
- Use agreed referral processes to local services such as Rehabilitation, Low Vision and Social Care

- Assist with local certification and registration processes for vision impairment

ECLOs are consistently recommended in commissioning guides for eye services.

The Glaucoma commissioning guide states that there should be an ECLO service commissioned as part of every glaucoma pathway to work alongside the clinical team in providing information and support. In addition patients should have the name and contact details of a qualified health care professional (this could be nurse or ECLO) whom patients can contact should they have questions or side effects from a drug<sup>1</sup>.

In Age-Related Macular Degeneration (AMD) care it is recommended that patients have emotional and practical support to cope with the condition and examples include the support of an ECLO<sup>2</sup>.

It is recommended that serious consideration should be given to providing an ECLO in every eye clinic to promote joint working with other services including social care, voluntary organisations or falls clinics. The ECLO's ability to counsel people with low vision and provide information about other services is recognised as valuable<sup>3</sup>.

---

<sup>1</sup> The Royal College of Ophthalmologists (2016) Commissioning Guide: Glaucoma (Recommendations). Clinical council for eye health commissioning.

<sup>2</sup> The Royal College of Ophthalmologists (2013) Commissioning better eye care: Age-related macular degeneration. Clinical commissioning guidance from The College of Optometrists and The Royal College of Ophthalmologists.

<sup>3</sup> The Royal College of Ophthalmologists (2013) Commissioning better eye care: Adults with low vision. Clinical commissioning guidance from The College of Optometrists and The Royal College of Ophthalmologists.

## Why is Healthwatch York looking at ECLO services?

In 2018, Healthwatch York were approached by RNIB and MySight York, a local charity. We discussed work being done nationally to explore the impact of the ECLO service in light of concerns over future funding. Currently the ECLO service in York is reliant on charity funding. The RNIB grant that partially funds this service in York is due to come to an end in December 2019.

It was the view of MySight York and RNIB, alongside the RCOphth (Royal College of Ophthalmologists), that an ECLO service should not be reliant on charity funding. They believe this hugely valuable and vital service to support people with sight loss needs long-term sustainable funding.

Healthwatch York were interested in exploring people's experience of the ECLO service and the impact it had for those who had accessed the service. We were also interested, due to the small number of ECLOs operating out of York Teaching Hospital NHS Foundation Trust, in exploring the views of those who had not received ECLO input and looking into whether there were any gaps within the service. We were interested in how people had received support in the instances where they may not have had ECLO input. We also wanted to understand people's awareness of the services available to them and how accessible they are.

We also spoke to other stakeholders: local authorities in North Yorkshire, East Yorkshire and the City of York and staff members from

the Ophthalmology Departments in York Teaching Hospital NHS Foundation Trust to understand how the service is currently experienced by other services in the area also supporting those with sight loss.

## The National Picture

More than two million people are estimated to be living with sight loss in the UK today<sup>4</sup>.

Ophthalmology accounts for over 10% of all outpatient visits and 7% of all surgical activity. There are over eight million NHS outpatient appointments in eye clinics and departments within the UK every year. Cataract surgery is the most common operation performed in the UK.

Demand for ophthalmic services has risen approximately 4% per year over the last 10 years and is predicted to increase by 25% over the next 10 years. Rising demand is mainly due to an aging and increasingly diabetic population as well as new therapies for common chronic eye diseases which require repeated attendance for monitoring and treatment. The ongoing capacity issues in ophthalmic services are causing delays to care and visual harm for patients<sup>5</sup>.

---

<sup>4</sup> RNIB (2018) Eye health and sight loss stats and facts. Available at: <https://www.rnib.org.uk/sites/default/files/Eye%20health%20and%20sight%20loss%20stats%20and%20facts.pdf> Accessed: 20/08/19

<sup>5</sup> The Royal College of Ophthalmologists (2018). Commissioning Standards. Available at: <https://www.rcophth.ac.uk/wp-content/uploads/2018/03/Commissioning-Standards.pdf> Accessed: 18/09/19

It is stated that at least half of all cases of sight loss in the UK are avoidable if correct treatment is sought in a timely fashion. The NHS often provides excellent care to many people experiencing sight loss and there is evidence of good practice and service innovation within eye services. However, there is a growing concern around capacity of eye services across the UK and how it might be affecting patient health<sup>6</sup>.

Sight loss can have a significant impact on psychological well-being, social isolation, getting about and completing everyday activities such as cooking, shopping and using technology. The need for information and services providing support for people adapting to and living with sight loss is receiving growing attention.

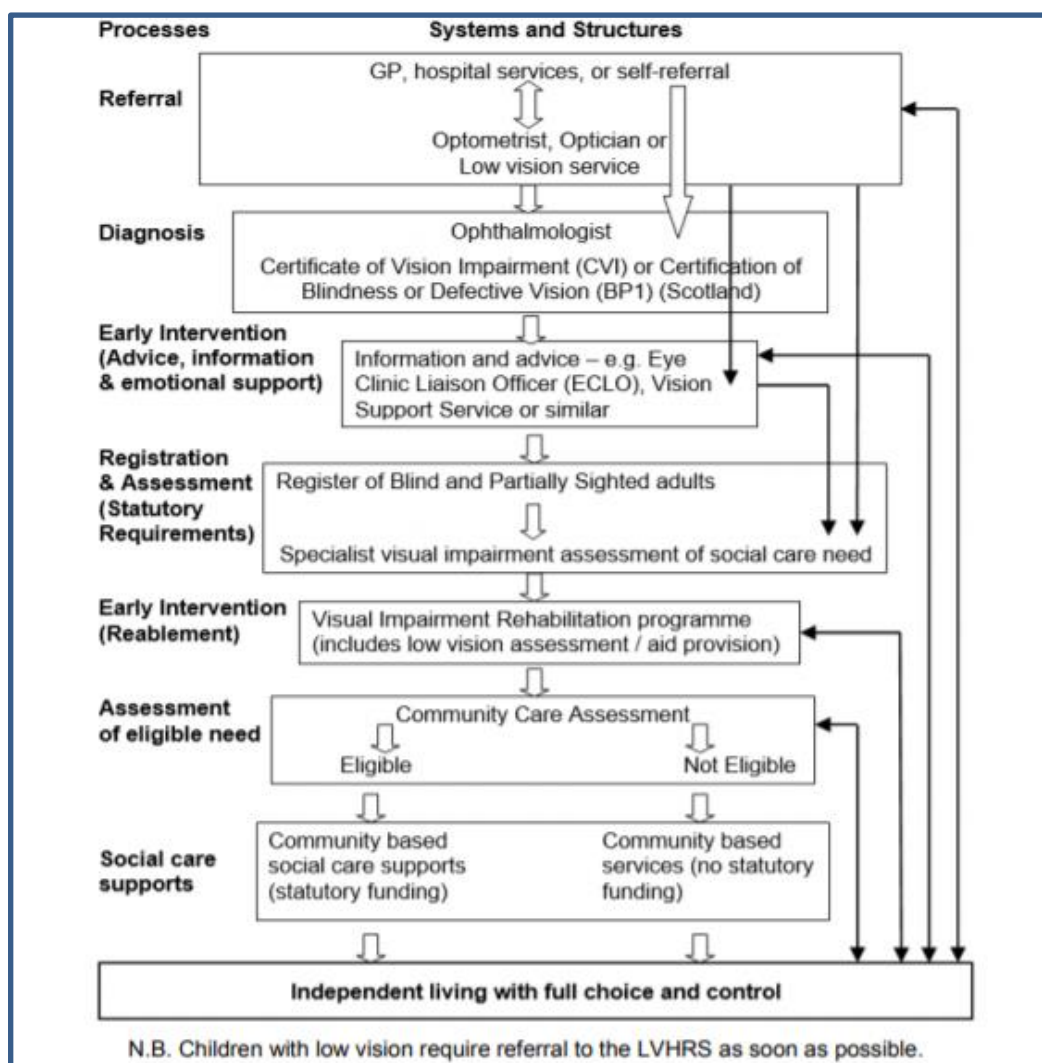
The adult eye health and sight loss pathway (see figure 1) was designed to show a pathway of best practice. The Strategic Advisory Group of the UK Vision Strategy urges all relevant services and bodies to work together to implement the pathway fully. The strategy aims to make sure that every sight impaired and severely sight impaired person of any age, ethnicity, extent of sight loss, other impairments, or location across the UK, has access to the same range of support and information<sup>7</sup>.

---

<sup>6</sup> RNIB (2018) See the light: Improving capacity in NHS eye care in England. Available at: [https://www.rnib.org.uk/sites/default/files/See%20the%20light\\_Improving%20NHS%20eye%20care%20capacity%20in%20England.pdf](https://www.rnib.org.uk/sites/default/files/See%20the%20light_Improving%20NHS%20eye%20care%20capacity%20in%20England.pdf) Accessed: 20/08/19

<sup>7</sup> VisionUK (2018) VISION 2020 UK and the UK Vision Strategy. Available at: <https://www.visionuk.org.uk/vision-2020-uk-and-the-uk-vision-strategy/> Accessed: 17/09/19

Figure 1: Adult Eye Health and Sight Loss Pathway



Following the diagnosis stages, the pathway recommends input from an ECLO or similar vision support service to provide early intervention emotional and practical support. The Clinical Council for Eye Health commissioning report states that ECLOs are key in connecting patients to services, supporting them to understand the impact of their diagnosis. They are an essential part of the pathway. The report states they should be included in contracts and service specifications<sup>8</sup>.

<sup>8</sup> Clinical Council for Eye Health Commissioning (2017) Low vision, habilitation and rehabilitation framework for adults and children. Available at:



The Royal College of Ophthalmologists also considers ECLOs to be a core service within ophthalmology. They believe it has a dramatic impact on patients' quality of life. ECLOs are considered able to deliver a human touch in an extremely busy service facing continuing increase in demand<sup>9</sup>. However not all NHS Trusts nationally, provide an ECLO service.

When people with sight loss are eligible for the certification of vision impairment (CVI), they can register as a person severely sight impaired or sight impaired. They are then able to receive social services input from their local authority. They may be offered a range of services such as rehabilitation, low vision aids, mobility training, advice about welfare benefits and emotional support.

Across the UK there is variation in how all services work together. It can often be complex for people to navigate the system (for example, in relation to driving and knowing what is available and who to contact<sup>10</sup>).

In the event that someone is discharged from clinical services because nothing further can be done for them clinically, they may not receive any further information about other services that could support or benefit them. Missing out on information is thought to be especially true for those who do not have a CVI. A CVI can often be the key in accessing

---

[https://www.rnib.org.uk/sites/default/files/Low%20vision%2C%20habilitation%20and%20rehabilitation%20framework%20for%20adults%20and%20children%20%282%29\\_0.pdf](https://www.rnib.org.uk/sites/default/files/Low%20vision%2C%20habilitation%20and%20rehabilitation%20framework%20for%20adults%20and%20children%20%282%29_0.pdf) Accessed: 20/08/19

<sup>9</sup> VisionUK (2019) Eye Clinic Liaison Officers (ECLOs) are vital to supporting patients with sight loss. Available at: <https://www.visionuk.org.uk/eye-clinic-liaison-officers-eclos-are-vital-to-supporting-patients-with-sight-loss/> Accessed: 17/09/19

<sup>10</sup> Llewellyn, M et al (2019) Impact of eye clinic liaison officers: a qualitative study in UK ophthalmology clinics. *BMJ* 9(3)



vital financial, practical and social support. Therefore, access to services would be largely dependent on the initiative of the service user<sup>11</sup>.

## The Local Picture

The latest sight loss data tool from the RNIB identified that in Yorkshire and the Humber, an estimated 172,000 people are living with sight loss<sup>12</sup>, which includes:

- 149,600 people living with partial sight
- 22,800 people living with blindness

These figures include people whose vision is better than the level that might qualify for registration, but which still has a significant impact on their daily life (such as not being able to drive).

It is expected that by 2030, 214,000 people in Yorkshire and the Humber will be living with sight loss.

Healthwatch York were provided with ECLO service data over a 12 month period in 2018 to 2019 which indicated that over 858 patients received ECLO support in York and 413 patients in Scarborough and Bridlington. In addition 215 patient family members and carers were supported in York and 83 in Scarborough and Bridlington. People receiving ECLO support from York Teaching Hospital NHS Foundation Trust mainly belonged to three local authorities outlined in table 1.

---

<sup>11</sup> Llewellyn, M et al (2019) Impact of eye clinic liaison officers: a qualitative study in UK ophthalmology clinics. *BMJ* 9(3)

<sup>12</sup> RNIB (2016) Yorkshire and Humber. Sight loss data tool. Available at: [www.rnib.or.uk](http://www.rnib.or.uk). Accessed 18/09/19

Table 1.

<b>Local Authority</b>	<b>Number of people supported</b>
City of York Council	598
North Yorkshire	397
East Yorkshire	269
Other (including Wakefield, Leeds, Cumbria, Newcastle)	7

The ECLO service data revealed that a service reduction could impact on two thirds of the patients in York. All the patients in Scarborough and Bridlington would be at risk.

Data from the RNIB sight loss tool estimate the number of people living with sight loss over these three areas<sup>13</sup>. See table 2.

Table 2.

<b>Local Authority</b>	<b>York</b>	<b>North Yorkshire</b>	<b>East Yorkshire</b>
<b>Total population</b>	208,163	611,633	338,061
<b>People living with sight loss</b>	6,680	24,400	13,800
<b>Registered severely sight impaired or sight impaired</b>	1,025	2,730	1,815

<sup>13</sup> This data was developed in 2016/17 and is due to be updated late 2019.

All three local authorities have a higher than average older population compared to the England average. Reports suggest that these figures will continue to rise over the next 10 years. It is predicted that as the population ages, more people will be living with sight loss.

There are significant inequalities in eye health. People in the poorest 20% have an almost 80% higher chance of developing a vision impairment. It is reported that the uptake of NHS sight tests for people over 60 is declining in North Yorkshire and Humber, which is concerning as vision impairment (i.e. blindness or partial sight) can be prevented. However, this is only if certain conditions are detected, diagnosed and managed correctly<sup>14</sup>.

---

<sup>14</sup> City of York Council (2015) York Eye Health Needs Assessment. Available at: <https://www.healthyyork.org/media/62041/eye-health-needs-assessment-2015.pdf> Accessed: 17/09/19

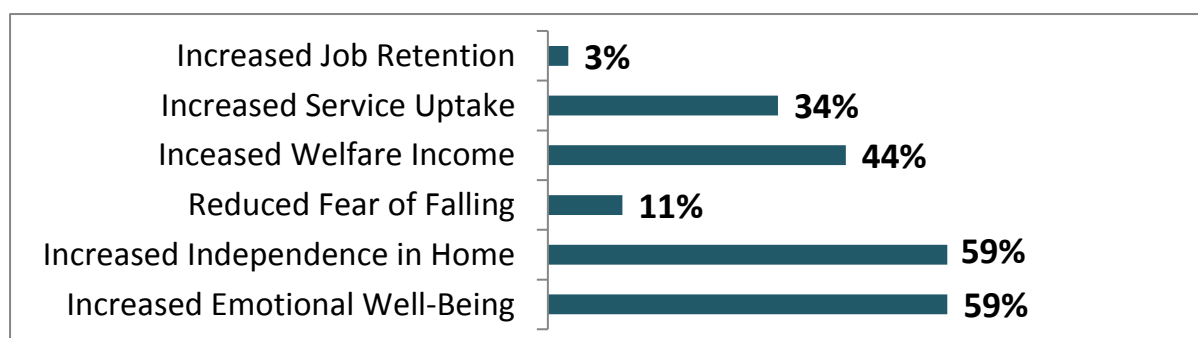
## Previous reports on the benefits of the ECLO service

In 2013 the RNIB published a report looking into the economic impact of eye clinic liaison officers<sup>15</sup>. Savings to health and social care budgets as a direct result of ECLO input were estimated to be £10.57 for every £1 invested.

The report was based in part on feedback from 66 ECLO clients. Positive outcomes from contact with ECLO services included improved emotional well-being and independence in the home. Other positive outcomes included increased welfare income for those entitled to benefits, increased service uptake, reduced fear of falling and increased job retention.

Table 3 outlines these outcomes and the percentage of patients which identified with them.

Table 3.



<sup>15</sup> Singh P, S (2013) Economic Impact of Eye Clinic Liaison Officers: A Case Study. RNIB

## The BMJ report<sup>16</sup>

A study published recently in the British Medical Journal (BMJ), and funded by the RNIB, highlights the continued importance of ECLO. The study suggested that ECLOs are able to relieve pressure on clinical staff allowing them to focus on clinical duties. ECLOs were also found to provide continuity of care for patients following their discharge from medical treatment.

The BMJ article showed that ECLO services:

### **Decreased the demand on health professionals**

- Having an ECLO in post saved clinical and administrative time.
- Time pressured clinicians are helped by having ECLOs available to support people coping with a new diagnosis.

### **Increased registration and increased service uptake**

- ECLOs support the smooth running of CVI pathways
- ECLOs help prevent people 'slipping through the system', e.g. driving when they should not be driving or not being assessed at home.

---

<sup>16</sup> Llewellyn, M et al (2019) Impact of eye clinic liaison officers: a qualitative study in UK ophthalmology clinics. BMJ 9(3)

## What we did to find out more

Healthwatch York ran a survey over July and August 2019. We spoke to people living with sight loss and their carers and family members through:

- An online survey available on our website
- Telephone interviews
- Posted hard copies of surveys
- Face to face interviews at various events

We shared our project and the survey with organisations who support people living with sight loss across York, Scarborough and Bridlington. The organisations were: MySight York, Selby District Vision, Sight Support Hull and East Yorkshire, Sight Support Ryedale, The Wilberforce Trust and Yorsensory Services and Yorkshire Coast Sight Support.

We captured people's views through visiting groups run by local organisations who were able to support us with our project. We completed telephone interviews with people who asked to be contacted in this way. We worked with the ECLOs to raise awareness of the survey and recruit participants. We also attended the Eye Department at York Hospital to speak to patients.

To understand how other services work alongside the ECLO service we produced a survey for all staff at the Ophthalmology Departments at York Teaching Hospital NHS Foundation Trust and a survey for staff from local social services in York, North Yorkshire and East Yorkshire.

## Responses

We received 94 responses in total.

Within the survey for people living with sight loss there were two incomplete survey responses which were subsequently removed from the data and six which were completed by professionals working with individuals living with sight loss. These responses were removed from the data. However, the professional's comments were included within the relevant section of this report. Overall there were:

- 43 completed surveys from people living with sight loss and their family members/carers.
- 38 surveys from the Ophthalmology Departments
- Seven surveys from local social care services
- Seven additional comments from professionals working within the sector (six from clinical departments and one from a local charity<sup>17</sup>)

## Who did we speak to?

From the survey for people living with sight loss, 72% of the respondents (31 people) were people living with sight loss. The remaining 28% (12 people) identified as carers and family members of someone living with sight loss.

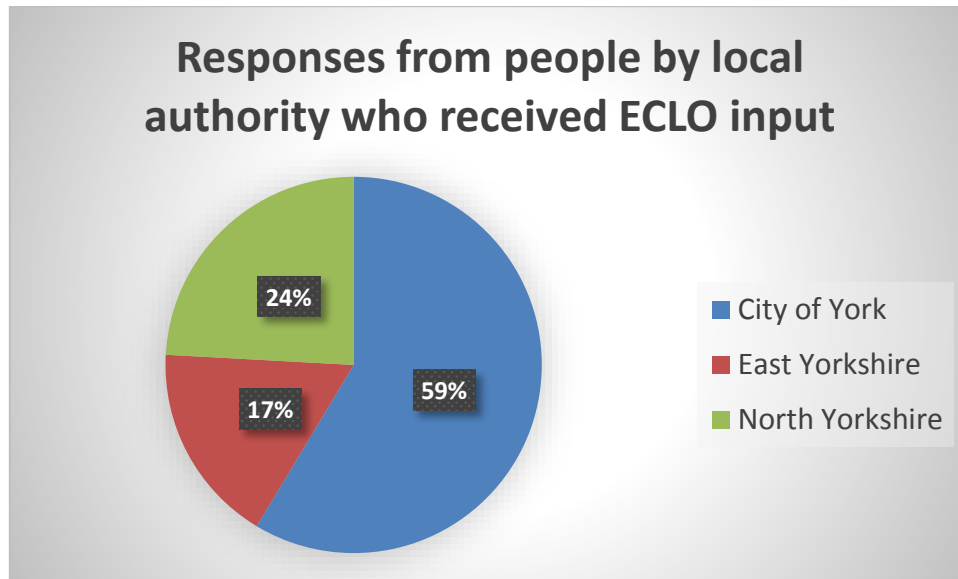
We spoke to 29 people who had had contact with the ECLO service and 14 people who had not received any support from the ECLO service.

---

<sup>17</sup> The additional comment from one local charity was excluded from total responses as third sector staff were not generally surveyed for this project. However, the comment has been included to add to a discussion point exploring joint working between services.

People we spoke to who had received ECLO input were from across three local authorities, shown in figure 2 below.

Figure 2.



People who had received support from an ECLO had been attending their local eye clinics within the different areas for just a few months to over 30 years. This provided us with a range of different experiences and perspectives regarding accessing support for sight loss.



## What difference did being in contact with the ECLO make?

We asked people who had received ECLO support what the biggest difference, if any, being in contact with the ECLO had made to them.

