

## Notice of a public meeting of

### Health and Wellbeing Board

<b>To:</b>	Councillors Cunningham (Chair), Julie Hotchkiss	Cuthbertson and Wiseman Acting Director of Public Health, City of York Council
	Guy Van Dichele	Director of Adult Social Care, City of York Council
	Jon Stonehouse	Director of Education, Children and Skills, City of York Council
	Tim Madgwick	Deputy Chief Constable, North Yorkshire Police Representative of York Council for Voluntary Service
	Siân Balsom Matt Neligan	Manager, Healthwatch York Director of Operations, NHS England
	Patrick Crowley	Chief Executive, York Teaching Hospital NHS Foundation Trust
	Dr Mark Hayes	Chief Clinical Officer, Vale of York Clinical Commissioning Group (CCG)
	Rachel Potts	Chief Operating Officer, Vale of York Clinical Commissioning Group (CCG)
	Chris Butler	Chief Executive, Leeds and York Partnership NHS Foundation Trust
	Mike Padgham	Chair, Independent Care Group

**Date:** Wednesday, 21 January 2015

**Time:** 4.30 pm

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

### AGENDA

#### 1. Introductions

**2. Declarations of Interest** (Pages 3 - 4)

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

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

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

**3. Minutes** (Pages 5 - 14)

To approve and sign the minutes of the last meeting of the Health and Wellbeing Board held on 3 December 2014.

**4. Public Participation**

It is at this point in the meeting that members of the public who have registered their wish to speak can do so. The deadline for registering is by **Tuesday 20 January 2015 at 5.00 pm.**

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

**Filming, Recording or Webcasting Meetings**

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

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*The Council's protocol on Webcasting, Filming & Recording of Meetings ensures that these practices are carried out in a manner both respectful to the conduct of the meeting and all those present. It can be viewed at: [http://www.york.gov.uk/downloads/download/3130/protocol\\_for\\_webcasting\\_filming\\_and\\_recording\\_of\\_council\\_meetings](http://www.york.gov.uk/downloads/download/3130/protocol_for_webcasting_filming_and_recording_of_council_meetings)*

- 5. Public Health England-Sugar** (Pages 15 - 16)  
The Board will receive a presentation in relation to the role that sugar plays in public health.
- 6. Annual Report (2013/14) of the Collaborative Transformation Board** (Pages 17 - 30)  
This report presents the Board with the Annual Report of the Collaborative Transformation Board (CTB). The CTB is a formalised sub-board of the Health and Wellbeing Board.
- 7. Better Care Fund Update** (Pages 31 - 36)  
This report updates the position on York's submission of the initial plan for the Better Care Fund (BCF).
- 8. Joint Strategic Needs Assessment (JSNA) Update** (Pages 37 - 50)  
This report provides the Board with an update on progress made on the JSNA since they last met in December 2014.
- 9. NHS Vale of York Clinical Commissioning Group (CCG)- Planning Refresh-Verbal Report**  
This item is being presented verbally in order for the CCG to be able to present the very latest available information from NHS England.
- 10. Forward Plan** (Pages 51 - 52)  
Board Members are asked to consider the Board's Forward Plan for 2015.
- 11. Urgent Business**  
Any other business which the Chair considers urgent under the Local Government Act 1972.

**Democracy Officer:**

Name- Judith Betts  
Telephone No. – 01904 551078  
E-mail- judith.betts@york.gov.uk

For more information about any of the following please contact the Democracy Officer responsible for servicing this meeting:

- Registering to speak
- Business of the meeting
- Any special arrangements
- Copies of reports and
- For receiving reports in other formats

Contact details are set out above.

**This information can be provided in your own language.**

我們也用您們的語言提供這個信息 (Cantonese)

এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে। (Bengali)

Ta informacja może być dostarczona w twoim własnym języku. (Polish)

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

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

 (01904) 551550

***Extract from the***  
**Terms of Reference of the Health and Wellbeing Board**

**Remit**

**York Health and Wellbeing Board will:**

- Provide joint leadership across the city to create a more effective and efficient health and wellbeing system through integrated working and joint commissioning;
- Take responsibility for the quality of all commissioning arrangements;
- Work effectively with and through partnership bodies, with clear lines of accountability and communication;
- Share expertise and intelligence and use this synergy to provide creative solutions to complex issues;
- Agree the strategic health and wellbeing priorities for the city, as a Board and with NHS Vale of York Clinical Commissioning Group, respecting the fact that this Group covers a wider geographic area;
- Collaborate as appropriate with the Health and Wellbeing Boards for North Yorkshire and the East Riding;
- Make a positive difference, improving the outcomes for all our communities and those who use our services.

**York Health and Wellbeing Board will not:**

- Manage work programmes or oversee specific pieces of work – acknowledging that operational management needs to be given the freedom to manage.
- Be focused on the delivery of specific health and wellbeing services – the Board will concentrate on the “big picture”.
- Scrutinise the detailed performance of services or working groups – respecting the distinct role of the Health Overview and Scrutiny Committee.
- Take responsibility for the outputs and outcomes of specific services – these are best monitored at the level of the specific organisations responsible for them.
- Be the main vehicle for patient voice – this will be the responsibility of Health Watch. The Board will however regularly listen to and respect the views of residents, both individuals and communities.

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## Health & Wellbeing Board Declarations of Interest

### **Julie Hotchkiss, Acting Director of Public Health**

Founding Director of Deep Green Care Community CIC

### **Patrick Crowley, Chief Executive of York Hospital**

None to declare

### **Rachel Potts, Chief Operating Officer, Vale of York Clinical Commissioning Group)**

None to declare

### **Dr Mark Hayes, Chief Clinical Officer, Vale of York Clinical Commissioning Group**

Labour Prospective Parliamentary Candidate for Selby and Ainsty

### **Chris Butler, Chief Executive of Leeds and York Partnership NHS Foundation Trust**

None to declare

### **Mike Padgham, Chair Council of Independent Care Group**

- Managing Director of St Cecilia's Care Services Ltd.
- Chair of Independent Care Group
- Chair of United Kingdom Home Care Association
- Commercial Director of Spirit Care Ltd.
- Director of Care Comm LLP

### **Siân Balsom, Manager Healthwatch York**

- Chair of Scarborough and Ryedale Carer's Resource
- Shareholder in the Golden Ball Community Co-operative Pub

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City of York Council

Committee Minutes

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Meeting	Health and Wellbeing Board
Date	3 December 2014
Present	Councillors Cunningham-Cross (Chair), Cuthbertson and Wiseman,  Siân Balsom (Manager, Healthwatch York)  Chris Butler (Chief Executive, Leeds and York Partnership NHS Foundation Trust)  Julie Hotchkiss (Acting Director of Public Health and Wellbeing, City of York Council)  Jon Stonehouse (Director of Children's Services, Education and Skills, City of York Council)  Guy van Dichele (Director of Adult Social Care, City of York Council)  Tim Madgwick (Deputy Chief Constable, North Yorkshire Police)  Mike Padgham (Chair, Independent Care Group)  Dr Mark Hayes (Chief Clinical Officer, Vale of York Clinical Commissioning Group)  Mike Proctor (Deputy Chief Executive, York Teaching Hospital NHS Foundation Trust) (Substitute for Patrick Crowley)  Mark Janvier (Head of Assurance, North Yorkshire and the Humber Area Team, NHS England) (Substitute for Mark Neligan)  RosyTebbutt (York CVS) (Substitute for Melanie McQueen)

Dr Andrew Phillips (Deputy Chief Clinical Officer, Vale of York Clinical Commissioning Group) (Substitute for Rachel Potts)

Apologies

Patrick Crowley (Chief Executive York Teaching Hospital NHS Foundation Trust)

Matt Neligan (Director of Operations NHS England)

Melanie McQueen (York CVS)

Rachel Potts (Chief Operating Officer Vale of York Commissioning Group)

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## **24. Introductions**

Introductions were carried out.

