



## Notice of a public meeting of

### Health Overview & Scrutiny Committee

**To:** Councillors Funnell (Chair), Doughty (Vice-Chair), Riches, Hodgson, Fraser, Richardson and Cuthbertson

**Date:** Wednesday, 13 March 2013

**Time:** 5.30 pm

**Venue:** The Guildhall, York

### AGENDA

1. **Declarations of Interest** (Pages 3 - 4)  
At this point in the meeting, Members are asked to declare:

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

which they may have in respect of business on this agenda.

2. **Minutes** (Pages 5 - 14)  
To approve and sign the minutes of the meeting held on 20 February 2013.

3. **Public Participation**  
At this point in the meeting, members of the public who have registered their wish to speak regarding an item on the agenda or an issue within the Committee's remit can do so. The deadline for registering is **Tuesday 12 March 2013 at 5:00 pm.**

**4. Verbal Report from the Chief Executive of York Teaching Hospital NHS Foundation Trust on the Francis Report** (Pages 15 - 26)

The Chief Executive from York Teaching Hospital NHS Foundation Trust will be in attendance to give a presentation in response to the Final Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry Chaired by Robert Francis QC.

**5. 2012/13 Third Quarter Financial & Performance Monitoring Report** (Pages 27 - 34)

This report analyses the latest performance for 2012/13 and forecasts the financial outturn position by reference to the service plan and budgets for all of the relevant services falling under the responsibility of the Director of Adults, Children and Education.

**6. Interim Report- Personalisation Scrutiny Review** (Pages 35 - 40)

This report summarises the work undertaken to date by the Task Group working on the Personalisation Scrutiny Review. The Committee are asked to note and comment on the report.

**7. Interim Report- Community Mental Health Care in the Care of Young People Scrutiny Review** (Pages 41 - 60)

This report summarises the work undertaken to date by the Task Group working on the Community Mental Health in the Care of Young People Scrutiny Review. The Committee are asked to note and comment on the report.

**8. Work Plan** (Pages 61 - 62)

Members are asked to consider the Committee's work plan for the municipal year.

**9. Urgent Business**

Any other business which the Chair considers urgent.

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

Contact details are set out above

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### **Holding the Cabinet to Account**

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

### **Scrutiny Committees**

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

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

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**HEALTH OVERVIEW AND SCRUTINY COMMITTEE****Agenda item 1: Declarations of interest.**

Please state any amendments you have to your declarations of interest:

- |                       |   |
|-----------------------|---|
| Councillor Doughty    | Volunteers for York and District Mind and partner also works for this charity.<br>Member of York NHS Foundation Teaching Trust.   |
| Councillor Fraser     | Retired Member of UNISON and Unite (TGWU/ACTS sections).  |
| Councillor Funnell    | Member of the General Pharmaceutical Council<br>Trustee of York CVS   |
| Councillor Hodgson    | Previously worked at York Hospital<br>Member of UNISON  |
| Councillor Richardson | Frequent user of Yorkshire Ambulance Service due to ongoing treatment at Leeds Pain Management Unit.<br>Member of Haxby Medical Centre<br>Niece works as a staff district nurse for NHS North Yorkshire and York. |
| Councillor Riches     | Council appointee to the governing body of York Hospital<br>Member of UNITE   |





City of York Council

Committee Minutes

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|         |  |
|---------|--|
| MEETING | HEALTH OVERVIEW & SCRUTINY<br>COMMITTEE  |
| DATE    | 20 FEBRUARY 2013   |
| PRESENT | COUNCILLORS FUNNELL (CHAIR),<br>DOUGHTY (VICE-CHAIR), RICHES,<br>HODGSON, FRASER, RICHARDSON AND<br>CUTHBERTSON (EXCEPT MINUTE ITEM<br>73) |

**65. DECLARATIONS OF INTEREST**

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

Councillor Riches declared a personal interest in Agenda Item 8 (Update from Leeds & York Partnership NHS Foundation Trust (Access to Talking Therapies/Improving Access for Psychological Therapy (IAPT)) due to his current employment. As part of the National Skills Academy for Social Care Graduate Management Scheme he worked for Leeds City Council in their Adult Social Care department.

**66. MINUTES**

RESOLVED: That the minutes of the meetings of the Health Overview and Scrutiny Committee held on 19 December 2012 and 16 January 2013 be approved and signed by the Chair.

**67. PUBLIC PARTICIPATION**

It was reported that there had been three registrations to speak under the Council's Public Participation Scheme.

Graham Purdy, who was a public Governor of Leeds and York Partnership NHS Foundation Trust spoke regarding Agenda Item 9 (Work Plan).

He spoke about the conclusions of the recently released Francis Report into care at Mid Staffordshire NHS Foundation Trust and asked if additional processes would be put into place in York to avoid events such as those that were detailed in the report. He asked if the Committee would consider this and how they would assure York residents that they would exercise their scrutiny powers effectively to allay fears about future local health care provision.

John Yates from York Older People's Assembly spoke regarding Agenda Item 7 (Update on the Implementation of NHS 111 Service). He expressed concerns about the confusion that might be caused by the new NHS 111 number for non emergency health enquiries and the Police non emergency number, 101, being very similar. He felt that in emotionally stressful situations where non life threatening information was needed older people might not remember the correct number required. In his opinion if there was not sufficient clear publicity then this could occur. As a result of this, it could also reduce the overall efficiency of the two numbers.

Angela Portz, the Chief Executive of York Council for Voluntary Service spoke regarding Agenda Item 4 (Update on the North Yorkshire and York Clinical Services Review) she asked the Committee to consider if they had a view on supporting agencies that would be tasked with carrying out recommendations from the review.

**68. UPDATE ON THE NORTH YORKSHIRE AND YORK CLINICAL SERVICES REVIEW**

The Chief Executive of NHS North Yorkshire and York presented a series of papers related to the North Yorkshire and York Clinical Services Review Report.

In his presentation to Members, the Chief Executive of NHS North Yorkshire and York clarified that the report had not been written by KPMG, but that they had supported work on its production. He informed the Committee that it was intended that the report would become a working document for Clinical Commissioning Groups (CCGs) to use within their communities.

Discussion then ensued around the financial situation that CCGs would inherit.

Members were informed that NHS North Yorkshire and York had a projected £19 million deficit at the beginning of the current financial year, however this had been currently reduced to £12 million and it was hoped that it would be lower by the end of the financial year.

It was reported that the NHS Commissioning Board would take responsibility for a third of this deficit leaving the outstanding amount to be split on a pro-rata basis amongst the 4 CCGs across the region.

In addition there was an ongoing efficiency requirement across all of the NHS. Locally there was a challenge to make approximately £55 million savings across all health organisations in the region. The hospitals would have responsibility for just over half of this with the rest falling to the commissioners.

In response to a question from a Member about what ideas KPMG had proposed, the Chief Executive at NHS North Yorkshire and York responded that KPMG offered analytical skills and gave NHS North Yorkshire and York and the CCGs the chance to consider how other models could be applied as the scale of the financial challenges made change inevitable. He also felt that KPMG's involvement in the review had challenged the health community to look at changes that had to be made in order to bring down the deficit.

The Chief Clinical Officer at the Vale of York Clinical Commissioning Group, informed the Committee that the intention was that in a year's time the CCG would be operating with a balanced budget, but he did not want anyone to underestimate the significant challenges.

The Lay Chair of the Vale of York Clinical Commissioning Group warned Members that as the CCG pushed against its allocated budget, the hospitals within the region could go into deficit. He felt that the report disguised the challenge, that as providers of community care services, the hospitals could potentially be worse off financially than the commissioners in the future.

Some Members felt that the pro-rata deficit the individual CCGs would take on from NHS North Yorkshire and York did not take into account the differing needs, catchment areas and specialisms of hospitals across their different areas.

The Chair asked if NHS North Yorkshire and York had passed over £3 million of funding to the Council for Health, Social Care, Reablement services and other issues. She asked for confirmation whether this would be paid by the 31<sup>st</sup> March and what might happen to this money if the NHS North Yorkshire and York were abolished before the funds were transferred.

In response to the Chair's question, the Chief Executive at NHS North Yorkshire and York stated that the Director of Finance would deal with this as soon as possible and that some of the monies would be passed straight over to CYC, however other parts were discretionary.

Some Members queried how the review had involved service users and residents and what consultation had been had with them. The Chief Executive at NHS North Yorkshire and York responded that it was critical that they had the evidence to back up any proposals they put forward. The Chair said that a significant social mix of users had adopted a co-production model of working and it was acknowledged that this worked, she hoped that the CCG would follow suit and they confirmed that this was their intention. The Chief Executive from York Hospital said that there was often no time in the current financial climate to undertake lengthy consultation. There was a need to work urgently and at a certain pace but this did not mean it would not be on a collective basis.

Some Members had significant concerns around the non-equitable share of the debt between CCGs in the region and therefore proposed a motion that a letter be written to the Secretary of State for Health requesting that he write off the debt and also that the two MPs for the York area be invited to a future meeting to discuss what they had previously done to alleviate this situation and what could potentially be done in the future. The motion was seconded and when put to the vote this motion was carried.

- RESOLVED:
- (i) That the papers be noted.
  - (ii) That a letter be written to the Secretary of State requesting that the outgoing North Yorkshire and York Primary Care Trust's existing debts be written off.<sup>1</sup>

- (iii) That the two Members of Parliament for the City of York area be invited to attend a future meeting of the Committee.<sup>2</sup>

REASON: To keep Members informed of the actions taken as a result of the proposals suggested in the North Yorkshire and York Clinical Services Review report.