Responses have been organised under key themes:

- Feeling emotionally supported and being able to talk to someone
- Access to aids and equipment that improve quality of life and maintain skills
- Improving confidence and maintaining independence
- Contact with other community and third sector services

### Feeling emotionally supported and being able to talk to someone

*“Being able to talk to somebody that listened.”*

*“I was able to talk problems through with someone on a more personal basis.”*

*“It’s made such a difference. I came out feeling normal. Before I felt like the only one in the world. It was a very lonely place.”*

*“I then had someone to call and discuss problems with locally.”*

*“Being in the hospital, they’re there for you to talk to. We are confident he is getting good advice from a professional for all the little things you need to speak about.”*

*“The ECLO gave me emotional support when I felt really vulnerable.”*

*“I was very isolated before. You can't explain to people as I have some vision and people seem to expect you to be totally blind or not blind at all. It has really been a huge relief to find people I can talk to and who understand and support.”*

*“At a very difficult time the ECLO offered invaluable support to both myself and my wife. We felt we weren't doomed!”*

*“I do feel more aware of things that are out there for people. Also, I now know the ECLO is there if I need it.”*

*“Good to know where to get advice.”*

*“It was reassuring to meet with someone experienced in giving specific advice for coping with sight loss.”*

*“Knowing that someone understands how you are feeling, and is able to provide emotional support and empathy is invaluable. When sight is deteriorating, even over a long period of time, being registered as blind is a very emotional experience, and needs to be seen as a part of the whole person, and not just medically.”*

*“I wouldn't have had the counselling which was vital. I wouldn't have seen the relevance of it. I wouldn't have known about the social group... I wouldn't have been able to process the information without the support.”*

*“It has helped me to explain things to my mum about her sight loss.”*

*“It was so helpful that my husband came in as well. He has such worry in his face because he didn't have the answers and he panics. It was a big jump to see the ECLO but I came out really upbeat and they put my husband at ease about the [symptoms] that he did not understand before. I didn't know what to think before seeing the ECLO and honestly*

*I didn't expect a lot... But also I met someone in the waiting room and speaking to others going through the same or worse than you, it helps to talk to others.”*

### **Access to aids and equipment that improve quality of life and maintain skills**

*“It has been very helpful. They advised me about aids and equipment I could use.”*

*“It has made me realise help is available if I want it. I'm now aware that there is a gadget I can use for the cooker so I can feel it better. At the moment, I am managing but it's good to know that there are things out there when I need.”*

*“It was very helpful in pointing to equipment to try.”*

*“They were able to help me with my magnifying glass.”*

*“The ECLO also helped me to get aids, talking books and I didn't feel pressured.”*

### **Improving confidence and maintaining independence**

*“I have more confidence.”*

*“Makes a difference in terms of keeping me sane and giving me a little bit of independence.”*

*“Mum was very relieved to hear there may be some help, as was I. We could get advice and tips to help mum stay independent in her own home.”*

*“It gave me confidence in dealing with other departments and services within the NHS.”*

*“It makes you aware of what's available. Both equipment and support. Before this, you're on your own.”*

*“It gave me full confidence. I meet the ECLO in the clinic and go away with the answers to my worries in simple form.”*

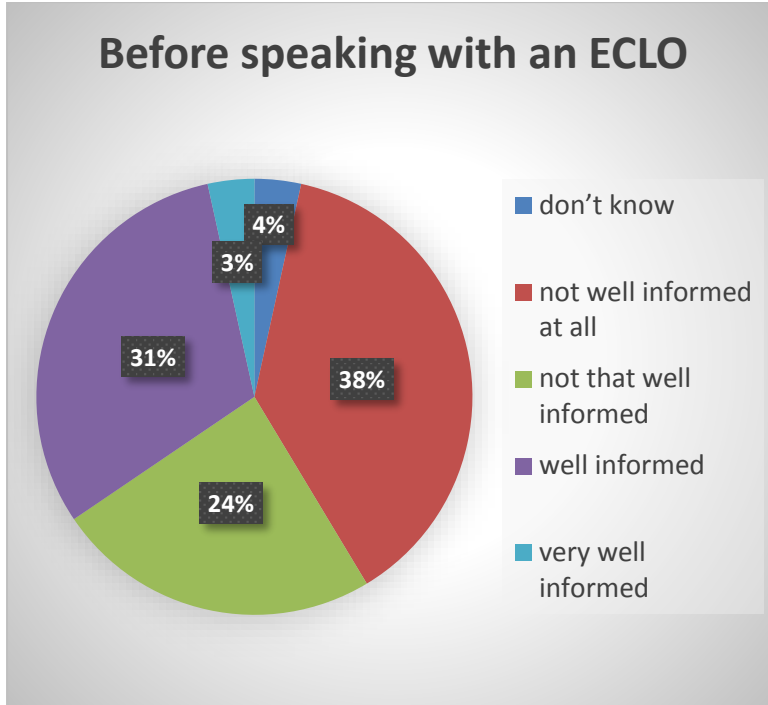
### **Contact with other community and third sector services**

*“The most helpful aspect for a carer was to learn from and discuss with other carers”*

*“The ECLO's personal influence has been slight. The most valuable contribution has been the role of interaction with other agencies.”*

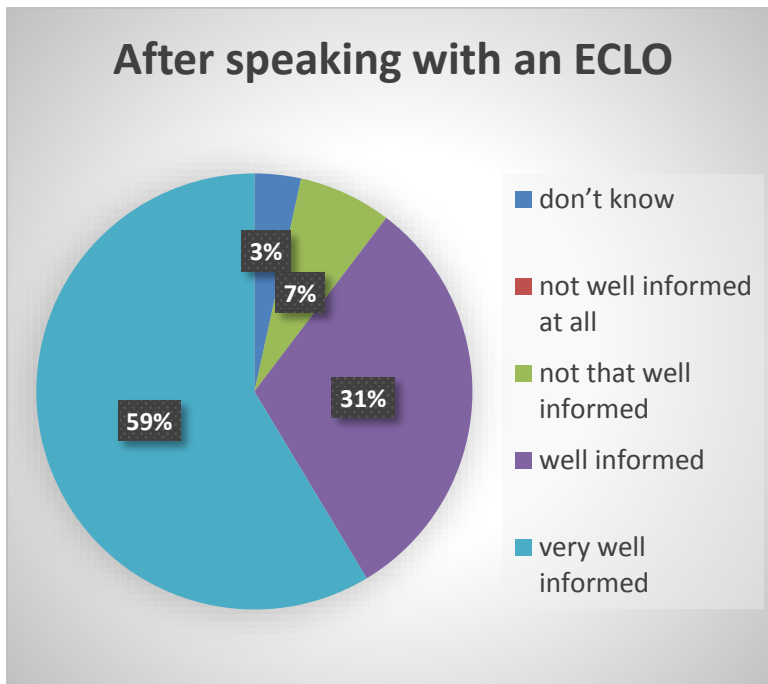
*“Now that I attend support groups I am able to listen to others with some experiences. I am able to speak out more and I want to help other people in this situation. Meeting different people and talking about life. It's a family. Family can be too close to provide that support. If there's no cure it helps to talk to other people.”*

## Did people feel better informed after speaking with an ECLO?



Before speaking with an ECLO 18 people (62%) said they were either not well informed at all, or not that well informed about the support available to them or someone they care for. Only 7% felt not well informed at all or not that well informed after speaking with an ECLO.

Figure 3.



Before speaking with an ECLO only one person (3%) felt very well informed and nine people (34%) felt well informed. Following ECLO contact 90% of people stated they felt well informed or very well informed, with 17 people (59%) feeling very well informed.

Figure 4.

People described gaining different kinds of knowledge through their contact with the ECLO service. Examples included knowledge around equipment, emotional support or access to charities and local support groups, depending on the individual's needs. Some people also reported, where it was relevant to them, better understanding of their eye condition and of how to care and treat it (see Figure 5 and 6).

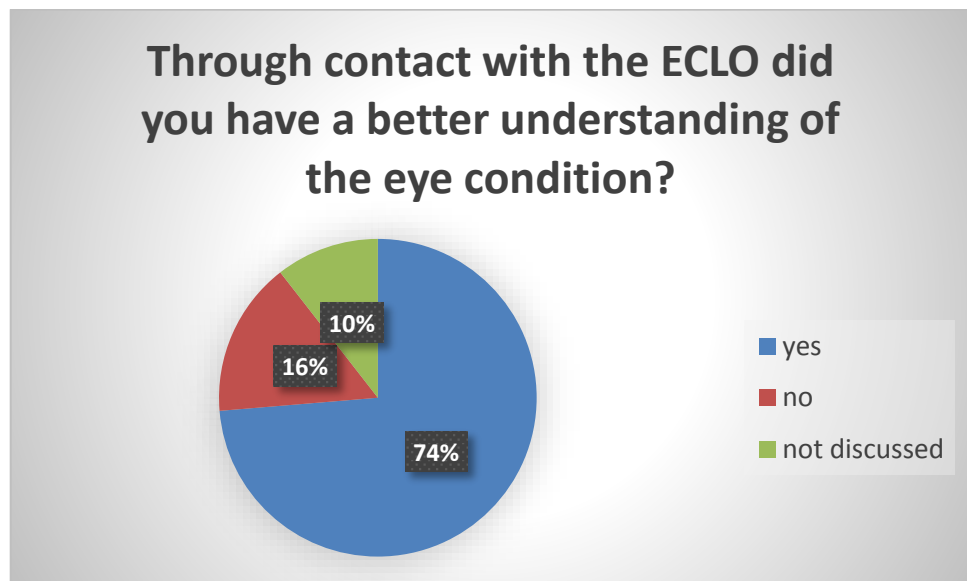


Figure 5.

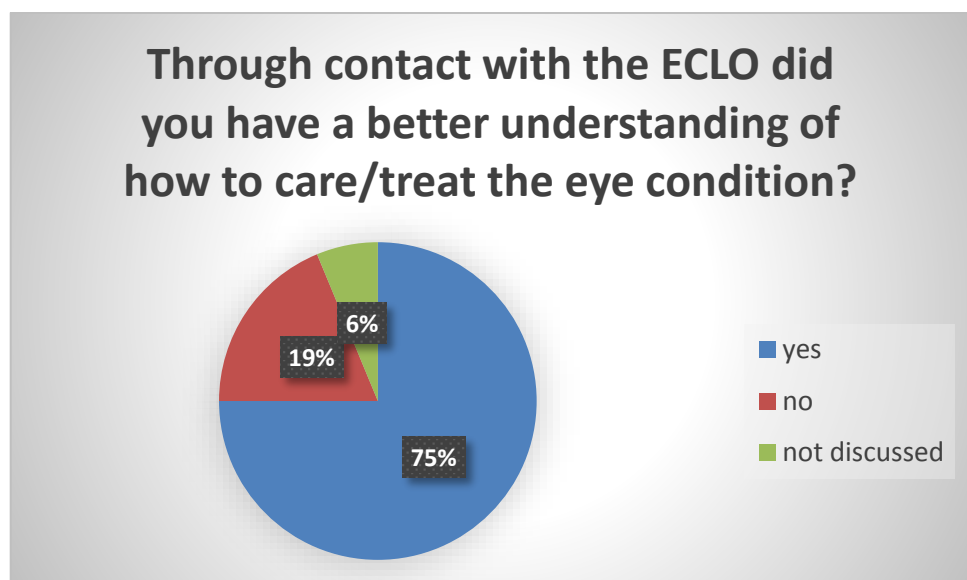


Figure 6.

## How did the views of people who did not receive ECLO input compare?

We told people **who had not** received ECLO support about the role and purpose of the ECLO service. When we asked if having ECLO support would have been useful to them, six out of 13 people said they felt having contact with an ECLO would have been useful.

People told us:

*“It would have been helpful to have had longer conversations about options and at what point my sight loss might require additional support.”*

*“I could have done with the information straight away. Before I got registered, I was hardly going out. I was falling over the edge of pavements. I couldn't go out when it was sunny because it was too light and couldn't go out when it was dull because it was too dark. If I needed to go out shopping, I had to get [someone else] to help... I know other people that don't have any support and don't go out as much or at all. It would be great having people come out and give emotional and human support. There was a time when I was just wearing a heavy blanket around the house and it would have been good to have some advice around how I could function better in the home.”*

*“Having some support and signposting to charities would have helped. I want help to get a better front door so I can see out.”*

*“You can always do with more support.”*

*“... I would have liked the contact. I would also have liked support to continue reading.”*

*“It would have been useful to talk about options for getting out. Someone to ask about equipment. I am currently having difficulty with my talking books. I find it difficult to travel all the way to Scarborough and would prefer to have appointments in Bridlington.”*

Interestingly, seven out of 13 people we asked reported that they either didn't feel the ECLO would be useful or were unsure and did not feel that they would necessarily seek support from an ECLO service. Those who commented further told us:

*“I have no idea what it involves.”*

*“I didn't know it existed and I would not have sought support.”*

*“I don't know enough about them to say. I would like some understanding of what's happening to me. I have never been given clarity around whether I can continue to drive or not. I am giving up on my own accord. I would have liked some clear communication.”*

*“I'm not at that stage (hopefully).”*

Clearly, coping with sight loss can be a very distressing and overwhelming experience leading to individuals needing to adapt major areas of their lives as well as coping with the emotional and psychological demands. This can make it difficult for individuals to seek the right support especially when they are not well directed or well informed about support services available to them. Although ECLO support may not be appropriate for everyone, the findings suggest that almost half felt it would have been beneficial to them. Nearly all those



who felt it wouldn't have been beneficial, appeared to lack information about the service and other kinds of support available to them. The overwhelming response from those who had received support through an ECLO suggests that it was beneficial (in differing ways) to all those who received it.

### **What other support did people receive who did not have ECLO contact?**

When we asked what other kinds of support they had received, some people, **who had not** had support through an ECLO spoke about having support from their family and good doctors and nurses. Some people referred to the medical treatment appointments they received but reported a lack of additional or emotional support.

*"I only have consultant appointments every 6 months to discuss my glaucoma management."*

*"No support, only medical appointments. Last year I had specialist appointments, and these were cancelled twice."*

*"Nothing. I have had to buy my own things."*

Important avenues of support mentioned were The Magnolia Centre, support from social services, local sight support charities and The Blind Veterans Society.

*"I had been going to the hospital receiving certain treatment though I couldn't bear having it anymore and stopped getting any treatment. I had been going for appointments for years and had received no support until*

*I managed to make an appointment at York Hospital after which they agreed to register me. It was then a week or two before I received support from social services and I received cane training a month after. However, when she left no-one else took over. There was a lady at the job centre who gave me a leaflet for an open day here [local sight support charity], so then I found out about this place and some equipment I could use. Before all this I felt I was on my own with it.”*

*“After having a number of Glaucoma operations it was not a good outcome. I got a leaflet at the sight clinic about the Blind Veterans. They have ROVI’s [rehabilitation officers for vision impairment] which come and visit you. They give you advice on different magnifying glasses. They have supported me to go to the Llandudno Centre where they have IT courses, cookery courses, woodwork and arts and crafts. They teach you how to feel your way in the kitchen. They also have personal carers who can look after you and keep a check on you... a fantastic organisation”*

The above examples suggest some individuals were able to access information about other services available to support them through different means, although notably not always in a timely manner. Part of the ECLOs role is to signpost people to sight support services in the community, outside of the hospital, in a timely way.

## How beneficial was the ECLO support of signposting to services?

We asked people who had had ECLO support which kinds of services they had been signposted to. Examples given were:

- Counselling services
- RNIB services including their helplines and audiobooks
- Various sight support charities across York, Scarborough and Bridlington, including for example: The Wilberforce Trust, MySight York, Yorkshire Coast Sight Support and Selby District Vision.
- Seeing AI (artificial intelligence) apps
- Local social support groups
- Local activities
- Guide dogs

We asked people who had received ECLO support if they thought they would have found out about these services without the ECLO service. Only one person felt they would have found the support through the internet. Eleven others reported “no”. Other responses included:

*“Not straight away. I’m a problem-solver. I definitely would have tried my best to find things but it would have taken me a long time. I think for most people they probably wouldn’t be able to do that.”*

*“No. I didn’t know about it. I would have just stuck with the doctors who see you every 6 months and just tried to get on with it.”*

*“No we were struggling to get any help.”*

*“Impossible to say.”*

*“We may have got to my [local support charity] but talking to the ECLO was better. It gave us the confidence to go there.”*

*“I may have but it would have taken a lot longer.”*

*“No. I wouldn't have bothered.”*

*“No. The doctors were too busy.”*

*“No. I was not aware of the organisation.”*

*“Looking after myself would have been difficult as I had a family and a lot going on. I was in a dark place at the time but kept it together for my family but I'm not sure what I would have done without the support.”*

The importance of the community and third sector support services was highlighted by those who had been able to get access to them. On talking about how beneficial these services had been, people said:

*“Very good. They helped us find the right lamp and were able to show us different kinds. He is unable to use his hands also, so instead of a magnifying glass they were able to advise on special glasses instead. He was able to take them home to try and thought they were good.”*

*“200 %... They have always been there for him.”*

*“They were supportive and understanding. I went in and met the team but have also attended on a 1:1 basis and they have been supportive whilst also offering practical solutions to some of my issues. It actually*

*really opened my eyes to things that were out there that could support which I wouldn't have thought about or believed could help me before."*

*"They were so important. I am now further down the line toward getting a guide dog and there has been so much helpful advice since I started this journey."*

Some individuals had not made contact yet or were still waiting to hear back from places and notably felt less reassured.

*"Not sure yet."*

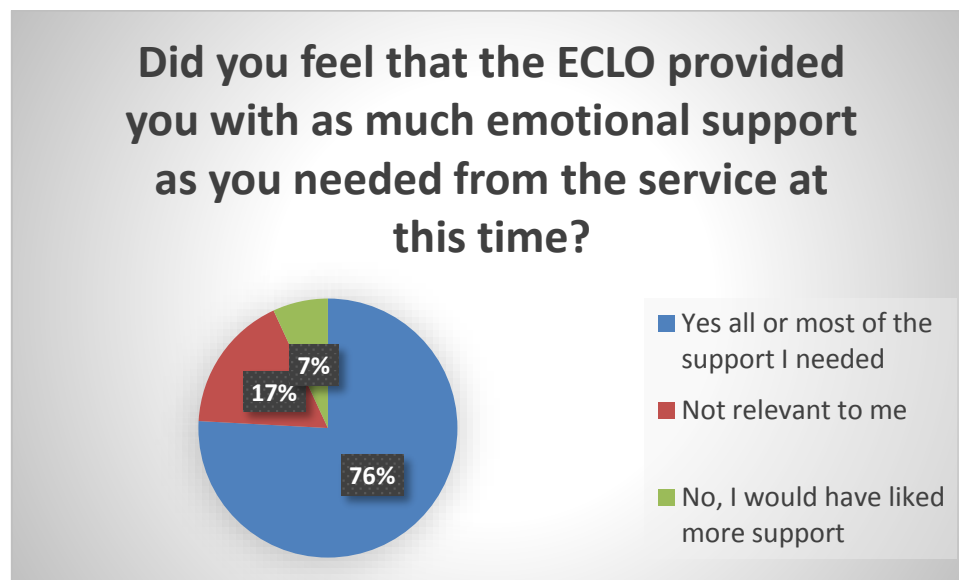
*"A charity rang me about a social group on a Wednesday but I haven't been able to attend yet."*

*"We are at the beginning of the process but are very hopeful."*

## How important was the emotional support people received through contact with the ECLO service?

We wanted to find out how important having access to emotional support was to those living with sight loss, and to their family members or carers and whether people felt the ECLO service provided them with as much emotional support as they needed at the time.

Figure 7.



- 76% (22 people) stated that the ECLO service had provided them with all or most of the emotional support they had needed.
- 17% (five people) had not felt this was relevant to them
- 7% (two people) felt they would have liked more support

Individuals who would have linked more support felt that the service was too limited in their area to support them in that way. They felt an ECLO was needed on a more permanent basis, as one day a week was not

enough to provide the personal support required, or to feel that there was someone available to them to call for support.

People spoke about how they felt they were coping since being supported by the ECLO. Most people felt they were coping better, though some still referred to the many challenges of living with sight loss. Comments included:

*“I knew quite a bit about the eye condition before seeing the ECLO. I didn't think I would get support as I thought my residual eyesight may be too good. I felt relieved after getting support from the ECLO.”*

*“I have been preparing personally for this situation over a long period; the ECLO were very helpful in informing of outside help available to me.”*

*“Probably [coping] the same. I am a very independent person and I like to get on with things. I am coping OK at the moment.”*

*“Yes. It had a massive impact for me. I found out about services and counselling schemes which I wouldn't have known about. I wouldn't have seen the relevance.”*

*“As a carer just to be informed that there is additional support out there that can benefit... was a big reveal and relief for us both.”*

*“Yes, I'm further aware of what's available.”*

*“Definitely coping better. My consultant always gives me really good information about my condition. I feel pretty well-informed. I'm comfortable speaking with doctors and consultants but that's not what I need from the ECLO. For me it's all about the support and dealing with stuff.”*

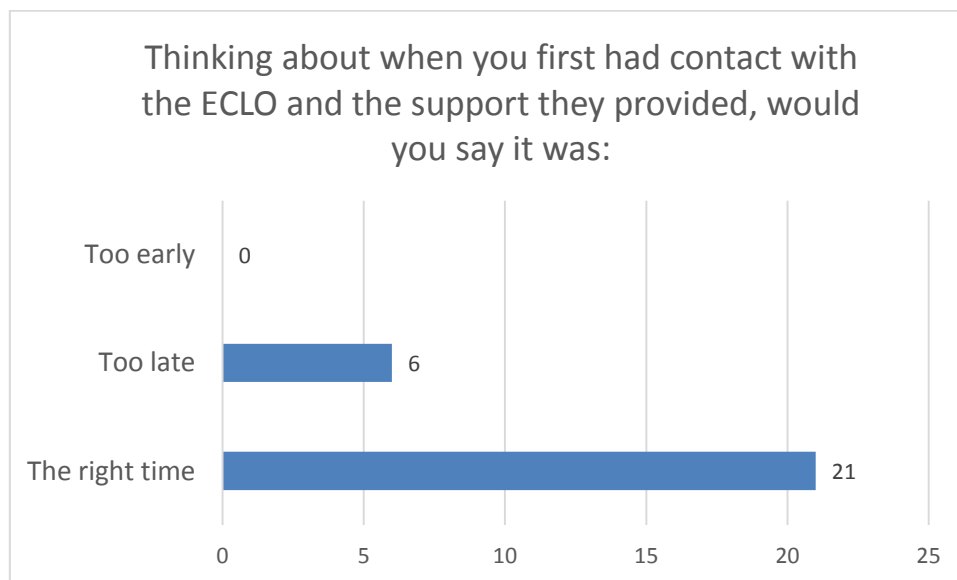
Many people spoke about the importance of feeling supported emotionally and having someone to talk to as having made the biggest difference to them in regard to their contact with the ECLO service. See responses to, 'What difference did being in contact with the ECLO make to you?' on page 18.



## How important was the timing of contact with the ECLO service?

With the people we spoke to having been at many different stages of living with sight loss or supporting someone with sight loss, we were interested in finding out whether the timing of the ECLO service support was important to people, carers and family members.

Figure 8.



Overall, 78% (21 people) felt that their contact with the ECLO had been at the right time whilst 22% (six people) felt that the support from the ECLO service would have been beneficial earlier.

People told us:

*“I would have liked to have known about the service before I attended hospital.”*

*“Being quicker and having access to someone who understands quicker. Having someone to contact regularly.”*

Early introduction to, and contact with, the ECLO service was highlighted as important to those living with sight loss and their family and carers.

*“The consultant had referred me before I attended the appointment with him so it was really quick. Over the last [few] months I have gone from not knowing anything about what to do, to having long cane training and various other things. I think I am the poster child for having received such fast and good support. I am going to be in contact with another service soon who will support me to get into work.”*

Continued opportunities to make contact throughout people’s journeys was considered a key area where the service could be improved.

*“When I first saw an ECLO it was many years ago and I did not really need the ECLO support but more recently I was informed about going when I happened to be at a pain management group. This was a very roundabout way and if I hadn't of been seen for this extra problem I may never have gone. I felt that the ECLO service was for people in a worse condition and not for me. No-one in the eye department had suggested it and if I hadn't had the confidence to go I may not have got in touch. The signs on the wall are not really good enough to let people know about the service.”*

## How did people feel the ECLO service could be improved?

We asked people if they felt the ECLO service could be improved in any way. As discussed, people referred to the timing of getting support from the ECLO service and felt that having this support earlier would be an improvement. Some people felt that more standardised ways of getting a referral would have improved their access to the service.

*“Knowledge about the service at an earlier point.”*

*“There should be introduction at the beginning of treatment.”*

*“Maybe a standard question as part of the patient review.”*

*“Just the support being as early as possible would be good.”*

*“I think maybe if nurses in the eye clinic knew more about what ECLOs are about. It's better than it used to be. And the nurses obviously do know a bit about them. But it would be better if they were more willing to share info about ECLOs at an earlier stage and explain better what they're about. If you say to someone in the clinic "you can see the ECLO if you want" - people don't really know what they're for, how they work.”*

Improving awareness by promoting the service more was also discussed.

*“The only thing I can think is that we need to be more aware that the service is there. They need to promote it more.”*

*“My consultant told me, which is great. However, I feel that better advertising in the Eye Clinic would be helpful, and in a very visible manner for people with sight loss.”*

*“Perhaps letting people know about it.”*

Some people in the Scarborough and Ryedale area felt that the ECLO service did not have the capacity to meet the needs of people living locally as it ran only one day a week. People felt that having greater access would be hugely beneficial. It was also reported that having someone based outside the hospital with the ability to travel locally to people’s homes would also be beneficial. This view may be due to the more rural nature of Scarborough and Ryedale making travel to certain hospitals more difficult.

*“[It could be improved by]... having a person based in Scarborough on a permanent basis who is easy to contact.”*

*“I feel the ECLO service is a valuable service, but feel strongly that an ECLO that is based at a local sight support charity and able to visit people at their homes to provide on-going support is much better placed.”*

In York, although people generally felt more confident about the service’s ability to reach those in need, people still felt the increased pressure on the service.

*“I used to see the ECLO in the Macular Department but I'm not sure if she can get up there anymore. It's got very busy.”*

*“[Having]...more time to talk.”*

*“More staff hours so they can go get a cuppa. What would we do without them?”*

One person spoke about the waiting times involved in the CVI process

*“The only thing I can think is that it’s been a long time since seeing the ECLO and receiving the literature [for CVI registration]. I think this part feels too long but I have it now and am going to get on with things.”*

Another spoke about feeling that there was an overall lack of support in general for people living with sight loss.

