

**Notice of a public meeting of
Health and Wellbeing Board**

To: Councillors Runciman (Chair), Brooks, Cannon and Craghill,
Sharon Stoltz Interim Director of Public Health, City of York Council
Martin Farran Director of Adult Social Care, City of York Council
Jon Stonehouse Director of Education, Children and Skills, City of York Council
Tim Madgwick Deputy Chief Constable, North Yorkshire Police
Kevin Curley Acting Chief Executive York CVS
Siân Balsom Manager, Healthwatch York
Julie Warren Locality Director (North) NHS England
Martin Barkley Chief Executive, Tees, Esk and Wear Valleys NHS Foundation Trust
Patrick Crowley Chief Executive, York Teaching Hospital NHS Foundation Trust
Dr Mark Hayes Chief Clinical Officer, Vale of York Clinical Commissioning Group (CCG)
Rachel Potts Chief Operating Officer, Vale of York Clinical Commissioning Group (CCG)
Mike Padgham Chair of Independent Care Group

Date: Wednesday, 20 January 2016
Time: 4.30 pm
Venue: The George Hudson Board Room - 1st Floor West Offices (F045)

A G E N D A

1. Introductions

2. Declarations of Interest (Pages 3 - 4)

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

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

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

3. Minutes (Pages 5 - 14)

To approve and sign the minutes of the last meeting of the Health and Wellbeing Board held on 2 December 2015.

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 19 January 2016 at 5.00 pm**

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

Filming, Recording or Webcasting Meetings

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

Residents are welcome to photograph, film or record Councillors and Officers at all meetings open to the press and public. This includes the use of social media reporting, i.e. tweeting. Anyone wishing to film, record or take photos at any public meeting should contact the Democracy Officer (whose contact details are at the foot of this agenda) in advance of the meeting.

The Council's protocol on Webcasting, Filming & Recording of Meetings ensures that these practices are carried out in a manner both respectful to the conduct of the meeting and all those present. It can be viewed at:
https://www.york.gov.uk/downloads/file/6453/protocol_for_webcasting_filming_and_recording_council_meetingspdf

5. Joint Strategic Needs Assessment (JSNA) Update

(Pages 15 - 44)

This report provides the Board with an update on York's Joint Strategic Needs Assessment; specifically around work undertaken on some specific topic areas.

6. YorOK Board Annual Report (Pages 45 - 52)

The YorOK Board is a requirement of the Children Act 2004 and is formally accountable to the Health and Wellbeing Board. This is the second annual report of the YorOK Board tabled at the Health and Wellbeing Board.

7. Update on Work towards Implementing the Recommendations Arising from Healthwatch York Reports

(Pages 53 - 70)

This report and its associated annexes set out progress made to date on implementing the recommendation arising from the following Healthwatch York reports:

- [Accident and Emergency Department and its Alternatives](#)
- [Discharge from Health and Social Care Settings](#)

8. Delivering the Five Year Forward View for the Vale of York

(Pages 71 - 82)

This report provides an overview of the new national planning guidance for health services and proposals for the local development of the required plans.

9. Suicide Prevention (Pages 83 - 88)

The purpose of this report is to provide the Health and Wellbeing Board with a brief overview of the work around suicide prevention in York. A further report will be presented in due course together with any recommendations from the Suicide Audit that is currently being undertaken in partnership with the Coroner's Office.

10. Forward Plan (Pages 89 - 90)

To consider the Board's Forward Plan.

11. Urgent Business

Any other business which the Chair considers urgent under the Local Government Act 1972.

Democracy Officer:

Name- Judith Betts

Telephone No. – 01904 551078

E-mail- judith.betts@york.gov.uk

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

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

Contact details are set out above.

This information can be provided in your own language.

我們也用您們的語言提供這個信息 (Cantonese)

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

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

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

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

 (01904) 551550

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

Remit

York Health and Wellbeing Board will:

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

York Health and Wellbeing Board will not:

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

This page is intentionally left blank

Health & Wellbeing Board Declarations of Interest

Patrick Crowley, Chief Executive of York Hospital

None to declare

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

None to declare

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

None to declare

Mike Padgham, Chair Council of Independent Care Group

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

Siân Balsom, Manager Healthwatch York

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

This page is intentionally left blank

City of York Council

Committee Minutes

Meeting	Health and Wellbeing Board
Date	2 December 2015
Present	Councillors Runciman (Chair), Brooks, Cannon and Craghill Sian Balsom (Manager, Healthwatch York) Patrick Crowley (Chief Executive, York Teaching Hospital NHS Foundation Trust) Kevin Curley (Acting Chief Executive, York CVS) Dr Mark Hayes (Chief Clinical Officer, NHS Vale of York Clinical Commissioning Group) Ruth Hill (Director of Operations, Tees, Esk and Wear Valleys NHS Foundation Trust) (substitute for Martin Barkley) Tim Madgwick (Deputy Chief Constable, North Yorkshire Police) Michael Melvin (Assistant Director Adult Social Care - CYC) (substitute for Martin Farran) Mike Padgham (Chair, Independent Care Group) Rachel Potts (Chief Operating Officer, NHS Vale of York Clinical Commissioning Group) Sharon Stoltz (Interim Director of Public Health) Jon Stonehouse (Director of Children's Services, Education and Skills - CYC) Julie Warren (Locality Director (North) NHS England)

28. Introductions

Introductions were carried out.

29. Declarations of Interest

Board Members were invited to declare any personal, prejudicial or disclosable pecuniary interests in the business on the agenda, other than the standing interests which had been circulated with the agenda papers. No additional interests were declared.

30. Minutes

Resolved: That the minutes of the meeting of the Health and Wellbeing Board held on 21 October 2015 be signed by the Chair as a correct record.

Consideration was given to the Board's Action Grid. It was noted that Action HWBB 006 had been included as an item later on the agenda and that all other actions were completed or on target.

31. Public Participation

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

Dr Mick Phythian expressed his concerns that Healthwatch had not received feedback to date from any local organisations regarding their report on discrimination against disabled people. He drew attention to the concerns in the report regarding inadequate parking provision for Blue Badge holders in the City centre. Dr Phythian stated that the Council's own car parks were on the periphery of the city centre and although it had been stated that the developments in Kings Square would provide two bays this had not been the case. Although Blue Badge holders were permitted to park on double-yellow lines for three hours (where there were no markings on the kerbside), this time was inadequate for many activities. The Council has also more recently increased the number of double-yellow lined areas where no parking at all was permitted. There had also been an increase in businesses placing 'A' boards, or in one

case tables and chairs, in the road and the Council did not appear to be taking action to address this issue.

Dr Phythian stated that he was pleased at the arrangements that had been put in place to make the St Nicholas Fair wooden huts more accessible, but unfortunately this improvement had been undermined by the fact that the road around St Sampson's Square had been closed to accommodate additional huts. This had further reduced the available double-yellow line parking. Dr Phythian also drew attention to the inaccessibility of York Crown Court and stressed the importance of ensuring that York was accessible.

The Chair thanked Dr Phythian for his comments and stated that she shared his concerns regarding the need to ensure appropriate follow up from Healthwatch reports. It was hoped that these could be considered by a task and finish group. The concerns that had been raised regarding disabled parking, including the arrangements for the St Nicholas Fair, would be discussed with the relevant Director.

Tim Madgwick echoed the concerns that had been raised regarding the inaccessibility of York Crown Court and its lack of disabled parking. He also drew attention to the issue of disability hate crime and stated that this was significantly under reported. Incidents of this type of abuse on buses was one of the issues. Improved reporting arrangements had been put in place and the outcomes would be reported to the Board.

Councillor Brooks stated that a scrutiny review had been carried out regarding disabled access to York's heritage and cultural offer and that one of the issues that had been raised during the consultations had been concerns regarding transport.

32. Performance Update December 2015

Board Members considered a report that presented the latest available performance figures for the indicators agreed in December 2014.

Discussion took place around the following issues:

- The development of more community options in respect of Adult Social Care.
- Concerns regarding the low proportion of customers with care and support needs who say they feel safe. Consideration was being given to extending the telecare

offer but there was a need to address perceptions and give reassurance that York was a safe place in which to live.

- Parties agreed to support the fall prevention work that was taking place. This would be taken forward as a public health issue.
- Work was taking place to improve take up of health checks for people with learning disabilities. Concerns were expressed that some people with learning disabilities had been charged to see their own health check outcomes. It was agreed that details would be forwarded to the York Clinical Commissioning Group to investigate. There was also a need to ensure that appropriate links were in place with the work that was taking place through Applefields.
- It was noted that the current smoking cessation services in York had one of the lowest engagement rates in the country and the service was being re-commissioned as part of an integrated wellness service.
- It was agreed that there were opportunities for organisations to work together in a more joined up way. As well as sharing intelligence there were opportunities for organisations to signpost customers to sources of support.
- Board Members were pleased to note that, for the first time in living memory, no vulnerable adult detained by the police under the Mental Health Act, had been taken into a police cell for the whole of last month.
- The need to better utilise the voluntary sector in York. Charities, individuals, community and faith groups had much more to contribute in addressing some of the challenges that had been identified.
- It was noted that, although there had been a fall in the number of hospital admissions as a result of self harm for 10-24 year olds, the Children's Safeguarding Board had identified this issue as a priority. The work that the YorOK Board was carrying out in respect of the happiness of young people in the city would be reported back to the Health and Wellbeing Board.
- It was noted that a new NEETs strategy was being developed. Whilst overall performance was good, there were significant challenges. Over 30% of the NEET group had SEND.
- Board Members expressed concern at the Government cuts to public health funding which had been announced and the implications of the reduction in resources. Board Members stressed the importance of early intervention

and preventative work and requested that their concerns be forwarded to the Department of Health.¹ Board Members noted that a scrutiny task group was looking at the issue of public health grants and how these were being spent and it was hoped that its findings would be reported to the Board. Board Members suggested that there was a need to work together to collectively identify priorities and pool resources accordingly. It was agreed that the voluntary sector played a key role in preventative work and it was important that they were engaged in the process.

