Report to:	Board of Directors				
Date of Meeting:	29 October 2014				
Report Title:	CEO update report				
Status:	**For information**	**Discussion**	**Assurance**	**Approval**	**Regulatory requirement**
Mark relevant box with X	x	x	x	x	
Prepared by:	Ann Wagner, Director of Strategy & Business Development				
Executive Sponsor (presenting):	Bridget Fletcher, Chief Executive				
Appendices (list if applicable):	Appendix 1: Five Year Forward View Summary for information Appendix 2: National Developments Summary for information Appendix 3: North Yorkshire mental Health Crisis care Mandate for sign up Appendix 4 Ebola Identification Review for assurance				

Purpose of the Report

The purpose of the Chief Executive's report is threefold, namely:

- to highlight key national and local health economy developments that are of strategic relevance to the Foundation Trust and which the Board needs to be aware of;
- to bring together key messages from the Board papers into a single, high level assurance narrative; and
- to update the Board on key strategic and operational developments that the Executive Team are leading.

This months report covers developments that have happened since the September Board of Directors meeting.

Key points for discussion

As usual there have been a number of national announcements and publications in the past month which are summarized in Appendix 1.

The key development for the Board to focus on this month is the publication of the NHS 5 year forward view from the leadership of the main NHS bodies and regulators. It concludes that action will be needed on three fronts - demand, efficiency and funding - and shows how delivering on transformational changes, combined with staged funding increases (£8bn in total is the ask), could feasibly close the £30 billion gap by 2020/21, and secure a far better health service for England.

In terms of funding, all three main political parties have all committed to giving the NHS extra money in the next Parliament. Although at this stage it is not clear how large those rises are once inflation is taken into account.

Airedale's telemedicine service is referenced in the document as an example of how new models of care are making a difference.

Across the local health and social care economy. Partners continue to work together to progress whole system planning including reviewing urgent care capacity, taking forward the closing the gap work, new models of care and accelerating pace of change to deliver our shared Right Care vision. . The 5 year

forward view will provide further momentum for the changes we need to deliver.

For the Trust, key points to note include:

- significant improvements in the patient environment
- assurances on Ebola identification arrangements
- there has been some improvements in financial performance and we have plans to mitigate non recurrently for the remainder of the year
- potential contract penalties for local standard breaches of £150k
- Directors and their teams are finalizing the detailed milestone plans for the next 2 years plus indicative opportunity searches for the following 3 years.
- Continued national interest in and recognition of Airedale's innovation

Recommendation:

The Board is asked to:

- **receive** and **note** the CEO update report and attachments
- **sign up** to the North Yorkshire Mental Health Crisis Care Mandate

1 National Developments and Publications

NHS 5 Year Forward View Published

The NHS 5 Year Forward View has been produced by NHS England, Public Heath England, Monitor, the NHS Trust Development Authority, Care Quality Commission and Health Education England, advised by patient groups, clinicians and independent experts. The document signals the direction of travel for the NHS and its partners in the system and sets out the issues and solutions that will make the NHS sustainable over the long term.

It is framed as an intervention in the national debate about how the NHS can address the predicted £30bn shortfall over the next 5 years. It makes the case for an extra 1.5% funding per year above inflation and calls for drastic changes to services such as breaking down the barriers between GPs and hospitals to plug a large part of the funding gap.

It puts forward a range of models - although stresses it is up to each local area to decide which ones to adopt. These include:

- Large GP practices to employ hospital doctors to provide extra services, including diagnostics, chemotherapy and hospital outpatient appointments
- In areas where GP services are under strain, hospitals could be encouraged to open their own surgeries
- Integrated hospital and primary care providers – Primary and Acute Care Systems (PACS) – combining for the first time general practice and hospital services, similar to the Accountable Care Organisations now developing in other countries
- Smaller hospitals to work as part of larger chain, sharing back-office and management services
- Larger hospitals to open franchises at smaller sites
- Smaller hospitals will have new options to help them remain viable, including forming partnerships with other hospitals further afield and partnering with specialist hospitals to provide more local services
- Hospitals to provide care direct to care homes to prevent emergency admissions – Airedale's telemedicine service is referenced as an example of how this could be achieved.
- Urgent and emergency care services will be redesigned to integrate between A&E departments, GP out of hours services, urgent care centres, NHS 111 and ambulance services
- Volunteers could be encouraged to get more involved, by offering council-tax discounts

Many of these measures are designed to curb the rise in hospital admissions and impact of the ageing population.

The report also says more is needed to be done to reduce obesity, smoking and drinking rates.

It concludes that action will be needed on three fronts - demand, efficiency and funding - and shows how delivering on transformational changes, combined with staged funding increases, could feasibly close the £30 billion gap by 2020/21, and secure a far better health service for England.

The Forward View Executive Summary is attached**. (Appendix 1**). Other national developments that I wish to bring to the attention of the Board this month are summarised in **Appendix 2.**

At the Board of Directors meeting I will lead a discussion on the implications of the Forward View and other national developments in terms of their potential strategic impact for the Foundation Trust.

2 Local Health Economy Developments

2.1 West Yorkshire Urgent Care: Capacity Review

As part of the Urgent and Emergency Care (UEC) Programme for West Yorkshire CCGs (10CC) are looking at the critical demand issues facing West Yorkshire Urgent Care Services. Proposals are being developed in response to the ongoing demand pressures facing the WYUC service delivered by LCD (Local Care Direct). There is a need for key commissioning decisions to be taken, both in relation to finance and the service model commissioned. Proposals are expected to be released next month. The Trust is engaged in the various planning groups as we seek to influence the system to secure support for urgent care transformation.

2.2 Airedale Wharfedale and Craven :New Models of Care Update

Partners are continuing to work through possibilities relating to the extenisivist and enhanced primary care models. As previously reported I remain concerned that expectations regarding the financial benefits are overstated and unrealistic.

2.3 North Yorkshire and York Mental Health Crisis Care Concordat

Commissioners across North Yorkshire are seeking sign-up of health and care organisations across their patch to the Mental Health Crisis Care Concordat (Summary and Declaration attached **Appendix 3).**

The Concordat sets out good practice in working together to support people with mental health problems at times of most urgent need. Nationally, the expectation is that all areas will have signed up to the Declaration by December 2014.

Executive Directors have considered the proposal and recommend that the Board confirms support and signs the concordat.

2.4 Stakeholder engagement update

Directors continue their extensive engagement activities with partners and other key stakeholders to further refine our *Right Care* vision to ensure alignment with transformation and integration plans across our local health and social care economies. This month Directors have had a number of discussions with partner organisations including BDCT and BMDC which have been very productive regarding exploring opportunities for further collaborative working.

3 Airedale Foundation Trust Update

3.1 Improving quality and safety: safe staffing update

In the Board pack is the latest of the new monthly report looking at staffing levels against plan on the wards during September. TheDirector of Nursing will provide further detail regarding proactive management and an update on nurse recruitment campaigns.

3.2 Improving the patient environment

Patient experience is influenced by the condition of the environment they are located within; it also influences perception of cleanliness and care. There is also an intrinsic link between the environment, staff morale and the level of care provided to patients. Plans to further improve the patient environment have gathered pace this month, as follows:

New Emergency Department
The new Emergency Department development is almost complete and teams are preparing to accept patients into the state of the art facility from December. The development has enjoyed massive support from the local community, the Keighley News and other local businesses who have sponsored the development, as well as from our staff, Governors and volunteers who together have raised thousands of pounds to complement the Trust's £6.4m investment. The Trust is planning to arrange a number of open days to provide an opportunity for people to take a tour of the new facility before we start treating patients. For the past year patients and staff have been accommodated in a temporary facility whilst the new build took place. From December we will be able to provide care from a modern, healing environment of a standard our community and staff should expect from a 21st century health care provider.