Action Required

- 1. To write a letter to the Secretary of State for Health informing him of concerns raised by the Committee and requesting that the PCT's deficit be written off. PEJ
- 2. To write a letter inviting Hugh Bayley MP and Julian Sturdy MP to attend the Committee. TW

**69. FINAL REPORT ON END OF LIFE CARE REVIEW**

Members considered the draft final report for the Committee's 'End of Life Care Review-The Use and Effectiveness of DNACPR Forms'.

The Chair suggested that the first and second recommendations in the report should be amended to reflect the lack of region wide organisations as NHS North Yorkshire and York would cease to exist at the end of March 2013. It was therefore suggested that the Vale of York Clinical Commissioning Group (VOYCCG) take the lead on implementing these two recommendations. Members thanked the Scrutiny Officer for her hard work during the review.

- RESOLVED:
- (i) That the report be noted and agreement given to forward this to Cabinet for consideration.
  - (ii) That Recommendations 1 and 2 be amended by way of deleting the reference to NHS North Yorkshire and York and allocating the lead for these recommendations to VOYCCG.

REASON: In order to complete this scrutiny review.

**70. UPDATE REPORT ON THE ANNUAL CARER'S STRATEGY AND UPDATE ON THE IMPLEMENTATION OF OUTSTANDING RECOMMENDATIONS ARISING FROM THE CARER'S SCRUTINY REVIEW**

Members considered a report which updated them on the Carer's Strategy and also on the implementation of the outstanding recommendations arising from the Carer's Scrutiny Review.

Members asked a series of questions to Officers including;

- What were the reasons for why the GP resource pack for carers was discontinued?
- How would the needs of carers be highlighted through the Shadow Health and Wellbeing Board's sub groups?
- If GPs had received information about the Carer's Champion Scheme?

It was reported that the resource pack for carers was now out of date and that generic information was now provided instead. York Carer's Centre had been in contact with GP practices in the city, and had an effective website with up to date information for carers. In response to a question about the Shadow Health and Wellbeing Board sub- groups, it was felt that the Shadow Health and Wellbeing Board themselves should consider an item on Carers at one of their future meetings.

In relation to information being given to GP practices about the Carer's Champion Scheme it was noted that this had recently been discussed at the Carers Help Steering Group, but had not been specifically picked up as an area which needed immediate work. Members requested a future update on this with input from the Vale of York Clinical Commissioning Group (VOYCCG) who led the Steering Group.

Officers also acknowledged that further work needed to be done in relation to access to employment support and vocational training for Carers.

RESOLVED: (i) That the report be noted.

- (ii) That the outstanding recommendations arising from the Review be signed off as complete.
- (iii) That a further annual update on the Carer's Strategy be added to the Committee's work plan.

REASON: To comply with the recommendations arising from the Health Overview and Scrutiny Committee's Carer's Review.

**71. UPDATE ON THE IMPLEMENTATION OF NHS 111 SERVICE**

Due to the unavoidable absence of the Commissioning Manager from NHS North Yorkshire and York from the meeting. It was decided to defer this item to a future meeting.

**72. UPDATE FROM LEEDS & YORK PARTNERSHIP NHS FOUNDATION TRUST (ACCESS TO TALKING THERAPIES/IMPROVING ACCESS FOR PSYCHOLOGICAL THERAPY (IAPT))**

Members received a paper from Leeds and York Partnership NHS Foundation Trust which updated them on the progress made to date on plans to improve access to talking therapies and psychological therapy (IAPT). The Service Manager for the IAPT service in North Yorkshire, Andrew Wright was present at the meeting to answer Members' questions.

Members were informed how the IAPT service was based around the idea of an individual's journey from treatment to recovery, at the earliest stage possible and to prevent admission to clinical services. Improvements that had been made to facilitate this included guided self help over the telephone, computerised Cognitive Behavioural Therapy (CBT) and more use of group work for those with common mental health issues.

It was reported that one advantage of earlier individual access to talking therapies was to prevent an individual's condition from becoming severe and chronic meaning a reduction in admission numbers. It was felt that earlier individual access could also break down perceived stigmas attached to mental health.

In response to a question about staffing, Members were informed that although York retained trained staff more easily than North Yorkshire, that limited contracts such as a maternity cover or fixed term posts were more difficult to fill.

RESOLVED: That the paper be noted.

REASON: In order to update the Committee on progress and plans made to improve access to IAPT services.

### 73. **WORK PLAN**

Members considered the Committee's Work Plan for the rest of the municipal year.

RESOLVED: That the work plan be noted and updated as follows:<sup>1</sup>

- Interim reports on the Committee's two ongoing Scrutiny Reviews to be considered at the March 2013 meeting.
- The attendance of the two Members of Parliament for the City of York at a future meeting to address concerns and to inform Members what they had done and would do in the future to alleviate concerns in relation to the financial situation as highlighted by the report on the North Yorkshire and York Clinical Services Review.
- A report on York Hospital's response to the Francis Report to be provided by the Chief Executive at York Hospital to the March 2013 meeting.
- A report on the Government's response to the Francis report (including information on how some of the recommendations may impact on the Health Overview and Scrutiny Committee) to be considered at the April meeting.



- To slip the items of the Director of Public Health's Annual Report and the Introduction from the Managing Director of the new Commissioning Support Unit to the April meeting.
- To reschedule the deferred NHS 111 item to the April meeting of the Committee

REASON: In order to keep the Committee's work plan up to date.

Action Required

1. To update the Committee's work plan

TW

Councillor C Funnell, Chair

[The meeting started at 5.35 pm and finished at 7.25 pm].


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# The Francis Report

Patrick Crowley  
Chief Executive

York Teaching Hospital   
NHS Foundation Trust



“This is a story of appalling and unnecessary suffering of hundreds of people. They were failed by a system which ignored the warning signs.....”



# Findings and Recommendations

- Standards and Compliance
- Openness, transparency and candour
- Compassionate, caring and committed nursing
- Patient centred leadership
- Accurate and relevant information



# Standards & Compliance

“....the trust was operating in an environment in which leadership was expected to focus on financial issues...”

...had a profound effect on the organisations ability to deliver safe & effective care...”



# Openness, transparency and Candour

- Allow concerns to be raised and respond openly and truthfully
- Provide information
- Be candid about harm caused avoidably
- Look in, not out





# Nursing Standards

- “completely inadequate standard of nursing was offered”
  - inadequate levels
  - poor leadership
  - recruitment & training
- Tolerance of poor standards





# Nursing Compassion and Commitment

- Entrants to the profession should be assessed for their aptitude to deliver and lead proper care and commit themselves to the welfare of patients (and visitors?)
- More “hands-on” training
- Value healthcare support (HCAs)
- Nursing voice and strong leadership



# Leadership

- Leaders who reinforce open culture
- Training and education
- Common code of ethics and conduct
- Accountability (MD, CN but others?)
- (committed to values and mission?)



# Information

- “information is the lifeblood of an open transparent culture”
- Everyone’s responsibility
- Accuracy and consistent interpretation
- Balanced and candid



# Our Foundations

- Values and behaviours
- Board leadership for safety and culture
- Value based recruiting
- Its My Ward Programme
- Open culture (?)
- Staff surveys
- Patient Feedback
- Governors



# Our challenges

- Health and Social care context
- Only one part of the “system”
- Financial environment
- Patient demography
- Hospital a place of last resort?
- Headline grabbing care failures
- Political sound-bites





# What Next?

- Ambition and expectations
- Promote change in the interests of our patients (and staff)
- Await formal response(s) to report
- Promote openness and honesty
- Enhance the patients voice



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**Health Overview & Scrutiny Committee****13 March 2013**

Report of the Director of Adults, Children &amp; Education

**2012/13 THIRD QUARTER FINANCIAL & PERFORMANCE MONITORING REPORT – ADULT SOCIAL SERVICES****Summary**

- 1 This report analyses the latest performance for 2012/13 and forecasts the financial outturn position by reference to the service plan and budgets for all of the relevant services falling under the responsibility of the Director of Adults, Children and Education.

**Financial Analysis**

- 2 Within Adult Social Services budgets financial pressures of £3,794k are being projected. There was growth of £1,500k included in the adult social care budgets for 2012/13, but despite this it remains challenging to address the increase in demand for services. All areas of the directorate have been examined, and mitigation options within adult services of £1,578k have been identified, that bring the forecast outturn for the service down to £2,216k, representing 4.7% of the £47,129k net budget. This is an improvement of £401k compared to the position being reported at the time of the second monitoring report.
- 3 The growing numbers of older people in the population, together with more people with complex needs and learning disabilities living longer are impacting on social care budgets across the country. The demographic trends indicate that there has been an increase of over 30% in the number of over 85s between the 2001 and 2011 census data. Further projections indicate a further 9% increase in over 85s by 2015 and 21% by 2020 with a 35% increase in over 90s by 2020. This means not just an increase in the numbers of older people requiring care, but also more people having complex and more costly care needs for longer periods of time. The impact of this national picture on York can be seen clearly in the projected overspend being reported for Adult Social Services.
- 4 In York we need to support more people as the population ages and more people with complex needs live longer. We are successfully supporting more people with early intervention and preventive services, information and signposting.

This means that the numbers of people supported by social care packages are not increasing at as fast a rate as the demographic population increases, but those with social care packages have more complex needs so the costs of those packages are increasing. Local health provision is under strain and increasingly social care is being asked to support people who would previously have received health care support. With developments in medical science young people with complex needs are living for longer and moving from children's services to adult services, where they can need intensive support to keep them safe and able to live a full life. 35 young people have moved from children's to adult services in the last two years, which is a trend we would not have seen even 5 years ago.