## **25. Declarations of Interest**

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

Julie Hotchkiss, Acting Director of Public Health, declared a personal interest as Founding Director of Deep Green Care Community CIC.

Sian Balsom, Manager Healthwatch York, requested that the Standing Declarations of Interest be amended to record that she was now Chair rather than Vice-Chair of Scarborough and Ryedale Carers' Resource.

## **26. Minutes**

Resolved: That the minutes of the Health and Wellbeing Board held on 22 October 2014 be signed and approved as a correct record subject to minute 21 paragraph 2 being amended to read "*disabled people*".

It was noted that, following the meeting, the dates for the consultation on the Pharmaceutical Needs Assessment had been amended. The consultation period was now 25 November 2014 to 26 January 2015 (minute 22 refers).

The Deputy Chief Constable of North Yorkshire Police gave an update on minute 15. He reported on the success of the bids that had been submitted and thanked members of the board for their support. An update report would be presented to the Board in a year's time.

## **27. Public Participation**

It was reported that there was one registration to speak at the meeting under the Council's Public Participation Scheme.

Dawn Moores spoke about the aspect of the Strategic Plan which related to the commissioning of more counselling services and additional services to support 16-25 year olds. She queried how this related to the decision made by Cabinet regarding the services currently based at Castlegate. Ms Moores expressed her concerns regarding the impact that the original proposals regarding Castlegate would have, including the loss of highly experienced staff.

The Director of Children's Services, Education and Skills explained that, following the decision taken by Cabinet (Calling In) on 25 November 2014, the YorOK Board had established a Steering Group to look at further options.

## **28. Update on the events and findings from Housing Week (3-9 November)**

Board Members received a verbal update on the events and findings from Housing Week (3-9 November), which had as its theme this year "Health and Housing", and on current initiatives in respect of housing.

- A summit and workshops had taken place. As budgets were currently under review, the event had also been used as an opportunity to look at ways of redesigning services.

- A number of community events had taken place, including activities around diet and fitness. The Council was seeking to address issues in respect of isolation and would be installing superfast broadband in sheltered schemes and exploring potential opportunities arising from this.
- A number of new council houses were being built. In order to encourage people to downsize where appropriate, the new buildings had a high space standard.
- Details were given of the Making Every Adult Matter (MEAM) scheme, particularly relating to adults with mental health issues. Funding had been secured through ARC.
- The resettlement centre at Howe Hill was proving to be very successful.
- Details were given of the work that had been carried out by the Joseph Rowntree Foundation on loneliness and community engagement.
- DCLG funding had been secured to enable more intervention work to take place. Details were given of how the funding had been used and the outcomes. The scheme was being extended and a bid had been submitted. Board Members expressed their support for the bid.

Board Members asked about the arrangements that were in place to enable vulnerable adults to be given assistance in completing forms which would enable them to access finance and support. Officers explained the arrangements that were in place, including assistance from support workers. City of York Council also employed the services of the Salvation Army to offer life skills support and assistance.

Board Members commented on the work that was taking place in respect of accommodation pathways and eliminating inappropriate discharges.

Members acknowledged the significance of housing in terms of people's health and wellbeing and agreed on the importance of taking an integrated approach.

Resolved: That the verbal update report on housing be noted.

Reason: To ensure that Board Members are kept informed of housing issues because of the impact that this has on health and wellbeing.

## **29. Director of Public Health Report 2013-14**

Members considered the Director of Public Health Report 2013-14. The report summarised the current state of public health in York.

A presentation was given on the report and is attached to the online agenda papers for this meeting. Although outcomes in York were considerably better than the national average in many respects, there were some quite severe inequalities within the city. Consideration was given to the recommendations and the progress that was being made in addressing these.

Referring to a recent media report regarding an incident that had taken place in another part of the country, the Deputy Chief Constable of North Yorkshire gave details of the arrangements that were in place if a child with mental health issues was taken into custody. Agreements were in place to ensure that they could be accommodated in an appropriate setting.

Board Members requested that the interim findings of the assessments in respect of alcohol be made available to them at the earliest opportunity to ensure that action to address the findings could be taken as soon as possible. Board Members agreed on the need to work together to address issues in respect of alcohol.

Resolved: That the contents of the report be noted.

Reason: To ensure that the board is informed of current public health issues for York.

## **30. Response to Healthwatch Recommendations**

Board Members considered a report which responded to the three Healthwatch reports presented to the Health and Wellbeing Board at their meeting on 22 October 2014. The report included comments on the recommendations from the following reports:

- “Loneliness – A Modern Epidemic and the Search for a Cure”
- “Access to Health and Social Care Services for Deaf People”
- “Discrimination against Disabled People in York”

Consideration was given to Annex A of the report which detailed the Healthwatch recommendations and the suggested leads on each recommendation. The following points were made:

- Recommendations re loneliness – Director of Adult Social Care would be City of York Council lead
- In respect of recommendation 6 – accessibility of the A&E department, it was noted that although there were plans to refurbish and create more space, this would not happen immediately and hence there was a need to manage expectations.
- Recommendation re interpreting provision – Board Members commented on the difficulties in accessing interpreters, particularly at short notice and out of hours. It was therefore important that patients recognised that they had a responsibility to request this provision to ensure that appropriate arrangements could be put in place.
- Recommendations re hate crime – Deputy Chief Constable of North Yorkshire Police would be the lead officer. He stated that consideration was being given to a system by which hate crime could be reported on a 24 hour basis.
- The Director of Children’s Services, Education and Skills gave details as to how the YorOK Board was seeking to address the Healthwatch recommendations, including those relating to loneliness. Details were given of intergenerational projects as well as the work that was taking place to tackle bullying. Healthwatch had been invited to attend the next YorOK Board meeting to discuss the issues further.
- The Chief Clinical Officer of Vale of York Commissioning Group confirmed his support of the recommendations assigned to his organisation.
- Discussion took place as to the benefits of shared training and the ways in which staff from different organisations could share knowledge and work together more effectively. It was agreed that this would be an item for a future meeting.

The Manager of Healthwatch York expressed her appreciation of the approach that the Board was taking in response to the Healthwatch recommendations.

- Resolved: (i) That Healthwatch be requested to note the response of the Health and Wellbeing Board to the recommendations in the reports.
- (ii) That an update report be presented to the Health and Wellbeing Board in approximately six months time.

Reason: To follow up on the recommendations of the Healthwatch reports.

### **31. YorOK Board Annual Report**

Board Members considered the YorOK Children's Trust Board Summary Report. The report provided a review of its activity, impact and effectiveness to date.

The Cabinet Member Education, Children and Young People had been invited to attend the meeting and went through the key issues and challenges, as outlined in paragraph 2 of the report.

Board Members' attention was also drawn to paragraph 3 of the report, which draw attention to opportunities for strengthening partnership working and progressing shared and cross cutting priorities.

Board Members asked about the number of identified "Troubled Families" that had been referred by A&E or GPs. The Director of Children's Services Education and Skills stated that the criteria set by the Government for the first phase of this initiative had not been based on a referrals system. A multi-agency approach had been taken but health had not been one of the criteria. The next phase of this initiative would have a much stronger emphasis on health and there would be greater opportunities to work more actively with health partners.

- Resolved: (i) That the report be noted.
- (ii) That the issues for the coming year be noted.
- (iii) That the opportunities for strengthening partnership working and progressing shared and cross cutting priorities be noted.

Reason: To keep the Board apprised of progress to date.