Enhancing public entrance areas
Earlier this month, with the financial support of the Friends of Airedale Charity, work began on a new retail outlet – the Friendly Café – in the former main hospital entrance. This will complete the scheme to enhance that public area of the hospital which has become a place for patients to relax with their families and friends following the earlier improvements to seating and lighting. This will be followed shortly by a second scheme, this time supported financially by the Airedale New Venture charity, to replace the shop located in out patients with a modern, larger, brighter retail facility.. Both developments, which were highlighted as priorities in the Trust's Patient and Public Engagement and Experience action plan, will significantly enhance the environment for patients, visitors and staff.

Improving access
Work has also begun to make it easier for patients and their visitors to access the hospital. Over the next few months we will be

- increasing the number of carparking spaces in close proximity to the main hospital entrances;
- increasing parking facilities for the disabled;
- extending the number of drop off areas:
- installing electronic signage to easily and clearly indicate location of available parking
- introducing barrier controls with easier, more convenient payment mechanism
- implementing our travel plan to reduce congestion on the site and improve our carbon footprint including introducing a staff car share scheme and increasing bus services to the hospital site

Further details of our strategy and investment plans for the nest 5 years to enhance the patient environment are detailed in the Estate Transformation Strategy included in the suite of *Right Care* enabler plans on the Board agenda.

3.3 Responding to Gateway letters

Gateway Reference 02266: Ebola Identification, Personal Protective Equipment and Fit Testing Programmes

In light of the Ebola outbreak in West Africa and the heightened international response, Chief Executives and Trust Boards have been asked to seek assurance of the following statements:

- that robust systems and processes are in place to ensure we have the ability to identify and isolate a patient who presents with a high index of suspicion of Ebola or other infectious diseases;
- that the trust has sufficient supplies of Personal Protective Equipment and FFP3 masks;
- that the trust has a robust Fit-Testing programme in place, which complies with FFP3 guidance; and
- that the trust is aware of the local Infectious Diseases Unit and how they can be contacted to provide a source of expert information and to support clinical treatment decisions

The Trust's infection control and prevention team have reviewed the Trust's arrangements and preparedness against the 4 statements and provided assurances **(Appendix 4).** In addition the Trust has been asked to support national staff awareness campaigns and is distributing leaflets to staff, patients and visitors.

Public Health England have also arranged a series of Regional Seminars for Senior Leaders in the NHS and Local Authorities to support partners in preparing for the local implications of this outbreak.

Gateway Reference 02254: Priorities for the coming months

Earlier this month all NHS CEOs and CCG clinical leaders received a joint letter from Monitor, NHS England and the TDA to;

- invite them to a series of regional meetings they are holding in October/November – the event for the Northern region is on 3 November
- confirm their expectations regarding NHS performance over the coming months to meet NHS Constitution standards and asking organisations to work collaboratively with their local partners to deliver the best possible health services to patients
- outline the 15/16 planning process – planning guidance will be published in December setting out how the NHS budget will be invested in the coming year to drive continuous improvement
- update on their longer term thinking about the NHS in light of the Forward View.

3.4 Health Watch Enter and View Visit to Airedale General Hospital

Healthwatch North Yorkshire (HWNY) will be carrying out an Enter and View visit to Airedale General Hospital on Monday 3rd November 2014.

The purpose of the visit is both to contribute to their wider programme of work and to look at a single issue across the NHS Foundation Trusts that serve the residents of North Yorkshire. One of their three Health and Social Care priorities for 2014/15 is Hospital Discharge and post Hospital support arrangements; and they are also looking at the quality of hospital inpatient facilities in

North Yorkshire. We are therefore planning to carry out a visit to parts of our inpatient facilities at Airedale General Hospital during which they will be making observations as care is being provided to patients.

As a learning organisation we look forward to receiving feedback on our services and will respond positively to any areas for improvement identified.

3.5 2014/15 Finance and Performance

Financial position: month 6 headlines

The overall financial position at the end of September was:

- a surplus of £40k against a planned surplus of £11k, £29k better than plan;
- EBITDA is £37k worse than plan, which delivers a CoSR rating of 3.0 against a plan of 3.0;
- PbR Income is £466k above plan, driven mainly by High Costs drugs which are offset by cost, Non Elective, Direct Access and Therapy Services;
- Vacancies and sickness in Medical Staffing posts continue to be filled with agency;
- CIP is £114k better than expected due to improvements over the last couple of months;
- The Non Elective 70% threshold reduction is £437k to end of September. If this funding was forthcoming the financial position would be significantly improved.

The position has improved on last month and Directors are reasonably confident regarding 2014/15 plan delivery. However this forecast is based on achievement of recovery plans within the Groups and the CCG being able to afford the forecast levels of over trade.

The Board will be interested to note the cumulative value of the non elective 70% threshold tariff reduction for the year to date increased to £437000 by the end of September.

The recurrent CIP gap continues to be managed through the Trust's *Right Care* Portfolio of Programmes. The position at the end of September of the Right Care Portfolio Programmes against their 2 year efficiency targets was as follows:

The overall CIP performance in September, excluding CIP contingency, is £738k behind plan which is an improvement on the forecast position of £114k. The Improving Patient Flow and Transform Programme is showing the most significant deterioration to forecast due to the opening of contingency beds. Overall CIP has improved and is now delivering above forecast enabling delivery within the contingency set aside. The year-end forecast is projected to achieve £5,858k against a plan of £7,290k. This is £110k better than forecast.

Monthly scrutiny meetings are continuing so the Director of Finance and I can be assured the gap is closed for the end of the year, and on a recurrent basis. In addition the Medical Group continues to be subject to weekly performance management to ensure their financial position is brought back into line.

Further details are included in the Director of Finance's September update report and the Director of Operations *Right Care* quarterly update.

Performance standards

Accident & Emergency (A&E) 4 hour treatment time standard

- The A&E 4 hour waits standard was achieved at 96.25% for September, which contributed to a Q2 position of 95.97%. However the Trust continues to experience huge peaks in

demand. The month of October has proved challenging – at the time of writing this report the Trust is beneath the 95% minimum treatment time standard.

Hospital Acquired Infection Rates

- There were 2 cases of Clostridium Difficile (CDiff) during the month of September bringing the total for the financial year to 6 cases of which 5 have been classed as avoidable. As previously indicated, remaining under our annual threshold of 9 remains a risk.
- There were no cases of MRSA in September– the total for the year to date remains 0
- During September the Trust experienced a norovirus outbreak on ward 4. Full infection containment measures were activated.

Other Standards

- For Q2 the Trust achieved the required thresholds or was within de-minimis limits for all other Monitor standards. As a result the indicative Risk Assessment Framework Quarter 2 rating for Service Performance is GREEN.
- The Foundation Trust has accepted an offer from NHS England to complete additional activity in Quarter 2 and October and November of Quarter 3 to improve our performance against the Referral to Treatment (RTT) standard
- As previously reported the position for both the local CCG Stroke and TIA standards is still below the commissioner required thresholds as a result of workforce pressures. As a result, the Foundation Trust has received a Performance Notice from the CCGs which could lead to a potential £60,000 penalty charge. There are also potential contract penalties for 18 weeks Referral to Treatment specialty level breaches and A&E/Ambulance Handover breaches that could also attract penalty charges of £62,600 and £27,600 respectively.

Further details of the performance position for September are included in the Director of Finance's report.

