



Notice of a public meeting of

Shadow Health and Wellbeing Board

To: Councillors Simpson-Laing (Chair), Looker, Wiseman, Kersten England (Chief Executive, City of York Council), Pete Dwyer (Director of Adults, Children & Education, City of York Council), Dr Paul Edmondson Jones (Director of Public Health, City of York Council), Patrick Crowley (Chief Executive, York Hospital), Chris Long (Local Area Team Director for North Yorkshire and Humber, NHS Commissioning Board), Dr Mark Hayes (Chair, Vale of York Clinical Commissioning Group), Rachel Potts (Chief Operating Officer, Vale of York Clinical Commissioning Group), Jane Perger (York Local Involvement Network (LINK)), Chris Butler (Chief Executive, Leeds and York Partnership NHS Foundation Trust) and Mike Padgham (Chair, Independent Care Group)

Date: Wednesday, 30 January 2013

Time: 4.30 pm

Venue: The Guildhall, York

AGENDA

1. Introductions

2. Declarations of Interest (Pages 1 - 2)

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 3 - 12)

To approve and sign the minutes of the last meeting of the Shadow Health and Wellbeing Board held on 5 December 2012.

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 29 January 2013**.

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

5. Appointments to Long Term Conditions and Older Persons Programme Board (Pages 13 - 16)

This report asks Board Members to nominate two Councillors to the membership of the Long Term Conditions and Older Persons Programme Board. This Board is a sub-group of the Shadow Health and Wellbeing Board (SHWB).

6. Performance Framework for the Health and Wellbeing Strategy (Pages 17 - 76)

The performance framework for the Health and Wellbeing Strategy is currently being developed. This report will update members of the Shadow Health and Wellbeing Board and will ask for their input into further developing the performance framework.

7. Verbal Update- Draft Voluntary Sector Strategy

The Chief Executive of York Council for Voluntary Service (CVS), Angela Portz, will provide Board Members with an update on the Draft Voluntary Sector Strategy.

8. Summary of City of York Council 2012/13 Adult Social Care Budgets (Pages 77 - 80)

This report sets out a summary of the City of York Council Adult Social Care Budgets for 2012-13.

9. Verbal Report on Stafford Hospital Report

Patrick Crowley, the Chief Executive of York Hospital, will provide Board Members with a verbal update on the report on the Report on Stafford Hospital.

10. Public Speaker- Professor Dianne Willcocks

Professor Dianne Willcocks will lead a discussion focused on ageing and inclusivity issues, followed by a question and answer session with Board Members.

11. Urgent Business

Any other business which the Chair considers urgent.

Democracy Officer:

Name- Judith Betts

Telephone No. – 01904 551078

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

- Registering to speak
- Business on the agenda
- Any special arrangements
- Copies of reports

Contact details are set out above.

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Shadow Health & Wellbeing Board Declarations of Interest

Cllr. Tracey Simpson-Laing, Deputy Leader of City of York Council

- Member of Unison
- Safeguarding Adult Board, CYC – Member
- Peaseholme Board – Member
- Governor of Carr Infant School

Cllr. Janet Looker, Cabinet Member for Education, Children and Young People's Services, City of York Council

- Governor Canon Lee School

Cllr. Sian Wiseman, City of York Council

- Strensall Community, Youth & Sports Association Company Limited by Guarantee 7809552 – Director / Trustee

Kersten England, Chief Executive of City of York Council

My husband, Richard Wells, is currently undertaking leadership coaching and development work with consultants in the NHS, including Yorkshire and the Humber, as an associate of Phoenix Consulting. He is also the director of a Social Enterprise, 'Creating Space 4 You', which works with volunteer organisations in York and North Yorkshire.

Patrick Crowley, Chief Executive of York Hospital

None to declare

Pete Dwyer, Director Adults, Children & Education, City of York Council

None to declare

Jane Perger, York Local Involvement Network (LINK) Representative

None to declare

Dr. Mark Hayes, (Chair, Vale of York Clinical Commissioning Group)

GP for one day a week in Tadcaster.

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

None to declare

Angela Portz, Chief Executive of York Council for Voluntary Services

- Trustee of York Disaster Relief Fund
- York CVS has various funding and contractual arrangements with CYC and NHS NY&Y.
- York CVS has connections with many voluntary organisations in the city and runs a number of health and social care related forums.

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

City of York Council

Committee Minutes

MEETING	SHADOW HEALTH AND WELLBEING BOARD
DATE	5 DECEMBER 2012
PRESENT	COUNCILLORS SIMPSON-LAING (CHAIR), LOOKER, WISEMAN. DR MARK HAYES (CHIEF CLINICAL OFFICER, VALE OF YORK CLINICAL COMMISSIONING GROUP), RACHEL POTTS (CHIEF OPERATING OFFICER, VALE OF YORK CLINICAL COMMISSIONING GROUP), JANE PERGER (YORK LOCAL INVOLVEMENT NETWORK), PETE DWYER (DIRECTOR OF ADULTS, CHILDREN & EDUCATION), ANGELA PORTZ (CHIEF EXECUTIVE, YORK COUNCIL FOR VOLUNTARY SERVICE (CVS)), PATRICK CROWLEY (CHIEF EXECUTIVE, YORK TEACHING HOSPITAL NHS FOUNDATION TRUST), CHRIS BUTLER (CHIEF EXECUTIVE, LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST) DR PAUL EDMONDSON-JONES (DIRECTOR OF PUBLIC HEALTH, CITY OF YORK COUNCIL), TIM MADGWICK (TEMPORARY CHIEF CONSTABLE, NORTH YORKSHIRE POLICE)
APOLOGIES	KERSTEN ENGLAND (CHIEF EXECUTIVE, CITY OF YORK COUNCIL) MIKE PADGHAM (CHAIR, INDEPENDENT CARE GROUP) CHRIS LONG (TEAM DIRECTOR, NORTH YORKSHIRE AND HUMBER NHS COMMISSIONING BOARD)

17. INTRODUCTIONS

The Chair welcomed the arrival of Temporary Chief Constable of North Yorkshire Police, Tim Madgwick to the Board.

18. DECLARATIONS OF INTEREST

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

Councillors Looker, Simpson-Laing and Wiseman asked that their standing declarations of interest be amended.

Councillor Looker stated that she was no longer a Director of North Yorkshire Credit Union and was not a Governor of Canon Lee School, just an *Associate* Governor.

Councillor Simpson-Laing reported that she was no longer employed by Relate.

Councillor Wiseman stated that she was no longer a Member of the Council of Governors (Public York) York Teaching Hospital NHS Foundation Trust.

Angela Portz declared a personal interest in Agenda Item 11 (Roundtable Update) in relation to Health Watch. She informed the Committee that York Council for Voluntary Service (CVS), of which she was the Chief Executive, had been awarded the contract to run Local Health Watch.

No other interests were declared.

19. MINUTES

RESOLVED: That the minutes of the Shadow Health and Wellbeing Board held on 3 October 2012 be signed and approved by the Chair as a correct record.

20. PUBLIC PARTICIPATION

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

John Yates spoke about the general remit of the Board, in particular the style of the reports included in the agenda, given the nature of the complex issues that the Board often considered. He asked whether a simplified media version of the papers could be produced. He felt that this could highlight the intentions of the Board and explain to the general public how they could get involved. He also spoke about Health and Welfare Schemes and stated that given that they might need extra funding, asked if the Board could suggest one or two key priorities.

In response to the comments raised, the Chair informed the Board that a press release would be issued in April 2013 when the Board would no longer have Shadow status.

21. CHANGE IN BOARD MEMBERSHIP

Board Members received a report which asked them to formally confirm the appointment of the Chief Constable of North Yorkshire Police to the membership of the Shadow Health and Wellbeing Board.

RESOLVED: That the report be noted and the appointment be confirmed.

REASON: In order to update the Board's membership.

22. RESPONDING TO THE FINAL REPORT OF THE YORK FAIRNESS COMMISSION: A BETTER YORK FOR EVERYONE

Board Members received a report which highlighted a number of recommendations from the final report of the York Fairness Commission.

Officers informed the Board that it was the intention of the YorOK Board to be responsible for the delivery of Recommendation F (Ensure that childcare, the learning environment and education help tackle inequalities). That Board would then report back to the Shadow Health and Wellbeing Board to update them on the progress of delivering the recommendation.

Regarding Recommendation A (Make York a Living Wage City and inspire Yorkshire to become a Living Wage Region) it was noted that York Council for Voluntary Service (CVS) had implemented a Living Wage for their employees in April 2012.

- RESOLVED:
- (i) That the report be noted.
 - (ii) That the four health and wellbeing partnership boards, will be the delivery vehicle for Recommendations E and F be confirmed.
 - (iii) That the Board work along alongside other partnerships from across the city, including Without Walls, to support the implementation of other recommendations relevant to their remit.

REASON: To ensure that the findings from the Fairness Commission final report are delivered and influence local policy and practice.

23. THE DRAFT HEALTH AND WELLBEING STRATEGY AND ITS DELIVERABILITY

Board Members received a report which provided them with an overview of York's draft Health and Wellbeing Strategy.

Discussion took place between Board Members about mental health issues and the Criminal Justice system. It was noted that a current focus for North Yorkshire Police was how reoffending rates could be reduced and how improvements could be made to house those within the system with mental health problems.

Some Board Members felt this was particularly important given how previous actions on detention had not been an appropriate response to deal with people who had mental health concerns. It was noted that a number of mental health assessments had been made of children whilst under detention in cells by the Police. It still remained unclear whether it was the responsibility for the health service or the criminal justice system to produce an appropriate response to deal with this, although the YorOK Board would examine the issue in order to recommend some actions to avoid this.

Further discussion took place between Board Members which related to access to urgent care for those with mental health concerns in the city. It was noted that a bespoke facility to provide urgent care for those with mental health care was currently under consideration. The Chair asked that information on the development of a facility be brought to the Board's attention.

In relation to the fifth priority of the Health and Wellbeing Strategy (creating a financially sustainable local health and wellbeing system) for which the Shadow Health and Wellbeing Board would be responsible for, some Board Members questioned whether a sufficient amount of time would be allocated to examine how this priority could be carried out. It was reported that the financial implications from this would be considered at a development session for Board Members on 17 December 2012. It was suggested that the key question of any discussion about financial sustainability would be how could all partners within the Health and Wellbeing sector in York work together given budgetary allocations.

- RESOLVED:
- (i) That the report be noted.
 - (ii) That the Board be updated in relation to the development of a new mental health care facility in York.

REASON: To ensure that the Health and Wellbeing Strategy has the support of all organisations represented on the Shadow Health and Wellbeing Board and that we have the collective commitment to deliver it.

24. ESTABLISHING HEALTH AND WELLBEING PARTNERSHIP BOARDS

Board Members received a report which provided them with an update on progress made and future plans to establish the new partnership boards sitting directly below the Shadow Health and Wellbeing Board.

In response to the composition of the four partnership boards underneath the Shadow Health and Wellbeing Board, Angela Portz informed the Board that York CVS wished to be involved in these groups at a senior level.

In relation to the new temporary post that would support the Health and Wellbeing Partnership Boards, Board Members were asked to identify people from their partnerships who might be able to carry out the post.

A general comment was made over how there was a need for an appropriate method of data sharing needed to be put into place between all the Partnership Boards.

RESOLVED: That the report be noted.

REASON: To inform Members of the Shadow Health and Wellbeing Board of the progress made in developing the new health and partnership structure.

25. AN OVERVIEW OF THE NHS MANDATE

Board Members received a report which set out the objectives of the new NHS Commissioning Board.

A number of questions were raised by Board Members in relation to the functions of Area Teams (which would succeed Local Area Teams) in relation to Commissioning Boards.

Julie Warren, a representative of the current Local Area Team for North Yorkshire and Harrogate, shared her thoughts on how the Area Teams would operate. She told the Board that the Area Teams would be responsible for the direction of commissioning and that they would also provide a person responsible for Assurance and Delivery across the Commissioning Boards.

RESOLVED: That the report be noted.

REASON: To share information about the NHS Commissioning Board, their objectives and understand how it relates to the work of the Shadow Health and Wellbeing Board.

26. IMPLEMENTING THE HEALTH AND WELLBEING PASSPORT

Board Members received a report which informed them of the implementation of the Health and Wellbeing Passport.

Jane Perger from York Local Involvement Network (LINK), who had developed the Health and Wellbeing Passport informed the Board that a meeting had taken place between LINK and the Neurological Alliance and they had agreed that the passport be piloted in a number of surgeries. She asked Board Members whether they would give their approval to the pilot. Some Members suggested that if the pilot target range was widened then they would be happy to promote it within their partnerships.

Discussion took place in regards to avoiding duplication of patient details, particularly in relation to similar documents used by the Out of Hours Services and work currently carried out with Disabled Children. Some Board Members suggested that information from all involved with the patients be combined into the one document.

- RESOLVED:
- (i) That the report be noted.
 - (ii) That the Board agree to the use of the Health and Wellbeing Passports within their own organisations within the next six months (by June 2013), subject to the target groups being widened.
 - (iii) That a commitment be made in the longer term, if the pilot is successful, to use the passport across the whole organisation and services it provides/commissions.