*“There needs to be more support for people with sight loss. There is not enough for people or for carers. My children have sight loss and I try to support them as they don't get enough.”*

Many people also responded by telling us that the support they had received from the ECLO service had been highly supportive and timely.

*“I feel that if I had required more support then efforts would have been made to provide it, “Ask and I'll be given”!*

*“I've been happy with the support I've received.”*

*“No they've been very helpful.”*

*“It was all useful and relevant.”*

*“I think the funds should stay, to support people.”*

*“No, the support was good.”*

*“No improvement necessary. My appointment was timely.”*

## Findings from the Ophthalmology Departments at York Teaching Hospital NHS Foundation Trust

We designed a survey for professionals working at the Ophthalmology Departments within York Teaching Hospital NHS Foundation Trust. A total of 38 members of staff responded to the survey. Additional comments from six clinical professionals who gave responses through the people's survey were added to these findings.

Those surveyed were staff working at Ophthalmology Departments in various roles and professions. We asked them how much they agreed with a number of statements relating to the ECLO service. The questions helped us get a sense of how far staff felt the service was beneficial, or not, to patients and the department as a whole. Tables displaying the full range of responses can be seen in appendix 1.

**Over 75% of staff agreed or strongly agreed** (a total of 29 out of 38 staff members) that the support provided by the ECLO reduced the time they needed to spend with patients, enhancing the capacity of the Ophthalmology Department. Three people neither agreed nor disagreed, one disagreed and one strongly disagreed. Responses may depend on job role within the clinic.

**Over 92% of staff members agreed or strongly agreed** that the ECLO service significantly improved the CVI process for the service and for the patients.

**Over 97% of staff agreed or strongly agreed** that the ECLO service significantly improved patient experience through providing timely and accessible information.

**Over 97%** felt that the support from the ECLO significantly increased the likelihood that patients will go on to access support they need to maintain their independence and well-being.

**Over 97% agreed or strongly agreed** that providing emotional support at the point of diagnosis contributed to the long-term health and well-being outcomes of the patient.

**Over 91% agreed or strongly agreed** that by making timely and appropriate referrals to services, the ECLO significantly increased the likelihood that patients may maintain or regain independence.

### **What benefits did the ECLO service bring to the Ophthalmology Departments?**

To understand more about how the Ophthalmology Departments worked with and valued the ECLO service we asked for further comments about the service, as well as the benefits staff felt the ECLO service brought to the department. Some of the ways staff felt that ECLOs benefited patients or the service included:

- In developing knowledge of patient conditions, such as Charles Bonnet Syndrome
- Providing patient information leaflets for support groups/equipment

- Improving understanding of CVIs, accurate and efficient completion and processing of CVIs and supporting data collection about CVIs
- Improving patient welfare and providing patients with a true advocate
- Providing additional support to patients; mainly to come to terms with their sight loss or eye condition
- Providing emotional support to health professionals who have had to give bad news to patients
- Ability to help at a crisis point in a patient's life
- Providing advice which is always available from the ECLO
- Understanding causes and reasons for vision loss
- Providing invaluable input in a recent survey of preventing severe vision loss in glaucoma
- Improving compliance with treatment from patients. Reducing DNA (did not attend) rate. Reduces consultation time so more patients can be seen per session.
- Providing a friendly listening ear for patients who may not wish to ask other professionals certain questions
- Giving patients a focal point for information

Staff shared further comments with us regarding the ECLO service and how they felt it supported patients and the eye clinic. They felt the ECLO service was:



## Providing vital patient support

*“The ECLO is an essential service similar to a McMillan nurse in cancer and palliative care. Patients need and deserve this support in addition to medical care, which is not always adequate to manage their needs.”*

*“Essential service to the eye department for patients, and for medical staff, providing excellent advice and support! Fantastic support service for nervous, anxious patients. Calm setting for patients to talk openly and privately.”*

*“The ECLO service is vital to patients who need support when trying to come to terms with sight loss. The patients need somebody to talk to and although the nursing staff are always considerate and compassionate towards patients due to a very busy workplace they are unable to give the time that each patients requires. The overall experience that ECLO provide to patients is invaluable and maintains a good relationship between the patient and the department enabling patients to carry on with their treatment.”*

*“I think it’s great that we have a service in which patients can confide and discuss ways to try to improve their life's going forward living with their conditions. After all our eyes are so important and it can be daunting being given the news your eyesight is changing. I always hear positive feedback from patients surrounding the service - I think they feel more secure having the service there if they need it and know where to go if they need the advice. When I've seen our ECLOs dealing with patients they're so patient, kind and mindful of how the patients may be feeling.”*

*“The ECLO service is invaluable for supporting patients through what can be a very traumatic time for them, and offers support and guidance which falls outside what other members of the department have the experience or time to offer. If the service is removed or cut down our patients will not get the help and support they need.”*

*“It provides a one stop service for the patients, they do not have to come for another visit particularly if they are distressed they know there is somebody on hand for help/advice etc. I feel the ECLO is a vital role not only for patients but for staff. It frees up time for the consultants/clinicians, provides advice and guidance to the admin staff re patients queries/ issues and assist's in awareness training for new staff.”*

### **Improving the CVI system (certification of vision impairment)**

*“The CVI system was a very disjointed service with very little control until taken over by the ECLO. The ECLO has turned this service around and the department/ GP's/ patients now have one point of contact with all the details in one place to be able to deal with queries efficiently. It is now a very comprehensive service.”*

*“Being in contact with an ECLO on a daily basis keeps me up to date with any changes in the certification process, and how to provide the additional support required and how to access those services outside of the hospital.”*

## Supporting staff and patients in a highly pressured environment

*“As clinic sizes increase there is not time for us clinicians to access the support so patients would have missed out on crucial information, which could have a profound effect on their wellbeing.”*

*“Helped a lot of my patients and parents. Feedback from parents is that the ECLO provides emotional support which they cannot get from family etc. Parents say the ECLO allows them to open up about their condition/ child's condition when they cannot in clinic as we do not have enough time.”*

*“They are invaluable and provide a brilliant support service spending time with patients when they need it most. We need more as they always seem to be overstretched.”*

*“The service provided by all our ECLOs is invaluable to the adult and especially parents and children that I see who often have to deal with new diagnoses and conditions that many affect theirs or their children's vision for the rest of their lives. They are excellent at providing clinicians as myself with guidance on who to refer, when, guide us to the right support, liaises with the families over the phone and face to face. I don't know what I'd do without them.”*

## Improving the efficiency of the service at the eye clinic and providing value for money

*“The social and emotional support allows me to concentrate on giving the best clinical care in the knowledge that the patients are still getting social support. Ultimately more patients are treated and supported in my limited time.”*

*“The eye clinic couldn't run without the ECLOs. It would mean markedly less patients could be seen in the AMD [Age-related macular degeneration] treatment service if practitioners had to provide this level of support. In fact there is so much to do I'm not sure how the small team manage it all. They save the trust a significant amount of money by freeing up practitioner time to treat and diagnose patients. We could really do with one person per ocular specialty. They are a real asset to the trust and to the patients.”*

*“The ECLO service in York Hospital has become an indispensable part of ophthalmic services and is a model which should be incorporated in all eye units. It is astonishing that funding of the service might ever be in jeopardy given the excellent value for money.”*

*“Our ECLO service is vital to the high-quality care that we are aiming to deliver. Our ECLO team increase productivity because I can now focus on clinical matters whilst they focus on social and emotional matters.”*

*“Very beneficial, particularly in comparison to being without ECLO support prior to the development of the post. Covering several clinical sites is very helpful and being available during clinics allowing immediate access for the patient.”*

*“ECLO is an essential service to comprehensively support patients with poor eyesight from any pathology. It brings additional expertise in managing these patients and improves patient's experience. This service provides essential support to these patients which otherwise would take significant amount of time of doctors; which now can be utilised managing other patients.”*

*“It means nursing staff have more time to spend with the patients relating to clinical nursing care as the ECLO supports the patient further with external resources & financial support.”*

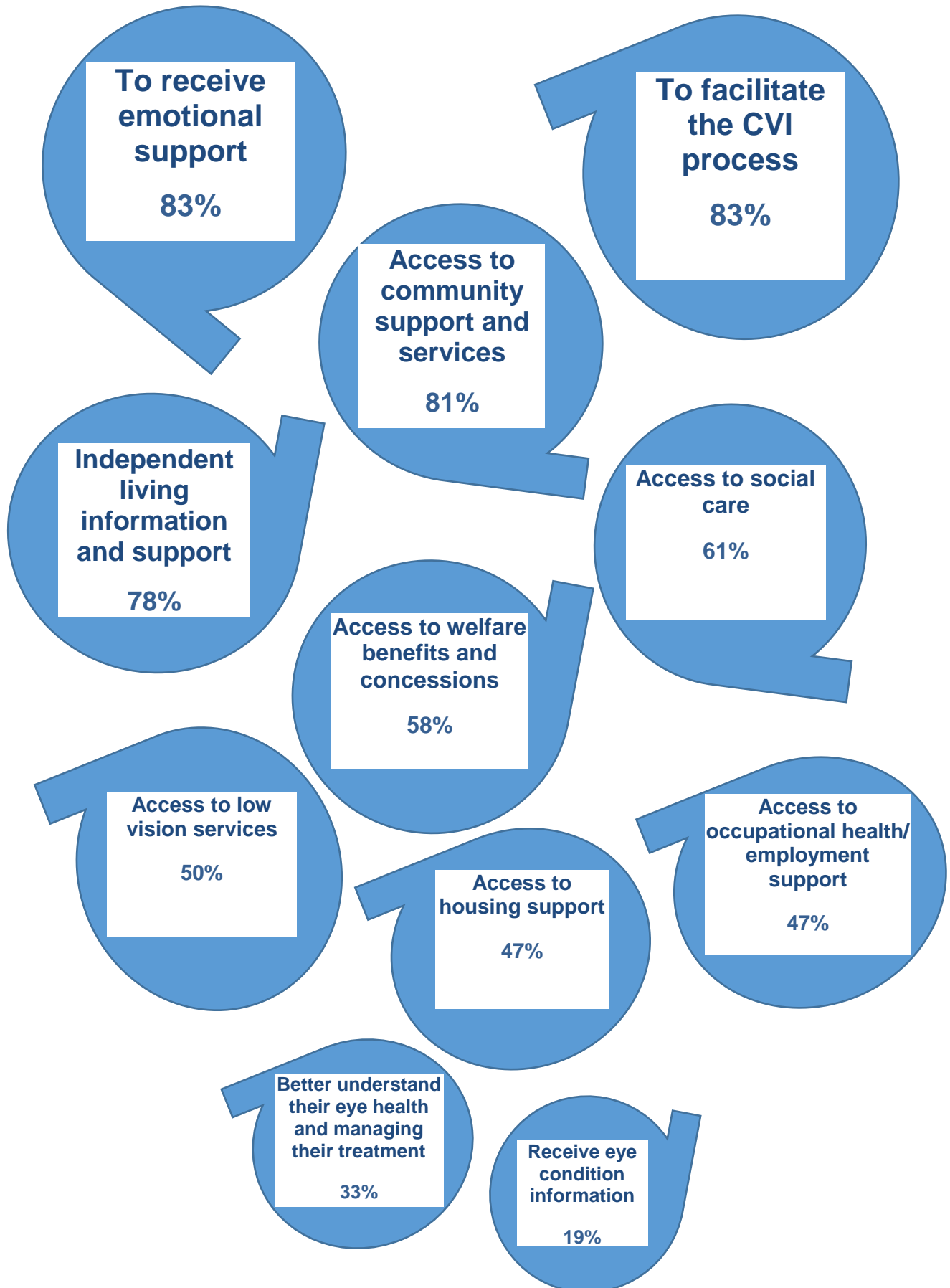
### **Providing support for services beyond the eye clinic**

*“Invaluable service. They bridge the gap between hospital services and social services, helping the patient on the way to being more independent and supported. As I was involved in setting up this service in York many years ago, I have seen it develop and grow, and I would be very concerned for patients' wellbeing should the support not be available.”*

One staff member also commented on the lack of knowledge about ECLOs outside of the eye department and other closely linked services.

*“I only found out about the service when I joined the eye department. I feel that external optometrists should be made more aware of the existence of ECLOs.”*

## Why were patients referred to the ECLO service?



## Findings from staff at local authority social care services

We spoke to three local authorities (North Yorkshire, East Yorkshire and City of York). We wanted to find out how social care staff worked alongside an ECLO service and how they thought ECLOs benefit their service users.

We asked staff how much they agreed or disagreed with a range of statements relating to social care objectives taken from the Adult Social Care Outcomes Framework. Tables displaying the full range of responses can be seen in appendix 2.

**100% of staff strongly agreed** that the ECLO service provides an overview to enable people to know what choices are available to them locally, what they are entitled to, and who to contact when they need help.

**75% of staff strongly agreed and 25% agreed** that the ECLO service improves the efficiency of the CVI processing from the eye department through to social care.

**87.5% of staff strongly agreed and 12.5% agreed** that through making appropriate referrals to services, the ECLO can significantly increase the likelihood that patients will improve, maintain or regain independence now and in the future.

**75% of staff strongly agreed and 25% agreed** that the ECLO service makes information available to support people to manage their own choices so that they are in control of what, how and when support is delivered to match their needs when accessing services.

**87.5% of staff strongly agreed and 12.5% agreed** that the ECLO service can signpost people to support to keep/find employment when they want, maintain a family and social life, avoid loneliness and isolation and contribute to community life.

**100% of staff strongly agreed** that the ECLO service signposts to other services that promote health and well-being and access to information to help people manage their care needs.

**87.5% of staff strongly agreed and 12.5% neither agreed nor disagreed** that the ECLO service signposts to enable earlier diagnosis, intervention and reablement which means that people and their carers are less dependent on intensive services.



## What did staff feel were the benefits to service users?

We asked staff working in social services if they felt there was a difference in benefits between patients they supported who had received ECLO support and those who had not. Staff told us:

**Service users who had received ECLO support tended to be better informed and more confident.**

*“I find service users are much more aware and confident to seek the right kind of support.”*

*“I have noted that those who have seen an ECLO are better informed and can appear more confident having the control this gives.”*

*“The people that I have met have already been given details and signposted to local charities and organisations. They are better informed in a timely manner.”*

*“We visit many people who have not had ECLO involvement due to where they live and this has impacted negatively on their wellbeing and knowledge.”*

**People who have received ECLO support can receive a better service and have improved chances of maintaining independence and safety**

*“People who have received the ECLO service following diagnosis feel that they have received support in a timely way. This support includes departments working together to provide the best support for the person which can help to expedite their level of independence and quality of life.”*

*“People generally receive targeted support sooner therefore improving the chances of them regaining and or maintaining their independence and safety.”*

### **There can be potential for confusion for people dealing with multiple services**

Although people benefited from the ECLO service, it was felt that there was potential for confusion about the roles of multiple services for patients involved.

*“They can appear well informed but equally people can forget what they were told, which gives the [Community Team] a chance to re-iterate information when the referrals are forwarded for the statutory support. However, we also sometimes experience confusion from clients who have been forwarded to [other services] before their referral has arrived to social services. This has meant that when the [Community Team] call to acknowledge receipt and offer to conduct their registration that clients can refuse as they will think that membership of [other services] has meant that their CVI has already been entered onto the register.”*

*“People can sometimes become confused about registration and mistakenly think that their discussion with the ECLO is the same as registration. [Services] can provide information packs that are very useful but can make it appear that a person has all they need and does not need a full sensory impairment assessment leaving them at a disadvantage.”*

It was highlighted that not everyone will get access to the ECLO service. It was felt there was a chance of the system failing some individuals in the transfer from service to service across the pathway.

*“The ECLO service is limited in that not every client who has seen the Consultant Ophthalmologist will see the ECLO. There is also a chance of clients slipping through the net when being transferred from the ECLO service to the Social Care support. If the ECLO clinics were supported by a member of the [Social Care Community Team] the introduction to the follow on service and the CVI registration would be smoother, with less risk of confusion about the role of different services, client forgetting they have been told they will be referred on etc.”*

However, local authority services also reported improved joint working through close working with an ECLO, feeling that ECLO’s helped to bridge the gap between health and social care.

### **The ECLO service can bridge the gap between health and social care, supporting joint working between hospitals, social services and local charities**

*“The ECLO service is vital in bridging the gap between health and social care. Service users don't always understand the complexities of the eye care pathway and where social care services fit in with this. Team working between the ECLO and Rehab Officer can strongly improve the positive outcomes and help individuals keep safe and independent. This helps to avoid costly care packages in the future too.”*

*“We build very good working relationships that allow us to communicate easily regarding many people we work with meaning the patient gets the right support quicker and in a more targeted way.”*

*“We find the liaison between the ECLOs and our Team invaluable and we can see how the people we visit and assess have benefitted from contact with them.”*

*“I have the greatest of regard for this service. The ECLOs support social care and work closely with us at all times. My experience is that the people I work with, and can make a difference to their lives, start their journey with the ECLO. I enjoy a close working relationship with the ECLOs and feel that this service is valuable for me as a social care worker and for the patients.”*

*“As a professional having contact with an ECLO has been a very positive experience. It is a good contact point and a good way to share information regarding patients.”*

**One local charity from North Yorkshire who spoke to us also wanted to comment on the benefits of their joint working with the ECLO service.**

“We are a charity who provides support, information and activities to people who are living with sight loss in the [North Yorkshire area]. We work very closely with the ECLOs at York, Scarborough and Bridlington hospitals. When we receive referrals from the ECLO service, we know the type of information and support which has already been given to a patient therefore we can continue to support the person seamlessly. Because we are known to the ECLOs, with whom we have regular communications, we are trusted by the patient. The ECLOs are able to give accurate and up to date information about our charity and to assure

people that we are not a 'tea & sympathy' organisation but one which respects a person's individuality and lifestyle and who will support a sight impaired person, through the changes and challenges of sight loss, to maintain an active and independent lifestyle. Should we lose the ECLO service, we would find it much more difficult to reach the people who need and would benefit from our services.”

## Conclusion

Feedback from people living with sight loss, their carers and family members highlighted the many benefits that the ECLO service provides to them. The feedback was supported by the responses we received from ophthalmology staff and people working in social care services.

The findings clearly demonstrate that the ECLO service is strongly valued by staff and patients across health and social care as a vital and invaluable service. This is in the context of increasing pressures faced by eye clinics coping with growing numbers of patients.

People experiencing sight loss are required to problem solve, adapt their lives and cope with the emotional and psychological impacts. Having the confidence and knowledge to seek out the right support can be extremely challenging. Contact with an ECLO is regarded by many as an important bridge to support people to access the right support.

Issues that came to light from survey responses include:

- **The reduced awareness of the ECLO service and support it can provide as well as the timing of receiving ECLO support.**

Healthwatch York feel that **all individuals** receiving support for sight loss should have access to ECLO support.

Information about the ECLO service and the support it can provide should be given **to everyone** receiving support for sight loss.

Receiving timely support from the ECLO service was highlighted as key to those who had had contact with an ECLO. Nobody reported that they

felt they received ECLO support too early and those who had received access quickly provided more positive feedback around their experiences than those who received support later.

Some people reported that the way they received information or referrals to the service had been ad hoc. Some people felt that having an introduction to the service when starting treatment would be more beneficial.

Those who had not received ECLO input did not always feel that they would seek it. This feeling was mainly due to not knowing about the service and whether they could access it.

Staff at the Ophthalmology Departments also commented that they had not been aware of the existence of ECLOs prior to joining the eye clinic and felt that external optometrists should be made more aware.

- **Reduced access to the ECLO service depending on local area**

Some individuals living in Scarborough felt their access to the ECLO service was limited. They reported that they felt the ECLO needed to be greater access to an ECLO service to meet the demands and needs of local people. It was also highlighted, perhaps due to the more rural nature of some areas, that having ECLOs able to travel to people's homes would be beneficial.

In areas with better access to the ECLO service, though people were more confident in the service's ability to reach people, the pressures on services were still felt and people spoke about wanting more time to talk.

- **Potential for confusion when receiving information about multiple services**

It is clear from what people told us that all services offer vital resources and support for people coping with sight loss and their carers and family members. People gave us examples of the invaluable and long lasting support and connections they had made with their local sight support charities which offer avenues of support for a wide range of needs. Equally invaluable were reported local authority support services following CVI registration, in the form of cane training and home visits, for example.

Local authority staff gave us examples of where they were able to work closely with ECLOs to enhance the support they provided to service users.

Healthwatch York believe it is vital that services across the medical, social care and voluntary sectors commit to joint working. Clear information should be communicated to service users at every possible opportunity in order to capitalise on the benefits every part of the system can make for the person needing support. These actions are imperative to prevent confusion and people falling through gaps between services.



## Recommendations

Recommendation	Recommended to
<p>We propose that a recognised pathway be put into place so that everyone with a sight loss diagnosis is referred to an ECLO. People should be provided with information in an appropriate format about the ECLO service so that if they choose not to take up the service at that time, they know how to access it in the future. Family members and carers should also have access to this information as they may also need support.</p>	<p>York Teaching Hospital NHS Foundation Trust</p>
<p>The detailed feedback we received from patients, carers and staff supported the view that the ECLO service offers vital support to staff and patients. Best practice also indicates that all patients who receive a diagnosis of sight loss should be offered emotional support and referrals to appropriate services. In increasingly busy Ophthalmology Departments this has been reported as hugely difficult for other medical professionals to provide. Funding for the ECLO service should reflect its importance and be long-term and we urge relevant commissioning</p>	<p>Relevant commissioning bodies from across the region, including local authorities, NHS Trusts and CCGs (NHS Vale of York CCG, Scarborough and Ryedale CCG, East Riding CCG and York Teaching</p>

<p>bodies from across the region, including local authorities and CCGs to develop a joint commissioning strategy for the ECLO service going forward.</p>	<p>Hospital NHS Foundation Trust)</p>
<p>Access to an ECLO service should be fair and equal across local authorities and an understanding of the challenges posed by more rural areas should be taken into consideration. We propose that further work be done to look into any differences in accessibility between those living in different local authorities and ways in which access might be improved.</p>	<p>York Teaching Hospital NHS Foundation Trust. NHS Vale of York CCG. Scarborough and Ryedale CCG. East Riding CCG.</p>
<p>In terms of patients receiving the best available support and being well informed about the different services available to them, information needs to be clear and accessible. Services in local areas should work together to create joint information to provide to service users/patients which clearly identifies the different services and their benefits and when each is accessible to the person involved.</p>	<p>All statutory and third sector services working together in local areas to support people living with sight loss.</p>

## Appendices

### Appendix 1: Responses for statements from the Ophthalmology Department survey

1. Due to the nature of support available from the ECLO, the service consistently reduces the amount of time I need to spend with patient

1	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree	N/A
Percent	57.89%	18.42%	7.89%	2.63%	2.63%	10.53%
No. of people	22	7	3	1	1	4

2. The ECLO service significantly improves the CVI process

2	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree	N/A
Percent	89.47%	2.63%	2.63%	0%	0%	5.26%
No. of people	34	1	1	0	0	2

3. By providing timely, accessible information to patients, the ECLO service significantly improves the patient experience

3	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree	N/A
Percent	92.11%	5.26%	0%	0%	0%	2.63%
No. of people	35	2	0	0	0	1

4. By providing emotional support at the point of diagnosis the ECLO service contributes to the long-term health and well-being outcomes of the patient

4	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree	N/A
Percent	89.47%	7.89%	0%	0%	0%	2.63%
No. of people	34	3	0	0	0	1

5. By making timely and appropriate referrals to services, the ECLO significantly increases the likelihood that patients may maintain or regain independence

5	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree	N/A
Percent	78.95%	13.16%	2.63%	0%	0%	5.26%
No. of people	30	5	1	0	0	2

6. Support from the ECLO significant increases the likelihood that patients will go on to access support they need to maintain independence and well-being

6	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree	N/A
Percent	84.21%	13.16%	0%	0%	0%	2.63%
No. of people	32	5	0	0	0	1

## Appendix 2: Appendix 2 – Responses for statements from the local authority survey

1. The ECLO service provides an overview to enable people to know what choices are available to them locally, what they are entitled to, and who to contact when they need help.