3.6 Airedale 5 year forward view 2014/2015 to 2018/2019: strategic plan update

Formal feedback from Monitor on the Trust's 5 year forward view submission is expected next month. As previously reported, informal discussions with Monitor during the summer did not indicate that they had any major concerns, although at that stage they had not completed their assessment of our plan or alignment with the local health economy integrated plan. They will also have been waiting for the release of the NHS Forward View to assess local plans against the national direction of travel.

Now that the national NHS Forward View has been released and the direction of travel is clear I expect Monitor will now be able to complete their assessment of Trust and Local Health Economy plans.

In the interim Directors and their teams continue to work on their respective delivery programmes and detailed implementation plans with key milestones and decision points so we can build a clear route map against which to monitor progress and KPIs. As previously agreed, I will bring the completed route map and milestone plan to the Board for review in November.

To support delivery teams have also been working on the key enabler plans to deliver our *Right Care* vision.

3.7 Workforce update

Industrial action

On 13 October groups of administrative, clerical , midwifery, health care support workers and estates facilities staff took part in a 4 hour national strike as part of a programme of industrial activities following national strike ballots. This was followed by a second 4 hour strike on 20 October by Radiographers.

Service impact on both days was minimal as the vast majority of staff had indicated their intention to take part in the industrial action which gave us the opportunity to put appropriate contingencies in place and/or rearrange patient appointments with notice to the patient.

Within this we rearranged 42 Antenatal appointments – all of these women were offered an alternative appointment at a time of their choosing later this week.

The impact of the strike action for Yorkshire Ambulance Service required them to reduce their Patient Transport Service (PTS) to dealing with only urgent/non- routine transport. This required us to rearrange appointments for 20 patients – again this was done in advance of the day of action as we received advance notification from YAS of the plan to reduce services.

3.8 Innovation Recognition

The Trust's work in developing a compelling vision for the future of small acute hospitals including innovative ways of providing care enabled by technology continues to attract significant national interest::

- **NHS England 5 Year Forward View** – the Trust's telemedicine service featured as a new model of care case study in The Forward View which was launched by Simon Stevens, NHS England CEO earlier this month. The Trust's telemedicine service was featured on BBC TV news programmes throughout the day of the launch and BBC 5 Live radio programme broadcast live from the Trust.
- **Nuffield Trust New Cavendish Group:** earlier this month I attended the first meeting of the New Cavendish Group which includes like minded small and medium sized hospitals that are developing innovative approaches to their future business and operating models.
- **The King's Fund International Congress on Telehealth and Telecare;** In September the Trust showcased its telemedicine service following acceptance of our submission to the Kings Fund.
- **Financial Times and The Times**: In September I was interviewed by senior health reporters from the two broadsheets for their October features on the NHS – both papers devoted several column inches to case study Airedale's telemedicine service.
- **HSJ**: I was invited by the editor of the Health Service Journal, Alastair McLellan to participate in a round table discussion on exploring the impact and contribution technology could make to deliver better integrated care. The discussion will feature in a forthcoming HSJ article. I was also interviewed by HSJ regional reporter, Dave West, who is preparing a feature on the Airedale/Wharfedale and Craven health economy.
- **National Conferences**: next month the Trust is delivering a serious of presentations at a number high profile national annual conferences including The King's Fund, The Telecare Services Association; The FTN and the Royal Society of Medicine.

Appendix 1

NHS 5 YEAR FORWARD VIEW: EXECUTIVE SUMMARY

1. **The NHS has dramatically improved over the past fifteen years**. Cancer and cardiac outcomes are better; waits are shorter; patient satisfaction much higher. Progress has continued even during global recession and austerity thanks to protected funding and the commitment of NHS staff. But quality of care can be variable, preventable illness is widespread, health inequalities deep-rooted. Our patients' needs are changing, new treatment options are emerging, and we face particular challenges in areas such as mental health, cancer and support for frail older patients. Service pressures are building.

2. Fortunately **there is now quite broad consensus on what a better future should be**. This 'Forward View' sets out a clear direction for the NHS – showing why change is needed and what it will look like. Some of what is needed can be brought about by the NHS itself. Other actions require new partnerships with local communities, local authorities and employers. Some critical decisions – for example on investment, on various public health measures, and on local service changes – will need explicit support from the next government.

3. The first argument we make in this Forward View is that the future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a **radical upgrade in prevention and public health**. Twelve years ago Derek Wanless' health review warned that unless the country took prevention seriously we would be faced with a sharply rising burden of avoidable illness. That warning has not been heeded - and the NHS is on the hook for the consequences.

4. The NHS will therefore now back hard-hitting national action on obesity, smoking, alcohol and other major health risks. We will help develop and support new workplace incentives to promote employee health and cut sickness-related unemployment. And we will advocate for stronger public health-related powers for local government and elected mayors.

5. Second, **when people do need health services, patients will gain far greater control of their own care** – including the option of shared budgets combining health and social care. The 1.4 million full time unpaid carers in England will get new support, and the NHS will become a better partner with voluntary organisations and local communities.

6. Third, **the NHS will take decisive steps to break down the barriers in how care is provided** between family doctors and hospitals, between physical and mental health, between health and social care. The future will see far more care delivered locally but with some services in specialist centres, organised to support people with multiple health conditions, not just single diseases.

7. **England is too diverse for a 'one size fits all'** care model to apply everywhere. But nor is the answer simply to let 'a thousand flowers bloom'. Different local health communities will instead be supported by the NHS' national leadership to choose from amongst a small number of radical new care delivery options, and then given the resources and support to implement them where that makes sense.

8. One new option will permit groups of GPs to combine with nurses, other community health services, hospital specialists and perhaps mental health and social care to create integrated out-of-hospital care - the **Multispecialty Community Provider**. Early versions of these models are emerging in different parts of the country, but they generally do not yet employ hospital consultants, have admitting rights to hospital beds, run community hospitals or take delegated control of the NHS budget.

9. A further new option will be the integrated hospital and primary care provider - **Primary and Acute Care Systems** - combining for the first time general practice and hospital services, similar to the Accountable Care Organisations now developing in other countries too.

10. Across the NHS, **urgent and emergency care** services will be redesigned to integrate between A&E departments, GP out-of-hours services, urgent care centres, NHS 111, and ambulance services. **Smaller hospitals** will have new options to help them remain viable, including forming partnerships with other hospitals further afield, and partnering with specialist hospitals to provide more local services. Midwives will have new options to take charge of the **maternity** services they offer. The NHS will provide more support for frail older people living in **care homes**.

11. The foundation of NHS care will remain list-based **primary care**. Given the pressures they are under, we need a 'new deal' for GPs. Over the next five years the NHS will invest more in primary care, while stabilising core funding for general practice nationally over the next two years. GP-led Clinical Commissioning Groups will have the option of more control over the wider NHS budget, enabling a shift in investment from acute to primary and community services. The number of GPs in training needs to be increased as fast as possible, with new options to encourage retention.

12. In order to support these changes, the **national leadership** of the NHS will need to act coherently together, and provide **meaningful local flexibility** in the way payment rules, regulatory requirements and other mechanisms are applied. We will back diverse solutions and local leadership, in place of the distraction of further national structural reorganisation. We will invest in new options for our workforce, and raise our game on health technology - radically improving patients' experience of interacting with the NHS. We will improve the NHS' ability to undertake research and apply **innovation** – including by developing new 'test bed' sites for worldwide innovators, and new 'green field' sites where completely new NHS services will be designed from scratch.