REASON: Health and Wellbeing Passports are a specific action within the draft Health and Wellbeing Strategy. They enable increased understanding of the needs and are one way of increasing the control people have over their care and support.

27. ROUNDTABLE UPDATE

The Board received verbal updates from various partners on a number of issues.

Finance-KPMG Report

Board Members were informed that a report on how to reduce the deficit and the current financial status of the NHS in North Yorkshire produced by KPMG would be presented to the NHS North Yorkshire and York Board in January.

Patrick Crowley, the Chief Executive of York Hospital felt that the outcome of the report would raise a number of questions about how the NHS governed their performance management and how existing governance and partnership boards could work together to deliver the recommendations of the report. This interdependent working would then lead to a greater level of accountability.

Vale of York Clinical Commissioning Group

The Board was also informed on a number of departures and arrivals in post at the Vale of York Clinical Commissioning Group. They were also informed that a post of Chief Nurse and Director of Quality Assurance had been created within the VOYCCG management team.

Transfer of Public Health and Commissioning of Local Health Watch

The Board were informed about a number of developments that had taken place in relation to Public Health in York and North Yorkshire such as;

- The contract for Sexual Health Services would be lead by North Yorkshire County Council for both the NHS North Yorkshire and York area.
- That York CVS had been chosen as the provider for Local Health Watch in the City.
- That York MIND had been selected to provide the NHS Complaints Advocacy service in York.

Priorities for new Police and Crime Commissioner for North Yorkshire

Tim Madgwick, the temporary Chief Constable of North Yorkshire Police, reported that one of the new Police and Crime Commissioner's priorities would be focused around harm reduction in relation to the wellbeing strand of her role, such as in prevention work around sexual health and exploitation.

RESOLVED: That the updates be noted.

REASON: In order to keep the Board up to date with how Health and Wellbeing reforms are being carried out in the city.

Councillor T Simpson-Laing, Chair

[The meeting started at 4.35 pm and finished at 6.05 pm].

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Shadow Health and Wellbeing Board**30 January 2013**

Report of the Director of Customer and Business Support Services

Appointments to Long Term Conditions and Older Persons Programme Board**Summary**

1. This report asks Board Members to nominate two Councillors to the membership of the Long Term Conditions and Older Persons Programme Board. This Board is a sub-group of the Shadow Health and Wellbeing Board (SHWB).

Background

2. A letter has been received by the Council's Democratic Services Department from Dr Tim Hughes, the Deputy Chair of the Long Term Conditions and Older Peoples Board, inviting the Shadow Health and Wellbeing Board to nominate two Elected Members to be members on this new Board. As one of four new sub-groups of the SHWB this Board which will give Members the opportunity to work in partnership to improve health and wellbeing in older people and people with long term conditions. This report is presented at this meeting to enable nominations to be made in advance of the Programme Boards first meeting in February 2013.

Options

3. The Committee can decide which two Councillors to nominate to join the Long Term Conditions and Older Persons Programme Board as this Programme Board is a sub group of the Shadow Health and Wellbeing Board.

Council Plan

4. The recommendation presented in this report has relevance to the 'Protecting Vulnerable People' strand of the Council Plan 2011-15.

Implications

5. There are no known implications in relation to the following in terms of dealing with the specific matter before Board Members, namely to nominate two Councillors to represent the Council on the Long Term Conditions and Older Persons Programme Board.
 - **Financial**
 - **Human Resources (HR)**
 - **Equalities**
 - **Crime and Disorder**
 - **Information Technology (IT)**
 - **Property**
 - **Other**

Legal Implications

There are no direct legal implications with this report but it should be noted that the Shadow Health and Wellbeing Board's own terms of reference give it the authority to set up Sub-Groups and agree the membership of those Sub-Groups and their terms of reference.

Risk Management

6. In compliance with the Council's risk management strategy there are no known risks associated with the recommendation of this report.

Recommendation

7. Board Members are asked to nominate two Councillors to the membership of the Long Term Conditions and Older Persons Programme Board.

Reason: In order to respond to the request of the Long Term Conditions and Older Persons Programme Board.

Contact Details

Author:

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Head of Civic & Democratic
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Services
01904 551030

**Chief Officer Responsible for the
report:**

Andy Docherty
Assistant Director, Governance and ICT

**Report
Approved**



Date 21 January
2013

Specialist Implications Officer(s)

Not applicable

Wards Affected: All

None

For further information please contact the author of the report

Background Papers:

Shadow Health and Wellbeing Board Agenda 3 October 2012:

*(Agenda Item 5-Implementing the Draft Health and Wellbeing Strategy,
in particular Annexes A & B)*

<http://modgov.york.gov.uk/ieListDocuments.aspx?CId=763&MId=7262&Ver=4>

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Shadow Health and Wellbeing Board**30th January 2013****Performance framework for the Health and Wellbeing Strategy****1. Summary**

The performance framework for the Health and Wellbeing Strategy is currently being developed. This report will update members of the Shadow Health and Wellbeing Board and will ask for their input into further developing the performance framework.

The aim of the performance framework is to provide the Health and Wellbeing Board with an overview of health and wellbeing in York, so they can identify where improvements are being made or where the strategy needs to be reviewed to address particular issues.

The Shadow Health and Wellbeing Board is asked to:

- Review the outline performance framework and consider whether this will provide a sufficient overview of health and wellbeing, the impact of the strategy and where further improvements need to be made.

2. An overview of the performance framework**a. Scorecard**

A scorecard has been developed by analysing the priorities and actions within the draft Health and Wellbeing Strategy against the following national outcomes frameworks:

- Public Health outcomes framework
- Adult Social Care outcomes framework
- NHS outcomes framework
- Clinical Commissioning Group outcomes framework

The Chairs of the new Older People and People with Long Term Conditions Partnership Board and the Mental Health and Learning Disabilities Partnership Board have selected relevant key performance measures for inclusion in the scorecard.

Key measures have also been identified by the Management Information Service Team drawing on the Children and Young People's Plan, Dream Again and by the Public Health Team. Because the performance measures have been taken from national outcomes frameworks, there are definitions and sets of technical data to support them. This level of detail is not yet included on the scorecard, however, as the framework develops further details will be included, for example, the frequency of data collection and clearer definitions for indicator sets.

Additional measures are also being considered to include in the scorecard, for example, self-reported wellbeing. There is potential that residents' surveys or HealthWatch might be used to collect these 'softer' measures.

The aim of the scorecard is to provide key statistical data for the Health and Wellbeing Board, so they are able to identify any health and wellbeing improvements or issues that need addressing.

The draft scorecard is attached as Annex A.

b. Themed discussions

As well as key statistical data, themed discussions will provide a more in depth look at how people's health and wellbeing is being affected, by drawing on case studies and expertise. Themed discussions could include, for example, children and young people's health, community engagement, or ageing well.

A recent report published by the Smith Institute, 'Getting Started: Prospects for Health and Wellbeing Boards' identifies a number of challenges for Health and Wellbeing Boards to address (a summary of challenges taken from the Smith Institute report is attached as Annex B). These challenges will be used to inform a programme of themed discussions. Speakers with knowledge or experience in these fields, (including health and wellbeing partnership boards), will be invited to lead discussions with the Health and Wellbeing Board, where collectively, the Board can find ways to overcome these challenges.

These discussions will also help to facilitate the ongoing development of the Health and Wellbeing Board.

Themed discussions will be used as a tool to provide a deeper understanding of some of the measures included on the scorecard. Whether the statistical data is showing improvement or decline, themed discussions will provide a broader, more realistic picture of how our residents, people who use our services and their families perceive health and wellbeing, services, care and support. It is envisaged that HealthWatch will have a key role to play in providing this information.

c. Health and Wellbeing Partnership Boards

The four health and wellbeing partnership boards will be responsible for reporting on their relevant performance measures. They will be invited to lead a themed discussion relevant to the remit of the partnership board and present case studies to demonstrate experiences and the impact of delivering the health and wellbeing strategy. Themed discussions will be used to highlight any areas where further improvements could be made or the strategy reviewed.

The partnership boards will also produce delivery plans to implement relevant actions within the Health and Wellbeing Strategy and as they develop, they will produce their own performance framework covering a broader range of measures to cover the totality of their remit. In summary, the health and wellbeing partnerships will be responsible for the following elements of the performance framework:

- Produce a delivery plan which will be approved by the Health and Wellbeing Board
- Produce a performance framework, monitoring the totality of their work.
- Provide a quarterly report for the Health and Wellbeing, giving an overview of progress and performance measure within the scorecard.
- Lead a themed discussion with the Health and Wellbeing Board drawing on case studies and experiences relevant to their remit. This will provide the Board with a broader view and deeper understanding of health and wellbeing issues.

Please note that this performance framework is work in progress. Input is being sought from the Shadow Health and Wellbeing Board to further develop this framework and ensure it will provide the right information to assess the impact of the health and wellbeing strategy.

Three of the four health and wellbeing partnerships are also still developing, and they will continue to be involved in determining the performance framework for the Health and Wellbeing Strategy and their wider remit.

Next steps

- Each organisation on the Board is requested to gain approval for the Health and Wellbeing Strategy from their management teams by April 2013.
- The Health and Wellbeing Strategy will be formally approved by the Health and Wellbeing Board in April 2013.
- Consultation is currently being sought on the draft Health and Wellbeing Strategy which will be fed into the strategy during February.
- Although the strategy is seeking full approval in April, it will continue to be reviewed and it will remain a 'living document' so it can be adapted as work streams and partnership boards develop.

3. Council Plan

The proposals in this paper have particular relevance to the 'Building Strong Communities' and 'Protecting Vulnerable People' strands of the council plan.

4. Implications

• Financial

The health and wellbeing strategy will impact on service planning and commissioning decisions. The health and wellbeing board will not take specific decisions on services or commissioning, however they will set the strategic direction for health and wellbeing services over the next three years.

• Human Resources (HR)

No HR implications

• Equalities

The health and wellbeing strategy may well affect access to service provision. Decisions about accessing specific services will not be taken by the board.

Addressing health inequality and targeting more resource towards the greatest need should positively impact on equalities. A community impact assessment (CIA) has been carried out on the strategy's priorities before it is signed off in April 2013.

- **Legal**
No legal implications
- **Crime and Disorder**
No crime and disorder implications
- **Information Technology (IT)**
No IT implications
- **Property**
No Property implications
- **Other**

5. Risk Management

There are no significant risks associated with the recommendations in this paper.

6. Recommendations

The Shadow Health and Wellbeing Board is asked to:

- A. Review the outline performance framework and consider whether this will provide a sufficient overview of health and wellbeing, the impact of the strategy and where further improvements need to be made.

Reason: To ensure the performance framework will be sufficient to monitor the impact of the Health and Wellbeing Strategy.

Contact Details

Author:

Chief Officer Responsible for the report:

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**Paul Edmondson-Jones
Director of Public Health and
Wellbeing
Communities and Neighbourhoods
01904 551993**

**Report
Approved**

Date 21 January
2013

Wards Affected:

All

For further information please contact the author of the report

Attachments

- **Annex A** – Draft scorecard
- **Annex B** – Summary of challenges for Health and Wellbeing Boards taken from ‘Getting Started: Prospects for Health and Wellbeing Boards’.
- **Annex C**- Draft Health and Wellbeing Strategy (Online Only)

Performance measure	Baseline 2012/13	Lead body
Reducing health inequalities		
Healthy life expectancy		Tackling Deprivation and Health Inequalities (TDHI) Partnership Board
The difference in life-expectancy at birth from the most to the least deprived		TDHI Partnership Board
Smoking prevalence		TDHI Partnership Board
Self reported wellbeing		TDHI Partnership Board
Enhancing quality of life for people with long term conditions		
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)		Older People and People with Long Term Conditions (OPLTC) Partnership Board
Helping people to recover from episodes of ill health or following injury		
Emergency readmissions within 30 days of discharge from hospital		OPLTC Partnership Board
Improving recovery from stroke People who have had a stroke who: - are admitted to an acute stroke unit within four hours of arrival to hospital - receive thrombolysis following an acute stroke - are discharged from hospital with a joint health and social care plan - receive a follow up assessment between 4-8 months after initial admission		OPLTC Partnership Board

Improving mental health		
<i>Dr Cath Snape is providing these measures</i>		Mental Health and Learning Disabilities (MHL) Partnership Board
		MHL Partnership Board
		MHL Partnership Board
Supporting children and young people at the earliest opportunity		
Under 18 conception rate		YorOK Board
Young people aged under 18 admitted to hospital with alcohol specific conditions (aged 0-17)		YorOK Board
Hospital admissions due to substance misuse (aged 15-24)		YorOK Board
% of children in Year 6 recorded as being obese		YorOK Board

Getting Started: prospects for health and wellbeing boards'

Key points to inform the development plan for York's Health and Wellbeing Board

Reiterating the vision and purpose of Health and Wellbeing Boards:

To encourage the integration of health and social care around population needs

Possible challenges for the York Health and Wellbeing Board:

1. The JSNA

There is an expectation that the JSNA and Health and Wellbeing Strategy will be reflected in the separate commissioning plans of Clinical Commissioning Groups (CCGs) and local authorities.

