
Health and Wellbeing Board

15 July 2015

Report of the Interim Director of Public Health

Update made on progress to Health Inequalities

Summary

1. This report is to provide the Health and Wellbeing Board with an update and information on progress made towards the actions on 'Reducing Health Inequalities' as outlined in the 'Improving Health and Wellbeing in York – Our Strategy 2013-16'¹. The Board should note that this report provides a 'snap shot' of the work around Health Inequalities as each of the action areas could be a report in their own merit.

Background

2. At the Health and Wellbeing Board meeting which took place on 21 January 2015. At this meeting a public speaker made a request for an update as he felt that the issues and solutions for health inequalities were both complex. He asked if the Board had any responsibility for the implementation of the health inequalities agenda and what arrangements it had in place to report on its progress'. This paper is in response to that request.
3. In the Joint Health and Wellbeing Strategy (JHWBS) 2013-16, reduction of health inequalities was identified as an area which required targeted work. It had initially been suggested that a Health Inequalities sub-group was formed to ensure that the actions identified were delivered. However this sub- group was not formed but despite this work on Health Inequalities is clearly embedded within the work of the City of York Council, the NHS Vale of York Clinical Commissioning Group (VoYCCG) and other partnership organisations.

1

As an example, this is reflected in the work of the Fairness and Equalities Board, the continued focus of key themes highlighted in the Joint Strategic Needs Assessment (JSNA) and the NHS Vale of York Clinical Commissioning Group's Operational Plan.

4. The Health Profile for York 2015² concludes that: 'The health of people in York is varied compared with the England average. Deprivation is lower than average, however about 11.7% (3,600) children live in poverty. Life expectancy is 7.4 years lower for men and 5.8 years lower for women in the most deprived areas of York than the least deprived.
5. The placing of projects under each of the actions below has been the decision of the author and Chief Officer responsible for the report and any inconsistencies are theirs. It is acknowledged that many of these reports could have been placed under a number of actions.

Updates on the actions identified in the current HWB strategy.

6. The Joint Health and Wellbeing Strategy sets out a number of actions to work towards, these are identified below with updates

Action 1: Steer investment in health improvement programmes that offer bespoke interventions that demonstrate an improved health outcomes.

Progress

7. VoY CCG together with the City of York Council's Public Health team are coordinating the delivery of challenging public health and prevention improvements which address some key health inequalities in the local population.
8. A number of individuals experience mental distress in the context of a range of other disadvantaging factors, including substance misuse, trauma, abuse, learning difficulties or homelessness (sometimes referred to as 'complex distress'). Crises and re-appearance within services tends to be blamed on individuals experiencing complex distress rather than the systems that surround them. Therefore, traditional services and commissioning structures fail individuals with complex and multiple needs who present on a practical and psychological level.

² <http://www.apho.org.uk/resource/view.aspx?RID=50215&SEARCH=Y>

9. In 2014, North Yorkshire Police (NYP) and the national charity *Together: for Mental Wellbeing* examined potential solutions. As a consequence, City of York Council, VoY CCG, NYP, Leeds and York Partnership NHS Foundation Trust, North Yorkshire Fire and Rescue, ArcLight and *Together* constructed a project to address these issues.
10. Investment from VoY CCG, NHS England, and CYC together with additional funding from a national charitable foundation enabled the partnership to deliver this truly innovative project, which commenced on 1st April 2015.
11. The Sport and Active Leisure (SAL) team within Public Health has continued to develop the *Inclusive York Programme* in 2 distinctly strong brands: Health, Exercise, Activity and Lifestyle (HEAL) and Disability Sport and Physical Activity. The HEAL Programme has focussed this last year on developing the programme on offer for individuals with a long term limiting medical conditions through an Exercise Referral programme. While the Disability Sport and Physical Activity Team have extended their remit into working with individuals with a Physical (profound disability), Sensory (Deaf and hearing impaired) and those with a learning disability (particularly Autism Spectrum Condition - ASC) to get them to become more physically active.
12. The *Moving More Often* programme based in City of York sheltered housing schemes has brought physical activity to sheltered housing residents and members of the local community by introducing them to new physical activity opportunities. Such activities enable older people to engage and to socialise with fellow scheme residents, to build lasting friendships and to lower socialise isolation, through bringing the community closer together.
13. The *Moving More Often* programme is a bespoke intervention that promotes healthy lifestyles, through incorporating the foundations of community development practice to build stronger communities. The programme aids to improve access to health and wellbeing opportunities by 'taking the service' to the residents. The programme is targeted towards older people, but also positively engages older people with specific medical conditions such as Dementia, Depression, learning disabilities, physical disabilities and Parkinson's Disease.