1	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree	N/A
Percent	100%	0%	0%	0%	0%	0%
No. of people	8	0	0	0	0	0

2. The ECLO improves the efficiency of CVI (Certificate of Vision Impairment) processing from the eye department through to social care

2	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree	N/A
Percent	75%	25%	0%	0%	0%	0%
No. of people	6	2	0	0	0	0

3. By making appropriate referrals to services, the ECLO can significantly increase the likelihood that patients will improve, maintain or regain independence now and in the future

3	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree	N/A
Percent	87.5%	12.5%	0%	0%	0%	0%
No. of people	7	1	0	0	0	0

4. The ECLO service makes information available to support people to manage their own choices so that they are in control of what, how and when support is delivered to match their needs when accessing services

4	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree	N/A
Percent	75%	25%	0%	0%	0%	0%
No. of people	6	2	0	0	0	0

5. The ECLO service can signpost people to support to keep/find employment when they want, maintain a family and social life, avoid loneliness and isolation and contribute to community life

5	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree	N/A
Percent	87.5%	12.5%	0%	0%	0%	0%
No. of people	7	1	0	0	0	0



6. The ECLO service signposts into other services that promote health and well-being and access to information to help people manage their care needs

6	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree	N/A
Percent	100%	0%	0%	0%	0%	0%
No. of people	8	0	0	0	0	0

7. The ECLO service signposts to enable earlier diagnosis, intervention and reablement which means that people and their carers are less dependent on intensive services

7	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree	N/A
Percent	87.5%	0%	12.5%	0%	0%	0%
No. of people	7	0	1	0	0	0

### Appendix 3: Some Additional Comments from the Ophthalmology Department

*“Did an audit about SSIs in glaucoma and they were able to provide all the data required. Also teach us about what they can offer and the benefits of referrals.”*

*“Excellent service. Always enthusiastic and helpful.”*

*“The ECLO service is an integral part of our service and is no longer optional.”*

*“The ECLO service is a vital part of the ophthalmic clinic. The team do a wonderful job.”*

*“Excellent asset and crucial part of the eye service.”*

*“They are a vital part of the service. They do an amazing job.”*

*“This service is a must in our department and always very busy. The ECLO could do with lots more help for this fantastic service.”*

*“Very valuable. Frankly indispensable.”*

*“I think the ECLO service in York is really useful and helpful. They spend time with patients and I feel confident in their services.”*

*“ECLOs have an important role to play and are a great addition to the medical treatment offered in the department.”*

*“Completely invaluable - couldn't do without it.”*

*“The ECLO service is a valuable part of the local hospital service. From a personal perspective I understood the value of this during a lecture given by the ECLO team to a group of community optometrists and their appreciation of gaining this insight. The additional emotional and psychological support offered to patients by the ECLO is invaluable.”*

*“Essential part of the service.”*

*“They provide advice to staff as well as patients allowing us to give holistic care. They are a vital part of our team.”*

## **Appendix 4: Support information and some useful contacts**

### **The Sight Support Service – Eye clinic liaison offers across the York Teaching Hospital NHS Foundation Trust**

The Sight Support Service provides non-medical practical and emotional support for patients across the Trust who are experiencing sight difficulties.

Phone: Sight Support Office 01904 721858 - Monday to Friday  
Speak to: Vanessa Camp (Senior Eye Clinic Liaison Officer) or  
Chris Wilson (Eye Clinic Liaison Officer)

***Some local charities across providing a wide range of support across York, East Yorkshire and North Yorkshire.***

#### **MySight York**

Website: <https://www.mysightyork.org/>

Address: 14 Merchants Place, Merchantgate, York YO1 9TU

Phone: 01904 636269

#### **Selby District Vision**

Website: <http://www.selbydistrictvision.co.uk/>

Address: The Prospect Centre, Prospect Way, Selby. YO8 8BD

Phone: 01757 709800

#### **Sight Support Hull and East Yorkshire**

Website: <https://www.sightsupport.org/>

Address: 466 Beverley Road, Hull, HU5 1NF

Phone: 01482 342297

### **Sight Support Ryedale**

Website: <https://sightsupportryedale.org/>

Address: Norton Hive Community Library, Commercial Street, Norton  
YO17 9ES

Phone: 01653 698860

### **The Wilberforce Trust**

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

Address: 49 N Moor Rd, Huntington, York YO32 9QN

Phone: 01904 760037

### **Yorkshire Coast Sight Support**

Website: <http://ycss.org.uk/>

Address: 181-183 Dean Road, Scarborough YO12 7JH

Phone: 01723 354 417

## ***Services providing support in CVI registration across York, East Yorkshire and North Yorkshire.***

### **East Riding Sensory Team**

Website: <https://www.eastriding.gov.uk/living/help-for-people-with-disabilities/general-help-and-advice/>

Phone: Council customer services 01482 393939.

**North Yorkshire County Council Rehabilitation Service**

Website: <https://www.northyorks.gov.uk/hearing-and-vision-impairment>

Phone: General enquiries 01609 780780

**The Wilberforce Trust and Yorsensory services.**

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

Address: 49 N Moor Rd, Huntington, York YO32 9QN

Phone: 01904 760037

***Some Useful National Contacts***

**BBC In Touch**

Website: <https://www.bbc.co.uk/programmes/b006qxww>

**Blind Veterans UK**

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

**British Wireless for the Blind**

Website: <https://blind.org.uk/>

**International Glaucoma Association**

Website: <https://www.glaucoma-association.com/>

**Macular Society**

Website: <https://www.macularsociety.org/>

Advice and Information Service: 0300 3030 111

**Retina UK**

Website: <https://retinuk.org.uk/>

**Royal National Institute for Blind People (RNIB)**

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

RNIB Helpline: 0303 123 9999

## Contact us:

Post: Freepost RTEG-BLES-RRYJ  
Healthwatch York  
15 Priory Street  
York YO1 6ET

Phone: 01904 621133

E mail: [healthwatch@yorkcvs.org.uk](mailto:healthwatch@yorkcvs.org.uk)

Twitter: @healthwatchyork

Facebook: Like us on Facebook

Web: [www.healthwatchyork.co.uk](http://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](http://www.healthwatchyork.co.uk)

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





---

**Health and Wellbeing Board**4<sup>th</sup> December 2019

Report of the Right Care, Right Place Programme, Tees, Esk & Wear Valleys NHS Foundation Trust (North Yorkshire & York Locality).  
David Kerr, Right Care, Right Place Programme Manager.

**Right Care, Right Place (RCRP)****Summary**

1. The Trust's Right Care, Right Place Programme (RCRP) is the Trust's response to the NHS Long Term Plan and aims to deliver a more integrated and seamless approach to care. In doing so it aims to deliver improved patient outcomes with a recovery focused approach at its core.
2. Following an initial scoping-phase to agree a vision and principles for the RCRP programme, each locality will look to co-produce their own proposals to implement the principles with local stakeholders.
3. Within the City of York, this work is focused mainly around the 'Connecting Our City' project through the Mental Health Partnership Board.
4. The Health & Wellbeing Board is asked to note the information regarding Right Care, Right Place and support the development of services based on these shared values and principles.

**Background**

5. The Right Care, Right Place Programme looks to ensure future sustainability and the ability to address the needs of people with mental health problems across North Yorkshire and York (NY&Y).
6. Right Care, Right Place is about large scale (whole system) change, spanning the entire service user journey and co-producing the operational models we need to deliver this. We are looking to map greater integration with other services impacting on mental health and wellbeing outcomes including primary care, social care,

education, housing and third sector services, to ensure equality for all groups of people in relation to service access, experience and outcomes

7. The Trust aims to co-produce new service models with stakeholders / partners: primary care, Local Authority, voluntary sector services, service users, police, ambulance, secondary care etc. to address the needs of our service users by making best use of all local assets. RCRP is as much about prevention as it is about intervention.
8. The Trust is working closely with partners including City of York Council, The University of York St John and the third Sector to develop an integrated, recovery focused mental health services across the City of York that addresses mental health needs in the context of the persons whole needs i.e. health, housing, employment etc. This programme aims, over the next 5-10 years to transform the way that we support people's mental health and wellbeing in York. It is our ambition that individuals, organisations and communities all work together to achieve the best possible levels of mental health and well-being possible.
9. A full scoping is attached at Annex A for further information regarding the wider RCRP programme.
10. The 'Connecting our City' programme is heavily influenced by Trieste Mental Health service model used in the city of Trieste, Italy, which is seen by the World Health Organisation as one of the best models of mental health care in the world. The model is based on a series of principles that define a truly community based and community supported model of mental health care delivered where the person lives. The service user is right at the centre of this model, with individual tailored and funded packages of care, some delivered through social cooperatives. The key driver for success is that everyone in the community (Service Users, Health, Social Care, Police, Council, community businesses etc.) believes that it is their responsibility to work together to provide a connected and supportive mental health and wellbeing system. These same fundamental principles form part of the Connecting Our City ambition, they are also transferrable to the rest of North Yorkshire.

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

11. The Right Care, Right Place programme is founded on the following principles and values:

#### **Goal & Outcome Principles:**

- Whole system working – including planned and unplanned care
  - Reduced hand offs (internal to TEWV / external partners)
  - Addressing people's needs as early as possible/ upstream
  - Reduced unwarranted variations
  - Best use of all resources (money/ staff/ community assets)
  - Compliance with legal requirements
  - Safe services
  - Improved service user experience
  - Improved service user outcomes
  - Improved physical healthcare for people being treated for their mental health conditions
12. Principles around the content of the pathways developed in the new model:
- Recovery focussed
  - Trauma informed
  - Intervene at “lowest” level possible
  - Daily Lean Management / flow
  - Reduce handoffs
  - Promotes day to day co-production with patients and stakeholders
  - Supports staff wellbeing
  - Prevention focussed

- Integration with Primary care
- Recognises and uses community assets

13. Principles about how the model is developed:

- Engage service users and other stakeholders in the design process
- Be innovative
- Keep current organisational governance arrangements / principles where possible
- Work with existing IT systems, not relying on new ones
- Take national policy into account (e.g. development of Primary Care Networks, emphasis on community assets, new approaches for 18-25 year olds)
- Work within current budgetary envelopes, and submit any proposals or spending above this to the appropriate Commissioning Group for that Locality
- Identify and eliminate waste – reduce costs where possible and show we are spending money wisely

### **Consultation**

14. A number of events have taken place over the last year, beginning with the 'Connecting our City' Conference in April 2019 followed by a RCRP engagement event in June 2019. A project group has been established, reporting to the Mental Health Partnership Board to coordinate the further engagement and co-production with stakeholders. A number of engagement and co-production events are planned for December and in the New Year.

### **Options**

15. Whilst there are no specific options for the board to consider they are asked to:
- Support the principles and values of the Right Care, Right Place Programme

- Support the Programme's ongoing development and implementation through the Mental Health Partnership

### **Analysis**

16. As there are no specific options for the board to consider analysis of these is not required. Analysis of different areas of the Right Care, Right Place Programme are contained within the body of the report and Annex 1.

### **Strategic/Operational Plans**

17. The programmes key drivers for change are:
  - Service user, Carers and stakeholder feedback
  - The NHS Long Term Plan
  - Emerging NHSE Community Mental Health Framework

### **Implications**

18. **Financial:** Any request for additional resource to either:
  - Support the project management element of this work (non-recurrent), or
  - To support proposed service improvements (recurrent)

Where required, this will be brought to a subsequent meeting of the RCRP Programme Board (Trust) and the appropriate Commissioning Partnership through the annual business and financial planning process.

19. **Equalities:** An equality assessment will be carried out on all proposals and the programme will consider how to mitigate any issues identified through this.
20. **Legal:** Project Management will have regard to legal and constitutional requirements, and flag any risk to these from this work to the Trusts Right Care, Right Place Programme Board.

21. **Information Technology (IT):** An assessment of implications related to any subsequent proposals will be brought to the attention of this Board as they become apparent.
22. **Property:** The programme may identify the need to access or use existing or future community assets. Further details will be brought to this Board in due course.
23. **Other:** Developing national policy on mental health services, and on NHS services more generally must be taken into account by all Locality projects. This includes the development of Primary Care Networks.

### **Risk Management**

24. A full risk register will be maintained throughout the project and can be included in any updates.

### **Recommendations**

25. The Health and Wellbeing Board are asked to:
  - Support the principles and values of the Right Care, Right Place Programme
  - Support the Programme's ongoing development and implementation through the Mental Health Partnership

Reason: To ensure all partners represented at the Health and Wellbeing Board have the opportunity to contribute to the Right Care, Right Place Programme.

## Contact Details

### Author:

David Kerr  
RCRP Programme Lead  
NYY  
Tees, Esk & Wear Valleys  
NHS Foundation Trust  
07717571614

### Chief Officer Responsible for the report:

Naomi Lonergan  
Director of Operations  
TEWV

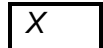
Report  
Approved



Date 18/11/19

### Wards Affected:

All



## Annexes

**Annex A:** North Yorkshire & York Right Care, Right Place Programme Scoping Document.

## Glossary

RCRP – Right Care Right Place  
TEWV – Tees, Esk and Wear Valleys  
NY&Y – North Yorkshire and York  
NHSE – National Health Service England

This page is intentionally left blank



**PROJECT / WORKSTREAM SCOPING DOCUMENT**

<b>Project / Workstream Name:</b>	North Yorkshire & York Right Care, Right Place Programme
<b>Project / Workstream Manager:</b>	David Kerr
<b>Programme</b>	Right Care, Right Place
<b>Date this form is being considered) by Programme Board</b>	October 2019

**1. Background of Project:****Trust Context**

Following the Board Business Planning event in October 2018 it was agreed that a new programme which would encompass community, inpatient and urgent care delivery, would be initiated: Right Care, Right Place (RCRP).

The RCRP programme aims to deliver a more integrated and seamless approach to care and in doing so deliver improved patient outcomes with a recovery focused approach being at its core.

Following an initial scoping-phase project to agree a vision and set of principles for the RCRP programme, the next phase of work is for each locality to develop their own proposals on how to implement the principles, in conjunction with local stakeholders

**North Yorkshire & York Specific Context**

The four geographic patches (Hambleton & Richmondshire, Scarborough, Whitby & Ryedale, Harrogate & Rural District and York & Selby), that make up the North Yorkshire & York Locality are currently in different and unique positions, with a number of different partnership arrangements, structures and transformation programmes under way. In addition, the Locality is relatively new and formed from the merger of the North Yorkshire and the York & Selby Localities. There is a great deal of excellent work already underway in both areas and we are combining our expertise, experience and energy to strive for excellence. It is our intention to build on, link into and align our RCRP work with these existing arrangements as far as possible. This document sets out the North Yorkshire & York Locality plan for stakeholder engagement to co-produce a vision as well as providing details of our proposed governance and project management arrangements which are detailed below and reflected diagrammatically in section 2.

**Planned Care - Community Service Development**

There are very well established partnership groups (including service user/carer involvement) and work-plans within North Yorkshire & York that have agreed priorities and deliverables that will intrinsically support the RCRP agenda.

Community Teams in both AMH and MHSOP have transformed over the last 18 months, forming integrated teams that provide a more seamless care pathway. AMH and MHSOP community teams in Hambleton & Richmondshire have moved to extended hours and now work across 6 and 7 days respectively. A similar transformation process is now underway in Harrogate pending the outcome of the community engagement that is underway.

It is planned to link/reconfigure the Community teams more closely with the newly formed Primary Care Networks across the locality to provide opportunities to integrate care further. Public Health have developed PCN level “maps” to support PCNs and others to focus on specific local challenges and health gaps, including prevalence and level of mental health need. There are a range of existing initiatives, some of which led by TEWV, that give us an excellent base from which to maximise opportunities for further development with our partners.

North Yorkshire and York’s new models of care programme aims to bring services closer to home and in stronger alignment with GP practice hubs is progressing with an initial focus on the older population (in particular care homes and frailty). There is considerable energy across the locality to further develop their approach around place based, local care and ensure mental health care is included within this.

**Harrogate** (Harrogate and Rural Alliance HARA) - The Alliance is a new initiative to align and integrate all community care in the Harrogate and Rural Districts. This alliance brings together acute community and primary care to form new integrated core services under the single management of the HARA Leadership Team. These services (with an initial focus on older people and frailty) are an evolution of the previous Harrogate Vanguard. Phase two of this development will include closer alliance with TEWV community services and offer opportunities to realise the shared principles of RCRP.

**City of York** (Connecting Our City) – Similar to HARA in Harrogate, the Trust is working closely with partners including City of York Council, The University of York St John, the 3<sup>rd</sup> Sector to develop an integrated, recovery focused mental health services across the City of York that addresses mental health needs in the context of the persons whole needs ie health, housing, employment etc. This programme aims, over the next 5-10 years to transform the way that we support people’s mental health and wellbeing in York. It is our ambition that individuals, organisations and communities all work together to achieve the best possible levels of mental health and well-being possible.

The Trieste Mental Health Model – The ‘Connecting our City’ programme is heavily influenced by the model of mental health services in the city of Trieste, Italy, which is seen by the World Health Organisation as one of the best models of mental

health care in the world. The model is based on a series of principles that define a truly community based and community supported model of mental health care delivered where the person lives. The service user is right at the centre of this model, with individual tailored and funded packages of care delivered through social cooperatives. The key driver for success is that everyone in the community (Service Users, Health, Social Care, Police, Council, community businesses etc) believes that it is their responsibility to work together to provide a connected and supportive mental health and wellbeing system. These fundamental principles form part of the Connecting Our City ambition, they are also transferrable to the rest of North Yorkshire.

**Hambleton & Richmondshire (H&R)** - The proposed Catterick Garrison Health Campus provides an opportunity to provide truly integrated health and social care services to the Garrison and the wider Richmondshire area. This will be achieved through an active partnership between primary, secondary, community and mental health provision through both the NHS and MOD so that the whole population, armed forces and civilian, experience equal access to high quality services in the most efficient way. The principles and values that drive the RCRP programme will be key enablers to make this initiative successful.

A new Community Services Hub is being built in Northallerton that will house mental health services and social care staff from all specialities, providing a new and joined up community focus for services.

**Scarborough, Whitby & Ryedale (SWR)** - The Ambition for Health programme is a five-year programme which aims to transform three key aspects of health and social care across Scarborough, Whitby and Ryedale. RCRP will look to influence and inspire people to lead a healthy lifestyle. This means:

- Prevention and self-care – with a particular emphasis on alternative places of safety, the development of a mental health café and reducing stigma in partnership with Scarborough Survivors, the Community Safety Hub, the 'Whole New World' initiative and 'Time to Change'.
- Improving emotional health, through better mental health services and helping people to live well with dementia
- Listening to, and shifting power, to patients and the public, including through better information and advice

Care at home – an ambition for truly joined up health and social care in our communities:

- When people do need to be admitted to hospital, ensuring they return home as soon as they are fit and ready to do so
- Provide more services in the community wherever possible, including better support for carers
- Working together to align services, reduce duplication and ensure a positive experience of health and social care

Delivering sustainable services for local people. This means working closely with our partners to:

- Provide services of the expected quality and safety, within budget
- Developing our workforce and recruiting and retaining the right people for the right roles.

### **Unplanned/Urgent Care Service Development**

Across North Yorkshire & York, the established Crisis Care Concordat Urgent Care Sub-Group (All Age Crisis Response Work-stream), has achieved a considerable amount of change over recent years to develop a vision for a 24/7 all age crisis response across the whole locality, spanning prevention through to recovery. TEWV's role within this, driving the crisis response work-stream, has prioritised the establishment of an all age, multi-disciplinary/speciality response, co-located teams linked with a range of other partners that has enabled the locality to develop initiatives across the wider crisis pathway including MH, Triage in the Police Force Control Room, Street Triage services in Scarborough and York (with a plan to develop another service in Harrogate), the development of alternative places of safety in partnership with the 3<sup>rd</sup> Sector and NY Police and the development of Crisis Cafes in York and Scarborough.

CAMHS Crisis Services are now well established and integral to the provision of an all age crisis response across North Yorkshire & York.

Equally, acute liaison services have worked hard to develop their role and capacity within acute hospital settings and are seeing an increasing positive impact for both users and staff.

As the North Yorkshire & York Crisis Care Concordat Urgent Care Sub-Group (All Age Crisis Response Work-stream) is already well established, with a shared vision for the future, shared priorities and an agreed work-plan that not only considers TEWV services but also early intervention and recovery, that there is no separate work-stream established for urgent care. Rather, we will ensure that we have appropriate representation on the CCC; that multi agency development work continues as planned within and across each of the Directorates in the locality; and that this is drawn together at LMGB and through focused discussion and reflection at regular LMGB development sessions. Each of the North Yorkshire & York project groups will receive updates on progress to ensure 'fit' with other strands of work and to assess the impact of improvement activity. The CCC also directly reports into the North Yorkshire Partnership Board and the York Contract Management Board so provides additional opportunities to provide assurance of multi-agency alignment.

### **Acute Inpatient Care Development**

Acute services across the specialities within North Yorkshire & York have worked hard over a number of years to maximise efficiency and make best use of the bed base. Significantly in the past year has been the locality's ability to accommodate the following changes to the Localities inpatient provision:

- **Closure of the Friarage** – Community Transformation resulting in much less reliance on inpatient care through more assertive community interventions, extended working day and 6 day working for the community mental health teams and a strong link with the inpatient services in Tees & Durham for those requiring a hospital stay.
- **Potential closure of the Briary Wing** (pending public engagement) – The Harrogate & York Transformation Board, in partnership with our partners, is currently undergoing a public engagement regarding the possible future model for inpatient care in North Yorkshire & York. It is likely that the current AMH and MHSOP beds will no longer be provided in Harrogate following the proposed closure of the Briary Wing at Harrogate Hospital. It is proposed that care will be focused on a more robust community intervention through increased investment in the Community Teams, 6 or 7 day working and extended hours of operation. People from Harrogate that require an admission will use Foss Park Hospital in York.
- **Foss Park Hospital** – This new 72 bedded hospital is currently being constructed in the Haxby area of York. Completion is expected for 2020. This will provide Mental Health inpatient beds for the populations of Harrogate and York. The new hospital will work in close partnership with a number of organisation including the York St John University and its Discovery Hub. The Harrogate & York Pathways Steering Group is currently developing pathways to manage inpatient flow across both Harrogate, Wetherby and the York patches.

It is proposed that development work around acute care continues as planned within each of the Directorates in the locality, and is drawn together at LMGB and through focused discussion and reflection at regular LMGB development sessions. Each of the North Yorkshire & York project groups will receive updates on progress to ensure 'fit' with other strands of work and to assess the impact of improvement activity.

### **Governance Arrangements**

There will be 3 distinct work-streams (as described above), overseen by a central reference group. Wherever possible these will build on and make best use of existing structures, regular reports from each project/development group to LMGB will ensure that internally there is a clear and consistent overview that draws all elements of the programme together. The 3 streams of work will be co-ordinated by specific place-based development/project groups in each of Scarborough & Ryedale, Hambleton & Richmondshire, Harrogate and York & Selby, as described below. Additionally, representatives from the locality are already engaged in other parallel work with partners across North Yorkshire & York relating to developments such as the Harrogate & Rural Alliance, Connecting Our City (York), place based commissioning and integrated community services, so will ensure all work undertaken under the auspices of RCRP will be aligned with these approaches and work-streams.



It is proposed that development of community services forms the most significant part of the development work through each of the North Yorkshire & York project groups. Further locality engagement events (for York and North Yorkshire) are planned for October 2019 to engage with a wider place based audience.

## 2. Proposed Governance Arrangements

Is this a...	Project?	<b>X</b>	Workstream?	<b>X</b>
--------------	----------	----------	-------------	----------

Will this project require capital investment? (Y/N)	<b>no</b>
---	-----------

**Name of Project / Workstream Manager**

David Kerr, Right Care Right Place Delivery Lead

**Members of Project Group (if applicable) – please give names and roles**

The development of the Primary Care Networks across the whole of North Yorkshire is at different stages. The Vale of York and North Yorkshire PCNs are quite different and do not meet together. We are keen to ensure that the governance approach for this programme is truly PCN, population and place based to ensure that we get full engagement from our communities.