- Concerns were expressed that suicide rates had not been included under the section on children and young people and yet this had been raised as an issue by MIND and by the Students Union. Board Members were informed that, until recently, it had not been possible to obtain timely statistics on this issue but more robust information on sudden deaths was now available. Whilst there had been an increase in 2013/14 this situation had reversed last year. A multi-agency group had been set up to consider the issue. Board Members noted that attempted suicides were also logged and agreed that there was a need to share this data. It was noted that an item on suicide prevention had been included on the Board's forward plan.

Resolved: That the latest performance data for the suite of indicators agreed be noted.

Reason: To monitor the latest performance information for the Health and Wellbeing Board.

Action Required

1. Letter to Department of Health

TW

33. Joint Strategic Needs Assessment (JSNA) Update

Board Members considered a report which presented an update on York's Joint Strategic Needs Assessment.

Board Members' attention was drawn to paragraph 8 of the report, which detailed proposed changes to the future direction of the Joint Strategic Needs Assessment which would be better targeted at priorities.

Consideration was given to the establishing of a new Joint Health and Wellbeing Strategy and Joint Strategic Needs Assessment Steering Group. Terms of Reference for the group were included at Annex A of the report. Board Members were pleased to note that Mr George Wood had offered to serve as a Lay Member on the group.

Clarification was sought as to whether meetings of the group would be public. Board Members were informed that this was not the intention, as the group would be operating as a working group. The Group would, however, provide reports to the Health and Wellbeing Board which would ensure accountability.

Board Members noted that it was the intention to invite specialists to attend particular meetings of the group to contribute to specific topics. It was suggested that this could include representatives from Higher York or housing providers.

It was suggested that one of the issues for consideration should be the recruitment of carers in the private sector.

- Resolved:
- (i) That the update be noted.
 - (ii) That the establishment of a new Joint Health and Wellbeing Strategy and Joint Strategic Needs Assessment Steering Group be approved.
 - (iii) That the new Steering Group be tasked with producing a project initiation document setting out all elements of the work that needs to be undertaken to be signed off by the Health and Wellbeing Board.

Reason: To update the Board on progress made with the Joint Needs Assessment.

34. Update on Work towards Implementing the Recommendations Arising from Previous Healthwatch York Reports

Board Members considered a report which set out progress made to date on implementing the recommendations arising from the following Healthwatch York reports:

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

Board Members were updated on the progress that had been made in addressing some of the issues that had been raised, including a number of actions taken by the hospital.

It was agreed that there was a need for the recommendations to be fed into the JSNA. It was also important that appropriate structures were in place to enable the Steering Group to ensure that these had been appropriately addressed. Board Members stressed the importance of ensuring that there was honesty from organisations in determining whether the recommendations could be implemented and that the Health and Wellbeing Board ensured that those issues within its remit were actioned.

- Resolved: (i) That the progress made against implementing the recommendations contained in the three Healthwatch York reports be noted.
- (ii) That recommendations arising from these reports be taken into account when considering the health and wellbeing priorities for the city as part of the renewal of the Joint Health and Wellbeing Strategy.
- (iii) That a Task and Finish Group be established to discuss the recommendations in future Healthwatch York reports.

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

35. Healthy Child Service

Board Members considered a report which provided an update on the development of the new Healthy Child Service. It was noted that a more detailed report was due to be presented to the YorOK Board in January.

Details were given of the work that the project group and steering group were carrying out to progress the move to the new service. Board Members sought clarification as to whether the work was on target to meet the agreed timescales. They were informed that the staff would transfer on 1 April 2016 but that there would still be further work required after that date to ensure that staff were integrated.

Resolved: That the contents of the report be noted.

Reason: To keep the Health and Wellbeing Board apprised of the progress being made on plans for the establishment of an integrated 0-19 Healthy Child Service.

36. Forward Plan

Board Members were asked to consider the Board's Forward Plan.

Referring to the item on suicide prevention that was due to be considered at the next meeting, Tim Madgwick stated that, subject to it being acknowledged that the cases were still subject to consideration by the coroner, it would be possible to provide data for 2015. Board Members requested that the Suicide Prevention Officer also be invited to attend the meeting.

Resolved: That, subject to the addition detailed above, the Forward Plan be approved.

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

Councillor Runciman, Chair

[The meeting started at 4.30 pm and finished at 6.25 pm].

Health and Wellbeing Board Action Grid

Action Number	Date	Action	Responsible	Date Required	Progress
HWBB 008	21.10.2015	Look at ways of better joining up some of the cross cutting issues for Safeguarding Adults Board and Safeguarding Children's Board	MA/DE/TW		In progress
HWBB 010	02.12.2015	Set up Task and Finish Group to consider Healthwatch York reports	TW/SB		In progress
HWBB 011	02.12.2015	Concerns raised under public participation re: disabled parking to be passed to relevant CYC Director	TW		E-mailed Director 31/12/2015
HWBB 012	02.12.2015	Forward details of request for payment for a Learning Disabilities Annual Health Check to the CCG	SB/TW	04.01.2015	Complete
HWBB 013	02.12.2015	Write letter to Department of Health re: public health cuts	Chair		In progress
HWBB 014	02.12.2015	Establish new JSNA/Joint Health and Wellbeing Strategy Steering Group	TW		In progress

This page is intentionally left blank



Health and Wellbeing Board
Report of the Interim Director of Public Health

20 January 2016

Joint Strategic Needs Assessment (JSNA) Update

Summary

1. This report provides the Board with an update on York's Joint Strategic Needs Assessment; specifically around work undertaken on some specific topic areas.
2. The Board are asked to note the update and agree the recommendation at paragraph 33 of this report.

Background

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

Main/Key Issues to be Considered

5. At their meeting in July 2013 Health and Wellbeing Board received a report on [reviewing the JSNA](#). This suggested a light refresh of the JSNA (now complete and also brought online) and the following five needs assessments (deep dives):
 - Mental health
 - Young People
 - Frail Elderly
 - Gypsies and Roma Travellers
 - People in Poverty

6. In October 2014 Health and Wellbeing Board received a further [update on the JSNA](#) including a proposal for an 18 month plan for further needs assessments (deep dives) – additional topics were alcohol, falls, self harm, learning disabilities, student health and autism) which they subsequently approved.
7. The JSNA Steering Group, due to resourcing issues and capacity to analyse findings agreed to halt the programme of deep dives committing only to completing those deep dives that have already commenced. As reported at the December 2015 HWBB meeting this steering group will now be dissolved and replaced with a new JSNA/Joint Health and Wellbeing Strategy who will lead this work going forward.
8. To ensure that all findings are reported back to the HWBB the table below sets out progress made to date on the individual deep dive areas.

Topic	Status
Mental Health	Complete
Young People	Complete
Frail Elderly	Complete
Gypsies and Roma Travellers	Complete
People in Poverty	Complete
Alcohol	In progress
Falls	Not progressed
Self Harm	In progress
Learning Disabilities	In progress
Student Health	Not progressed
Autism	Not progressed

9. Each of the deep dive pieces of work has been supported by a time limited steering group.

In addition to this for some of the deep dive pieces of work public engagement events were held to discuss the findings and/or to gather evidence/information for inclusion in the piece of work. More in depth updates on some of the specific topic areas are set out below and within the attached annexes.

10. Poverty: The deep dive work around poverty acknowledged that there were many interventions already taking place in the city which impacted on poverty. Key findings were:
 - there is a strong correlation between deprivation and lower life expectancy
 - continued rise in housing costs
 - whilst overall levels of unemployment are falling, in-work poverty is a growing issue
 - long term unemployment remains a problem in certain areas

11. At an engagement session held in July 2014 delegates also raised the following:
 - understanding and responding to poverty
 - support, information and advice
 - employment
 - wage structures
 - living wage
 - increased opportunities
 - childcare
 - constraints caused by childcare provision
 - housing
 - increase the amount and range of affordable housing
 - council tax support payments

12. A more comprehensive update on poverty work and comment on feedback received at the engagement event is at **Annex A** to this report.

13. Mental Health: There were a number of key findings arising from this work:
 - Adopt locally appropriate recommendations from the Department of Health's 'Closing the Gap: Priorities for essential change in mental health' report

- Increase community based services which keep people with mental health conditions out of hospital
- Jointly scope options to increase the provision and support arrangements for supported living for people with mental health needs
- Share information between GPs and CYC about people with a learning disability
- Improve the percentage of people with a learning disability who receive an annual health check
- Improve IAPT service provision
- Develop our local understanding of self-harm

14. An engagement session was held in December 2014 with the following themes being discussed:

- Collaborative working
 - housing support arrangements;
 - integration of support for mental and physical health needs in treatment settings;
 - access to services and support (including peer and community led support)
 - information sharing arrangements
- Self harm *[this later became a 'deep dive' piece of work in its own right and is reported on elsewhere in this report]*
 - understanding what self harm is and the scale of it
 - understanding what are effective interventions for self harm
 - provision on appropriate information, interventions and access to services to reduce frequency of self harm and to prevent its occurrence
 - building resilience in people and communities
 - joint multi-agency approach to risk management and support arrangements
- Recovery
 - development of an evidence base around recovery
 - provision of support arrangements in flexible and accessible ways
 - employment support
 - reduce stigma around mental health issues