- 5 There is also a shared ambition across local government and health agencies to see health care delivered closer to home. This is underlined in York by the need to work as a community to address the budget deficit within the local health care system. The North Yorkshire and York Review highlighted the need for more joined up working and the need to reduce hospital admissions and lengths of stay. This approach does mean that more people will require social care support and this is currently an area of major concern as early discharge from hospital leads to people with complex care needs requiring very expensive care within their community.
- 6 We have seen increasing numbers referred from the hospital for discharge support over the last two years:
  - Average of 125 a month in 2010-11
  - Average of 135 a month 2011-12 and this trend is continuing
- 7 People are leaving hospital on average 7 days earlier this year. This means that they require more social care for longer. This is a positive indicator for delivery of the care closer to home strategy, but progress in one part of the system brings pressures in other parts. Discussions are taking place with the GP commissioners and the Hospital Trust to consider this problem and seek mitigations.
- 8 Homecare – The Homecare service has been substantially redesigned and has been successful in signposting some customers with low level needs to other forms of provision, but it does also mean that those customers receiving the service have more complex needs on average. This is one reason why, despite unit costs going down following the outsourcing of the service, total spend on our home care contracts has increased. In March 2011 there were 553 customers receiving 7 hours a week home care on average. There are currently 720 customers on the tiered contracts receiving an average of 8.1 hours of care per week. This results in a forecast financial pressure of some £2,891k.



- 9 Residential and Nursing Care - The number of admissions to care homes has remained fairly stable, but as predicted the demographic pressures and the increasing ability to support people at home for longer means people are needing more intensive support as they enter care homes. This is leading to higher costs in nursing homes and, for some residents, additional 1:1 support to keep them safe. In addition, unbudgeted fee increases of 1% have been approved in April and October. All these factors have resulted in a forecast financial pressure of £197k.
- 10 Direct Payments - More people have opted to take direct payments than anticipated and the numbers are likely to increase as personalisation of services is rolled out further, creating a projected overspend of £387k. The projected overspend is despite £500k of growth being allocated to this area in the 2012/13 budget.
- 11 Respite Care - Budgets are overspending by £199k. The potential to use current EPH vacancies to accommodate more planned respite places in order to save externally commissioned respite places is being pursued.
- 12 Demographic pressures are also evident in Adult Transport with a forecast overspend of £224k.
- 13 Vacancies in small day services (£209k) help offset the overall forecast Adult Services overspend.

### **Mitigation Options**

- 14 All areas of the directorate have been reviewed and work is ongoing within the Directorate Management Team to progress on a range of mitigation proposals, although this is not without some potential impact on customers and services:
  - Vacancy freeze measures are being strictly enforced across the directorate, including relief staff and short term cover. Other expenditure will only be incurred to meet statutory obligations, or where the well being of a vulnerable person could be compromised.
  - Contracts for care provision are being reviewed and opportunities taken to reduce the level of contracted spend where possible, and demand allows.
  - Options for utilising reserves and grants will be taken where a consequent general fund revenue saving can be generated.
  - Charges for services are being reviewed to consider the options for increased income generation.
  - Vacant beds within our Elderly Persons Homes will be used whenever possible for planned respite care.
  -

- All options to delay the start of planned investment in new or revised services will be considered.
- Decision making processes for care packages and support are being reviewed to ensure high cost arrangements are thoroughly scrutinised. All high cost packages have to be authorised by a Spend Panel, including The Assistant Director, Group Managers and Commissioning & Contracts Manager to ensure the needs are evidenced and eligible and that the costs are in line with market rates.

## Performance Analysis

15 Of the reported in year indicators, seven have achieved expected target for Q3; three show that although the target for Q3 has been missed, they are within an allowed tolerance; and ten have missed target and are outside of tolerance. Two measures have only Q2 performance noted as due to collection and verification processes nationally, information relating to Q3 will not be available until late March 2013.

| Code                  | Council Plan Link            | Description of PI   | 11/12  |          | 12/13  |        |        |        | Year End | RAG Status            |
|-----------------------|------------------------------|---|--------|----------|--------|--------|--------|--------|----------|-----------------------|
|                       |                              |   |        | Year End |        | Qtr 1  | Qtr 2  | Qtr 3  |          |                       |
| A&S1C Part2 (NPI 130) | Protecting Vulnerable people | Customers & Carers receiving Self Directed Support (Direct Payments ONLY)                   | Target | -        | Target | 10.0 % | 13.5 % | 17.5 % | 20.0 %   | Red – Missing Target. |
|                       |                              |   | Actual | -        | Actual | 10.6 % | 11.9 % | 12.7 % |          |                       |
| A&S1C REGION AL       | Protecting Vulnerable people | Customers & Carers receiving Self Directed Support (Direct Payments and Individual Budgets) | Target | -        | Target | 70.0 % | 70.0 % | 70.0 % | 70.0 %   | Green – on Target.    |
|                       |                              |   | Actual | 65.9 %   | Actual | 73.6 % | 73.6 % | 73.1 % |          |                       |
| A&S1G (NPI 145)       | Protecting Vulnerable people | Adults with learning disabilities in settled accommodation                                  | Target | 67.0 %   | Target | 18.5 % | 37.0 % | 55.5 % | 74.0 %   | Red – Missing Target. |
|                       |                              |   | Actual | 73.1 %   | Actual | 8.0 %  | 19.8 % | 40.0 % |          |                       |
| A&S1E (NPI 146)       | Protecting Vulnerable people | Adults with learning disabilities in employment   | Target | 5.7 %    | Target | 2.8 %  | 5.5 %  | 8.3 %  | 10.0 %   | Red – Missing Target. |
|                       |                              |   | Actual | 10.3 %   | Actual | 0.9 %  | 2.9 %  | 6.6 %  |          |                       |
| PAF C72               | Protecting Vulnerable people | Admissions - Permanent (65+) / Per 1000 pop   | Target |          | Target | 20     | 81     | 127    | 205      | Red – Missing Target. |
|                       |                              |   | Actual | 205      | Actual | 35     | 78     | 138    |          |                       |
| PAF C73               | Protecting Vulnerable people | Admissions - Permanent (18-64) / Per 1000 pop   | Target |          | Target | 2      | 3      | 7      | 9        | Green – on Target.    |
|                       |                              |   | Actual | 9        | Actual | 1      | 4      | 5      |          |                       |

| Code                  | Council Plan Link            | Description of PI   | 2012/13  |        |        |        |          |        |        | RAG Status                |
|-----------------------|------------------------------|---|----------|--------|--------|--------|----------|--------|--------|---------------------------|
|                       |                              |   | Year End | Qtr 1  | Qtr 2  | Qtr 3  | Year End |        |        |                           |
| Delayed Discharge s 1 | Protecting Vulnerable people | Average weekly number of CYC Acute delayed discharges   | Target   | 7.98   | Target | 7.90   | 7.90     | 7.90   | 7.98   | Red – Missing Target.     |
|                       |                              |   | Actual   | 8.69   | Actual | 10.46  | 8.67     | 9.45   |        |                           |
| Delayed Discharge s 2 | Protecting Vulnerable people | Average weekly number of reimbursable delays (people)   | Target   | 4.4    | Target | 3.8    | 3.8      | 3.8    | 3.8    | Amber – inside tolerance. |
|                       |                              |   | Actual   | 4      | Actual | 5      | 4        | 4.6    |        |                           |
| Delayed Discharge s 3 | Protecting Vulnerable people | Average weekly number of bed days   | Target   | 41.44  | Target | 33.3   | 33.3     | 33.3   | 33.3   | Red – Missing Target.     |
|                       |                              |   | Actual   | 41.25  | Actual | 52.07  | 46.41    | 50.9   |        |                           |
| Delayed Discharge s 4 | Protecting Vulnerable people | Total bed days cost   | Target   | 215.5  | Target | 40.0   | 98.0     | 152.0  | 215K   | Red – Missing Target.     |
|                       |                              |   | Actual   | 214.5  | Actual | 67.70  | 125.30   | 188.6  |        |                           |
| A&SNPI 132 (Part1)    | Protecting Vulnerable people | Timeliness of social care assessment - Commencement of Assessment within 2 weeks.                     | Target   | -      | Target | 80.0 % | 80.0 %   | 80.0 % | 80.0 % | Red – Missing Target.     |
|                       |                              |   | Actual   | -      | Actual | 25.0 % | 28.8 %   | 31.7 % |        |                           |
| A&SNPI 132 (Part 2)   | Protecting Vulnerable people | Timeliness of social care assessment - Completion of assessment in 6 weeks.                           | Target   | -      | Target | 80.0 % | 80.0 %   | 80.0 % | 80.0 % | Red – Missing Target.     |
|                       |                              |   | Actual   | -      | Actual | 42.9 % | 51.4 %   | 55.0 % |        |                           |
| A&SNPI 133            | Protecting Vulnerable people | Timeliness of social care packages  | Target   | 90.0 % | Target | 90.0 % | 90.0 %   | 90.0 % | 90.0 % | Amber – inside tolerance. |
|                       |                              |   | Actual   | 88.6 % | Actual | 89.8 % | 89.1 %   | 89.9 % |        |                           |
| A&S NPI35             | Protecting Vulnerable people | Carers receiving needs assessment or review and a specific carer's service, or advice and information | Target   | 25.6 % | Target | 6.3%   | 12.5 %   | 18.8 % | 25.0 % | Amber – inside tolerance. |
|                       |                              |   | Actual   | 24.0 % | Actual | 9.2%   | 14.6 %   | 18.4 % |        |                           |
| A&S NPI35 b           | Protecting Vulnerable people | Carers Separate Assessment waiting list - snapshot  | Target   | -      | Target | 180    | 150      | 125    | 100    | Red – Missing Target.     |
|                       |                              |   | Actual   | 207    | Actual | 214    | 179      | 165    |        |                           |
| A&SD39                | Protecting Vulnerable people | Statement of Needs  | Target   | 96.0 % | Target | 97.0 % | 97.0 %   | 97.0 % | 97.0 % | Green – on Target.        |
|                       |                              |   | Actual   | 96.8 % | Actual | 96.3 % | 96.7 %   | 97.0 % |        |                           |