(It should be noted that the SAL team also make a universal offer for residents of the city but this report focuses on the targeted activities).

14. In 2013 a Health Needs Assessment of the Gypsy, Roma and traveller community was completed. This identified the need for the community to have a dedicated Health Visitor which the community had previously been commissioned as part of a Primary Medical Services project. This post had not been replaced following the retirement of the incumbent. As part of the stakeholder engagement for the provision of the 0-19 service this gap has been addressed by ensuring that the new service has a dedicated Health Visitor for the community. The post will not only champion child health but also encourage the community to make use of universal services, including registration with GP practices, dentists, education etc.
15. The Mental Health Crisis Care Concordat is a national cross-governmental and multi-agency agreement. It describes what people experiencing a mental health crisis should be able to expect of the public services that respond to their needs. Agencies in the City of York signed a declaration of support to the Concordat and since then work has been undertaken to develop a supporting action plan to set out how they will collectively deliver the aims of the Concordat, focusing particularly on: Early intervention and responsive crisis services, access to support, urgent and emergency access to crisis care, quality of treatment and care when in crisis and recovering and staying well.
16. The action plan was formally endorsed by the Police, Health and Social Care Strategic Board (Gold) Group on 16th March 2015. Work is continuing to deliver the programme over the next year. Although completion of the action plan was a crucial landmark, the delivery of the plan will be the most demanding element.

Action 2: Champion a joint approach to addressing complex, interlinked issues that a number of families experience in the city, through our work with troubled families.

Progress

17. The Family Focus Programme aims to support families in York. From January 2015 the programme is expanding to support families with a wider range of needs these include: those involved in anti social behaviour, schools attendance, those at risk of financial

exclusion, those affected by domestic violence and families who are experiencing health problems. Health problems can include both mental and physical health, substance misuse, poor parenting and unhealthy behaviours resulting in malnutrition or diabetes.

18. Families eligible for the programme are identified through the merging of data from partners across the city and it is then the role of Family Focus to ensure that each family identified has a practitioner from a relevant service working with them who can; undertake a whole family assessment and develop an action plan and have regular review meetings. Coordination of services and interventions together with provision of information ensures the families are not overwhelmed and supporting the family to sustain progress going forward is important to the sustainability of the programme.

Action 3: Adopt a joint approach to community development in deprived areas of York, where communities define their own issues and how to address them.

Progress

19. A joint project to understand what communities thought about poverty took place between October 2014 and January 2015 led by the Joseph Rowntree Foundation. This research focused on the personal experiences of those in financial hardship in York. It provided direct discussion with residents on issues that concern them every day.
20. Some of the key challenges highlighted included the general cost of living, especially food, fuel, debt, high rents and lack of affordable housing. Areas of support which would help included: being better able to budget, better pay when in work and more awareness of benefits and financial advice.
21. The research provided a unique and invaluable insight into residents' lives and concerns. Some residents presented the results of the research to CMT in April 2015.
22. The **Loneliness and Social Isolation Working Group** brings together representatives from organisations across the City of York who are prepared to deliver activity to reduce loneliness in the City, as part of the activity of the Fairness and Equalities Board, a sub-board of the local strategic partnership, the Without Walls Board.

The Loneliness Working Group will provide the leadership in the co-ordination and delivery of work programmes intended to reduce loneliness, as recommended in the Healthwatch report 2014.

The group is currently collecting together detail of existing work in the city intended to tackle social isolation, as well as asking about barriers to accessing activities that prevent loneliness. The materials developed by the Campaign to End Loneliness are being used as a basis to formulate proposals for future activity.

Action 4: All organisations on the Health and Wellbeing Board will commit to exploring the implementation of the Living Wage, and encourage others in the city to do so.

Progress

23. The creation of a city-wide Living Wage Coalition consisting of Aviva, Joseph Rowntree Foundation and Housing Trust, City of York Council, York CVS and York CAB has been instrumental in moving this forward. Living Wage events have also been held with local businesses to they can find out more about the Living Wage, this partnership included local businesses, e.g. Nestle.
24. Research is being conducted in partnership between City of York Council, York St John University and the Joseph Rowntree Foundation. This research aims to provide an insight into the challenges faced by low-paid staff, outline what employers can do to help them as well as to identify what the consequences of implementing the Living Wage have been.
25. The VoY CCG governing body approved a recommendation to adopt the living wage for its directly employed staff and consider how to incorporate this into commissioning at its June meeting.