13. In order to provide the comprehensive and high quality care the people of England clearly want, Monitor, NHS England and independent analysts have previously calculated that a combination of growing demand if met by no further annual efficiencies and flat real terms funding would produce a mismatch between resources and patient needs of nearly £30 billion a year by 2020/21. So to sustain a comprehensive high-quality NHS, action will be needed on all three fronts – demand, efficiency and funding. Less impact on any one of them will require compensating action on the other two.

14. The NHS' long run performance has been efficiency of 0.8% annually, but nearer to 1.5%-2% in recent years. For the NHS repeatedly to achieve an extra 2% net efficiency/demand saving across its whole funding base each year for the rest of the decade would represent a strong performance - compared with the NHS' own past, compared with the wider UK economy, and with other countries' health systems. We believe it is possible – perhaps rising to as high as 3% by the end of the period - provided we take action on prevention, invest in new care models, sustain social care services, and over time see a bigger share of the efficiency coming from wider system improvements.

15. On funding scenarios, flat real terms NHS spending overall would represent a continuation of current budget protection. Flat real terms NHS spending *per person* would take account of population growth. Flat NHS spending *as a share of GDP* would differ from the long term trend in which health spending in industrialised countries tends to rise as a share of national income.

16. Depending on the combined efficiency and funding option pursued, the effect is to close the £30 billion gap by one third, one half, or all the way. Delivering on the transformational changes set out in this Forward View and the resulting annual efficiencies could - if matched by staged funding increases as the economy allows - close the £30 billion gap by 2020/21. Decisions on these options will be for the next Parliament and government, and will need to be updated and adjusted over the course of the five year period. However nothing in the analysis above suggests that continuing with a comprehensive taxfunded

NHS is intrinsically un-doable. Instead it suggests that **there *are* viable options for sustaining and improving the NHS over the next five years**, provided that the NHS does its part, allied with the support of government, and of our other partners, both national and local.

Appendix 2

National Developments: Summary

1 Significant developments

NHS Five Year Forward View

The NHS Five Year Forward View was published on 23 October 2014 and sets out a vision for the future of the NHS. It has been developed by the partner organisations that deliver and oversee health and care services including NHS England, Public Health England, Monitor, Health Education England, the Care Quality Commission and the NHS Trust Development Authority. Patient groups, clinicians and independent experts have also provided their advice to create a collective view of how the health service needs to change over the next five years if it is to close the widening gaps in the health of the population, quality of care and the funding of services.

The Forward View starts the move towards a different NHS, recognising the challenges and outlining potential solutions to the big questions facing health and care services in England. It defines the framework for further detailed planning about how the NHS needs to evolve over the next five years.

The key focus is on how to handle demand using new models of care (including reference to the Airedale telemedicine service), greater self care and prevention; improving efficiency - delivering care in the optimum way; and a call for a further £8bn which together with demand and efficiency developments they believe will close the £30bn funding gap over the next 5 years.

The document is framed as a call to action – to the Government and political parties regarding the call for greater investment; to commissioners and providers to develop new models of care, strengthen partnerships and be more efficient; to employers to support their workforce to be more healthy and to the general public to lead healthier lives.

Initial response from all main political parties, think tanks and commentators is very supportive with most seeing the document as a statement of great confidence in the NHS.

Political Party Pre Election Announcements: NHS Funding Commitments

In terms of funding, the three main political parties have all committed to giving the NHS extra money in the next Parliament:

- The conservative party pledged to preserve the NHS ring fence throughout the next parliament, meaning that funding would grow at the pace of inflation, delivering at least flat funding in real terms.
- The Labour Party pledged to increase NHS funding as part of the £2.5bn Time to Care Fund, which they say would support the recruitment of 20,000 more nurses, 8,000 GPs, 5,000 more care workers and 3,000 more midwives by 2020.
- The Liberal Democrats are asking for the 2015/16 financial settlement for the NHS to be reopened.

2 Government

Seven day GP services and named GPs for care outside hospital
The prime minister has announced he wants GPs to open for up to 12 hours a day by 2020 to relieve pressure on hospitals and give working people access to a doctor at weekends. The measures, backed by a £100m fund, are to address concerns that hundreds of thousands of patients are attending hospitals for minor complaints because it can be so difficult to see a GP. He has also promised that every patient will have a named GP responsible for their care outside hospital. Following a £50m seven-day-a-week-access pilot scheme launched in April, an additional £100m wave of access pilots is to be launched in 2015/16 culminating in a nationwide scheme costing £400m over the next five years.

Effective Engagement between Health and Well Being Boards (H&WBBs) and Major Providers
Jeremy Hunt, secretary of state for health has written to the chairs of all H&WBBs to stress the importance of working together across health and care economies and that effective engagement with major providers will be critical to success. The letter follows concerns raised in some communities regarding the lack of engagement of providers in the Better Care Fund planning process. H&WBBs that do not have provider engagement are asked to reconsider their arrangements.

New patient safety collaboratives launched
Jeremy Hunt, secretary of state for health, has launched a new national programme to improve the safety of patients and ensure continual learning sits at the heart of healthcare in England. The programme, coordinated by NHS England and NHS Improving Quality (NHS IQ) will see a network of 15 patient safety collaboratives established, each led by an Academic Health Science Network (AHSN). These collaboratives will focus on improving safety and empowering patients, carers and staff to highlight, challenge and implement local improvements in patient care. NHS IQ and NHS England will work with AHSNs to provide support and opportunities for the collaboratives to learn from each other, ensuring the most effective and successful solutions are shared and adopted across England. The programme is borne out of Professor Don Berwick's report last year into the safety of patients in England, and builds on learning from the Francis and Winterbourne View recommendations. Each collaborative will be funded for the next five years by NHS England.

3 Department of Health

New bailout conditions for foundation trusts
Foundation trusts could be ordered to sell surplus land or reduce the pay of senior managers as a condition of securing additional funding from the Department of Health. New DH guidance released this week said the health secretary could require FTs to take specific measures if they want interim funding to ensure their viability. This could include: reductions in the use of temporary staff, use of collaborative procurement routes, or the adoption of a shared services solution.

4 NHS England

Patients to have greater control over care
Some 60,000 patients with complex and ongoing health and care needs who are eligible for NHS Continuing healthcare now have the right to a personal health budget

giving them greater control over how their health budget is spent. This right is part of NHS England's work to improve personalisation of care for people living with long term, disabling or life limiting health conditions

5 Representative Bodies

FTN Annual Conference
The FTN is giving delegates at this year's annual conference the opportunity to learn about some of the innovative and pioneering initiatives providers have implemented, in line with the conference themes. Following a comprehensive application and judging process, ensuring 11 providers have been selected to showcase their innovation. Airedale has been selected to showcase its Telemedicine Service. Bridget Fletcher has also been invited to present at the main event and join a panel discussion with Sir David Dalton on *the changing health landscape: what does the future hold?*

FTN and NHS Alliance: Integrated thinking for integrated care
The FTN and NHS Alliance have formed a strategic partnership with a vision to explore and break down some of the historic silos and tensions that continue to hinder innovation in the health service. The two leading representative bodies for organisations providing services to the NHS across both primary and secondary care have committed to partnership working and are bringing together senior leaders from primary and secondary care to discuss difficult challenges and identify shared solutions. They will facilitate the sharing of good practice, particularly showcasing case studies where primary and secondary care colleagues are working closely together to improve communication between professionals and streamline pathways for patients. An initial short series of papers will be published to capture the findings of six months' collaborative working, with the first due to be published in mid-November. The FTN and NHS Alliance have identified five common values, which include: measuring success by the outcomes achieved for the patient and ensuring patients receive the right care in the most appropriate setting in order to maximise the use of healthcare facilities for the purpose they are best suited.