| Code   | Council Plan Link            | Description of PI  | 11/12 - 12/13 |          |        |        |        |                  |              | RAG Status                |
|--------|------------------------------|--|---------------|----------|--------|--------|--------|------------------|--------------|---------------------------|
|        |                              |  | Year End      | Year End | Qtr 1  | Qtr 2  | Qtr 3  | Year End         |              |                           |
| A&SD40 | Protecting Vulnerable people | All services Reviews   | Target        | 90.0 %   | Target | 22.5 % | 45.0 % | 67.5 %           | 90.0 %       | Green – on Target.        |
|        |                              |  | Actual        | 85.8 %   | Actual | 36.9 % | 56.1 % | 70.1 %           |              |                           |
| A&SD54 | Protecting Vulnerable people | Equipment - 7 days   | Target        |          | Target | 96.0 % | 96.0 % | 96.0 %           | 96.0 %       | Green – on Target.        |
|        |                              |  | Actual        | 96.8 %   | Actual | 97.1 % | 96.0 % | 95.8 %           |              |                           |
| RAP A6 | Protecting Vulnerable people | Assessments missing Ethnicity  | Target        | 5.0%     | Target | 5.0%   | 5.0%   | 5.0%             | less than 5% | Green – on Target.        |
|        |                              |  | Actual        | 2.9%     | Actual | 7.1%   | 3.7%   | 3.7%             |              |                           |
| RAP P4 | Protecting Vulnerable people | Services missing Ethnicity   | Target        | 5.0%     | Target | 5.0%   | 5.0%   | 5.0%             | less than 5% | Green – on Target.        |
|        |                              |  | Actual        | 3.8%     | Actual | 3.7%   | 3.5%   | 3.42 %           |              |                           |
| SPKPI1 | Protecting Vulnerable people | Number of vulnerable people achieving independent living (%)                     | Target        | 72.9 %   | Target | 72.3 % | 72.3 % | 72.3 %           | 72.3 %       | Amber – inside tolerance. |
|        |                              |  | Actual        | 69.1 %   | Actual | 65.5 % | 65.5 % | <u>Marc h 12</u> |              |                           |
| SPKPI2 | Protecting Vulnerable people | Number of vulnerable people who are supported to maintain independent living (%) | Target        | 98.6 %   | Target | 98.6 % | 98.6 % | 98.6 %           | 98.6 %       | Green – on Target.        |
|        |                              |  | Actual        | 98.4 %   | Actual | 98.1 % | 98.6 % | <u>Marc h 12</u> |              |                           |

16 Customers & Carers receiving Self Directed Support (Direct Payments and Individual Budgets) – The percentage of those eligible people in receipt of direct payments is below local target and highlighted red.

It is felt that the introduction of the new RAS forms and process will allow for increased offers of personal budgets and direct payments. The wider measure which looks at eligible people in receipt of either has exceeded the Government's new target of 70%.

17 Adults with learning disabilities in settled accommodation and Adults with learning disabilities in Employment: Performance here remains short of expectations for Q3. This is in part due to the number of reviews which are planned for the end of the year. There are 191 reviews due by end of the year. Group managers are working with services to bring these up to date.

18 Admissions - Permanent (65+): From a good position in Q2 there has been an increase in older people admissions to EPHs. Customer Finance are undertaking assessments on a further 22 clients aged 65+ which may further impact on the figures by the end of the year position.

19 Average weekly number of CYC Acute delayed discharges / Average weekly number of bed days / Total bed days cost. The pace and volume of hospital discharges continues to increase.

November 2012 referrals were at a significant high. Q3 performance represents an improvement since Q1, but a slight deterioration since Q2.

- 20 Timeliness of social care assessment : Commencement of Assessment within 2 weeks and Completion of assessment in 6 weeks. There has been improvement over the three quarters, but this has not been in line with expectations. Figures continue to be low.
- 21 Carers Separate Assessment waiting list: The services have been successful in reducing the carers separate assessment waiting list. However progress has been slower than forecast and remains outside of the planned reduction for 2012-13. As well as working to reduce the list, the use of joint assessments of carers along with the cared for person are encouraged as best practice, except where a separate assessment is specifically requested.

### **Council Plan**

- 22 The information included in this report demonstrates progress on achieving the Council Plan for 2011-2015 and in particular, priority 4 'Protect Vulnerable People'

### **Implications**

- 23 The financial implications are covered within the main body of the report. There are no significant human resources, equalities, legal, information technology, property or crime & disorder implications arising from this report.

### **Risk Management**

- 24 The overall directorate budget is under significant pressure. This is particularly acute within Adult Social Services budgets. On going work within the directorate may identify some efficiency savings in services that could be used to offset these cost pressures before the end of the financial year. It will also be important to understand the level of investment needed to hit performance targets and meet rising demand for key statutory services. Managing within the approved budget for 2012/13 is therefore going to be extremely difficult and the management team will continue to review expenditure across the directorate.

### **Recommendations**

- 25 As this report is for information only there are no specific recommendations.

Reason: To update the committee on the latest financial and performance position for 2012/13.

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**Report  
Approved**

**Date** 5 March 2013

**Specialist Implications Officer(s)** None

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

**All**

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

**Background Papers**

Third finance and performance monitor for 2012/13, Cabinet 12 February 2013

**Annexes**

None



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**Health Overview and Scrutiny Committee****13<sup>th</sup> March 2013**

Report of the Assistant Director Governance and ICT

**Interim Report – Personalisation Scrutiny Review****Summary**

1. This report summarises the work undertaken to date by the Task Group working on the Personalisation Scrutiny Review. The Committee are asked to note and comment on the report.

**Background**

2. At a meeting on 13<sup>th</sup> November 2012 the Task Group<sup>1</sup>, along with some key partners, met to set a remit for this review. This was subsequently presented to and approved by the Health Overview and Scrutiny Committee at their meeting on 19<sup>th</sup> December 2012.
3. The agreed remit is set out below:

Aim

To review, with key partners in the city, areas of strength and areas for development around Personalisation to enable people to exercise as much choice and control over their lives as possible.

Key Objectives

- (i). To bring together residents and service and support providers, in a workshop environment, to identify the areas of strength and weakness in City of York Council's current approach to personalisation.
- (ii). And from the above to ultimately identify key priorities for the city around Personalisation to make improvements on.

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<sup>1</sup> The Task Group is comprised of Councillor Funnell (Chair), Councillor Doughty and Councillor Cuthbertson

## Work Undertaken on the Review to Date

4. On 17<sup>th</sup> January 2013 the Task Group met again, alongside key partners, to discuss the expectations for this review and ideas around the workshop referenced in key objective (i) of the remit set out in paragraph 3 of this report. This session was facilitated by Tricia Nicoll an independent consultant who has also agreed to facilitate the forthcoming workshop.
5. Tricia is an experienced consultant who is skilled at leading a range of facilitation, training and consultation around the personalisation agenda. She is a specialist foster carer for CYC and is approved to support two children from 0-18 with additional needs/disabled children.
6. In the first instance Tricia asked the Task Group and key partners around the table their aspirations for the review and the key themes emerging from this discussion are set out below:
  - To promote personalisation for people with mental health issues
  - To improve the choices the city can offer to people
  - To look at a multi-disciplinary approach, creative thinking and partnership working
  - Transformation
  - Understanding the platform we are working from to achieve transformation and finding a good starting point
  - Personalisation isn't just about health and social care it is about community; we need to look for a solid base and do the best with the resources we have
  - To look at ways of giving people the maximum choice and control over their lives in a very challenging economic climate for Local Authorities
  - To make sure we, as a Local Authority, focus on the right things to make the best use of the resources we have
  - To understand the priorities and co-production<sup>2</sup>
  - We have made progress but personalisation is a much wider issue that just looking at personal budgets it is also about making community connections

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<sup>2</sup> In this context Co-production is defined as delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours



7. In summing up this initial conversation Tricia said that her understanding from the comments made was that this piece of work must *do something*. It must, ultimately, go some way to assisting the Council to transform the services it offered to help people to enable them to 'live well' in York. To do this we needed to fully understand what we had now and how we could build on this and make improvements using the resources available to us.
8. Discussion then moved on to what the Task Group might like to ask at the forthcoming workshop. It was agreed that the themes and markers set out in the '*Making it Real: Marking progress towards personalised, community based support*'<sup>3</sup> be used by Tricia as a guideline to develop some questions and materials for the event. These markers are set out below for ease of reference:
  - Ensuring people have *real* control over the resources used to secure care and support
  - Demonstrating the difference being made to someone's life through open, transparent and independent processes
  - Actively engaging local communities and partners, including people who use services and carers in the co-design, development, commissioning, delivery and review of local support
  - Ensuring that leaders at every level of the organisation work towards a genuine shift in attitudes and culture, as well as systems
  - Seeking solutions that actively plan to avoid or overcome crisis and focus on people within their natural communities, rather than inside service and organisational boundaries
  - Enabling people to develop networks of support in their local communities and to increase community connections
  - Taking time to listen to a person's own voice, particularly those whose views are not easily heard
  - Fully consider and understand the needs of families and carers when planning support and care, including young carers
  - Ensuring that support is culturally sensitive and relevant to diverse communities across age, gender, religion, race, sexual orientation and disability
  - Taking into account a person's whole life, including physical, mental, emotional and spiritual needs

