



## Notice of a public meeting of

### Health Overview & Scrutiny Committee

- To:** Councillors Funnell (Chair), Doughty (Vice-Chair), Douglas, Burton, Hodgson, Jeffries and Wiseman
- Date:** Wednesday, 23 October 2013
- Time:** 5.30 pm
- Venue:** The George Hudson Board Room - 1st Floor West Offices (F045)

## 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 11 September 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 22 October 2013 at 5:00 pm.**

**4. Annual Report from the Chief Executive of Leeds and York Partnership NHS Foundation Trust** (Pages 15 - 26)

Mental Health and Learning Disability services in York, Selby, Tadcaster and Easingwold have been provided by Leeds and York Partnership NHS Foundation Trust (LYPFT) since February 2012. This report sets out key areas of service development since that date; and areas for focus on further improvement over coming months.

**5. Partnership Working in Mental Health Services; and an interim review of the Care Home Liaison Team** (Pages 27 - 34)

In December 2012, York Health Overview and Scrutiny Committee provided its support for the reconfiguration of Leeds and York Partnership NHS Foundation Trust (LYPFT) beds for older people; and the development of a dedicated Care Home Liaison Team.

Members of the Committee asked for a subsequent update on partnership working in mental health services; an interim review of the Care Home Liaison Team; and an update on the placement of service users who had been in Mill Lodge prior to its closure. This report has been prepared for these purposes.

**6. Proposed changes to Psychological Therapies services in York** (Pages 35 - 40)

This paper outlines proposed changes to psychological therapies services in York, including St Andrew's Counselling and Psychotherapy Service.

**7. Section 136 of the Mental Health Act- Health Based Place of Safety** (Pages 41 - 44)

The report updates the York Health Overview and Scrutiny Committee on developments regarding a Section 136 Health Based Place of Safety (HBPOS).

**8. Presentation on 'Loneliness' from the Joseph Rowntree Foundation and Housing Trust** (Pages 45 - 48)

This presentation and attached paper will focus on the issue of 'Living with Loneliness'.

**9. Draft Final Report of Community Mental Health & Care of Young People Task Group** (Pages 49 - 120)

This report presents Members with the final report (**Appendix 1**) from the Community Mental Health and Care of Young People Scrutiny Review.

**10. Workplan Update** (Pages 121 - 124)

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

**11. Urgent Business**

Any other business which the Chair considers urgent.

**Democracy Officer:**

Name- Judith Betts

Telephone – 01904 551078

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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

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### **Scrutiny Committees**

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

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- 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 & 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. Member of York Teaching Hospital NHS Foundation Teaching Trust.
Councillor Funnell	Member of the General Pharmaceutical Council Trustee of York CVS
Councillor Hodgson	Previously worked at York Hospital Member of UNISON

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City of York Council

Committee Minutes

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Meeting	Health Overview & Scrutiny Committee
Date	11 September 2013
Present	Councillors Funnell (Chair), Doughty (Vice-Chair), Douglas, Burton, Hodgson, Jeffries and Wiseman

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## 21. **Declarations of Interest**

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

Councillor Douglas declared a personal non prejudicial interest as a result of her appointment to the Leeds and York NHS Partnership Trust.

Cllr Jeffries declared a personal non prejudicial interest as a Co-Chair of the York Independent Living Network.

## 22. **Minutes**

Resolved: That the minutes of the last meeting of the Health Overview and Scrutiny Committee held on 24 July 2013 be approved and signed by the Chair as a correct record.

## 23. **Public Participation**

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

Sally Hutchinson, Chief Officer for Age UK (York) raised concerns regarding changes to the funding arrangements for day care for older people with dementia. She asked for Members support in the need for ongoing funding for day care. She explained that there was a large number of people on the waiting list for day care, explaining that some people attend a Dementia club twice a week because they need the support and

their carers need them to attend. She also asked for an update on what was happening with regard to the Dementia club's eviction from Cherry Tree House. The Chair advised that an update on Cherry Tree House would be requested for the next meeting of the Committee.

Members were advised that David Smith, Chief Executive of York Mind, who had registered to speak at the meeting no longer intended to speak.

Dr Roger Pierce raised concerns about the excessive use of sirens by ambulances in York's city centre. He questioned the use of sirens on Huntington Road between Yearsley Road and Monkgate, much of which was straight with good visibility and asked ambulance drivers to exercise greater restraint giving consideration to the noise environment while recognising still the safety of other road users.

**24. Update on Implementation of the recommendations arising from the End of Life Care scrutiny review**

Members considered a report which provided them with their first update on the implementation of the recommendations arising from the previously completed End of Life Care Scrutiny Review which fell within the remit of the Health Overview and Scrutiny Committee.

The Chief Clinical Officer of the Vale of York Clinical Commissioning Group was in attendance at the meeting to answer any queries. Members acknowledged that the implementation of the recommendations arising from the review was still a "work in progress" and it was agreed that the Chief Clinical Officer be asked to provide a further update in approximately 6 months time.

The Chief Executive of York Teaching Hospital Trust suggested that a fuller report from both the commissioners and York Teaching Hospital Trust may be of benefit to the Committee.

Resolved: (i) That the recommendations remain as outstanding as work was still ongoing.

- (ii) That a further update report be presented to the Committee in approximately 6 months time.

Reason: To update the Committee on those recommendations which are still to be fully implemented.

**25. Annual Report from the Chief Executive of York Teaching Hospital NHS Foundation Trust**

Members considered the annual report from the Chief Executive of York Teaching Hospital NHS Foundation Trust which provided information on the Liverpool Care Pathway and an update on the Francis Report.

The Chief Executive of York Teaching Hospital NHS Foundation Trust drew Members' attention to the information contained in the report with regard to the Trust's withdrawal from the Liverpool Care Pathway and the position statement regarding work being done within the Trust in response to the recommendations of the Francis Report.

He provided the following additional information:

- A Trust open day would take place during the afternoon of 19<sup>th</sup> September and would be followed by the AGM. All Members were welcome to attend.
- With regard to standards, acknowledgment was given to the need to pay further attention to two areas of concern, which the Trust has struggled to achieve, namely the A&E four hour target and the C. diff trajectory.
- With regard to performance, despite ongoing financial challenges, the Trust had continued to meet targets across the range. Although there was some pressure on the 18 week, A & E and C. diff targets, the overall position was positive.
- Additional funding was welcome news but also an indication of the severity of the problems being faced. Although there was uncertainty about how the funds could be invested, it was likely this would be needed to supplement staffing during winter period/at night. More investment in community services would also help reduce numbers of visits to A&E.

- The Trust had been working closely with Vale of York Clinical Commissioning Group.
- The Chief Nurse had moved to London. New arrangements were in place which would be reviewed in 6 months time. Changes had also been made to the nursing structure.
- The approach to dealing with complaints had changed profoundly. The Chief Executive now met with the team and reviews every complaint personally.

Members requested an update on what the additional funding had been used for, when the information was available.

Resolved: That the annual report of the Chief Executive of York Teaching Hospital NHS Foundation Trust be noted.

Reason: In order that the Committee is kept up to date on the work of the Trust.

**26. Annual Report from the Chief Executive of Yorkshire Ambulance Service**

Members were asked to consider the Yorkshire Ambulance Services (YAS) Quality Accounts 2012-13 (and not the annual report as detailed on the agenda). A copy of the Quality Accounts 2012-13 was circulated to Members at the meeting and the Chief Executive of YAS presented the information contained in the report.

Members were updated on an operational redesign. The Chief Executive advised Members that the last rota change had taken place two years previously and that YAS were now working with external companies regarding a service reconfiguration. This was necessary to ensure that vehicles and crews were available when required.

The Chair noted that the Quality Accounts 2012-13 contained a large amount of in depth information which Members had not had the opportunity to consider before the meeting. It was agreed that YAS would be asked to attend a future meeting to allow Members to discuss the information as well as allowing YAS to present information on the reconfiguration of rotas as well as more details on some of the other schemes.

Resolved: That consideration of the Quality Accounts 2012-13 be deferred to a future meeting.

Reason: In order that Members have sufficient time to consider the information contained in the Quality Accounts 2012-13 before discussion at a future meeting.

**27. Update on the implementation of the NHS 111 Service**

Members received an update from the GP lead for NHS 111 York and Selby. He explained that the roll out of the NHS111 service to replace NHS Direct had been delayed due to national issues. NHS 111 was now taking calls from 18.30 until 08.00 on weekdays and from 18.30 on Friday until 08.00 Monday for patients registered to GPs in York and surrounding areas. He assured Members that NHS111 was based on a robust clinical system with strong evidence showing that clinical pathways do work and are risk adverse. He explained how the call handling process worked and advised Members that there was little evidence to indicate that there had been an increase in the number of A & E attendances or emergency ambulance call outs.

Members asked for feedback on the effectiveness of the 111 service and agreed that an audit of outcomes and how calls were evaluated would be very useful to determine whether people were using the system appropriately. Members agreed that this should be presented at a future meeting.

Resolved: That the update be noted.

Reason: To ensure the Committee is kept informed with regard to the introduction of the NHS111 service.

**28. Joint Update on the Vale of York Clinical Commissioning Group and York Teaching Hospital NHS Foundation Trust on how they are working together.**

Members received a verbal update from the Vale of York Clinical Commissioning Group and York Teaching Hospital NHS Foundation Trust.

The Chief Clinical Officer of the Vale of York Clinical Commissioning Group advised Members that they had a balanced plan, which they were confident they could achieve by the end of the year and which they were working with the hospital to deliver. This included looking at how to work within the community to provide a better service. He explained that during a recent trip to the United States, a colleague had been to see a initiative called PACE in operation, where patients are transported to a central location where a whole range of services including community care, district nurse, hair dressing and much more are available providing an opportunity to socialise while accessing these services. He advised that they were actively looking at this idea.

The Chief Executive of the York Teaching Hospital NHS Foundation Trust reminded Members that many services were shared and stressed the need to work together with the Vale of York Clinical Commissioning Group for the benefit of these services. He pointed out that if they did not manage resources effectively, they would lose the ability to improve services for York.

Resolved: That the update from the Vale of York Clinical Commissioning Group and York Teaching Hospital NHS Foundation Trust be noted.

Reason: In order that the Committee is kept up to date with the work of the Clinical Commissioning Group and NHS Foundation Trust.

## **29. Verbal Report on Public Health Service Plan**

Members received a verbal update from the Director of Public Health and Wellbeing on the Public Health Service Plan. He advised Members that they were now in the process of compiling the service plan for the following year and provided the following information:

- Due to the move of several functions from the NHS, a different type of legal contract was now needed and this entailed a huge amount of work
- They were starting to link public health agenda to wider determinants of health. This included starting to work with Children's Services and looking at how work could be done with Housing (Supported Living)

- They were now using Joint Strategic Needs Assessment to inform how to work forward into next year's plan
- They were looking at how to transfer services from the NHS
- They would work across a wider range of council functions. There would be closer working with adult social care.
- A health needs assessment would be undertaken with North Yorkshire.

Resolved: That the update be noted.

Reason: In order that Members are kept informed on the Public Health Service Plan.

### **30. First Quarter CYC Performance and Monitoring Report**

Members considered a report analysing the latest performance for 2013-14 and forecasting 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 Public Health and Wellbeing.

The Head of Finance (ACE) and Assistant Director (Assessment and Safeguarding) responded to specific queries raised by Members in relation to adult social care and health.

The Director of Public Health and Wellbeing reminded Members that it was the first year the local authority had held responsibility for public health and the exact cost of some services was still unknown.

Members noted that it would be useful to include timelines and named Officers in the report in order that they could ask questions of individual Officers where necessary.

The Chair asked that Officers present an update on First Quarter missed targets at the next meeting of the Committee.

- Resolved:
- (i) That the report be noted.
  - (ii) That a further update be presented at the next meeting of the committee.

Reason: In order that the committee is updated on the latest financial and performance position for 2013-14.

**31. Verbal Report from Director of Public Health and Wellbeing on the work of the Health and Wellbeing Board and how it works together with Health Overview and Scrutiny Committee**

The Director of Public Health and Wellbeing advised Members that a written report on the operation of the Health and Wellbeing Board would be presented to the next meeting. He reported that the Board had now been in place for 5 months and a Health and Wellbeing strategy, which covered a wide number of areas had been set. There were 4 partnership boards. With regard to how the Board would work with the Health Scrutiny Overview and Scrutiny Committee, he explained that scrutiny's role would be to scrutinise the actions coming out of the Board and this would be covered in the written report.

Members noted that it would be useful to have sight of the work plans of the partnership boards.

Resolved: That the verbal update be noted.

Reason: In order that Members understand how the Health and Wellbeing Board works with the Health Overview and Scrutiny Committee.

**32. Night Time Economy Review-Scoping Report**

Members considered a report which presented additional information in support of the agreed health related Night Time Economy Scrutiny Review, which asked Members to agree a timeframe and scope for completing the work on the review.

Resolved: That the following be agreed:

- (i) The revised wording of the remit as shown at paragraph 5 of the report.
- (ii) the objectives shown in paragraph 6 of the report.



- (iii) the timeframe detailed in Annex B of the report.
- (iv) that specific tasks set out in Annex B be allocated between Members of the Committee in order to progress the information gathering associated with this review.

Reason: To ensure compliance with scrutiny procedures, protocols and work plans.

### **33. Financial Update on the Vale of York Clinical Commissioning Group**

At the 26 April 2013 meeting of the Health Overview and Scrutiny Committee, Hugh Bayley MP for York Central and Julian Sturdy MP for York Outer attended the meeting to share their thoughts in respect of the Vale of York Clinical Commissioning Group's (CCG) inherited debt from NHS North Yorkshire and York.

Following that meeting, the Council's Director of Public Health and Wellbeing had written to Secretary of State, on behalf of the Committee, expressing concern at the financial position of the 4 Clinical Commissioning Groups in North Yorkshire and York, particularly in relation to the North Yorkshire and York Primary Care Trust deficit for 2012/13.

Members considered the response which was received from Jeremy Hunt, Secretary of State for Health which was attached as annex A to the report.

Resolved: That the response be noted.

Reason: In order that the Committee is kept informed regarding the four Clinical Commissioning Groups in North Yorkshire and York.

### **34. Work Plan Update**

A revised work plan was circulated to the Committee Members at the meeting.

Resolved: That the revised work plan be agreed and updated as discussed.

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

Cllr C Funnell, Chair

[The meeting started at 5.30 pm and finished at 7.25 pm].

## **Annual Report to the City of York Health Overview and Scrutiny Committee from the Chief Executive of Leeds and York Partnership NHS Foundation Trust.**

### **1. Introduction**

Mental health and learning disability services in York, Selby, Tadcaster and Easingwold have been provided by Leeds and York Partnership NHS Foundation Trust (LYPFT) since February 2012. This paper sets out key areas of service development since that date; and areas for focus on further improvement over coming months.

An important service development which is not included in this paper is the planned new health based Place of Safety (Section 136) suite, due to open at Bootham Park Hospital shortly. This will represent an important improvement to the experience of mental health service users in York; and we are delighted to have been able to agree a model for this service with commissioners. Commissioners are presenting a paper to the Health Overview and Scrutiny Committee on this development so it is not duplicated here.

### **2. York and North Yorkshire model for mental health community services and services providing alternatives to hospital admission**

We have completely redesigned our model for community mental health services and alternatives to hospital admission across York and North Yorkshire (Y&NY). We aim to deliver services which are better, simpler, and more efficient; and which deliver improved outcomes for service users, and a better experience for people who use our services and their carers. At our public consultation events, people have told us that:

- We need to address gaps in services including out of hours provision, crisis support, section 136 place of safety
- Early interventions for older people make a difference
- They want to be offered alternatives to hospital
- They want integrated care pathways that are recovery focused
- We should work in a more integrated way across the community
- They do not want to tell same story many times to many people

- They want a single pathway into services
- They want to see better partnership work between health and social care.

All of these areas will be addressed through the implementation of our new model.

We used evidence-based process mapping and analysis to understand the detailed working of current services and how we might maximise effective and efficient use of our workforce. Some of the key issues which the analysis revealed were that many service users were experiencing multiple assessments and frequent 'hand offs' between services (a hand off is when a person is moved from one worker to another or referred from one service to another); that we had different routes of access and variation in waiting times; services varied in how they used the Care Programme Approach; record keeping varied, as did routes for accessing beds and age restrictions for access to some services. Multiple community-based teams also represented duplication in some work and so presented opportunities for efficiencies, particularly managerial and administrative resources.

### **The new service model**

Central to the new model is an improved service user pathway that ensures:

- Care is based on best evidence and the highest clinical standards
- Care is based on a comprehensive assessment of need and individualised care planning
- People are directed to the part of the service that best meets their needs
- People are seen by clinical staff with the skills to meet their needs
- A single point of access to secondary mental health services
- Duplication and repetition of assessments is minimised
- Hand-offs are minimised.

Key elements of the new model are as follows:

**An age inclusive service** that does not discriminate on the basis of age or diagnosis and is able to respond appropriately to needs.

**Two integrated locality teams**, delivering services across the full adult age span. These integrated services will bring together the functions of the current adult Community Mental Health Teams (CMHTs), older people's CMHTs, the Community Recovery Team, the Homelessness Service, and the Community Alcohol Team. The Memory Service and Psychological Therapy resources will also be integrated into the locality teams. The Care Homes Liaison Team and Assertive Outreach Team will remain city wide services but will be based in one of the integrated locality community team hubs.

**A single point of access (SPA)** for all referrals to secondary services.

(Please note that this is for general adult secondary mental health services, but will not include specialist services such as forensic mental health, child and adolescent mental health, or learning disability services). All referrals will be via a single telephone number, postal address or e-mail address. This will remove any uncertainty for referrers and ensure that the service gives a high quality, consistent and prompt response.

**An integrated bed management function** will be delivered through a new Bed Manager role, ensuring access to inpatient beds is achieved in a timely way through a single route.

**Maintaining specialist skills within integrated teams.** Our proposed model is an integrated one; however that does not mean that everyone's skills are interchangeable. Our model aims to balance the need to maintain specialist skills, whilst developing flexible integrated working to address the complexities of people's needs. In the new model care is assessed and delivered along evidence-based, needs-led care pathways:

- Common mental health
- Psychosis
- Cognitive impairment, dementia and late onset mental health problems.

The service will retain a full range of specialist skills and expertise to meet service user needs within these pathways, whilst enabling more integrated and flexible working. The model recognises that service users' individual needs do not fit into clinical compartments and there are overlaps between care pathways, requiring shared expertise and transitions. The needs led pathways will be delivered by staff with the right skills and expertise; and include a balanced professional mix.

The new model will integrate with Primary Care Mental Health and Counselling services, allowing for a seamless stepped care service across primary and secondary care; and ensuring that our service is comprehensive and able to respond to a full range of needs.