### **32. Better Care Fund Update**

Board Members considered a report that provided an update on the position in respect of York's submission of the initial plan for the Better Care Fund.

The Chief Clinical Officer NHS Vale of York Clinical Commissioning Group stated that it was disappointing that the plan had been "approved with conditions". The plan and the proposed schemes were deliverable and there was confidence that the conditions would be removed at the next submission.

Clarification was sought as to whether the bid was available to the public. Board Members were informed that details of the schemes were available on the website and that an easy-read version of the new submission, when approved, would be made available.

- Resolved: (i) That the report be noted.
- (ii) That the Board receive regular updates on the Better Care Fund.

Reason: To ensure that the Board is kept informed of progress on the Better Care Fund programme.

### **33. Joint Strategic Needs Assessment (JSNA) Update**

Board Members considered a report which provided an update on progress made on the Joint Strategic Needs Assessment (JSNA).

The Board was asked to agree the approach for managing the emerging recommendations from the JSNA process, as set out in paragraphs 5, 6 and 7 of the report.

Board Members' attention was drawn to the frail/elderly deep dive work which was nearing completion.

- Resolved:(i) That the update on progress made on the Joint Strategic Needs Assessment be noted.



- (ii) That the sub boards be allocated the management of any recommendations emerging from the JSNA work.

Reason: To update the Board on progress made with the JSNA.

#### **34. Health and Wellbeing Strategy**

Board Members considered a report which asked them to consider revisions to the Health and Wellbeing Strategy and to agree the updated version. The strategy had been updated to reflect the comments made at the meeting on 22 October 2014. The agreed key criteria for performance indicators were noted.

Board Members suggested that it was also important that information on child sexual exploitation was reported to the Board. It was agreed that the Independent Chair of the Children's Safeguarding Board should be asked to address this matter in their Annual Report.

- Resolved:
- (i) That the revisions to the Health and Wellbeing Strategy be approved and the updated version of the Strategy be accepted.
  - (ii) That information on child sexual exploitation be presented to the Board as part of the Annual Report of the Chair of the Children's Safeguarding Board.

Reason: To lead the improvement of health and wellbeing outcomes for people in York.

#### **35. Forward Plan**

Board Members were asked to consider the Board's Forward Plan for 2014-15 and were invited to put forward items for inclusion on the plan.

It was suggested that an item on capacity issues in the private sector (for example in domiciliary care) be included on an agenda for a meeting early in 2015.

The Chair drew Board Members' attention to a proposal to amend the Board's Terms of Reference to include posts rather than named postholders in the Board's composition. Board Members supported this proposal.

Resolved: That the Board's Forward Plan be approved.

Reason: To ensure that there is planned programme of work in place.

Councillor Cunningham-Cross, Chair  
[The meeting started at 4.30 pm and finished at 6.20 pm].



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**Health and Wellbeing Board**

21 January 2015

Report of the Acting Director of Public Health

**Public Health England - Sugar****Summary**

1. The Board will receive a presentation in relation to the role that sugar plays in public health at today's meeting.

**Background**

2. National data shows an increasing trend in obesity with an accompanying rise in obesity-related ill-health. The role of sugar in causing obesity is the subject of a current public health campaign, Change4Life, run by Public Health England, which asks people to swap sugary foods and drinks for healthier alternatives.
3. Public Health England have also pointed out that sugar can have a devastating impact upon dental health, an integral part of overall health. Tooth decay was the most common reason for hospital admissions for children aged 5 to 9 in 2012 to 2013.

**Main/Key Issues to be Considered**

4. The presentations will identify the key issues to be considered.

**Consultation**

5. Consultation is not applicable to this item on the agenda.

**Options**

6. There are no options for the Health and Wellbeing Board to consider.

**Analysis**

7. This section is not applicable to this item on the agenda.

### Strategic/Operational Plans

8. This topic relates to the theme of the CYC Council Plan “Protect vulnerable people”. It also links to the priorities and actions identified in the Joint Health and Wellbeing Strategy under the priority “Reducing health inequalities”.

### Implications

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

### Risk Management

10. There are no risks attached to the recommendation below.

### Recommendations

11. The Health and Wellbeing Board are asked to consider the contents of the presentation.

Reason: In order to inform future work of the Health and Wellbeing Board.

### Contact Details

**Author:**

Helena Nowell  
Strategic Support Manager  
Strategic Business  
Intelligence Team  
Tel: 01904 551746

**Chief Officer Responsible for the report:**

Julie Hotchkiss  
Acting Director of Public Health  
Public Health Team  
Tel: 01904 555761

**Report  
Approved**



**Date** 8 January  
2015

**Specialist Implications Officer(s)** None

**Wards Affected:**

**All**

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

**Background Papers:**

None

**Annexes**

None



## Health and Wellbeing Board

21 January 2015

Report of the Chair of the Collaborative Transformation Board

## Annual Report 2013/14 of the Collaborative Transformation Board to the Health and Wellbeing Board

### Summary

1. This report presents the Board with the Annual Report of the Collaborative Transformation Board (CTB). CTB is a formalised sub-board of the Health and Wellbeing Board. The Annual Report is at **Annex A** to this report.

### Background

2. The Joint Health and Wellbeing Strategy requires each of its sub-boards to report annually on progress made.

### Main/Key Issues to be Considered

3. The main issues and work undertaken to date are set out in the Annual Report at **Annex A** to this report.

### Consultation

4. No formal engagement on the Annual Report has taken place. However, there have been a number of engagement and consultation events held within the past 12 to 18 months that directly link to the work of CTB. An update report in relation to these is due to be presented to CTB at their January 2015 meeting.

### Options

5. There are no specific options for the Board to consider other than to note the Annual Report at **Annex A**.

**Analysis**

- 6. There are no specific options for the Board and therefore no analysis of these is required.

**Strategic/Operational Plans**

- 7. This report relates to progress made against delivering against the Joint Health and Wellbeing Strategy, a document that the Health and Wellbeing Board are statutorily required to produce.

**Implications**

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

**Risk Management**

- 9. There are no known risks associated with the recommendations within this report.

**Recommendations**

- 10. The Health and Wellbeing Board are asked to note the contents of the attached Annual Report from CTB.

Reason: To keep HWBB appraised of the work of CTB.

**Contact Details**

**Author:**

Tracy Wallis  
Health and Wellbeing  
Partnerships Co-ordinator  
Tel: 01904 551714

**Chief Officer Responsible for the report:**

Guy Van Dichele  
Director of Adult Social Care and Chair  
of the Collaborative Transformation  
Board  
Tel: 01904 554045

**Report  
Approved**



*8 January  
2015*

**Specialist Implications Officer(s)** None

**Wards Affected:**

**All**

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

**Background Papers:**

None

**Annexes**

**Annex A** – Annual Report 2013/14 of the Collaborative Transformation Board

**Glossary**

CTB – Collaborative Transformation Board

HWBB – Health and Wellbeing Board

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# Collaborative Transformation Board

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Working in partnership to oversee the development of integrated care  
and support

# Collaborative Transformation Board

# Annual Report 2013/14

## Contents

Foreword by the Chair of Collaborative Transformation Board.....	3
Introduction.....	4
Role of the Board.....	5
Membership.....	5
Governance Structure.....	6
Key Work Areas.....	7
Better Care Fund.....	7
Consultation and Engagement.....	8
Adult Social Care Transformation.....	8
Electronic Shared Care Records.....	9
The Joint Health and Wellbeing Strategy.....	9
Focus for 2015.....	10

## **Foreword by the Chair of Collaborative Transformation Board**

As the recently appointed Chair of Collaborative Transformation Board I am pleased to introduce the Annual Report for 2013/14.