6 Research and Publications

CQC: review finds variations in dementia care
The Care Quality Commission has published the report of their major review into the care provided to people living with dementia. The regulator carried out a themed review of dementia services in 129 care homes and 20 hospitals in England, looking specifically at four areas: how people's care needs were assessed; how care was planned and delivered; how providers worked together and how the quality of care was monitored. While there was more good care than bad, the review found a wide variation in the standard of care delivered, and evidence of poor sharing of information between health professionals.

The Kings Fund: Financial failure in the NHS - *what causes it and how best to manage it*
The King's Fund has published a new report which describes the current financial state of the NHS and the reasons for the deterioration in financial performance and ultimately financial failure. It considers the challenge of the conflict between quality of care and financial balance and sets out the approaches used to avert financial failure and deal with it once it occurs before setting out some recommendations for the future.

Nuffield Trust and Health Foundation
Research by the Nuffield Trust and the Health Foundation has warned that the number of patients forced to wait on trolleys before being admitted to hospital is rocketing as exceptional pressures on the NHS mean key aspects of care are beginning to deteriorate. The think tanks claim that improvements in recent years to vital NHS services, such as GP consultations, planned surgery and A&E treatment, are starting to go into reverse in terms of both quality and access. The study also found it is getting harder for both children and adults to access mental health services promptly. It blames a surge in demand for healthcare combined with the NHS's financial squeeze for what it suggests is an indication that care is in decline.

The Health Foundation: More than money - *Closing the NHS Quality Gap*
That the NHS faces a significant financial challenge is well known and much discussed. This financial gap has been projected to reach £30bn by 2021. This is due to the disparity between the pressures on the NHS and the projected resources available to it. This report explores what the financial gap means for quality of care.

7 Consultations

Care Quality Commission

Transparency in care: *Consultation on visible ratings for health and care providers*
The CQC has the power to assess health and social care transparency by providing the public with a clear statement about the quality and safety of care provided. The purpose of this consultation is to seek views on the proposal to make it a legal requirement for providers to display the performance rating given to them by the CQC.

NHS England

Service Improvement Review:
NHS England is undertaking a review of Strategic Clinical Networks, Clinical Senates and Academic Health Science Networks (AHSNs), led by John Stewart (Director, Quality Framework) in the national Medical Directorate, with input from other central teams and regional medical directorates. The purpose of the review is to look at the original functions of these networks and senates, to describe their current functions and benefits, and to collate opinions around what improvement resource may be required in the future to meet NHS England objectives.

Never Events Policy Framework Review:
NHS England has launched a consultation on the prevention of serious avoidable patient safety incidents known as Never Events. The review will look at ways of ensuring lessons are learnt and consider financial penalties for incidents.

Making health and social care information accessible:
NHS England has launched a consultation on the draft information standard, which will tell organisations how they should make sure that patients and service users, and their carers and relatives, can understand the information they are given. This includes making sure that people get information in different formats if they need it, for example in large print, braille, easy read or via email.

Congenital Heart Disease review
NHS England has launched a twelve week consultation on draft standards and service specifications for congenital heart disease services.

General Medical Council

Consultation on indicative sanctions guidance, apologies and warnings
The GMC is consulting in order to gain feedback on a review undertaken in regards to the guidance given to fitness to practice hearing panels run by the Medical Practitioners Tribunal Service. This guidance is similar to the sentencing guidelines used by courts. The consultation also looks at the role of apologies and warnings in the process and changes to the guidance on suspension.

8 In the news

Government set to release more A&E rescue funding
HSJ reports that the health service is to receive further funding from the government aimed at avoiding failure of meeting the accident and emergency waiting target during winter. It is believed the funding will be announced in the coming weeks, although discussions at national level have not been concluded. Senior leaders across the NHS in both commissioning and provider organisations said they have been told to prepare for additional funding. Sources in the north and south of England have been told to expect around £70m across each region. If the figure is replicated in each of the four regions, the national figure would be around £280m. It is understood the money will come from funds in the DH's 2014/15 budget not so far allocated to the NHS, and is being coordinated by the Department of Health with NHS England, Monitor and the TDA.

GPs to be paid for diagnosing dementia
In a widely reported story, the Guardian writes that NHS England has introduced a new scheme which will see GPs paid £55 each time they diagnose a patient with dementia. The payments scheme will run in the six months up to next March, as part of a drive to get the rate of diagnosis up from about 50% to two-thirds of all those who develop the condition. Critics claim the fees risk undermining the bond of trust between doctors and patients by giving GPs for the first time a financial incentive to diagnose a specific condition.

NHS is facing perfect storm of pressures, says watchdog
In an interview with the Guardian, the chief executive of Monitor, Dr David Bennett, has warned that the service must start receiving again annual multimillion-pound increases in its budget, to help it respond to the growing demand for healthcare. Dr Bennett is calling for the next government to inject at least a further £1 billion a year into the NHS in the form of a "change fund", so it can continue funding hospitals. He said the NHS needed to provide far more care in community settings and centralise some hospital services as part of a dramatic shakeup to improve care and bring down its costs.

Troubled CCGs could face special measures regime
A special measures regime could be introduced for clinical commissioning groups with severe problems under plans being considered by NHS England, reveals HSJ. The adoption of the term is under consideration as part of an overhaul of the CCG assurance regime, with its use being seen as a way to acknowledge that some CCGs also have major performance, finance or quality problems, and to create greater impetus

for them to improve. Commissioning sources estimate there are between 10 and 12 groups that could face special measures if the plan is adopted.

Industrial action
The industrial action held earlier this month attracted significant national press and media coverage as some professional groups voted to strike for the first time in their history.

Up to 200 'dangerous' surgeries face closure under GP inspection regime
The Daily Telegraph reports that preliminary inspections by the Care Quality Commission suggest that up to 200 of the 8,000 GP surgeries in England were failing and could be placed in special measures, according to the chief inspector of family doctors, Professor Steve Field. A handful of surgeries would be shut down after being found guilty of "serious failings", while others would be given a year to improve, he said. A new inspection regime will see all 8,000 surgeries come under closer scrutiny from next month, with the findings published under a new Ofsted-style system. Pilot inspections have been carried out for the last year, which have suggested that 2% were failing, with large variations in care**.**

Waiting list grows
The NHS waiting list for planned care has grown to over three million, despite a drive to admit more patients for treatment over the summer months, reports HSJ . It follows several months of intense pressure from government for trusts to treat increased numbers of long waiting patients and to cut lists. However, latest data shows that despite a marked increase in the number of patients treated, the waiting list has gone from 3.07m in July to 3.13m in August. In August 653 more patients were admitted per working day than in the same month last year, however, the number of patients waiting over 18 weeks rose by 7%. A "managed breach" of the elective waiting time targets was announced in summer, with the hope they would be met again by September. This now looks unlikely to be achieved, and national officials have changed their position to say targets should be met from December.

Many specialist services not meeting national standards
One in five specialised hospital services are not meeting the quality standards set for them by leading clinicians, reports HSJ. An analysis of data on more than 3,700 specialised services across almost 300 providers in England found 81% of acute and nearly half of mental providers were not fully compliant with national standards.

Basic mistakes cost NHS £2.5bn a year
The Health Secretary has commented that hospitals are wasting up to £2.5bn a year of the NHS's budget through poor care and medical errors. In a speech at Birmingham Children's Hospital earlier this month Hunt made clear to the bosses of NHS hospital trusts that the unprecedented financial challenge facing the service is no reason not to improve safety and that inadequate care of patients costs them more money in the end.