Challenge:

Has the Health and Wellbeing Board got the levers and influence to do this? How can this be facilitated in light of the 'lack of power' the Board hold over commissioners and the NHS Commissioning Board? Informal influence and negotiating use of budgets are required to take forward recommendations from our strategies.

2. Different populations

The boundary issues between the CCGs and Health and Wellbeing Boards.

Challenge:

How are/will the Vale of York Clinical Commissioning Group (VOYCCG) manage commissioning negotiations with the three Health and Wellbeing Boards in their area? Does this have the potential to skew funds for a population? What is the Board's role or influence here?

3. Funding streams

There are three main commissioning budgets: CCGs; NHS Commissioning Board; and local authorities. There is much overlap between these functions e.g. prevention of ill health and the role of adult social care or the NHS in disease prevention.

Challenge:

What are the boundaries of these functions and budgets? How will the Health and Wellbeing Board influence the different commissioning cycles and mechanisms across these budgets and sectors? Can the Board influence the effective use of the total public sector budget locally?

4. Joint commissioning

Different commissioning cycles exist and joint commissioning is not always incentivised within the health and social care system.

Challenge:

How can the Health and Wellbeing Board overcome barriers to joint commissioning and reconcile different commissioning cycles?

5. Promoting health

Challenge:

How can the Health and Wellbeing Board facilitate or influence commissioners to work together to redirect public resources from treating sickness to actively promoting health and wellbeing?

6. Working together for older people

The report suggests that little attention is given to preventing ill health for older people, or seeing older people as assets. A life course approach protects and nurtures people later in life as well as earlier in life.

Challenge:

Are our older people an untapped asset? Do we need to champion better engagement and active involvement? Should we be championing a greater emphasis on prevention?

7. Leading new services

The social care white paper includes new pledges around universal services – information and advice, low level support services and intelligence-led services.

Challenge:

Could the Health and Wellbeing Board lead the development of these new services and drive innovation?

8. Older People's engagement in services

An ageing population and increased demand on health and social care services is significant concern for us all nationally.

Challenge:

Given the significance of the ageing population, how will the Health and Wellbeing Board facilitate engagement with older people in the future design and development of services? Do we know enough about and understand older people's aspirations for care and support?

9. Children and young peoples' health

Sir Ian Kennedy's review in 2010 raised concerns about the lack of priority given to children and young people in the health service.

Challenge:

Although the YorOK Board exists do the Health and Wellbeing Board feel that they should further advocate the priority of children and young people's health within health services?

The Association of Directors of Children's Services raised concerns that safeguarding must be a standing item on every Health and Wellbeing Board agenda.

Challenge:

Do the Health and Wellbeing Board feel that this would add value to the existing structures in place for safeguarding in the city? Do the Health and Wellbeing Board need to consider extending its membership to include the Chair of York's Safeguarding Board?

10. Listening to children and young people

The fragmentation of commissioning children's services is a real concern reported by The Association of Directors of Children's Services. To help ensure continued improvement in children and young peoples' outcomes, issues around their engagement are pertinent.

Challenge:

Should the Health and Wellbeing Board better engage with children, young people and families and champion more imaginative approaches to facilitate this?

11. Mental Health

Historically, information and data recording has been poorer for mental health than in other areas of health. This lack of insight may well affect the overall status of mental health within the health and wellbeing strategy.

Challenge:

How might the Health and Wellbeing Board lead improvements in the recording of and management of data to inform service development? Would input from a voluntary sector mental health representative help push forward mental health as a priority? Would their input help discover more innovative and collaborative ways of working?

DRAFT



Improving Health & Wellbeing in York

Our strategy 2013-16

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Foreword from the Chair of York's Health & Wellbeing Board

On behalf of York's Health and Wellbeing Board, I am delighted to introduce York's first Health and Wellbeing Strategy. I strongly believe this will pave the way for improving the health and wellbeing of the people of York, it will ensure we have the right services and provision in place to meet health and wellbeing needs. It is more important than ever that we overcome the challenges of reduced and limited public budgets and we work collaboratively across organisations and sectors to ensure health and wellbeing services are sustainable in the long term and fit for purpose.



In the past year we have seen the Royal Assent of the Health and Social Care Act 2012 – the biggest change to the National Health Service since it came into being in 1948. As part of this new legislation councils will take on more responsibility for public health, doctors will have increased control over health budgets and the new organisation 'HealthWatch' will give a voice and information to people who use health and wellbeing services. The introduction of the Health and Wellbeing Board gives us a unique opportunity to work together more closely towards more integrated, joined up services – which are needs led, not system led.

We are also seeing the biggest changes to the welfare system for over 60 years. The Government's introduction of Universal Credit, and changes to local housing allowance and housing benefit will have varied consequences for our residents, especially the most vulnerable – their levels of income and standards of housing. It is vital that we work to reduce health inequalities and we intervene early, looking 'upstream' to enable all children and young people to have the best start in health and prevent poor health outcomes later in life.

This Health and Wellbeing Strategy is the start of a new road along our journey to reducing health inequalities and achieving joined-up, holistic services. Changing our local health and wellbeing system is challenging and complex, but not impossible. The Health and Wellbeing Board has the authority and influence to lead cultural and behaviour change and has the overall stewardship of improving health and wellbeing outcomes for patients and residents.

Finally, but most importantly, I would like to thank residents, staff and our partner organisations who have worked with us to develop this strategy. You have given us valuable ideas and suggestions about how we can improve health and wellbeing in the city. We have made every effort to listen to what you have told us and I hope you can see this reflected throughout our priorities, principles and actions.

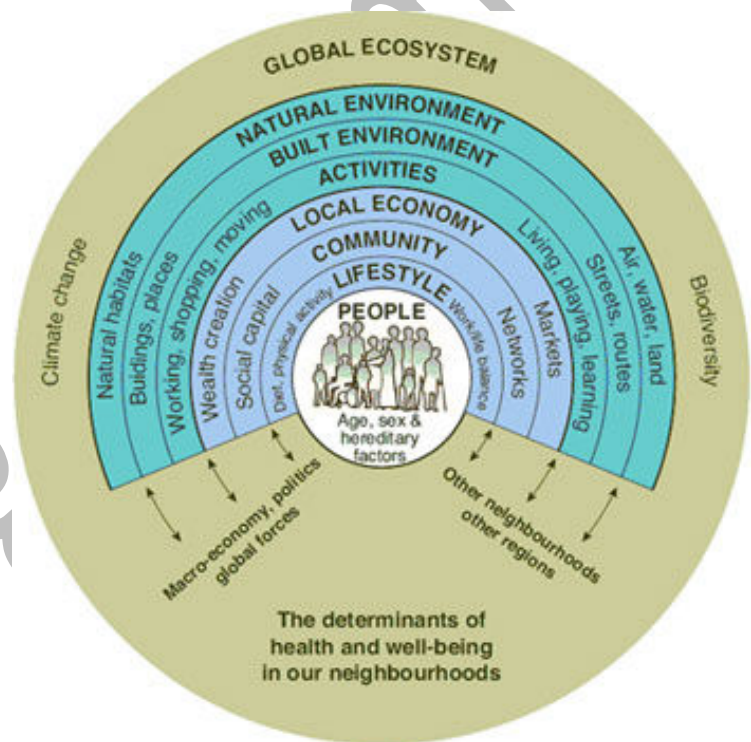
Councillor Tracey Simpson-Laing

Working document

Introduction and context

On the whole, people in York have a good standard of life. As residents, most of us can expect to be well educated, have access to good quality employment and, for the most part, live long, healthy and happy lives. However, this is not true for everyone, and there are still significant health and wellbeing challenges for the city including the differences in life expectancy between some areas of the city and others, the growing needs of our ageing population and particular challenges around mental health and emotional wellbeing. Based on our understanding of the needs in York¹, this strategy sets out our priorities for improving residents' health and wellbeing, and together, as key organisations and as a whole city, what we will do to deliver these priorities.

Health and wellbeing is about more than illness and treatment. It is about being well physically, mentally and socially, feeling good and being able to do the things we need to do to live a healthy and fulfilled life². Many factors affect our health and wellbeing, these include: where we live, our housing, the local economy, our income, the environment, our relationship with the local community and the lifestyle choices we make. These determinants of health and wellbeing are shown in the diagram on the right. It is therefore vital that we not only tackle the effects of ill-health but we also address the wider factors and causes. We will champion good health and wellbeing, identify and harness the determinants that contribute to positive health, building on our strength as a successful and ambitious city.



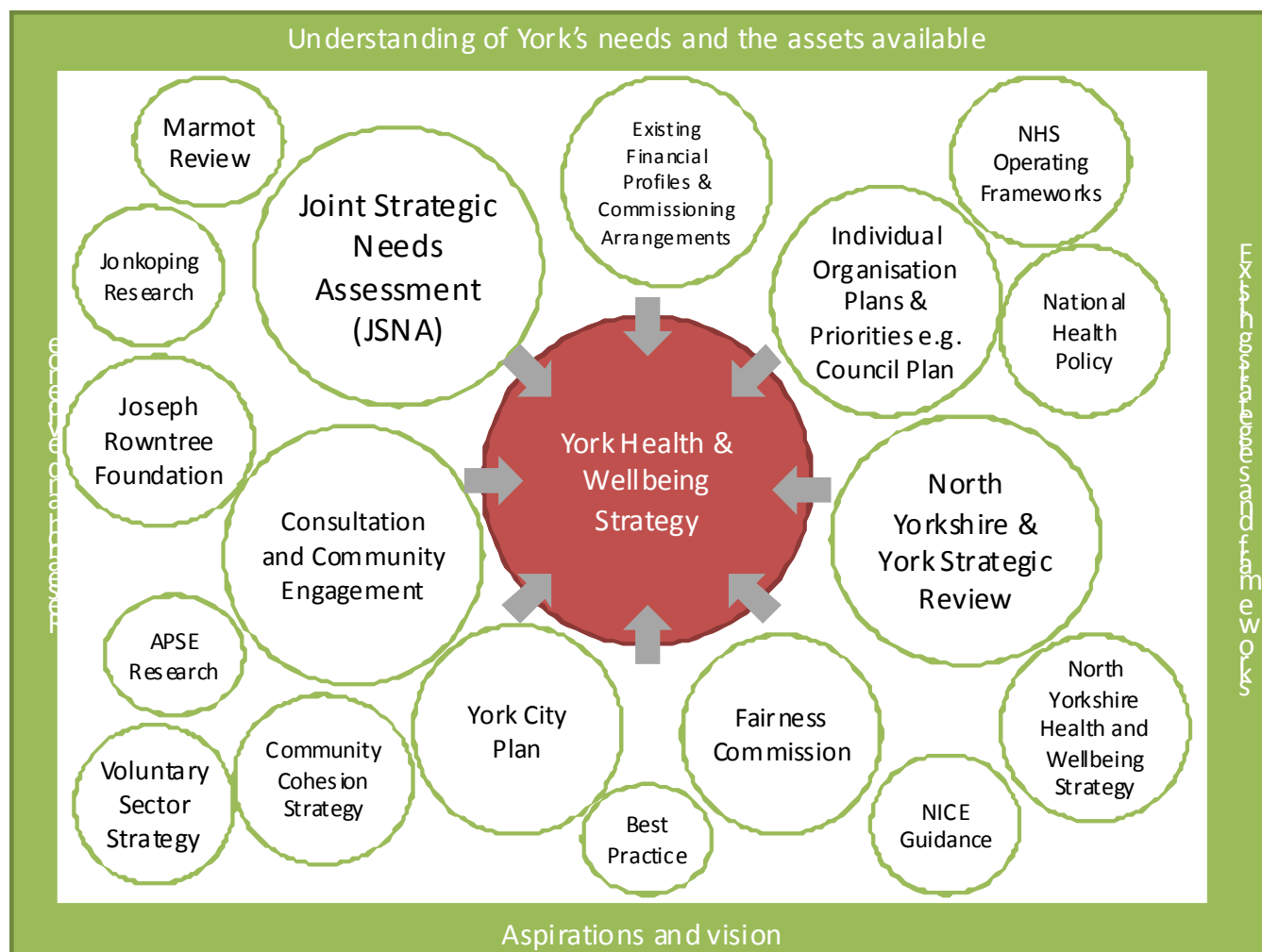
Local authorities throughout the country are developing Health and Wellbeing Strategies this year. In York we want to seize this opportunity and collaborate to develop a strategy that is ambitious and meaningful. A strategy that is honest about the challenges we face and affirms our commitment to pursuing what we believe is most important at this point in time. It should resonate with residents, affect what we do as organisations and ultimately make a genuine difference to people in York.

¹ See Health & Wellbeing Needs in York: A Joint Strategic Needs Assessment

² Based on the World Health Organisation's definition of health

How we have developed our priorities and actions

This strategy relates to and draws upon a wide evidence base including: national and local research, existing strategies and frameworks. The diagram below illustrates some of these:



Our report, 'Health and Wellbeing in York, Joint Strategic Needs Assessment 2012' (JSNA) is a comprehensive assessment of the health and wellbeing needs in the City. Our understanding of need is a fundamental building block for deciding what we will do to improve health and wellbeing, so this assessment has played a large part in defining our principles and actions. You will see evidence from the JSNA referenced within each of the priority sections.