I would like to start with thanking the previous Chair Dr Paul Edmondson-Jones, the Vice Chair, Rachel Potts from NHS Vale of York Clinical Commissioning Group and all partners represented on the Board for the hard work and commitment they have shown over the past twelve to eighteen months.

The Board have been faced with a number of challenges during this time not least with the rapidly changing landscape of health and social care, the introduction of the Better Care Fund and the Care Act.

In addition to this the Board have also taken on the work of the disbanded Older People and People with Long Term Conditions Partnership Board; specifically around ensuring the delivery of the 'Making York a Great Place for Older People to Live' element of the Joint Health and Wellbeing Strategy 2013-2016.

Looking forward into 2015 the Board will need to focus on ensuring that work on joint commissioning is progressing along with keeping a watching brief on Care Act readiness (to ensure that we are able to effectively implement the first stage of the Care Act when it comes into being in April 2015) and progress against implementing the Adult Social Care Transformation Programme.

I look forward to working with colleagues and partners on an exciting and challenging agenda in 2015.

Guy van Dichele

Director of Adult Social Care, City of York Council

## Introduction

The Collaborative Transformation Board was established in July 2013 and has been developing and adapting to meet current need ever since.

In the summer of 2014 it took on some of the responsibilities of the disbanded Older People and People with Long Term Conditions Partnership Board in a response to a review of the sub-structure beneath the Health and Wellbeing Board. As part of this the Board reviewed its membership, inviting 3 community representatives to join the Board in addition to places that were already in existence for York CVS and Healthwatch York.

The Board also opened its meetings to the public which has included a commitment to publish agendas on-line five clear working days before a meeting and offering a public participation scheme for anyone wanting to address the Board in relation to a matter on their agenda.

Whilst the Board initially met on a monthly basis to ensure the BCF submission was on track, with the submission completed in September 2014 we are now moving to a quarterly meeting schedule.

The pages below set out an overview of the Board's purpose and summaries of the work they have focussed on over the past eighteen months.

## **Role of the Board**

The Collaborative Transformation Board has been established as the strategic body to oversee the development of integrated care and support. Its overall aim is to focus on individuals having a better experience of care and support, experiencing less inequality and achieving better outcomes. In addition to this the Board are also the overseers of the 'making York a great place for older people to live' element of the Joint Health and Wellbeing Strategy 2013-16.

They specifically will:

- Co-produce and deliver a 5 year strategy and implementation plan for whole system review and change across all care and support services in the Vale of York including:
  - having oversight of pooled budgets including the Better Care Fund (BCF)
  - having oversight of the implementation of the BCF
  - having oversight of the adult social care transformation programme
- Manage risk and performance of change processes at a whole-system level
- Ensure change and innovations are endorsed that deliver improvements to the quality of care and support for the public
- Provide a collaborative approach at a senior management level, providing support for unblocking issues and problems as they arise
- Ensure implementation of new policy guidance on integration on behalf of the organisations within the NHS Vale of York Clinical Commissioning Group area
- Take joint leadership and responsibility for the City of York on older people and people with long term conditions

## **Membership**

The Board has representation from the City of York Council, NHS Vale of York Clinical Commissioning Group, York Teaching Hospital NHS Foundation Trust, Leeds and York Partnership NHS Foundation Trust, Healthwatch York and the voluntary sector. Representatives from East

Riding of Yorkshire Council and North Yorkshire Council are also invited to attend.

### Governance Structure

The Collaborative Transformation Board is a sub board of the Health and Wellbeing Board and holds its meetings in public.

Diagram 1 – Health and Wellbeing Board Sub-Structure

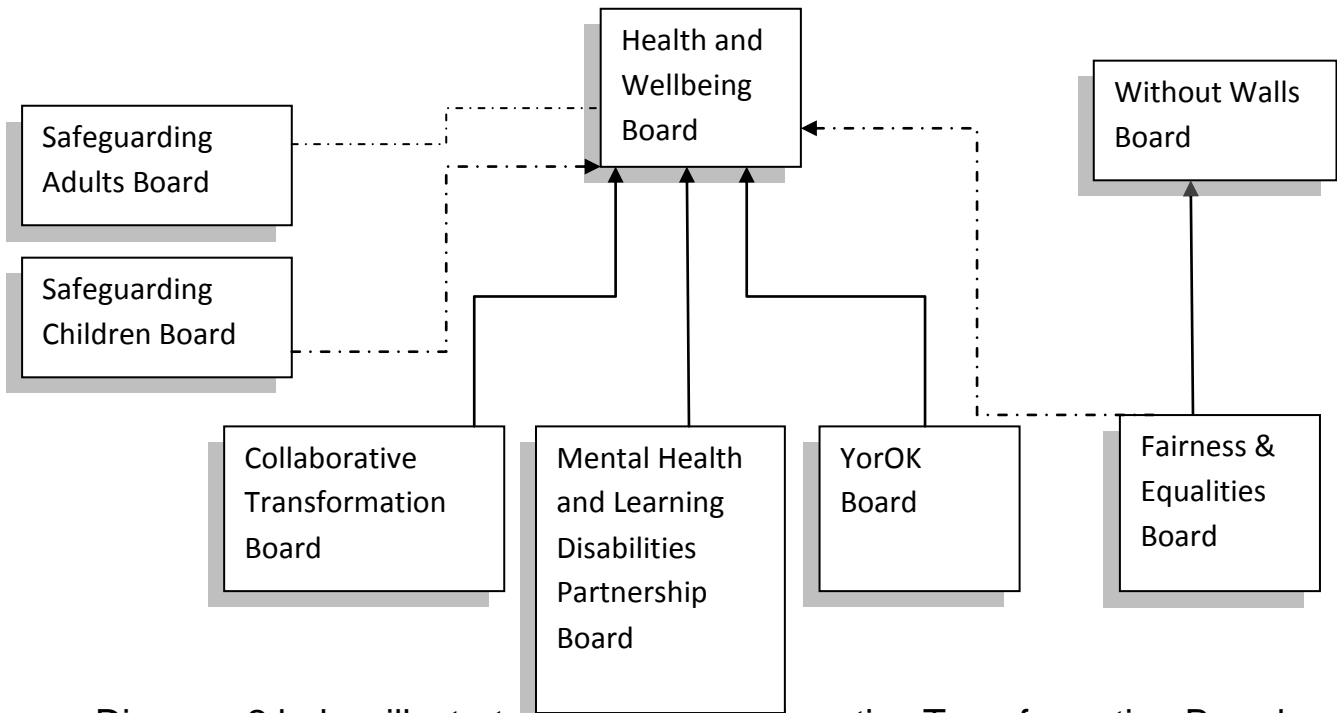
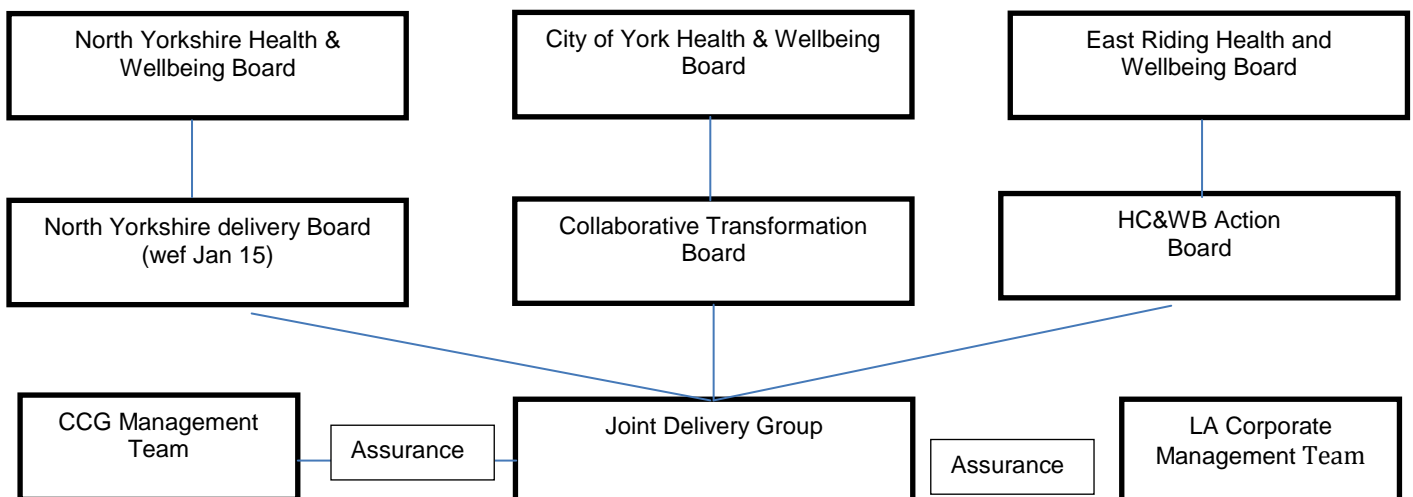