- Crisis Care and Crisis Response
 - provide access to support networks to those with mental health problems
 - invest in mental health support arrangements with increased community involvement
 - provision of information and support to help people manage a crisis better or to help prevent a crisis
 - develop local arrangements to provide crisis support with community settings
 - Parity of Esteem
 - raise the profile of the parity of esteem issue locally
 - improve holistic approaches to meeting both mental and physical health needs
15. A more comprehensive update on mental health work and comment on feedback received at the engagement event is at **Annex B** to this report.
16. Frail/Elderly: There were a number of key findings arising from this work:
- Ageing population – York’s population in 2020 and 2035 is predicted to have a slightly higher percentage of people aged over 65 and over 85 than both regional and national projections. In 2020, 3.1% of York’s population is predicted to be made up of people aged 85 or over compared to 2.8% of the English population and 2.7% of the Yorkshire and Humber region population.
 - Falls – Injuries due to falls in people over 65 years old are higher in York than the England average even though this has been slightly reducing over the last few years
 - Cardiovascular disease – Across NHS Vale of York Clinical Commissioning Group (CCG) the prevalence of coronary heart disease is higher than the England average rate. In 2012-13 it affected 3.7% of the CCG population compared to the England average of 3.3%
 - Sensory impairment – York has higher rates of preventable sight loss than both regional and national averages
17. An engagement session was held in January 2015 with the following themes being key to the feedback received:

- Preventing hospital admissions
 - Communication, information sharing and record keeping
 - Voluntary sector involvement
 - Preventing loneliness
 - Falls prevention
 - Exercise referral
 - Utilising and recognising skills of a range of staff
 - Community development
 - Choice for service users and flexibility in service provision
 - Supporting independence
 - Reducing delayed hospital discharges
 - Capacity in service provision
 - Meeting needs of older adults who identify as LGBT
18. A more comprehensive update on the frail/elderly work and comment on feedback received at the engagement event is at **Annex C** to this report.
19. Young People: This piece of JSNA work was focused on attendances at A&E in children under 5 and was incorporated into a similar piece of work being led by the Vale of York CCG to avoid duplication.
20. Gypsies and Roma Travellers: A needs assessment was carried out that indicated that overall, the Gypsy and Roma Traveller community in York experience significant deprivation, social exclusion and unequal access to services. Research consistently indicated that average life expectancy for this community is approximately ten to twelve years below the rest of the population. There is a high level of need in relation to health and wellbeing for this community.
21. Alcohol: Some work has already been undertaken on an alcohol health needs assessment and an early draft of an alcohol strategy has been produced. Some of this information is now out of date and so a review is being undertaken to refresh this where necessary. The intention is to produce a draft Alcohol Strategy that will be presented to the Board in due course.
22. Self Harm: This piece of work is almost complete and a draft is due to be presented to the Mental Health and Learning Disabilities Partnership Board at their meeting in January 2016. Early findings indicate that self harm is not routinely or consistently identified or

recorded; identification of need and access to support could be improved; opportunities to increase the focus on prevention need to be explored and self harm is not age specific but more prevalent in the 15-24 year age group.

23. Learning Disabilities: This piece of work is well underway and the Mental Health and Learning Disabilities Partnership Board held two engagement events in relation to this in September 2015. Work is underway to draw the findings and needs assessment together and these will be presented to the Mental Health and Learning Disabilities Partnership Board. A follow up engagement event will be hosted by the Partnership Board in 2016.
24. Recommendations: In addition to this a number of recommendations were made as part of the general light refresh of the JSNA. A summary of progress made against these is at **Annex D** to this report.

Consultation

25. Consultation and engagement has taken place as and when required. Engagement events have been held as part of most of the topic specific in depth needs assessments. In addition to this voluntary sector and patient voice sit on the current JSNA Steering Group; these will be retained within the newly established Steering Group.

Options

26. Health and Wellbeing Board are asked to note the contents of this report and its annexes and ensure the updates are taken into consideration when renewing the Joint Health and Wellbeing Strategy during 2016.

Analysis

27. All findings from the JSNA light refresh and the specific deep dive pieces of work will be taken into consideration as part of the work to develop a new Joint Health and Wellbeing Strategy for the city.
28. The findings put forward in this report and its associated annexes will help with establishing a collective view of where the focus of both the JSNA and the Joint Health and Wellbeing Strategy should be. Going forward the JSNA should be a reference for commissioning cycles and a key document to be used for informing

the development of the new Joint Health and Wellbeing Strategy for the city.

Strategic/Operational Plans

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

Implications

30. There are resource implications associated with delivering such a complex project. Currently the resources we do have are shrinking and the burden of work to undertake the JSNA is not evenly distributed. Each stakeholder around the HWBB table will need to agree a set of joint priorities, take ownership of them and commit resources to tackling these.
31. Going forward the establishment of a new JSNA/Joint Health and Wellbeing Strategy Steering Group will manage requests for future in depth needs assessments and ensure that any that are taken forward are both necessary and adequately resourced.

Risk Management

32. The production of a JSNA and a Joint Health and Wellbeing Strategy are statutory responsibilities for the HWBB. Delivering against both is resource intensive and needs to be managed to ensure a fit for purpose JSNA and Joint Health and Wellbeing Strategy are produced.

Recommendations

33. Health and Wellbeing Board are asked to note the contents of this report and its annexes and ensure the updates are taken into consideration when renewing the Joint Health and Wellbeing Strategy during 2016.

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

Contact Details

Author:

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

Chief Officer Responsible for the report:

Sharon Stoltz
Interim Director of Public Health
City of York Council

**Report
Approved**



Date 07.01.2016

Tel: 01904 551714

Specialist Implications Officer(s) None

Wards Affected:

All

For further information please contact the author of the report

Background Papers:

Joint Strategic Needs Assessment - www.healthyyork.org

Annexes

Annex A – Update on poverty JSNA work

Annex B – Update on mental health JSNA work

Annex C – Update on frail/elderly JSNA work

Annex D – Update on JSNA recommendations

This page is intentionally left blank

JSNA Poverty Deep Dive Update

Summary of progress against findings and feedback arising from the JSNA Poverty deep dive work

Significant progress has been made against a number of the key areas highlighted in the JSNA Poverty work and the feedback received at the engagement event.

Since the work was completed, the council has gone through a change of administration which has inevitably meant some change in focus. However, Financial Inclusion has been expressed as a key policy area of the new administration. The Council Plan, for example, commits City of York Council to promoting financial inclusion through supporting the Living Wage, voluntary organisations and developing financial inclusion work with measurable outcomes. Senior Councillors are now attending the Financial Inclusion Steering Group (FISG). Work is continuing to be progressed on ensuring existing community resources are maximised to provide resources for those experiencing poverty, for example through the redevelopment of community services in Tang Hall to better meet the needs of residents. This will include consultation with residents on what services they would like to see.

On support, information, advice and guidance some further progress has been made from the position set out in the JSNA work. For example, South Yorkshire Credit Union has now opened a branch in Acomb which provides access to its financial products as well as selling a range of competitively priced household goods. It is also looking at ways to increase its outreach across the city. FISG has funded various projects in this area including funding Citizen's Advice Bureau workers to give welfare advice in GP surgeries and funding the Advice York coordinator role for a further year. FISG also provided a grant to Advice York to enable them to provide training for staff from a range of advice services to enable staff to provide second tier debt support to residents. A financial inclusion worker has also been funded through Arc Light to help vulnerable individuals in the early stages of resettlement to manage money effectively.

On digital inclusion, FISG has also extended funding to York Housing Association to employ a digital inclusion worker for a further year.

Amongst other objectives this will help residents to source better deals online for goods and services and target digital help to those likely to be affected by Universal Credit. We have also started to gather data through a survey on internet usage of council tenants carried out by the Money and Employment Advisers. Further, we also included a raft of questions on digital inclusion in the annual Tenant Satisfaction Survey for the first time this year. We are currently exploring options on how to best use this data to benefit residents and respond to their needs. Additionally, CYC's Digital Manager is a participant in FISG to ensure a joined up approach is taken.

The economic strategy, led by the York Economic Partnership, is due to be completed in the first quarter of next year. A main aim is to promote good growth and create more good quality jobs. Further, the Without Walls Partnership – which had previously published its City Action Plan focussed on growth – is undergoing a review to make it more effective at delivering outcomes that benefit York residents.

CYC has continued to play an active role in the employment and skills agenda; job fairs are still being coordinated by York Learning with support from Hiscox. The Experience Works 50+ and Head Start 18-24 initiatives have been completed, which combined helped over 100 people into employment. Sector specific roundtables are also taking place to support the development of workforce plans for both the existing and future workforce, focussing on key growth sectors: Construction, Rail Cluster, Software Engineering, Creative & Digital, Advanced Engineering and Manufacturing, Hospitality, Health Care and Biovale.

On apprenticeships, CYC has hosted regular recruitment events at West Offices through the York Apprenticeship Hub. CYC also leads an independent Apprenticeship Brokerage Service which works with both SMEs and training providers to create jobs for 18-24 year olds. Latest Government figures put York in the top 5% of 161 English local authorities for growth in apprenticeship take-up in the last year, with 1,340 residents of all ages starting an apprenticeship in 2014-15.

CYC has continued to play an active role in ensuring there is sufficient and affordable childcare available in the city.

It has continued the work outlined in the feedback from the poverty JSNA engagement event including supporting childcare providers to remain financially viable and providing direct stimulus where there is active encouragement of new providers to the market.

On housing, huge changes in the national policy landscape will significantly affect what CYC is realistically able to deliver in terms of building housing. Different approaches are being on explored on how best to respond to this.

Finally, Full Council decided on 17/12/15, following representations, a consultation with residents and a review, to increase the maximum amount of Council Tax Support available to residents on a low income to 77.5% from 70%. This will be effective from April 2016.

AR/JM

29/12/15

This page is intentionally left blank

JSNA Mental Health Deep Dive Update

Summary of progress against findings and feedback arising from the JSNA mental health deep dive work

1. The following is a summary of progress made against the findings of the mental health JSNA deep dive work including the feedback received at the engagement event. The update is provided under themed headings.

- a. **Collaborative working**

A discharge protocol has been agreed between housing options and the mental health provider to ensure safe and effective discharge planning occurs.