A number of meetings have been or are being arranged with key stakeholder leads ie; Individual PCN and Primary Care Leads for the Locality, 3<sup>rd</sup> Sector Leads including; Dementia Forward, Mind, Scarborough Survivors, The Haven, Changing Lives, Health-watch, Human Kind.

We are also engaging with some key Service User & Carer forums including; Harrogate SU Group and the York Carer Group.

A small Task & Finish Group has been set up comprising of LMGB members to design, scope and establish the engagement process during the first couple of months. The final membership and structure of our infrastructure to support the programme is currently being finalised. However, we have agreed with partners that we will establish a senior reference group, supported by distinct North Yorkshire & York project groups which in turn will feed directly into existing PCN leads/PCN forums. Our draft structure and membership, where this is confirmed, is shown below:

**North Yorkshire & York RCRP Reference Group**  
 Director of Commissioning, Vale of York CCG  
 Director of Commissioning, North Yorkshire CCGs  
 Primary Care Network Lead, Vale of York CCG  
 Primary Care Network Lead, North Yorkshire CCGs  
 Corporate Director NYCC  
 Corporate Director CoYC  
 NYP Commissioner

	<p>Director of Operations, North Yorkshire &amp; York, TEWV RCRP Project Lead, North Yorkshire &amp; York, TEWV Deputy Medical Director, TEWV Research Team, TEWV</p> <p><b>York (Connecting Our City) Project Group/Mental Health Task and Finish Group (others TBC)</b> PCN Lead, York RCRP Lead Expert by Experience Carer CVS representative Public Health Converge, University of York &amp; St John City of York Council Lead Chair of Mental Health Strategy Sub-Group TEWV Directorate Reps (AMH, MHSOP) TEWV Master Coach</p> <p><b>Harrogate (HARA) Project Group/Mental Health Task and Finish Group (others TBC)</b> PCN Chair, Harrogate RCRP Lead HARA Director Expert by Experience Carer CVS representative Public Health NYCC Lead TEWV Directorate Reps (AMH, MHSOP) TEWV Master Coach</p> <p><b>Hambleton &amp; Richmondshire Project Group/Mental Health Task and Finish Group (others TBC)</b> PCN Chair, Hambleton, Richmondshire &amp; Whitby RCRP Lead Expert by Experience Carer CVS representative Public Health NYCC Lead TEWV Directorate Reps (AMH, MHSOP) TEWV Master Coach</p> <p><b>Scarborough &amp; Ryedale Project Group/Mental Health Task and Finish Group (others TBC)</b> PCN Chair, Scarborough &amp; Ryedale RCRP Lead Expert by Experience Carer</p>
--	--

	CVS representative Public Health NYCC Lead TEWV Directorate Reps (AMH, MHSOP) TEWV Master Coach
<b>Proposed Governance and Project Management Arrangements</b>	<p><b>NYN Proposed RCRP Governance Structure</b></p>

**3. Stakeholder Engagement**

*Is this project / workstream likely to trigger the NHS England service change assurance criteria? Please mark each item in the checklist below “Y” or “N”*

1. Is the change likely to cause disquiet or controversy among existing patients and their carers / families?	No
2. Is the change likely to be politically controversial at local or national level? (Local Authorities, pressure groups or individual MPs)	No
3. Does the change involve a service physically moving from one site to another	Possibly
4. Will the change lead to service users in one Locality having to go to a different Locality	No
5. Does the change increase clinical risk significantly? (or do our clinical assumptions rely on untested and unproven assertions that do not have a clear evidence base)	No
6. Is the CQC / NHS Likely to have concerns about the change?	No
7. Do our commissioners view this as a significant change?	No
8. Does the proposed change contradict or undermine an STP plan, or major plans of other health and social care providers in the relevant Localities	No
9. Could the change be interpreted as reducing the opportunities for patients to exercise choice?	No

**If you have ticked “yes” to any item on the checklist please contact the Head of Communications and Head of Planning and Business Development for advice.**



**Project approach to stakeholder engagement**

Our developing approach to stakeholder engagement is shown diagrammatically below. This will be refined over the coming months in line with development of our full business case and will enable parallel work to develop and test prototypes quickly to inform and help develop a clear vision for North Yorkshire & York that is “owned” by the system.

**North Yorkshire & York Right Care, Right Place Engagement Plan**

	<b>Definition</b>	<b>NYR CRP</b>
<b>CONTROL</b>	Responsibility for decision making is in the hands of the identified stakeholders and individuals	Priorities and testing initiatives to be owned by PCNs, TEWV Staff and Other Partners ie CVS etc.
<b>CO-PRODUCE</b>	Equal and two-way partnership between service providers, services users, carers and other key stakeholders with shared power for design, delivery and evaluation	EbE, Users, Carers, Partners (inc PCNs), to be equal members with TEWV staff on Project Development and Steering Groups
<b>COLLABORATE</b>	People working together with clear roles and responsibilities and direct involvement in decision making and action	A range of networks to be established/strengthened, building on what already exists, to enable joint ownership of the key deliverables in the project plan.
<b>INVOLVE</b>	People have an active role in influencing opinions and outcome but the final decision remains with the organisation	Work with Healthwatch, CVS, 3 <sup>rd</sup> Sector, Community Groups etc to maximise involvement and engagement from all sectors of communities, including those that don't or wont use or engage with services, different communities, Universities, TEWV staff, Partners (across organisations) and people that currently use our services.
<b>ENGAGE</b>	Seeking a broad range of views and comments to inform decision making. Decision making remains with the organisation	
<b>INFORM</b>	People informed of action and changes but their views are not actively sought.	Deliver communication plan internally and externally, linking with the current and planned Transforming MH Services in partnership with CCGs

NYR CRP – July 2019

**4. Project / Workstream Development Plan**

A more detailed project plan of the specific work required to deliver the locality's plan over the coming 6 months is being developed. However, high level actions and milestones are shown below:

<b>Action</b>	<b>Timescale (all 2019 unless indicated)</b>	<b>Responsible Officer</b>
Establish Project / Work-stream draft membership	End July	D Kerr

<i>Action</i>	<i>Timescale (all 2019 unless indicated)</i>	<i>Responsible Officer</i>
Develop and circulate “key messages” briefing to Senior Reference Group	End July	D Kerr
Trieste Partnership and visit	July	D Kerr/York Project Team
Formally establish project group structure, including formal MH Task and Finish Group as a sub group of the existing PCN Leads meeting for North Yorkshire & York	August	D Kerr /tbc
Begin engagement with PCN Directors and begin to identify what would make the biggest difference quickly	August	D Kerr /tbc
Set up and populate risk register (air log)	End July	D Kerr
Meet all PCN leads	End August	D Kerr
Identify possible prototypes for early testing and implementation with PCNs, staff, partners and patients/families	End April 2020	D Kerr
Undertake contextual and data analysis at PCN level, including working with TEWV/Public Health Consultant	Sept	D Kerr
Fully map current position of services and multi-agency offer (including existing developments) across North Yorkshire & York	Sept	D Kerr
Complete stakeholder analysis including RACI profile to inform communication and engagement plan	Sept	D Kerr
Complete analysis of models elsewhere to identify possible learning	Oct	D Kerr
Work with Health-watch, Local Authority Events/Engagement teams, TEWV PPE team and others to explore options for patient/family/public/stakeholder engagement	Oct	D Kerr
Develop and finalise locality communication and engagement plan	Sept	D Kerr
Agree the “givens” for TEWV and the wider system	Sept	D Kerr
Begin to introduce possible small scale prototypes to inform development of vision	Sept onwards	D Kerr
Feedback and update on progress to LMGB	10 <sup>th</sup> Sept	D Kerr
Monthly updates to range of appropriate partnership groups for sign off including: Mental Health Strategic Partnership Board (North Yorkshire) PCN Leads (Vale of York) Crisis Concordat (North Yorkshire)	26 <sup>th</sup> Sept End Sept 25 <sup>th</sup> Oct	D Kerr D Kerr D Kerr

<i>Action</i>	<i>Timescale (all 2019 unless indicated)</i>	<i>Responsible Officer</i>
Present outline of approach and model options to EMT	25 <sup>th</sup> Sept	Naomi Lonergan/D Kerr
Present initial thinking from Locality at TEWV Urgent Care Conference	27 <sup>th</sup> Sept	D Kerr
Deliver series of multi-agency, service user/carer and public engagement events to develop vision for North Yorkshire	August - Nov	D Kerr
Deliver series of multi-agency, service user/carer and public engagement events to develop vision for Vale of York	August - Nov	D Kerr
Development of shared vision complete	Apr 2020	D Kerr
Identify the “system” resource that might be used to support implementation of the vision	End Oct	D Kerr
Consult E&D team ( <a href="mailto:sarahjay@nhs.net">sarahjay@nhs.net</a> ) and conduct Equality Impact Assessment on potential options	End Oct	D Kerr
Consult Information Governance team and conduct Data Protection Assessment on options if required	End Oct	D Kerr
Inform Capital Investment Group if any changes to premises, leases, car parking, security team requirements etc could be required (contact <a href="mailto:suerice@nhs.net">suerice@nhs.net</a> )	End Oct	D Kerr/Paul Foxton
Discuss any changes to IT systems with RADAA (meets first Tuesday of the month, contact <a href="mailto:Victoria.marshall2@nhs.net">Victoria.marshall2@nhs.net</a> to obtain an agenda slot)	End Oct	D Kerr
Contact <a href="mailto:bryan.oleary@nhs.net">bryan.oleary@nhs.net</a> if there is any reason to believe that one of the options will impact on medical training and discuss possible options and impact re Consultant staffing with Medical Director and DMD	End Oct	D Kerr
Contact Finance (directorate accountants) if any change to budgets in either direction could result from the options	End Oct	D Kerr
Contact Operational HR if the options are likely to result in organisational change	End Oct	D Kerr
Develop draft full business case (options/vision for the locality) and implementation plans for presentation to Programme Board	5 <sup>th</sup> November	D Kerr
Present full business case (vision for the locality informed by prototype initiatives) and implementation plans to Programme Board	11 <sup>th</sup> November	D Kerr

Action	Timescale (all 2019 unless indicated)	Responsible Officer
Presentation of draft full business case (vision for the locality informed by prototype initiatives) to LMGB and range of appropriate partnership groups for sign off: LMGB Crisis Concordat Mental Health Strategic Partnership Board Vale of York Integrated Care Board North Yorkshire Integrated Care Board NYYMHL D Partnership	13 <sup>th</sup> Nov 27 <sup>th</sup> Nov 19 <sup>th</sup> Dec	D Kerr D Kerr D Kerr Naomi Lonergan Naomi Lonergan Naomi Lonergan
Programme Board agrees full business case	End Dec	Naomi Lonergan
Implementation stage Project Plan complete	End Dec	D Kerr
Implementation Project Plan agreed by Programme Board	End Dec	Naomi Lonergan
Present Locality Vision and Implementation Plans to Trust Board	7 <sup>th</sup> January 2020	Naomi Lonergan

## 5. Resources to develop the project / workstream

### What staffing and other resources are available?

Person	Time needed	Agreed by their manager?
D Kerr	Variable	Yes
Project Group Members	Variable	Yes
Heads of Service	Variable	Yes
Clinical Directors	Variable	Yes
Locality Planning Lead	Variable	Yes
Experts by Experience	Variable	Yes
Locality KPO Lead	Variable	Yes
Locality Finance Lead	Variable	Yes
PCN Leads	Variable	Agreed by Group Chair
Information Services	Variable	

### Are staffing or other resources being requested from the programme board and its members? If so, please detail below

Non recurring revenue		
	£	What will this resource be used for?
Current financial year	£10,000	To support wide research, engagement and involvement to develop the "North Yorkshire & York" vision and ambition for the future, inc venues and use of artists

		To visit examples of innovation nationally and internationally to learn from others
<b>Next financial year</b>	<b>TBC</b>	

<b>Use of existing staffing resources</b>		
<b>Person</b>	<b>Time needed</b>	<b>What will they do?</b>
Finance	unknown	Support detailed work relating to financial flows and envelopes
HR	unknown	Support detailed work as programme progresses re workforce impact and change
Estates	unknown	Support detailed work as programme progresses
IT	unknown	Support detailed work as programme progresses
Information Services	unknown	Urgent work to review IIC reports available and produce reports that are needed to support development of community models at PCN level – reports required to allow analysis to be completed July-August 2019. Will include rationalisation and alignment of practice codes/names  Access for project lead to export data from IIC to excel to support analysis and development work
Organisational Development	unknown	Support detailed work as programme progresses especially re workforce change

<b>Use of other Resources</b>		
<b>Resource (e.g. room)</b>	<b>How often</b>	<b>Until when?</b>
Office accommodation for Delivery Lead and Project Team base	Daily	Until further notice

This page is intentionally left blank



## York Health and Wellbeing Board

---

### Health and Wellbeing Board

4 December 2019

City of York Safeguarding Children Board Annual Report 2018/19  
For information only.

#### Summary

1. The purpose of this report is to present the Annual Report of the Independent Chair of City of York Safeguarding Children Board 2018/19 (Annex A) to the Health and Wellbeing Board (HWBB). This provides an opportunity to share the key issues and priorities for CYSCB (now CYSCP) with the HWBB.

#### Background

2. The Independent Chair of the Safeguarding Children Board was required by the statutory guidance (*Working Together 2015*) 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. Although *Working Together 2018* now supersedes the previous 2015 version and the Local Safeguarding Children Boards (LSCB), have been replaced with new Safeguarding Children Partnership arrangements, the year 2018/19 was covered by the statutory guidance in place at the time (*WT 2015*) This is, therefore, the final report of the Local Safeguarding Children Board. The next Annual Report for 2019/20 Annual Report will be the first report of the new City of York Safeguarding Children Partnership (CYSCP) which was initiated on 1 April 2019.
4. Having made a successful bid as an Early Adopter of the new arrangements, the CYSCP [published details](#) of these in February 2019 after endorsement by the Department for Education (DfE).

The publication with full details is available here:

<https://www.saferchildrenyork.org.uk/about-the-cyscb.htm>

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

5. In Chapter 4 children and young people have told us what makes them feel safe.
6. Chapter 5 gives information about what CYSCB and our partners have achieved during 2018/19.
7. There is information about audits and case reviews in Chapter 7.
8. Chapter 9 looks forward to the challenges and priorities for 2019/20
9. In Chapter 10 there are key safeguarding messages for readers including children and young people; practitioners; partners; and for the community.

### **Consultation**

10. CYSCB partners have been consulted in the process of compiling the Annual Report and key partners have contributed

### **Options**

11. 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**

12. 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**

9. 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 CYSCP has a significant role to play in contributing to this objective. Member organisations of the Health and Wellbeing Board, the Safer York Partnership, the Safeguarding Adults Board and the YorOk Board are represented on the Safeguarding Partnership. The City of York Inter-Board Protocol ensures that the priorities and plans of



the key strategic Boards are complementary and mutually supportive.

### **Implications**

- **Financial**

The Partnership is 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 Partnership.

- **Human Resources (HR)**

There are no HR implications posed as a direct result of the CYSCB Annual Report 2018/19 nor by the transition to the new partnership. However a review of the Business Support arrangements may take place in 2019/20 in order to strengthen the resilience of the current structure.

- **Equalities**

There are no equalities implications to be considered.

- **Legal**

There are no legal implications to be considered.

- **Crime and Disorder**

There are no crime and disorder implications to be considered

- **Information Technology (IT)**

There are no IT implications to be considered

- **Property**

There are no property implications to be considered

- **Other** (*State here any other known implications not listed above*)

There are no other known implications.

### Risk Management

13. There are no direct risks associated with the CYSCB Annual Report 2018/19. 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

14. The Health and Wellbeing Board members are asked to receive the Annual Report 2018/19 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

**Author:**

Simon Westwood  
  
Independent Chair  
City of York Safeguarding  
Children Partnership  
City of York Safeguarding  
Children Partnership

**Chief Officer Responsible for the report:**

Amanda Hatton  
Corporate Director of Children's Services,  
Education and Communities  
City of York Council

**Report  
Approved**



**Date**

**Specialist Implications Officer(s)** None

**Wards Affected:**

**All**

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

### Annexes

Annex A – CYSCB Annual Report 2018/19

**Glossary**

CYSCB	City of York Safeguarding Children Board
CYSCP	City of York Safeguarding Children Partnership
HWBB	Health and Wellbeing Board
LSCB	Local Safeguarding Children Board

This page is intentionally left blank





**City of York**  
Safeguarding Children Board

# Annual Report 2018/19



## Contents

1.	Foreword – Independent Chair .....	3
2.	Introduction .....	4
3.	About York .....	5
4.	What Children and Young People Have Told Us .....	6
5.	How We Are Doing As A Board/Partnership .....	8
6.	Some more CYSCB data 2018/19 .....	15
7.	Audits and Reviews of Safeguarding Activity.....	17
8.	Structure, Governance and Quality Assurance Processes of the Board.....	24
9.	Learning and Development.....	26
10.	The Priorities and Challenges for 2019/20 .....	28
11.	Key Messages for Readers .....	30
	Appendix A - CYSCP membership from 1 April 2019 .....	32
	Appendix B – CYSCB Finances 2018/19.....	34
	Appendix C – CYSCP Business Cycle 2019/20.....	35
	Contact Details If You Are Concerned About A Child.....	36
	Contact Details For The Board/Partnership. ....	36

## 1. Foreword – Independent Chair



In my first Annual Report in 2014, I said I was struck by the commitment to continuous improvement in York and that the culture here is child-centred, open and transparent. In my second report I said that partnership working was very strong in operational practice and strategic oversight. I am pleased to say that my view remains the same. Also, the Joint Targeted Area Inspection published in December 2018 confirmed the partnership demonstrates a commitment to shared learning and improvement that is characterised by robust but professional challenge.

I hope that this will be sustained as the Safeguarding Board ends and the new Safeguarding Partnership is established.

2018/19 has been a period of significant change as we developed and implemented a new partnership structure, with many membership changes. I specifically want to record thanks to Juliet Burton our Business Manager and the staff who support her for keeping a focus on improvement through a period of positive change.

I am pleased to have been appointed by City of York Council, North Yorkshire Police and the Vale of York Clinical Commissioning Group to continue as the Independent Advisor to the new Safeguarding Partnership for 2019/20 to assist in embedding the new safeguarding arrangements required by Government.

The continuing challenge for 2019/20 will be to embed the new safeguarding arrangements without losing sight of what matters – the safeguarding of children in York.

In 2018/19 CYSCB has heard that young people are asking for a focus on their wellbeing and on their mental health. CYSCB has challenged the Health and Wellbeing Board and the Strategic Partnership for Mental Health to address this and will be pursuing this through 2019/20.

During the year the local authority experienced a period of significant turnover in key middle and senior management posts in Children's Services and we welcomed a new Assistant Director and Director to the Board membership. The JTAI commented that significant stability has been maintained in key areas of business during this time, though the changes have meant that progress in some areas has not been as fast or scrutiny as consistent as planned.

The new Director has developed a plan for continuous improvement which will be implemented through 2019/20. To support this the CYPSP performance monitoring dashboard will be revised to ensure effective challenge of children's social care performance.

Local agencies continue to share a strong common commitment to providing services that are child focused.

Finally, I would like to thank frontline staff and managers in all agencies across York for their resilience and continued work in safeguarding children.

A handwritten signature in blue ink, which appears to read 'Simon Westwood'.

Simon Westwood  
Independent Chair

## 2. Introduction

For CYSCB, 2018/19 has been about keeping a focus on what matters: safeguarding children in York, while at the same time finalising and implementing the arrangements required by Government to become the new City of York Safeguarding Children Partnership (CYSCP or the 'Partnership') in line with the Children & Social Work Act 2017 and the statutory guidance in [Working Together to Safeguard Children 2018](#)<sup>1</sup> (WT 2018). The new arrangements are initiated on 1 April 2019 so we are pleased to present this report on the activity of the final year of the Local Safeguarding Children Board (LSCB) from April 2018 to March 2019.

The current version of Working Together was published in July 2018. As CYSCB remained an LSCB until April 2019, this Annual Report is written in accordance with the requirements of the previous Working Together 2015 to report on: *'the effectiveness of child safeguarding and promoting the welfare of children in the local area'*

Whilst this report cannot comment on how effective the arrangements for the new Partnership have been (as required under WT 2018) there are elements in this report which take into account the requirements of WT 2018 of a safeguarding partners' annual report.

In December 2016 the Ofsted Review of CYSCB found the Board to be only the second 'Outstanding' LSCB in the country. In September 2018 a [Joint Targeted Area Inspection \(JTAI\) \(on Sexual Abuse within the Family\)](#), described the Board to be 'effective' and influential<sup>2</sup>:

*'The inspectors ... evaluated the effectiveness of the multi-agency leadership and management ..., including the role played by the local safeguarding children board (LSCB).*

*Local agencies share a strong common commitment to providing services that are child focused. Modelled powerfully by the effective LSCB, this approach is shared across the partnership. The partnership demonstrates a commitment to shared learning and improvement that is characterised by robust but professional challenge. Increasingly good working relationships between agencies and their staff, from the frontline to a strategic level, underpin work with children in York when it is at its best.'*

CYSCB has continued to work hard with the new statutory safeguarding partners: City of York Council, North Yorkshire Police and the Vale of York Clinical Commissioning Group, to ensure that the new Safeguarding Partnership arrangements from April 2019 are just as effective.

In this Annual Report we have endeavoured to refer the reader to other reports and sources of safeguarding information where relevant so you will find links to these throughout.

Our website<sup>3</sup> also contains a wealth of information and we publish a quarterly newsletter to which you can subscribe by [contacting us](#)<sup>4</sup> from the website. CYSCB provides daily updates on local and national news, resources, initiatives, policy and guidance which you can find by following us on Twitter [@YorkSCP](#)<sup>5</sup>

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

<sup>2</sup> <https://files.api.ofsted.gov.uk/v1/file/50037488>

<sup>3</sup> <https://www.saferchildrenyork.org.uk/>

<sup>4</sup> <https://www.saferchildrenyork.org.uk/contact-us.htm>

<sup>5</sup> <https://twitter.com/YorkSCP>



### 3. About York

# York 2018

## Facts and Figures

The total population of York 2018 was **209,893**<sup>1</sup>



**36,572 (17.4%)** are children and young people aged 0 - 17 years

### 69 schools:

- 31 Academies
- 51 Primary Schools
- 9 Secondary Schools
- 6 Independent Schools
- 1 Pupil Referral Unit
- 2 Special Schools

**74.8%** of children achieved a good level of development at the end of Reception, higher than the regional average of 69.5% and the national average of 71.5% (2017-18)<sup>2</sup>



**49.7%** of children attained an average GCSE score of 8, compared to 45.3% regionally and 46.7% nationally (2017-18)<sup>2</sup>

**3.8%** of 16-17 year olds are not in education, employment or training (NEET), lower than the regional average of 5.8% and the national average of 6.0% (2017)<sup>2</sup>

**3.4%** infant mortality compared to 4.1% regionally and 3.9% nationally (2017)<sup>2</sup>



**92.3%** of 2 year olds have had their first MMR vaccine (2018)<sup>3</sup>



**1.2%**

of adults are claiming benefits compared to 3.1% regionally and 2.8% nationally (2019)<sup>4</sup>



**208**

children in care



**0.6%**

of households with dependent children or pregnant women are homeless compared to 1.0% regionally and 1.7% nationally (2018)<sup>2</sup>

**7.4%**

of all school children have free school meals, compared to 15.5% regionally and 13.5% nationally (2018)<sup>2</sup>



**161**

children on Child Protection Plans



**1.9%**

of school pupils with social, emotional or mental health needs (2018)<sup>2</sup>

<sup>2</sup><https://fingertips.phe.org.uk/profile/child-health-profiles>

<sup>3</sup><https://www.gov.uk/government/statistics/cover-of-vaccination-evaluated-rapidly-cover-programme-2018-to-2019-quarterly-data>

<sup>4</sup><https://www.ons.gov.uk/employmentandlabourmarket/peoplenotinwork/unemployment/datasets/claimantcountbyunitaryandlocalauthorityexperimental>

<sup>5</sup><https://www.gov.uk/government/statistics/characteristics-of-children-in-need-2017-to-2018>

## 4. What Children and Young People Have Told Us

The CYSCB has a specific sub-group, the Voice & Involvement Group (VOIG) comprising of managers and front line practitioners in order to pose direct challenge to agencies about what they do to hear the 'voice of the child' and to respond to it. In addition, every CYSCB sub-group is required to report in their Highlight Reports each quarter on how they have considered the 'voice of the child' in their work. And partners are held to account on their agency or organisation's approach to the voice of the child by their Single Agency Assurance reports to the Board. In this ways, CYSCB can be sure that consciousness of what children and young people are experiencing and saying (by whatever means) runs throughout the CYSCB Business Plan.