Cancer waiting times pledge
No-one in England will have to wait more than a week for cancer tests and results under a future Labour government, the party has pledged

Pharmacies could save NHS £1bn
Treating common ailments like coughs and colds at community pharmacies could save the NHS over £1bn a year, the Royal Pharmaceutical Society claims

Care through partnership

Partnership Commissioning Unit
Commissioning services on behalf of:
NHS Hambleton, Richmondshire and Whitby CCG
NHS Harrogate and Rural District CCG
NHS Scarborough and Ryedale CCG
NHS Vale of York CCG

johnclare@nhs.net

Tel: 07899 706103

Sovereign House
Unit 5 Kettlestring Lane
Clifton Moor
York
YO30 4GQ

TO WHOM IT MAY CONCERN

30th September 2014

Dear Colleague,

Re: Mental Health Crisis Care Concordat

At the meeting at 11.00am on Monday 29th September all those present agreed that they would urgently seek the sign-up of their organisation to the Mental Health Crisis Care Concordat (please see Summary and Declaration attached).

For those of you who were unable to attend I hope you will agree that the Concordat sets out good practice in working together to support people with mental health problems at times of most urgent need. (Nationally, the expectation is that all areas will have signed up to the Declaration by December 2014).

The Partnership Commissioning Unit has agreed to co-ordinate North Yorkshire and York sign-up to the Declaration of Intent. We are aiming within our area to have as many partners as possible signed up by **10th October 2014**, World Mental Health Day.

Please ensure that the appropriate senior officer in your organisation gives their support to the principles of joint working in the interests of vulnerable people. Please also send a digital version of your organisation's logo which we will attach to the local declaration

Regards

Yours faithfully

John Clare
Strategic Mental Health Project Lead at Partnership Commissioning Unit
johnclare@nhs.net

Enclosures: Summary of Mental Health Crisis Care Concordat
Model Declaration Statement

Mental Health Crisis Concordat: Improving outcomes for people experiencing mental health crisis
(Department of Health and Concordat signatories
February 2014)

SUMMARY
Implications for North Yorkshire and York

Vision

That local partnerships of health, criminal justice and local authorities will commit to ensure policy-making and spending decisions are aimed at anticipating and preventing mental health crises, and to ensure effective emergency response systems when a crisis does occur.

Purpose and ambition

The purpose of the document is to set out a joint statement by signatories to describe the service that people in mental health crisis should expect to receive. It also sets out an action plan that brings together the initial commitments of the signatories to undertake work to support and deliver the Concordat.

The ambition is that every "local area"[1] should commit to a Mental Health Crisis Declaration, which should include:

- A jointly signed-off local declaration across the key agencies that mirrors the key principles of the national Concordat - establishing a commitment for local agencies to work together to continuously improve the experience of people in mental health crisis in every locality
- Development of a shared action plan and a commitment to review, monitor and track improvements
- A commitment to improve performance in the key area of using police stations as places of safety – by reducing the number of such uses, and by setting an ambition for a fast-track assessment process for individuals whenever a police cell is used
- Evidence of sound local governance arrangements

Legal and Policy Basis

The Government places mental health at the centre of its programme of health reform. It has included a specific objective in the Mandate from the Government to NHS England to put mental health on a par with physical and mental health and close the gap between people with mental health problems and the population as a whole.

The Mandate for 2014-15 also establishes specific objectives for the NHS to improve mental health crisis care:

[1] As described later in this document, the absence of co-terminus boundaries between organisations presents a significant challenge. One suggestion is for the "local area" should logically be defined as York and North Yorkshire.

- For NHS England to make rapid progress, working with CCGs and other commissioners, to help deliver crisis services that are at all times as accessible, responsive and high quality as other health emergency services
- NHS England to ensure adequate liaison psychiatry services in Emergency Departments
- Every community to have plans to ensure no-one in crisis will be turned away, based on the principles of the Concordat.

NHS England will work with partners to carry out a robust gap analysis of current demand for these services against available service provision to support CCGs in understanding their baseline position, and to develop plans based on local needs.

The Government's Mental Health Strategy "*No Health Without Mental Health*" was published in 2012, and includes a commitment for Public Health England to work to reduce mental health problems by promoting improvements in mental health and wellbeing. In simple terms, what will help to reduce mental health crises in the future will be making sure people have good housing, decent income and good health. Local government now has statutory responsibility for improving the health of their populations, and Public Health England will support them in this endeavour.

The Independent Commission on Mental Health and Policing made recommendations to forces on how to prevent serious injury and deaths when officers respond to incidents involving people with mental health problems. It concluded that mental health was part of the core business for the police, who should be trained to aware of the vulnerabilities people may have, because mental health issues are common in the population. The report was clear that the support of other agencies is essential because the police "*cannot and indeed are not expected to deal with vulnerable groups on their own*".

Other issues include the continued high levels of detention of people from BME communities and their over representation on in-patient wards.

Effective Commissioning

The Concordat is clear that local commissioners have a clear responsibility to put sufficient services in place to ensure that there is 24/7 provision sufficient to meet local need. Key to this is the Joint Strategic Needs Assessment (JSNA) process, and the development of a Joint Health and Wellbeing Strategy (JHWS) to set out shared priorities to address the identified need.

Service providers should collect, analyse and act on a range of agreed outcome data including patient and carer experience data and satisfaction to ensure a clear understanding of service requirements. Commissioners will want to ensure that they have effective local safeguarding arrangements in place to prevent or reduce the risk of significant harm to people whose circumstances make them vulnerable.

Service user and carer involvement in all elements of the commissioning cycle, strategic direction and monitoring of crisis care standards is needed to ensure services meet the needs of people of all ages including those who are seldom heard or those that need improved early intervention and prevention.
People needing help should be treated with respect, compassion and dignity by the professionals they turn to.

Integrated Approach to Mental Ill-Health

To deliver an effective emergency mental health response system, there should be detailed coordination arrangements in place between all relevant agencies. Local Healthwatch organisations Overview and Scrutiny committees also play an important role in holding local commissioners to account in respect of crisis services.
Partnership working is best supported by services working within catchment areas which are as coterminous as possible.

Expectations

The Concordat is arranged around four key areas:

- Access to support before crisis point
- Urgent and emergency access to crisis care
- The right quality of treatment and care when in crisis
- Recovery and staying well, and preventing future crises

A. Access to support before crisis point

1) Early intervention - protecting the safety of people whose circumstances make them vulnerable.
   To intervene early to prevent distress from escalating to crisis.

B. Urgent and emergency access to crisis care

1) People in crisis are vulnerable and must be kept safe, have their needs met appropriately and be helped to achieve recovery

2) Equality of access: Health and Social Care Act introduced new legal duties regarding health inequalities for NHS England stating that inequalities of access and outcomes must be reduced.

3) Access and new models of working for children and young people – their needs to be robust partnership working between Primary Care, CAMHS, Schools and Youth Services in developing crisis services

4) All staff should have the right skills and training to respond to mental health crises appropriately

5) People in crisis should expect an appropriate response and support when they need it – including working towards NICE Quality standards undertaking an assessment within 4 hrs in a community location that best suits them, for someone referred in crisis.

6) People in crisis in the community, where police officers are the first point of contact, should expect them to provide appropriate help. But the police must be supported by health services, including mental health services, ambulance services, and Emergency Departments.

   - NHS commissioners are required by the MHA to commission health based places of safety, at a level that allows for around the clock availability, and that meets the needs of the local population. Arrangements should be in place to handle multiple cases. Police officers should not have to consider using

police custody as an alternative just because there is a lack of local mental health provision, or unavailability at certain times of the day or night.