Housing, social care and mental health teams are working collaboratively in a task and finish group to create joint, sustainable and person-centred solutions for service users who have complex, housing support needs.

Partners worked closely with Healthwatch York on the development of the local support services directory which has been well received

- b. **Self harm**

York Teaching Hospital NHS Foundation Trust undertook a clinical audit of children and young people who presented at the emergency department and this supports the developing work around mental health liaison. The wider prevention and awareness agenda of the Future in Minds programme involves working with school clusters and 'up skilling' workforce groups to recognise and signpost individuals in need. There is also an ongoing needs assessment on self harm being undertaken as part of the Joint Strategic Needs Assessment process.

c. Recovery

Excellent examples of recovery programmes from around the city and with the new mental health provider there is now a great opportunity to link these across a city and vale-wide 'recovery network'.

d. Crisis Care Concordat and crisis response

Multi-agency teams have worked well with the local health-based place of safety, street triage and psychiatric liaison functions demonstrably improving outcomes for service users.

e. Parity of esteem

This work is underpinning all new initiatives system-wide.

2. In more specific terms the following priorities are being taken forward:**a. Collaborative working**

- The newly formed task and finish group for service users with complex, housing support needs will work with the emerging and evolving pathways of care from the new provider.
- The Pathways Together collaborative project is working with an identified group of service users with multiple needs and complex demands on a range of agencies to address their issues in a structured, person-centred manner. This project has also tackled some of the thorny issues relating to information-sharing.

b. Self harm

- The Future in Minds programme is working across the education sector in pilot clusters of schools and with children and young people to de-stigmatise mental health and to ensure the workforce can recognise, support and signpost children and young people with emerging needs; early intervention is key to the successful delivery of this programme and the pilot schemes will be evaluated.

- A multi-agency time limited steering group is working on a self harm 'deep dive' as part of the JSNA process.

c. Recovery

- The new, longer contract for mental health services allows for the development and longer term investment into services. One of the key aspects of the new contract was the requirement that the new provider will form partnerships with other from the very active voluntary and third sector in York to ensure that recovery is sustainable. This should be more evident over the next twelve months.

d. Crisis Care Concordat and crisis response

- The multi-agency group will now look to review and streamline the urgent crisis care pathways by engaging with service users, their carers' and other agencies. Nationally and locally there is a need to look at access to and availability of both AMHPs and Section 12 doctors.

e. Parity of esteem

- The work on psychiatric liaison functions needs to be followed by developing physical health checks in mental health services.

3. In addition to the above updates areas of work which require significant additional investment will of course be impacted given the pressures on the local health and care system where all resources are already committed. That said, the national drive towards more local integration of service delivery and the focus on parity of esteem for mental health requires even greater collaboration and partnership working.
4. Additionally, the local system was placed under even greater pressure when Bootham Park Hospital closed for both inpatient and outpatient services just prior to the commencement of the new mental health and learning disability services contract.

Despite the obvious impact that this closure has had the system responded swiftly and efficiently to address the needs of service users and carers’.

5. Without the closure some plans would have already commenced to make local system improvements. During 2016 Tees, Esk and Wear Valley NHS Foundation Trust will be sharing details of their plans for service development and opportunities for service user, carers’ and wider stakeholder engagement and input.
6. To ensure that the richness of the findings and needs identified from the work on the Joint Strategic Needs Assessment is not lost with all the changes, the Mental Health and Learning Disabilities Partnership Board will be overseeing the development of a mental health strategy and implementation plan for the City and Vale of York which will give clear objectives and timelines on delivery. Progress against the plan will then be regularly reported to the Health and Well-being Board.
7. Specifically it would be useful to highlight the following to the Health and Wellbeing Board:
 - a. **Collaborative working**
 - Support for imaginative and creative person-centred solutions from the task and finish group for housing support.
 - Continue to stimulate the rich resource of the local voluntary and third sector agencies to work in conjunction with and to augment local service delivery.
 - b. **Self harm**
 - Encourage a multi-agency collaborative approach to work to tackle self-harm at first presentation and work with groups to reduce the incidence and minimise the damage.
 - Build on de-stigmatising mental health to ensure that people have the opportunity to discuss their mood, thoughts and feelings with a view to being signposted to expert or peer group help and support.

c. Recovery

- Take the opportunity to look at areas where technology has led to innovation in models of both service delivery and recovery according to the needs of service users and/or their carers'.
- Further develop the work done to date and build a sustainable recovery college network with stakeholder organisations.

d. Crisis Care Concordat and crisis response

- Further embed the evolving functions of the crisis response and urgent care pathways for mental health across all partners.
- Continue to develop the collaborative partnership.

e. Parity of esteem

- The development of a multi-agency strategy for mental health and an implementation plan will help to maintain the focus on mental health and to ensure that consideration of mental health issues underpins everything local stakeholders do.

Paul Howatson (Chair of Mental Health and Learning Disabilities Partnership Board)

NHS Vale of York Clinical Commissioning Group

This page is intentionally left blank

JSNA Frail/Elderly Deep Dive Update**Summary of progress against findings and feedback arising from the JSNA frail/elderly deep dive work**

1. To date the frail/elderly JSNA deep dive work has not been considered by the Health and Wellbeing Board; this means that it has not formed the direct focus of work over the last year. However the work is part of the evidence base for, and the key themes identified are significant components of, the work underway to allow social care to respond to the future challenges around care for frail and elderly residents.
2. Over the past year, work has continued in support of the Better Care Fund (BCF), amounting to £12.127M in 15/16. Progress has been made in some significant areas, such as the Care Hubs with Priory Medical Group. The BCF is now being reviewed with the aim of agreeing an approach based on shared priorities, fully considering the impact on the whole system of decisions to invest or not in specific services, which will maximise the ability of the system to prevent hospital admission and help people to live independently in the community.
3. Chief Officers of CYC, NYCC and health organisations have established a System Leaders Board, committed to working together as partners, setting direction for their teams to address collective priorities, unblocking barriers to support effective action and holding each other to account for delivery.
4. In addition, partners across health and social care have identified a number of key principles for working together in this way including i) a focus on reducing dependency and encouraging self care, ii) prioritising health and wellbeing alongside support services, iii) ensuring that information and services support dementia friendly communities, iv) creating services which deliver defined outcomes designed collaboratively with service users and partners, and v) supporting the sharing of information between agencies
5. An Integrated Commissioning Executive (ICE) has recently been established to co-ordinate a consistent approach to commissioning services which deliver these principles.

The shared work programme for ICE is being developed, with initial priorities highlighted around the Integrated Care pilots, rehabilitation, reablement and intermediate care services.

6. A number of the priorities identified through the JSNA frail/elderly work and through the feedback received at the engagement event are however being worked on as follows:
 - a. **Prevention** – The future operating model for Adults’ services will have prevention as a primary focus. We are looking at models of community based support which put co-ordination roles within the community to signpost people to the most appropriate (and wherever possible, non-service) support based on their own wishes for a good life, taking account of their particular characteristics, such as self-identifying as LGBT. Supporting carers to help them continue to provide support will remain a priority, with carers’ needs viewed on an equal basis.
 - b. **Independence** - People living independently in their own homes is core to the council’s work and as part of the Better Care Fund. To achieve this, people must be able to access information and advice when they need it, in a format accessible to them. CYC is reviewing information and advice provision across its services and those of partners to ensure people can find information to support their own wellbeing and to stay as healthy as possible. The greater use of assistive technology at an earlier point and the design of Lifetime homes which facilitate easy adaptation to meet people’s changing needs. Recently built council houses on Lindsey Avenue follow this approach, which is also at the heart of the older people’s accommodation strategy.
 - c. **Integration** - The development of a new Adult Social Care case management system will facilitate the greater integration of adult social care and health information. Allowing professionals access to a broader range of information will help us to provide services which are more person-centred and less constrained by the systems we have in place. Equally, there is also general

agreement to sign up to integrating service pathways around a “primary care hub” model, which itself focuses on promoting self care/management and supporting people to remain in their own homes. We are also exploring the potential for statutory sector co-located community bases.

- d. Continuous improvement** - In line with the agreed principles of the Integrated Commissioning Executive, future services will be designed with and around customers.
 - e. Safeguarding** - York has continued its work to embed the concepts of Making Safeguarding Personal, now enshrined within the Care Act, which ensures that the individual exercises as much choice and control as possible in determining and achieving the outcomes they want from safeguarding enquiries.
7. There is good alignment with the themes running through the JSNA work for Adult Social Care and there are no areas which are not either directly addressed or impacted by future plans.
 8. Whilst Adult Social Care are developing plans for future provision, aligned with the CCG, it is clear that the closest and most appropriate support to prevent issues escalating will often be found within an individual’s community. Future models will expand the capability to link customers with services and support close to them, but it should be recognised that looking after our vulnerable residents is everyone’s business. It will be through the close working of officers from many different disciplines and of their interactions with members of the community that support can be identified at the earliest point to prevent escalation.
 9. Supporting the streamlining of governance arrangements which facilitate joint working and integration through the deployment of resource in line with shared strategic aims will be key in achieving more integrated services.

David Walmsley – City of York Council

This page is intentionally left blank

Update on JSNA recommendations

The JSNA highlighted a number of areas for further consideration by the Health and Wellbeing Board. These areas have been examined and are being taken forward as appropriate. A brief update on each is outlined below:

1. To maximise the effectiveness of any health checks that are locally commissioned.

Local authorities are mandated to make appropriate provision for the offer of NHS Health Checks to eligible residents aged between 40 and 74 years. The current NHS Health Checks offer is under review and our commissioning intentions are that this will become a more targeted programme in future with a focus on narrowing the gap in life expectancy between the affluent and more deprived communities across the City by earlier identification of risk factors for heart disease, stroke, type 2 diabetes and kidney disease and offer of appropriate lifestyle interventions.