Diagram 2 below illustrates how the Collaborative Transformation Board interlinks with other Local Authority Boards and the Joint Delivery group which reports up to it.

Diagram 2



## Key Work Areas

### Better Care Fund

The Better Care Fund started life as the £3.8 billion Integration Transformation Fund being announced by the Government as part of the June 2013 spending review. The monies were to be spent locally on health and social care to drive closer integration and improve outcomes for patients and people with care and support needs.

The Better Care Fund is not new money. It is existing NHS and social care funding which needs to be jointly invested as the biggest ever financial incentive for health and social care to work together and improve outcomes for people.

In York, this means that there will be a pooled budget of £12 million to invest in joint working between NHS Vale of York Clinical Commissioning Group and City of York Council.

Whilst Health and Wellbeing Board have overall responsibility for the Better Care Fund, the BCF plan and the projects that form the plan have been discussed at all Collaborative Transformation Board meetings to ensure that the most robust submission was made. The BCF plan was initially submitted to NHS England on 4<sup>th</sup> April 2014 and revised plans were submitted on 19<sup>th</sup> September 2014 to respond to a national refocusing of submissions around preventing emergency admissions to hospital.

The BCF is formed of a number of schemes designed to increase the integration of health and social care and a sample of these is listed below:

- Pilot Care Hub (York) – Priory Medical Group
- Pilot Care Hub (Selby) – York Teaching Hospital NHS Foundation Trust
- Hospice at Home Service
- Emergency Care Practitioners
- Mental Health street Triage
- Psychiatric Liaison Service

A commissioner led Joint Delivery Group has been set up (see diagram 2 above) to hold the strategic responsibility for delivery and assurance of the BCF. It also acts as an 'unblocker' in relation to delivery of the schemes in the BCF that have challenges or face barriers. The Chair of the JDG sits on the Collaborative Transformation Board easily enabling any significant concerns to be escalated to them.

### **Consultation and Engagement**

There has been a significant amount of consultation and engagement around the Better Care Fund; whilst none of this has been led by the Collaborative Transformation Board representatives from the Board had attended. Feedback from a Healthwatch York event held in May 2014 were presented to the Board and discussed in depth.

The Board are due to consider a report on engagement at their January 2015 meeting, which will include a summary of feedback from engagement events that are relevant to their remit.

### **Adult Social Care Transformation**

Collaborative Transformation Board has kept a watching brief on progress made on the Adult Social Care Transformation Programme acknowledging the cross cutting nature of this work and its links to the Better Care Fund. In January 2014 the Board received an overview of the programme and the potential impact on budgets of 2% to 5% increase in customers over the next two years. There is a need for change and for a refocusing towards early intervention and prevention and building sustainable community capacity.

Throughout 2014 the Transformation Programme has been taking shape, identifying the following:

- processes and procedure
- engagement programme
- aligning 7 day working
- use of NHS identifier
- streamlining capacity across the workforce



- stocktaking against the Care Act and Care Act readiness
- workforce development

### **Electronic Shared Care Records**

People tell us they ‘only want to tell their story once’ and this is something that is fully supported by the organisations represented on the Collaborative Transformation Board. By having one care record shared across organisations and a single point of contact we will be a significant way forward with achieving this.

Collaborative Transformation Board have supported and advised on the development of electronic shared care records, including the need to put in place a localised data sharing agreement. An information sharing protocol was subsequently developed and agreed. A number of potential integration platforms, that will provide a holistic shared electronic patient record are currently being investigated.

Collaborative Transformation Board will continue to be involved in this work and will be receiving another progress update at their January 215 meeting.

### **The Joint Health and Wellbeing Strategy**

Collaborative Transformation Board are now responsible for ensuring the ‘making York a great place for older people to live’ element of the Joint Health and Wellbeing Strategy is delivered.

As the refresh of the Strategy has only recently been agreed Collaborative Transformation Board will, in the New Year, need to refresh their work plan to incorporate this.

Community representatives on the Board have started to feedback positively how they are helping to support the pieces of work that will need to be done.

Much of the other work that the Board are doing, such as BCF and the Adult Social Care Transformation Programme contribute to the vision of 'making York a great place for older people to live'; in particular supporting a shift toward community based care, so people can access treatment within their own community or at home, rather than having to be admitted to hospital, residential or nursing care.

**Focus for 2015**

As we move into 2015 the Board will need to start to ensure that they are confident that joint commissioning arrangements put in place are cost –effective and sustainable and show real benefits and positive outcomes for those accessing services.

Work will continue on monitoring progress against the Better Care Fund projects, the Adult Social Care Transformation Programme, the Care Act and delivery against the relevant elements of the Joint Health and Wellbeing Strategy.



Vale of York  
Clinical Commissioning Group

## Health and Wellbeing Board

21 January 2015

Report of the Chief Clinical Officer of NHS Vale of York Clinical Commissioning Group

## The Better Care Fund

### Summary

1. This report updates the position on York's submission of the initial plan for the Better Care Fund (BCF).

### Background

2. Following submission of the York Better Care Fund (BCF) plan in September 2014, a Nationally Consistent Assurance Review (NCAR) was carried out by NHS England (NHSE) and the Local Government Association (LGA) of all plans. This review assessed the York plan as 'Approved with Conditions'. The main condition imposed on the York plan was the requirement to provide further assurance around the plan to reduce Non Elective (NEL) admissions in 2015/16 by 11.7%.
3. An extensive review of the York plan has been carried out by a joint team from the CCG and City of York Council, assisted by a nationally appointed external BCF advisor. This review covered all aspects of the previously submitted plan and further re-enforced that the level of ambition of our plan was achievable and was agreed and understood by all parties. This refreshed plan was externally assessed (by a separate nationally appointed advisor) who agreed with our approach and that our level of ambition was achievable.
4. A final version of our plan was submitted to NHSE on 10 December 2014 for formal assessment and sign off.

Results of this are expected in early January, and confidence is high that the plan will be approved at this stage.