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<sup>3</sup> This document was considered by the Task Group at their first meeting. It was also presented to the Health Overview and Scrutiny Committee as an annex to a report on this review at their 19<sup>th</sup> December 2012 meeting

9. In addition to this the '*Making it Real: Marking progress towards personalised, community based support*' suggests that the following is what people want:
  - (i). Information and advice (having the information I need, when I need it)
  - (ii). Active and supportive communities (keeping friends, family and place)
  - (iii). Flexible integrated care and support (my support, my own way)
  - (iv). Workforce (my support staff)
  - (v). Risk enablement (feeling in control and safe)
  - (vi). personal budgets and self-funding (my money)
10. Taking the above into consideration, alongside understanding the systems currently in place in York, Tricia agreed to formulate some questions/materials around these themes to use at the forthcoming workshop. It was also collectively understood that some of our best learning around this area would most likely come from stories of good experience from those attending the planned event.
11. All those present at the informal meeting on 17<sup>th</sup> January 2013 were asked to e-mail any further ideas they had directly to Tricia, along with suggestions of who to invite to the event.
12. The Hudson Board Room at the Council's new Headquarters has been booked for the event on Tuesday 23<sup>rd</sup> April 2013. The Task Group, with Tricia as facilitator, will run two workshops on the day. The first will start at 1pm and finish at 3pm and the second will run from 4.30pm to 6.30pm. Tricia, the Task Group and the Scrutiny Officer will also be available between the two workshops for those who cannot attend at the scheduled times or for those who would prefer to discuss things in a more informal way.

### **Consultation**

13. To date consultation has taken place with Councillor Jeffries, in her capacity as Vice-Chair of the Independent Living Network, the Chief Executive of York MIND, various Council Officers and representatives of York Council for Voluntary Service (CVS) and York Older People's Assembly. Much wider consultation will take place as the review progresses.

### **Options**

14. There are no options directly associated with the recommendations in this report. Members are asked to note and comment upon the report.

### **Analysis**

15. Information and evidence received as part of this review will be analysed by the Task Group as the review progresses and fully reported in their final report.

### **Council Plan 2011-2015**

16. This review is directly linked to the 'protect vulnerable people' element of the Council Plan 2011-15.

### **Implications**

17. **Financial** – There are no direct financial implications associated with the recommendations in this report. However there will be a fee to pay for the independent facilitator which will be met from this Committee's allocation of the scrutiny budget and will be between £500 and £600. As the Task Group will be using a room at West Offices for the event there will be no costs associated with room hire. However there will be a need to provide tea, coffee and biscuits at the workshops on 23<sup>rd</sup> April 2013 and again the small charge that this will incur will be met from the scrutiny budget.
18. Any further financial implications that arise whilst the review is in progress will be fully addressed.
19. There are no other known implications associated with the recommendations in this report. However some may arise as the review progresses; these will be considered accordingly.

### **Risk Management**

20. There are no risks associated with the recommendations within this report. Should risks arise as the review progresses these will be identified and clearly set out in the final report arising from the review.

### **Recommendations**

21. Members are asked to note and comment on the interim report detailing work to date on the Personalisation Scrutiny Review.

Reason: To keep the Committee updated in relation to ongoing work on the Personalisation Scrutiny Review.

**Contact Details**

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**Report  
Approved**



**Date** 04.03.2013

**Specialist Implications Officer(s)** None

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

**All**



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

**Background Papers:**

“Making it Real: Marking progress towards personalised, community based support “

***(Health Overview and Scrutiny Committee: 19 December 2012-Agenda Item 9: Remit-Scrutiny Review into Personalisation)***

<http://democracy.york.gov.uk/ieListDocuments.aspx?CId=671&MIId=7198&Ve r=4>

**Annexes**

None



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**Health Overview and Scrutiny Committee****13<sup>th</sup> March 2013**

Report of the Assistant Director Governance and ICT

**Interim Report – Community Mental Health in the Care of Young People Scrutiny Review****Summary**

1. This report summarises the work undertaken to date by the Task Group working on the Community Mental Health in the Care of Young People Scrutiny Review. The Committee are asked to note and comment on the report.

**Background**

2. At a meeting on 5<sup>th</sup> November 2012 the Task Group<sup>1</sup> met with officers and Councillor Runciman, who had originally suggested this topic, to set a remit for this review. This was subsequently presented to and approved by the Health Overview and Scrutiny Committee at their meeting on 11<sup>th</sup> December 2012.
3. The agreed remit is set out below:

Aim

4. To raise awareness of:
  - emotional and mental health issues for young people
  - the services and interventions available

with a view to ensuring that the wider children's workforce are well informed and equipped to identify and respond to children and young people with emotional problems and/or emerging mental health issues.

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<sup>1</sup> The Task Group is comprised of Councillor Funnell (Chair), Councillor Richardson and Councillor Hodgson

### Key Objectives

- (i). To identify current levels of understanding and awareness of the importance of recognising early symptoms of emotional and mental health problems in young people
- (ii). To look at ways of disseminating learning from effective targeted emotional and mental health support in schools - with particular reference to the successful TaMHS (Targeted Mental Health in Schools) arrangements.
- (iii). To look at ways to further improve multi-agency working in relation to supporting the emotional and mental health needs of children and young people in the city. In particular, to consider how the developing Children and Young People's Mental Health Strategy 2013-2015 will support this objective.

### **Work undertaken on the review to date**

5. On 4th February 2013 the Task Group met again with officers to consider papers on:

#### Background information on the work of the York Youth Council around mental health and well-being (**Annex A**)

6. The Task Group received a paper on the above which told them about a review the Youth Council had undertaken. This identified that young people wanted to be taught about emotional health and well-being but this wasn't, at that time, being covered in PSHE<sup>2</sup> lessons. They presented their findings at the CAMHS<sup>3</sup> conference in February 2012. Work is currently ongoing to develop some focussed work around emotional health and well-being that could be used in schools in the future.
7. The Task Group were keen to talk about this further and directly with representatives of the Youth Council. They are currently arranging to meet with them and it is hoped that this will happen before the end of March 2013.

#### YorOk CAMHS draft strategy 2013-16 (**Annex B**)

8. The second paper to be considered by the Task Group was around the CAMHS Strategy 2013-16.

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<sup>2</sup> Personal, Social and Health Education

<sup>3</sup> Child and Adolescent Mental Health Services

This is currently being updated and will ultimately be aligned with the Children and Young People's Plan 2013-16 and the Health and Wellbeing Strategy 2013-16.

9. There are seven strategic priorities within the draft strategy namely:
  - (i). Strategic planning and commissioning bodies will work together effectively to support child and adolescent mental health and well-being
  - (ii). Children and their families will be treated with respect and confidentiality
  - (iii). Mental health and well-being services provided by all agencies, including the voluntary and faith sector, are well coordinated
  - (iv). Promote mental well-being for children and young people and intervene early when difficulties begin to emerge
  - (v). Universal level services (schools/community) will provide coordinated and effective support to children and young people experiencing emotional or mental health problems, through support and signposting by appropriately trained staff
  - (vi). Accessible, specialist support will be available for children and young people with severe or chronic mental health needs
  - (vii). Supported, qualified, experienced and confident workforce will work across agency boundaries
  
10. On discussion of this paper the Task Group recognised there were still challenges and issues that needed to be thought through and highlighted the following:
  - Where possible there was a need to work with the whole family
  - All services needed to work together
  - Equalities issues – these were fundamental as there had been a change in the local population in the city.
  - How the Youth Council could attract a wider variety of young people to be involved
  - Continuing struggles to gain the confidence to speak to young people with mental health issues or those living in difficult circumstances
  - Ensuring there were enough people to listen
  - In secondary schools children may well choose to speak to their peers but in primary school it was more likely to be a teacher; this may well be because children of primary age tend to have only one teacher, whilst those of secondary age have many more.

Mainstreaming York TaMHS project (**Annex C**)

11. This paper presented the Task Group with information around a preventative strategy for addressing mental health needs in schools. York had introduced the ELSA (Emotional Literacy Support Assistant), initially in a small number of schools (2 secondary and 6 primaries). ELSA is an evidence based 5 day programme of training for Teaching Assistants, which was delivered by Educational Psychologists with support from colleagues in the Education Development Service and Specialist Teaching Service. The course covers a range of areas of mental health needs which can create barriers to learning.
12. The Task Group learned that there were now 109 ELSAs in York spread over 42 schools and were encouraged to hear about the many positive results these were having and the ways the schools had embraced this agenda. There had originally been some funding to support the training of ELSAs but this had now come to an end, however schools were still really keen to continue with training more people.

Mental Health Toolkit for Secondary Schools (**Annex D**)

13. The final paper that the Task Group considered at their 4<sup>th</sup> February 2013 meeting was around the Mental Health Toolkit for Secondary Schools. An audit had been undertaken with secondary schools and also the special schools and education support centre to review the provision of PSHE. One outcome of this review had been teachers expressing a need for training on signs and symptoms of mental health. This had led to the development of the Mental Health Toolkit as set out in **Annex D**.