Here is some of what partners have told us in 2018/19:

- High numbers of young people (85% of children in care who were surveyed) reported knowing how to contact their social worker and an increasing number (76%) knew who to contact if their social worker was unavailable – Local Authority Children's Social Care.
- The way of working ensures that the voice of those young people whose cases move from Children's Services to Adult Services is central to any social work intervention – Local Authority Adult Services.
- The Children and Families Court Advisory and Support Service (CAFCASS) is developing a new app called 'Voice of the Child'. This has been designed for use with children in a wide range of circumstances to help them express their wishes and feelings, and will be particularly useful in cases where there are additional challenges around communicating with the child – CAFCASS.
- The National Health Service England (NHSE) has now launched 'Seen and Heard'<sup>6</sup> to raise awareness with over 750,000 professionals and train them to:
  - Understand what it is like to be a young person who might have 'something to tell'
  - Be aware of what young people need so that they feel like they can talk
  - Make sure those young people are seen and heard
  - Know what to do if a young person makes a disclosure
- North Yorkshire Police (NYP) officers, staff and volunteers continue to develop a culture that ensures that children are listened to and respected as individuals. (This was confirmed by the Joint Targeted Area Inspection (JTAI) in September 2018.).
- All assessments within the Child and Adolescent Mental Health Services (CAMHS) are child focused – Tees and Esk Wear Valley NHS Trust.
- Following consultation with children and young people, the Vale of York Clinical Commissioning Group (CCG) has introduced health passports for all children in care and new materials to support children and young people in making informed choices regarding engagement in health assessments.
- Attention paid by York Teaching Hospital to capture the voice of the child was highlighted by inspectors during the 2018 JTAI. Children's feedback is captured in

<sup>6</sup> <https://learning.seenandheard.org.uk/>

verbal and written form and suggestions clearly displayed in the Child Sexual Abuse Assessment Centre and in areas where children receive general care.

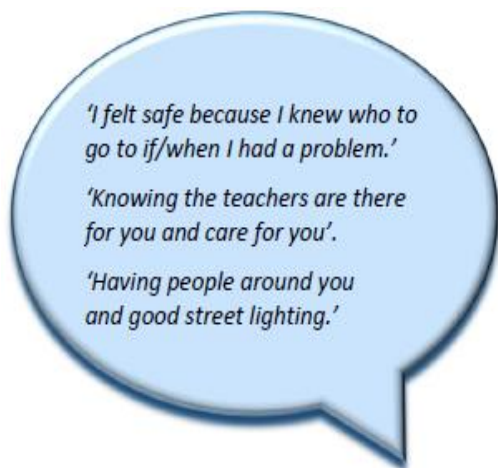
In 2018/19 CYSCB has heard from partners that young people have asked for a focus on their mental health and wellbeing. CYSCB has challenged the Health and Wellbeing Board and the Strategic Partnership for Mental Health to address this and will be pursuing this through 2019/20.

CYSCB has a direct dialogue with the [Show Me That I Matter \(SMTIM\)](https://www.showmethatimatter.com/) (Children In Care Group)<sup>7</sup>, the I Still Matter (Children In Care Council), the [York Youth Council](https://yorkyouthcouncil.com/)<sup>8</sup> and the YOT Youth Group and has asked these young people, along with the young people in the SEND 'Action4All' group:

- What made you feel safe in 2018/19?
- What is important to help you feel safe in 2019/20?

This is just some of what they told us:

### What made young people feel safe in 2018/19



*'I felt safe because I knew who to go to if/when I had a problem.'*

*'Security of having own flat, good support network, 'pathway' support'*

*'Knowing the teachers are there for you and care for you'*

*'Having people around you and good street lighting.'*

*'A shared understanding of what you can and can't do which you learn at school and from people at home'.*

### What is important to help young people feel safe in 2019/20

*'To help me feel safe the reassurance of having someone there for me and not judge me will help'.*

*'What everyone does already is good enough otherwise I wouldn't be there anymore.'*

*'It's important to make us feel safe by making it clear to us who is there for us to talk to and maybe how to deal with stuff on our own.'*

*'Technology is the future.'*

*'Knowing that the police are there to keep you safe.'*

*'More lessons at school about staying safe.'*



<sup>7</sup> <https://www.showmethatimatter.com/>

<sup>8</sup> <https://yorkyouthcouncil.com/>

## 5. How We Are Doing As A Board/Partnership

The priorities for the Board for 2018/19 have included:

- Early help
- Neglect
- Child Sexual Abuse and Exploitation
- Children Missing from Home, Care and School
- Domestic Abuse

but within and in addition to these, CYSCB considers a host of issues which affect children and young people including: County Lines, Trafficking and Modern Slavery. There will be a particular focus on **Harmful Sexual Behaviour** in the year ahead. Partners are challenged to report on these issues via the sub-groups, audits and in Single Agency Assurance Reports to the Board.

This chapter outlines just some of the work of the Board and our partners during 2018/19.

### Child Sexual Abuse and Exploitation

Child Sexual Abuse and Exploitation (of any kind) has been, and continues to be, a key priority for CYSCB and for the new Partnership. The sub-group includes a focus on any form of child criminal exploitation, not just sexual exploitation.

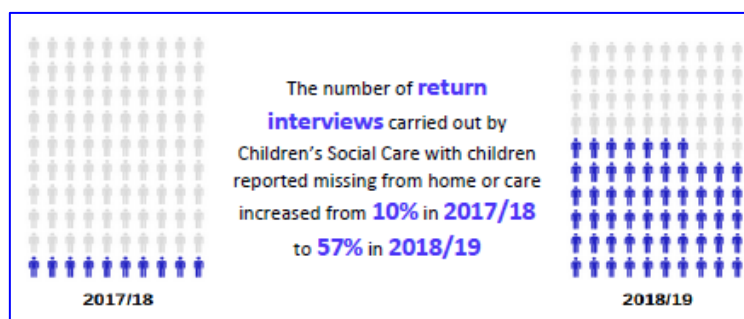
The Partnership considers exploitation in the context of children missing from home, care and education as we are aware that this group of children and young people are particularly vulnerable to this kind of abuse.

During the year the CYSCB has:

- Continued to develop a dedicated page on our website for [CSA and CSE](#)<sup>9</sup> with links to guidance (national and local) and to research.
- Published [revised guidance on CSA&E](#) and, with our colleagues in North Yorkshire, on [Children Missing from Home & Care](#)<sup>10</sup>
- Published a [CSE Screening Tool](#) which, during 2019, will be adapted and expanded to enable practitioners to make decisions about their concerns in relation to any form of child criminal exploitation.

### Children's Social Care Return

**Interviews:** Having challenged Children's Social Care (CSC) on the low percentage of Return Interviews taking place with children and young people who have been reported as missing, CYSCB is pleased to see the increase in the offer to, and take up of, Return Interviews by



<sup>9</sup> <https://www.saferchildrenyork.org.uk/child-sexual-abuse-and-exploitation.htm>

<sup>10</sup> <https://www.saferchildrenyork.org.uk/missing-children.htm>

these young people. The Board appreciates that young people may sometimes decline the interview but these interviews can provide crucial information about what is going on in a young person's life and wider information about the themes and issues affecting young people. The Senior Social Work lead for Exploitation and Missing from Home reports to every CSA&E Sub-group meeting on progress with these Return Interviews. She also reports on the outcomes which are protecting vulnerable children via the additional processes in place such as Multi-Agency Child Sexual Exploitation Meetings (MACEM) and the Trusted Relationships programme (more details below).

### **Children Missing from School**

Children Missing from School are recognised as potentially vulnerable to exploitation of all kinds and the CYSCB has been interested to see how the numbers of children missing from school has changed since new [statutory guidance](#)<sup>11</sup> was introduced in 2016/17. This guidance has resulted in an increase in schools reporting children as missing from education when confirmation of transfers to new schools was expected but had not been received on the first day of term. CYSCB has been assured that every case where there is a concern is discussed with Children's Social Care. There have been no specific concerns about any of these children in 2018/19.

### **Early Help**

The CYSCB Early Help Partnership reports to both CYSCB and to the [YorOk \(Children's Trust\) Board](#)<sup>12</sup>.

During 2018/19 the group has:

- Shared case studies highlighting a number of complex issues for young people to learn about how early help interventions have impacted on these young people's lives.
- Developed new Terms of Reference in response to changing need and review of ongoing Early Help Services.
- Carried out a survey of Early Help support across the city.

The increasing demand on the Children's Front Door and Children's Social Care has led to a review of early help services and the interface with Children's Social Care. 2019/20 will see a remodelling of the Children's Front Door led by a 'task and finish' group which will introduce new tools and assessment processes to ensure that children and young people receive the right service at the right level at the right time.

Key themes were identified from the Early Help Survey which the 'task and finish' group and the Early Help Partnership will be carrying forward:

- Self-reported identification of individual need appears strong. However responses suggest wider population-based needs and analysis is more limited.
- A broad range of different tools are used by agencies. A further piece of work could be considered to make more use of common tools.

<sup>11</sup><https://www.saferchildrenyork.org.uk/2014%20YorOK%20Website/Downloads%20Old/SaferChildrenYork/Children%20Missing%20Education%20-%20statutory%20guidance.pdf>

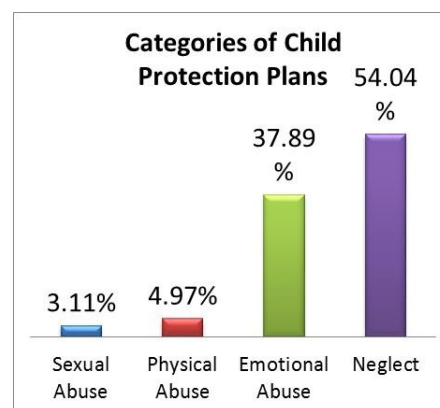
<sup>12</sup> <https://www.yor-ok.org.uk/workforce2014/Dream%20again%20and%20YorOK%20Board/yorok-board.htm>

- Self-reported understanding of roles within early help is encouraging but emphasises the importance of training, wider workforce engagement and understanding of wider early help provision.
- Improved information sharing across multi-agency partners is an ongoing task.

The Early Help Partnership is challenged with understanding the impact of early help and partner agencies will be asked to respond to another survey in 2019/20 on the impact of early help services from their agency's perspective.

### Child and Adolescent Neglect

Child and adolescent neglect has been a significant priority for CYSCB for some time. The percentage of children on Child Protection Plans (CPPs) under the category of neglect remains the highest of all the categories. There are many different kinds of neglect associated with all kinds of Adverse Childhood Experiences (ACES<sup>13</sup>) including: domestic abuse, parental substance and alcohol misuse. The neglect category for CPPs covers all of these.



The CYSCB Neglect Sub-group has:

- Created, actioned and reviewed a Delivery Plan on the back of the Multi-agency Neglect Strategy which has been renewed for 2019-22.
- Developed a Multi-agency Neglect Screening Tool for use by all practitioners.
- Commissioned a 'deep dive' into the underlying factors in Child Protection Plans under the category of Neglect. The most prevalent factors affecting children who were deemed as at risk of neglect were Parental Mental Illness and Domestic Abuse.
- Monitored the implementation by health colleagues of 'Was Not Brought', rather than 'Did Not Attend', recorded, for all children in relation to missed health appointments. This has now rolled out to all health providers and will be embedded in the Local Authority's Healthy Child Service practice during 2019.
- Promoted attention on dental neglect and the importance of dentists recognising the signs. This has now been picked up by the Public Health Oral Health Advisory Group.
- Carried out a survey in September/October 2018 to gauge practitioner awareness of the Graded Care Profile – a neglect assessment tool. On the back of this multi-agency Neglect training has been enhanced and awareness has been raised.

CYSCB has challenged the Safeguarding Adults Board and the Strategic Partnership for Mental Health to address the impact of parental mental illness on children as a priority. During 2019, the new Safeguarding Children Partnership will, once again, promote the PAMIC tool (a tool for assessing that impact) across both children's and adults' services.

There is a dedicated [Neglect webpage](#)<sup>14</sup> on which the Multi-agency Neglect Strategy and the [Neglect Screening Tool](#) can be found along with much more information about child and adolescent neglect.

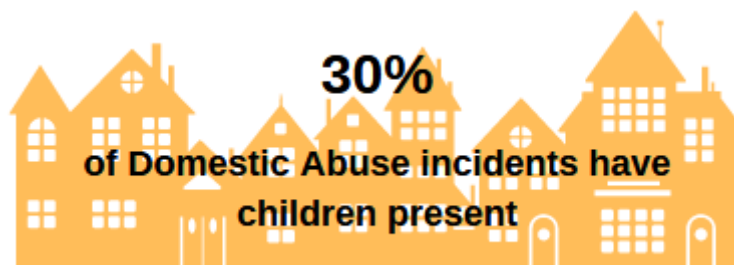
<sup>13</sup> <https://www.youtube.com/watch?v=XHgLYI9KZ-A>

<sup>14</sup> <https://www.saferchildrenyork.org.uk/neglect.htm>



### Domestic Abuse

We know that there are children present at around 30% of Domestic Abuse incidents attended by the police in York. Domestic Abuse still remains as a key factor for children subject to Child Protection Plans. The CYSCB challenged colleagues on the [Safer York Partnership](#) to recognise the impact of Domestic Abuse (DA) on children and young people and to respond with an action plan and a clear direction in the [York & North Yorkshire Domestic Abuse Strategy 2018-22](#)<sup>15</sup>. Discussion also took place in the Inter-Board Network meetings (see below).



In October 2018 the Safer York Partnership reported to the CYSCB with their response and actions:

- Commissioning of new services is currently taking place and contracts will be for at least 49 months rather than short term as they have been previously.
- The Joint Coordination Group (JCG) for York and North Yorkshire is leading on work to improve the capture of data and information to generate a clear picture of the impact of domestic abuse and the specific needs of children and young people to develop future commissioning.
- The new Domestic Abuse Strategy contains a specific section on children and young people and the impact of domestic abuse.

The new CYSCP will continue to challenge partners and the Strategic Boards leading on Domestic Abuse to prioritise the impact on, and the needs of, children and young people. It is vital that partners and Boards recognise that being the subject of, or witness to, domestic abuse can leave children and young people vulnerable to abuse, neglect and exploitation. The Board has been pleased to see an increase of the services available for children and young people and looks forward to the JCG reporting on the outcomes and impact of these. During 2019 a full independent review of multi-agency domestic abuse processes in York and North Yorkshire has been commissioned by the JCG

### County Lines, Modern Slavery and Human Trafficking

Children and young people are increasingly recognised as being vulnerable to 'County Lines' exploitation or being used to move drugs and money across the country (sometimes this is known as 'going country'.) County Lines activity is recognised as a kind of Modern Slavery involving drugs, violence, gangs and criminal and sexual exploitation. This activity has a devastating effect on the young people, on the communities that they live in and on the communities to which they are trafficked – or from which they are trafficked (or moved.)

<sup>15</sup> [20communities/Domestic%20abuse/YorkNYorksDAstrategy2018.pdf](#)

Together with colleagues in North Yorkshire, CYSCB has published [Practice Guidance on Criminal Exploitation and County Lines](#)<sup>16</sup>. CYSCB is aware that County Lines is an increasing problem and that York is no different from other areas. CYSCB has been working with colleagues in North Yorkshire Police and with partners across York and North Yorkshire to raise awareness of the signs and the impact of this activity. As a member of the Modern Slavery Partnership, the CYSCB is able to access the latest developments and information on County Lines, Trafficking and Modern Slavery<sup>17</sup>.

Partner's Assurance Reports to the Board have told us that:

- The Child Sexual Assault and Assessment Centre (CSAAC) at York Teaching Hospital received recognition and praise during the Joint Targeted Area Inspection - JTAI - into sexual abuse in a family environment in September 2018. The CSAAC sees any child who has been the subject of sexual abuse which includes sexual exploitation within or outside the family.
- City of York's Adult Safeguarding Service are working with a growing number of young people with learning disabilities and/or mental health issues who are at risk of exploitation. Adult services recognise the challenge of striking a proportionate balance between a young person's right to liberty, against ensuring that they are kept safe.
- The Child and Adolescent Family Court Advisory & Support Service ([CAFCASS](#))<sup>18</sup> is continuing to develop its child exploitation strategy which incorporates sexual exploitation and radicalisation.

### **Services for vulnerable young people:**

Through the Sub-groups and Board partners, CYSCB has learnt about the services available to young people who are vulnerable to exploitation. These include services commissioned by the [Office of the Police, Crime, Fire and Rescue Commissioner \(OPCC\)](#)<sup>19</sup> and were referred to as one of the key strengths in the JTAI inspection. CYSCB now has a two way dialogue with the OPCC about these services.

In addition, colleagues from the Independent Domestic Abuse Service ([IDAS](#))<sup>20</sup>, [NSPCC](#)<sup>21</sup>, [Children's Society](#)<sup>22</sup> and other voluntary sector groups keep the Board apprised of the services they deliver. CYSCB promotes these across the workforce and encourages referrals to these services.

**Multi-Agency for Child Exploitation Assessment:** During 2018, CYSCB monitored and challenged the original multi-agency processes for assessment of, and interventions for, young people at risk of exploitation and felt that the processes were not achieving the interventions and outcomes needed. As a result a *new* Multi-agency Child Exploitation Meeting (MACEM) process has been created with CSC, North Yorkshire Police and colleagues from health services working together.

<sup>16</sup> <https://www.saferchildrenyork.org.uk/child-sexual-abuse-and-exploitation.htm>

<sup>17</sup> <https://www.saferchildrenyork.org.uk/bitesize-guides-menu.htm>

<sup>18</sup> <https://www.cafcass.gov.uk/>

<sup>19</sup> <https://www.northyorkshire-pfcc.gov.uk/>

<sup>20</sup> <https://www.idas.org.uk/>

<sup>21</sup> <https://www.nspcc.org.uk/preventing-abuse/our-services/childrens-services/>

<sup>22</sup> <https://www.childrencyork.org.uk/>



This is to be further developed during 2019. The MACEM is accountable directly to the CYSCB Child Sexual Abuse and Exploitation/Missing from Home (CSA&E/MfH) Sub-group.

**Trusted Relationships funding:** CYSCB, along with colleagues in North Yorkshire was successful in a bid for the [Home Office Trusted Relationships](#)<sup>23</sup> funding to create support for vulnerable young people. In York the [Trusted Relationships Project](#)<sup>24</sup> has resulted in setting up a mentoring service for young people and a Family Network Coordinators to link with their wider families and community. Already a number young people have been linked to mentors who will support them for as long as it takes for them to be no longer vulnerable to exploitation.

**'It's Not Ok':** In January 2019 CYSCP worked with the NSPCC and the University of York St John, to launch new 'It's Not Ok' resources for schools. The 'It's Not Ok' play and workshop from the nationally acclaimed York campaign has now been turned into new [free digital resources](#) for secondary schools, community groups and practitioners<sup>25</sup>. There are also [resources designed for use with children and young people with learning difficulties](#)<sup>26</sup>



### Working with other strategic boards

*'The relationships between the various strategic boards in York are established and well understood. This means that the partnership has a strong framework to help focus resources on shared priorities.'* (JTAI Report September 2018)

CYSCB led on the creation of an Inter-Board Protocol in 2016 and in 2018/19 this has been reviewed and refreshed. This means that we have worked with the [Safeguarding Adults Board](#)<sup>27</sup>, the [Health and Wellbeing Board](#)<sup>28</sup>, the [YorOk \(Children's Trust\) Board](#)<sup>29</sup> and – new for this year – the Strategic Mental Health Partnership. Together we have been able to collaborate on:

- parental mental health (the PAMIC tool for assessing the impact of this on children will be re-issued and promoted in 2019);
- delivering multi-agency training on Modern Slavery;
- increasing services for children affected by domestic abuse;
- agreeing to work together in 2019-20 on addressing Harmful Sexual Behaviour.

Representatives from Local Authority Adults Services and from the Community Safety Team are participants on the CYSCB Sub-groups. Together with counterparts in North Yorkshire many of the Boards worked together to organise Safeguarding Week in June 2019 in York and North Yorkshire and a cross border Safeguarding Conference for practitioners.

<sup>23</sup> <https://www.gov.uk/government/publications/trusted-relationships-fund-local-areas-and-project-descriptions>

<sup>24</sup> <https://www.saferchildrenyork.org.uk/missing-children.htm>

<sup>25</sup> [www.nspcc.org.uk/itsnotokay](http://www.nspcc.org.uk/itsnotokay)

<sup>26</sup> [www.nspcc.org.uk/lovelife](http://www.nspcc.org.uk/lovelife)

<sup>27</sup> <https://www.safeguardingadultsyork.org.uk/>

<sup>28</sup> [https://www.york.gov.uk/info/20139/health\\_and\\_wellbeing\\_partnerships/973/health\\_and\\_wellbeing\\_board](https://www.york.gov.uk/info/20139/health_and_wellbeing_partnerships/973/health_and_wellbeing_board)

<sup>29</sup> <https://www.yor-ok.org.uk/workforce2014/Dream%20again%20and%20YorOK%20Board/yorok-board.htm>

## Engagement with schools

### **The School Safeguarding Advisor**

The City of York's School Safeguarding Advisor provides safeguarding support to schools and colleges on safeguarding issues. During 2018/19 she has provided training to designated safeguarding leads and school governors and has carried out bespoke training sessions with schools. More than 30 training sessions have been held during the year.

In addition, the School Safeguarding Advisor has supported schools with their safeguarding policies and procedures, to support them in being inspection-ready. All of the schools she has worked with have been judged, in formal inspections, to have effective safeguarding processes.

### **Early Adopters Project**

In 2018, York was one of the 17 successful local authorities in an application to the Department of Education for '[Early Adopters](#)'<sup>30</sup> status. This meant that the CYSCB received funding to move to the new multi-agency safeguarding partnership arrangements and replace the LSCBs, before the rest of the country, and to support a specific project in relation to the new arrangements. CYSCB made the bid on the basis of using the associated funding to enhance the already strong engagement of schools, early years and colleges with the new Partnership (the CYSCP) and to strengthen the 'voice of the child'.

The project leaders (one of whom was a senior leader seconded to the project from a York Secondary School):

- set up two way feedback forums with schools (including independent schools), early years and further education providers
- engaged with children and young people's groups
- researched views from all of these on what works well and what could be better, focusing on the interface with:
  - Police
  - Health services including CAMHS
  - The Local Authority – safeguarding advice, Social Care and the Local Area Team
- fed back these views to partners so they understand what matters to schools, early years, further education establishments and to young people.

The education membership of the new Safeguarding Partnership and its sub-groups has been increased, with greater education representation on the CYSCP and its sub-groups going forward.

### **Safeguarding in Schools Conference**

The 'Early Adopters' project culminated in a Safeguarding in Education Conference at the beginning of April 2019 with over 100 attendees from all sectors of the education community. Key note speeches focused on Harmful Sexual Behaviour; a young people-led mental health initiative; and County Lines. Delegates also attended a range of safeguarding workshops. The project leaders will report back on the impact of the conference and of the Early Adopter Project to the CYSCP later in 2019/20.