## **Key Issues to be considered**

5. The key points of the refreshed submission are focussed around 3 main areas:
  - Well worked up and evidenced schemes that are already delivering or are shortly about to move into implementation
  - Statutory funding that is linked to specific areas of service delivery – Disability Facilities Grant, Implementation of the Care Act and Carers Breaks
  - A whole system review of joint health and social care schemes, with a view to moving rapidly to jointly commissioned transitional care and support packages
6. The approach described above has enabled a greater focus on the hard deliverables that can be evidenced with a particular emphasis on how the system will deliver the required 11.7% reduction in NEL admissions. Whilst the other 2 areas of the joint submission are important, the focus of our plan has had to be on assuring external authorities around the scale of our ambition and how this will turn into tangible deliveries. In order to achieve this we have clearly articulated what schemes will have what impact and how this will relate to wider system improvements.
7. As part of this assurance process we have very clearly shown that in order to achieve our ambitious 11.7% target, our system will need to deliver a reduction in NEL admissions of 2,284 in 15/16 which equates to approximately 6 admissions per day.

## **Scheme Details**

8. Urgent Care Practitioners. One of the key planks of our submission is the roll out of Urgent Care Practitioners (UCPs) across the footprint of Vale of York. Our plan is to have a total of 12 UCPs in place by the end of January 2015 and our forecast is that this scheme alone will prevent 1,183 NEL admissions in 15/16.

Current activity data for November 2014, based on only 4 UCPs in place, shows that 52 NEL admissions were avoided. This current level of activity shows a delivery projection above plan; however this will require close monitoring as the remainder of the UCPs come on stream.

9. Care Hub – Priory Medical Group. The early implementer Care Hub, run by Priory Medical Group, is based on multi-disciplinary proactive care based on the top 5-10% of the patients most at risk of hospital admissions. Key components of this model include:

- An accountable primary care provider
- Risk stratification
- Daily acute activity alerts to support admissions avoidance, early supported discharge and prevention of re-admission
- Daily MDT team including health and care professionals
- Case management through shared care records
- Single access point to improve care delivery and management

The hub is now in a phase of expansion which will see three new practices join the hub in 3 phases (January, February and March), raising the total population covered from approximately 53,000 patients to almost 100,000. Initial modelling indicates that from phase I alone the model will deliver approximately 312 avoided admissions. Further modelling is being undertaken to show the impact of the increase in population covered.

10. Hospice at Home. This scheme allows an extension of operating hours to allow additional access to this service between the hours of 6pm and midnight. By extending the operating hours of this service a greater proportion of our most vulnerable residents will be able to spend the last hours of their life in the place of residence of their choice (where clinically appropriate) and similarly will reduce demand on acute services. It is modelled that this service will deliver a reduction in NEL admissions of approximately 361 in year 2015/16.
11. Mental Health Street Triage. This scheme, delivered in conjunction with Leeds and York Partnership Trust and North Yorkshire Police, is aimed at diverting people with a mental health issue from the Criminal Justice system where appropriate and instead provide access to community based services thereby ensuring their health and social care needs are known and provided for by the most appropriate services. This service is already showing significant impact levels – since going live in October it has had 221 interventions (based on actual numbers Oct/Nov and projected Dec numbers) of which approximately 24 would have resulted in a section 136 detention, 12 would have entailed a visit to A&E and approximately 6 would have resulted in police custody. Base-lining

this data has proved problematical and further work is underway to ensure a more accurate data set can be produced and monitored.

12. Sitting and Crisis Hours Service. This is a key element of our whole system plan and has been developed to support the Urgent Care Practitioners, social care out of hours emergency teams, GPs and other elements of the transitional care pathway. It is primarily for individuals who whilst not requiring hospital care, do require some form of domiciliary support. The service also works with the hospital discharge teams and the Rapid Assessment and Treatment Team, through wider Systems Resilience Group work, to support admissions avoidance and early supported discharge. It is modelled that this service will reduce NEL admissions by about 350 in year 15/16.

### **Whole System Review**

13. The whole system review will carry out a joint assessment of community based services currently commissioned by NHS Vale of York CCG and City of York Council. The purpose is to understand current pathways and demand in order to co-design a new, joined up transitional care pathway which provides support and care, commensurate with needs, to individuals and their carers as close to home as possible. The review will include (but not be limited to):

- Reablement services
- Step Up/Down Beds
- Falls and Lifting Services
- Safely Home Service
- Community Equipment Provision
- Home Adaptations (including Disability Facilities Grant)
- Telecare and assistive technology
- ED Diversion service

Current spending identified in these areas is in the region of £4.5M in 15/16. The aim of the review is to ensure as a system we are getting maximum benefits from this spend and to identify areas where better coordination of care delivery could free additional funding for further investment.

14. This review will be led by a jointly commissioned CYC/CCG resource, reporting to the Collaborative Transformation Board through the Joint Delivery Group. This governance structure is currently under review and is likely to change early in 2015 when a

more formal Joint Commissioning Executive between the CCG and CYC is formed. The review will be complete by the middle of February with the findings presented to the Health and Wellbeing Board in March or April.

### **Evaluation and Next Steps**

15. Partners are currently working up a monitoring dashboard through the Collaborative Transformation Board, to ensure that there is a simple but thorough mechanism of capturing the outcomes of the BCF plans and reporting them to the Health and Wellbeing Board. Key Performance Indicators are being agreed and the mechanism for collecting data is being put in place. Additional support is also being sourced through the New Models of Care programme to use a National Evaluation Model to assess the impact and deliverability of our plan.

### **Consultation**

16. Not applicable.

### **Options**

17. Not applicable.

### **Analysis**

18. Not applicable.

### **Strategic/Operational Plans**

19. Supporting the integration of health and social care services is related to all five priorities, with particular relevance to 'Creating a financially sustainable local health and social care system'. Integration is a fundamental element in the Vale of York CCG Strategic Plan 2014-19 and its Operational Plan 2014-16.

### **Implications**

20. Any implications arising from the issues raised in this information report will be addressed within any associated decision making reports required in the future.

## Risk Management

21. As we develop the details of our project fully there are potential areas of risks - these are: HR, financial and reputational. As work continues, these risks will be identified, rated and mitigated. Integration can only be achieved through genuine partnership working across the Vale of York CCG footprint, which includes North Yorkshire and East Riding local authorities.

## Recommendations

22. The Health and Wellbeing Board are asked to accept this update report and continue to support the implementation and delivery of our Better Care Fund plan.

Reason: To be kept informed of progress on the Better Care Fund programme.

## Contact Details

Author: John Ryan Service Delivery Lead NHS Y&H Commissioning Support Unit	Chief Officer Responsible for the report: Dr. Mark Hayes Chief Clinical Officer NHS Vale of York Clinical Commissioning Group 01904 555789
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**Report  
Approved**

**Date** 05/01/2015

**Wards Affected:**

**All**

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

### GLOSSARY

A & E – Accident and Emergency  
 BCF – Better Care Fund  
 CCG – Clinical Commissioning Group  
 CYC – City of York Council  
 ED – Emergency Department  
 LGA – Local Government Association  
 NCAR – Nationally Consistent Assurance Review  
 NEL – Non-Elective  
 NHSE – National Health Service England  
 UCP – Urgent Care Practitioner





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**Health and Wellbeing Board**  
Report of the Acting Director of Public Health

21 January 2015

**Joint Strategic Needs Assessment (JSNA) update**

**Summary**

1. This report provides the Board with an update on progress made on the JSNA since they last met in December 2014. The Board are asked to note the update and agree that the recommendations arising from the process to date be allocated for action as set out in the table at **Annex A** to this report.

**Background**

2. Under the Health and Social Care Act 2012, all Health and Wellbeing Boards are under a duty to prepare a Joint Strategic Needs Assessment; in York this is jointly led by City of York Council and NHS Vale of York Clinical Commissioning Group. The York JSNA, first developed in 2012, is subject to regular updating, as well as ongoing further investigation into areas of strategic importance. The JSNA is available to view at [www.healthyork.org](http://www.healthyork.org)
3. The Health and Wellbeing Board has committed to receive regular updates on how work on the JSNA is progressing.