**Location of the hubs.** The majority of community services are provided in people's own homes; and it is important that staff are easily able to access different parts of York, Selby district and Easingwold from their staff bases. We have therefore decided that the two integrated locality teams will be based in two hubs, one covering the north and east of the service and the other covering the south and west. This takes account of accessibility by public transport, the course of the river Ouse; and the impact that the river has on travelling across and around York, particularly when it is in flood. We have identified preferred sites for hubs and are working with commissioners to finalise plans. Importantly, service users will continue to be seen at the best and most accessible location for them.

The new service model will support the delivery of excellent clinical care for service users and their carers, which is evidence based, achieves effective outcomes and safe. Care will be delivered based on need through a simplified service user pathway, eliminating duplication and delay, demonstrating improved efficiency through embedding integrated care. We have set out key outcome measures and standards against which performance can be measured; and will carefully evaluate the model as it becomes operational. The Single Point of Access will begin to operate in late 2013 (determined by recruitment) and will be fully operational by April 2014.

### **3. Proposed changes to the St Andrew's Counselling and Psychotherapy Service**

#### **Background**

Over the past year, we have reviewed the way that we provide psychological therapies in York, including St Andrew's Counselling and Psychotherapy Service. This service currently provides a 3.5 day intensive group therapy programme, run as a Therapeutic Community. It also provides psychological therapies, including types of one-to-one and group interventions that are currently not provided elsewhere in York's secondary care services, such as specialist interpersonal/psychodynamic therapies.

St. Andrews is a valuable resource and provides a service that is very well regarded by its clients; however it is not a discretely commissioned service so it is appropriate that it is included in scope when we consider how best to meet the full range of needs of our service user population.

Specifically this review set out to achieve the following objectives:

- A single and coherent secondary care psychological therapies service for Y&NY, as part of our new community service. To date we have had multiple points of access and various waiting lists for therapy. In future all referrals for secondary care psychological therapy will be via the Single Point of Access.
- A robust personality disorder pathway, in line with the best practice network model provided in Leeds, accessible to those in greatest need and able to respond to high levels of distress and significant risk issues.
- An achievable plan to deliver required efficiency savings, whilst ensuring that the service is as comprehensive as possible within available resources; and delivers best value for money.

To inform the review we mapped the current pathway for people with a diagnosis of personality disorder (PD), to understand some of the difficulties in accessing specialist personality disorder services within York. Our review has resulted in a recommended model for a single Trust-wide Personality Disorder service, but with local variation in York to reflect local service user feedback and priorities. We are now consulting widely on the proposals, ensuring that we understand the views of all stakeholders, especially people who use our services and their carers; and our staff.

### **Personality Disorder Pathway.**

Components of the model are as follows:

- **A two-day Therapeutic Community.** The aim of a therapeutic community (TC) is that the whole community works to run the service and members take on jobs and responsibilities with the staff to make this happen. It is this democratic way of working that is at the heart of the community's life and this helps to give people a sense of empowerment, choice and responsibility that may be missing in their lives. The community helps with learning more about relationships and how to feel more effective in communicating, as well as with learning new skills or refreshing the ones that might feel to have been lost.

We propose that the Y&NY model incorporates a two day TC as part of the Leeds and York Managed Clinical Network. The two-day model reflects the importance attributed to a longer TC as we have developed this proposal locally. It maintains the therapeutic components most valued by St Andrew's service users.

It can continue to be provided from the current St Andrew's building if this is what staff and service users prefer.

- **Dialectical Behavioural Therapy (DBT) Skills Group Training.** DBT skills training aims to help people to learn new skills to help them cope when they feel suicidal, or want to use self-harming or life threatening behaviours to manage distress. It recognises that people develop such ways of coping due to invalidating experiences in their lives, which could include abuse, neglect or other kinds of personal trauma.
- **Consultation and support for the wider workforce.** This will be primarily through delivery of the nationally accredited PD Knowledge and Understanding Framework (KUF) Awareness Level training. This programme is delivered by a range of staff from the existing LYPFT PD services, alongside service user co-facilitators, and has been positively evaluated over the past 18 months. We have trained approximately 1000 staff from across a wide range of agencies, which has helped to build relationships between specialist PD services and colleagues from other parts of the service. The Leeds and York Managed Clinical Network will deliver training to approximately 160 staff per year, resulting in a significant systemic impact.
- **Vocational work.** Y&NY services have a well-established vocational pathway, staffed by occupational therapists and support workers, which will be part of the new community hubs. It has links with York St John University, work placement training opportunities and access to meaningful activity. The hubs will also each provide dedicated staff time to deliver the elements of the *Journey* programme. This aims to provide group members with the skills and knowledge to create an individual balance of activity, to promote health and wellbeing. Focusing on activity rather than talk, *Journey* helps people towards greater employment and inclusion, key to good mental health.
- **Specialist Case Management.** There are a number of people with a diagnosis of personality disorder who experience high levels of distress and significant risk issues. It can be difficult for mental health services to offer meaningful engagement in these circumstances. This can lead to avoidable acute admissions and out of area placements, including for Psychiatric Intensive Care.



Specialist psychologically informed case management can actively engage these clients, develop meaningful relationships and strategies for safety and containment. Our proposal is for two senior clinicians per hub to develop and maintain specific specialist skills in PD; and work with an active caseload of people with a diagnosis of personality disorder. A clinical lead in each hub will also be identified to “champion” the PD pathway.

- **Housing and Resettlement Support.** Y&NY has an established mental health housing officer and a supported housing pathway. The community teams currently have integrated social workers and Support, Time and Recovery (STR) workers, employed by City of York Council and North Yorkshire County Council, which can be accessed for social care assessment and on-going housing support.
- **Service User Involvement.** The proposed model actively involves service users in the delivery and evaluation of the service. From the regional PD Pathway Development Service we support an involvement initiative already based in York. *Creative Personalities* is an arts-based project which has engaged significant numbers of service users from York and across the region. Building upon this we propose to establish *Emergence North*, linking to *Emergence*, a national service user-led organisation which has been involved in advancing understanding of personality disorder. We will develop a range of service user-led initiatives and envisage that service user consultants, employed by Emergence, will be key to taking this forward.

### **Risks of adopting this proposal**

Concerns have been raised that the proposed changes could jeopardise the ability of the service to provide psychological therapies in accordance with NICE guidance; and will increase risks in service user safety and wellbeing. Proposals for capacity within new locality teams have, however, taken account of modelled measures of capacity and demand, referral rates, contact data, maximum caseload capacity and anticipated efficiencies gained from integration of other community resource. The establishment of three consultant clinical psychologist posts in the community hubs to provide clinical expertise and professional leadership will also ensure that the profile of psychological therapies remains strong. The integrated community model means that staff can work flexibly to ensure priorities are always met and no service element is left unsupported.

This proposed model identifies significant benefits for service users with a diagnosis of personality disorder in York and North Yorkshire. We are committed to continuous improvement and to working towards a 'blueprint' for an ideal service, as and when we are able to attract new income.

#### **4. A new low secure forensic unit for women**

It has been long established that there is a gap in the provision of low secure care for women nationally; and this is the case in North Yorkshire and York. Currently women who require specialist low secure care are often placed outside of the Yorkshire and Humber area, many within the independent sector. This can result in accessibility problems for carers, relatives and friends as well as a high cost of care.

The plans for a new low secure service for women in the North Yorkshire and York area have been under development since 2008 in this current form and have been taken forward in partnership with the Specialist Commissioning Group (SCG). In working with the SCG the development has addressed both the local North Yorkshire and York needs together with a wider sub-regional requirement for Yorkshire and Humber as a whole.

The project involves developing a Women's Low Secure Unit on the Clifton House site. The new unit will be integrated into the existing Forensic Psychiatry Service and will accommodate patients from Yorkshire and Humberside in two 10 bedded units. One of the wards will also have intensive nursing facilities. An adjoining section of the building will link the new wards to Clifton House. This adjoining section will feature new facilities including a gym, art room and other therapeutic and social spaces. Once completed, these facilities can be shared by both the male and female sides of the Clifton site.

Work is well under way with the contract work and Mansell Balfour Beatty, the builders, envisage the unit being completed mid- April 2014. The recruitment of a new clinical team is progressing well with many applicants showing an enthusiasm to work in the new service.

#### **5. Improving Access to Psychological Therapies (IAPT) Services**

The NY&Y IAPT service is undergoing a comprehensive service improvement programme, reviewing the current service's structure, processes, evidence based interventions, clinical activity, staffing and use of technology.

We are creating a Single Point of Access and Referral (SPAR) for the North Yorkshire-wide IAPT service. Streamlining the referral process will allow us to utilise our administrators more efficiently and consistently triage all of our referrals electronically.

To address our waiting lists we are undertaking a screening exercise; contacting everyone on our current waiting list to ensure that they are still waiting for the right service and wish to be seen. Once this has been re-established we aim to provide a wider range of evidence based interventions that patients can engage with. These will include a greater use of group work, computerised cognitive behavioural therapy (cCBT) as well as telephone interventions and face to face sessions. The combination of creating a SPAR and increasing the type of interventions available will mean the service is much more flexible in its approach. Particularly at step two, Psychological Wellbeing Practitioners will be able to work with patients from across North Yorkshire instead of just in the locality they are assigned to. This will allow us to respond to waiting list pressures as they develop and deploy resources accordingly.

We are developing a new patient contract that will define more clearly the expectations on those entering our service. The service has examined non-attendance and is putting in place a number of measures to reduce these further including the use of text messaging as a prompt. In relation to the use of information technology, the IAPT service's new IT hardware will allow greater connectivity and flexibility in the way we work. This combined with IAPTus (the IAPT patient information system) means that we will be able to consider new ways of working with patients that embraces newer technologies and that takes into account the geography of North Yorkshire. Improved technology will mean that we are able to make more effective use of time should patients fail to attend appointments.

A further challenge faced by the national IAPT Programme has been the recruitment and retention of appropriately qualified staff. We have recently undertaken a number of successful recruitment campaigns; and to help prevent future recruitment and retention issues we have been working closely with Sheffield University, which is the approved IAPT training provider in the

Yorkshire region. This has allowed us to create a career pathway for our existing Psychological Wellbeing Practitioners by training them to become High Intensity Workers. This will ultimately make a significant impact on the number of CBT sessions we are able to provide in the future.

Notwithstanding all of these improvement plans, the IAPT service remains significantly under-funded and we are working with commissioners to identify the funding shortfall that is required if we are to meet the target access rate of 15% by March 2015. To achieve this, the trajectory for 2012/13 should have seen the service treating 10.9% of prevalence, where it actually achieved a rate of 3.3% of prevalence. (Note that the target set by the DH for 2012/13 was 2.8%, in acknowledgement of the limitations in capacity faced by the service). A workforce analysis undertaken in February 2012 shows a shortfall of 20 trained Psychological Wellbeing Practitioners (PWP's) and over 70 High Intensity Workers (HIW) in the current service (based on prevalence rates from the Psychiatric Morbidity Survey).

## **6. Out of Area Transfers (OATs)**

For some years Leeds services provided by LYPFT have successfully managed their out of area budget, instead of the commissioners. This has allowed internal investment to reduce the numbers of placements out of area, leading to improved quality of care; improved patient experience; and financial benefits for both commissioner and provider. LYPFT and York commissioners would like to agree a similar arrangement; and work on this has now begun.

Some out of area placements are for acute beds, when no beds are available in York. York services have recently completed a capacity and demand review to ascertain whether its bed base is sufficient to meet the current and future demand. The results of this review indicate that we currently have fewer acute beds than we need. We cannot expand the current bed base within existing in-patient wards at Bootham Park Hospital; however if funding currently spent on out-of-area placements were reinvested we may be able to open further beds and invest in the alternative to hospital admission provision, so reducing whole system costs and improving quality of care and the experience of our service users and carers.

In the longer term we need to provide our in-patient services in a more fit-for-purpose environment than Bootham Park Hospital (BPH), which is not a suitable environment from which to provide modern mental health services. Commissioners fully support the need to develop a retraction plan for BPH; and NHS Property Services are sighted on this as a medium to long term capital requirement.

## **7. Section 75 agreements**

York's community services have health and social care staff working in integrated teams. Joint funding arrangements exist which have yet to be confirmed in Section 75 agreements. The community service re-design will change the existing management and reporting structures and any transfer of delegation or functions from one partner to another will be confirmed in Section 75 agreements. A shadow Partnership Board with City of York is being established where a draft Section 75 agreement can be discussed and finalised.

## **8. Other issues**

In recognition of the performance and governance issues within services at the point of service transfer, NYYPCT agreed that the CQUINs for 2012/13 and 2013/14 would be the delivery of an action plan to meet compliance with the Care Quality Commission's essential standards and with Monitor targets. Actions in this plan have now been delivered.

The service achieved its efficiency savings for 2012/13 and is almost in a break-even position.

Integration with Leeds services has been successful: policies and procedures are harmonised across LYPFT, YNY staff participate fully in the Trusts governance and other key decision-making groups and a consultant psychiatrist from YNY services has been appointed to the post of LYPFT Medical Director.

The significant back-log in fire safety and maintenance is being addressed and nearing completion.

These developments have been included in LYPFT's refreshed strategy and will contribute to the Trust achieving its overarching objectives.

Chris Butler  
Chief Executive  
October 2013

## **Partnership working in mental health services; and an interim review of the Care Home Liaison Team**

### **1 Introduction**

In December 2012, York Health Overview and Scrutiny Committee provided its support for the reconfiguration of Leeds and York Partnership NHS Foundation Trust (LYPFT) beds for older people; and the development of a dedicated Care Home Liaison Team.

Members of the Committee asked for a subsequent update on partnership working in mental health services; an interim review of the Care Home Liaison Team; and an update on the placement of service users who had been in Mill Lodge prior to its closure. This report has been prepared for these purposes.

### **2 Partnership working**

The Trust works with many different partners at strategic and operational levels; and is proud of its strong reputation in partnership working.

City of York Council (CYC) and North Yorkshire County Council (NYCC) are now both represented at the Trust's senior management team meeting for York services, which meets monthly. We have recently reviewed the Terms of Reference for this group and as a result representatives from Mind advocacy and Cloverleaf advocacy will be invited to join the group on a quarterly basis, to share information, feedback any issues or concerns and share best practice.

CYC and NYCC are also active participants in the Trust's community service redesign project; and have been involved in the development of the new service model and in supporting its implementation. Stakeholder letters and briefings about the redesign have been produced bimonthly since April and widely circulated. Public events such as Knowledge Cafes have been well attended; we have collated all feedback and produced a full response, which was summarised on a banner at our Annual Members' Day. One comment from a Knowledge Café said:

“The changes you have made in a year are impressive and it shows you are acting on feedback from the community.”

We have printed postcards and posters to encourage service users and other stakeholders to become involved in our redesign work and will be having open door informal events in York in November, from which we hope to establish a local service user network.

In addition to this, the Vale of York Clinical Commissioning Group (VoY CCG) holds a regular Service Improvement Group meeting, where any proposed service development is discussed. Membership includes the Trust, CYC, and NYCC.

The Trust and the two local authorities are keen to develop partnership agreements to set out how we will work together. We have worked together to develop a draft Section 75 (partnership) agreement and will shortly form a shadow Partnership Board to oversee the implementation of the agreement in York.

Trust representatives routinely attend the York mental health forum, membership of which includes third and statutory sectors, to provide updates on the work of the Trust and maintain relationships. Trust managers also have regular informal contact with voluntary sector partners to share plans and updates. Engagement leads within the Trust previously had excellent relationships with both York and North Yorkshire Link; and these strong relationships are now developing with both area Healthwatches. The engagement lead represents the Trust at the York Healthwatch assembly and attends the PPE leads meeting with colleagues from VOYCCG, York Teaching Hospital NHS Foundation Trust and York Healthwatch, to share information and broker positive relationships and partnership working.

A dedicated meeting to review delayed discharges has recently been set up, between VoY CCG, City of York Council, and LYPFT. This group will meet every four weeks; and between meetings bed lists will be sent to a central point of co-ordination each week. This will enable progress in assigning and prioritising cases for action between meetings.

A new partnership forum has developed over recent months to ensure that the operation of the new Health Based Place of Safety is effective. This includes representatives from the Police, Yorkshire Ambulance Service, York Teaching Hospital NHS Foundation Trust, Tees Esk and Wear Valley NHS Foundation Trust, CYC and NYCC; and is developing joint protocols for the operation and evaluation of the systems of working when someone is detained on a section 136.



A monthly meeting has been set up between staff at the Emergency Department at York Teaching Hospitals NHS foundation Trust and staff from our wards and home treatment teams to look at improving the experience of service users with mental health problems who present in the Emergency Department; and to reduce numbers who attend. As a result of these meetings we are developing multi agency care planning, resulting in joint care plans for service users who frequently attend the Emergency Department, or have frequent contact with the Police.

The Trust actively engages in all local health and wellbeing fora, including: the Health and Wellbeing Board; YorOK Children's Trust Board; the Mental Health and Learning Disability Partnership Board; the Urgent Care Board; and the Older People and People with Long Term Conditions Partnership Board. Our Chief Executive is the vice-chair of the Yorkshire and the Humber Local Education and Training Board (Y&H LETB), and chairs the Y&H LETB Partnership Forum. We participate in Adult and Children's Safeguarding Boards and Multi-Agency Public Protection Arrangements. We are also fully represented on the VoY Professional Engagement Forum; and are full participants in the Dementia Implementation Group and the dementia friendly communities' project.

### **3 Care Home Liaison Team**

Recruitment to the team commenced in April 2013 and the team is now fully established. It is a nurse led team comprising of one part-time manager, one band 6 clinical nurse lead, three band 5 nurses and three band 3 Health Care Assistant posts.

The team has the following aims:

- To build capacity, knowledge and expertise in care homes
- To support care home staff to care for people's mental health needs
- To reduce the need for admissions from care homes into hospitals
- To reduce referrals from care homes to Community Mental Health Teams (CMHTs)
- To improve the pathway from NHS hospital services into residential and nursing homes, helping to prevent delayed discharge.

Actions to achieve these aims include:

- Offering training opportunities for care home staff and actively engaging with stakeholders e.g. primary care, commissioners and carers with a view to developing expertise within the homes and working collaboratively to improve care

- Supporting homes in better risk management to improve the welfare and well-being of residents e.g. ensuring that adult safeguarding concerns are managed effectively within the home in accordance with best practice guidelines
- Facilitating the direct transfer of service users from home into a care home instead of admission into a mental health bed and to actively engage in any assessment process once that transfer to the home has taken place
- Supporting the discharge process from hospital.

### **3.1 Interim review against aims**

#### **Building capacity in care homes and supporting care home staff**

To foster effective working alliances with both care home staff and GPs the team has introduced a 'liaison' approach in which individual nurses have responsibility for homes within a defined geographical area. Staff offer routine agreed visits to homes in the expectation that this regular support will help improve homes' confidence and expertise in managing mental health difficulties and may reduce the need for formal referrals to the team.