Action 5: All organisations on the Health and Wellbeing Board commit to running supported employment programmes within their organisations and if successful, encourage other organisations or business to follow.

Progress

26. City of York Council offer a range of courses to meet the needs of those recovering from Mental illness (Learning to Recovery Programme) and for those with a leaning disability or On the Autistic

Spectrum alongside the Blueberry Academy. These include employability, Customer Service, Confidence Building, Assertiveness etc. A number of CYC departments involve volunteers to assist/enhance the service delivery e.g. mentors for young people in care, adult learning assistants, or gardeners. Some services are provided solely by volunteers - parent mentoring, or neighbour mediation.

Action 6: Encourage investment in Community based programmes which increase residents' income and/or reduce their expenditure, such as debt, benefits or employment advice. We support the recommendations in the Financial Inclusion Strategy and acknowledge that this work is continuing.

Progress

27. CYC has been working with partners and has supported the opening of a South Yorkshire Credit Union (SYCU) branch in Acomb to provide affordable credit to York's residents, as well as providing the SYCU with space in West Offices customer centre.
28. Delivery of Loan shark training for 100 staff/partners has taken place and York residents are being encouraged to fight back against loan sharks by signing up to an *Anti-Loan Shark Charter* and joining a credit union. The England illegal money lending team went door knocking at 200 homes in Bell Farm to raise awareness of the dangers of using illegal loan sharks.
29. A *Rental Exchange Scheme* has been developed by the Big Issue and Experian to help build up credit scores of Social Housing tenants using their rent payment histories. This will be implemented during 2015.
30. CYC has employed two *Money and Employment Advisers* in the housing team to help residents manage changes to benefits and maximise their incomes.
31. CYC secured one off funding from central government of £35,000 for 2013-14 for a Welfare Reform targeted support scheme which was delivered by Housing services. This awarded 100 grants to those in significant need. The grants were integrated with wider support which helped 40% of recipients to 'completely solve' their problems.

32. The *Financial Inclusion Steering Group (FISG)* has allocated grants to the value of £300k to a number of projects in the city including:

- The creation of **Advice York** (11 members are currently signed up to it) through £80,000 of FISG funding levered £248k lottery funding to deliver a 2 year project to transform advice provision in York. This has included: offering free, independent, impartial, confidential legal advice in areas of social welfare law, an Advice Strategy for the city will be launched in early July, a website has been launched, advice training has been delivered jointly with Citizens Advice Bureau (CAB) in North Yorkshire, a Benefits Advice and Tribunal Support worker provided 338 instances of support and helped 139 residents with appeals and specialist benefits support was provided to 322 residents which helped gain £570k in unclaimed benefit income.
- **Big Community Switch** events have so far resulted in 720 residents switching energy suppliers, saving an average of £206 per year, resulting in a cumulative saving of over £149,000. This was partially funded through £28k Financial Inclusion Steering Group grant funding over 18 months.
- The **My Money My Life** project run by Peasholme Charity and funded by FISG (£27k) aims to provide financial capability support and education for vulnerable and excluded people through a combination of one-to-one supported learning offering 20 hours of intensive financial capability support, small group training offering 12 hours of supported learning delivered over 4-6 weeks and open events/drop ins providing one off themed sessions. 50 residents have so far engaged with this and most have achieved positive outcomes (for example, 88% reported feeling confident dealing with official letters or financial statements).
- **Digital Inclusion Project** (York Housing Association, funded through FISG - £37k) aimed to provide hands on training to tenants (YHA & CYC) with internet usage. The project began in October 2014 and by the end of March 2015 had provided tailored support to 136 people. Residents affected by claiming Universal Credit are given priority. In addition to providing training to meet individual needs clients are shown how to save money on line.

- **York CAB - GP Surgeries Outreach Advice Service** began in January 2015 working closely with Priory Medical Group providing a generalist advice service focusing on welfare benefits and debt in GP surgeries in Rawcliffe and Cornlands Road. This two year project was funded by a grant from FISG.

Action 7: Explore and identify opportunities where we can take a range of services to residents who would benefit most from this. This includes: Community Stadium, range of support available from GP and Pharmacies.