**Main/Key Issues to be Considered**

4. Since the last update report the following progress has been made:  
Emerging Recommendations
5. The recommendations arising from the overall JSNA refresh are set out in **Annex A** to this report along with the proposed lead organisation/Board allocated to take the recommendation forward. Where more than one organisation is involved the Health and Wellbeing Board are asked to identify a named lead.

6. In addition to this the Board are asked to give consideration to how they wish to prioritise the recommendations arising and how they wish these to feed into strategic prioritisation processes, including into the current or next Joint Health and Wellbeing Strategy.
7. Work is still ongoing to formulate the recommendations arising from the ongoing JSNA deep dive work and a further report will be presented to the Board in March 2015.

#### Frail/Elderly Deep Dive Work

8. The work on the frail/elderly deep dive has now been published on the JSNA website and an engagement event around this content has been arranged for 12<sup>th</sup> January 2015. Feedback from this event will be added to the website once it has been collated and will help to identify any gaps in the information we have and assist in formulating recommendations arising.

#### Alcohol Needs Assessment

9. Work on the next deep dive around alcohol has now commenced and is led by a joint partnership working group. This group is focusing on the development of a draft strategy in line with national policy to be launched at the Safer York Partnership Conference in early 2015 with a detailed needs assessment to follow by the end of the financial year.

#### Children's Health Needs Assessments

10. Work on assessing school health service provision has been underway for a few weeks; this covers children of school age (5 – 19 years, and up to 25 for young people with special educational needs). This will be complemented by a deep dive into the health of the under 5s (0 – 5 years old), which will inform the local authority as it takes on responsibility for commissioning health visitor services from October 2015.

### **Consultation**

11. Consultation on the JSNA is an ongoing process. After each deep dive is published an engagement event is held which helps to formulate recommendations and identify gaps. These events are open to key stakeholders and members of the public. To date we have held two events the first around the poverty deep dive content and the second around the mental health content.

The discussions and feedback from these are currently being collated and analysed and recommendations arising from both of these deep dives will be presented to the Health and Wellbeing Board at their meeting in March 2015.

12. In addition to this voluntary sector, patient voice and lay representatives sit on the JSNA Steering Group.

### **Options**

13. The Board are asked to note the contents of this report and to:
- i. approve the allocations of organisations/boards to lead on the recommendations arising from the JSNA to date as set out in **Annex A**
  - ii. allocate a named person to have overall responsibility for each of the recommendations; specifically where more than one organisation has been identified to lead
  - iii. consider how they wish to prioritise emerging recommendations and how these should be fed into strategic processes.

### **Analysis**

14. Not applicable.

### **Strategic/Operational Plans**

15. The Health and Wellbeing Board have a statutory duty to produce a Joint Strategic Needs Assessment.

### **Implications**

16. There may be resource implications for individual organisations dependent on their capacity to deliver against the recommendations identified in **Annex A**.
17. In addition to this there are equalities implications associated with recommendation 2 in **Annex A**.

## Risk Management

18. The production of a JSNA and delivery against emerging recommendations is resource intensive and this needs to be managed to ensure a fit for purpose JSNA is produced and kept updated.

## Recommendations

19. The Health and Wellbeing Board are asked to note this update and to agree to:
- the allocation of responsibility for each of the JSNA recommendations as set out in **Annex A** to this report
  - consider how they wish to prioritise emerging recommendations

Reason: To update the Board on progress made with the JSNA

## Contact Details

### Author:

Tracy Wallis  
Health and Wellbeing  
Partnerships Co-ordinator  
City of York Council/NHS  
Vale of York Clinical  
Commissioning Group

Tel: 01904 551714

### Chief Officer Responsible for the report:

Julie Hotchkiss  
Acting Director of Public Health  
City of York Council  
01904 555761

**Report  
Approved**



**Date** 09.01.2015

**Specialist Implications Officer(s)** None

**Wards Affected:**

All

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

### Background Papers:

Joint Strategic Needs Assessment - [www.healthyyork.org](http://www.healthyyork.org)

### Annexes

Annex A – Table of Recommendations and proposed lead organisations/boards

### Glossary

JSNA – Joint Strategic Needs Assessment

## JSNA Recommendation Responsibility

The following recommendations were highlighted through the JSNA process. In order to progress work to achieve these, lead responsibility for each action needs to be assigned. The table below highlights possible leads for each area:

	<b>Recommendation</b>	<b>Rationale for Recommendation</b>	<b>Existing Priority in Health and Wellbeing Strategy</b>	<b>Work stream under Progress</b>	<b>Proposed Responsibility Lead</b>
1	To maximise the effectiveness of any health checks that are locally commissioned.	<p>The NHS Health Check is for adults in England between the ages of 40 and 74. Its aim is to give the person and their GP a clearer picture about the person's health, and help the person take action to reduce risk of heart disease, stroke, type 2 diabetes and kidney disease.</p> <p>In York, less than half of all people offered a health check received one and only just over 6.5% of the eligible population received a health check (3,649 people out of 55,311).</p> <p>At present we are unable to break down these numbers to see if any</p>	No	Yes	Public Health Lead (in conjunction with CCG)

	<b>Recommendation</b>	<b>Rationale for Recommendation</b>	<b>Existing Priority in Health and Wellbeing Strategy</b>	<b>Work stream under Progress</b>	<b>Proposed Responsibility Lead</b>
		groups within the population are less likely to attend, for instance what is the uptake by men of working age? What is the uptake in people with disabilities? Therefore it is recommended that further analysis be undertaken so that efforts to increase uptake are appropriately targeted.			
2	To work with local service providers to ensure that they record information on protected characteristics about their staff and clients / patients such as age, disability, gender re-assignment, marriage and civil partnership, pregnancy / maternity, race, religion and belief, gender and sexual orientation, in order to inform service provision	<p>There is a lack of local data available about lesbian, gay, bisexual and transgender populations in York. Many services do not routinely record information about sexual orientation and many services do not routinely record information about other characteristics of their patients or clients.</p> <p>Without collecting information about the characteristics of clients or patients – some of whom belong to groups that we know are more likely to experience health inequalities – it</p>	No	No	Equalities lead for each organisation represented on the Health and Wellbeing Board

	<b>Recommendation</b>	<b>Rationale for Recommendation</b>	<b>Existing Priority in Health and Wellbeing Strategy</b>	<b>Work stream under Progress</b>	<b>Proposed Responsibility Lead</b>
	to reduce health inequalities.	is not possible to know for sure that services are used by all members of our community or that they are providing equal access and quality to all clients or patients regardless of their characteristics.			
3	Development of an in-depth multi-agency local needs assessment and domestic abuse strategy to include consideration of; access to domestic abuse support services; prevention of domestic abuse; violence against women; substance misuse; child sexual exploitation.	<p>The true levels of domestic abuse cannot be established as it is acknowledged that there is significant under-reporting, particularly in rural and some minority ethnic communities, and therefore increasing the level of initial reporting is an objective across the North Yorkshire Police area. The Independent Domestic Abuse Service (IDAS) report that 90% of incidents of domestic abuse go un-reported.</p> <p>A better understanding of the numbers of people affected by domestic abuse and how to improve levels of reporting of domestic abuse</p>	Partial (included in children's priority)	Yes	Domestic Abuse Board