An information pack is in development, which will inform care homes how they can contact their nurse, provide team contacts and availability and provide advice on interventions to help address issues that may develop into the need to refer. Core documentation is also being developed: Care Home Liaison Team Care Plans, Target Behaviour Charts and Sleep Hygiene Charts etc, which will be used by the care homes to help structure their interventions and then accessed by the team when completing their assessments and reviews.

The team also has plans to introduce the SBAR tool. This tool consists of standardised prompt questions within four sections (Situation, Background, Assessment, Recommendations). Using the SBAR prompts staff to formulate information with the right level of detail. Its use will support homes to assess issues, review the effectiveness of their own interventions and clarify the outcomes they want from the team's involvement.

Another way in which the team can work effectively with homes is by encouraging the development of 'Dementia Champions'. If homes are supportive of this initiative it has several potential benefits: it will allow our staff to work with a limited number of individuals in the care homes who not only have an interest in this client group but can also develop expertise and good practice and may also consider if this approach can meet the needs of

the individual prior to referrals being made to secondary mental health services.

### **Reducing the need for admissions and reducing referrals**

The team provides a service to approximately 55 homes and began accepting referrals from April 2013. The team has a clear remit to respond to all referrals submitted to the mental health service for people residing in care homes that have an elderly person's registration. Referrals include new referrals to the service but initially included significant numbers of referrals transferred over to the team from CMHT colleagues. The referrals by months are shown in Table 1.

**Table 1 Referrals by month**

	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>YTD</b>
Referrals	6	16	25	36	30	<b>113</b>
Contacts	31	54	123	245	274	<b>727</b>

Reasons for referral have been fairly consistent: requests for assessment and intervention for behaviours that challenge, such as physical and sexual aggression, resistance to care interventions, excessive vocalisation and agitation. Other referrals are less specific but relate to requests for advice around the care and management of residents with cognitive impairment and for interventions for depression and relapse of psychosis. A minority of referrals are to undertake the medication monitoring of acetylcholinesterase inhibitors, which is resource intensive.

The team has only been fully operational since July therefore evidence of the achievement of its aims is emergent. Table 2 compares the admissions to the Elderly Assessment Unit from last year to this year using the time period when the team was established.

**Table 2 Admissions to EAU**

	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Total</b>
<b>Year 12/13</b>	6	10	9	6	8	<b>39</b>
<b>Year 13/14</b>	7	10	5	7	9	<b>38</b>

There is no discernible difference in admission rates. However admissions for 2013 are to a service that has a reduced total bed state for older people; with no increase in admissions to EAU. Table 3 shows the number of service user

transfers from EAU to the CUEs during the time period. This indicates that in 2013 more service users were discharged back to the community than transferred to another NHS unit.

**Table 3 Transfers from EAU to CUEs**

	<b>2012</b>	<b>2013</b>
<b>April</b>	0	1
<b>May</b>	3	1
<b>June</b>	1	0
<b>July</b>	0	1
<b>August</b>	3	0
<b>Total</b>	<b>7</b>	<b>3</b>

Although EAU does cater for people with dementia its primary focus is on people with a functional illness. People with dementia are also directly admitted to the CUEs. Table 5 therefore shows admissions to the Community Units for the Elderly during this time period.

**Table 5 Admissions to the CUEs**

		<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Total</b>
<b>Meadowfields</b>	2012/13	2	3	2	3	4	<b>14</b>
	2013/14	7	1	5	4	3	<b>20</b>
<b>Mill Lodge</b>	2012/13	4	3	2	2	1	<b>12</b>
	2013/14						<b>-</b>
<b>Peppermill Court</b>	2012/13	1	1	2	0	2	<b>6</b>
	2013/14	0	1	2	2	2	<b>7</b>
<b>Worsley Court</b>	2012/13	6	4	1	4	5	<b>20</b>
	2013/14	2	4	1	6	2	<b>15</b>
<b>Total</b>	<b>2012/13</b>	<b>13</b>	<b>11</b>	<b>7</b>	<b>9</b>	<b>12</b>	<b>52</b>
	<b>2013/14</b>	<b>9</b>	<b>6</b>	<b>8</b>	<b>12</b>	<b>7</b>	<b>42</b>

It can be seen that there is a net reduction in the numbers of admission (19%). This is against the background of a continued increase in the ageing population.

### **Delayed discharges**

The team aims to work with the wards to facilitate the prompt return of people to their care homes and thus reduce delayed discharges. The majority of delayed discharges are because of service users awaiting nursing home

placement or availability therefore the impact of the team on delayed discharges will be limited. However, initial results are encouraging. Table 6 shows the delayed discharges from the EAU and CUEs during the relevant time period.

**Table 6 Delayed discharges**

		<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Total</b>
<b>EAU</b>	2012/13	1	1	0	2	3	7
	2013/14	4	4	1	1	1	11
<b>Meadowfields</b>	2012/13	9	9	8	9	8	43
	2013/14	2	5	6	8	6	27
<b>Mill Lodge</b>	2012/13	4	5	7	5	3	24
	2013/14						-
<b>Peppermill Court</b>	2012/13	1	2	3	1	0	7
	2013/14	0	0	0	1	0	1
<b>Worsley Court</b>	2012/13	3	3	2	3	0	11
	2013/14	3	6	6	5	5	25

From April to August 2012 there were 92 delayed discharges and in 2013 this has reduced to 64; a reduction of 30%.

#### **4 Placement of Mill Lodge service users**

The Health Overview and Scrutiny Committee expressed concern about how the needs of Mill Lodge service users would be met.

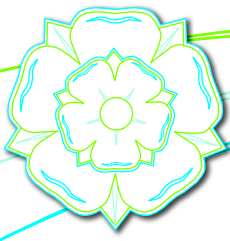
When Mill Lodge closed there were 5 remaining service users placed there. One service user was transferred to a care home in East Riding with the involvement and agreement of the family. The remaining 4 service users all required further NHS care and treatment: 3 were transferred to Meadowfields and 1 was transferred to Worsley Court. The three who were transferred to Meadowfields continue to need NHS hospital care and remain in Meadowfields. The service user who was transferred to Worsley Court is now awaiting a placement in a care home. All five settled into their new units and there have been no concerns raised from their families.

#### **5 Conclusion**

The team's manager reports that all staff have proved to be well motivated, supportive of each other as a group and committed to develop their expertise. There are early indications that the team members are beginning to achieve their aims. We are confident that further progress will be made once the capacity building and support networks with care homes have been completed.

LYPFT is undergoing a service redesign of its community services in York and Selby and the team will be an integral component of the re-configured services thus ensuring it retains its early involvement in referrals from care homes.

A more comprehensive evaluation will be completed at 12 months and we will ensure that this also captures qualitative feedback from carers and care homes. We believe this will demonstrate the team's continued and increased impact on reducing the number of occasions when a vulnerable older person is required to move from their home to hospital, or between homes.



Improving our services in  
York and North Yorkshire

## York and North Yorkshire News: Proposed changes to psychological therapies services in York, including St Andrew's Counselling and Psychotherapy Service

### Why are you changing things?

Over the past year, we have reviewed the way that we provide our community mental health services, to ensure that we meet the needs of all the people who use our services, to the best of our abilities. The psychological therapies service including St Andrew's Counselling and Psychotherapy Service, currently provides a 3.5 day intensive group therapy programme, run as a Therapeutic Community. It also provides psychological therapies, including types of one-to-one and group interventions that are currently not routinely provided elsewhere in York's secondary care services, such as specialist interpersonal/psychodynamic therapies. St. Andrews is a valuable resource and provides a service that is very well regarded by its clients; however it is not a discretely commissioned service, so it is appropriate that it is included in our review.

### What are you hoping to achieve with these changes?

To meet our contract and modernise our services we need to achieve the following:

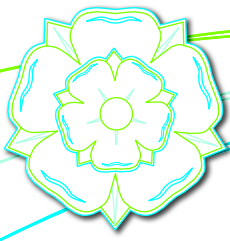
- **A single and coherent secondary care psychological therapies service for York and North Yorkshire, with a single point of access and clear referral criteria. (To date we have had multiple points of access and various waiting lists for therapy).**
- **A robust personality disorder pathway, ensuring that the York service is in line with the best practice network model provided in Leeds. This pathway must be accessible to those in greatest need; and able to respond to high levels of distress and significant risk issues.**
- **An achievable plan to deliver required efficiency savings, whilst ensuring that the service is as comprehensive as possible within available resources; and delivers best value for money.**

### What have you done so far?

We began by looking at the map of the current pathway for people with a diagnosis of personality disorder; this helped us to understand some of the difficulties that people have faced in accessing specialist personality disorder services within York. This helped us to produce a set of principles for a new pathway. We then undertook an option appraisal of the proposals that had come forward, which included some preliminary comments from people currently using the St. Andrews services. The outcome of this meeting was to recommend a single Trust-wide Personality Disorder service, but with local variation in York to reflect the feedback and priorities from local service users. This is the proposed model, approved by the Trust's Executive Team to take to consultation.

### What does the new model look like?

We believe the proposal represents the best way of meeting our required objectives, as well as providing significant benefits for people using our services.



## Improving our services in York and North Yorkshire

We are now ready to involve as many people as possible, to ensure that we understand the views of the people who use our services, their carers; our staff, and other stakeholder partners.

### The Proposed Model

#### i) Psychological Therapies Service

Within the new community service model, psychological therapy staff will be based in the two new community hubs, with some cross team working for access to specialist skills. The cognitive behavioural therapy (CBT) service will also be integrated into the community hubs. There will be a new consultant psychotherapist role, working across the teams to enable access to a full range of talking therapies. This post will provide:

- **assessment and intervention for complex cases,**
- **clinical leadership, consultation and specialist analytical skills for psychodynamic formulation,**
- **specialist supervision to staff,**
- **and the development of a reflective forum.**

This will help to ensure equitable access to psychological therapies for everyone based on need; and ensure that psychological thinking is embedded in both teams. All access to psychological therapies will be through the Single Point of Access (SPA).

#### ii) Personality Disorder Pathway

We propose to develop an integrated Leeds and York Managed Clinical Network, with local variation to reflect those elements of the existing service which are most important to the people using our services in Y&NY. The proposed model will also support clinical staff to work more effectively with people with a diagnosis of personality disorder, ensuring equitable access to a range of safe, client centred options. Resource constraints within Y&NY services unfortunately mean that we are unable to replicate all elements of the Leeds service at the present time; but we are committed to further developments of the service, as funding allows.

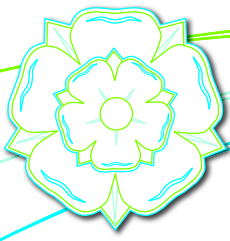
### The components of the new model are as follows:

- **A two-day Therapeutic Community**

The aim of a therapeutic community (TC) is that the whole community works to run the service and members take on jobs and responsibilities with the staff to make this happen. It is this democratic way of working that is at the heart of the community's life and this helps to give people a sense of empowerment, choice and responsibility that may be missing in their lives. The community helps with learning more about relationships and how to feel more effective in communicating, as well as with learning new skills or refreshing the ones that might feel to have been lost.

We propose that the Y&NY model incorporates a two day TC. This two-day model reflects the importance attributed to a longer TC as we have developed this proposal locally. It maintains the therapeutic components most valued by the St Andrew's community members, and it can continue to be provided from the current St Andrew's building.





## Improving our services in York and North Yorkshire

- **Dialectical Behavioural Therapy (DBT) Skills Group Training**

DBT informed skills training aims to help people to learn new skills to help them cope when they feel suicidal, or want to use self-harming or life threatening behaviours to manage distress. DBT recognises that people develop such ways of coping due to experiences in their lives which could be described as “invalidating”. This may include abuse, neglect or other kinds of personal trauma. There are four sets of skills covered:-

- **Mindfulness Skills**
- **Interpersonal Effectiveness Skills**
- **Emotion Regulation Skills**
- **Distress Tolerance Skills**

We propose that a DBT Skills Groups should also be delivered, as part of the Leeds and York Managed Clinical Network.

- **Consultancy and support for the wider workforce**

The nationally accredited PD Knowledge and Understanding Framework (KUF) Awareness Level training programme is delivered by a range of staff from within the existing LYPFT PD services, alongside service user co-facilitators, and has been positively evaluated over the past 18 months. We have trained approximately 1000 staff from across a wide range of agencies, which has proved a useful means of improving relationships between specialist PD services and our colleagues from other parts of the service.

We aim to develop the service locally through the delivery of dedicated training to approximately 160 staff per year and we believe this will have a significant systemic impact.

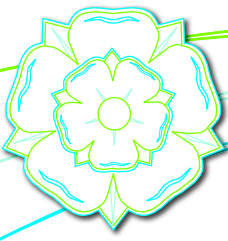
- **Vocational work**

The Journey programme provides its participants with a clear approach towards vocational activity and/or employment. The aim of Journey is to provide group members with the skills and knowledge to actively engage in creating an individual balance of activity, to promote health and wellbeing. The programme assists group members to develop and implement individual plans to introduce new activity, which improves ability to manage distress more effectively and promotes quality of life. Journey focuses upon activity rather than talk. The programme helps people towards greater employment and inclusion, key to good mental health.

We intend to ensure both community hubs provide dedicated staff time to deliver the elements of the Journey programme. Y&NY services have a well-established vocational pathway, staffed by occupational therapists and support workers, which will be part of the new community hubs. The pathway has links with York St John University, work placement training opportunities and access to meaningful activity.

- **Specialist Case Management**

There are a number of people with a diagnosis of personality disorder who experience high levels of distress and significant risk issues. It can be difficult for community mental health services to offer meaningful engagement in these circumstances. This can lead to avoidable acute admissions and out of area placements, including for Psychiatric Intensive Care. It is widely believed that specialist, psychologically informed case management is



## Improving our services in York and North Yorkshire

required to actively engage these clients, develop meaningful relationships and adopt strategies for safety and containment.

Our proposal is for two senior clinicians per community hub to develop and maintain specific specialist skills in PD. These case managers will work with an active caseload of people with a diagnosis of personality disorder. A clinical lead in the locality team will also be identified to “champion” the PD pathway.

As we are able to develop capacity within the teams we will aim to identify funding for additional specialist case managers to join the Leeds and York Managed Clinical Network.

- **Housing and Resettlement Support:**

Y&NY has an established mental health housing officer and a supported housing pathway. The community teams currently have integrated social workers and Support, Time and Recovery (STR) workers, employed by City of York Council and North Yorkshire County Council, which can be accessed for social care assessment and on-going housing support.

- **On-going Service User Involvement**

Creative Personalities is an arts-based project which has engaged significant numbers of service users from York and across the region, Emergence; a national service user-led organisation has been involved in advancing understanding of personality disorder.

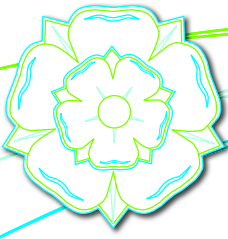
Building upon these we propose to establish Emergence North, linking to Emergence. We will develop a range of service user-led initiatives and envisage that service user consultants, employed by Emergence, will be key to taking this forward.

The proposed model actively involves service users in the delivery and evaluation of the service. From the regional PD Pathway Development Service we support an involvement initiative already based in York and funded via the regional Pathway Development Service budget.

### What are the risks of adopting this proposal?

Concerns have been raised that the proposed changes could jeopardise the effectiveness of the service and its ability to provide psychological therapies in accordance with NICE guidance; and will increase risks in relation to service user safety and wellbeing.

- **Proposals for capacity within new locality teams have, however, taken account of modelled measures of capacity and demand, referral rates, contact data, maximum caseload capacity and anticipated efficiencies gained from integration of other community resource.**
- **The establishment of three consultant clinical psychologist posts to provide clinical expertise and professional leadership will also help to ensure that the profile of psychological therapies within the locality teams remains strong.**
- **The integrated community model means that staff can work flexibly to ensure priorities are always met and no service element is left unsupported.**



*Improving our services in  
York and North Yorkshire*

**So, to recap...**

This proposed model meets the objectives of the review set out on page 1

The proposal identifies significant benefits for people using our services who have a diagnosis of personality disorder in York and North Yorkshire.

We are committed to moving towards a fully established Trust-wide model over the longer term, as the re-investment of resources allows.

We want to know what you think about this proposal

Thank you for taking the time this. We want to hear your views on our proposed model. Please reflect on what you have read and give us your feedback. Using the attached form you can tell us what you think. You can either hand this back to a member of staff or return it by post to:

**The Engagement Team**

LYPFT Trust HQ  
2150 Thorpe Park  
Colton  
LEEDS LS15 8ZB

Alternatively you can email us at [communications.lypft@nhs.net](mailto:communications.lypft@nhs.net)

**Feedback from The consultation for proposed changes to psychological therapies services in York, including St Andrew’s Counselling and Psychotherapy Service: information for consultation.**

**Please continue overleaf if necessary.**

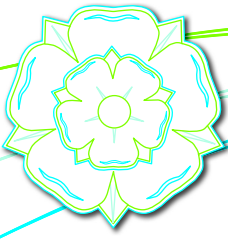
If willing, please give us your name and some contact information.

Name .....

Contact email .....

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*Improving our services in*  
York and North Yorkshire

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**Partnership Commissioning Unit**

On behalf of  
Hambleton, Richmondshire and Whitby CCG  
Harrogate and Rural District CCG  
Scarborough and Ryedale CCG  
Vale of York CCG

**Vale of York****Clinical Commissioning Group****York Health Overview and Scrutiny Committee  
23<sup>rd</sup> October 2013**

**Report From:** Judith Knapton, Head of Mental Health and Vulnerable Adults, Partnerships Commissioning Unit  
(on behalf of Vale of York CCG)

**Report Subject:** Section 136 Health Based Place of Safety

**1. Introduction**

1.1 The purpose of this paper is to update the York Health Overview and Scrutiny Committee on developments regarding s136 Health Based Place of Safety (HBPOS).

1.2 The intention is to commission a HBPOS from Leeds and York Partnership Foundation Trust (LYPFT) as part of the overall crisis service provision. The facility will be located on the main site in Bootham Park Hospital in York, adjacent to acute care facilities. However, the site requires capital works to achieve the specification required for the S136 service. NHS Property Services (NHSPS) have been working with Commissioners and LYPFT to progress this work since 30th July 2013.

**2. Background and local context**

2.1 If a Police Officer finds, in a place to which the public have access, a person who appears to be suffering from a mental disorder, and to be in immediate need of care or control, the Police Officer can, if he/she thinks it necessary to do so in the interests of that person, or for the protection of other persons, remove that person to a place of safety where the person may be detained for up to 72 hours. (MHA 1983 Section 136). The purpose of Section 136 is to allow a joint assessment by a doctor and by an AMHP (Approved Mental Health Professional) and to make any other arrangements that may be needed for the person's treatment and care.