The four key points that emerged from the JSNA were:

- Our population is ageing and will place increasing demands on health and social care services
- Health and wellbeing inequalities exist in the city and must be tackled
- We need to know more about the mental health needs of our population
- The importance of intervening early and give children and young people the best possible start in life

We want to learn from successful interventions and national research which will help us address the challenges we face in York. The report 'Fair Society, Healthy Lives' (The Marmot Report) is extremely influential in developing an evidence-based approach to addressing the social determinants of health. The report shows the relationships between social and economic status, poor health, educational attainment, employment, income, quality of neighbourhood and a range of other factors experienced throughout life. We fully support and commit to this holistic approach to tackling inequalities and providing support across the life course.

Finance and resource

As we know, these are very difficult economic times. Councils, health services and the independent and voluntary sector are facing tough decisions about how best to use ever-decreasing funding and resources. An Independent Review of Health Services in North Yorkshire and York was published in 2011. It highlighted the precarious financial position of North Yorkshire & York Primary Care Trust which was overspending by several million pounds every year³ and the additional efficiency savings required to meet the increased demand for services. The review made recommendations about how health services in North Yorkshire and York could manage this and operate within a sustainable financial framework while continuing to meet the health needs of the area. This strategy builds on the recommendations in the Review. The North Yorkshire Review 2 is being carried out to continue this work. Both reviews will have implications for our strategies and plans for the future.

The 'Local Account for Social Care'⁴ highlights the growing numbers of older people accessing social care in the population, together with more people with complex needs and learning disabilities living longer are increasing the strain on social care budgets across the country. The Local Government Association conducted a modelling exercise that predicts a 29% shortfall between revenue and spending pressures by the end of the decade. More stringent financial times and our commitment to improving health and wellbeing outcomes for the residents of York, means our challenge for the coming years is clear: ensuring the availability of high quality care in financially challenging times.

³ A proportion of this overspend will be transferred to the Vale of York Clinical Commissioning Group

⁴ Local Account for City of York Adults Social Care Services for 2012

Our long term commitment to engagement

In identifying our priorities and what we will do to achieve them we have listened to the experts within our City: our residents, community groups, communities of interest, frontline staff, and management teams, elected Members and commissioners and providers across all sectors. We have asked what they felt would make the biggest difference to improving health and wellbeing in York and helping us to achieve our priorities.

We consulted extensively. We used online questionnaires, group workshops and one-to-one meetings. We used these views to develop principles and actions for our five priorities. The Health & Wellbeing Board then considered these and committed to delivering a number of them over the next three years.

We want to emphasise that our engagement with staff, residents and people who use our services is not a one-off event. We are committed to involving people in planning and designing health and wellbeing services and provision in the long term. Our aim is to ‘co-produce’ more health and wellbeing services and pathways to care and support. By co-production we mean we want to work with people as equal partners to improve services and respond to challenges, making decisions together. We believe that the people most affected by a service are best placed to help design it. We also recognise that residents and communities already have a range of resources available, both intellectual and physical, and that bringing our resources together we can deliver services *with* rather than *for* people and their families. Early evidence suggests this approach is a more effective way to delivering better outcomes and more sustainable services, often for less money⁵.

We must acknowledge that co-producing health and wellbeing services is challenging, but it is not impossible. We want to learn from others who have achieved this for example the improvements to health care and patient experience in Jonkoping, Sweden⁶. In delivering this strategy we will take every opportunity to co-produce health and wellbeing services, enabling our residents and people who use our services to identify problems and propose solutions, rather than being passive recipients of services. We believe that programmes such as ‘Think Local Act Personal’ will help us achieve this by focusing on the way communities can help support each other and by increasing the uptake of personalisation, which is central to communities and their health and wellbeing.

During 2013 we will develop a health and wellbeing engagement strategy which will outline the steps we will take to improve engagement with residents, people who use our services, staff and partner organisations in planning and delivering services. Recent research in York carried out by De Montford University and the Association for Public Sector Excellence will inform this

⁵ Based on Nesta Lab and the New Economics Foundation co-production research

⁶ See ‘Charting the Way to Greater Success: Pursuing Perfection in Sweden’

engagement strategy and will lead to new ways of working. We are currently exploring how community health champions can help us achieve more effective engagement.

Working document

Our vision

Our vision is for York to be a community where all residents enjoy long, healthy and independent lives. We will achieve this by ensuring that everyone is able to make healthy choices and, when they need it, have easy access to responsive health and social care services which they have helped to shape.

What we will do to achieve our vision

To achieve our vision we will do many things, for many people, in different ways, through a number of organisations and approaches. However, we want to avoid the pitfalls of trying to take action on everything at once. Our strategy is not a long list of everything that might be done it instead focuses on key issues and actions we can do together, which will make the biggest difference.

Although our strategy does not address every health and wellbeing related issue, that does not mean we will not continue to work to address them. We will, for example, still continue to deliver the Valuing People Now agenda, work to improve air quality through sustainable transport programmes, champion the vital work of unpaid carers and provide employment opportunities for those with long-term disabilities. However, so we can make a real difference, we will focus on a smaller number of issues that we believe are the most important to address at this time. Health and wellbeing needs change over time, and so will our priorities. We will review this strategy on a regular basis to reflect these changes, and to ensure we continue to focus on what is most important at any point in time. We want to develop more integrated approaches to benefit our residents' health and wellbeing. We cannot achieve our priorities as separate organisations, we have to work together and do this better.

We have therefore agreed the following priorities, which will underpin our work to improve health and wellbeing in York.

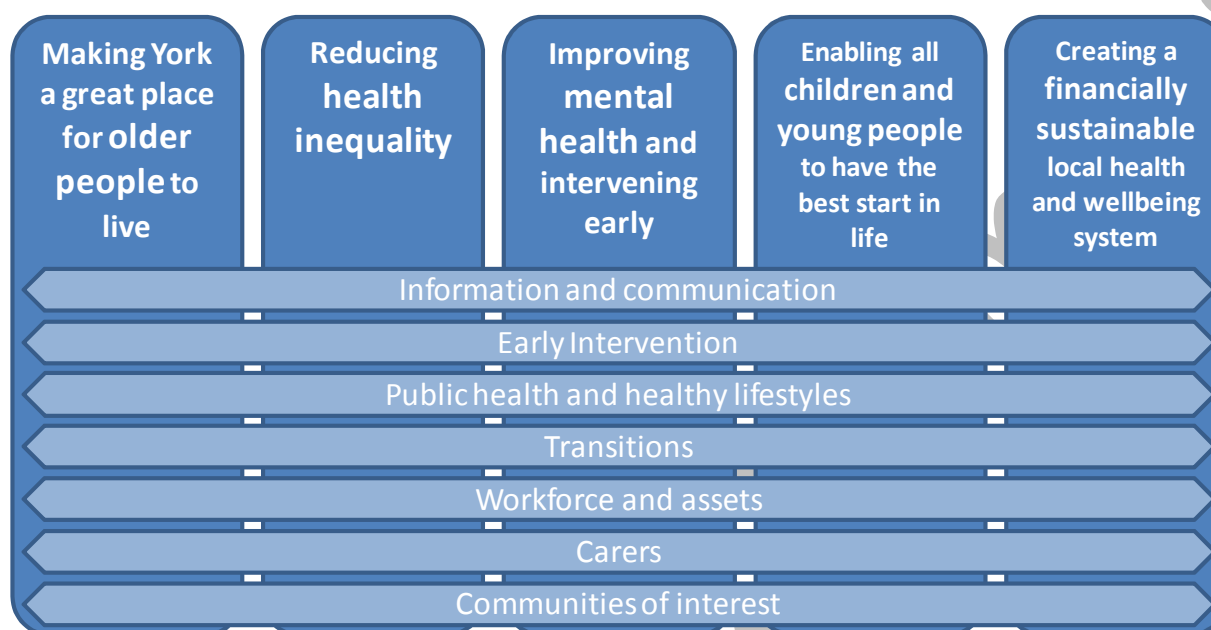
- 1. Making York a great place for older people to live**
- 2. Reducing health inequalities**
- 3. Improving mental health and intervening early**
- 4. Enabling all children and young people to have the best start in life**
- 5. Creating a financially sustainable local health and wellbeing system**

This strategy will explain the priority areas in more detail – why they are important, what our principles are for each and what we will do to achieve them. But first, we will start by introducing a number of cross-cutting themes, principles and actions that will guide all of our work.

Cross-cutting themes, principles and actions

In developing this strategy we identified a number of themes, principles and actions that are relevant to all our work and the delivery of our five priorities. These themes are illustrated in the diagram below.

Cross-cutting themes and our priorities



Principles that will guide all of our work and the delivery of our five priorities:

We will:

- Put partnership working across organisations, agencies and sectors at the heart of delivering this strategy. We will overcome barriers together, take bold decisions where needed, lead the improvement and integration of York's health and wellbeing system.
- Keep a relentless focus on reducing health inequalities, assessing the impact on health inequalities for every decision we make and every policy we introduce.
- Acknowledge the affect housing has on health and wellbeing. Fuel poverty, overcrowding, noise, fear of crime, can have adverse affects. Housing however can prevent ill-health and protect health, through adaptations, electrical safety, insulation, and by providing privacy and space.
- Trust residents and people who use our services to understand the challenges we face in providing and commissioning services in the current financial climate. We will encourage people to help design, plan and deliver better health and wellbeing services.

- Increase the choice for people who use our services and the control they have over them. For example, how they want their care or support delivered, from where and by whom.
- Recognise and promote the vital role of unpaid carers who contribute so much to health and wellbeing in York.
- Champion the role of the voluntary sector and the value its strength, diversity and knowledge brings in improving the health and wellbeing of our residents.

Actions - over the next three years the Health and Wellbeing Board will:

- 1. Through our ongoing JSNA undertake further research and share intelligence to get more of an insight into the health and wellbeing of those with the poorest health outcomes.**

The JSNA recommends that we increase our understanding of the following groups: looked after children, young people who leave care, carers (including young carers), people who have disabilities, people with mental health needs, older people, offenders and people who misuse substances. The services we commission and provide will have an increased impact. They will be provided to the right people from the right place and will better meet people's needs.

- 2. Create a shared resource collating existing health and wellbeing information, to join up directories for activities, services, or organisations in York, and design appropriate ways of using this which is fit for purpose and user-friendly.**

The content of the various health and wellbeing websites from a number of health and wellbeing agencies and organisations will be better coordinated and consistent. Information will be easier to understand and easier to access.

- 3. Create a health and wellbeing passport which is recognised by and used across all partners and sectors and we will join together existing health passports relevant to specific conditions.**

The passport will provide a reliable picture of an individual's health needs. Held by individuals, the passport will allow information about their health needs to be better shared, communicated and understood when they are accessing health services.

- 4. Deliver a workforce development programme to empower and equip staff across health and wellbeing organisations to implement this strategy.**

This programme will, for example aim to: improve engagement with our residents and people who use our services, helping us co-design and co-produce more services; Make Every Contact Count, by encouraging frontline staff to 'ask the next question'. Looking wider than single issues, staff will use every opportunity to talk to people about improving their health and wellbeing. This will help tackle the causes of poor health and wellbeing as well as the symptoms.

5. Commission a joint engagement strategy across all health and wellbeing organisations and sectors represented on the Health and Wellbeing Board.

Residents and people who use health and wellbeing services will have increased influence over planning and designing health and wellbeing services and delivering this strategy.

6. Create a joint communications plan, coordinating citywide health and wellbeing campaigns which often occur separately through individual organisations.

Individuals and communities will be better informed about how they can improve their own health and wellbeing. Messages will be more coherent and consistent across a number of health and wellbeing organisations.

7. Encourage health and wellbeing organisations and agencies to explore the adoption of the living wage.

Families will be lifted out of poverty and staff will be more motivated to deliver higher quality care and support. Organisations will see an improvement in staff recruitment and retention.

8. Support the city's housing strategy which cuts across a number of principles and actions within this document. Its recommendations include:

Housing provision - affordable homes and making best use of existing housing stock;
Housing conditions- promoting 'healthy homes' which are safe and secure, improving standards, working with landlords, tackling fuel poverty and reducing carbon emissions;
Older households- meeting the needs of an ageing population, adaptations, wrap-around services such as handyman provision, warden call, and opportunities for volunteering;
Homelessness - homelessness prevention, meeting the anticipated increase in the demand for advice and services following the welfare reforms, dedicated provision for homeless young people which combine secure housing with work related training and providing supported housing as a pathway to independence for people with mental health problems.

Delivering our cross-cutting actions:

The Health and Wellbeing Board will delegate the responsibility to deliver these actions to the four strategic partnership boards that sit below it.

As these principles and actions are cross-cutting the Health and Wellbeing Board will expect to see them reflected in the delivery plans for each of the strategic partnerships. To ensure this, the Health and Wellbeing Board will approve the delivery plans for the four strategy partnerships. Specific actions will also be delegated to particular working groups or task groups as appropriate.