2. To work with local service providers to ensure that they record information on protected characteristics about their staff and clients / patients such as age, disability, gender re-assignment, marriage and civil partnership, pregnancy / maternity, race, religion and belief, gender and sexual orientation, in order to inform service provision to reduce health inequalities.

Commissioners and local service providers already have a duty under the Equality Act to undertake Equality Impact Assessments and this includes consideration of the needs of those patients / clients with protected characteristics. Each organisation represented on the Health and Wellbeing Board has a responsibility to ensure that there is effective patient and public engagement in their services.

3. Development of an in-depth multi-agency local needs assessment and domestic abuse strategy to include consideration of; access to domestic abuse support services;

prevention of domestic abuse; violence against women; substance misuse; child sexual exploitation.

The work programme around a multi-agency response to domestic abuse is being taken forward on a joint North Yorkshire and York basis. The Safer York Partnership maintains a local overview of this together with the City of York Safeguarding Children Board and Safeguarding Adults Board.

- 4. To develop a more detailed understanding of the profile of young people who are not in education, employment or training and those at risk of not being in education, employment or training.**

The work on young people who are not in education, employment or training or who are at risk is being taken forward by the YorOK Board and this continues to be a priority in the new Children and Young People's Plan.

- 5. Review the effectiveness of smoking cessation services for specific population groups; particularly stop smoking support offers for pregnant women, and for manual workers**

Reducing smoking prevalence in York continues to be a public health priority as part of a wider approach to tobacco control. Work is underway on a Tobacco Strategy for York which will come to the Health and Wellbeing Board in due course.

- 6. Development of a holistic strategy to address childhood obesity which includes consideration of; Breastfeeding Support Programmes; UNICEF accreditation initiative; targeted sport and active leisure programmes; access to active sport and leisure options; dietary advice and support**

Excess weight and obesity in children continues to be a public health priority. York's performance as part of the National Child Measurement Programme is better than the regional and national averages but there are still a significant number of children every year who are identified as being overweight or obese.

Work to help prevent obesity and promote a healthy weight will form part of the new Healthy Child Service being established during 2016/17.

- 7. Development of an in-depth multi-agency local needs assessment and alcohol strategy to include consideration of; licensing; harm prevention; interventions and brief advice; crime and disorder; hospital based and specialist treatment services; parental alcohol misuse; risky behaviours in young people; older people and alcohol**

Alcohol misuse continues to be a public health priority. Work is underway to produce an Alcohol Strategy for the City which will come to the Health and Wellbeing Board in due course.

- 8. To develop a more detailed understanding of the local needs and service provision around Stroke, Transient Ischemic Attacks (also known as TIA's or 'mini strokes') and vascular diseases which can contribute to Stroke. To include within this a review of Stroke pathways, opportunities for prevention and how local Health Checks can contribute to identification of risk factors for Stroke. To explore options for early supported discharge and reablement.**

Work to better understand the life expectancy gap between the more affluent and deprived communities in York and trends in life expectancy will continue to be monitored through the Public Health Outcomes Framework.

Sharon Stoltz – City of York Council

This page is intentionally left blank

Glossary for Update on Joint Strategic Needs Assessment Report

A & E – Accident and Emergency

AMHP – Approved Mental Health Professional

BCF – Better Care Fund

CCG – Clinical Commissioning Group

CYC – City of York Council

FISG – Financial Inclusion Steering Group

GP – General Practitioner

HWBB – Health and Wellbeing Board

IAPT- Improving Access to Psychological Therapies

ICE – Integrated Commissioning Executive

JSNA – Joint Strategic Needs Assessment

LGBT – Lesbian, Gay, Bisexual, Transgender

NHS – National Health Service

NYCC – North Yorkshire County Council

TIA – Transient Ischemic Attack (also known as mini-stroke)

UNICEF – The United Nations Children’s Fund

This page is intentionally left blank



Health and Wellbeing Board

20 January 2016

Report of the Executive Member for Education, Children and Young People and the Director of Children's Services, Education and Skills.

YorOK Board Annual Report to the Health & Wellbeing Board**Summary**

1. The YorOK Board is a requirement of the Children Act 2004 and is formally accountable to the Health and Wellbeing Board. This is the second annual report of the YorOK Board tabled at the Health and Wellbeing Board.

About the YorOK Board

2. The YorOK Board meets on a two-monthly basis, is chaired by Councillor Brooks, Executive Member for Education, Children and Young People and incorporates representation from fourteen organisations and sectors that work with children, young people and families in the City. The YorOK Board is a public meeting and agendas and papers are posted on the YorOK Website.
3. The YorOK Board oversees the development of York's children's trust partnership arrangements, is responsible for the production, publication, delivery and review of the Children and Young People's Plan (CYPP) and promotes cooperation between statutory and non-statutory partners to improve children's well-being.
4. The YorOK Board formally monitors performance and progress against priorities on a quarterly basis. YorOK sub groups lead on particular themes, for example disabled children, early help and CAMHS, and are tasked with ensuring that specific aspects of progress are achieved. In addition, the Board routinely reviews progress and outcomes through the YorOK performance scorecard and through a range of tabled thematic items.

Key Achievements and challenges

5. The YorOK Board is a busy and well attended meeting with a clear focus on improving outcomes for children and young people. Agendas typically include a mix of updates, thematic discussions, presentations and items for information, this across a wide range of relevant areas. Some examples of Board activity over the past year are included below.

New Children and Young People's Plan

6. In 2015 the YorOK Board commissioned the production of a new CYPP that will be launched at the No Wrong Door Conference on 27 January 2016. Consultation took place through a number of channels with children, young people, parents, carers, practitioners and Board members who gave their views about living, growing up and working in York.
7. The new Plan focuses on shared local aspirations and priorities and seeks to utilise our reducing and changing collective assets and resources in the most effective way. The heart of the new Plan is based around:
 - Three priority areas: closing gaps in attainment, health and well-being; early help; mental and emotional health and wellbeing
 - Priority groups of vulnerable children: children in care; children with special educational needs and disabilities; young people who are NEET (not in employment, education or training); young carers, refugees and children living in poverty.
 - Two new ways of working: whole family working and the neighbourhood approach.
8. Whilst safeguarding was highlighted as a priority through the consultation, child safeguarding priorities are led and overseen by the Children's Safeguarding Board which has strong links with the YorOK Board.

No Wrong Door Conference 2015

9. The highly successful annual No Wrong Door conference was hosted in January 2015 with over 200 delegates attending from across the children's partnership. Inputs included:

- National and local keynote speeches: Nazir Afzal OBE, Chief Crown Prosecutor, CPS North West; Donna Molloy, Head of Implementation, Early Intervention Foundation; CYC; Emma Smale, Acting Head of Policy and Research at Action for Children; Kathryn Ashworth, Chief Executive, Relate for Mid-Yorkshire; Julia Mulligan, Police and Crime Commissioner for North Yorkshire; Eoin Rush, Assistant Director Children's Specialist Services, CYC.
- Excellent contributions from young people: Sami and Seb from Young Carers Revolution - Tiny Treasures; members of the Show Me I matter and their film 'Listen to Me'.
- The launch of the new Guarantee for children in care.
- A range of topical workshops including child sexual exploitation, women as protectors NSPCC, York College student safety, young people and domestic abuse, special educational needs and disability reforms.

Board focus and priorities

10. Many and varied items were tabled at Board meetings throughout the year. The following represent a sample.

- Delivering services differently – enabling a multi-agency focus on changes taking place across a range of service areas including school improvement, children's centres and youth support services. Introducing new delivery models and ways of working, for example in early help and healthy child services 0-19.
- Integrated commissioning – the establishment of a new sub group to improve the alignment of partnership planning and commissioning and to maximise the impact and effectiveness of commissioning opportunities in a challenging economic climate.
- Identifying priorities for the new CYPP at a YorOK Board development event.
- The voice and influence of the child.
- Children's emotional and mental health – regular items addressing local need, priorities, complex multi-agency strategy, commissioning and changing local provision.
- Findings and messages from Healthwatch relating to children and young people.
- Regular Child Safeguarding Board updates.

- A focus on specific groups of vulnerable children and young people, including young carers, children in receipt of the pupil premium and the York 300 pilot, children in care, young people who are NEET.
- Child health priorities and how service transformation and design will enable us to do things differently in the future.
- York's Family Focus / Troubled Families Programme – Phase 1 fully achieved; looking ahead and preparing for Phase 2.

Future priorities

11. The priorities for the YorOK Board over the next couple of years will centre on the priorities outlined in the new CYPP. These address key groups of children and young people who may be vulnerable, gaps in health, wellbeing and attainment outcomes that are linked to deprivation, the emotional and mental health needs of children and young people and the need to work together in new and different ways.
12. The YorOK Board will continue to work in conjunction with the Health and Wellbeing Board, Children's Safeguarding Board, York Learning Partnership, York Community Safety Partnership and other key forums to tackle cross-cutting issues such as the impact of domestic abuse, parental mental ill health and substance misuse on outcomes for children.

Consultation

13. Widespread consultation has taken place about local needs and future priorities in the context of the production of the new CYPP.

Options

14. There are no options for the Health and Wellbeing Board to consider; this report is for information only.

Analysis

15. This report is for information, and therefore analysis of options is not applicable.

Strategic/Operational Plans

16. This report relates to the delivery of the Health and Wellbeing Strategy and the Children and Young People's Plan.

Implications

17. There are no known risks arising from the recommendations below in the following areas:

- **Financial**
- **Human Resources (HR)**
- **Equalities**
- **Legal**
- **Crime and Disorder**
- **Information Technology (IT)**
- **Property**
- **Other**

Risk Management

18. There are no known risks arising from the recommendations below.

Recommendations

19. The Health and Wellbeing Board is asked to:

- i. Note the report, including the priorities and cross-cutting issues for the coming year;
- ii. Consider opportunities for strengthening partnership working and progressing shared and cross cutting priorities;
- iii. Discuss any other support, development or information that will help the Health and Wellbeing and YorOK Boards fulfil their shared objectives.