2.2 There is no HBPOS in North Yorkshire and York. Those detained under section 136 are usually cared for in the police custody suite. For those detained in and around the York area they are taken to Fulford Police Station, York. If someone has an overriding physical health problem they will be taken to the Accident and Emergency Department at York Hospital.

2.3 The lack of a HBPOS has been a concern in North Yorkshire and York for a considerable length of time. A high profile death in custody in the force area highlighted the risks associated with the current situation. One of the first actions of the newly appointed Police and Crime Commissioner was to raise the concerns that North Yorkshire was the only force in the country not to have a HBPOS

2.4 The provision of a s136 HBPOS was agreed to be a priority by NHS Vale of York Clinical Commissioning Group, North Yorkshire Police, City of York Council, North Yorkshire County Council and local health service providers, York District Foundation Trust and LYPFT

2.5 In July 2013 the VOY CCG Governing Body agreed to commission a HBPOS as part of an overall crisis service from Leeds York Partnership Foundation Trust.

### **3. Actions Taken**

3.1 Service specification is being finalised

3.2 LYPFT have started the recruitment process

3.3 Assessment of building requirements has been completed. Louise Ramsay, Local Area Team Manager (North Yorkshire & Humber NHS Property Services Limited) has been working with principal contractor Mansell (Balfour Beatty construction) and their supply chain to scope and cost the capital work required for this service development.

- 3.4 The budget cost for the refurbishment work has been confirmed at £90K and the plans have been worked up and issued to LYPFT to sign off.
- 3.5 NHS Property Services Limited has secured approval, with the support of NHS England, to Department of Health capital being available to cover the budget cost identified.
- 3.6 In working up the scheme, it has become apparent that in order to achieve Building Regulations compliance, mechanical ventilation will need to be installed to the bedrooms. This will in turn require external condensers to be affixed to the external walls of this Grade I listed building. Listed building consent is required from English Heritage.
- 3.7 The building plans will have been finalised and issued to LYPFT for sign off in the early part of w/c 14 October 2013, along with a Derogation Schedule
- 3.8 Building plans were submitted on 10 October 2013 for listed building consent, planning portal reference number PP02941577.
- 3.9 The s136 Working Group has been established including the Partnerships Commissioning Unit (on behalf of VOY, SR, HRW and HaRD CCGs), North Yorkshire Police, LYPFT, Tees, Esk and Wear Valleys Foundation Trust, Yorkshire Ambulance Service, City of York Council, North Yorkshire County Council, Public Health, York and Scarborough Foundation Trust and Medacs. The purpose of the group is to establish an 'Agreement of Operation' to ensure the effective implementation of the services for those within North Yorkshire and York and a mechanism for on-going monitoring of effectiveness.
- 3.10 Commissioners and providers are keen that this service is put in place as quickly as possible. Due to the necessary work needed to incorporate all the service providers' requirements, the process to finalise the capital work has taken longer than initially anticipated.



**Partnership Commissioning Unit**

On behalf of  
Hambleton, Richmondshire and Whitby CCG  
Harrogate and Rural District CCG  
Scarborough and Ryedale CCG  
Vale of York CCG



**Vale of York**

***Clinical Commissioning Group***

**4. Next Steps**

- 4.1 Finalise the specification
- 4.2 NHS Property services will await Listed Buildings Consent. This process will take 4 – 8 weeks, then commence works on site.
- 4.3 LYPFT to sign off the Building Plans and Derogation Schedule
- 4.4 The expected date to start the service will be the second week in January 2014.
- 4.5 LYPFT have offered support to training for police officers on s136 implementation. Briefing to York police officers to start in October
- 4.6 Completion and sign off of the Agreement of Operation between partners and agreement and circulation of dataset and recording systems is to be completed by end of November.

**5. Recommendation**

For the Health Overview & Scrutiny Committee to note the content of this paper.



# LIVING WITH LONELINESS?

How can a neighbourhood support people who are lonely? That's what the Joseph Rowntree Foundation and Housing Trust (JRF and JRHT) aim to find out through our 'Neighbourhood approaches to loneliness' action research and community development programme.

We know that home can be a lonely place and we're concerned about the wellbeing of people experiencing problematic loneliness.

Neighbourhoods are where we have our homes. They affect how we feel and our neighbours can be a vital source of support, or a constant reminder of how lonely we are. There are things we all can do within our neighbourhoods to enable ourselves and others to feel more supported and less alone.

We're working with local people in four neighbourhoods – two in York and two in Bradford – to find out how a neighbourhood as a whole can support those who live with loneliness, whatever their backgrounds or experiences.

Our first task was to find out what issues they experience in their own neighbourhoods and how they can address them.

## What are people's experiences of loneliness in the neighbourhoods?

*"Due to cultural reasons people won't talk about it."*

*"No-one to play with at school when you first go."*

*"Women really do feel isolated and do not see what's available."*

*"Summer better, winter is worse. Doomed in winter."*

*"I was scared to live here."*

*"I feel very lonely. Stuck in the house on crutches. Been homeless for 12 years."*

*"It's a lonely life. When I've worked all day I come home and I drink when I get home."*

*"We are all frightened to smile at [each] other."*

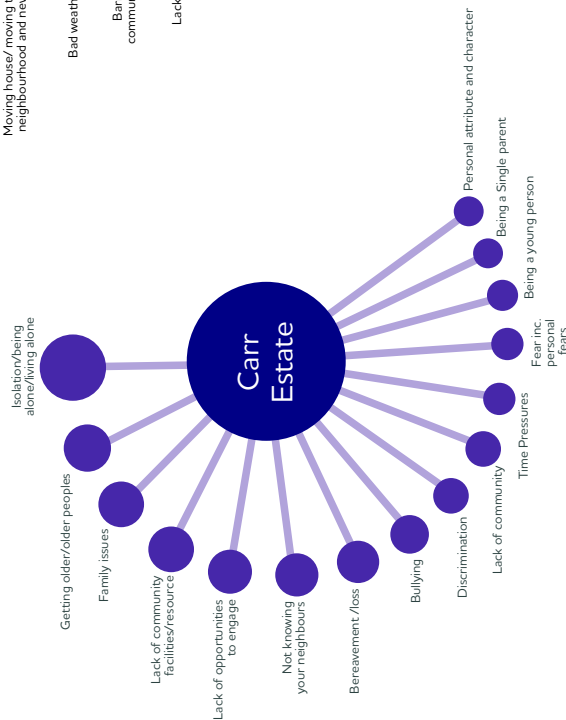
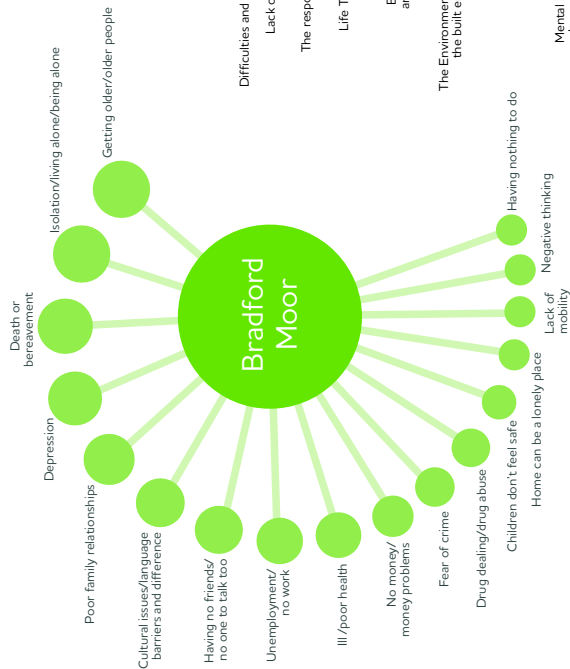
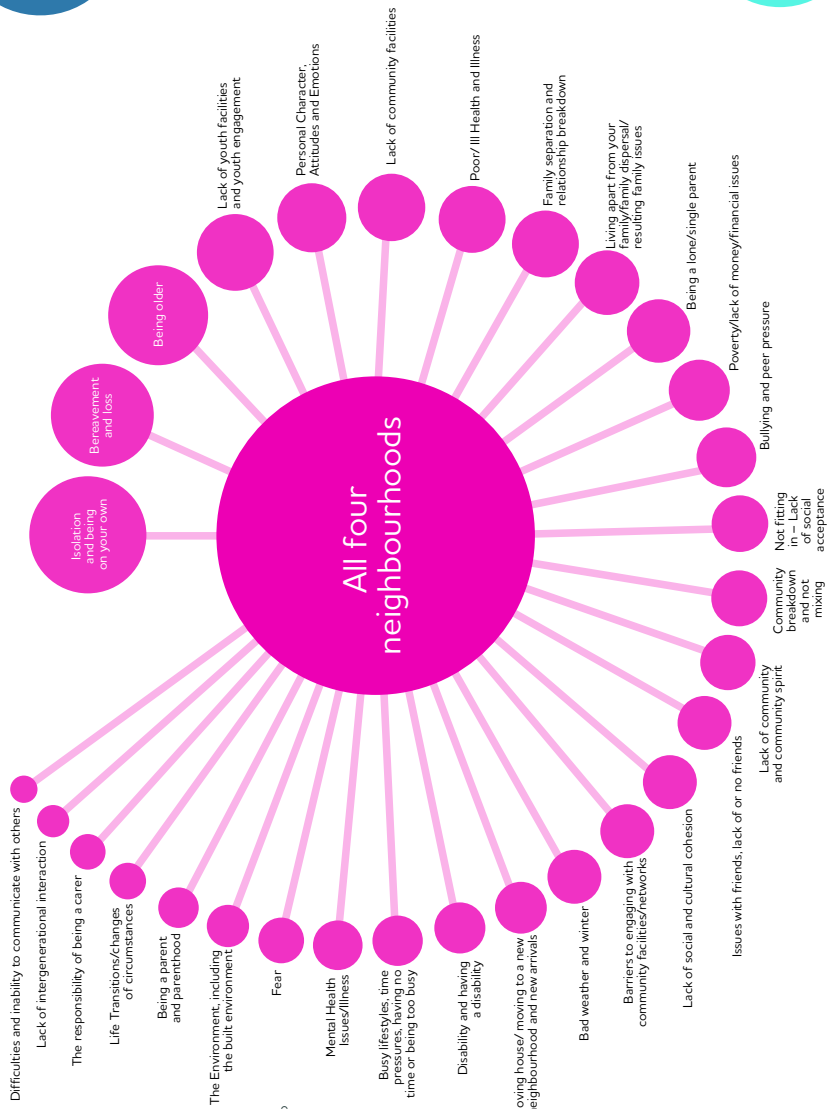
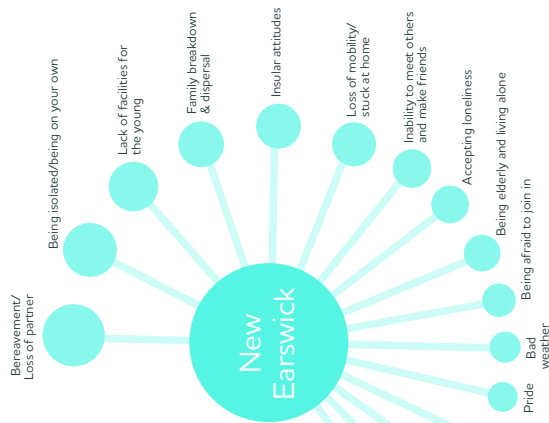
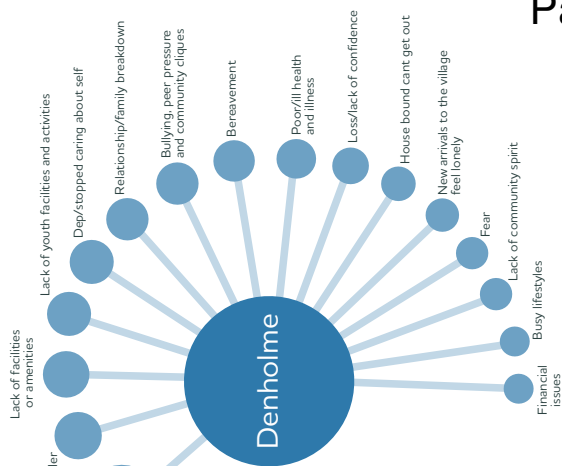
*"Our neighbour is housebound. We help with practicalities but not with her loneliness."*

*"I was very lonely when my mother died. I cared for her for four years."*

*"We need to find a way to stop people laughing at me because I'm different."*

*For the full range of issues, see the centre pages.*

What are the issues affecting people in the four neighbourhoods?



We have shared these issues with those who live in the four neighbourhoods and gathered their ideas for how to address loneliness in their communities. We're also working with partners and groups to see what else we can do, and we're engaging those who want to help initiate and establish some of the ideas and actions.

The community researchers continue to work tirelessly and voluntarily within their neighbourhoods. Here's what some of them have said about their work:

*"There's an increased confidence ... a real sense of ownership and fellowship."*

*"This has boosted my confidence. I met new people, and found new ways to make new friends, say hello to others and now I have a worthwhile job."*

*"I believe this programme is helping with the awareness of loneliness and giving people a chance to talk about such a stigmatised topic."*

*"I was on the edge of loneliness and knew something had to be done. Joining this group has given me a wonderful new group of friends and kept my mind wonderfully stimulated."*

### **Some of the ideas from the neighbourhoods**

*"Use Skype to keep in touch with my sister in London."*

*"Community – everyone should get involved when they see someone being bullied."*

*"Go to places where you can meet people and make friends; talk to people, volunteer, be kind."*

*"Have more sessions about bullying – take young people out more to help educate them."*

*"Help elderly neighbours – call in and see if you can help with any tasks – cleaning/meals."*

*"Go out there and give an old lady like me a hug today."*

*"Teach people to be nice, courteous, respect, stop hating each other."*

*"Think before you speak."*

*"Places to make new friends outside school; hold after-school clubs as I don't have many friends at school."*

*"A welcome wagon – personal welcome for new neighbours."*

*"A 'pop up café' near the school so parents and children have chance to meet."*

*"Landlords could be more helpful – encourage growing flowers/veg with neighbours."*

*"Different generations share their skills. Young people interacting with older (all ages)."*

*"Something like a befriending scheme but linked to homecare service to get people out, or homecare to do it so instead of homecare popping in for half an hour for a chat allow them to take the person out instead; at the moment they're not allowed."*

*"Confidence building courses with childcare facilities."*

*"Do more for dads – activities for dads and kids at convenient times, more flexibility."*

*"Peer to peer support for families with children with disabilities: for parents and for children to meet other children with similar problems so they feel less afraid and isolated. I started one and know 180 families."*

*"RNIB really helpful when I lost my sight – technology to help me adjust, organised trips out."*

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It has been an amazing journey to date and we warmly invite you to join us on it. To find out more about neighbourhood approaches to loneliness, visit <http://www.jrf.org.uk/work/workarea/neighbourhood-approaches-loneliness> or call Tracey Robbins on 07580 071818.

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**Health Overview & Scrutiny Committee****23 October 2013**

Report from the Community Mental Health & Care of Young People Task Group

**Cover Report for Draft Final Report - Community Mental Health & Care of Young People Scrutiny Review****Summary**

1. This report presents Members with the final report (**Appendix 1**) from the Community Mental Health and Care of Young People Scrutiny Review.

**Background**

2. At a meeting in July 2012, the Lead Clinician from the Child and Adolescent Mental Health Service (CAMHS), the Service Manager for the Youth Offending Team and the Assistant Director for Children's Specialist Services at City of York Council presented the Health Overview and Scrutiny Committee (HOSC) with an introductory briefing on Community Mental Health Services in Care of Adolescents (particularly boys). The Committee agreed to proceed with a review and set up a Task Group to carry out the work based on the following aim and objectives.

**Aim**

3. To raise awareness of emotional and mental health issues for young people, and 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.

## **Key Objectives**

4.
  - 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 Child and Adolescent Mental Health Strategy Action Plan 2013-16 (CAMHS) will support this objective.

## **Consultation**

5. To help with the review a series of consultation meetings were held with Officers across the Council; the Lead Clinician for the Child and Adolescent Mental Health Strategy 2013-16; CYC Youth Offending Team Service Manager; Head Teachers and Pastoral Care Leads; School Nurses and a member of York Youth Council.

## **Draft Recommendations Arising from the Review**

6. Based on the information and evidence gathered throughout the review and the overarching themes and summary conclusions which had emerged, the Task Group made the following recommendations:
  - (i) That secondary schools in the area be requested and strongly encouraged to introduce the Mental Health School Charter, setting out what strategies, resources and support systems were in place to help pupils, carers and support staff identify and cope with emerging emotional or mental health issues;
  - (ii) Whilst fully endorsing the YorOK Child & Adolescent Mental Health Draft Strategy 2013-16 and its vision and aims, the Assistant Director for Children's Specialist Services provide a final draft of the Strategy Action Plan to the Board in Autumn

2013, taking account of the overall recommendations and findings from this review and drawing out the issues surrounding stigmatisation and equalities, as well as signposting where there is evidence of serious mental health problems ;

- (iii) That all providers of the Emotional Literacy Support Assistants Programme (ELSA) be actively encouraged to support the Conference being organised in the Spring Term for 2014, in line with the TaMHS (Targeted Mental Health in Schools) Project, to promote and deliver a preventative strategy for addressing mental health needs in schools; and
- (iv) That
  - (a) the potential benefits in the widespread adoption of the Mental Health Toolkit throughout York secondary schools be openly recognised and supported, to help schools respond to children and young people's emotional and mental health needs.
  - (b) whilst acknowledging the financial costs involved for schools in reproducing the Toolkit, all secondary schools in York be actively encouraged to adopt it and officers explore ways to support those schools in doing this.

### **Analysis**

- 7. The draft final report attached contains a full analysis of the information gathered in support of the review.

### **Options**

- 8. Members can choose to endorse all the recommendations in the Task Group's report for submission to Cabinet, or to adopt some and amend others. Members of this Committee can also chose to suggest further new recommendations. However, it should be noted that the potential implications and risks associated with any changes to recommendations at this stage would need to be identified, prior to the final report from scrutiny being submitted to Cabinet.

## Council Plan

9. This review is directly linked to the Protect Vulnerable People element of the Council Plan 2011-2015

## Implications

10. The implications associated with the recommendations arising from the review are set out in Paragraph 88 of **Appendix 1**.

## Recommendations

11. Taking into consideration all of the information contained within the attached draft final report and its annexes, the Committee is recommended to:
  - i. Approve the recommendations
  - ii. Consider whether any further recommendations are required (if this is the case any associated implications and risks would need to be identified)

Reason: In order to conclude their work on this review in line with Scrutiny procedures and protocols.