Please see the 'Delivery and Monitoring' section on page 36 for more information.

Making York a great place for older people to live

Why 'making York a great place for older people to live' is important

Older people make a huge contribution to the life of our city: to our local economy as experienced and committed workers and to our communities. They are often at the heart of families, volunteering, caring, mentoring and supporting children and young people.



Older people already form a significant part of our community in York. By 2020, the over-65 population is expected to increase by 40% and the number of people aged over 85 years is expected to increase by 60%. A growing number of older people will also be living alone.

As we get older, we become increasingly vulnerable, more at risk of social isolation, and more likely to have complex health problems. The JSNA estimates that around 1 in 10 older people experience chronic **loneliness**. Adverse affects on health can include increased self destructive habits and an increased likelihood of not seeking emotional support. Loneliness can affect immune and cardiovascular systems cause sleeping difficulties and can severely affect people's mental health.

The JSNA estimates that **dementia** will affect an additional 700 people in York over the next 15 years. Given the population projections and the increased incidence of dementia with increasing age, we need to plan for this potential need.

With increasing demands on health and social care services in York and diminishing budgets the current system of support will soon become unaffordable. The JSNA specifically recommends a community-based approach in managing **long-term conditions** and **preventing admissions to hospital**. It recommends continuing support for **physical activity** initiatives across the whole population with priority given to vulnerable groups.

Principles which will guide our work and resources to deliver this priority

We:

- Value the positive contribution that older people make to living in our city and the importance of prevention work to sustain and improve their health and wellbeing. We want to ensure the needs of older people are central to our strategies, plans and commissioning decisions.
- Recognise the contribution of the voluntary sector, older people and carers in 'making York a great place for older people to live', especially for the following key issues:
 - Supporting people with **long term conditions to live independently**
 - **Preventing admissions to hospital**
 - Encouraging **physical activity**
 - Addressing **loneliness** and social isolation
 - Preparing for an increase in **dementia**
- Support a shift towards community-based care, so people can access treatment or support within their own community or at home, rather than having to be admitted to hospital, residential or nursing care.

We know people prefer to be treated this way, and the health benefits of doing so, however we do not underestimate the challenge of changing the system. A consequence of providing more treatment and care at home will be to reduce the number of beds that are needed in hospitals. We want to reassure and remind people of the benefits of providing care closer to home.
- Support approaches that facilitate communities to develop their capacity, to design and develop their ideas and solutions to reduce the loneliness and isolation of older people. We understand that strong communities can help alleviate the loneliness and isolation experienced by some of our older residents.
- Advocate more choice and control for people over their care and support, particularly at the end of their lives about where they wish to die.
- Value the knowledge, strength and diversity of our voluntary sector and recognise the extent to which their support and services contribute to improving the health and wellbeing of our older residents.
- Will ensure that the needs of older people are considered in our decisions about planning and improving the city's infrastructure so that older people have better access to social support through transport and technology.

- Encourage a creative approach to deal with dementia that challenges standard practice and routine pathways. This will help ensure that assessments and care are based on individual need and tailored appropriately.
- Commit to becoming a Dementia Friendly City and learn from valuable research and evidence, for example, the Joseph Rowntree Foundation projects 'Dementia Without Walls' and 'Neighbourhood Approaches to Addressing Loneliness'. We will ensure that our policies, strategies and decisions are influenced and informed by this learning.
- Embrace the development of new technologies and the benefits that these innovations can bring to responding to a number of health and wellbeing issues, sustaining and improving health and wellbeing, for example creative solutions to addressing loneliness and social isolation.

A significant amount of health and wellbeing work is already underway, for example, creating state of the art facilities and accommodation for older people and increasing the take up of personalisation. We will reference this work, ensuring the learning and recommendations effect our strategic direction.

Actions - over the next three years the Health and Wellbeing Board will:

Prevent admissions to hospital

Support people with long term conditions to live independently

1. Set up Neighbourhood Care Teams across the City and explore other options which support people in their transition from hospital to home.

Neighbourhood Care Teams are teams which bring together NHS, local government, independent and voluntary sector providers around the 'neighbourhood' of a GP practice. The aim is to provide patient-centred, multi-disciplinary, integrated and streamlined care closer to a patient's home.

- Specific attention should be given to embedding independent and voluntary sector organisations into the working practices and ethos of these teams and ensuring there is coordination with neighbourhood working models in the City of York Council.
- They should be carefully evaluated as they are set up and if successful given long-term commitment, for example by pooling budgets across health and social care organisations.
- This may require de-commissioning acute provision and commissioning more community-based responses to respond to long term conditions and prevent admissions to hospital.
- To support this work, an Adult Commissioning Manager will be jointly appointed between Vale of York Clinical Commissioning Group and the City of York Council, with a formal link to York Council for Voluntary Services.

The result of this work will mean that more people will be supported in their own homes to manage their condition. This will help prevent hospital admissions for people with long term conditions and aid the transition back home when discharged from hospital. A multi-

disciplinary team will be able to provide more person-centred, coordinated care and support.

2. Provide weekly cross-sector case reviews for patients who have been in hospital over 100 days (Or other appropriate threshold)

- For this to be successful, staff attending case reviews will need to be given the autonomy to make decisions about resource allocation and establish pragmatic solutions that work for patients.
- This will help identify if more effective support can be provided for these people and avoid unnecessarily long stays in hospital.

As well as using this process to provide more effective care and cheaper care for individuals, this should be a learning environment to inform wider system change.

Address loneliness and social isolation

3. Work together to understand the factors that contribute to loneliness and what communities and organisations can do to alleviate this.

- We will learn from the Joseph Rowntree Foundation research 'Neighbourhood Approaches to Loneliness'. Once we understand the issues and challenges and how they might be addressed we will support the implementation of these initiatives.
- One approach could be an inter-generational volunteering programme, working with the 'Volunteering York' partnership. This helps tackle isolation and promotes inclusion within communities. It can increase understanding between generations, tackling stereotypes and it can lead to employment opportunities for some volunteers.
- Oliver House provides an opportunity to increase the coordination of the voluntary sector and provide community based solutions to loneliness and isolation.

4. Encourage investment in services which support older people who are isolated to participate in the social groups or community activities that are available in York.

- Older people could benefit from volunteers accompanying them to the first few sessions of a group/activity, building up confidence to participate longer term.
- Increased participation in groups or activities will support older people to feel less isolated, with the potential to improve their physical and mental health.

Encourage physical activity

5. Explore how a single social prescribing programme which recommends exercise, social activity or volunteering can be established city-wide.

- This builds on an existing programme which recommends exercise and is recognised by health professionals.
- Longer term this approach could be embedded within Choose and Book.
- Social prescribing helps tackle loneliness, depression and it improves mental wellbeing as well as reducing the demand for health services⁷.

⁷ Based on evidence from the HEAL programme in York and the HALE project in Bradford.

Prepare for an increase in dementia

6. **Deliver a joint communication campaign across organisations on the Health and Wellbeing Board focused on how to spot the early signs of dementia, how to respond and what support is available and developing as part of becoming a 'Dementia Friendly City'.**
 - This will be supported by dementia training and support for the health and wellbeing workforce as part of the Adult Care Workforce Strategy
 - The workforce will feel more confident and supported in their work, which will improve the quality of care they deliver.
7. **Undertake a review of the use of medication and how it is assessed in residential and nursing care, especially psychotropic drugs and medication for people with dementia.**
 - This will help ensure that the use of medication is suitable and appropriate for individuals at that point in time and that a wider range of options are explored to manage long term conditions - medication can be very effective but it is not the only option.

Other actions to 'Make York a great place for older people to live'

8. **Develop an end of life policy across health and wellbeing partners, mapping current processes and re-commissioning.**
 - We want to ensure that GPs are supported to offer patients and their families / carers the best end of life pathway, which may mean staying at home to die peacefully and not being admitted to hospital. People will have more control and choice about where they want to die.
9. **Encourage care sectors to adopt the living wage and set timescales to reflect this in how we commission contracts.**
 - Recruitment and retention of staff will be improved as well as their quality of work. A number of families will be lifted out of poverty⁸.
10. **Support the implementation of the Adult Care Workforce Strategy (2012-2015) across care sectors for paid staff which supports joint workforce development initiatives.**

We want to ensure staff are aware of the contribution they can make to:

 - Supporting people with **long term conditions to live independently**
 - **Preventing admissions to hospital**
 - Encouraging **physical activity**
 - Addressing **loneliness** and social isolation
 - Preparing for an increase in **dementia**

We want to raise awareness of the care profession and celebrate achievements across the workforce and support the introduction of a paid carers network with opportunities for mentoring support.

⁸ Taken from learning from the London Living Wage.

Delivering the actions for the priority 'Making York a great place for older people to live':

The Health and Wellbeing Board will delegate the responsibility to deliver these actions to the Older People and Long Term Conditions Partnership Board which will sit below.

The Health and Wellbeing Board will expect to see the principles and actions within the partnership board's delivery plan before it is approved. The partnership board however will have some scope to further define these actions before their implementation. The partnership board will also make recommendations to the Health and Wellbeing Board to influence our strategy for older people and long term conditions.

Please see the 'Delivery and Monitoring' section on page 36 for more information.

Working document

Reducing health inequalities

Why 'reducing health inequalities' is important

There is a growing evidence base surrounding health inequalities and the scale of impact that social issues have on our health outcomes.

The Marmot review 'Fair Society, Healthy Lives' evidenced how health inequalities can be reduced by addressing the social determinants of health – our environment and culture, our living and working conditions, our relationships and communities and our lifestyles.



The JSNA identifies that health inequalities are prevalent within York. The recent work of the Fairness Commission highlights the links between low income and poorer health outcomes. Economic growth and creating opportunities for employment increase income, improving health outcomes.

People living in some areas of York can expect to live on average 10⁹ years less than other York residents if they are male or 3.5 years less if they are female. We believe this is deeply unfair, and jars against our vision for *all* York residents to be able to enjoy long, healthy and independent lives.

There are clear links between other types of **deprivation** and poor health outcomes, so it is the same areas and communities where there are more people experiencing a range of issues, from substance misuse and unemployment to mental health problems and long-term health conditions.

To reduce health inequalities therefore requires us to address both the causes and effects of these complex issues around deprivation in particular communities and areas of York. The JSNA recommends that we have a better understanding of how people **access services**, so we can ensure services are in the right place at the right time.

Smoking, alcohol use and obesity have a significant impact on the health of our residents. The JSNA recommends that established programmes aimed at **reducing the smoking prevalence** in York are maintained and built upon. Consideration should be given to **targeting specific groups**, such as young people, pregnant women and routine and manual occupational groups.

⁹ Figures rounded to nearest 0.5 years.

Working document

Principles which will guide our work and resources to deliver this priority

We will:

- Recognise and support the contribution of the workforce, voluntary sector, communities and partnerships in reducing health inequalities:
 - **Targeting resource** where it is needed most
 - Tackling **deprivation and addressing complex issues**
 - Improving **access to services** and supporting **community-based initiatives**
 - Promoting **healthy lifestyles** and behaviours
- Use the Marmot framework as a holistic approach to reducing health inequalities and promoting wellbeing across the life course.
- Consider the impact on health inequalities in every decision we make and every policy we develop, ensuring we do not widen the gap further.
- Encourage the allocation of resources to where they are needed most, particularly those areas or groups of people who suffer the poorest health outcomes.
- As organisations, work in an integrated way with individuals and communities who suffer poorer health outcomes, understanding the complex and cross-cutting nature of issues relating to health inequalities, many of which are rooted in wider social factors. We will endeavour to understand and address the key issue or issues which can act as a catalyst to improving broader outcomes, rather than trying to solve individual problems as separate organisations.
- Support a range of community based health and wellbeing approaches that work intensively with residents who experience poorer health outcomes, assessing their potential to improve health and wellbeing at community levels in the longer term.
- Work together to ensure services are being provided where they are needed most, using the assets we have more flexibly to better meet local need.
- We support a smarter approach to communicating with our residents and sharing health and wellbeing messages.
We recognise that traditional methods of communication are not appropriate for some people and we need to explore new, innovative methods that better convey health and wellbeing information to our residents, people who use services and their families.
- We acknowledge and value the difference that schools and children's centres can make in tackling inequalities, for example - their engagement with children and parents, educational attainment, and healthy food initiatives.

- Health and wellbeing are multi-faceted and complex concepts, therefore a range of approaches and interventions are required to address the determinants of health. This is reflected in our actions.

Actions - over the next three years the Health and Wellbeing Board will:

Target resource where it is needed most

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

- We want to ensure health improvement programmes are where they are needed most to improve the health and wellbeing of our residents who experience lower levels health and wellbeing, for example, lone parents, homeless young people and care leavers.

Tackle deprivation and address complex issues

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

- This work has been extremely successful in supporting families through complex issues, which no one agency or discipline can resolve. We would like more health professional resource allocated to these programmes to support more families with health specific issues.

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

- Stronger communities can offer more supportive environments, where more people care for each other. Giving communities more control over their lives and their wellbeing can be improved, for example, confidence and skills.