**Next Steps**

14. On consideration of all of the information received the Task Group identified the following next steps for this review:
  - (i). To meet with the Youth Council to receive a presentation on and to discuss the work they have undertaken around emotional health and well being (*provisionally March 2013*)
  - (ii). Task Group to meet again to look at the line of questioning they wish to adopt for their meeting with Headteachers/pastoral carers (as set out in (iii) below) (*provisionally late March/early April*)



- (iii). To meet with Headteachers and/or those with responsibility for pastoral care. Four representatives to be invited (2 secondary and 2 primary, with one of these 4 not having an ELSA in place so that the Task Group can learn about the different support available in different schools) (*provisionally mid to late April*)
- (iv). Task Group to meet again to analyse all the information and evidence received to date as part of this review and begin to identify their findings, conclusions and recommendations (and any gaps in information there might be) (*provisionally late April/early May*)

### **Consultation**

- 15. To date consultation has taken place with City of York Council officers and Councillor Runciman, who had originally submitted this topic. Further consultation will take place as the review progresses, including liaising with the Youth Council on their work and meeting Headteacher/ pastoral care representatives.

### **Options**

- 16. There are no options directly associated with the recommendations in this report. Members are asked to note and comments upon the report.

### **Analysis**

- 17. Information and evidence gathered as part of this review will be fully analysed by the Task Group as the review progresses and will be reported in any further interim report to this Committee and in their final report.

### **Council Plan 2011-15**

- 18. This review is directly linked to the 'Protect Vulnerable People' element of the Council Plan 23011-15.

### **Implications**

- 19. There are no known implications associated with the recommendations in this report. However implications may arise as the review progresses and these will be addressed accordingly.

### **Risk Management**

20. There are no risks associated with the recommendations within this report. Should risks arise as the review progresses these will be identified and clearly set out in the final report arising from the review.

### **Recommendations**

21. Members are asked to note and comment on the interim report detailing work to date on this scrutiny review.

Reason: To keep the Committee updated in relation to the ongoing work on this scrutiny review.

### **Contact Details**

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**Report  
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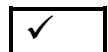


**Date** 05.03.2013

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

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

**All**



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

**Background Papers:**

None

**Annexes (online only)**

**Annex A** Background on the work of the York Youth Council on mental health and well-being

**Annex B** YorOK CAMHS Draft Strategy 2013-16

**Annex C** Mainstreaming York TaMHS Project – Update 2013

**Annex D** Mental Health Toolkit



## **Background on the work of York Youth Council on Mental Health and Well-being**

### **How did it all begin?**

York Youth Council recruits new members every September and each year they consult with the young people of York. With this information they decide on the campaigns for the year. In 2011-12, the young people focused on reviewing the PSHE curriculum in York's secondary schools and suggesting more relevant and engaging material for lessons. Within this review it was found that young people want to be taught about Emotional Health and Well-being, but this isn't being covered.

### **Child & Adult Mental Health Strategy Conference**

The Youth Council presented their findings at the CAMHS conference in February 2012. They shared the view that "There are lots of miserable people in my school". They highlighted the need for

- information on support services to be put in every child's school planner
- peer mentoring services – need to be properly supported by qualified staff, the school needs to allocate time and space
- lessons that educate everyone on how to stay mentally healthy and help friends when they are stressed
- accessible for support for under 16's
- support for victims of bullying

### **Focused work on emotional health and well-being**

The Youth Council worked with Kate Gibbon who is a Primary Mental Health Worker based at Castlegate. The young people shared their experiences of how issues such as family bereavement were or were not dealt with in school. From this the young people identified ways to improve school's approach to emotional healthy and well being.

- A scheme of work with six lessons for each of Years 7 – 11 was developed. The lessons explain where stress comes from and what you can do to manage stress and keep it at healthy level. This is prevention; young people get to work through strategies for dealing with a crisis and shows young people how to support each other. They do not talk about different types of mental illness.
- A film was commissioned which explains the Risk and Resilience model (stress bag) and can be used in the lessons.  
<http://www.youtube.com/watch?v=nzGIXER5fdc>
- This work was shared with Lesley White (Healthy Schools and Risky Behaviour Consultant) who is supporting a group to develop a mental health toolkit for schools. It is hoped the scheme of work will be developed in to lessons for us in York's secondary schools.
- The Mentally Healthy School Charter has been developed to detail what strategies, resources and support systems should be in place in secondary schools. Schools should balance well-being with academic achievement. The Charter states that there should be mental health sessions in PSHE, so students can learn how to deal with a crisis and develop resilience. The Youth Council gave a presentation at the Headteacher's conference in January. Secondary schools were asked to complete a questionnaire, identifying which of the 12 actions on the Mentally Healthy School Charter they already do in school, so there is baseline data.
- To acknowledge the commitment of schools to develop emotionally supportive learning environments, a three level award is being created.
- The work undertaken in York is being share with the UK Youth Parliament as part of the Curriculum for Life Campaign.

## **Yor-ok CAMHS Draft Strategy 2013-16**

The CAMHS Strategy is being updated, building on the extensive City of York CAMHS Review and Future Challenges document.

It will align with the Children and Young Peoples Plan 2013 -16:

***Promoting good mental health*** *Whilst we have a good range of services to support children and young people's emotional health and wellbeing, we need a more complete picture of local need across all the possible dimensions of young people's mental health.*

***We will know we have succeeded*** *when we have better information about what services are needed, have been able to successfully deliver them and know that they are making a difference. We also need to continue to pay particular attention to what young people are telling us in this area*

Also aligning with the Health and Well-Being Strategy 2013-16 priority:  
***Improving mental health and intervening early.***

Each of these documents emphasises the important of: Comprehensive Needs Assessment; Young Peoples Involvement in services development; Early Intervention; Tackling Stigma and Workforce Development.

The draft strategy has been subject of much consultation with partners and young people. It will be presented in March YorOK Board for consultation /sign of. It will then be launched together with the refreshed Executive arrangements.

### **Outline Strategy:**

Mission Statement and Vision: *'The ultimate goal is to: promote good mental and emotional well-being for children and young people in the City of York, where the emotional welfare and psychological development of the child is paramount.*

To achieve this everybody engaged in providing services for children and young people should contribute towards:

- *tackling the stigma of mental ill-health*

- *supporting high levels of personal achievement for all children and young people, both as individuals and as citizens, contributing towards the greater good.*
- *Access for all children and young people, from birth to their eighteenth birthday, who have mental health problems and disorders to timely, integrated, high quality, multi-disciplinary mental health services to ensure effective assessment, treatment and support, for them and for their families.'*

**The strategic priorities will be:**

- Strategic planning and commissioning bodies will work together effectively to support child and adolescent mental health and well-being.
- Children and young people and their families will be treated with respect and confidentiality.
- Mental health and well-being services provided by all agencies, including the voluntary and faith sector, are well coordinated.
- Promote mental well-being for children and young people and intervene early when difficulties begin to emerge.
- Universal level services (schools/community) will provide coordinated and effective support to children and young people experiencing emotional or mental health problems, thorough support and signposting by appropriately trained staff.
- Accessible, specialist support will be available for children and young people with severe or chronic mental health needs.
- Supported, Qualified, Experienced and confident workforce will work across agency boundaries

Bernie Flanagan|Strategic Planning and Commissioning Manager I

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## Mainstreaming York TaMHS Project - update 2013

York LA was phase 3 of the TaMHS initiative April 2010- April 2011 and received a substantial amount of funding (£222k) to implement a preventative strategy for addressing mental health needs in schools.

York introduced the ELSA (Emotional Literacy Support Assistants) programme, initially in a small number of schools (2 secondaries and 6 primaries). ELSA is an evidence-based 5-day programme of training for Teaching Assistants, which was delivered by Educational Psychologists with support from colleagues in the Education Development Service and Specialist Teaching Service.

The course covers a range of areas of mental health needs which can create barriers to learning:

*Emotional Literacy, Self-esteem, Active Listening and Communication, Solution-focused Conversations, Autism, Attachment, Understanding Anger, Loss and Bereavement, Therapeutic Stories, Silver SEAL, Social Skills and Friendship Groups.*