## Contact Details

### Author:

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### Chief Officer Responsible for the report:

Andrew Doherty  
Assistant Director of Governance and ICT  
Tel: 01904 5551004

**Report  
Approved**



**Date** 15 Oct 2013

### Wards Affected:

All

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

**Annexes**

**Appendix 1: Draft Final Report**





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**Community Mental Health & Care of Young People Task Group**

11 July 2013

**Final Draft Report - Community Mental Health & Care of Young People Task Group**

**Summary**

1. This report sets out the findings to date and highlights some emerging conclusions arising from the review to date, from which the Task Group is asked to begin formulating some recommendations.

**Background**

2. At a meeting in July 2012, the Lead Clinician from the Child and Adolescent Mental Health Service (CAMHS), the Service Manager for the Youth Offending Team and the Assistant Director for Children's Specialist Services at City of York Council presented the Health Overview and Scrutiny Committee (HOSC) with an introductory briefing on Community Mental Health Services in Care of Adolescents (particularly boys) – see **Annex A**.
3. This briefing was provided to support the Committee's consideration of a scrutiny topic proposed by Councillor Runciman at the annual scrutiny work planning event in May 2012.
4. The Health Overview and Scrutiny Committee (HOSC) agreed to proceed with the review and set up a Task Group of its members to carry out the review on their behalf.
5. In early November 2012, the Task Group met with Councillor Runciman who was keen to see the review focus on the correlation between youth offending and mental health problems in adolescents, suggesting there was evidence that effective early intervention could prevent an escalation in mental health problems for young people and consequently contribute to a reduction in youth crime and other poor outcomes for young people. A key message from specialist practitioners at York's Children's Mental Health Matters Conference held in February 2012 confirmed that early intervention could be highly effective in putting things right at an earlier stage.

6. The Task Group discussed a number of themes i.e. :
- The background of young people with mental health issues and an offending record;
  - Emotional support provided in primary schools
  - The challenges associated with providing emotional support to young people in secondary school settings
  - The impact of low level mental health issues on young people's ability to learn and make positive choices were also considered.

7. Based on their discussions the following remit was set for the review:

### **Aim**

To raise awareness of emotional and mental health issues for young people, and 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.

### **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 Child and Adolescent Mental Health Strategy Action Plan 2013-16 (CAMHS) will support this objective.

### **Consultation**

8. Consultation has taken place with:
- Officers across the Council

- The Lead Clinician for the Child and Adolescent Mental Health Strategy 2013-16
- CYC Youth Offending Team Service Manager
- Head Teacher - Huntington Primary School
- Leader of Inclusion - Hob Moor Federation of Schools
- The School/Home Liaison Officer - All Saints Roman Catholic Secondary School
- School Nurses
- York Youth Council

### **Information Gathered & Analysis**

9. The Task Group began its work in gathering information and evidence in support of this review in February, consulting a range of key stakeholders. The Group, supported by officers, undertook an initial scoping exercise to refine the focus and terms of the review. A subsequent programme of interviews with key stakeholders, to establish a clear understanding of the current awareness of and arrangements to support the emotional and mental wellbeing needs of children and young people, ensued. The group reviewed the range of current services, strategies and interventions across the City with a particular focus on the school community. A plenary meeting of the review group to analyse the evidence presented and to triangulate this with the emerging CAMHS strategy for the City was completed. The group ensured that the voice of children and young people remained at the heart of the process by the direct inclusion of and ongoing consultation with representatives from the Youth Council throughout.
10. Members were very mindful of the breadth and scale of the issues potentially in scope of the review topic. It was recognised that children and young peoples' emotional wellbeing and mental health needs cannot be neatly delineated and range across a spectrum of complexity and severity. In the circumstances, and informed by the key objectives, Members focussed on issues of awareness and responsiveness mostly the across universal settings and in particular schools.

The Task Group was open to receiving evidence about areas of more severe or complex needs but recognised the limitations in terms of time and methodology to address these in detail.

11. York Youth Council  
The Task Group learnt that in 2011-12 the Youth Council had carried out a review of the PSHE curriculum in York's secondary schools with the aim of suggesting more relevant and engaging material for lessons. It

highlighted that there was a perception among many young people that there were a lot of unhappy people in schools. And, that young people wanted assurance that their emotional wellbeing was high on their school's agenda, and consistent across the city. Officers reported that the national picture was fairly pessimistic but locally the picture was much more positive with schools wanting young people of all ages to be emotionally stable and happy.

12. Working with a Primary Mental Health Worker based at Castlegate, the Youth Council considered information on the experiences of young people with issues such as family bereavement. Looking at whether or not they received support from school. In order to address some of their concerns the Youth Council had identified a number of ways of improving school's approach to emotional health and well being:
  - A scheme of work with six lessons for each of Years 7 – 11 was developed, explaining potential causes of stress and what could be done to manage stress and keep it at a healthy level. The materials encourage young people to work through strategies for dealing with an emotional crisis and it shows young people how to support each other through day to day anxieties . It did not include talking about different types of mental illness.
  - A film was commissioned which explained the Risk and Resilience model (stress bag) which could be used in the lessons – see: <http://www.youtube.com/watch?v=nzGIXER5fdc>
13. In addition, the Youth Council considered a Mentally Healthy School Charter which had been developed to describe what strategies, resources and support systems should be in place in secondary schools. The Charter states that schools should balance well-being with academic achievement, and there should be mental health sessions in PSHE, so students can learn how to deal with a crisis and develop resilience. The Youth Council also gave a presentation at a Head teacher's conference in January 2012, and asked Secondary schools to complete a questionnaire, identifying which of the 12 actions on the Mentally Healthy School Charter they already did in school, so there was baseline data.
14. The Youth Council presented their findings at the Child & Adult Mental Health Strategy Conference in February 2012, and 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 support for under 16s
  - Support for victims of bullying
15. Finally, to acknowledge the commitment of schools to develop emotionally supportive learning environments, the Youth Council created a three level award.
16. The work of the Youth Council was subsequently shared with the Healthy Schools and Risky Behaviour Consultant who was supporting a multi-agency group of professionals, including health and education representatives, to develop a mental health toolkit for schools. It is hoped that it will be developed in to lessons within York secondary schools.
17. The Task Group recognised that young people cared greatly about their own and their peers' emotional wellbeing, and was pleased to note that the work undertaken by York's Youth Council had been shared with the UK Youth Parliament as part of its Curriculum for Life Campaign.
18. The Task Group agreed to invite a member of the Youth Council to present the findings of their review at a future meeting –details of that are shown at paragraphs 39-46.
19. The Task Group raised the issue of how the Youth Council attracted people to become involved, in particular how they attracted those from a BME<sup>1</sup> background to join or those that would not normally become involved in something like the Youth Council. They felt that whilst the Youth Council was an extremely positive and valuable group it would attract those with a degree of articulacy who were willing and confident enough to become involved. The Voice and Influence Lead Officer at City Of York Council confirmed that the Youth Council does recruit young people from all the secondary schools and youth groups, which has enabled the involvement of BME, LGBTQ<sup>2</sup>, a refugee and specific needs young people from Choose 2<sup>3</sup> in York.

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<sup>1</sup> Black and Minority Ethnic

<sup>2</sup> Lesbian, Gay, Bisexual. Transgender, Questioning

<sup>3</sup> Choose 2 is a youth group for children with learning disabilities and physical disabilities

20. YorOK Child & Adolescent Mental Health Draft Strategy 2013-16 (CAMHS)

The Task Group received information on the draft Strategy, which was in the process of being updated and aligned with the Children and Young People's Plan 2013-2016 and the overall Health and Wellbeing Strategy for the city. Detailed information on the strategy is shown at **Annex B**, alongside the strategic priorities to achieve the overall aim of improving the support available to younger people. Further information from the Assistant Director for Children's Specialist Services on the work in progress in relation to the Children and Young People's Mental Health Strategy 2013-15 was also considered by the Task Group. (see **Annex H**)

21. The Task Group noted that whilst the Council offered a good range of services to support children and young people's emotional health and wellbeing, it needed a more complete picture of local need across all the possible dimensions of young people's mental health. In their view, with better information about what services were needed, the Council would be able to successfully deliver them and be able to evidence it was promoting good emotional health and wellbeing amongst younger people.
22. The Task Group acknowledged that raising awareness of mental health and emotional wellbeing issues amongst young people was a priority, and that listening to children and young people was key, together with regular workforce development for those that work with younger people.
23. The Task Group considered the seven key priorities identified within the new strategy as set out below:
- i. Strategic planning and commissioning bodies will work together effectively to support child and adolescent mental health and wellbeing – *the Task Group were keen that this would involve all communities and health service providers and commissioners; in particular the Leeds and York Partnership NHS Foundation Trust and the newly formed Clinical Commissioning Groups. It was imperative that there was robust communication between the different partnerships.*
  - ii. Children and young people and their families will be treated with respect and confidentiality – *The Task Group were keen that this should mean working with whole families and a holistic approach should be taken.*

- iii. Mental health and wellbeing services provided by all agencies, including the voluntary and faith sector are well co-ordinated.
  - iv. Promote mental wellbeing for children and young people and intervene early when difficulties begin to emerge – *The Task Group felt that this was around the different services working effectively together.*
  - 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 – *The Task Group felt that one of the ways this could be achieved was via the mental health toolkit (currently in development and referred to later in this report) and through the TaMHS programme (again mentioned in detail at a later point in this report).*
  - vi. Accessible, specialist support will be available for children and young people with severe or chronic mental health needs. *The Task Group understood from officers that the number of children needing this kind of support was small. It was felt that there was a good track record for providing this kind of support within the city.*
  - vii. Supported, qualified, experienced and confident workforce will work across agency boundaries
24. Further discussion showed that schools, and the Council as a whole, were still struggling to be confident in speaking to young people who were depressed, had other emotional wellbeing issues or were living in difficult circumstances. There were challenges around ensuring that 'listeners' were available for young people, and an understanding that in secondary schools young people would be more likely to speak to their peers, whereas in primary school children are often more likely to speak to their teacher (maybe because they only had one teacher whereas in secondary school a pupil would have several teachers).
25. The Task Group agreed there was a significant need to look at equalities issues in relation to the emotional wellbeing of young people, especially as the population of the city was increasingly changing in terms of race, faith and an increase of young carers. They felt this should be added to the list of priorities to be included in the refreshed CAMHS Strategy. The Voice and Influence Lead Officer confirmed that LGBTQ young people

also needed specific support and more general work needed to be done to remove the stigma within the community (including amongst pupils).

26. Overall, Members felt there was a clear overall multi-agency vision emerging to improve the emotional wellbeing and mental health outcomes for children and young people in the City, but considered some improvements could be made to embed this approach further. These are outlined in the summary conclusions at the end of this report.

### **School Based Initiatives, Interventions and Resources**

27. Mainstreaming York Targeted Mental Health in Schools (TaMHS) Project  
The Task Group learnt of the Council's involvement in phase 3 of the TaMHS initiative following receipt of a substantial amount of funding (£222k) to implement a preventative strategy for addressing mental health needs in schools.
28. As part of this York had introduced the Emotional Literacy Support Assistants Training Programme (ELSA), initially targeting a small number of schools (2 secondary and 6 primary schools). Detailed information on the programme is shown at **Annex C**. As part of their fact finding on this, Members learnt the following:

ELSAs received a comprehensive package of training and supervision to enable them to implement preventative interventions at individual and group level, with children and young people displaying emerging mental health needs,

The TaMHS ELSA project was subjected to a comprehensive evaluation which demonstrated a very positive impact. For all interventions, both individual and group work, improvements were reported by staff, parents and pupils.

- For group work: 72% of staff, 65% of parents and 62% of pupils showed improvements in perceptions of Emotional Health and Well-being (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 Strengths and Difficulties Questionnaire (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 which in some cases was estimated at 10 times as much.

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

Many of York's schools also use a national strategy called SEAL (Social and Emotional Aspects of Learning) to develop children's social, emotional and behavioural skills including Silver SEAL which is a more targeted approach to improving wellbeing amongst children and young people. ELSAs are trained in Silver SEAL.

It has been noted that just having ELSAs to offer support in a school setting raises the profile of emotional wellbeing.

29. The Task Group recognised the importance of confidential spaces in schools where children could talk to an ELSA. Also that there were many good reasons for early intervention in relation to emotional wellbeing ranging i.e. the positive effect it had on a child or young person to be emotionally stable and confident and minimising the number of children and young people that needed to be referred to a Pupil Referral Unit (PRU) or excluded from school for a fixed term, thereby reducing the cost to a Local Authority.
30. The Task Group agreed that despite there being no more funding available, it would be beneficial to continue the ELSA training and for all Local Authority schools to have at least one ELSA. They also suggested that those in independent schools should be encouraged to join the programme.
31. Mental Health Toolkit  
The final paper considered by the Task Group at their February 2013 meeting set out information on the Mental Health Toolkit for Secondary Schools.

32. The Task Group learnt of a review undertaken by the Healthy Schools and Risky Behaviour Consultant with the PSHE Leads in all 10 secondary schools, and also the special school and education support centre. The review took place between May 2010 and September 2011. The initial analysis was to provide the Council 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 address areas for development
33. The findings of the analysis highlighted many things including:
- 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 took place informally in some schools, there was often no standard procedure for recording it, (although students did have a good idea of the progress they were making).
  - 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 was being 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 needs, 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 over time. 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.

As a result, 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 that the action plan would benefit from sitting with the Social, Emotional Working Group (SEWG), for monitoring and future planning.

34. Two sub-groups were established, with one group covering the training needs of teaching staff and the other the Mental Health Toolkit. The Task Group were informed that two meetings of both groups had subsequently been held and work was underway to ensure effective delivery to young people. Further support had also been offered from University College London - Institute of Health Equity (Marmot Team), to ensure that the most relevant and up to date research was available.
35. The training offered through the Toolkit will be provided at three levels:
  - Level 1 - Mental health and emotional health and wellbeing – including generic information around mental health illnesses such as schizophrenia, self harm and bi-polar
  - Level 2 - Working with the Mental Health Toolkit i.e. lesson planning using the Toolkit
  - Level 3 - Bespoke training in schools - to cover further information on the Toolkit and any misunderstanding from the training above
36. The Task Group recognised that after the above training it would be possible to look at specifics; for example, if a school had a particular problem with self-harm then it would be possible to develop lesson plans related to this. It was also acknowledged that building relationships with key partners was imperative as ultimately one of the most important things to make the Toolkit successful was ensuring that schools engaged with it and its associated materials and embedded them within their curriculum and the overall ethos of their school.

37. On consideration of all the information received in February 2013, the Task Group agreed that they would like to take the following next steps:
- i. To meet with a representative of the Youth Council to receive the presentation they had given at the CAMHS conference in February 2012 around their review into emotional wellbeing
  - ii. Meet with Head Teachers or Pastoral Care Leads from two primary and two secondary schools (with at least one of these schools not having an ELSA in place)
38. Meeting with a Representative from the Youth Council  
In March 2013 the Task Group met with a representative of the Youth Council and received a presentation entitled '*What young people need to help them cope*' – see copy of presentation at **Annex D**.
39. Discussions around the presentation highlighted that the world for young people was a very different place to that experienced by their parents when they were growing up, and they faced a lot of stress. Young people were very often judged by their peers on what they had (i.e. the latest designer trainers or an up to date mobile phone) and this, amongst other things, could lead to school being a very stressful place. Young people face challenges around: peer pressure, relationships, exams and future prospects (i.e. university and employment) as well as trying to understand who they were as individuals as they matured.
40. Schools were also a different place from most parents' experiences, with academic stress and the expectations of what young people were expected to achieve being stressful enough without the added stress of the issues mentioned in the paragraph above. In contrast, the Youth Council representative confirmed there were many things that were good about being a young person which was a good reason why young people needed to be taught about their own mental and emotional health and wellbeing and ways of coping with stress.
41. The Task Group considered the national statistics within Annex D around young people and mental illness ( taken from the Young Minds Website<sup>4</sup> in September 2012) They showed that unfortunately it was not just stress that young people suffered from, but from diagnosable mental health conditions, with 1 in 10 young people being affected. In addition,

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<sup>4</sup> [http://www.youngminds.org.uk/training\\_services/policy/mental\\_health\\_statistics](http://www.youngminds.org.uk/training_services/policy/mental_health_statistics)

between 1 in 12 and 1 in 15 young people deliberately self harm and for around 25,000 the self-harming is so bad that they had to be admitted to hospital. About 195,000 young people have an anxiety disorder and about 62,000 are seriously depressed. The Task Group therefore agreed that more awareness and support for emotional and mental wellbeing, using a nurturing and 'listening' approach, was needed for young people.

42. The Task Group were also presented with information on the emotional wellbeing of young people in York during the year 2011-2012 which showed that around 1300 children and young people were referred to CAMHS via Primary Mental Health Workers with 900 of these going on to be supported by the specialist CAMHS team. The Task Group noted that the figures provided only related to those young people that had been identified as having a mental health issue. They therefore acknowledged there may be young people that had not been identified and as such were not getting any help or support.
43. The statistics also indicated a large gap between what is currently been taught in the PSHE curriculum area and what young people feel should be taught to develop their emotional wellbeing.
44. The Task Group discussed the stigma around mental health with the Youth Council representative. All felt that mental and emotional health and wellbeing could easily get mixed up with mental illness and young people needed education to help them understand and reduce the fear of prejudice. Teachers and young people needed to be able to access specialist help. Specifically teaching staff needed to have a good understanding of mental and emotional wellbeing and an awareness of mental illness. It was felt that there was little point in having some of the excellent support services available to schools if teachers did not understand. However, they agreed it was important to leave the diagnosis of mental illnesses to the professionals.
45. They also acknowledged a pupil's school work could be affected by their ability to deal with things going on in their lives such as bereavement, poverty, bullying, academic workload or family break up. They agreed schools should have a responsibility to provide a safe and supportive environment in which pupils can learn and achieve.
46. In summary, it was acknowledged by the Task Group from this representation that young people wanted assurance that their emotional

wellbeing was high on their school's agenda and consistent across the city

47. Meeting with Head Teachers and Pastoral Care Leads

Earlier in this review the Task Group had identified that they wished to meet with Head Teachers and Pastoral Care Leads from two Primary Schools in York and two Secondary Schools with at least one of the 4 schools chosen not having an ELSA in place. The following schools were subsequently identified:

Schools with ELSAs

- Hob Moor Federation (hosted the first ELSA course and trained staff in both Hob Moor Primary School and Hob Moor Oaks Special School)
- All Saints Roman Catholic Secondary School (the new SENCO<sup>5</sup> has promoted ELSAs in her previous schools as well as at All Saints)

School without ELSAs

- Huntington Primary School
- Huntington Secondary School

48. In April 2013, the Task Group met with representatives from those schools and discussions ensued around the following questions:

- i. What steps are taken to promote an awareness of the mental health needs and vulnerabilities of young people in your school?
- ii. Do you or how might you use other young people in your school to support those you identify as vulnerable?
- iii. What procedures have you to identify and share information about children who are solitary and at risk and who may be showing signs of emotional ill health?
- iv. What significant piece of work or action taken by you in the past three years has had the biggest impact on adolescent mental health in your school? - Why do you think this is?
- v. What training have you had in the past three years for dealing with mental health issues in your school? And have you used that training at your school?