Progress

33. The community stadium project is due for completion in 2017 and will integrate sport and leisure opportunities with Hospital services and outreach services, as well as advice and support 3rd sector organisations. Burnholme community hub is also in planning stages which will integrate community sport, physical activity and leisure services with a GP's practice and an adult social care facility.
34. Co-location of services for residents' convenience has included presence of the Citizens' Advice Bureau and the Credit Union in West Offices. The Credit Union plan to work with other community based assets to extend the reach of the services they offer.
35. A trial of placing a CAB adviser in 2 GP surgeries in wards with high deprivation (Rawcliffe Surgery and Cornlands Road) has 14 clients so far gained annualised income equivalent through benefit take up of just under £41k by the end of April (funded by FISG – see above).
36. The CCG is also embracing the opportunities for 'place-based commissioning' through the delegation and co-commissioning of primary care and specialised services with NHS England. This will enable the CCG to align investment, whole system strategies and the needs of local populations so it can further target local health inequalities.

Action 8: Recruit, train and support health and wellbeing champions from within those communities experiencing poorer health outcomes. They will signpost and provide health and wellbeing information and peer-led support. We will learn from recent research on this subject area in York and put these findings into practice. We acknowledge the role of 'Healthwatchers' who are already working in some areas of the city.

Progress

37. Healthwatch York now has Community Champions (rather than Healthwatchers) attending regular monthly drop ins at Lidgett Grove, Spurriergate Centre, St Sampson's, NELLI Café (New Earswick), and Sainsbury's. Healthwatch also attend a regular lunch meeting at Clements Hall.
38. The VoY CCG has been identified as one of the six pilot sites for the New Models of Care for integrated working. The key components of this include prevention of ill health, self care, wellbeing and reducing inequalities.

Action 9: Undertake targeted work to investigate and address health behaviours and lifestyles in York, focused on smoking, alcohol use and obesity.

Progress

39. The development of an alcohol needs assessment and strategies are in progress and one area identified was the need to focus on prevention and early intervention. Public Health has committed to develop IBA (Identification and brief advice) training which targets interventions early in people's overuse of alcohol.
40. Whilst every person who smokes is harming their health, there are specific groups of smokers identified as being more at risk. Prioritising these groups will result in the greatest reduction in tobacco related harm. Although smoking cessation support will be available to everyone who wants it through a variety of sources, the focus the specialist stop smoking service will be those who need it most, those who find it harder to stop smoking or are at a higher risk of developing smoking related diseases or harming others through their nicotine addiction.

41. A full needs assessment has been produced and will be published shortly; these groups have been identified as: routine and manual workers; pregnant women; those with long term conditions and young people in terms of prevention and support to stop smoking.
42. In York there are some groups that have been difficult to engage or those we have no data for. These include BME communities, those with mental health disorders and LGBT and disabled residents. A Community Impact Assessment Has been taken to the Equalities Advisory Group to better understand the communities they represent with regard to the re-procurement and redesign of the specialist stop smoking service provision to ensure we make the services accessible to those who need them.
43. Self-harm is a largely-unseen and significantly misunderstood issue. However, there are clear indications that its prevalence is increasing, particularly amongst younger females. There are a number of potential sources of information and intelligence to quantify the scale of self-harm, but these are fragmented across agencies and situational awareness may not be effectively shared to promote more intelligent responses.
44. To assist in developing a greater understanding of the issue, City of York Council is working with partners to develop a “Deep Dive”, part of the Joint Strategic Needs Assessment (JSNA) to draw together the various sources of data and information.
45. Mental Health “Street” Triage CYC, VoY CCG entered into collaboration with NYP and Leeds and York Partnerships NHS Foundation Trust to introduce Mental Health Triage. This partnership scheme, which is initially funded for 2 years, commenced in October 2014. If police encounter a person (whether victim, witness, offender or other contact) and suspect that mental illness, alcohol dependence or substance misuse might be a contributing factor, they can seek advice and assistance from the Mental Health Triage Team. It creates a direct link between the police and trained mental health professionals with access clinical notes, enabling informed decision-making about how best to address that person's issues, minimise risk and reduce the chance of further escalation into crisis. This has a direct benefit to the patient by allowing the earliest possible intervention at the lowest appropriate level.