	<b>Recommendation</b>	<b>Rationale for Recommendation</b>	<b>Existing Priority in Health and Wellbeing Strategy</b>	<b>Work stream under Progress</b>	<b>Proposed Responsibility Lead</b>
		and access to services would help inform the development of a local strategy around domestic abuse.			
4	To develop a more detailed understanding of the profile of young people who are not in education, employment or training and those at risk of not being in education, employment or training.	<p>Nearly half of York's not in education, employment or training young people live in 4 wards - as at August 2013, 47% of the young people not in education, employment or training resided in Clifton, Westfield, Heworth or Holgate.</p> <p>By developing a better understanding about the factors that may be risks to a young person becoming 'Not in Education, Employment or Training' (NEET) we can look at developing ways to decrease this risk and to improve outcomes for those young people</p>	Priority in Children and Young People's Plan	Yes	YorOK
5	Review the effectiveness of smoking cessation services for specific population groups;	Smoking is the leading cause of early death in England.	Yes	Yes	Public Health



	<b>Recommendation</b>	<b>Rationale for Recommendation</b>	<b>Existing Priority in Health and Wellbeing Strategy</b>	<b>Work stream under Progress</b>	<b>Proposed Responsibility Lead</b>
	particularly stop smoking support offers for pregnant women, and for manual workers	<p>Smoking is known to be more prevalent in people who are from poorer backgrounds. In York, the gap in life expectancy between richest and poorest is lower than national rates but is still nearly 8 years in men and 6 years in women. That is, those who are poorer can expect to die earlier than those who are richer. The main contributing factor to these early deaths in terms of the cause of death is cardiovascular disease and we know that smoking is a high risk factor in someone developing cardiovascular disease.</p> <p>York has higher rates of women who smoke in pregnancy than England. People from routine and manual occupational backgrounds are twice as likely to smoke compared to those from managerial or professional</p>			

	<b>Recommendation</b>	<b>Rationale for Recommendation</b>	<b>Existing Priority in Health and Wellbeing Strategy</b>	<b>Work stream under Progress</b>	<b>Proposed Responsibility Lead</b>
		backgrounds.  NICE recommendations are to target smoking cessation services to ethnic minority and people from lower socioeconomic groups locally.			
6	Development of a holistic strategy to address childhood obesity which includes consideration of; Breastfeeding Support Programmes; UNICEF accreditation initiative; targeted sport and active leisure programmes; access to active sport and leisure options; dietary advice and support	England has one of the highest rates of obesity in the world. An increasing number of children are becoming obese and are more likely to become obese adults. Obesity contributes to a range of health conditions that can lead to long term conditions, poor health and early death.  The National Child Measurement Programme already exists and operates in York to identify school age children who are obese or at risk of becoming obese. There are a number of lifestyle factors that can contribute to healthy weight which include breastfeeding, physical	Yes	Yes	Public Health and YorOK Board

	<b>Recommendation</b>	<b>Rationale for Recommendation</b>	<b>Existing Priority in Health and Wellbeing Strategy</b>	<b>Work stream under Progress</b>	<b>Proposed Responsibility Lead</b>
		activity and diet. There are a range of local services which help to reduce levels of obesity by focussing on lifestyle interventions, however, there is no encompassing local strategy which identifies how we can reduce obesity and how services can work more effectively together to prevent and reduce obesity.			
7	Development of an in-depth multi-agency local needs assessment and alcohol strategy to include consideration of; licensing; harm prevention; interventions and brief advice; crime and disorder; hospital based and specialist treatment services; parental alcohol misuse; risky behaviours in young people; older	Alcohol misuse contributes to over 40 diseases or conditions which can lead to early death or reduced quality of life. Alcohol use is a complicated issue because it is not always negative. Used responsibly, it can have positive impacts on people's lives. Alcohol provides real economic benefits in that it supports employment and contributes to the local night time economy.	Yes	Yes	Safer York Partnership  Public Health

	<b>Recommendation</b>	<b>Rationale for Recommendation</b>	<b>Existing Priority in Health and Wellbeing Strategy</b>	<b>Work stream under Progress</b>	<b>Proposed Responsibility Lead</b>
	people and alcohol	<p>Having said that, it also contributes to ill health, crime and domestic violence, anti-social behaviour. Alcohol misuse places a demand on statutory services which can struggle to deal with the negative effects alcohol can bring.</p> <p>There is no encompassing strategy that addresses all elements of alcohol, its harms and benefits.</p>			
8	To develop a more detailed understanding of the local needs and service provision around Stroke, Transient Ischemic Attacks (also known as TIA's or 'mini strokes') and vascular diseases which can contribute to Stroke. To include within this a review of Stroke	Stroke is the third biggest cause of death in the UK and the largest single cause of severe disability. Each year more than 110,000 people in England will suffer from a stroke which costs over £2.8 billion in direct costs to the NHS, £2.4 billion of informal care costs (e.g. the costs of home nursing borne by patients' families) and £1.8 billion in income lost to productivity and disability (Public Health England).	No	Yes	We are not an outlier for stroke and as such this is unlikely to be progressed as a priority by the CCG; however York Hospital are currently reviewing stroke

	<b>Recommendation</b>	<b>Rationale for Recommendation</b>	<b>Existing Priority in Health and Wellbeing Strategy</b>	<b>Work stream under Progress</b>	<b>Proposed Responsibility Lead</b>
	pathways, opportunities for prevention and how local Health Checks can contribute to identification of risk factors for Stroke. To explore options for early supported discharge and reablement.	The JSNA did not uncover much local data to establish whether any gaps in need exist. Given the large impact that Stroke has on health across the country and the range of modifiable risk factors (lifestyle choices) that can reduce Stroke, it is suggested that a better understanding of Stroke prevention and Stroke related health and social care provision is needed.			pathways and the Public Health Team will be reviewing delivery and commissioning of Health Checks during 2015/16
9	To investigate the reasons behind the apparent trend that is emerging of a year on year rising gap in life expectancy for women between the most and least deprived residents in York. With particular focus on diseases such as Chronic Obstructive Pulmonary Disease (COPD) and lung cancer	Locally, the life expectancy gap for men is reducing but for women it is increasing. There appears to be limited understanding about the reasons behind this.	Yes	No	Public Health <i>[No action will be taken on this until the next set of trends data is available later in 2015]</i>

	<b>Recommendation</b>	<b>Rationale for Recommendation</b>	<b>Existing Priority in Health and Wellbeing Strategy</b>	<b>Work stream under Progress</b>	<b>Proposed Responsibility Lead</b>
	that are the largest causes of this difference in life expectancy.				

## Forward Plan – Health and Wellbeing Board

Date	Items	Notes
11 March 2015	<ul style="list-style-type: none"> <li>• Mental Health and Learning Disabilities Partnership Board Annual Report</li> <li>• Pharmaceutical Needs Assessment sign-off</li> <li>• Winterbourne View Update</li> <li>• Update on Engagement/Consultation</li> <li>• Social Care Providers Update</li> <li>• CCG Approved Plan for 2015/16</li> </ul> Standing items: JSNA, BCF	Mike Padgham had offered at the December meeting to provide a report on the social care market – this has been provisionally scheduled for March 2015
2 February 2015	Development session – Joint Commissioning	
June 2015 - TBA	<ul style="list-style-type: none"> <li>• Report of Child Safeguarding Board</li> <li>• Performance Monitoring</li> <li>• Joint Risk Register</li> </ul>	
June 2015 TBA	Development Session - TBA	
July 2015 TBA	<ul style="list-style-type: none"> <li>• Report of Adults Safeguarding Board</li> <li>• Annual Report of HWB</li> </ul>	
Sept/Oct 2015 TBA	<ul style="list-style-type: none"> <li>• DPH report</li> <li>• Performance Monitoring</li> <li>• Joint Risk Register</li> </ul>	
November 2015 TBA	Development Session - TBA	

December 2015 TBA	<ul style="list-style-type: none"><li>• YorOK Annual Report</li><li>• Healthwatch Reports Follow-up</li></ul>	
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