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

- The Living Wage could lift a number of families in York out of poverty. Recruitment and retention of staff is improved and quality of work increased.

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

- We will also support volunteering programmes which offer that step up to employment and work which helps sustain people in employment or training. We absolutely recognise the benefits of employment and training on health and wellbeing.

Improve access to services and support community-based initiatives

- 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.**
 - These programmes can lift a number of children and families out of poverty; they can be a stepping stone to employment. Additional income is often spent on heating, care and food. Not only does this prevent ill-health, and benefit the local economy, it also reduces demand on pressurised health services.

- 7. Explore and identify opportunities where we can take a range of services to residents who would benefit most from this. This includes:**
 - The use of the Community Stadium as a hub for health and wellbeing and a base for outreach services, ensuring we reach people who experience lower health outcomes.
 - The use of existing buildings within communities to join up, co-locate or extend services to increase flexibility and accessibility, for example, extending the range of support available from GP surgeries or using pharmacies to provide basic health checks and signposting.

- 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. 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.**
 - Health and wellbeing messages are often more effective when they are heard from people already known or from people within that community. Signposting is one method of early intervention, helping people access the right support at the right time, preventing their health from worsening. It is a great way to promote the support that is already available in communities.

Promote healthy lifestyles and behaviours

- 9. Undertake targeted work to investigate and address health behaviours and lifestyles in York, focused on smoking, alcohol use and obesity.**
 - Behaviours and lifestyles have a significant impact on health. We want to work with people in our communities to encourage healthier lifestyles and make healthier choices. [Insert findings from 'intervening in the social determinants of health']

- 10. Establish an effective York model for tobacco control (it is currently across both York and North Yorkshire).**
 - This includes establishing a York Tobacco Alliance and implementing the NICE guidance 'Quitting smoking in pregnancy and following childbirth'.

- Smoking is a major contributor to ill health. A more joined-up approach to tackling smoking in York can lead to improved health outcomes.

11. We will 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.

- We want to increase the consistency of messages that go out from various health and wellbeing organisations to increase awareness and understanding of health issues. By actively engaging more people, our residents and people who use our services will be better informed and will be better equipped to maintain and improve their own health and wellbeing.

Delivering the actions for the priority ‘Reducing Health Inequalities’:

The Health and Wellbeing Board will delegate the responsibility to deliver these actions to the Tackling Deprivation and Health Inequalities Partnership Board which will sit below.

The Health and Wellbeing Board will expect to see the principles and actions within the partnership board’s delivery plan before it is approved. The partnership board however will have some scope to further define these actions before their implementation. The partnership board will also make recommendations to the Health and Wellbeing Board to influence our strategy for reducing health inequalities in the city.

Please see the ‘Delivery and Monitoring’ section on page 36 for more information.

Improving mental health and intervening early

Why 'improving mental health and intervening early' is important

It is estimated that at any one time there are around 25,000 York residents experiencing various kinds of mental health problems, ranging from anxiety and depression to severe and enduring conditions including dementia and schizophrenia. Furthermore, 10% of 5 to 15 year olds in York are estimated to have a diagnosable mental health disorder and, with people living longer, an increase in dementia is forecast.

Much of this can go under the radar, and we need to **raise awareness and improve our understanding of the full range of mental health needs** in the City.



Where possible, we want to be able to intervene early to address or prevent mental health problems and not just treat more severe conditions. We know this is better for the wellbeing of people in York and their families and is more cost-effective.

The JSNA recommends that active consideration is given to joining up more closely the children's and adults' mental health agendas and work streams in order to support a closer focus on **early intervention, prevention and transition**. The Children and Young People's Mental Health strategy (CAMHS) is a key local policy driver for this priority. The JSNA also highlights the need to provide a range of comprehensive **community based support**, early intervention and services for individuals with mental health problems.

Housing has a significant impact on all our health and wellbeing. The JSNA specifically recommends that the housing needs of people with mental health conditions do need to be considered in the context of service planning and high quality provision. We need to ensure that health and wellbeing services, support and provision **promotes choice and control** embed for people who are have or are recovering from mental health conditions.

Principles which will guide our work and resources to deliver this priority

- Recognise the work that the workforce, the voluntary sector, communities and carers make to 'improving mental health and intervening early', especially for the following key issues:
 - **Increasing understanding of mental health needs** across the city
 - **Raising awareness** of mental health and **reducing stigma**
 - **Intervening earlier** and supporting **community-based initiatives**
 - Ensuring service planning and provision promotes **choice and control**
- Seek to gain a better understanding of mental health needs in York, and the services that are currently available. We will make sure our services are fit for purpose and if necessary redesign them to better meet mental health needs locally.
- Look to raise the profile of mental health and remove the stigma attached to it.
- Ensure that when we plan services, this takes account of the mental health needs of the ageing population, with particular reference to social isolation, loneliness and the growing number of people with dementia.
- Endeavour to create supportive communities which enable good mental health; where people have regular contact with one another, friendships can be developed and people are there to support each other. This will help prevent people from developing mental health conditions or requiring services in the first place.
- Improve coordination between the broad range of mental health support available in York across sectors, and which draw from both medical and social models of health and wellbeing. Since we know that mental health conditions are often complex, long term and related to a range of factors, we will support the development of longer term support programmes and more joined-up working between services.
- Work together to join up children's and adult's mental health agendas to better support early intervention work and the transition between services.
- Support a model of early intervention and prevention where possible, providing and effectively referring to a range of alternative support (instead of medication or intensive interventions) for people with low-level mental health conditions.
We acknowledge that there are different levels of mental health needs, and that different support and models of care should be used appropriately.

- Recognise that although the 'recovery model' can benefit those with mild or moderate mental health issues, there are approximately 400 people in the city with severe or enduring mental health conditions who need more intensive support.

Working document

Actions - over the next three years the Health and Wellbeing Board will:
Increase understanding of mental health needs across the city

- 1. Ensure that all agencies and practitioners record and provide accurate data about mental health and can share this across relevant partners (on a confidential basis, as appropriate).**
 - We need to know more about mental health needs. Improving collection and recording of data will help increase our understanding of mental health, particularly lower level mental health, informing and improving mental health services.

Raise awareness of mental health and reduce stigma

- 2. Commit to a joint annual communication campaign for mental health: awareness of it, how to respond to it, and how to promote mental wellbeing.**
 - This will improve the consistency of information across the city. As our understanding of mental health in the city increases, we can target these campaigns so they reach the right people.
- 3. Deliver a joint workforce programme for city employers for 'well at work' training for managers.**
 - This will increase awareness of mental health and stress in the workplace - how to identify problems and signpost to the appropriate support. It will also focus on promoting wellbeing at work – how to manage stress positively and achieve good mental health.

Intervene earlier and support community-based initiatives

- 4. Commission more mental health first aid training in York – either from the existing national programme or develop a local model.**
 - Support will be offered earlier and at a lower level, preventing issues from worsening and avoiding higher level interventions further down the line.
- 5. Across sectors, we will jointly map the support and pathways available for people with mental health conditions, including thresholds and eligibility criteria for services.**
 - This will identify opportunities where we can, across the system, intervene earlier. Following this work we anticipate re-commissioning support to ensure we are providing the right pathways of care and support for mental health services.
- 6. Explore how a single social prescribing programme which recommends exercise, social activity or volunteering can be established city-wide.**
 - This builds on an existing programme which recommends physical activity and is recognised by health professionals.
 - Longer term this approach could be embedded within Choose and Book.

- This community-based approach offer alternative support which increases confidences, self esteem, and inclusion. It helps tackle loneliness and depression and reduces the demand for health services¹⁰.
- 7. Support schools to raise awareness of mental health amongst young people and recognise the work that has already begun to achieve this.**
- This includes bringing in mental health expertise to complement Personal, Health and Social Education within the curriculum and refining it so it is more relevant to young people's mental health issues, i.e. eating disorders and self-harm.
 - Young people will have an increased awareness of mental health – reducing stigma, improving the response to mental health issues and promoting mental wellbeing.
- 8. Commission more community based support and services for individuals, especially early intervention and prevention work¹¹.**
- This includes: commissioning more counselling services and additional services to support 16-25 year olds. This will enable earlier intervention, and allow us to explore and address specific issues relating to young people moving into adulthood.
- Ensure service planning and provision promotes choice and control*
- 9. Review our housing policy for people with a mental health condition, this includes looking at our housing stock options and how we can offer more flexible tenure options.**
- Housing has a significant impact on health. It is vital therefore that we promote a range of housing options, appropriate for a range of needs to provide safe and secure living environments to aid recovery.
- 10. Introduce a Standardised Approach to Assessment (SAA) for Mental Health. All partners on the Health and Wellbeing Board will agree to use the mental health recovery star.**
- This assessment could be a 'passport', following the service user to a range of services and reviews. This will avoid several different assessment tools being used every time someone uses a different service. It can be used by clinicians and non-clinicians.
- 11. Provide a more fit for purpose Place of Safety for York and North Yorkshire.**
- We will increase multi-agency working to improve how agencies respond to those being detained under the Mental Health Act and agree a coordinated approach and policy for York. We want to ensure that people are treated with respect and dignity. Police custody is not an appropriate Place of Safety – it compounds distress and vulnerability.

¹⁰ Based on evidence from the HEAL programme in York and the HALE project in Bradford.

¹¹ The London School of Economics and Kings College report 'Economic Evaluation of Early Intervention (EI) Services' shows the significant savings that early intervention approaches can make for the NHS.

Delivering the actions for the priority 'Improving mental health and intervening early':

The Health and Wellbeing Board will delegate the responsibility to deliver these actions to the Mental Health and Learning Disabilities Partnership Board which will sit below.

The Health and Wellbeing Board will expect to see the principles and actions within the partnership board's delivery plan before it is approved. The partnership board however will have some scope to further define these actions before their implementation. The partnership board will also make recommendations to the Health and Wellbeing Board to influence our strategy to improve mental health and intervene early.

Please see the 'Delivery and Monitoring' section on page 36 for more information.

Working document

Enabling all children and young people to have the best start in life

Early intervention and tackling inequality are the basis for enabling all children and young people to have the best start in life.



In York there has been an increase in the number of

children who are subject to formal child protection plans. Neglect is the largest single category of child protection plans, often alongside other forms of maltreatment including domestic abuse, physical abuse, and sexual abuse. Many children who live within neglecting families are disadvantaged from early life and encounter social, emotional, behavioural and educational difficulties as they grow older.

In 2010, there were an estimated 4,400 children living in **poverty** in the city. There is a considerable attainment gap between pupils who are in receipt of free school meals and other pupils. In 2011, 10% of York pupils were claiming free school meals, compared to a national average of 18%. The school absence rate amongst pupils eligible to receive free school meals in York was approximately double the rate of those pupils who were not. We know that **education is essential** in improving life chances and opportunity.

Principles which will guide our work and resources to deliver this priority

Eight ways in which we will work to help **all** children, young people and their families to live their dreams:

- **Striving for the highest standards**

York already enjoys some of the highest educational and health outcomes of anywhere in the UK. But we are not complacent, and will continually strive for more. There should be no limits on the dreams and aspirations of any young person in York. This can only come about through positive partnerships with children, young people and their families; together with a skilled, confident and committed workforce.

- **Creating truly equal opportunities**

We will work relentlessly to ensure that no child, young person or community is at a relative disadvantage, removing all traces of discrimination from our systems and our interactions –

with a particular focus on the rising numbers of children from a black and ethnic minority (BEM) background, and on those questioning their sexuality. This principle is as much about celebrating the positive as it is about eliminating the negative.

- **Ensuring children and young people always feel safe**

Safeguarding lies at the heart of all our work, as does ensuring that there are “arenas of safety” at home, at school and in the community. We will continue to make our procedures for raising concerns about a child as straightforward and as effective as possible. We will be sensitive to the possibilities of exploitation or extremism, and will continue to adopt a “zero tolerance” policy for bullying in any form.

- **Intervening early and effectively**

We firmly believe in the principle of investing in “upstream” interventions to prevent costly “downstream” problems. This includes developing responsive mechanisms for supporting particularly vulnerable children, young people and families. It is also about programmes of public health to promote breastfeeding, exercise, healthy eating and good sexual health, whilst also preventing unwanted conceptions, and problems with drugs or alcohol.

- **Working together creatively**

This is about working within and beyond the YorOK partnership to ensure that organisational demarcation never gets in the way of the best interests of children and young people in York. It’s about sharing information, and pooling budgets, so as to develop better services. It’s also about making best use of the changing organisational landscape in both education and health to promote the interests of young people.

- **Treating children as our partners: mutual respect and celebration**

York has always prided itself on its capacity to involve young people. We need to ensure that all services continue to be fully responsive, and that young people’s views are built into the design and delivery of services from the outset. We should lose no opportunity to celebrate their achievements. This principle is founded on respect for children’s rights as enshrined in the UN Convention and recognition that with these rights also come responsibilities. We will continue to work closely with the Youth Council and with School Councils in this area.

- **Connecting to communities and to the rich culture of our great city**

We need to see children as people who live within their communities and as future responsible citizens. York has such a rich heritage, and varied cultural life, and we need to ensure children and young people have multiple opportunities to connect with it. We also need to be sensitive to the fact that different communities have very different needs and aspirations, and that for some people their “community” may be their local area, whereas for others, it may have more to do with cultural identity.