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<sup>5</sup> Special Educational Needs Co-ordinator

- vi. How do you rate your school at dealing with young people's health issues and what is your plan for the next three years? - Do you involve the young people at your school in assessing issues?
- vii. As voluntary organisations become further involved in the community, have you been approached by an organisation and would you welcome this? - What support would you welcome?
- viii. What services are you aware of that are available for students in your school?

49. Following the meeting, the Task Group further posed the following five additional questions to the participating schools:

- ix. How often does your school ask young people about their emotional wellbeing?
- x. Do your staff have the confidence to deal with emotional health and wellbeing issues?
- xi. What do you want to achieve for young people's wellbeing in your school?
- xii. Do you plan on developing peer to peer support for young people within your school? If so, how? If not, why not?
- xiii. Do you think City of York Council should be introducing a baseline to measure against? If so what do you think this should look like?

50. The responses from each school are shown at **Annexes E - G** (Hob Moor Federation of Schools, All Saints Roman Catholic School and Huntington Primary School respectively) (NB: no response received from Huntington Secondary School).

51. The Task Group learnt that the Hob Moor Federation school was situated in an area of high deprivation with children coming in with a range of emotional vulnerabilities. The Federation consisted of Hob Moor Primary School and Hob Moor Oaks (a special school). They had been a host school for training ELSAs and currently had 12 ELSAs at the school along with a Parent Support Advisor (who worked predominantly with parents). In addition, pastoral staff had fortnightly meetings where they allocated key workers to specific children. They also focussed on targeted short term work, work around 'what makes a good male role

model' and using restorative circles to encourage children to talk with each other and discuss their feelings.

52. The Head Teacher at Huntington Primary School explained that whilst they did not have an ELSA at the school they used SEAL (Social and Emotional Aspects of Learning) and this was woven into everything the school did. The school also had strong links with the community, the parents of the children at the school and with Huntington Secondary School.
53. In regard to All Saints Roman Catholic Secondary School, they operated from two sites, with a pastoral lead at each site. The school offered lunchtime 'chill out clubs', homework clubs and summer schools for identified vulnerable pupils moving up to the school from a primary school.
54. Of the schools represented, Members noted that that there was a clear commitment to ensuring the best possible emotional support for the children and young people in their care. The review found that the approaches across each of the schools differed and that there was limited cross school or cross phase sharing and learning from what works. The review found innovative and effective pockets of practice and a willingness, at least by those who responded to the review, to explore new and different approaches to supporting their children / young people.

Confidence in dealing with emotional / mental health issues across the school community appeared variable but a clear commitment to address this issue was evident.

### **Secondary School Nurses**

55. In June 2013, the Task Group met with Secondary School nurses in relation to the emotional wellbeing issues which emerge in young people upon their transition to Secondary School from primaries.
56. At this meeting, Members heard from school nurses about a variety of issues, ranging from the national (as well as local) escalation of self harm amongst young people to eating disorders becoming more apparent at a younger age (as early as Year 7). Different types of activity seemed to be taking place across schools to raise awareness about the emotional wellbeing of young people. Some of the good practice already taking place included Self Help Kits in some schools, established links with CAMHS (Children & Adult Mental Health Services),



Student Wellbeing Groups in some schools, transition questionnaires for pupils leaving primary schools. In particular, Members noted that a training day was being held for schools in October 2013 to raise awareness on mental health issues.

57. Upon learning of the work which was taking place, Members still felt that a number of themes were emerging around which some recommendations would be valuable, such as dealing with the 'stigmatisation' associated with admitting to having emotional issues, guidelines to schools on how to respond to these types of issues, clear demarcation of roles and a directory of where to get help.

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

58. This review is directly linked to the Protect Vulnerable People element of the Council Plan 2011-2015

### **Options**

59. The Task Group have learnt about current practices during the course of this review and discussed different potential options for future ways of working. This discursive process has led to the formulation of their key recommendations for future delivery.

### **Overarching Themes**

60. Several key interrelated themes emerged from the evidence heard. The Group found that the experience of children and young people in having their emotional and or mental health needs recognised and met is variable.

Inevitably, given the major role they play in the development of the City's children and young people, the review focussed sharply on the arrangements in school settings.

There is a clear distinction between the approaches and arrangements in primary schools and those reported by secondary schools. Members recognised that of necessity and function, the environments in primary and secondary schools are very different. It was apparent therefore that 'what works' in primary schools may not be appropriate or deliverable in secondary settings. However, the Group did hear evidence to suggest

that there are key principles that should be observed across the school phases. These include:

- An explicit and visible commitment by schools to supporting the emotional and mental health needs of their children / young people.
- Early recognition / identification of emotional vulnerability / mental health issues is the key to preventing problems from escalating and therefore to reducing the likelihood of more serious future mental health issues.
- A willingness to create a listening environment is highly valued by young people - in secondary settings 'peer listeners' have a big contribution to make.
- Institutions need effective strategies to overcome or reduce the barriers (e.g. stigma) to young people seeking help or advice.
- Good accessible information about services and help is essential.
- A 'nurture to attain' model is favoured by young people and demonstrated to be effective

61. The Task Group received limited information about arrangements to support the emotional wellbeing and mental health across the wider community. The emerging CAMHs strategy could become a useful catalyst for greater multi agency collaboration to ensure that all agencies are involved in supporting front line services. Overall, it was felt that the current draft of the strategy lacked sufficient focus on equalities, seems to lack full sign up and ownership across the wider partnership of key service providers (e.g. the Vale of York CCG). The group recognised the detailed work and consultation that had gone into developing the vision for the strategy and the range of strong services available across the City, however, these are not yet knitted together to form a cohesive action plan. The Group see this work as a key priority if the aspirations for a 'listening', 'knowledgeable' and 'responsive' citywide environment is to prevail.
62. There was very good evidence of several innovative, evidence based and effective initiatives across the City which taken together could make a very significant contribution to improving the emotional and mental health of children and young people across the City. The TaMHs ELSA initiative provides a model of working which not only meets individual

needs but also creates a positive whole setting culture, in which young people are more likely to have their emotional and mental health needs recognised and addressed.

63. The developing Mental Health Tool Kit provides a resource to schools and potentially other settings to help them communicate with their children and young people on issues that may not be sufficiently prioritised or even missed in busy settings.
64. The Youth Council's accreditation scheme is another effective way to ensure that the emotional and mental health needs of children remain high on the agenda of schools and in the future potentially other settings.
65. The Task Group greatly valued the contribution by the Youth Council. Members were also mindful that the group's contribution may not be fully representative of some of the more vulnerable groups across the city. The voice of all young people, users of specialist services and their parents and carers was in some respects a bit muted in the review and these groups must be fully consulted and engaged in any future development work.
66. The Group was struck by the passion and commitment of all those who presented during the review. Although a small sample of the wider professional community working to develop and support York's children and young people the group felt that if the energy, vision and commitment of these people was reflective of the wider children's workforce then the City can be very optimistic about the quality and effectiveness of future arrangements to support our more vulnerable children.

### **Summary Conclusions**

67. The overarching themes identified by the Task Group then led the Group to draw some summary conclusions as follows:

#### **York Youth Council**

68. The Youth Council's proposal to implement across all secondary schools a scheme of work with six lessons for each of Years 7 – 11 should be supported. Some material has been developed to help young people

better understand stress and strategies to manage stress and keep it at healthy level.<sup>6</sup>

69. A short film (commissioned by YYC) explaining the Risk and Resilience model (stress bag) should be considered for use in the above lessons<sup>7</sup>
70. A Mentally Healthy School Charter which had been developed to detail what strategies, resources and support systems should be in place in secondary schools.
71. Peer mentoring services – need to be properly supported by qualified staff, the school needs to allocate time and space

YorOK Child & Adolescent Mental Health Draft Strategy 2013-16  
(CAMHS)

72. The strategy should explicitly involve all communities and health service providers and commissioners; in particular the Leeds and York Partnership NHS Foundation Trust and the newly formed Clinical Commissioning Groups.
73. The strategy should promote and emphasise working with whole families and a holistic approach.
74. The strategy should promote the use of, and learning from, the Mental Health Toolkit<sup>8</sup> and the TAMHS programme in schools and wider community services as part of a preventative approach to mental health needs affecting children and young people.
75. The strategy should seek to emphasise the need for effective ‘listeners’ for young people in school settings and recognise that in secondary school settings these are more likely to be peers than professionals. (which relates to Youth Council recommendation at d. above).
76. The strategy should carefully consider and include as priority equalities issues in relation to the emotional wellbeing of young people, especially as the population of the city was increasingly changing in terms of race, faith and an increase of young carers.

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<sup>6</sup> [Note: this material does not include talking about different types of mental illness.]

<sup>7</sup> see: <http://www.youtube.com/watch?v=nzGIXER5fdc>

<sup>8</sup> A collaborative resource for schools to use as part of the curriculum to promote awareness of emotional and mental health issues for young people in secondary schools

77. The strategy should consider how all agencies can work and behave to overcome any issues of 'stigma' that may be associated with seeking or receiving help for emotional or mental health issues.
78. The strategy should also raise awareness of the need to support and attend to the emotional wellbeing of professionals who work in children's settings.

#### Schools Based Initiatives, Interventions and Resources

79. There is strong evidence that the TaMHS approach in primary schools is effective. It helps to meet the emotional support needs of individual children whilst promoting a whole school culture of 'nurture to learn'. Panel concluded that this model should be supported and promoted across the whole school community.
80. The emerging CAMHS strategy should seek to promote this approach in other children's settings such as children's centres and youth groups.
81. The Mental Health Toolkit should be adopted by secondary schools across the city. There is scope and real value in developing this model / resource for use in primary schools.
82. The Mental Health Tool Kit could help to increase the confidence of professionals in schools in responding to children and young people's emotional and mental health needs.

#### Meeting with Head Teachers and Pastoral Care Leads

83. It is hard to be confident that there is a good understanding across the wider school community of the range of initiatives, resources and interventions available to help them address the emotional and mental health needs of their children / young people.
84. There is a good understanding of the barriers to providing such support including, stigma and a lack of knowledge about resources and referral routes.

#### Meeting with School Nurses

85. The issue of self-harm, whilst beyond the scope of this scrutiny review itself, is an area of serious, and increasing, concern to schools. This indicates the need to offer a preventative strategy to build capacity

through effective staff development and sharing of good practice. Pastoral staff including school nurses, ELSAs and SENCos will be the frontline staff who identify needs and they need support to ensure there is effective referral and signposting to specialist services e.g. Limetrees as needed.

### **Overall Summary Conclusions**

86. Having formed the above summary conclusions in each area, the Task Group concluded there were 3 key priority areas to help achieve their aim of raising awareness of emotional and mental health issues for young people:

- A single strategic action plan for the city ultimately;
- Support for the most effective interventions and resources (including the TaMHS programme and the Mental Health Toolkit );
- A training and information strategy; and

Above all, promoting a 'nurture to attain' approach across all children's settings, as supported through the Youth Council's Accreditation Scheme) would be fundamental to achieving increased awareness of the issues amongst young people themselves and service providers.

### **Implications**

87. The Task Group's final recommendations are set out below and potentially give rise to some resource implications:

#### **The Mental Health School Charter and Mental Health Toolkit:**

In making a recommendation for schools to endorse and adopt the Charter and Toolkit, the Task Group acknowledged that there might be some costs associated with physically printing the Toolkit should schools need to do so. Members of the Task Group fully appreciated the requirement upon schools to balance the 'standards agenda' with their 'pastoral responsibilities'.

At this stage, Members acknowledged that it was hard to quantify any likely production costs because demand in that sense was unknown. Acknowledging the competing demands on school resources, Officers gave a commitment, as part of this review, to work with and support schools in adopting the implementation of the Charter/Toolkit and in

exploring ways of mitigating any comparatively minor production costs of this nature

### **Emotional Literacy Support Assistants Programme (ELSA) Conference**

The Task Group welcomed the ELSA conference as an exciting opportunity to strengthen and promote the whole ELSA approach across the city. However, Members acknowledged that it's success would be dependent upon schools' willingness to pay for their ELSAs (Emotional Literacy Support Assistants) to attend and to release them from school for a day. With no additional funding available to support this, it was acknowledged the cooperation of schools was vital to ensure the viability of the conference. As such, the Task Group felt it was important for a recommendation to emerge from this review to encourage schools to support this initiative as part of the journey to deliver a preventative strategy for addressing the mental health needs of young people.

### **Recommendations**

- 88.** In light of the information and evidence gathered throughout the review and the overarching themes and summary conclusions which had emerged, the Task Group wishes to make the following recommendations to Cabinet:
- (i) That secondary schools in the area be requested and strongly encouraged to introduce the Mental Health School Charter, setting out what strategies, resources and support systems were in place to help pupils, carers and support staff identify and cope with emerging emotional or mental health issues;
  - (ii) Whilst fully endorsing the YorOK Child & Adolescent Mental Health Draft Strategy 2013-16 and its vision and aims, the Assistant Director for Children's Specialist Services provide a final draft of the Strategy Action Plan to the Board in Autumn 2013, taking account of the overall recommendations and findings from this review and drawing out the issues surrounding stigmatisation and equalities, as well as signposting where there is evidence of serious mental health problems ;
  - (iii) That all providers of the Emotional Literacy Support Assistants Programme (ELSA) be actively encouraged to support the Conference being organised in the Spring Term for 2014, in line with

the TaMHS (Targeted Mental Health in Schools) Project, to promote and deliver a preventative strategy for addressing mental health needs in schools; and

(iv) That

(a) the potential benefits in the widespread adoption of the Mental Health Toolkit throughout York secondary schools be openly recognised and supported, to help schools respond to children and young people's emotional and mental health needs.

(b) whilst acknowledging the financial costs involved for schools in reproducing the Toolkit, all secondary schools in York be actively encouraged to adopt it and officers explore ways to support those schools in doing this.

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*tick*

**Date** 17.9.13

Eoin Rush  
Assistant Director  
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**Final Draft  
Report  
Approved**

**Wards Affected:** All

All

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

**Background Papers: None**

### Annexes

**Annex A** Briefing Note on Proposed Scrutiny Topic dated 23 July 2012

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

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

**Annex D** Mainstreaming York TaMHS Project

**Annex E** Mental Health Toolkit for Secondary Schools

**Annex F** Presentation from the York Youth Council

**Annex G** Response from Hob Moor Federation

**Annex H** Response from All Saints Roman Catholic School

**Annex I** Response from Huntington Primary School



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**Community Mental Health Services in Care of  
Adolescents Scrutiny Task Group****February 2013**

Report of the Assistant Director – Children’s Specialist Services

**Briefing Note on Proposed Scrutiny Topic – Community Mental Health  
Services in Care of Adolescents (particularly boys)****Introduction**

1. A recent scrutiny planning event identified, as a topic for initial consideration, the relationship between behavioural issues in older boys / young men and low level mental health problems.
2. Specifically, Members expressed an interest in the possible correlation between behavioural problems (including, school exclusion, youth offending and suicide) and low level mental health issues.
3. Members also wish to better understand the local arrangements for the early identification of possible mental health issues in this particular group. The effectiveness of any subsequent interventions was also highlighted as part of any review.

**Brief Background**

4. In preparation for this initial briefing the views of colleagues from the Child and Adolescent Mental Health Service [CAMHS], the Youth Offending Team and Children’s Social Care were canvassed.

**Summary of Initial Views**

5. Dr Christine Williams, Consultant Child Clinical Psychologist who is also the Lead Clinician for CAMHS in York reports:

*“The team and I have considered the issue highlighted for possible scrutiny by the Health Overview and Scrutiny Committee. On the basis of our clinical experience here in York we believe that, in terms of mental*

*health issues in teenage boys generally, there is no evidence of any major changes (growth in referrals or diagnosis) in the last 5 years. Of course should the Committee wish to review this issue I would be pleased to investigate this further.*

*Also, we are not sure that this remit requires a high level of scrutiny. However, the Committee's query prompted a very helpful and closely related debate within our service. In particular, we identified a cohort of young people involved with the Youth Offending Team [YOT]. There are a small but growing number of young men and women who present as 'high risk' in terms of danger to others. These young people often require psychiatric assessments and out of area placements which are expensive and sometimes unsatisfactory. YOT colleagues estimate that there are approximately 10 young people within this 'high risk' category at any one time. There are many more at a lower level of risk although some of these are likely to 'graduate' to higher risk with time. In my opinion, in terms of trying to improve care and avoid escalation of these risky behaviours as well as trying to reduce costs, it would be worth the committee giving some consideration to a review of these arrangements.*

6. Angela Crossland – Service Manager – Youth Offending Team reports:

*"The Youth Offending Team has seen a steady increase in the recognition of very complex cases both within our service and from colleagues in Children's Social Care. We see young people with higher levels of risk to others, and significant need, presenting before the court on a regular basis. The correlation of these individuals being Looked After Children, on high-end intensity orders and ultimately in custody, has particularly highlighted the need for more responsive approaches in terms of their long-term care and development needs. The YOT, CAMHS and Children's Social Care have been looking at practice level ways to try and identify such individuals but this has shown that there needs to be an overview of what questions this is raising for commissioners in terms of the overall resource for this group of vulnerable and escalating young people.*

7. Colleagues in Children's Social Care recognise the issues highlighted by both Dr Williams and Ms Crossland. Responding to 'children who harm' has been the subject of considerable debate both within the service and across the multi agency network. In a nutshell, meeting the needs of these young people whilst minimising the risk they pose to others requires high level of interagency cooperation. Clear pathways to a range of highly specialist resources are also required. These challenges are further exacerbated by the need to maintain some normality for these

young people throughout any treatment period to maximise their opportunity for a full and effective rehabilitation.

### **Early identification of emerging mental health problems**

8. A multi agency conference, hosted by York's CAMHS executive group in April 2012, brought together representatives from over 50 agencies working with children and young people.
9. The event provided a forum for professionals to explore local arrangements for the prevention and early identification of mental health issues in children and young people. Feedback from the event reassured us that there is a high level of awareness across children's services in York about the importance of spotting early signs of emotional distress or mental health problems in children and young people.
10. The workshops and findings from the conference will inform the next CAMHS strategy for the City. At the heart of this strategy is a commitment to further strengthen the message that children's mental health is everyone's business. The supporting delivery plan will ensure that greater support and training is available to all those professionals working with children.

### **Conclusion**

11. There is no sense of any complacency about the wider challenges presented by low level mental health issues for young people and in particular young men. Good multi agency awareness and planning is already in place to support this group.
12. However, enquiries to prepare this initial briefing reveal a clear consensus about the value of further scrutiny of arrangements for responding to children who harm.