Action 10: Establish an effective York model for tobacco control

Progress

46. A full needs assessment has been completed which highlights the specific needs for City of York. This showed a need to focus on smoking cessation for young people and pregnant smokers as well as under represented BME groups. The majority of smokers accessing services are white British and a higher proportion of females with an under representation of people from vulnerable or less affluent groups.
47. A specification for the stop smoking service is currently being developed looking a wider health behaviour model. A high-level strategic Tobacco Alliance is being planned and will launch in the autumn.

Action 11: Undertake joint campaigns across all partners and use our understanding of communities and individuals to target communication. We will adopt innovative approaches which actively engage more people in health and wellbeing issues.

Progress

48. The communications team in CYC have:
 - Developed joint campaigns and messages with the CCG, York Hospital NHS Foundation Trust and other health partners in the city to add strength to key message including sexual health, winter health and the children and young people agenda.
 - Worked in partnership with community pharmacies to roll out a fully integrated campaign to encourage more people to use their pharmacies over the winter/Christmas period.
 - Current work included the development of a communications plan which will look at 'universal' messages around prevention and identify targeted messages at identified groups within the city.
 - The CCG have developed *Stop before your op* scheme and provision of smoking cessation advice, and have a
 - Planned approach to raising awareness of health and wellbeing campaigns via twitter, web information and media releases.

Consultation

49. A number of partners have provided information for this paper, including various departments within CYC, HealthWatch, Vale of York CCG and North Yorkshire Police.

Options

50. This report is for information only and contains no options.

Analysis

51. It is recognised that the content of this paper is limited to only a few of the partners represented on the Health and Wellbeing Board and it is recommended that the next update should include information of the work of all partners.
52. There appears to be significant investment in health improvement programmes that offer bespoke interventions and work in collaboration to demonstrate improved health outcomes. In the future it will be interesting to examine the evaluation and outcomes of some of the innovative projects mentioned in this report including the *Together: for Mental Wellbeing*, the Family Focus programme, the research around financial hardship in York and the Living Wage Coalition.
53. The trial of CAB officers in two GP practices via funding from the Financial Inclusion Group is an excellent example of collaborative working to address the wider determinants of health. Lack of income, inappropriate housing and poor access to healthcare are some of the factors that affect the health of individuals and communities. Similarly, good education and support for healthy living can all contribute to healthier communities. This example and the work of the FISG outlined in this paper are excellent examples of working to address these wider determinants.
54. The paper demonstrates the breadth of work which has taken place around Health Inequalities and clearly indicates that partners have this subject at the very centre of the work they are doing. However it would be fair to say that this work is happening within individual organisations and is not necessarily being monitored and led in a holistic way. It is important that organisations work together to tackle Health Inequalities which are exacerbated by the wider determinants of health.

Strategic/Operational Plans

55. This report is directly linked to the Joint Health and Wellbeing Strategy *Improving Health and Wellbeing in York 2013-16*.
56. Health Inequalities is a cross cutting theme which places it in most strategic and operational plans developed by members of the Health and Wellbeing Board, which includes, but is not limited to:
 - Fairness and Equalities Board
 - Joint Strategic Needs Assessment
 - NHS Vale of York CCG Operational Plan.
 - CYC Council Plan

Implications

57. As this report is for information only it contains no implications. Each project identified within the paper will have identified its own implications. However the HWB Board should acknowledge the implications of not working towards reducing Health Inequalities and seek to continue to address this as the next strategy is written.

Risk Management

58. Our health is influenced by a wide range of social, economic and environmental factors. These factors influence the health of individuals and populations, they determine the extent to which a person has the right physical, social and personal resources to achieve their goals, meet needs and deal with changes to their circumstances. There is a clear link between the wider determinants of health and health inequalities, defined by the World Health Organisation as “the unfair and avoidable differences in health status seen within and between countries”.

The partners of the Health and Wellbeing Board together have a vital role to reduce the wider determinates of health of the residents of York, together with the capacity and capability to make a difference. It is essential that partners continue to work together and the Board continues to have Health Inequalities as one of its core areas.

Recommendations

59. The Health and Wellbeing Board are asked to accept this report and provide advice and direction on the next steps.

Reason: To keep the Health and Wellbeing Board up to date with progress made against delivering on the Health Inequalities theme of the Joint Health and Wellbeing Strategy.

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Report
Approved



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Wards Affected:

All

For further information please contact the author of the report

Background Papers:

Improving Health and Wellbeing in York – Our Strategy 2013-16.³

Annexes

None