<sup>30</sup> <https://innovationcsc.co.uk/early-adopters-programme/>

### Early Adopters 'Legacy' project

CYSCB and the new Partnership have decided that the project will not simply end when the new Safeguarding Partnership arrangements come in to force on 1 April 2019. There will be a 'legacy' project to involve children and young people in delivering safeguarding messages about social media. Working with the NSPCC, York St John's University, schools and young people's groups, a peer led charter on social media use will be created.

### CYSCB presentation to the regional Department for Education Conference

CYSCB was asked to deliver a presentation on our 'Early Adopters' project – both the planning and implementation of the new safeguarding arrangements and the specifics of the engagement of schools – to a Department for Education Conference in March 2019. The presentation was well received and since then there have been a number of enquiries, and visits, from other local authorities to hear more about the new partnership arrangements and the schools' project in York.

## 6. Some more CYSCB data 2018/19

Number of first time entrants to the Youth Justice System is more than **20% lower** than in previous years



The rate of children in care in York for 2018/19 is **56 per 10k**



**6% (10)** children subject to a Child Protection Plan had been on a plan for more than 2 years.

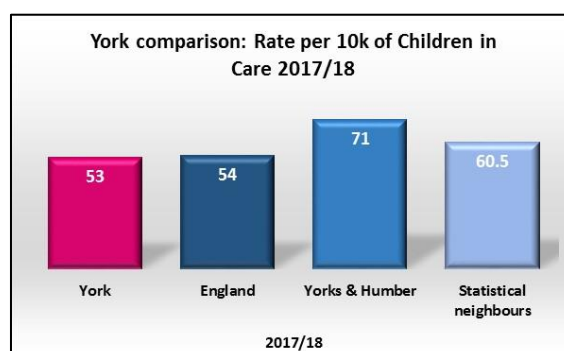
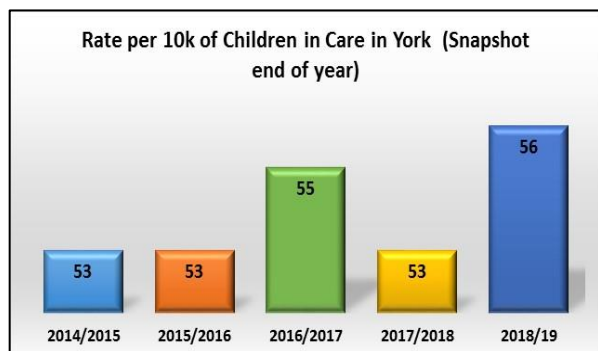


**260** Family Early Help Assessments (FEHAs) were started.



### What the data tells us

The rate of children in care in York (56 per 10,000 population for 2018/19) has been consistently in line with that of other local authorities e.g. the average for England, for the region and for statistical neighbours (i.e. local authorities which have the same demographics as City of York), which has been between 50 and 60 per 10,000. (National and regional data is not yet available for 2018/19.) However, nationally – with some individual exceptions – this figure is reported to be falling in 2018/19.



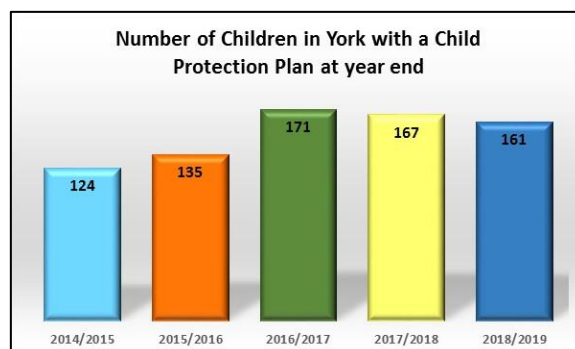
The **number of first time entrants to the Youth Justice System** decreased significantly in 2018/19. The Youth Justice Service has increased the amount of preventative work it is now offering to keep children and young people out of court.

Of the 129 **children and young people who were reported as missing**, 80% were missing for a day or less. All were found. 20% of these young people were in care. Many of the children or young people reported as missing were subsequently found at a friend or relative's home. Those who go missing frequently are deemed to be vulnerable and assessed for additional support from one of the services described above.

Not all of the 5523 **contacts to the Children's Front Door** are about concerns for a child. Sometimes they are requests for information, for reports for court proceedings, requests for access to records etc. Those that are most concerning are assessed by Children's Social Care. Many of the enquiring practitioners receive advice on putting together early help support packages which may result in a Family Early Help Assessment.

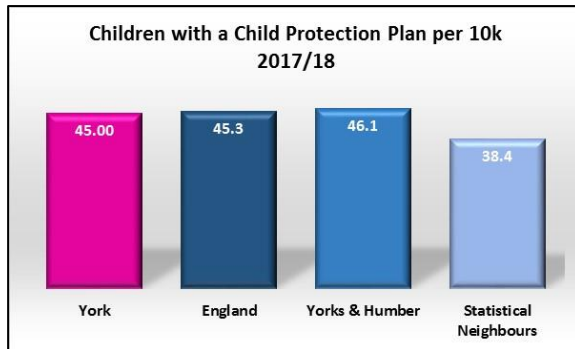
Only 20% of the **enquiries (contacts) to the Children's Front Door**<sup>31</sup> in 2018/19 reached the threshold for Children's Social Care assessment or intervention. This suggests that practitioners may not be intervening early enough or are referring families to Children's Social care before a full early intervention package has been tried. In response to this, Children's Social Care, along with partners, will be remodelling the Children's Front Door in 2019 to strengthen early help services and increase practitioner confidence in managing cases at this level. A screening process will ensure that every case receives a response at the level which is right for the child.

In a snapshot at the end of 2018/19, **161 children were subject to a Child Protection Plan**



<sup>31</sup> <https://www.yor-ok.org.uk/workforce2014/Concerned%20about%20a%20child/childrens-front-door.htm>

**(CPP)**. This is slightly – but not significantly - less than in the previous two years.

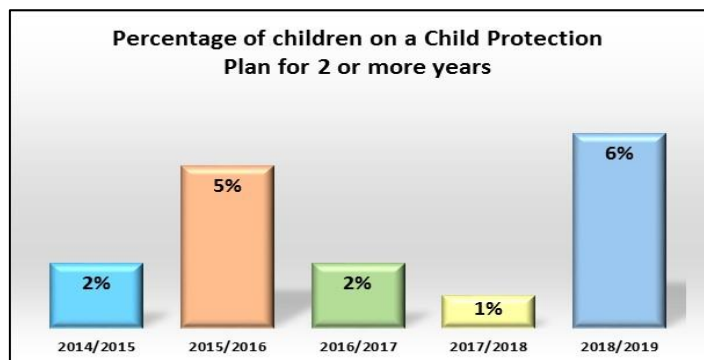


A comparison for 2017/18 with national, regional and statistical neighbour data shows that York was roughly in line with other areas but higher than their statistical neighbours (i.e. local authorities which have the same demographics as City of York). (The DfE data for 2018/19 is not yet released at the time of this report).

For children who are subject to a CPP a decision about how to prevent further harm and maintain

their safety is usually made fairly quickly. CYSCB notes, therefore, that at the end of March 2019, 6% of children (10 children) were subject to a plan for longer than two years which is a greater percentage than in previous years. Half of these children were under 5 years old. The longest any child was subject to a CPP was 2 years 8 months.

(Several of these children were placed on a CPP at the same time as these 10 children were in a very small number of families. The exact number of families is not specified in order to protect confidentiality.)



Two years is a long time for a child to be considered at risk and CYSCB would expect that agencies had addressed the issues to ensure that this was not the case far sooner. A decrease in this percentage is expected as a target for all those involved in safeguarding children in 2019/20.

**Private Fostering:** Anyone who looks after child under the age of 16, who is not part of their family, for more than 28 days (or who knows of someone looking after a child) is legally obliged to notify the Local Authority so that Children's Social Care can check that the child is well cared for. This arrangement is called [Private Fostering](#)<sup>32</sup>. In 2018/19 only 4 such notifications were received by Children's Social Care. CYSCB will support Children's Social Care again to raise awareness about Private Fostering in 2019/20 as this number is lower than would be expected in a city with the population of York.

## 7. Audits and Reviews of Safeguarding Activity

### JTAI

Between 24 and 28 September 2018, Ofsted, the Care Quality Commission (CQC), HMI Constabulary and Fire & Rescue Services (HMICFRS) and HMI Probation (HMIP) undertook a joint inspection of the multi-agency response to sexual abuse in the family in York. This was a Joint Targeted Area Inspection (JTAI). Inspectors also evaluated the effectiveness of the multi-agency leadership and management, including the role played by the CYSCB. The inspection was extremely thorough, with a deep dive approach into the work of the partners. Some of the inspectorates' comments are quoted in the introduction to this report.

<sup>32</sup> <https://www.saferchildrenyork.org.uk/private-fostering.htm>

Among the areas for improvement identified for individual partners were issues for the partners to pick up together, specifically to take forward the work on Harmful Sexual Behaviour.

A multi-agency action plan has been developed in order to address each partner's areas for development. Partners are expected to report to the new Partnership on the progress with these actions.

### Audits and outcomes

During 2018, multi-agency audit activity was carried out by the Partnership Practice Scrutiny and Review Group (PPSRG). However, in early 2019, the audit function was taken over by the Case Review and Audit Group (CRAG) in the context of the new multi-agency safeguarding partnership arrangements.

#### **Multi-Agency Risk Assessment Conference (MARAC – Domestic Abuse)**

The PPSRG audited the effectiveness of the MARAC process for 16- and 17-year olds and case studies were reviewed across different agencies. Group members reviewed the MARAC records but each agency also reviewed their own case records to ascertain whether the agency was aware of the domestic abuse and able to provide relevant information to the MARAC.

The **learning points** in regard to this audit were that:

- Agencies need to check the accuracy of minutes and attendance when they are circulated as there were cases where agencies believed they had been present but they did not appear on the minutes.
- MARAC must not be seen as the sole 'solution' for the child caught up in the domestic abuse when the purpose of the MARAC is to safeguard the victim from further harm.
- Many of the cases reviewed showed a history of school exclusion, abuse and neglect in the history of the child who was deemed to be the perpetrator of the domestic abuse.

As a result:

- North Yorkshire Police (who lead on the MARAC process) reviewed their list of relevant agencies to be invited to contribute information to (or to attend) the MARACs to ensure that all relevant information was being received.
- Primary Care guidance (e.g. for GPs and practice nurses) on recognising young people who may have been involved in incidents of domestic abuse with other young people was provided by the Nurse Consultant Primary Care.
- Two specific referrals were made to Children's Social Care about both of the young people involved in a domestic abuse incident i.e. 'victim' and so-called 'perpetrator'.

The key finding was that:

- Many of the children who are named as the 'perpetrator' are vulnerable children themselves and need to be supported through other child safeguarding channels rather than being deemed to be an offender only.

The Independent Chair of CYSCB, with the support of Children's Social Care and North Yorkshire Police, wrote to the Chair of the Safer York Partnership to this effect. The matter was also raised at the meeting of the Inter-Board Chairs to ensure that the respective Boards share knowledge and promote joint working when addressing young people who are 'perpetrators' of domestic abuse.



The CYSCB Independent Chair has been pleased to confirm that CYSCB supports the direction of travel being taken to align safeguarding and the MARAC referral processes. As stated above, children and young people (including alleged perpetrators) are now a key focus of the most recent York & North Yorkshire Domestic Abuse Strategy.

### **Private Fostering**

The PPSRG looked at the issue of Private Fostering and the fact that there are low numbers of these privately fostered children referred to Children's Social Care (CSC). (Any child under the age of 16 years who is looked after by someone who is not an immediate relative for more than 28 days must be referred to the Local Authority so that the situation can be assessed.) Although the CYSCB has previously supported CSC to promote awareness of Private Fostering, contrary to expectations, the numbers remain low and further promotion will take place in 2019.

### **Graded Care Profile**

The Graded Care Profile (GCP) is a national [NSPCC tool](#)<sup>33</sup> used in York by the Healthy Child Service and Children's Social Care to assess cases in which the primary concern is child neglect. City of York has presented nationally on the use of the tool in York and two years running, City of York has won an NSPCC award in recognition of the work undertaken in York to use the GCP.

Following an audit of cases using the GCP in early 2018, the PPSRG and the Neglect Sub-group agreed together to survey practitioners' awareness of the use of this assessment tool. The survey found that:

- Just slightly more than half of the respondents had heard about the GCP. (Ten percent of those who responded have been involved in a case.)
- Most had heard about the GCP through CYSCP multi-agency training.
- Others referred to hearing about it from the CYSCB website and newsletters as well as meetings with colleagues.
- A good spread of agencies responded to the survey.
- It is clear that there is a demand for awareness training in the GCP. The survey showed that 75% of those who responded were interested.
- The GCP was described as "a useful evidence base for some of the decision making" which helps to establish in a clear way the family situation and to initiate conversations with families.

As GCP training is yet to be rolled out beyond CSC and the Healthy Child Service, CYSCB has promoted the use of the [Neglect Screening Tool](#) for all practitioners, and continued to raise awareness of how a referral can be made for a GCP assessment to take place should it prove appropriate.

Information about the GCP is included in the CYSCB Multi-agency Neglect training course and on the CYSCP website.

The CRAG will re-audit the use of the GCP when the tool has been in use for long enough to ascertain outcomes for children and families. A full presentation to the CYSCP, with case studies, on the use and efficacy of the GCP will take place later in 2019.

<sup>33</sup> <https://learning.nspcc.org.uk/research-resources/2018/implementation-evaluation-deliver-graded-care-profile-2/>

### Case Conference Planning and Attendance

In March 2019 the CRAG began an audit of the Child Protection Case Conference process. Although no particular concerns had been expressed by partners, previous audits had shown discrepancies in the agencies invited to attend or to submit information and reports, plus variations in planning and in recording outcomes.

The **findings of the audit** suggested that practice could be tightened up in terms of:

- All agencies who might hold information about the child being invited to attend, or to submit reports, whether they were currently actively involved with the child or not (e.g. GPs).
- Action planning being made more 'SMART' (Specific; Measurable; Achievable; Realistic; Timed).
- Outcomes being recorded as a separate section of each review.
- There being more focus on the 'lived experience of the child', although the reporting of the 'child's voice' was found to be an area of good practice.

As a result:

- All of the guidance and templates available on the Case Conference process is being reviewed and revised.
- The CYSCB multi-agency training includes the specific findings of the audit.
- The findings have been disseminated by each member of the CRAG to their own agency practitioners.

A further review of Core Groups (which take place in between Case Conferences to carry out the plan) will take place in 2019/20 as a continuation of the review of the Child Protection Conference process.

### S11

CYSCB worked with colleagues in North Yorkshire to carry out the biennial S11 (of the Children Act 2004) audit of safeguarding practice with partner organisations. Many of our partners work across borders with North Yorkshire so it made sense to carry out a joint audit. The audit was carried out with those explicitly defined in the 2004 Children Act as having a duty to safeguard children and included:

- City of York Council Children's Services
- NHS Vale of York CCG (York)
- NHS Tees, Esk and Wear Valleys NHS Foundation Trust
- NHS England North Yorkshire & Humber
- NHS York Teaching Hospitals NHS Trust
- Leeds & York Partnership NHS Foundation Trust
- York and North Yorkshire Primary Care
- North Yorkshire Police
- City of York Council Youth Offending Team



- Probation Service - North Yorkshire Area including York
- Community Rehabilitation Company York and North Yorkshire
- City of York Council Housing Services
- City of York Council Public Health
- City of York Council Adult Services
- City of York Local Area Teams (Adult Services)

A number of **areas for further development** for partners were identified. Notably:

- Evaluation of the quality of 'voice of the child' within assessments.
- Reviewing policies and procedures to strengthen awareness of the voice of the child.
- Improving explanations of agency actions to children.
- Reviewing of induction packages to include hearing the voice of the child.
- All staff fully understand their child safeguarding responsibilities through organisations sharing the outcome of audit work or surveys with their own staff
- Looking at bite-size training packages which address specific specialised areas.

There were also several **examples of good practice** noted. Among them:

- Frequent, regular meetings with children and young people.
- Involving children and their families in designing and reviewing services.
- Using internal and external audits to translate achieved-learning into good practice.
- Awareness that, wherever possible, consent should be obtained but equally should not be a barrier to information sharing for the purpose of child protection and safeguarding.
- Awareness of relevant guidance from the CYSCP website and promoting links to CYSCP policies as part of the induction.
- Ensuring that safer recruitment and DBS checks are the norm.
- Strengthening the checking process for volunteer recruitment.
- Providing regular reflective supervision sessions.
- Designating safeguarding leads to support other practitioners and to promote safeguarding work and messages.
- Instilling a culture of everyone being listened to and respected, with safety, equality and protection being pushed to the forefront.

A full analysis report was circulated to partners and partners were asked to note the areas for development and of good practice and consider applying these practices to their own processes if not already in place. (No one agency was specifically identified to others.)

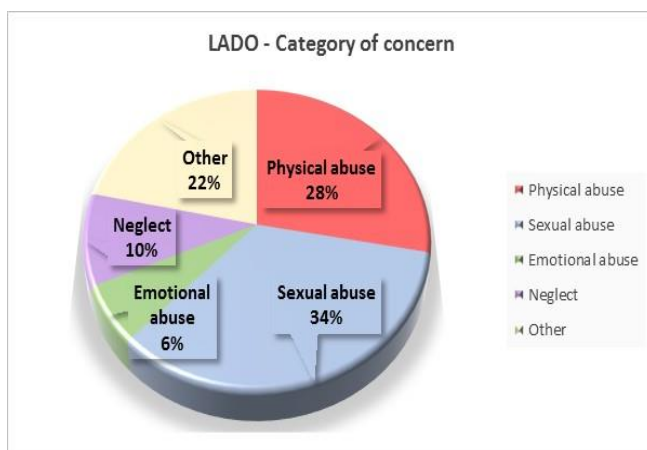
CYSCP expects updates on individual partners' areas for development via the Agency Assurance Report process and reports to sub-groups.

### Allegations against professionals

Allegations against professionals who work with children and young people are coordinated by the Local Authority Designated Officer (LADO)

By the end of 2018/19 there were two permanent LADOs in post in York, and this is seen as a positive development in terms of embedding and developing the service. Developments to the LADO workflow are in progress, which will support enhanced reporting.

There were 111 contacts/referrals to the LADO service in 2018/19 in regard to concerns about professionals. Fifty two of these led to no further action; advice was given in 32 cases but these were not taken any further; 20 cases were discussed at Allegation Management Meetings.



### **Categories of concern**

As it was in previous years, the largest single category of concern was sexual abuse [36%] followed by physical abuse [28%]. Contrary to what we've seen in referrals to Children's Social Care and child protection plans – but unsurprisingly - neglect and emotional abuse are not significant factors in concerns about professionals. The other 22% of concerns do not fit *any specific category*.

### **Sources of contacts**

Those contacting the LADO service included:

- Early years and education services
- Faith and voluntary sector
- Health services
- Police
- Other LADOs
- National regulators
- Social care including foster care and residential services
- Sports sector
- Transport services

### **Audit in 2019**

The LADO procedure is in the process of being updated and an audit of LADO referrals will take place later in 2019.

### Reviewing Serious Cases

Cases which merit review – either Serious Case Review (SCR) or Learning Lessons Review (LLR) - are submitted to the CYSCB Case Review Group for consideration and a dialogue with the National Panel for Serious Case Reviews. (Once the safeguarding arrangements under Working Together 2018 come into force in 2019, SCRs will be known as Child Safeguarding Practice

Reviews and national regulations and guidance for these will be the responsibility of the new [Child Safeguarding Practice Review Panel](#)<sup>34</sup>.)

### **Serious Incident Investigation**

In 2017 following the death of a young child in York, CYSCB became a stakeholder in a Serious Incident Investigation (SII) carried out by NHS England. This SII was into the events surrounding the death. (The decision, endorsed by the then National Panel for Serious Case Reviews, was that the case did not meet the criteria for a Serious Case Review which would, anyway, be an unnecessary duplication.) There has been some delay in the progress of this investigation and the CYSCB and Vale of York Clinical Commissioning Group continue to work with the other stakeholders with the aim of concluding the investigation, establishing learning and implementing recommendations.

### **Learning Lessons Review**

This Learning Lessons Review (agreed by the National Panel) was commissioned by CYSCB in July 2018. It involves a case of significant sexual assault by an older child on a much younger child. This review is now concluded with the final report and action plan due for submission to the new partnership in April 2019. Key areas of learning are in relation to the management of harmful sexual behaviours in children and will contribute significantly to the overall Harmful Sexual Abuse Action Plan in 2019/20.

### **Child Deaths**

The York and North Yorkshire Child Death Overview Panel (CDOP) reviews the death of every child under the age of 18 years. Fortunately there are very few of these but every death is a tragedy. The panel is made up of professional experts from different local organisations. The aim of the CDOP is to identify anything which might prevent something similar happening in the future.

You will find full details of figures and actions for the last year in the York and North Yorkshire [CDOP Annual Report 2018/19](#)<sup>35</sup> which also includes the priorities for CDOP for 2019/20.

### **The new Child Death Review arrangements in 2019**

The statutory guidance in Working Together 2018 means that the processes for reviewing child deaths will change in 2019. These new processes will be led by the Child Death Review Partners: the Local Authority and the Clinical Commissioning Group. In York and North Yorkshire the Child Death Review process will still be administered by the North Yorkshire Safeguarding Board, on behalf of both York and North Yorkshire, and the Review Panel will report to the Safeguarding Partnerships in York and in North Yorkshire. York and North Yorkshire will work closely with regional colleagues to ensure that lessons can be learned from any themes emerging across the region.

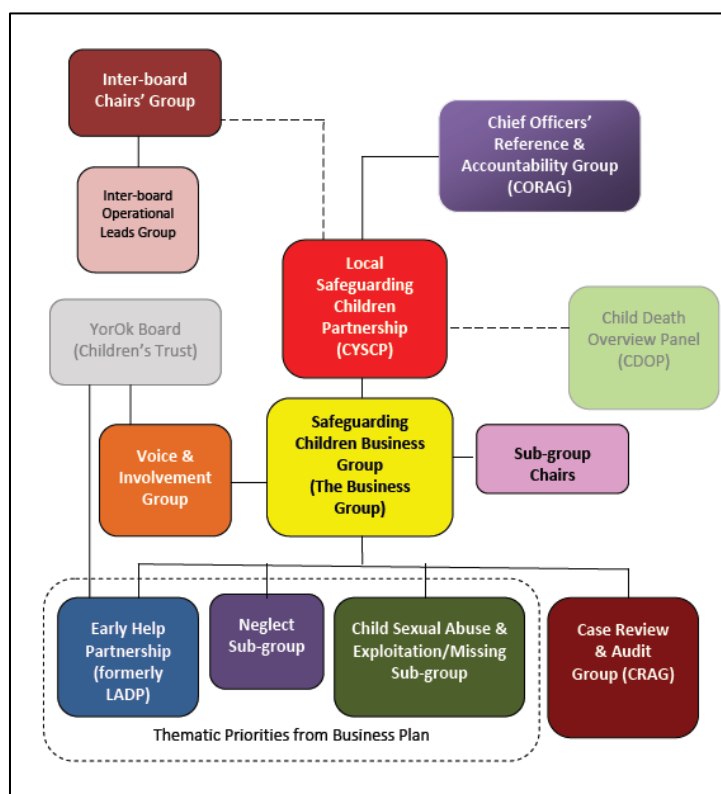
<sup>34</sup> <https://www.gov.uk/government/organisations/child-safeguarding-practice-review-panel>

<sup>35</sup> <https://www.saferchildrenyork.org.uk/CDOP-annual-reports.htm>

## 8. Structure, Governance and Quality Assurance Processes of the Board

As an Early Adopter, CYSCB moved to become the City of York Safeguarding Children Partnership (CYSCP) on 1 April 2019. [Full details of the new arrangements](#) were published on the [Department for Education's Multi-agency Safeguarding Reform website](#)<sup>36</sup> and on the Board's own website<sup>37</sup>, at the beginning of February, having been checked and endorsed by the Department for Education.