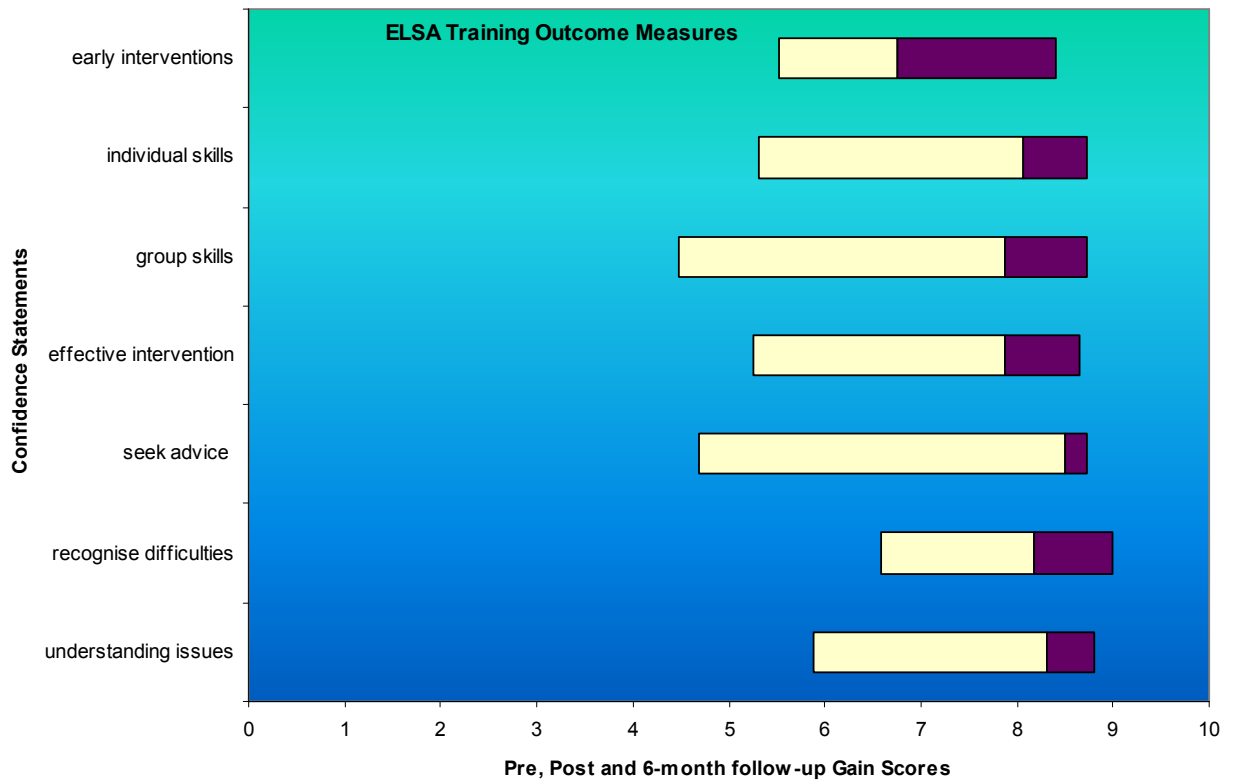
Primary Mental Health Workers and Educational Psychologists provided regular (half termly) consultation to ELSAs for the duration of the TaMHS project.

The TaMHS Steering Group was set up as a subgroup of the York Social Emotional Wellbeing Group (SEWG) and the ELSA initiative was embedded in the comprehensive review of CAMHS (2011-14) as part of the 'Early Intervention and Primary Care' element (p.9 onwards). More recently it has been highlighted in the Health and Wellbeing Strategy 2013

### **Quantitative Evaluation of ELSA work:**

The TaMHS ELSA project was subjected to a comprehensive evaluation which demonstrated a very positive impact. Teaching Assistants were given questionnaires to complete before training, after training and with further follow-up 6 months into their role as an ELSA. The results demonstrated a large positive shift in the confidence and competence of ELSAs. The top three items showing the biggest overall gains were:

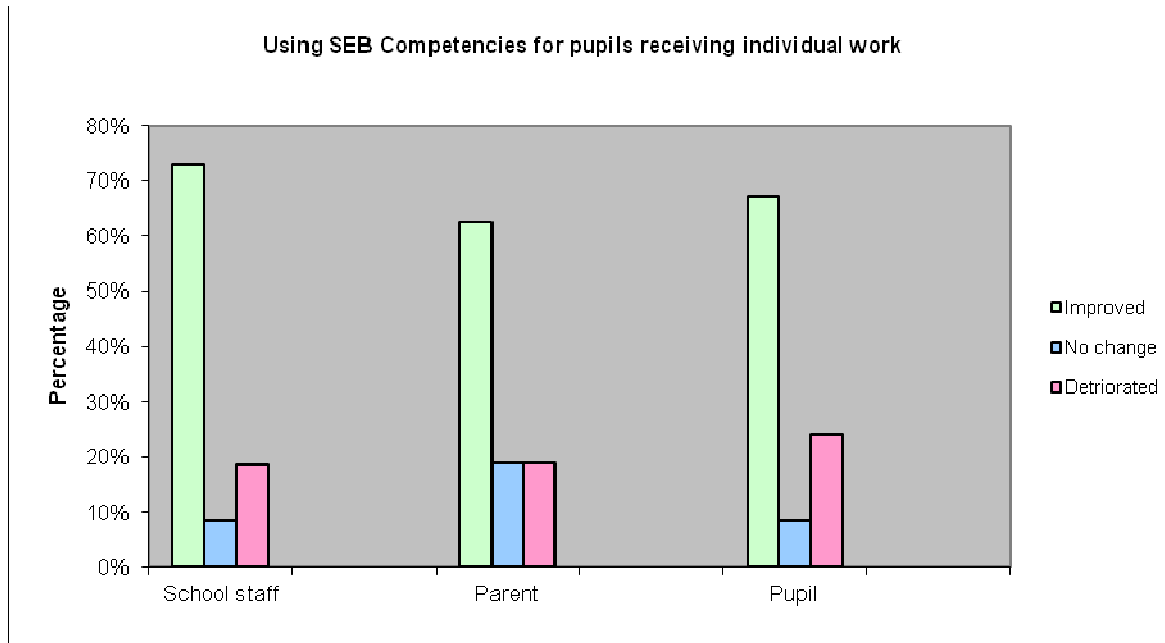
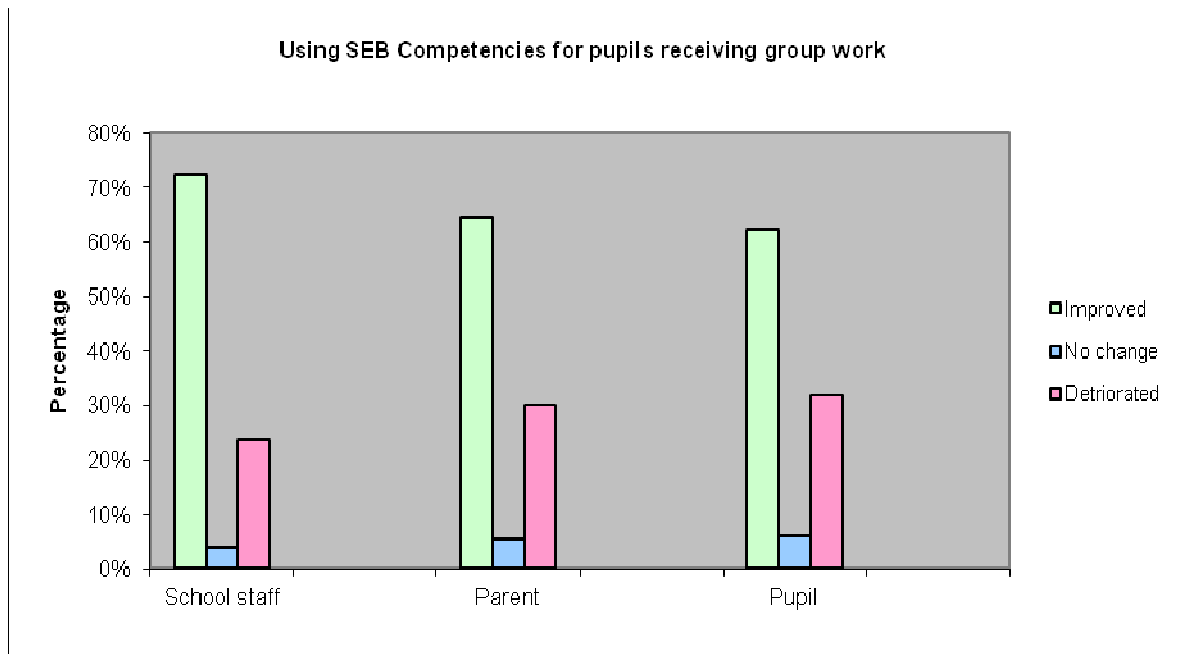
- Item 3 – 'I know where to seek information, advice and support on EHWP issues'
- Item 5 – 'I have the skills to run effective groups to develop EHWP'
- Item 6 – 'I have the skills to work with individual pupils experiencing difficulties relating to EHWP, in a 1-to-1 context'.



Data on pupil progress was triangulated from staff, parents and pupils.

- For group work: 72% of staff, 65% of parents and 62% of pupils showed improvements in perceptions of EHWB for the targeted pupils.
- For individual work 73% of staff, 63% of parents and 67% of pupils showed improvements in perceptions of EHWB for targeted pupils
- For more complex individual work 79% of staff, 89% of parents and 75% of pupils showed improved scores on the SDQ for targeted pupils





Cost effectiveness case-studies were undertaken. The cost of TaMHS/ELSA interventions for a specific pupil ranged from £157 (individual support) to £371 (extended group and individual work). Most schools anticipated that without TaMHS involvement, further input would have been required from outside agencies, incurring additional costs. For one of the cases the anticipated outcome was a short-term placement in the York PRU so the costs *without* TaMHS support potentially had an upper range of £3,000+.

Referrals to CAMHS increased over the duration of TaMHS, but Primary Mental Health Workers felt that this was because they had better links with schools to facilitate swift referrals, which were appropriate and had robust documentation.