- **Remembering that laughter and happiness are also important**

It would negate the purpose of this principle to expand upon it further!

In addition, there are five specific priorities, based on evidence about where extra help is needed

- **Helping all York children enjoy a wonderful family life**

We have always recognised that children are best brought up in their own family, however that is composed. Where that is not safely possible, we will seek always to ensure that high quality local alternative family settings are available. So we need to ensure we give extra help to any family experiencing particular difficulties, and to continue to support foster families, adoptive parents, and those parents who may be vulnerable in some way (including parents with learning difficulties).

- **Supporting those who need extra help**

We already have evidence of differences in educational and health outcomes for looked after children compared with their peers and – despite some progress – in the attainment of pupils eligible for free school meals or the pupil premium. We also have concerns about the outcomes for young people from the traveller community and for young carers. Finally, we need to do more to help young people with a learning difficulty or disability to find employment after school or university. For all these groups, we need imaginative programmes of support and challenge.

- **Promoting good mental health**

We need to do more work to understand the possible dimensions of the issue here, ie, what is actually needed, and to deliver a range of sensitive and professional services to support young people who have mental health issues. Young people are particularly keen for us to help to remove the stigma around poor mental health.

- **Reaching further: links to a strong economy**

There are two particular areas where the needs of young people interact with the economic health of the city: child poverty, and young people not in education, training or employment (NEET). We need to expand our multi-agency, multi-faceted programme to tackle child poverty and to increase the number of apprenticeships across the city. The raising of the “participation age” during the lifetime of the plan will appear to have removed the problem of “NEET” young people under 18, but as a partnership, YorOK is just as concerned about young adults aged 18-25 who are without work or purposeful activity. We need to help all young people to be “work ready” and to encourage and support young entrepreneurs.

- **Planning well in a changing world**

This priority recognises some particular uncertainties that we know we are going to have to face in the next plan period, for which we need to plan effectively. These include falling

demand for secondary school places and, conversely, rising demand at primary level. We also face unprecedented pressures on our budgets, putting an added premium on ensuring that we spend every penny wisely and that we work together imaginatively to ensure that the total impact of our combined budgets is greater than the sum of the parts. But there are also positives – the health reforms, and the changes to the education system, represent opportunities we should seize.

Delivering the actions for the priority ‘Enabling all children and young people to have the best start in life’:

The YorOK Board has detailed how it will deliver the principles and actions for this priority in ‘Dream Again’, York’s Strategic Plan for Children, Young People and their Families, 2013-2016.

Please see the ‘Delivery and Monitoring’ section on page 36 for more information.

Working document

Creating a financially sustainable local health and wellbeing system

Why 'creating a financially sustainable local health and wellbeing system' is important

In order to deliver this strategy we need to have the right resources in place. Resources and commissioning decisions should be aligned with principles and actions set out in this strategy so we can achieve our priorities and support the health and wellbeing of residents in York both in the short and long term.



Significantly reduced and further reducing public sector budgets, financially challenging times for individuals and increasing demands for a range of health and wellbeing services create a perfect storm for the health and wellbeing system in York to contend with. Taking into account increased demand, it is estimated that budget savings of around 20% will be required across health and local government by 2020.¹² To simply continue what we are doing, let alone additionally investing in our priorities or to make long-term savings, would be a major challenge.

All this, coupled with the urgent need to re-balance the York & North Yorkshire health system which is spending more than is available year on year, make this a pivotal time to create a system which costs less overall but continues to provide excellent care, treatment, support and opportunities for our residents.

Nevertheless, we must remind ourselves that despite the challenges, there are still hundreds of millions of pounds across sectors to support and improve the health and wellbeing of individuals and communities in York – it is our responsibility to maximise what we do with this and invest it wisely.

¹² LGA Funding Outlook for Councils, 2012; King's Fund, 2011

Principles which will guide our work to deliver this priority

We will:

- Through the Health and Wellbeing Board, take ownership of the financial position of the whole health and wellbeing system in York, rather than focus on the performance of individual organisations.
We will ensure we are investing in services that we know will have the biggest impact on improving health and wellbeing. We need to be aware of both the intended and unintended consequences of funding decisions we make and the impact of any subsequent service change. To help us make these decisions we will take a joint approach to budget consultation with residents and endeavour to communicate consistently about the overall financial position.
- Maximise efficiencies between adult social care and health through jointly planning care pathways across sectors and integrating commissioning decisions more closely.
Where appropriate, we will explore opportunities for joint commissioning posts, pooled budgets or lead commissioning arrangements between City of York Council and Vale of York Clinical Commissioning Group to support this more integrated approach.
- We will prioritise system change around care pathways for older people which are the most significant cost pressures and opportunities.
This will address a major strain and will release pressure on services so they are able to function better across the board, benefitting all our residents.
- Support community-based models of care to allow more people to benefit from being supported in their own homes and within their own communities.
We know people prefer to be supported at home, or near home and the significant health and wellbeing benefits this offers – reduced transitions and increased independence. Providing more support at home may lead to a reduction in the number of beds that are needed in hospitals and a change in staffing and equipment provision. We must sensitively reassure and remind people of the benefits of this approach and the need for change. In order to make this system change, we will need to:
 - Create performance frameworks and contracts which reward this more financially sustainable model of care, and share risk appropriately
 - Commission primary, community and social care so that there is sufficient capacity to effectively support people closer to home who would have traditionally required hospital services. We will commission the best services possible, with openness to the possibility that this may not be from statutory providers.
 - Encourage the reduction of hospital referrals through GPs and nursing homes, highlighting other, more fit for purpose services, to refer on to.
 - Promote and encourage self-care where appropriate.

- Be open with the public about the need for change, educating them in dilemmas we face together and trust them to make decisions which benefit the whole population. We will work closely with local media, encouraging them to act with social responsibility, to avoid publicity which could derail this collaborative approach.
- Urge Central Government to adopt its plans for a financially sustainable model for paying for adult social care without delay.
- Allocate our resources to where they are needed most, particularly those areas or groups of people who suffer poorer health outcomes.
- Have a two-pronged approach to reviewing finance and resources – a whole system view but also assessing the effectiveness of our services on a case by case basis. This will give us more flexibility in allocating resource where it is needed and resolving cases where people are ‘stuck in the system’.
- Maximise internal efficiencies through vacancy management and efficiency programmes across the Council and NHS.
- Take a shared approach to assets such as buildings and vehicles, maximising their use between partners, and selling or putting to other use assets we don’t need as a result.
- Maximise the use of voluntary sector services where they provide excellent value for money and results.
We will stimulate a stronger market by supporting voluntary sectors organisations to work together or scale up to bid for larger contracts. We will tender contracts to enable voluntary sector organisations to be competitive against larger statutory or independent providers.
- Trust patients and residents to understand the complex dilemmas we face and allow them to shape solutions, for example, through the increased co-production of services.

Delivering the priority ‘creating a financially sustainable local health and wellbeing system’

The Health and Wellbeing Board will deliver this priority as achieving this requires whole system change. The Health and Wellbeing Board will be supported by task groups, for example, finance officers who will support health and wellbeing organisations to understand each others’ budgets, budget plans over the next 3 years and how this will affect the health and wellbeing system and individual organisations.

Please see the ‘Delivery and Monitoring’ section on page 36 for more information.

Links to city wide plans

It is important to note the close links between the delivery of York's Health and Wellbeing Strategy and other significant city-wide plans that have a major impact on the health and wellbeing of our residents. These include the City Action Plan and the recommendations within the Fairness Commission final report.

City Action Plan

The City Action Plan sets out the aims and intentions of individuals and organisations dedicated to improving the quality of life in York and making our way of life more sustainable, between 2011-2025. Sharing Growth is one of the three priorities in the City Action Plan and one which the Health and Wellbeing Board will help deliver. Specifically, promoting the wellbeing of all of the city's residents recognising its changing demography and meeting the health and social care needs of the city's growing older population.

The Health and Wellbeing Board will also recognise and support the achievement of the key ambition 'strong neighbourhoods and communities throughout the city where people have an effective voice in local issues, are able to influence'. As stated earlier in this strategy, we have a commitment to engagement in the long term and extend the concept of co-production throughout more health and wellbeing services.

It is well documented that a thriving economy enhances the health and wellbeing of a population; therefore we need to acknowledge the other two priorities within the City Action Plan – Enabling Growth and Creating the Environment for Growth.

York Fairness Commission

The York Fairness Commission is a non-political, independent, voluntary advisory body established in 2011 with the purpose of promoting greater fairness and reduced inequality in York.

The Health and Wellbeing Board will support the Fairness Commission principles and will be a vehicle for delivering a number the health and wellbeing principles recommendations within the Commission's 'Findings and Recommendation' report and the companion report 'Ideas for Action'. Recommendations E and F are of particular relevance to the Health and Wellbeing Board and its partnership boards. Inequality is complex and multi-faceted, so the Board at times may work alongside other city partnerships to implement the recommendations and explore ideas for action.

Delivering and monitoring the strategy

The resource to deliver the Health and Wellbeing Strategy

At the time of drafting this strategy it is still unclear how much resource health and wellbeing organisations will have to implement the actions over the next three years. As highlighted earlier in this document, we are in challenging financial times, with decreasing funding and resources along with increasing demand for services. However, not all of the actions within this strategy will require additional investment. Some actions will be implemented through the synergies of more joint working, finding new opportunities to jointly deliver and resource our priorities. It is especially important that we work across geographical boundaries, with the Vale of York Clinical Commissioning Group and the NHS Commissioning Yorkshire and Humber Team as they begin to commission health and wellbeing services. Through the Health and Wellbeing Board we are working key providers of services, such as York Hospital and Leeds and York Partnership and with York CVS and York LINK (until HealthWatch is established) who can represent patient and public voice.

Some actions will require health and wellbeing organisations to re-prioritise resource or funding, or re-allocate staff time so it is aligned with our priorities. Some actions will need new resources, and the Health and Wellbeing Board will work together to find the resource required to implement their commitments.

The Health and Wellbeing Board will have overall accountability for the delivery of this strategy. They will also be accountable for delivering a number of actions set out in the City Action Plan relating to Sharing Growth and will lead our response to the Fairness Commission recommendations related to health and wellbeing.

An introduction to the Health and Wellbeing Partnerships

Below the Health and Wellbeing Board are four strategic partnership boards:

- 1. Older People and People with Long Term Conditions**
Chair: Dr. Tim Hughes, Vale of York Clinical Commissioning Group
- 2. Tackling Deprivation and Health Inequalities**
Chair: Dr. Paul Edmondson-Jones, York Director of Public Health and Wellbeing
- 3. Mental Health and Learning Disabilities**
Chair: Dr. Cath Snape, Vale of York Clinical Commissioning Group
- 4. Children and Young People – The YorOK Board**
Chair: Councillor Janet Looker

Although the health and wellbeing partnership boards will deliver the priorities within this strategy, it is not the totality of their remit.

For example, the Older People and Long term Conditions partnership will deliver the priority 'Making York a great place for older people to live', but it will also deliver a number of priorities and actions relating to long term conditions on behalf of the Vale of York Clinical Commissioning Group, the City of York Council and partners. Similarly, the Mental Health and Learning Disabilities partnership will deliver the priority 'Improving mental health and intervening early', and it will deliver a number of priorities and actions relating to the Valuing People Now agenda.

These partnership boards are in their infancy and are not yet fully established, with the exception of the YorOk Board. In establishing these boards there is a lot of work to do to ensure we have the right membership, terms of reference and that other partnerships relating to their work know how they can be involved - the routes they can take to influence the Health and Wellbeing Board and our strategic priorities and how they contribute to delivering the strategy. The priorities for the health and Wellbeing Board will change over time, as do health and wellbeing needs. This strategy is focused on what the Health and Wellbeing Board believe they can make the biggest difference to health and wellbeing by working together at this point in time. We will ensure sufficient flexibility to enable us to address any significant health and wellbeing issues that arise so they are addressed in a timely manner.

The role of the Health and Wellbeing Partnerships

Once established, the first task that these partnership boards will undertake is to set out a delivery plan for the relevant priority and the implementation of the actions. Each partnership board will be responsible for delivering a priority area.

The partnership boards will follow the principles set out in this strategy and work to deliver the commitments and actions contained within it. Each partnership board will report to the Health and Wellbeing Board annually to update on progress towards and achievement of the actions and commitments. Many of the commitments and actions have considerable scope for the partnership boards to co-design responses and solutions with communities, individuals and organisations across all sectors.