### Structure of the new Safeguarding Children Partnership



Given the strong endorsement by Ofsted in December 2016 which found the CYSCB to be 'Outstanding' and further endorsement of the functioning of the Board by the inspectorates in September 2018, the decision was taken by the safeguarding partners to make no changes simply for change's sake. Instead, the partners agreed to take the opportunity to refresh and re-energise the strong partnership arrangements and to maximise the effectiveness of the Partnership's role in scrutinising, supporting and challenging multi-agency safeguarding practice across the city.

The new structure reflects the priorities of the CYSCB in terms of the focus of the sub-groups and the work of the CYSCP Business Plan going forward.

<sup>36</sup> <https://innovationcsc.co.uk/multi-agency-safeguarding-reform/>

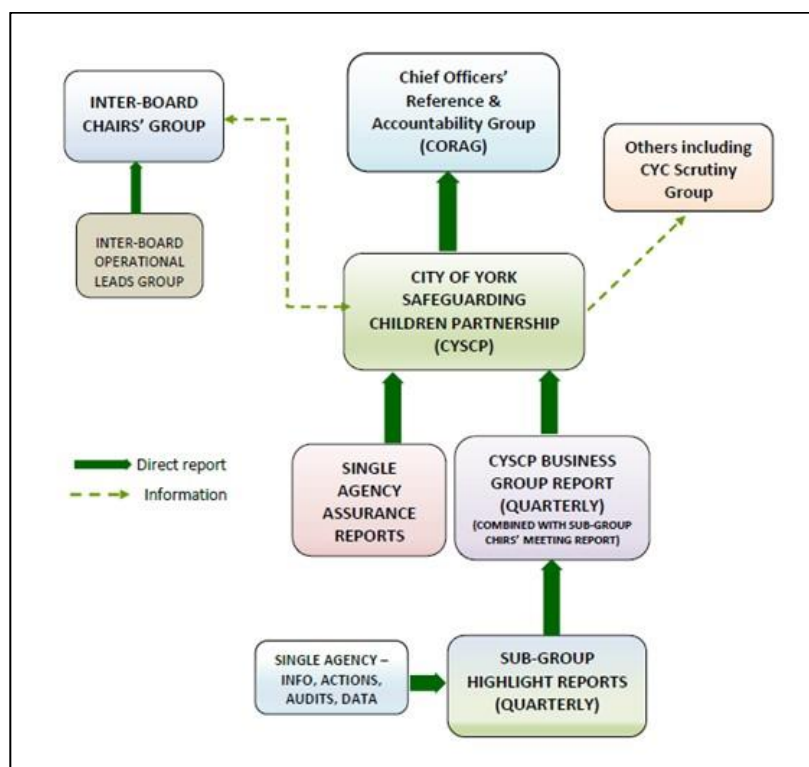
<sup>37</sup>

<https://www.saferchildrenyork.org.uk/Downloads/NEW%20City%20of%20York%20Safeguarding%20Children%20Partnership%20CYSCP%20Arrangements.pdf>

## Quality Assurance

A system of sub-group Highlight Reports from Sub-groups and a composite report on sub-group scrutiny of partner arrangements actions, plus a priority based dataset ensures that the CYSCB is aware of the activity taking place. Separately key partners are required to submit Single Agency Assurance Reports to the Board detailing all of their safeguarding activity including how they are hearing the 'voice of the child'.

### CYSCB/P Quality Assurance Process



## Governance

The system of governance means that the CYSCB (CYSCP from April 2019) reports directly to the Chief Officers Reference and Accountability Group (CORAG) which comprises of Chief Officers for the key safeguarding partners. These are those partners who have now been defined by Working Together 2018 as statutory: the Chief Executive of the Local Authority; the Chief Constable of North Yorkshire Police and the Chief Accountable Officer of the Vale of York Clinical Commissioning Group, plus others such as the York Teaching Hospital NHS Foundation Trust.

In addition CYSCB – and the new CYSCP - has collaborative relationships (as described in previous chapters) with other strategic boards in York. The CYSCB/P provides an update report at regular intervals to the City of York Children, Education & Communities Policy & Scrutiny Committee and to the Health & Wellbeing Board, in order to keep elected members apprised of the work of the partnership. Close relations are maintained with counterparts in North Yorkshire via the York & North Yorkshire Safeguarding Systems Leadership Group and other cross-border forums.

## 9. Learning and Development

### Delivery of Multi-Agency Training and Learning courses

#### Online training

The Board provided an Online Basic Awareness course for any practitioners and volunteers in York. During 2018/19 5,122 York practitioners and volunteers passed the e-learning course.

During 2018/19 work has taken place to completely rewrite the course and the new package provides a much enhanced learner experience. The new [City of York Safeguarding Children Awareness](#)<sup>38</sup> course is fully bespoke to York and will continue to be updated and refreshed on an ongoing basis.



#### Face to Face training

There was a focused range of training courses on offer in 2018/19 as a result of the learning needs analysis work completed prior to commissioning. In total there were 483 attendances at 26 courses throughout the year.

Within the 2017/18 learning needs analysis work, Harmful Sexual Behaviour (HSB) was identified within the training plan. A course will be commissioned for this subject in 2019/20 as the Partnership continues work to devise a framework, policies and procedures on HSB. In the meantime HSB is covered within some of the other training courses.

In addition to the Board's commissioned courses, through the membership of the Yorkshire and Humber Multi-Agency Safeguarding Trainers Network (YHMAST) CYSCB partners were able to take up places at the YHMAST regional conference on Safeguarding Children in a Digital World, which covered pornography, gaming disorder, cyberbullying, online vulnerability and risk.

### Quality Assurance of training, learning and development

#### Observations

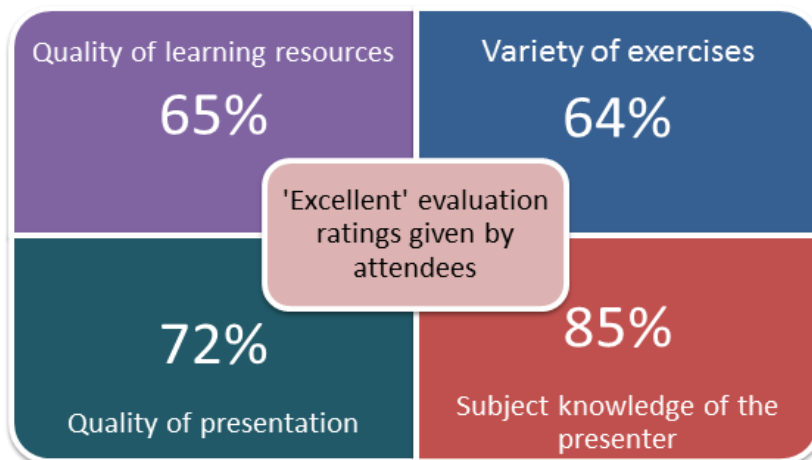
During 2018/19, a programme of observation of training courses, by subject matters experts from CYSCB partners, was developed. The results confirmed that training was meeting the training standards and expectations which CYSCB had set, and trainers also found it useful to receive feedback on how they could develop their courses further.

Volunteers from police, health, voluntary sector, and social care partners undertook **quality assurance observations** on CYSCB courses, evidencing that training standards were being met.

<sup>38</sup> <https://www.saferchildrenyork.org.uk/safeguarding-online.htm>

## Delegate evaluations

Evaluation returns show that the majority of attendees rate the quality of various course aspects highly.



### Impact of training, learning and development

CYSCB uses short surveys 3 to 6 months after the course has taken place to capture examples from attendees about the impact of training on their working practices.

Eighty-five percent of course attendees stated at the end of the course that they were 'likely' or 'very likely' to change the way they do things in the future.

In 2018/19, on average 58% of survey respondents stated that they have changed something.

Where respondents stated that training hadn't impacted on working practice this centred on three main themes. These were that:

- the training had been a refresher of knowledge they already had;
- the training had affirmed that their working practices were up to date
- opportunities had not yet arisen to apply what they had learnt.

Practitioners were also asked to provide examples of where their learning had directly and positively impacted on a child or young person. Some practitioners could identify particular examples where they had taken action about a child as a result of the training they had received, including making referrals, information sharing, completing risk assessments and putting support services in place.

85% of learners were "likely" to "very likely":  
to change the way they do things in the future as a result of the training commissioned by the Board.

## 10. The Priorities and Challenges for 2019/20

### New partnership arrangements

This is the last Annual Report of the City of York Safeguarding Children Board. As an Early Adopter, we will become the City of York Safeguarding Children Partnership (CYSCP) from 1 April 2019. The structure, membership and functioning of the Board has been reviewed and proposals for the new arrangements were presented to the LSCB on three subsequent occasions by lead officers from the three statutory Safeguarding Partners (the Local Authority, North Yorkshire Police and Vale of York Clinical Commissioning Group). Following agreement by the members of the Board, the arrangements have been signed off by the Chief Officers of the three organisations and have now been endorsed and published by the Department for Education.

As a Partnership we are adhering to our principles and aims:

- for clear accountability;
- for clear and demonstrable influence;
- and for equitable and fair contributions from all partners.

CYSCP will be continuing to make sure that effective systems are in place to protect children from abuse and to prevent impairment to children's health and development. We want to be sure that children grow up in circumstances consistent with the provision of safe and effective care.

### Priorities

The key priorities for the CYSCB will be carried over into the new CYSCP. These will be the issues in relation to:

- Early help
- Neglect
- Child Sexual Abuse and Exploitation
- Children Missing from Home, Care and School
- Domestic Abuse

As this report shows, the work in these areas is still a significant challenge for partners working with children and families. CYSCP will continue to push for prevention and intervention into the impact on children and young people of all forms of exploitation; of domestic abuse and of neglect and its many factors. Children who are particularly vulnerable to abuse and exploitation such as those missing from home, care and education must be identified and protected.

In 2018/19 CYSCB heard that young people were asking for a focus on their wellbeing and on their mental health. CYSCB has challenged the Health and Wellbeing Board and the Strategic Partnership for Mental Health to address this and will be pursuing this through 2019/20.

New in 2019 will be a particular focus on Harmful Sexual Behaviour (HSB) between children and young people. With the support of the NSPCC, the partners will be working together to undertake a full audit of the understanding of, and services available, to address HSB. Specific multi-agency training will take place (in addition to that already delivered in the context of safeguarding training) including workshops to disseminate the findings and lessons learned from the Learning Lessons Review referred to in Chapter 5 of this report.



In addition, CYSCP is aware that issues such as County Lines, Modern Slavery and Human Trafficking are increasing across the country and that the City of York is no exception. CYSCP is an active participant in the York and North Yorkshire Modern Slavery Network and is in close communication with North Yorkshire Police and regional colleagues. The Partnership will, therefore, continue to be fully informed about the figures in York and the processes for addressing these, whilst challenging partners and the public to keep themselves aware, informed and actively to take action such as reporting concerns. (A new [Child Exploitation Screening Tool](#)<sup>39</sup> to be published in July 2019, will enable all practitioners to consider the level of their concerns.)

As a continuation of the Early Adopters' project, CYSCP will be working with the NSPCC and with young people themselves to address safety for young people when they are using social media.

A new CYSCP Business Plan will be developed for 2019-2022 which incorporates all of the CYSCP priorities. A new Quality Assurance, Learning & Improvement Framework is in development for 2019, and will outline all of the processes that CYSCP and CYSCP partners use to demonstrate the *'commitment to shared learning and improvement that is characterised by robust but professional challenge'* as described in the [JTAI report](#).<sup>40</sup>

### **Monitoring, scrutiny and challenge**

CYSCP is monitoring the Action Plan which resulted from the Joint Targeted Area Inspection (JTAI) in 2018 and asking what individual agencies are doing to meet their requirements within this plan.

CYSCP will be interested in the development of the new Multi-Agency Safeguarding Hub which is to replace the current arrangements in the Children's Front Door later in 2019 and will be looking for evidence and assurance that children and young people are better served and better protected in the face of all adverse childhood experiences.

Independent scrutiny of safeguarding practice will be provided by CYSCP partners working together to require and to challenge updates and Assurance Reports presented to the CYSCP sub-groups and the Partnership itself. In addition, the role of the Independent Chair of CYSCP will be to provide external and independent scrutiny of safeguarding arrangements. The presence of, at least, one lay member on the Partnership will provide a perspective on safeguarding arrangements from a position of having no personal or organisational investment in the processes and outcomes.

CYSCP will continue to enhance the Partnership's connection with communities via sub-group members and a close connection with the voluntary sector.

The voice and views of children and young people remains paramount, either via individual agency and assessment process, or in direct dialogue with young people's groups.

<sup>39</sup> <https://www.saferchildrenyork.org.uk/Downloads/CYSCP%20CE%20Screening%20Tool.docx>

<sup>40</sup> <https://files.api.ofsted.gov.uk/v1/file/50037488>

## 11. Key Messages for Readers

### *For children and young people*

- What makes you feel safe is important to us.
- We ask our partners to tell us what they are doing to hear you and what they are doing as a result of what you say.
- We want York to be a safe and happy place for you to grow up in.

### *For the community*

- You see what is happening in your community.
- If you are worried 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 Partnership organisations*

- Listen to what children and young people are saying and shape your services in response.
- Children communicate in all sorts of different ways. Make it possible for them to tell you what they need to including pre-verbal and non-verbal children.
- CYSCP wants to know what you are doing to keep children safe. You can tell us in a variety of ways – assurance reports, audits, updates to sub-groups.
- As a representative on CYSCP you are also representing the frontline practitioners in your organisation. Tell CYSCP what they are saying.
- Multi-agency training is not just about hearing about an issue, it is also about understanding the challenges from the perspective of other agencies and about agencies working together. Encourage your workforce to attend training courses and learning events.

### *For schools:*

- You are an important partner in the safeguarding agenda. CYSCP wants to engage with you and what you do to safeguard children and young people.
- Tell us what we can do to support you.
- 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.

***For practitioners:***

- If you are concerned that the professional decision which has been made about a child is not the right one, raise your concern, firstly with your line manager or safeguarding lead, and follow the CYSCP Resolution of Disputes and Escalation of Concerns<sup>41</sup> process.
- Be aware of how CYSCP communicates: newsletters, website (news, guidance, policy and procedures), regular Twitter feeds, training online and face to face.
- Do you know who represents your organisation on the CYSCP? Are you getting information from them on CYSCP activity? (Membership details at [Appendix A](#) 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.
- Be aware that Child Exploitation, County Lines, Modern Slavery, Human Trafficking and FGM do happen in York. Look out for the signs.
- Be aware that domestic abuse, neglect, inter-familial sexual abuse and emotional abuse are still happening.
- Access the multi-agency safeguarding training which is offered by CYSCP here: <http://www.saferchildrenyork.org.uk/learning-and-development.htm>
- Use the CYSCP website and twitter feed for information, guidance, tools and links to safeguarding information.

***For everyone:***

Remember that:

**‘Safeguarding is everybody’s business’**

**Appendices:**

- A. Membership of the new CYSCP - 1 April 2019
- B. The Board's Finances
- C. CYSCP Business cycle

<sup>41</sup> <https://www.yor-ok.org.uk/Safer%20Children%20York%202014/resolution-of-disputes.htm>

## Appendix A - CYSCP membership from 1 April 2019

Representing	Name
The Vale of York Clinical Commissioning Group	Michelle Carrington, Chief Nurse
North Yorkshire Police	Phil Cain, Deputy Chief Constable (Annette Anderson, Assistant Chief Constable from July 2019)
The Local Authority Children's Services	Amanda Hatton, Corporate Director Children Schools and Communities
Designated Professionals, CCG	Karen Hedgley, Designated Professional Safeguarding , CCG
York Teaching Hospital NHS Foundation Trust	Fiona Mockford, Head of Safeguarding (Rachel Stanton from June 2019)
Tees & Esk Wear Valley NHS Foundation Trust	Karen Agar, Associate Director of Nursing
Voluntary Sector – CVS	Alison Semmence, CEO
Voluntary Sector - NSPCC	Debra Radford, Service Manager
CAFCASS	Kim McDonnell, Service Manager
Education	Maxine Squire, AD Education & Skills
Public Health	Sharon Stoltz, Director of Public Health
The Lead Member for Education, Children & Young People (Participant Observer)	Cllr Keith Myers
Lay member	Barry Thomas
The Chair of the Business Group (by rotation - to report to each meeting of the CYSCP on the activities of the sub-groups.)	Karen Hedgley, Designated Professional CCG, Spt. Allan Harder, NYP or Sophie Wales, AD Children's Specialist Services
CYSCP Business Manager	Juliet Burton, CYSCP Business & Performance Manager
CYSCP Business Unit <i>as required</i> (e.g. Performance Report or L&D report)	Cathy Brown, Performance & Governance Officer Laura Davis, Workforce Development Adviser
Business Support	Marie Pearson

The Partnership will include a 'virtual membership' of partners:

- who receive all papers;
- who are invited to participate with comment and feedback

but who do not necessarily attend every face-to face meeting.

These members, along with other officers, are invited to attend in person as and when necessary, for example: to provide information and updates on actions, initiatives and inspection and to provide assurance on safeguarding activity using the *CYSCP Agency Assurance Report* template

Representing	Name
Probation Services	Louise Johnson, NPS Head of Area - North Yorkshire, Her Majesty's Prison & Probation Service (HMPPS)
CRC	Sandra Chatters, Community Director (North Yorkshire), The Humberside, Lincolnshire & North Yorkshire CRC Ltd
YOT	Sara Orton, Service Manager YOT
CYC Housing Services	Tom Brittain, Assistant Director of Housing and Community Safety
Designated Doctor	Sarah Snowden, Designated Doctor Safeguarding Children
NHS England	Chloe Haigh, Senior Nurse NHS England
Leeds & York Partnership NHS Foundation Trust	Lindsay Britton-Robertson, Head of Safeguarding
CYC Adult Services	Sharon Houlden, Corporate Director Health, Housing and Adults Social Care
Changing Lives	Phil Elliot, Service Manager
HMP Askham Grange	Paul Mahoney, Head of Offender Management
Chair of Business Group (attendance by rotation)	Karen Hedgley, Des. Professional, CCG/ Spt. Allan Harder, NYP/ Sophie Wales, AD Children's Specialist Services
Chair of Safeguarding Adults Board	Tim Madgwick
LA Legal Services Manager (People)	Melanie Perara
Communications Officer	Claire Duggleby
Corporate Strategy and City Partnerships	Will Boardman, Head of Corporate Strategy and City Partnerships
Members of CYSCP Business Unit (attendance to deliver reports)	Cathy Brown, Performance & Governance Officer; Laura Davis, Workforce Development Adviser; Caroline Wood, School Safeguarding Advisor

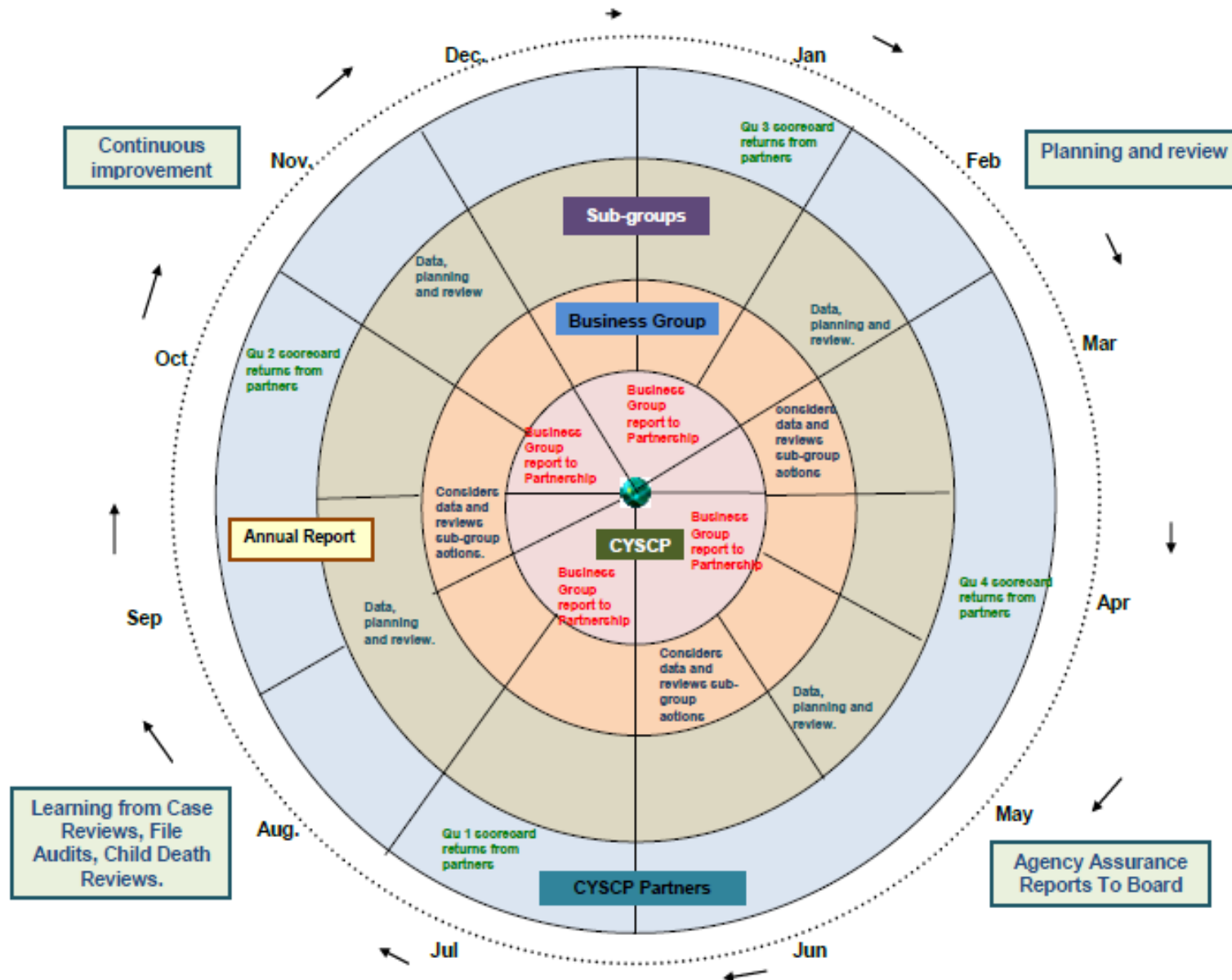
## Appendix B – CYSCB Finances 2018/19

### Budget

Expenditure (£)	2018/19	Income (£)	2018/19
		Balance B/fwd from 2017-18	£(3,999)
Staffing	£136,451	CYC Children's Services	£(68,738)
Training Budget	£12,411	Vale of York CCG	£(78,991)
Other	£8,898	Police: North Yorkshire Police	£(33,011)
Recharges	£18,840	CYC Education and Skills	
Child Death Review Grant	£24,000	NPS North Yorkshire and CRC	£(2,211)
Serious Case/Learning Lessons Reviews	£3,335	Schools	£(50,000)
Independent Chair	£18,100	CAFCASS	£(550)
		Others	£(420)
		Child Death Review Grant	£(12,000)
		Serious Case Review	
<b>Total Costs</b>	<b>£222,035</b>	<b>Total Income</b>	<b>£(249,920)</b>
		C/fwd to 2019/20	£(27,885)

The Chief Officers Reference and Accountability Group (CORAG) discusses current and future funding arrangements and agrees the budget each year.

## Appendix C – CYSCP Business Cycle 2019/20



## Contact Details If You Are Concerned About A Child

If you have a concern that a child is vulnerable or at risk of significant harm please contact the Children's Front Door/Multi-Agency Safeguarding Hub (MASH):

Phone: 01904 551900

and/or, using a referral form:

Email: [childrensfrontdoor@york.gov.uk](mailto: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>

## Contact Details For The Board/Partnership.

CYSCB/P website

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

Twitter: [@YorkSCP](https://twitter.com/YorkSCP)

Email: [cyscb@york.gov.uk](mailto:cyscb@york.gov.uk)

CYSCB/P Independent Chair: Simon Westwood

CYSCB/P Business Manager: Juliet Burton