### **Qualitative evaluation of ELSA work, including anecdotal quotes about the ELSAs:**

OFSTED Report published 16.12.10 (p.7) reads: *'Pastoral care is good ... A team of well-trained teachers and support staff provide particularly effective care for the most vulnerable pupils. The 'Targeted, Adolescent and Mental Health' (TaMHS) support programme is a real asset in developing pupils' social and emotional skills, consequently enabling them to be successful learners.*

Staff: (ELSA is) ... *"An extremely effective and excellent use of money."* (Y6 teacher)

*"It has given the more vulnerable children more confidence and has built up their resilience in dealing with situations, which would otherwise have caused them unhappiness. It is lovely to see the children using the coping strategies they have been taught."*(Headteacher)

Parent: *"X has really enjoyed the sessions and talked positively about them. He seems to be able to accept praise more readily and is more aware of his and other people's emotions."*

Pupil: *"I started getting worried about things about 1 year ago but ever since Mrs X started helping me it's been a lot better. I've done lots of strategies to help me calm down like the firework method where I think about a firework, so there is the trigger which gets me worried then the fuse when I get even more worried then BANG! in which I sort of break down but I've managed to stop it every time on the trigger. I have also done a method where there is a bag with six or seven marbles which represent my worries and every time I take out a marble it means 1 worry gone away."* (Primary pupil)

### **The current situation**

Following the success of the TaMHS pilot project, the ELSA programme has been rolled out across the LA as part of a 'mainstreaming strategy'. Although the government funding finished in April 2011, York chose to invest money from the Early Intervention Grant to sustain the ELSA project in 2011-12 and 2012-13.

The funding has enabled the Educational Psychology (EP) Service to deliver the course with 'host' schools providing the venue, hence it continues to be part of the Universal CAMHS Strategy 2014 onwards.

The ELSA initiative is coordinated by the Senior Educational Psychologist, with all members of the EP Team contributing to the course, alongside colleagues from School Improvement and the Specialist Teaching Team. We are proud of the fact that we have trained 109 ELSAs in 42 schools across York since 2010. Many schools have more than one ELSA, indeed one primary school has 12 ELSAs and another federated primary/special primary school has 10 ELSAs. Educational Psychologists offer ELSAs termly supervision in geographically-organised groups within their school patches.

York is now part of the national ELSA Network and has its own website run by one of the ELSAs.

Subsequent evaluations of ELSA courses at Westfield, Hob Moor, Carr Juniors, Hempland and Clifton With Rawcliffe have been very positive. Overall 99 % of the ratings given for achieving the course learning outcomes have been 'good' or 'excellent'. Competence and confidence questionnaires continue to show positive shifts pre and post training. Demand for places on the courses continues to be high. Yearsley Grove Primary School is hosting the current ELSA programme (Spring 2013). The Educational Psychology Service hopes that funding will remain in place to continue training and supervising ELSAs across the city.

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## **Briefing Paper for the 4<sup>th</sup> February 2013**

### **Mental Health Toolkit for Secondary Schools**

**Lesley White – Health and Community Consultant**

**School Improvement Service**

#### **Background Summary:**

The Health and Community Consultant undertook a review of the provision of Personal, Social and Health Education (PSHE) with the PSHE Leads in all 10 secondary schools, and also the special school and education support centre. This work commenced in May 2010 and was completed in September 2011. The initial analysis was to provide the Local Authority with information regarding the provision of Drug, Alcohol and Tobacco Education (DATE), and also Sex and Relationship Education (SRE) on a school and city-wide basis, and to help individual schools identify their present provision and any future actions to further improve this area of PSHE. Each school was provided with a report of the findings and ways to progress any weak areas.

The findings of the analysis highlighted amongst many things the following:

- Many schools were “working at” levels consistent with minimum criteria for DATE and SRE as outlined by the Healthy Schools programme
- Many schools had made insufficient use of National and Local data to inform programme planning
- Wider provision of information about health services to support young people in areas readily accessible to students was evident in the majority of schools

- Very few schools had a dedicated team approach to PSHE. Research suggests that this is the most effective model for delivery of DATE
- Whilst assessment of DATE and SRE in PSHE takes place informally in some schools, there is often no standard procedure for recording this, (although students do have a good idea of the progress they are making despite this).
- The consideration of the needs' of staff for in-service training on basic drugs awareness, drugs education, SRE, relationships, healthy eating, financial capability and emotional health issues is addressed through the curriculum, but often teaching staff were concerned about their lack of knowledge in certain areas.
- Teaching staff were concerned about the number of young people who were presenting possible signs of mental health, emotional health and wellbeing issues, which they often felt ill-equipped to deal with in the short term.
- Teaching staff expressed the need for training on signs and symptoms of mental health, but also specifically around self-harm and body image. The suggestion of training and a lesson plan Toolkit was felt to be an option to explore overtime. The success of the Sexual Relationship Toolkit for young people with learning difficulties, and having a shared vision and understanding with professionals from the Child and Adolescent Mental Health Service were felt to have been very successful. As a consequence, it was felt that a similar approach would be a good starting point for issues raised around mental health and emotional health and well-being.

### **Our Work:**

The findings from the analysis were shared with individual schools and then key findings were shared with partners from across the City with agreement of the schools. Individual school information remained confidential between the school and the Health and Community Consultant.

A small evidence review was undertaken to help focus the priorities of the work, and to also ensure we had priority outcomes.

The Assistant Director (Eoin Rush) was informed of the findings and an agreement was reached to establish a Mental Health Toolkit for Schools with the support of teaching staff.

A meeting was arranged with professionals from across the city to cascade the findings from the analysis and to establish ways forward.

It was agreed at the meeting that the action plan would benefit from sitting with the Social, Emotional Working Group (SEWG), for monitoring and future planning.

Two sub-groups were established, with one group covering the training needs of teaching staff and the other the Mental Health Toolkit. There have been two meetings for both groups and work is now underway to ensure effective delivery to young people.

The Youth Council have shared their work and it is anticipated that this will form some of the lesson plans, but not all. Further consultation has occurred with young people in schools across the city to establish their views and this will be instrumental in filling in the gaps to ensure the effective delivery of mental health and emotional health and well-being in schools.

Further support has been offered from University College London - Institute of Health Equity (Marmot Team), to ensure that we have the most relevant and up to date research for our work.

### **The Next Steps:**

Following on from the meetings, a bid for £15,000 was proposed to establish a Theatre in Education (TIE) to work with and alongside the lesson plans, as young people stated they would like interactive lessons. The bid was successful, and an advert has been placed to find the most appropriate company/artist(s).

Initial thoughts for the Toolkit will show a focus on Year 10 with 6 lesson plans perhaps covering:

- What is mental health and what is emotional health?
- DVD (Youth Council and/or TIE) – with discussion
- Monologues from the DVDs on areas to be ascertained at the next meeting.

- Lesson plans to be offered on various issues i.e, body image, peer pressure, stress etc. This covers the areas suggested by the Youth Council.
- TIE tour – yet to be discussed.
- Lesson – Where do I go to get help?
- Lesson – specific issues with, query input from the Primary Mental Health Workers (PMHW).

After the work with Year 10 it is anticipated that there will be a focus for Year 8, and then other year groups.

Consultation with young people has already commenced and further student voice work has been agreed in other schools across the city. It is anticipated that a larger piece of consultation will occur over a number of sessions with one school. This will focus on Year 11 and be based around the TIE.

Training to be offered with three levels:

- Level 1 – Mental health and Emotional Health and Well-Being
- Level 2 – Working with the Mental Health Toolkit
- Level 3 – Bespoke twilight training to cover the Toolkit and any misunderstood information from the training above  
(We will need to establish if the expectation is that staff will need to attend both Level 1 and 2 training, or whether those not delivering lessons can also attend Level 1. The issue may well be a high number of attendees, but could easily be overcome).

Further meetings have been set for both sub groups and will continue with the hope that work will commence in the autumn term.

The proposed framework is practical and aligned to the various National and Local strategies (Children and Young People's Plan; Children and Young People's Strategy; Council Plan; Health and Well-Being Strategy; NICE Guidelines; Department of Health, Healthy Child Programme; Department of Health, Public Health Outcomes) and will ensure that we can guarantee our suggested programme is of the highest quality for children and young people in our city.

25<sup>th</sup> January 2013



## Health Overview & Scrutiny Committee Work Plan 2012/2013

| Meeting Date                | Work Programme  |
|-----------------------------|---|
| 13 <sup>th</sup> March 2013 | <ol style="list-style-type: none"> <li>1. Verbal Report from the Chief Executive of York Teaching Hospital NHS Foundation Trust on the Francis Report</li> <li>2. Third Quarter CYC Finance &amp; Performance Monitoring Report</li> <li>3. Interim Report – Personalisation Scrutiny Review</li> <li>4. Interim Report – Community Mental Health in the Care of Young People Scrutiny Review</li> <li>5. Workplan for 2012-13</li> </ol>   |
| 24 <sup>th</sup> April 2013 | <ol style="list-style-type: none"> <li>1. Update Report – Merger of Priory Medical Group Surgery and Abbey Medical Group Surgery</li> <li>2. Annual Report of the Director of Public Health – The First 100 Days</li> <li>3. Monitoring Report from DPH – Identification of issues around provision of medical services for travellers and the homeless</li> <li>4. Introduction from the Managing Director of the new Commissioning Support Unit (CSU)</li> <li>5. The Francis Report – Implications for the Health Overview and Scrutiny Committee</li> <li>6. Update on the Implementation of the NHS 111 Service</li> <li>7. Verbal Update – Children’s Cardiac Surgery</li> <li>8. Workplan for 2012-13</li> </ol> |

### Reports for the 2013/14 Municipal Year

- June 2013 – Monitor of partnership working and implementation of learning about partnerships (report from LYPFT on the way that older people’s mental health services are provided)
- June/July 2013 – DULT Safeguarding Report (Annual Assurance of Governance Arrangements)
- July 2013 – Six Monthly Quality Monitoring Report – Residential, Nursing and Homecare Services
- December 2013 – LYPFT Annual Report to Committee from the Chief Executive
- February 2014 – Annual Report on the Carer’s Strategy

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