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

Contact Details

Author:

Judy Kent
Head of Children's Trust Unit &
Early Intervention
Children's Trust Unit
City of York Council
01904 554039

Chief Officer Responsible for the report:

Jon Stonehouse
Director of Children's Services,
Education and Skills
City of York Council
01904 553798

**Report
Approved**



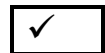
Date 05.01.16

Specialist Implications Officer(s)

None

Wards Affected:

All



For further information please contact the author of the report

Annexes:

None

Background Papers:

Health & Wellbeing Strategy
Children & Young People's Plan

Glossary for YorOK Board Annual Report

CAMHS – Child and Adolescent Mental Health Services

CPS – Crown Prosecution Service

CYC – City of York Council

CYPP – Children and Young People’s Plan

NEET – Not in Education, Employment or Training

NSPCC – National Society for the Prevention of Cruelty to Children

OBE – Order of the British Empire

This page is intentionally left blank



Health and Wellbeing Board

20 January 2016

Report of the Interim Director of Public Health

Update on Work towards Implementing the Recommendations Arising from Healthwatch York Reports

Summary

1. This report and its associated annexes set out progress made to date on implementing the recommendation arising from the following Healthwatch York reports:
 - [Accident and Emergency Department and its Alternatives](#)
 - [Discharge from Health and Social Care Settings](#)
2. Health and Wellbeing Board are asked to note the report and the progress made.

Background

3. Healthwatch York produce a number of reports during a year and these are presented to the Health and Wellbeing Board for noting, comment and to establish progress against the recommendations within them.

Main/Key Issues to be Considered

4. The reports on 'Accident and Emergency Department and its Alternatives' and 'Discharge from Health and Social Care Settings' were initially received by the Health and Wellbeing Board at their meeting in December 2015 but not commented upon.
5. Comments and updates on the recommendations arising are contained within this report and at **Annexes A** and **B** to this report.
6. It is clear from the responses that a number of positive steps have been taken to address the recommendations.

Consultation

7. Healthwatch York engaged widely with stakeholders and the public when compiling the two reports under consideration.
8. Member organisations of the Health and Wellbeing Board and other stakeholders have been asked to provide progress updates against the recommendations arising.

Options

9. There are no specific options for the Board to consider, they are asked to note and comment on the updates at **Annexes A and B**.

Analysis

10. The reports produced by Healthwatch York give a detailed picture of patient experience. The recommendations arising from the reports suggest how improvements might be made.
11. Members are asked to express their views on progress made and to also consider all the recommendations as part of the forthcoming renewal of the Joint Health and Wellbeing Strategy.

Strategic/Operational Plans

12. The work from Healthwatch contributes towards a number of strands of the current Joint Health and Wellbeing Strategy.

Implications

13. There are no implications associated with the recommendations within this report; however there may be implications for organisations when responding to the individual recommendations contained within the two Healthwatch York reports.

Risk Management

14. There are no known risks associated with the recommendations in this report. Individual organisations are responsible for identifying risk when implementing the individual recommendations proposed by Healthwatch York.

Recommendations

15. Health and Wellbeing Board are asked to note and comment upon the updates at **Annexes A** and **B** to this report.

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

Contact Details

Author:

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

Chief Officer Responsible for the report:

Sharon Stoltz
Interim Director of Public Health
City of York Council

Report
Approved



Date 11.01.2016

Specialist Implications Officer(s) None

Wards Affected:

All

For further information please contact the author of the report

Background Papers:

Healthwatch York Reports:

- Accident and Emergency Department and its Alternatives
- Discharge from Health and Social Care Settings

Annexes

Annex A – Progress update on Accident and Emergency Department and its Alternatives

Annex B – Progress update on Discharge from Health and Social Care Settings

This page is intentionally left blank

A & E and its alternatives

	Recommendation	Recommended to	Update
1	Consider ways in which patients can be asked when they get to A & E whether they have accessed NHS 111 or GP/GP Out of Hours before arriving at A & E	York Hospital	Patients are asked when booking at reception A screen is being put into York Hospital ED so that staff can cross-reference who has been referred via NHS111 on arrival at ED; this supports this work.
2	Consider implications of our findings for the provision of minor injury and illness services in York	York Hospital	Community pharmacy has provided a lot of support for minor illness and injury provision to GPs and ED.
3	Consider targeted campaigning at 0-25 year olds about the availability of alternative services other than A & E. This may involve working with groups which work with parents, teenagers, students and children	York Hospital	Hospital happy to support any initiatives led by CCG via Urgent Care Working Group. This is a high risk target group in indentifying high risk infants. The CCG and York Hospital are jointly doing work on urgent care for the under 5's; improving access to support and advice for Primary Care and changing pathways for zero-length of stay patients within the hospital. The CCG have bought equipment for all practices within the Vale of York area so that GPs can check pulse oximetry in their surgeries rather than referring through to the hospital.

	Recommendation	Recommended to	Update
4	There should be more clarity and information provided about the distinctions between the Emergency Department and the Urgent Care Centre and particularly in which medical circumstances it is appropriate to access the Urgent Care Centre	<ul style="list-style-type: none"> • York Hospital • NHS Vale of York CCG 	<p>Work has started to educate on best point of access for public, led by CCG</p> <p>Urgent Care communications have been going out throughout the winter which emphasise the differences between the two areas and ask people to consider which alternative they require. Additionally, the OOH service is currently providing some support to the ED and UCC services; patient information leaflets are given to every patient to emphasise the importance of 'Choosing Well'.</p> <p>The DOS (Directory of Services) for NHS111 is reviewed against existing and new services monthly or more frequently if required.</p>
5	Patients could be provided with clearer information on how busy the Emergency Department, Urgent Care Centre and GP Out of Hours are and the staffing levels in each department during different time periods.	York Hospital	<p>Waiting times are publicised for ED. UCC and GP OOH are not hospital-provided services. The UCC in York is provided by YTHFT.</p> <p>OOH services are provided by Yorkshire Doctors, who run an appointment system via NHS111. Patients are appointed to a clinic slot at one of their centres or a home visit depending on their clinical requirements. They therefore do not have to sit and wait in the interim. There is an escalation process for patients who subsequently deteriorate. Patient feedback for this service is positive.</p>

	Recommendation	Recommended to	Update
	The approximate waiting times should provide sufficient information and should be updated regularly		
6	The lighting could be made less bright and potentially provide more comfortable seating. There could be improvements made to the amenities provided in the A & E waiting room, in terms of food and drink, including healthier options and the provision of more magazines and books. There could also be more information provided about amenities which patients can	York Hospital	This feedback has been provided to the ED team and will be considered in any future refurbishments.

	Recommendation	Recommended to	Update
	access in A & E and York Hospital.		
7	Developments in the triaging of people with mental health issues from A & E to Crisis and Access Service should continue	<ul style="list-style-type: none"> • York Hospital • Tees Esk & Wear Valleys NHS Foundation Trust • NHS Vale of York CCG 	<p>Work continues as part of the Urgent Care Working Group.</p> <p>Mental Health services continue to work collaboratively with colleagues in Urgent Care services to assess people presenting with mental health issues and either provide direct interventions or signpost to other mental health support services. Recent investment by NHS England for liaison services will result in additional medical and nursing time available within the Liaison service to deliver input to CAMHS and medical wards.</p> <p>The 136 suite at Bootham Park was re-registered by the CQC following estates work to improve the environment to safe standards and re opened in Dec 2015, which means that people are not taken out of York locality for this provision.</p>
8	Consider continuing the expansion of Emergency Care Practitioner's direct referrals from a wider range of settings	<ul style="list-style-type: none"> • Yorkshire Ambulance Service • NHS Vale of York CCG 	<p>CCG response - Urgent Care Practitioners now take referrals directly from all Care Homes in the Vale of York area; feedback from the homes on this service is very positive. In December 2015, NHS111 also started sending across direct referrals to the UCPs – this has been a slow start and initial numbers were small but this is increasing steadily as the staff become used to the new opportunity this provides.</p>

	Recommendation	Recommended to	Update
			<p>There are plans to provide direct access to the community services provided by YTHFT next.</p> <p>YAS response - 11 UCPs have been commissioned and the service is now fully established with activity levels of between 400-450 patients per month. This forecast for 15/16 is that the team will have seen 4,819 patients and avoided 2,670 A+E attendances.</p> <p>The impact of this is that more patients can be seen and treated at home or as close to home as possible, without the need to attend A+E. The service is also now receiving direct patient feedback via the friends and family test and initial results are extremely positive.</p> <p>Current developments to further boost the impact on reducing A+ E attendances include taking direct referrals from NHS 111, which went live in December and will be evaluated over the next few months. The service is also working with local care homes so that they too can directly refer into the service so the Care Home doesn't have to ring 999.</p> <p>YAS continues to work with commissioners on improving the effectiveness of the service with improvements planned for data capture in spring 2016 and an evaluation of a new method of dispatch.</p>

	Recommendation	Recommended to	Update
9	As part of the induction process ensure that post-graduate students are registered with a GP in York, as well as undergraduate students	<ul style="list-style-type: none"> • University of York • York St John University 	<p>Response provided by Higher York:</p> <p>The two universities have done a lot of work to encourage students to register with a local GP, examples include:</p> <ul style="list-style-type: none"> • Info is contained in postgraduate handbooks, and is available prior to arrival and throughout the year to all students. • York Medical Group are on campus during York St John welcome week so people can register in the Holgate Student Centre. • At the University of York, GPs actually deliver part of the PG international welcome • The University of York has also recently expanded their stay and wait services and online provision including a 'Consult Online' service. <p>Additionally, the universities and colleges worked together to develop the York Student Health website which is aimed primarily at new, and international students –</p> <p>www.yorkstudenthealth.org<http://www.yorkstudenthealth.org/></p> <p>This provides initial information and signposts to provision available at university/college and to external services.</p> <p>There has been a good take up of students pre-registering with the practice now the boundaries have been removed.</p>