### **Options**

13. The options at this stage are:
  - (a) The Health Overview and Scrutiny Committee pursues a more detailed review of the overall arrangements to support the emotional and mental of young men in the City. Such a review could be undertaken within the context of the draft CAMHS Strategy 2012 – 2015.

- (b) The Committee undertakes a more focused review on the prevalence and local arrangements for responding to the mental health and care issues associated with children who harm.

### **Recommendations**

14. A wider review of local arrangements to respond to the mental health needs of children and young people in York has recently been completed (Annex 1). This work will inform York's CAMHS strategy for the next three years.
15. Addressing the issues associated with 'children who harm' will, of course, feature in the final strategy. However, a more immediate and sharper focus on this issue through further review by this committee would be helpful and is recommended.

### **Briefing Provided By:**

Eoin Rush  
Assistant Director – Childrens Specialist Services  
Tel. 01904 554212



## **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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## **The ELSA (Emotional Literacy Support Assistants) Project**

York introduced the ELSA 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, 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,
- Circles of Friends

Primary Mental Health Workers (PMHWs) 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 the Child and Adolescent Mental Health Service (CAMHS) Strategy for 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 and will be included in the refreshed CAMHS Strategy 2013-16.

The ELSA programme has trained 109 ELSAs in 42 schools across York since 2010. Amongst many other things one of the aims of the programme was the hope that the ELSA might be the person who noticed when a child or young person had a problem with their emotional or mental wellbeing.

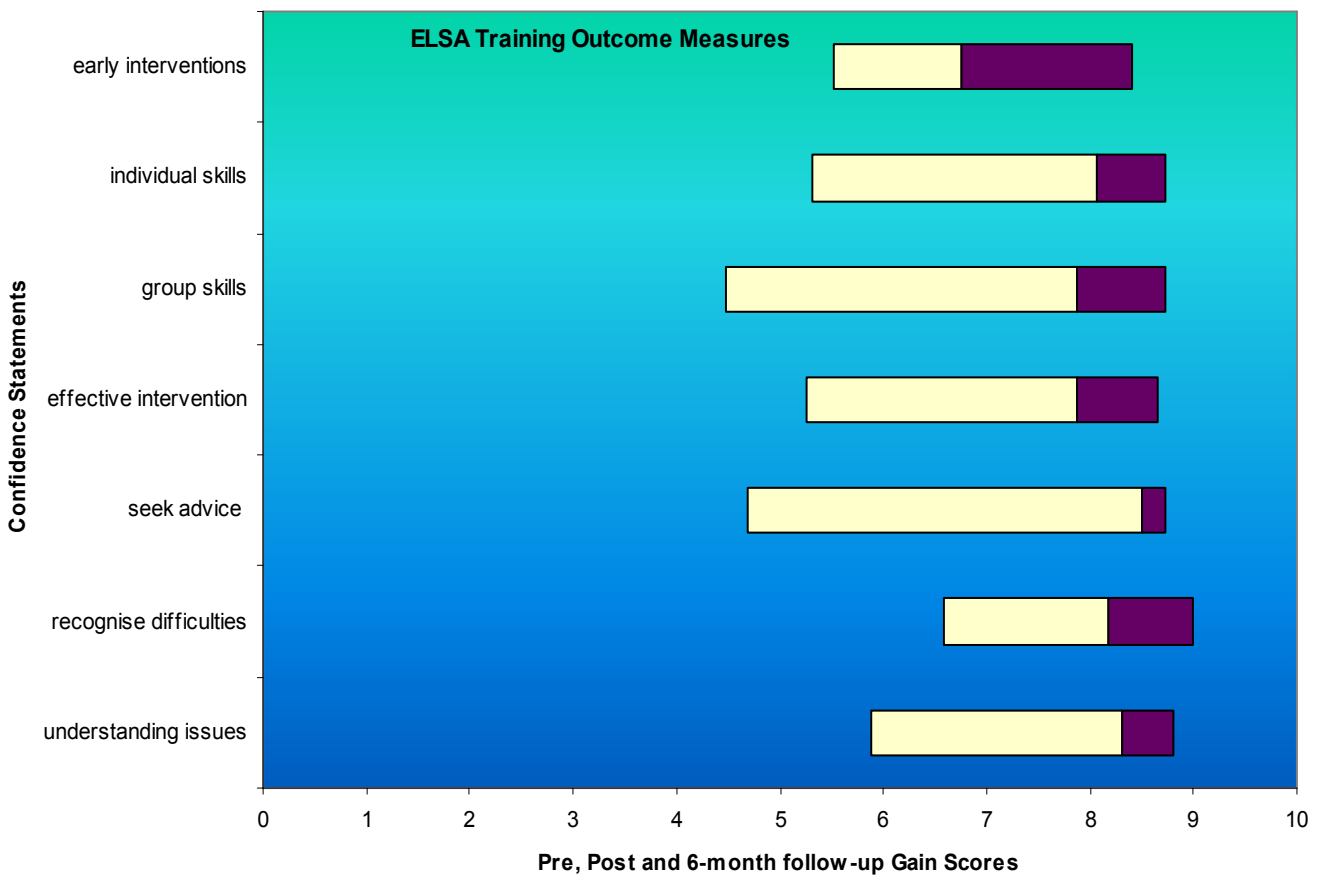
**Quantitative Evaluation of ELSA work:**

The programme has proved successful. It 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 dealing with emotional issues. And, many had shared their skills with others and now felt more able to notice and identify children and young people who might be vulnerable.

The top three items, showing the biggest overall gains, were:

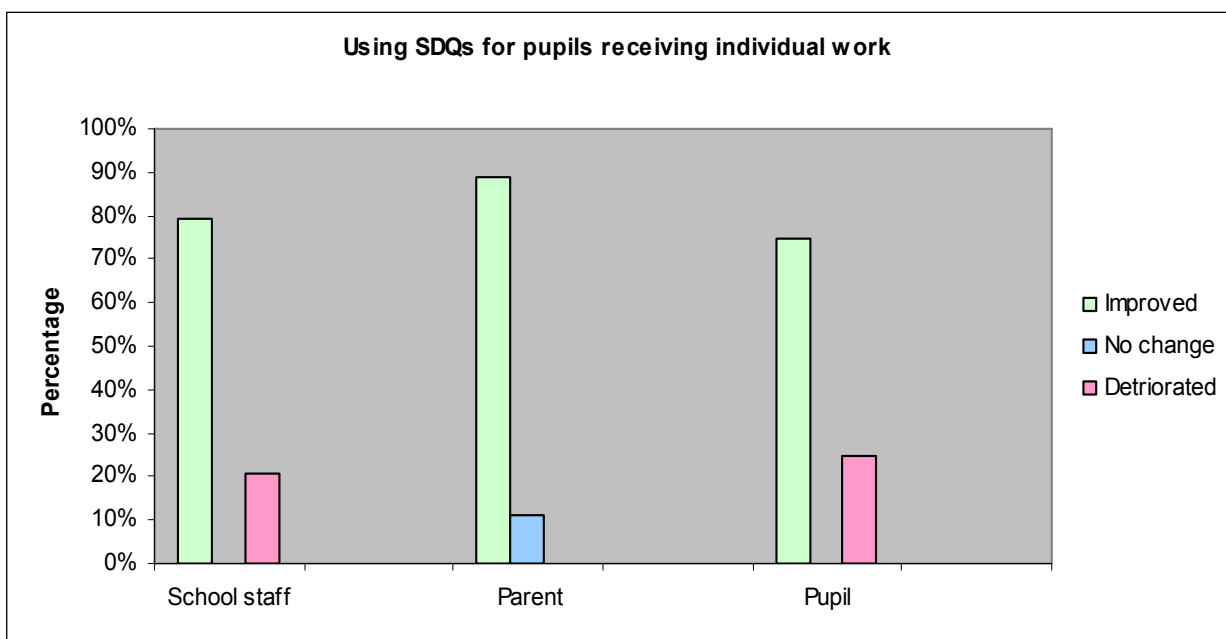
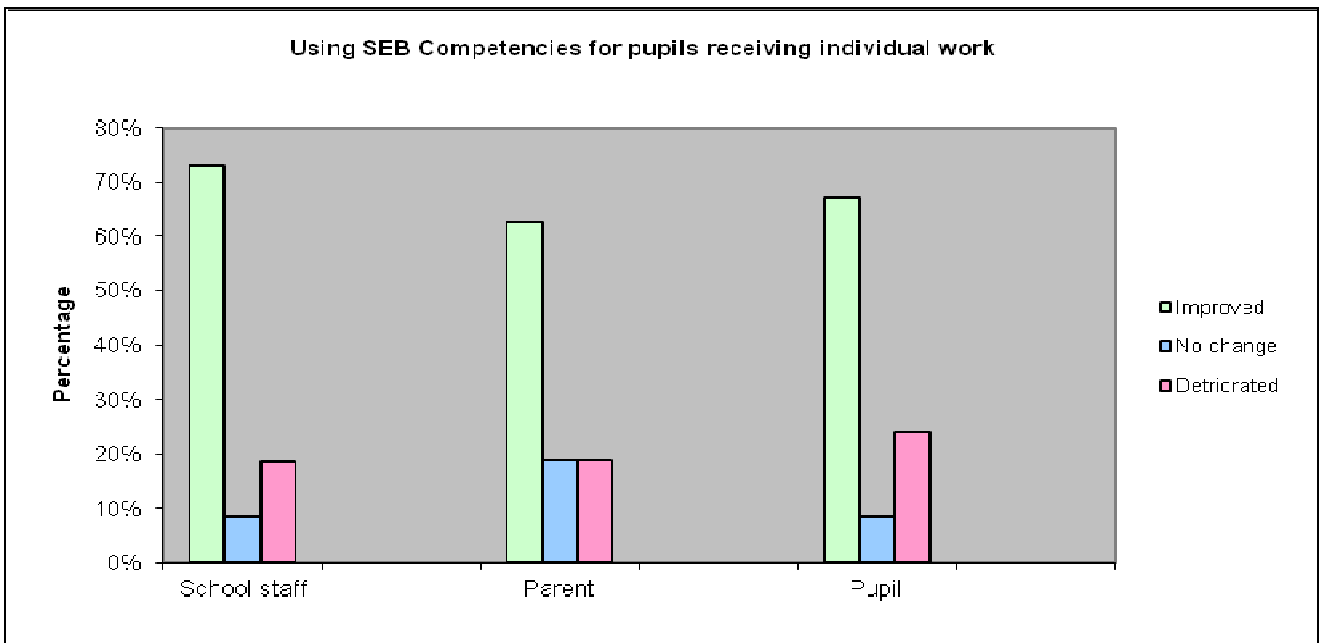
- Item 3 – ‘I know where to seek information, advice and support on Emotional Health and Well-being (EHWB) issues’
- Item 5 – ‘I have the skills to run effective groups to develop EHWB’
- Item 6 – ‘I have the skills to work with individual pupils experiencing difficulties relating to EHWB, in a 1-to-1 context’.



Data on pupil progress was triangulated from staff, parents and pupils, using the York Social Emotional and Behavioural (SEB) Competencies Profile. For the most complex cases the Strengths and Difficulties Questionnaire (SDQ) was also used.

For all interventions, both individual and group work, improvements were reported by staff, parents and pupils.

- For group work: 72% of staff, 65% of parents and 62% of pupils showed improvements in perceptions of Emotional Health and Well-being (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 Strengths and Difficulties Questionnaire (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 Pupil Referral Unit (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 Local Authority 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, and York is now part of the national ELSA Network and has its own website run by one of the ELSAs.

The funding has enabled the Educational Psychology (EP) Service to deliver the course with 'host' schools providing the venue, hence it continued to be part of the Universal CAMHS Strategy. 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 have continued to offer ELSAs termly supervision in geographically-organised groups within their school patches. 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.

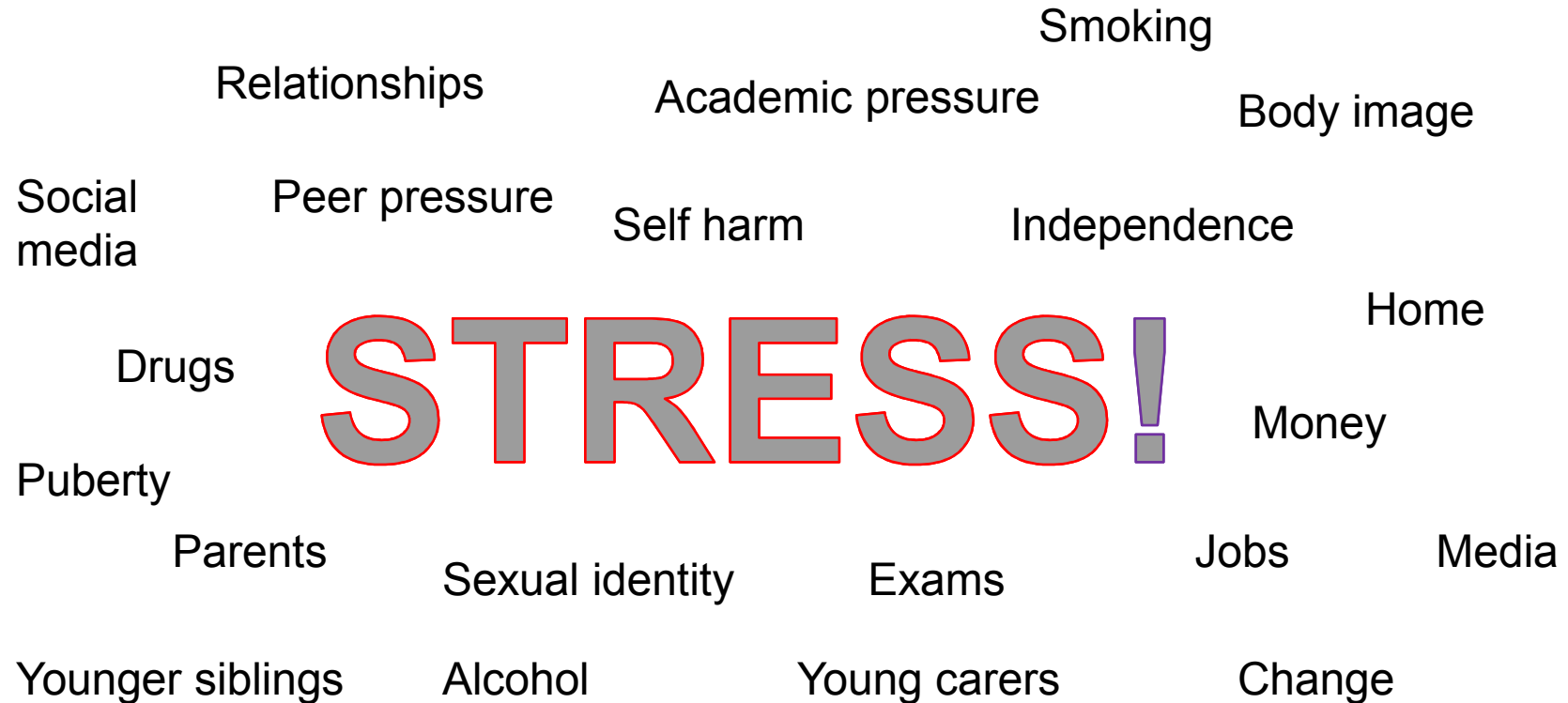
25<sup>th</sup> January 2013

# Annex F-

## What Young People need to help them cope



# Young People face...



and only we know how much.

# Young People and Mental Illness

- ❖ 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder;
- ❖ That is around three children in every class;
  
- ❖ Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm;
- ❖ Around 25,000 are admitted to hospital every year due to the severity of their injuries;
  
- ❖ For secondary school age children (11 – 16):
  - ❖ About 195,000 (4.4%) have an anxiety disorder;
  - ❖ About 62,000 (1.4%) are seriously depressed;
  
- ❖ British Medical Association estimates that 1.1 million children under the age of 18 would benefit from specialist mental health services.

# Quotes from Young People in a York School

It's like a weight has been lifted off my shoulders. I am more confident and can make decisions for myself.

I am happier both in school and at home because I can deal with things.

When my life was full of difficulties, there were people in school who listened to me and helped me.

I have grown stronger because of this and I am not failing any more.

# Young People and Emotional Well-being in York

## During the year 2011-2012

- ❖ About 1300 children and young people were referred to CAMHS via the Primary Mental Health Workers
- ❖ About 900 went on to be supported by specialist CAMHS
- ❖ About 300 of these had serious mental illness such as anxiety and depression
- ❖ 80 young people were seen in hospital by the CAMHS duty team following an overdose or another serious form of deliberate self harm
- ❖ 278 young people 16-25 approached Castlegate for information about counselling
- ❖ The Young Person's Mental Health Worker at Castlegate supported over 100 young people with mental health needs

# Reducing Stigma

- ✪ People are fearful of things they don't understand
- ✪ Education can help to remove ignorance, fear and prejudice
- ✪ Diagnosis should be left to the professionals
- ✪ Teachers and young people themselves should be able to access specialist help
- ✪ Everyone needs tools/ knowledge to enable them to stay mentally healthy and cope with life's stresses



## Why are we campaigning for better mental health awareness?

Mental Health and Well-Being affects every Young Persons' life...

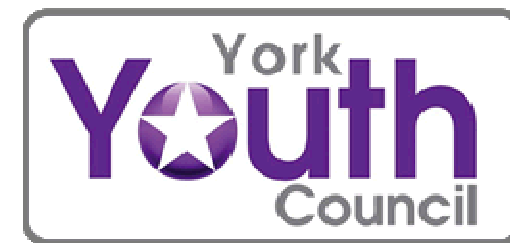
PSHE Curriculum Area	What do young people say they are currently learning?	What do young people say they want to learn?	Difference
Emotional Health & Well-being	44%	90.67%	106.06%
Being A Parent	35%	71.67%	102.83%
First Aid	40%	78.00%	96.64%
Managing Your Money	45%	60.33%	34.07%
Body Image	44%	57.00%	29.55%
Careers	73%	70.67%	-3.64%
Equality	80%	71.67%	-10.42%
Sex	78%	63.33%	-18.45%
Relationships	65%	52.00%	-20.00%
Physical Activity	69%	52.00%	-25.00%
Drugs	78%	54.00%	-30.47%
Learning About Work	76%	49.67%	-34.36%
Healthy Eating	82%	52.00%	-36.59%
Alcohol & Tobacco	86%	54.00%	-37.21%
Staying Safe	90%	48.67%	-46.13%

...so why don't we talk about it in schools?

# We realised...

- ✿ Pupils' School Work gets affected by a pupil's ability to deal with the things going on their lives:
  - bereavement,
  - terminal illness,
  - poverty,
  - bullying,
  - parents with drug problems,
  - parent loosing their job,
  - family break-up,
  - academic workload
- ✿ Young people need a safe supportive environment in which to learn and achieve;
- ✿ Specialist services need to be provided for everyone who needs them: so, we need to make sure we identify the people who need them.