- Local areas will be expected to each make a commitment to improve performance in this area, by reducing the number of such uses, and by setting an ambition for a fast-track assessment process for individuals whenever a police cell is used.

- Police officers responding to people in mental health crisis should expect a response from health and social care services within locally agreed timescales, so that the individuals receive the care they need at the earliest opportunity.

- Police officers should undertake appropriate training, to enable them to recognise risk and vulnerability and identify the need for health care. This training will support the police to decide whether individuals should be detained under Section 136, or whether they can be helped in some other way. It should also include the roles and responsibilities of partner agencies.

- Local areas will be expected to make a commitment to reduce the number of uses of s136 POS and set an ambition for a fast track process that either provides assessment or arranges transfer to a HBPOS for individuals whenever a police cell is used.

- Commissioners and providers should make sure there is accurate and detailed data showing why and how often police cells are used as places of safety.

With regard to local protocols for mental health crisis care, the Concordat sets the expectation that every area should have a local protocol in place, agreed by NHS commissioners, the police force, the ambulance service, and social services, describing the approach to be taken when a police officer uses powers under the Mental Health Act.

These local protocols should ensure that:

- When the police request an emergency mental health assessment, mental health professionals take responsibility for arranging it.

- Individuals in mental health crisis are taken to a health based place of safety. Local protocols should set out an agreement about what constitutes a truly exceptional basis to justify using police cells. Local Mental Health Crisis Declarations should include local ambitions to reduce the use of police cells as places of safety.

- Particular reference is made to the needs of children and young people. The fact of any place of safety being attached to an adult ward/unit should not preclude its use for this purpose. Protocols should ensure police custody is never used for this group (unless a decision by a police officer in exceptional circumstances and even then alternatives should be considered)

- NHS staff, including ambulance staff, should take responsibility for the person as soon as possible, thereby allowing the officer to leave, so long as the situation is agreed to be safe for the patient and healthcare staff. There

should not be an expectation that the police will remain until the assessment is completed.

- Partner organisations are clear about respective roles and responsibilities in order that responses to people in crisis are risk based, personalised, proportionate and safe, and that a guiding principle is to choose the least restrictive option.

- Arrangements are in place for escalation to more senior staff in case of disagreement.

7) When people in crisis appear to need urgent assessment, the process should be prompt, efficiently organised, and carried out with respect:

    - Approved Mental Health Professional and doctor approved under Section 12(2) of the Mental Health Act should attend within three hours in all cases where there are no good clinical grounds to delay assessment (in line with Royal College of Psychiatrists Guidance.

    - There should be no circumstances under which mental health professionals will not carry out assessments because beds are unavailable.

    - Provision of dedicated AMHPs should be sufficient to meet needs, especially in out of hours periods.

8) People in crisis should expect that statutory services share essential 'need to know' information about their needs. All agencies have a duty to share essential 'need to know' information for the good of the patient.

9) People in crisis who need to be supported in an NHS Place of Safety will not be excluded:

    - Irrespective of other factors such as intoxication, previous history of violence. s136 MHA detainees presenting with alcohol ingestion are best managed in a healthcare setting - either the locally designated place of safety or, if the level of intoxication appears to pose a medical risk, the Emergency Department.

    - Intoxication alone should not be used as a basis for exclusion from places of safety, except in locally defined and agreed circumstances, where there may be too high a risk to the safety of the individual or staff.

10) People in crisis who present in Emergency Departments should expect a safe place for their immediate care and effective liaison with mental health services to ensure they get the right on-going support.

    - People in mental health crisis should expect Emergency Departments to provide a place for their immediate care and effective liaison with mental health services to ensure that they obtain the necessary and on-going support required in place in a timely way.

    - Clear responsibilities and protocols should be in place between emergency departments and other agencies and parts of the acute and mental health and

substance misuse service to ensure that people receive treatment in parity with standards for physical health.

- Clinical Commissioning Groups should ensure that there are effective liaison psychiatry services in place, to make the links between Emergency Departments and mental health services.

- Emergency Department staff should treat people who have self harmed in line with NICE guidance and work towards NICE Quality standard.

11) People in crisis who access the NHS via the 999 system can expect their need to be met appropriately

12) People in crisis who need routine transport between NHS facilities or from the community to an NHS facility will be conveyed in a safe, appropriate and timely way. Commissioners will need to make sure arrangements put in place by mental health Trusts and Acute Trusts provide timely transport for these patients.

13) People in crisis who are detained under Section 136 powers can expect that they will be conveyed by emergency transport from the community to a health based place of safety in a safe, timely and appropriate way.

C. Quality of treatment and care when in crisis

1) People in crisis should expect local mental health services to meet their needs appropriately at all times: Responses should be on a par with responses to physical health crisis. This means health and social care services should be equipped to deal safely with emergencies at all times of the day or night every day of the year.

2) People in crisis should expect that the services and quality of care they receive are subject to systematic review, regulation and reporting. For specialist mental health services CQC will put greater emphasis on inspecting the care people with mental health problems receive in the community and during crisis.

3) When restraint has to be used in health and care services it is appropriate.

- The MHA Code of Practice requires mental health organisations to make sure staff are properly trained in the restraint of patients, and that there are adequate staffing levels.

- There should be a clear local protocol about the circumstances when, very exceptionally, police may be called to manage patient behaviour within a health or care setting.

4) Quality and treatment and care for children and young people in crisis:
   - Each service should explain how they seek and respond to the views of children and young people.
   - If a young person needs treatment the first principle should be to treat at home or in the community. Local accessibility to inpatient beds is important so the person is close to home (as long as it does not contribute to the crisis).

D. Recovery and staying well / preventing future crises

- Following a crisis NICE recommends people are offered a crisis plan. This should contain Early warning signs; support to prevent hospitalisation; preference if admitted to hospital; practical support eg in relation to childcare or pets; advance statements/decisions; degree to which families/carers are involved; named contacts.

- Commissioners should expect clear criteria for entry and discharge from acute care including fast track access for people who may need it in the future.

- The principles of integration of care are valuable in making sure the pathway of services is comprehensive and is organised around the patient.

- CCGs and Local Authority commissioners should ensure that service specifications include a clear requirement for alcohol and drug services to respond flexibly and speedily where an individual in crisis presents in a state of intoxication or in need of urgent clinical intervention

- Joined-up support is particularly important in criminal justice settings and it is critical that the development of Liaison and Diversion Schemes is closely tied in with existing custody based interventions like the Drug Intervention Programme (DIP) to maximise their impact on this client group.

Action Plan

The Concordat contains a 16 page strategic action plan, predominantly aimed at national bodies, to develop an enabled environment for delivery of the Concordat's objectives.

Local Action Plans will need to be developed with all relevant partners involved and signed up to be their organisations.

Implications for North Yorkshire and York

There has been a great deal of progress over the last 18 months to improve the support given to those in crisis. This includes:

- Development and implementation of two s136 Health Based Places of Safety (with plans for a third to be opened in Northallerton in the Autumn)
- Establishment of s136 Working Group involving CCGs (PCU), North Yorkshire Police, NYCC, CYC, LYPFT, TEWV, YAS, Y(&S)DHFT, HDFT, STFT.
- A pilot Street Triage scheme in Scarborough, Ryedale and Whitby.
- Plans to develop a street triage in the York and Selby areas
- Agreements between CCGs, Mental Health Trusts and Acute Trusts to develop Liaison services in each Acute Trust in the CCG areas.

The Crisis Concordat provides an opportunity to take stock and develop an action plan to build on the work done to date and ensure partners commit to continually improving the support and care for those who are most vulnerable.