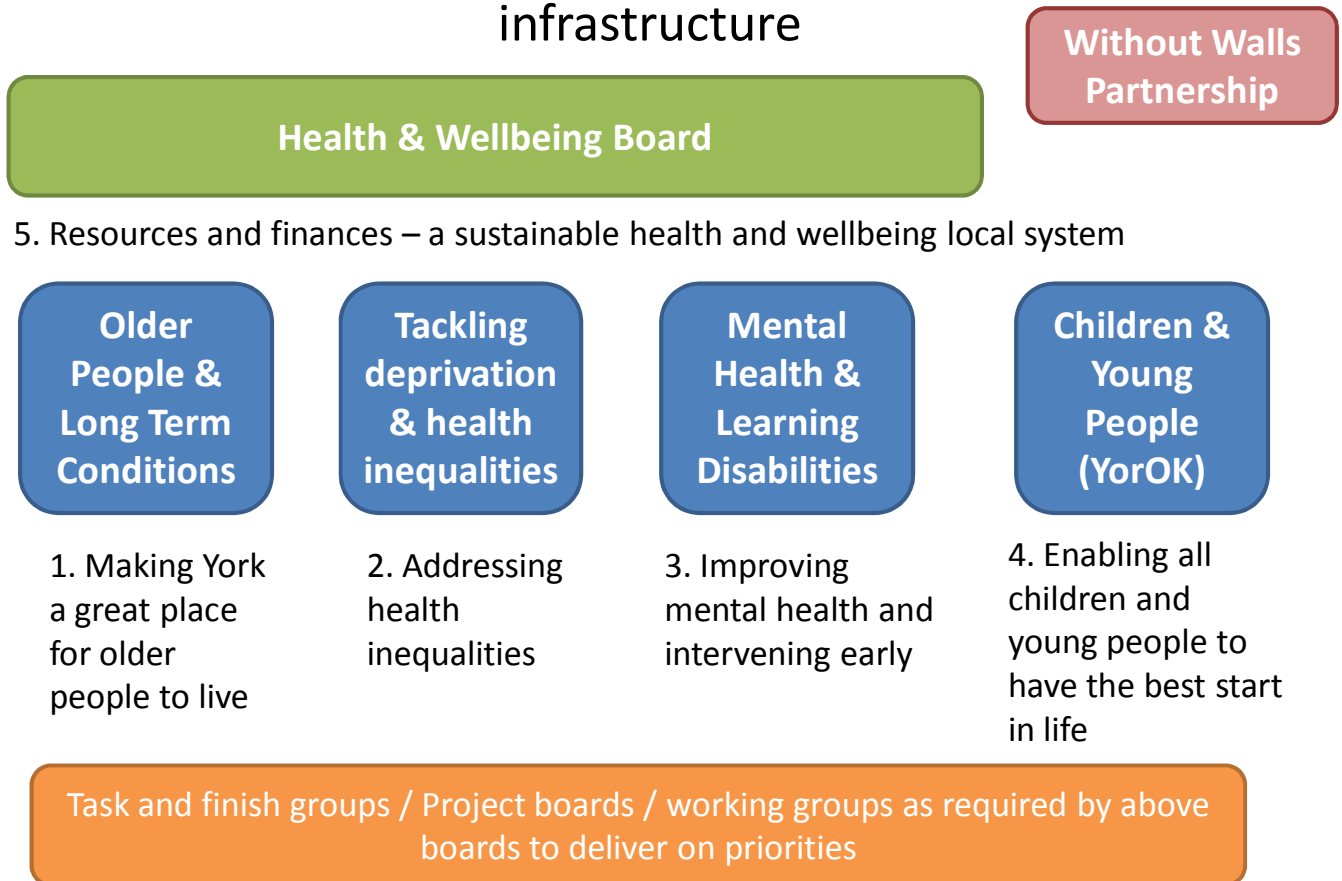
Included within this strategy are a number of cross-cutting principles and actions. To ensure their delivery, the Health and Wellbeing Board will expect to see these included in the delivery plans of all four partnership boards, before their approval.

The Health and Wellbeing Board will deliver the fifth priority, 'creating a financially sustainable local health and wellbeing system' as this requires whole system change to achieve it. The Health and Wellbeing Board will delegate work to task groups to support the delivery of this, for example, to finance officers and commissioners across health and wellbeing organisations to increase understanding of commissioning arrangements and identify opportunities for joint

commissioning. In April 2013 a detailed work plan to help the Health and Wellbeing achieve the principles within this priority will be prepared.

The diagram below illustrates the relationship between the Health and Wellbeing Board, the Without Walls partnership and the four strategic partnership boards.

Delivery and monitoring – responsibility and accountability for each theme through partnership infrastructure



Monitoring the delivery and impact of the strategy

The impact of the Health and Wellbeing Strategy will be monitored by the Health and Wellbeing Board on a quarterly basis.

To enable the Health and Wellbeing Board to have an overview of the delivery and impact of this strategy, a number of methods will be used.

1. Joint scorecard

The scorecard has been developed with the four health and wellbeing partnership boards. Key performance measures have been identified for the strategic priorities the partnership boards

will deliver. The performance measures have been taken from the national outcomes frameworks: Public Health, Adult Social Care, NHS and Clinical Commissioning Group outcomes frameworks. The measures are established measures; they are defined within national outcomes frameworks and have sets of supporting technical data behind them. It aims to give the Health and Wellbeing Board an overview of how, as a city, we are performing against the indicators which have the biggest impact on health and outcomes.

The partnership boards will provide data on the relevant performance measures on a quarterly basis. However, as well as reporting on the performance measures within the scorecard, the partnership boards will highlight any changes or issues from their wider performance framework to the Health and Wellbeing Board that show a significant change in health and wellbeing outcomes requiring a review of strategic priorities.

The joint scorecard is attached as Appendix 1

2. Thematic Health and Wellbeing Board meetings

As well as developing a joint scorecard to allow the Health and Wellbeing Board to monitor the delivery and performance of this strategy, we want to capture the real difference some of these changes make to the residents of York. We want to get a real picture of how people's health and wellbeing is being affected, what is working at what isn't. To gain this insight we will work closely with HealthWatch, the voluntary sector and the engagement officers within the organisations who sit on the Health and Wellbeing Board. We would like to invite the four partnerships boards to share any qualitative feedback with the Health and Wellbeing Board via an annual report at a thematic board meeting. This report will be expected to include the wider picture of their remit of work, rather than a narrow view of their delivery plan, case studies summarising experiences of using or accessing health and wellbeing services and how people have been engaged and involved in the evaluation.

3. Performance frameworks for each partnership board

We recognise that as the remit of the partnership boards' work is wider than the Health and Wellbeing Strategy, and so too will their performance frameworks. As the partnership boards develop during 2013 they will develop a delivery plan and their own performance framework to capture the impact they are making on a range of factors.

In summary, it is expected that the four health and wellbeing partnership boards will:

- Produce a delivery plan which will be approved by the Health and Wellbeing Board
- Produce a performance framework, monitoring the totality of their work.
- Provide a quarterly report for the Health and Wellbeing, giving an overview of progress and performance measure within the joint scorecard.

- Provide an annual report to the Health and Wellbeing Board, providing a thematic and detailed report on their progress and performance over that year. This will provide the Board with a broader view of particular themes and issues, including case studies.

Once the partnership boards are established we will have more details about how their work and the delivery of the strategy will be monitored. This work is still ongoing, but we will be able to provide further clarity by March 2013.

Working document

Reference list of relevant strategies and plans

1. Joint Strategic Needs Assessment 2012
2. Vale of York Clinical Commissioning Group Integrated Plan (*currently in draft*)
3. Children and Young People's Plan 2012 – Dream Again
4. York Adult Care Workforce Strategy
5. Fairness Commission final report
6. City Action Plan
7. Children and Young People's Mental Health (CAMHS) strategy
8. North Yorkshire and York Review
9. Housing strategy
10. Older People's Housing Strategy
11. Financial Inclusion Strategy

Working document

Working document

Appendix 1 – Joint Scorecard

Performance measure	Baseline 2012/13	Lead body
Reducing health inequalities		
Healthy life expectancy		Tackling Deprivation and Health Inequalities (TDHI) Partnership Board
The difference in life-expectancy at birth from the most to the least deprived		TDHI Partnership Board
Smoking prevalence		TDHI Partnership Board
Self reported wellbeing		TDHI Partnership Board
Enhancing quality of life for people with long term conditions		
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)		Older People and People with Long Term Conditions (OPLTC) Partnership Board
Helping people to recover from episodes of ill health or following injury		
Emergency readmissions within 30 days of discharge from hospital		OPLTC Partnership Board
Improving recovery from stroke People who have had a stroke who: <ul style="list-style-type: none"> - are admitted to an acute stroke unit within four hours of arrival to hospital - receive thrombolysis following an acute stroke - are discharged from hospital with a joint health and social care plan - receive a follow up assessment between 4-8 months after initial admission 		OPLTC Partnership Board

Improving mental health		
<i>Awaiting input from Cath Snape/ Kathy Clark</i>		Mental Health and Learning Disabilities (MHL) Partnership Board
		MHL Partnership Board
		MHL Partnership Board
Supporting children and young people at the earliest opportunity		
Under 18 conception rate		YorOK Board
Young people aged under 18 admitted to hospital with alcohol specific conditions (aged 0-17)		YorOK Board
Hospital admissions due to substance misuse (aged 15-24)		YorOK Board
% of children in Year 6 recorded as being obese		YorOK Board

Working document



Shadow Health and Wellbeing Board

30th January 2013

Summary of City of York Council 2012/13 Adult Social Care Budgets

1. The table below sets out the current approved budget for 2012/13, along with the forecast variation;

	Budget 2012/13 £'000	Forecast 2012/13 £'000	Forecast over/(under) spend £'000
<u>Purchasing Budgets</u>			
Residential Care	6,010	6,480	470
Nursing Care	4,217	3,918	-299
Community Support budgets	3,764	6,643	2879
Direct Payments	2,636	3,023	387
Respite	135	334	199
Transport	662	886	224
Major staffing budgets	4,993	5,026	33
<u>Direct Service Provision</u>			
Elderly Persons Homes	2187	2,439	252
Flaxman Avenue Residential Respite	120	150	30
Small Day Services	809	570	-239
Supported Employment	238	289	51
Night care service	352	352	0
Personal Support Service (Sheltered Housing with Extra Care)	919	958	39
Warden Call	542	404	-138
Commissioned Services	1624	1,533	-91
Supported Living schemes	5628	5,403	-225
Supporting People	5057	5,017	-40
Other miscellaneous budgets	3578	3,578	0
Total Adult Social Care Budget (excl internal recharges and notional capital charges)	43,471	47,003	3,532

Note

Mitigation of approx £1m has been identified to bring the forecast overspend down to £2.6m

2. Homecare

The Homecare service has been substantially redesigned and has been successful in signposting customers with low level needs to other forms of provision. This has meant that the number of customers has remained stable despite the growth in the number of potential customers, but it does also mean that the customers receiving the service have more complex needs. This is one reason why, despite unit costs going down following the outsourcing of the service weekly, spend on our home care contracts has increased from £54k a week in July 2011 to £82k a week in December 2012. In March 2011 there were 553 customers receiving 7 hours a week home care on average. There are currently 720 customers (on the tiered contracts alone) receiving an average of 8.1 hours of care per week.

3. Residential and nursing care homes

The number of admissions to residential and nursing care homes has remained fairly stable but, as predicted, the demographic pressures and the increasing ability to support people at home for longer means people are needing more intensive support as they enter care homes. This is leading to higher costs in nursing homes and, for some residents, additional 1:1 support to keep them safe. In addition, fee increases of 1% have been approved in April and October.

4. Mitigation to reduce the forecast overspend will include;

- vacancy freeze measures
- contracts being reviewed
- options for using reserves and grants
- review of charges
- vacant beds within Elderly Persons Homes used whenever possible for planned respite care
- options to delay planned investment
- reviewing decision making processes for high cost care packages

5. Council Plan

The proposals in this paper have particular relevance to the 'Protecting Vulnerable People' strand of the Council plan.

6. Implications

- **Financial**

The Health and Wellbeing board will not take specific decisions on services or commissioning, however they will set the strategic direction and provide leadership for health and wellbeing services locally.

The Health and Wellbeing Board are responsible for achieving the priority 'Creating a sustainable health and wellbeing local system' within the Health and Wellbeing Strategy 2013 – 2016.

- **Human Resources (HR)**

No HR implications

- **Equalities**

The Health and Wellbeing strategy may well affect access to service provision. Decisions about accessing specific services will not be taken by the board. Addressing health inequality and targeting more resource towards the greatest need should positively impact on equalities. A community impact assessment (CIA) has been carried out on the strategy's priorities before it is approved in April 2013.

- **Legal**

No legal implications

- **Crime and Disorder**

No crime and disorder implications

- **Information Technology (IT)**

No IT implications

- **Property**

No Property implications

- **Other**

7. Risk Management

There are no significant risks associated with the recommendations in this paper.

8. Recommendations

The Shadow Health and Wellbeing Board is asked to:

- A. Note the overall position of the Council's adult social care budget and consider the potential impact, pressures and dependencies across the local health and wellbeing system.

Reason: This report is part of a programme of work to facilitate the Shadow Health and Wellbeing Board's understanding of budgets within the local Health and Wellbeing system. This work is focused around the Health and Wellbeing priority, 'Creating a sustainable Health and Wellbeing local system'.

9. Contact Details

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**Report
Approved**

Date *16 January
2013*

10. Wards Affected:

All

For further information please contact the author of the report

11. Attachments - *none*