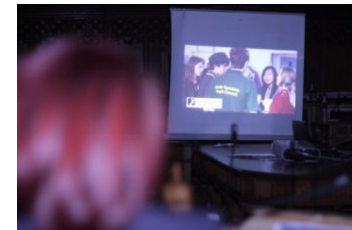
York Youth Council is a body of young people that come from all over York to volunteer and influence decisions that affect every young person in York. We campaign for a more youth-friendly York and we represent young people from every background.



Every year, we choose what our three campaigns should be based on issues brought up by young people in our constituency.

# What York Youth Council are doing?

- ✪ We have created schemes of work. Six lessons on well-being each year covering different issues from Yr 7 -11
- ✪ We have commissioned a teaching resource to be part of the lessons
- ✪ We are part of the working group to create the mental health toolkit for secondary schools
- ✪ We have created a Mentally Healthy School Charter
- ✪ We want to recognise the achievements of schools as they progress through the actions on the Charter, with a tangible three-level, Minding Minds School Award
- ✪ We are feeding our ideas in to the nation UK Youth Parliament Campaign



# Film about Stress

<http://www.youtube.com/watch?v=nzGIXER5fdc>

# Minding Minds School Award

- ★ If a school has a comprehensive Emotional Wellbeing Strategy and is teaching mental health in the correct way, then we can give **Bronze Award**,
- ★ **Silver Award** if the school have achieved the points above and 2 more of the action points and
- ★ **Gold Award** for achieving all 12 actions on the Mentally Healthy School Charter

# Now, over to you...

You've seen me tell you what young people think about York. So, here's our question for you: what do you want to achieve for young people's well-being in your area?

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### Response from Hob Moor Federation

1. What steps do you take to promote an awareness of the mental health needs and vulnerabilities of young people in your school?
  - In September 2011 we established the Pastoral Team to work across both Hob Moor Oaks and Hob Moor Primary School. This consists to the Principal and Leader of Inclusion (as designated teachers for safeguarding and LAC), the heads of schools, pastoral advisor (who works predominantly with families), learning mentor (who works predominantly with children in school) and twos Emotional Literacy Support Assistants. We also have another 10 ELSA's working across both schools.
  - Each week during briefings there is an opportunity for staff to raise any concerns they have about individual children to the whole school.
  - Cause for concerns forms are completed about any concerns staff have about children's' wellbeing, no matter how large or small. These are then passed to the Pastoral Team where they are actioned. This may be a referral to the front door, a discussion with parents or the child or allocation of a keyworker from the Pastoral Team.
  - The Pastoral Team meet formally once a fortnight and informally on a weekly basis. During this time children are discussed and support is allocated to the children who need it.
  
2. Do you or how might you use other young people in your school to support those you identify as vulnerable?
  - Peer mediators work in the playgrounds at lunch time helping children to resolve their difficulties for themselves. They use a structured set of questions to assist them with this – taken from restorative practice.
    - What happened?
    - What were you thinking at the time?
    - What have your thoughts been since?

- Who has been affected by what you did? How?
  - What do you think needs to happen next?
3. What procedures have you to identify and share information about children who are solitary and at risk and who may be showing signs of emotional ill health?
- Through the cause for concerns forms and the Pastoral Team meetings. All staff are aware to look for those children who are becoming more withdrawn as well as those that act out.
4. What significant piece of work or action taken by you in the past three years has had the biggest impact on adolescent mental health in your school?
- (i). Why do you think this is?
- The introduction of the Pastoral Team and Restorative Practice. It is hard to separate the impact of these initiatives as they were introduced at the same time. Restorative Practice has enabled children to talk about their feelings, giving them the vocabulary to do so. It has also helped them to think about how their behaviour has affected others. The introduction of the Pastoral Team has meant that the staff are available to talk with the children and support the families of the most vulnerable children.
5. What training have you had in the past three years for dealing with mental health issues in your school?
- (i). Have you used that training at your school? Please give examples of training being put into practice
- Attachment Theory – from Lime Trees and Educational Psychologist
  - Restorative Practice
  - Gimmie 5 – sensory integration
  - ELSA training
6. How do you rate your school at dealing with young people's emotional health issues and what is your plan for the next three years?
- (i). Do you involve the young people at your school in assessing issues?

- The school has an excellent record of supporting vulnerable children and this is supported by the progress data of vulnerable groups.
  - In the next 3 years I would hope to continue to develop the roles of ELSA's within the school and how the Pastoral Team work in more proactive ways to target vulnerable groups of children.
7. As voluntary organisations become further involved in the community have you been approached by an organisation and would you welcome this?
- (i). What support would you welcome?
8. What services are you aware of that are available for students in your school?
9. How often does your school ask young people about their emotional wellbeing?
- Each class hold circles on a regular basis throughout the day (at least twice a day) were the children are expected to say how they are feeling. Children are then able to select someone that they wish to share their worries with.
  - Children are also encouraged to use impromptu circles to resolve problems and conflicts that happen throughout the day. This allows things that could become bigger issues to be resolved quickly.
10. Do the staff at your school have confidence to deal with emotional health and wellbeing issues?
- Generally yes, although we know that we can seek support when we do not. We have a close working relationship with our Primary Mental Health Worker, Educational Psychologist, IDAS worker and NSPCC worker.
11. What do you want to achieve for young people's wellbeing in your school?
- That all children feel safe and happy in school and are able to reach their full potential.

12. Do you plan on developing peer to peer support for young people within your school? If so, how? If not, why not?

- To continue to develop the role of peer medication.

13. Do you think City of York Council should be introducing a baseline to measure against? If so what do you think this should look like?

Response from All Saints Roman Catholic School

1. What steps do you take to promote an awareness of the mental health needs and vulnerabilities of young people in your school?

Specific topic assemblies (may be run by pupils themselves), Information sharing between staff – info given at the formal staff meeting at the start of the year, then throughout the year it may just be a ‘tlc please’ memo – many staff do not need to know all the details, just that a child may be vulnerable.

Staff respond very well to these memos and are also good at identifying pupils who are struggling in a variety of ways, and passing that information on.

We are currently upgrading our student information computer data base to enable identified staff to access concise and comprehensive information all in one place.

We undertake fundraising throughout the year, sometimes raising money for our own pupils’ needs, sometimes for the wider community. Pupils are involved in choosing which charities to support.

We have a breakfast club on the lower site which gives free breakfast to identified pupils, and we financially support pupils to attend trips, residential etc. Any member of staff is able to refer a pupil.

We have an enormous number of Primary feeder schools, and as many as possible are visited by our Head of Site each summer term. We then offer 2 parents evenings for our main Catholic feeder schools, and an additional Saturday morning where we ask the pupils to come too. This morning is for the schools where a pupil may be the only one coming from that school. The children engage in various fun team building activities so that by the end of the morning each child will be able to identify someone with whom they would like to be in a form. If a child is very nervous about coming to high school we have as many additional visits as necessary for them to feel alright about it, engaging with other pupils as much as possible. We also do this again at the year 9/10 transition we have to the upper site.

The parents meetings allow an opportunity for them to give us any confidential information or talk about their anxieties. My own role works well here as I am able to offer individual support and advice if necessary. Our overall year 6/7 transition programme gives us a good start in identifying vulnerable pupils very early on.

2. Do you or how might you use other young people in your school to support those you identify as vulnerable?

We have peer listeners from year 9 who are trained and supported through the year to support other pupils.

We run Circles of Friends for identified vulnerable pupils (currently there are 2 running in year 7).

At the start of year 7 we do a one-off circle time with each form with the themes of 'making friends' and 'identifying who to go to for support in school'.

We have a 'Chill Out' club every lunchtime at the lower site where vulnerable pupils can support each other in a managed environment.

3. What procedures have you to identify and share information about children who are solitary and at risk and who may be showing signs of emotional ill health?

Anyone (staff and students) who has a concern is able to speak with a member of staff. Usually this will be the learning leader or one of the pastoral team. We encourage pupils to tell us if they have a concern about someone or they see something wrong.

4. What significant piece of work or action taken by you in the past three years has had the biggest impact on adolescent mental health in your school?

Internet safety and social media sites are a big area of concern currently, and something where we are continually trying to find better ways of supporting pupils to be safe. We involve the Police when necessary and, we have assemblies highlighting the risks. Self-harm is also another area where we know we have some very vulnerable pupils. I personally work very closely with identified pupils who are self-harming.

5. What training have you had in the past three years for dealing with mental health issues in your school?

- (i). Have you used that training at your school? Please give examples of training being put into practice

I have received training in both these areas, as well as bereavement support (this forms a regular part of my work). In addition I have recently been on a course looking at techniques to help children through drawing.

6. How do you rate your school at dealing with young people's emotional health issues and what is your plan for the next three years?

We work hard to provide a very good response to pupils' mental health needs. To this end we have duplicated support on both sites - the Emmaus Centre which works with students who struggle behaviourally, the Here 2 Learn room supporting academic progress and offering support to students who may be withdrawn from a particular lesson, and after school homework support sessions are on both sites. There is a Pastoral Leader on both sites. Our Chaplaincy worker and I (Home-school support) work across both sites. Any of us may identify a pupil in need. We work well as a team, and work to individual strengths. At any point support may be layered across several 'teams' or we may use one person for a period of time and then switch to someone else. Communication is key.

In addition we have a new Director of Inclusion and she is working to update and improve our ways of working.

We run Anger Management groups as required, and are setting up a Mindfulness group with support from our Educational Psychologist. We are about to start a small group specifically aimed at helping identified pupils with making friends.

We have prayers daily, sometimes written by the pupils. This provides a few minutes of calm and reflection at the start of each day for both staff and pupils. At upper site we run a religious retreat for each year group. Pupils choose to attend for the few days away.

- (i). Do you involve the young people at your school in assessing issues?

We have an active School Council and pupils are asked what they want. Pupils are involved in interviewing new members of staff. Near the end of year 7 we ask pupils to update our year 7 handbook with what they think should be in it for the new intake.

7. As voluntary organisations become further involved in the community have you been approached by an organisation and would you welcome this?

We are regularly approached by various voluntary agencies and are happy to work closely if we have an identified need and the capacity to do so. We are currently working with Lifeline, Young Carers, Yo Yo, and we have worked with Relate over the last 5

years running parents groups and working specifically with pupils re relationships. We will contact an agency if a need arises eg Cruse, Castlegate, Relateen etc.

8. What services are you aware of that are available for students in your school?.

We work with the Front Door, IFS, PSI, school health, CAMHS (we are currently part of a research study for Lime Trees, into using c-cbt for pupils who are experiencing low mood.) the hospital. teaching team etc.

9. How often does your school ask young people about their emotional wellbeing?

We regularly talk with pupils about how they are. In addition we have what we call 'Quiet Days' which are for individual forms to take time out of the curriculum and focus on meditation, contemplation and reflection about how they are both together and individually. Pupils write bidding prayers and intentions for mass.

10. Do the staff at your school have confidence to deal with emotional health and wellbeing issues?

Depending on the issue, teaching staff often deal with form issues, but will usually initially speak with a member of the pastoral team or the Learning Leader for advice. This ensures that we offer a co-ordinated and appropriate response. All staff know how to respond re safeguarding concerns.

11. What do you want to achieve for young people's wellbeing in your school?

Comprehensive, quick, and individual support for all pupils, including specialist services where necessary.

12. Do you plan on developing peer to peer support for young people within your school? If so, how? If not, why not?

13. Do you think City of York Council should be introducing a baseline to measure against? If so what do you think this should look like?





### Response from officer from Huntington Primary School

1. What steps do you take to promote an awareness of the mental health needs and vulnerabilities of young people in your school?  
 School mission statement Consider And Respect Everyone sets out values, expectations and ethos.  
 We are a leading SEAL School in York and Social & Emotional Aspects of Learning run as a core through all we do.  
 Close working with families all staff, led by Head teacher, Health promotion and Healthy Schools Award, use of pupil premium to enable children to be fully included e.g. music tuition  
 Spiritual, Moral, Social & Cultural development was judged by Ofsted as Outstanding in March 2013
2. Do you or how might you use other young people in your school to support those you identify as vulnerable?  
 Peer Mediators, Buddy systems (all year groups)
3. What procedures have you to identify and share information about children who are solitary and at risk and who may be showing signs of emotional ill health?  
 Observations, Teaching Assistant support targeted at vulnerable pupils
4. What significant piece of work or action taken by you in the past three years has had the biggest impact on adolescent mental health in your school?  
 Annual anti-bullying week, peer mediators, behaviour policy & practice review
  - (i). Why do you think this is?  
 Children feel better equipped to deal with issues as they arise and know who to go to in school for help

5. What training have you had in the past three years for dealing with mental health issues in your school?  
CAMHS training, Bereavement Counselling training
  - (i). Have you used that training at your school? Please give examples of training being put into practice  
To support 3 pupils and their families when one parent has died
  
6. How do you rate your school at dealing with young people's emotional health issues and what is your plan for the next three years?  
We deal with children's' emotional health issues very well by creating an environment which is safe, secure and caring  
'The school provides an exceptionally caring and supportive environment in which all pupils are valued'  
OFSTED March 2013
  - (i). Do you involve the young people at your school in assessing issues?  
Yes, through School and Class Councils and our Annual Pupil Survey
  
7. As voluntary organisations become further involved in the community have you been approached by an organisation and would you welcome this?
  - (i). What support would you welcome?  
We struggled to find training for childhood bereavement. I would find it helpful to know what is available through the health, education and voluntary sectors locally (that is in York).
  
8. What services are you aware of that are available for students in your school?  
Behaviour support, CAMHS
  
9. How often does your school ask young people about their emotional wellbeing?  
This is an on-going matter in our school as previously outlined.
  
10. Do the staff at your school have confidence to deal with emotional health and wellbeing issues?  
Yes, we work as a team in supporting each other with this.

11. What do you want to achieve for young people's wellbeing in your school?

We aim for our pupils to feel happy, safe, and secure in school; to know who to turn to in times of trouble and be confident that they will get the help they feel they need.

12. Do you plan on developing peer to peer support for young people within your school? If so, how? If not, why not?

This is already in place in our school across all year groups and at break/lunch times through peer mediation.

13. Do you think City of York Council should be introducing a baseline to measure against? If so what do you think this should look like?

I am not certain how a baseline could be set or how useful it would be with regard to the promotion of well-being and good mental health. I would however like to see a city-wide directory of 'good practice' case studies which could be used for new/different ideas. This could be similar to the Ofsted best practice guides for aspects of the curriculum.

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## Health Overview & Scrutiny Committee Work Plan 2013/2014

Meeting Date	Work Programme
11 September 2013	<p><b>New Themed Meeting Approach: Overview of Health Partners</b></p> <ol style="list-style-type: none"> <li>1. Update on implementation of the recommendations arising from the end of life care scrutiny review</li> <li>2. Annual report from Chief Executive at York Teaching Hospital NHS Foundation Trust, including               <ul style="list-style-type: none"> <li>○ Liverpool care pathway</li> <li>○ Francis report progress</li> </ul> </li> <li>3. Annual report from Chief Executive of York Ambulance Trust. (Verbal report from Phil Bainbridge, Head of Operations for North Yorkshire)</li> <li>4. Update on the implementation of the NHS 111 service (Report by Dr Nigel Wells).</li> <li>5. Joint update from Vale of York Clinical Commissioning Group and York Teaching Hospital NHS Foundation Trust on how they are working together</li> <li>6. Public Health Service Plan (Verbal report).</li> </ol> <p><b>Monitoring Role:</b></p> <ol style="list-style-type: none"> <li>7. (a) First Quarter CYC Finance &amp; Performance Monitoring Report</li> <li>(b) Director of Public Health to report on the work of the HWB and how Health OSC and HWB work together</li> </ol> <p><b>Scrutiny and Task Group reports:</b></p> <ol style="list-style-type: none"> <li>9. Briefing Paper on Health OSC Remit for Corporate Night Time Economy Review</li> </ol> <p><b>Managing the Business:</b></p> <ol style="list-style-type: none"> <li>10. Workplan Update</li> </ol>

23 <sup>rd</sup> October 2013	<p><b>New themed approach: Mental Health</b></p> <ol style="list-style-type: none"> <li>1. Annual report Chief Executive of Leeds and York Partnerships NHS Foundation Trust (LYPFT)</li> <li>2. 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)</li> <li>3. Report on proposed changes to psychological therapies services at St Andrew’s in York.</li> <li>4. Report Section 136 of the mental health act – provision of a place of safety</li> </ol> <p><b>Scrutiny and Task Group reports:</b></p> <ol style="list-style-type: none"> <li>5. Presentation on ‘loneliness’ from Joseph Rowntree Trust</li> <li>6. Draft final report of Community Mental Health &amp; Care of Young People Task Group</li> </ol> <p><b>Managing the Business:</b></p> <ol style="list-style-type: none"> <li>7. Workplan Update</li> </ol>
27 <sup>th</sup> November 2013	<p><b>Themed approach: Health and Social Care</b></p> <ol style="list-style-type: none"> <li>1. Second Quarter CYC Finance &amp; Performance Monitoring Report</li> <li>2. Director of Public Health to report on the work of the HWB and how Health OSC and HWB work together</li> <li>3. Update report on the CSU and York Teaching Hospital on how they are working together (Maddy Ruff, managing director NY&amp;H CSU)</li> <li>4. Friends and Family Test – Maternity Services</li> </ol> <p><b>Scrutiny and Task Group reports:</b></p> <ol style="list-style-type: none"> <li>4. Draft final report of Personalisation Task Group? (tbc)</li> <li>5. Update report on Night Time Economy review</li> <li>6. Scoping report on Men’s Health review</li> </ol> <p><b>Managing the Business:</b></p> <ol style="list-style-type: none"> <li>7. Workplan Update</li> </ol>

18 <sup>th</sup> December 2013	<p><b>Themed approach: Neighbourhood services</b></p> <p><b>Managing the Business:</b> 1. Workplan Update</p>
15 <sup>th</sup> January 2014	<p><b>Managing the Business:</b> 1. Workplan Update</p>
19 <sup>th</sup> February 2014	<p>1. Annual Report on the Carer's Strategy? (tbc) 2. Update on implementation of the recommendations arising from the End of Life Care Scrutiny Review 3. Update on Francis Report (tbc)</p> <p><b>Managing the Business:</b> 1. Workplan Update</p>
12 <sup>th</sup> March 2014	<p><b>Monitoring Role:</b> 1. Third Quarter CYC Finance &amp; Performance Monitoring Report 2. Update report – provision of medical services for travellers and the homeless (to include data, attrition and patient flow)</p> <p><b>Managing the Business:</b> 1. Workplan Update</p>
23 <sup>rd</sup> April 2014	<p><b>Managing the Business:</b> 1. Workplan Update</p>

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