	Recommendation	Recommended to	Update
10	Include information on additional health services, other than GPs, which are available to students in York in the welcome pack or as part of the induction process	<ul style="list-style-type: none"> • University of York • York St John University 	<p>Response provided by Higher York: This is done on an individual ad hoc basis – i.e. if the university knows that someone is diabetic we will let them know of the care at the hospital</p> <p>Online information have been improved - e.g.:</p> <p>https://www.york.ac.uk/students/support/health/health-care/</p> <p>http://www.yorks.ac.uk/student-services/student-services/health-and-wellbeing/student-health-advice.aspx</p> <p>http://yorkstudenthealth.org.uk/</p>
11	Consider extending opening times at student GP surgeries and extend the provision of drop in sessions	<ul style="list-style-type: none"> • University of York • York St John University 	<p>Response provided by Higher York: The two medical practices based at University of York and near York St John have dedicated Saturday slots for students</p>

This page is intentionally left blank

Discharge from Health and Social Care Settings

	Recommendation	Recommended to	Update
Healthwatch York made 4 recommendations to York Hospital in our report on the Enter and View Visit to the Discharge Lounge			
1	Consider ways in which reliance on family and friends for transport home can be reduced. For example working in partnership with voluntary organisations such as Age UK York and York Wheels to make sure patients have access to affordable and safe transport home	York Hospital	We do work with Age UK. Family and Friends will be encouraged to provide transport to enable support to be targeted to most vulnerable groups.
2	Patients should be given at least 24 hours notice of their discharge time and this time should be kept to as closely as possible	York Hospital	50% of patients have an EDD with 24 hours notice. Remaining 50% are same day discharges where late result investigation or final doctor reviews required. Patients and family are aware but not guaranteed a time.
3	Consider whether patients who are ready to be discharged could be 'fast tracked' so that they receive their medication from the pharmacy as quickly as possible	York Hospital	TTOs are already fast- tracked through pharmacy.
4	Review the frequency with which the IT system is updated with the expected date of discharge for	York Hospital	The EDD status on the Trust's EPR is updated at least daily to reflect the status of patients and aid with discharge planning. It allows filtering on

	Recommendation	Recommended to	Update
	patients. This would help the facilitating rapid elderly discharge (FREDA) team correctly identify patients who were ready for discharge and not spend time with patients who were not actually ready to go home		patients marked as 'ready for discharge' either today or tomorrow, but also identifies any actions which are required prior to discharge.
Further Recommendations			
5	Consider giving patients the option to request that a family member/carer be notified of their discharge time at the same time as the patient themselves	York Hospital	Hospital to give further time to consider as could be difficult to administer.
6	Consider how to improve the consistency of approach to conversations between hospital staff and patients about what follow up care they will be receiving and the organisations they are signposted to	York Hospital	A pilot is being undertaken in Community Hospitals 15/16 to address these concerns. CCGs looking to move follow ups to primary care from hospital settings.
7	In order to increase awareness and understanding of patients' pre-existing conditions, consider the use of health 'passports' which can be referred to at all	York Hospital	This would have to be considered with partners as to make this work it would need a multi-agency approach to ensure it was kept up to date.

	Recommendation	Recommended to	Update
	stages of a patients' hospital stay and discharge		
8	Consider all the relevant feedback in this report when delivery of the new mental health contract begins in October 2015	Tees, Esk and Wear Valleys NHS Foundation Trust	<p>People from York and Selby requiring admission to acute mental health in patient care are currently accessing TEWV hospitals out of locality due to the closure of Bootham Park Hospital in Sept 2015. Discharge planning is started at the point of admission with a formulation of the person's needs within 72 hours of admission. A daily report out is held by clinicians to ensure all aspects of assessment and relevant treatment/interventions are undertaken and to monitor progress. A multi disciplinary, discharge planning meeting which includes the person and their family is held before discharge from hospital at the soonest point indicated in the person's recovery. This process is called PIPA (Purposeful In Patient Admissions). Because of the current and unusual circumstances in York of having no acute mental health beds, a Discharge and Liaison Team has been established to support people in out of locality admission and their discharge back to their home area. The team attends the ward daily to participate in the report outs, formulation meetings, discharge planning meetings and Mental Health Act Tribunal meetings when required.</p>

	Recommendation	Recommended to	Update
			<p>The team also facilitates home leave which is an important step for people in their recovery journey and support transport back to York, either for periods of leave or discharge from hospital. An appointment within 7 days, following discharge is arranged before the person leaves hospital and is carried out either by the Discharge Liaison team or the community mental health team. A letter is sent to the person's GP within 24 hours of discharge. Additional support for people on leave or discharge is provided by the Home Based Treatment Team, with close links to the Crisis Team. The combined work of all of these services in close collaboration with in patient service often results in the person being discharged more quickly with community based support.</p>
9	<p>Consider using patient participation groups at GP Practices to gather feedback from patients who have been discharged back to their GP to make sure that the process is working effectively</p>	<ul style="list-style-type: none"> • NHS Vale of York CCG • GP Practices 	<p>Patient Participation Groups have been active across the Vale of York. The CCG is working with the Council of Representatives to analyse feedback on local services.</p>

Glossary

A&E- Accident and Emergency

CAMHS- Child and Adolescent Mental Health Services

CCG- Clinical Commissioning Group

CQC- Care Quality Commission

DOS- Directory of Services

ED- Emergency Department

EDD- Estimated Date of Discharge

FREDA- Facilitating Rapid Elderly Discharge

GP- General Practitioner

NHS- National Health Service

OOH- Out of Hours

PG- Postgraduate

PIPA- Purposeful In Patient Admissions

TEWV- Tees, Esk and Wear Valleys NHS Foundation Trust

TTO- To Take Out

UCC- Urgent Care Centre

UCP- Urgent Care Practitioners

YAS- Yorkshire Ambulance Service

YTHFT- York Teaching Hospital Foundation Trust

This page is intentionally left blank



Health and Wellbeing Board

Report of the NHS Vale of York CCG, from Lynette Smith, Head of Corporate Assurance and Strategy, NHS Vale of York CCG

Delivering the Five Year Forward View for the Vale of York

Summary

1. This report provides an overview of the new national planning guidance for health services and proposals for the local development of the required plans.

Background

2. NHS England published the Five Year Forward View in October 2014 setting out an ambitious change agenda for the NHS to ensure sustainability for the future. The Five Year Forward View looks to address:
 - *The health and wellbeing gap: getting serious about prevention*
 - *The care and quality gap: harnessing technology and reducing variation in the quality and safety of care*
 - *The funding and efficiency gap: match reasonable funding levels with wide-ranging system efficiencies*
3. NHS organisations are asked in the Five Year Forward View to develop a new relationship with patients and communities in order to develop new models of care; and supporting 'enablers' such as workforce remodelling, a digital roadmap for integrated informatics and research.
4. The NHS Vale of York CCG had encompassed much of this vision within the current five year strategic plan 'My Life, My Health, My Way 2014-19'.

The ethos of the five year strategic plan is to enhance ‘in community’ services to enable people to access care as close to home as possible, and where people need to have more acute care, they have access to high quality and safe elective and urgent care services within the local hospital.

5. The plan set out the eleven objectives and set a five-year financial plan to achieve sustainability. The objectives are as follows:

Strategic Plan Objectives
Promoting healthy lifestyles and improving access to early help and helping children have a healthy start to life
Continue to have good access to safe and high quality healthcare services
People with long-term conditions are supported to give the best possible quality of life
A move to Care Hubs
A sustainable and high quality local hospital providing a centre for U&EC, planned care, elective surgery and maternity
Opportunities for access and leading research to improve healthcare systems for all
More opportunities to influence and choose the healthcare they receive and shape future services
When people become ill they are treated in a timely manner with access to expert medical support as locally as possible
People who are terminally ill and their families are supported to give best possible quality of life and choice in their end of life care
High quality mental health services for the Vale of York
Access to world class high complex and specialist care through specialist centres across the country

6. Significant transformation programmes have been delivered in line with the five year plan.

This includes, for example, the establishment of integrated care hub pilots, the re-procurement of mental health services, the implementation of the referral support service and redesign of the diabetes pathway.

7. The local system has faced challenges during 2015-16. A performance recovery plan has been implemented and is achieving improvements in elective care and diagnostics. The Urgent Care system is being supported by the national Emergency Care Improvement Programme to improve performance measures for A&E waiting times and ambulance turnaround.
8. A financial recovery plan is being developed by the CCG to return to a sustainable financial position, and support system sustainability.
9. The local system has established the Systems Leaders Board to provide oversight and strategic direction to drive through reforms to deliver a sustainable local health system.
10. NHS England has published the 2016-17 planning guidance to deliver Five Year Forward View. This supersedes the current five year planning framework, and requires a new system-wide 'Sustainability and Transformation Plan 2016-21' for each local planning area.

'Delivering the Forward View' Planning Update

Sustainability and Transformation Plans

11. The NHS planning guidance sets out the requirement for a five-year place based Sustainability and Transformation Plan (STP), supported by an annual operating plan for each CCG. The 'footprint' for the STP is to be determined by each local area in collaboration with local partners. The deadline for submitting the proposed planning footprint is January 29th 2016.
12. The STP is required to set the direction for the local area to achieve the ambitions of the Five Year Forward View, which are to close the health and wellbeing gap, the care and quality gap and the funding and efficiency gap. It is expected to provide a clear and powerful shared vision across the local NHS system, local government and local communities, underpinned by an open, engaging and iterative process of development and consultation.