Crisis Care Concordat
Mental Health

Example of a model Declaration statement
(for local amendment)

The 2014 [*name of your locality*] Declaration on improving outcomes for people experiencing mental health crisis [date of Declaration or of this DRAFT]

We, as partner organisations in **[*name of your locality*]**, will work together to put in place the principles of the national **Concordat** to improve the system of care and support so that people in crisis because of a mental health condition are kept safe. We will help them to find the help they need – whatever the circumstances – from whichever of our services they turn to first.

We will work together to prevent crises happening whenever possible, through intervening at an early stage.

We will make sure we meet the needs of vulnerable people in urgent situations, getting the right care at the right time from the right people to make sure of the best outcomes.

We will do our very best to make sure that all relevant public services, contractors and independent sector partners support people with a mental health problem to help them recover. Everybody who signs this declaration will work towards developing ways of sharing information to help front line staff provide better responses to people in crisis.

We are responsible for delivering this commitment in **[*name of your locality*]** by putting in place, reviewing and regularly updating the attached action plan.

This declaration supports 'parity of esteem' (see the glossary) between physical and mental health care in the following ways:

- Through everyone agreeing a shared 'care pathway' to safely support, assess and manage anyone who asks any of our services in **[*name of your locality*]** for help in a crisis. This will result in the best outcomes for people with suspected serious mental illness, provide advice and support for their carers, and make sure that services work together safely and effectively.
- Through agencies working together to improve individuals' experience (professionals, people who use crisis care services, and carers) and reduce the likelihood of harm to the health and wellbeing of patients, carers and professionals.
- By making sure there is a safe and effective service with clear and agreed policies and procedures in place for people in crisis, and that organisations can access the service and refer people to it in the same way as they would for physical health and social care services.
- By all organisations who sign this declaration working together and accepting our responsibilities to reduce the likelihood of future harm to staff, carers, patients and service users or the wider community and to support people's recovery and wellbeing.

We, the organisations listed below, support this Declaration. We are committed to working together to continue to improve crisis care for people with mental health needs in [*name of your locality*].

Who should sign a local Declaration?

Many local organisations want to support the Declaration because of their commitment to improve mental health care and may want to make a specific contribution within the action plan for continuous improvements.

In addition, certain organisations have a formal (statutory) responsibility and/or a professional duty of care regarding people presenting in mental health crisis:

- Clinical Commissioning Groups
- NHS England Local Area teams (primary care commissioners)
- Commissioners of social services
- The Police Service
- Police and Crime Commissioners
- The Ambulance Service

- NHS providers of Urgent and Emergency Care (Emergency Departments within local hospitals)
- Public / independent providers of NHS funded mental health services
- Public / independent providers of substance misuse services

Glossary of terms used in this declaration

Concordat	A document published by the Government. The Concordat is a shared, agreed statement, signed by senior representatives from all the organisations involved. It covers what needs to happen when people in mental-health crisis need help. It contains a set of agreements made between national organisations, each of which has a formal responsibility of some kind towards people who need help. It also contains an action plan agreed between the organisations who have signed the Concordat. Title: Mental Health Crisis Care Concordat – Improving outcomes for people experiencing mental health crisis Author: Department of Health and Concordat signatories Document purpose: Guidance Publication date: 18th February 2014 Link: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281242/36353_Mental_Health_Crisis_accessible.pdf
Mental health crisis	When people – of all ages – with mental health problems urgently need help because of their suicidal behaviour, panic attacks or extreme anxiety, psychotic episodes, or behaviour that seems out of control or irrational and likely to put the person (or other people) in danger.
Parity of esteem	Parity of esteem is when mental health is valued equally with physical health. If people become mentally unwell, the services they use will assess and treat mental health disorders or conditions on a par with physical illnesses. Further information: http://www.england.nhs.uk/ourwork/qual-clin-lead/pe

Recovery	One definition of Recovery within the context of mental health is from Dr. William Anthony: "Recovery is a deeply personal, unique process changing one's attitude, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of psychiatric disability" (Anthony, 1993) Further information http://www.imroc.org/

Airedale NHS
NHS Foundation Trust

Appendix 4

Ebola Identification, Personal Protective Equipment and Fit Testing Programmes

In light of the Ebola outbreak in West Africa and the heightened international response, Chief Executives and Trust Boards have been asked to seek assurance of the following:

Assurance Table

No	Statements	Assurance
1	Your trust has robust systems and processes in place to ensure that you have the ability to identify and isolate a patient who presents with a high index of suspicion of Ebola or indeed other infectious diseases. These should be in line with the Viral Haemorrhagic Algorithm and guidance issued by the Advisory Committee on Dangerous Pathogens	• Viral Haemorrhagic Fever (VHF) Guideline agreed at Infection Control Committee and available on SharePoint – based on guidance issued by Advisory Committee on Dangerous Pathogens. • VHF algorithm and associated relevant documents distributed to all areas that accept emergency referrals/admissions (including Maternity and Paediatrics), it is also available on SharePoint. • 'VHF box' in the Equipment Pool – this contains a copy of the VHF Guideline and algorithm along with a list of personal protective equipment required and a small stock of gowns, goggles, absorbent gels for body fluids etc. • The Infection Prevention Team and Consultant Microbiologist are available via switchboard 24/7. • Compliance Manager sends out alerts to relevant staff. • A walk round was undertaken on 04/09/14 in the Emergency Department (ED) by Matron for Infection Prevention and Dr Hewitt and systems and process were in place. • Matron Infection Prevention visited Ward Manager Ward 2 - a 'VHF box' to be kept on Ward 2 in Personal protective equipment cupboard. • Matron Infection Prevention visited Charge Nurse on Ward 14 Surgical Assessment Unit (SAU) – can access 'VHF box' in Equipment Pool. • Maternity and paediatrics will access 'VHF' box in Equipment Pool.
2	Your trust has sufficient supplies of Personal Protective Equipment and FFP3	• We have sufficient Personal Protective Equipment and key areas such as ED and Ward 2 stock FFP3 facemasks.

	masks	• There are 300 silicone personal issue masks along with 1,600 filters that are still in date in the flu stock and also a small supply on Ward 16, 19 and ED. • ED has 16 Powered Respirator Protective Suits and has a training programme in place.
3	Your trust has a robust Fit-Testing programme in place, which complies with FFP3 guidance	• We advise staff to do a fit 'check' with the disposable FFP3 masks. If they are unable to obtain a seal they hand over to another member of staff who can or they can use a silicone mask with filters. • The company '3M' who we currently use have recently changed the design of their masks and no longer provide support with fit testing. • A new fit testing programme will be launched once we have secured the contract with the new company 'Full Support' – testing needs to done with the new masks. Nurse Educator from ED will be helping to fit test staff on ED, Ward 1 and 2. The Infection Prevention Team will organise train the trainer sessions. It takes approximately 30-40 minutes per member of staff and we have 2 testing kits available onsite. • 'FFP3 Disposable Mask Fitting and Fit Check Instructions' and 'Guide to Personal Protective Equipment for VHF' have been updated and are available on SharePoint – laminated copies have also been given to ED, Ward 2 and Ward 14 SAU. • Equipment recommended in the guidance is available onsite. **There is no evidence to support that the virus is spread by aerosol – FFP3 masks are more robust than surgical masks and their use is preferred during aerosol generating procedures, in 'high possibility VHF' cases if bruising, bleeding, diarrhoea and vomiting are evident and for confirmed VHF cases.**
4	You are aware of your local Infectious Diseases Unit and how they can be contacted to provide a source of expert information and to support clinical treatment decisions	• Detail on the Infectious Diseases Unit is in the VHF Guideline.

Prepared for Executive Assurance Group and Trust Board
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