13. The STP will be an overarching plan, supported by a number of more detailed plans on primary care sustainability, prevention, self-care and patient empowerment and a joint plan for the delivery of the Better Care Fund requirements. The STP needs to complement existing strategies and support the Health and Wellbeing Strategy for York.
14. The STP will form the basis for future funding applications and access to development pots, for example to deliver new models of care or technology roll out. To be successful in accessing funding NHS England expect the STP to be underpinned by clear place-based governance and implementation arrangements.
15. The guidance provides a series of 'national challenges' the STPs must look to address in Annex 1 of the guidance¹. It references the need for a 'radical upgrade' in prevention, patient choice and community engagement. The STP will be expected to include new models of care, improvement in clinical priorities, including urgent care, cancer and dementia; and to set out how the local area will do these whilst achieving financial balance.
16. The detailed planning guidance is expected in early January, but was not published at the time of writing the report.

Developments to date

17. The local system has already established a System Leaders Board, working to address system sustainability across the NHS Vale of York and Scarborough and Ryedale CCG geographic area. This footprint is based around the primary patient flows for their health care services.
18. In addition to the Acute Trust the system structures include the NHS Vale of York CCG, Scarborough and Ryedale CCG, City of York Council, North Yorkshire County Council and Tees Esk and Wear Valley NHS Foundation Trust, and other partners on supporting boards, such as East Riding CCG, primary care and the voluntary and community sector.
19. It is proposed that the STP builds upon the current arrangements and sets the footprint across York and Scarborough to specifically focus on the recovery and sustainability of local health and social

¹ <https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf>

care services. The STP will need to reflect the linkages across different planning levels and how they relate to the geographic 'footprint', including specialist networks for the NHS and broader devolution proposals.

20. The vision and objectives agreed by partners in York in 2014 as part of the 'My Life, My Health, My Way' strategy will need to be refreshed in line with the wider planning footprint and national requirements, but provides a useful basis to build upon.

Annual Operating Plan 2016-17

21. The national planning guidance sets out a series of national 'must-do's' for each CCG. These are
 - Develop the Sustainability and Transformation Plan
 - Return to aggregate financial balance
 - Local plan for the sustainability and quality of general practice
 - Get back on track with A&E and Ambulance wait standards
 - NHS Constitution: 18 week pathways waiting times
 - NHS Constitution: 62 day cancer waiting standard and improvement in one-year survival rates (and meet all other cancer targets)
 - Achieve and maintain the two new mental health access standards
 - Deliver local plans to transform care for people with Learning Disabilities
 - Affordable plan to make improvements in quality, and ensure participation in the avoidable mortality rate publication
22. The annual operating plan must be developed in conjunction with the existing financial recovery plan and performance recovery plan for the local area to ensure commissioned healthcare activity aligns to recovery plans.

Planning Timescale

Planning requirement	Deadline for drafts	Submission deadline
Annual Operating Plan	8 th February 2016	31 st March 2016
Sustainable Transformation Plan	29 th January (footprint)	end June 2016

Consultation

23. A wide ranging consultation took place to support the development of the current five year strategy. While much of the feedback remains relevant, it will need to be refreshed to address the sustainability challenges of the local system. An engagement and consultation plan is in development, looking to commence with stakeholder and public events in late January.
24. The Sustainability and Transformation Plan is place based, and as such requires involvement for all relevant stakeholders within the footprint and it is expected that the Health and Wellbeing Board will be asked to approve the final plan once developed. Planning discussions have been initiated with partners, with a 'task and finish' group proposed to take forward the detail of the work, with oversight from the System Leaders Board.

Options

25. This report is for information and comment only; there are no specific options for the Board to consider

Analysis

26. Not applicable

Strategic/Operational Plans

27. This report details statutory duties for all CCGs set by NHS England.

Implications

Financial

28. The development of the STP and supporting annual operational plan will have significant financial implications for the local healthcare system. The system is required to achieve financial balance. The detail of this impact will be developed through the annual operating plan and financial recovery plan.

Human Resources (HR)

29. The STP places a focus on provider workforce to ensure the people are in place to deliver the transformation. A joint workforce workstream is included within the System Leaders governance as a critical enabler for system transformation.

Equalities

30. All partners are committed to improving equity both in terms of ensuring protected groups have equitable access to services and in reducing health inequalities for the local community. This will be a key driver through the development of the STP.

Legal

31. There are no current identified legal implications, however as new models of care develop there may be elements of governance to review.

Crime and Disorder

32. There are no current identified crime and disorder implications, although issues may emerge during the planning process.

Information Technology (IT)

33. The STP is required to drive forward technological improvements, and in particular deliver the national requirements of an integrated summary care records through the digital roadmap. The footprint for the digital roadmap is proposed to be the same as the STP and will be taken forward through the joint informatics workstream within the System Leaders arrangements.

Property

- 34. There may be capital implications as proposals develop for new models of care, but these are not fully assessed at this point.

Risk Management

- 35. The multi-agency planning group will consider the risks in relation to the plan. This will be reported to the Systems Leaders' and relevant organisations as required.

Recommendations

- 36. The Health and Wellbeing Board are asked to:
 - i. Note the footprint for the Sustainability and Transformation Plan to build on the current System Leaders arrangements and cover the York and Scarborough footprint

Reason: To provide continuity in strategic direction and planning and reduce complexity through delivering a single plan for the STP requirements and local system recovery requirements.

- ii. Receive updates on the development of the Sustainability and Transformation Plan at future meetings.

Reason: The Sustainability and Transformation Plan will be aligned to the Health and Wellbeing Strategy for York and provide the strategic direction for recovery and sustainability for local health care services.

Contact Details

Author:

Lynette Smith
Head of Corporate
Assurance and Strategy
NHS Vale of York CCG
01904 555870

Chief Officer Responsible for the report:

Rachel Potts
Chief Operating Officer
NHS Vale of York CCG

Report
Approved



Date 06.01.2015

Specialist Implications Officer(s)

Wards Affected:

All

For further information please contact the author of the report

Background Papers:

Planning Guidance 'Delivering the Forward View: NHS planning guidance 2016-17 – 2020/21

<https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf>

'My Life, My Health, My Way' Integrated Operational Plan 2014-19

http://www.valeofyorkccg.nhs.uk/data/uploads/publications/5-year-plan/nhs_vale_of_york_ccg_integrated_operational_plan_2014_to_2019-final-30th-june-with-signatories.pdf

Annexes

None

This page is intentionally left blank

Glossary

A & E

NHS Vale of York CCG

Accident and Emergency

NHS Vale of York Clinical Commissioning
Group

'STP'

Sustainability and Transformation Plan

U & EC

Urgent and Emergency Care

This page is intentionally left blank



Health and Wellbeing Board**20 January 2016****Report of the Interim Director Of Public Health****Suicide Prevention****Summary**

1. The purpose of this report is to provide the Health and Wellbeing Board with a brief overview of the work around suicide prevention in York. A further report will be presented in due course together with any recommendations from the Suicide Audit that is currently being undertaken in partnership with the Coroner's Office.

Background

2. Suicides are not inevitable. They are often the end point of a complex history of risk factors and distressing events; the prevention of suicide has to address this complexity. This can only be done by working collaboratively across all sectors. Suicide causes much distress to the families and friends affected and this is one of the key areas for consideration in suicide prevention.
3. The All Party Parliamentary Group (APPG) on Suicide and Self-harm published an "Inquiry into Local Suicide Prevention Plans in England" in January 2015. The APPG considered that there were three main elements that are essential to the successful implementation of the national strategy for suicide prevention. All local authorities must have in place:
 - Suicide audit work to understand local suicide risk
 - A suicide prevention plan in order to identify the initiatives required to address local suicide risk
 - A multi-agency suicide prevention group to involve all relevant statutory agencies and voluntary organisations in implementing the local plan.

4. Under the Health and Social Care Act, Public Health transferred into the local authority. Suicide prevention is one of the indicators in the Public Health Outcomes Framework and so it falls under the strategic responsibility of the local authority Director of Public Health.

Main / Key Issues

5. The national strategy for suicide prevention “Preventing suicide in England” outlines six areas for action:
 - Reduce the risk of suicide in key high risk groups
 - Tailor approaches to improve mental health in specific groups
 - Reduce access to means of suicide
 - Provide better information and support to those bereaved or affected by suicide
 - Support the media in delivering sensitive approaches to suicide and suicidal behaviour
 - Support research, data collection and monitoring
6. A North Yorkshire and York Suicide Prevention Task Group is in place which is led by North Yorkshire County Council Public Health. The group has representation from North Yorkshire County Council, City of York Council, North Yorkshire Police, NHS agencies, Probation and the Samaritans. City of York Council representation has recently been strengthened since previously under-represented. There are linkages to the statutory Child Death Overview Panel (CDOP) through the joint North Yorkshire and York CDOP Co-ordinator. In addition a new Senior Suicide Prevention Co-ordinator post has been created which is jointly funded by NYCC and CYC to increase capacity for suicide prevention work and take responsibility for suicide audit.
7. The Suicide Prevention Task Group has an action plan which is based on the six areas for action highlighted above.
8. There are separate suicide audits being undertaken for North Yorkshire and York to take account of the differences in geography and population. The work is being carried out in partnership with the Coroner and involves a review of all deaths recorded as suicide over a 5 year period. There were a total of 62 confirmed suicides in York over the period 2010 to 2014 with an age range of between 12 to 90 years. A further report will be presented to the Health and Wellbeing Board with the outcome of the suicide audit once this is completed.

9. In addition, there is a time-limited multi-agency group established for the City of York which is chaired by the interim Director of Public Health which is working on the development of a multi-agency Suicide Community Response Plan for the City in line with Public Health England guidelines and best practice. Further information about this will be presented to the Health and Wellbeing Board in due course.
10. Linkages are being made to the work on the Crisis Care Concordat for mental health and the importance of recognising the links between self harm and suicide risk.

Consultation

11. There has been no consultation on this report since it is for information only to raise awareness of the work being undertaken on suicide prevention.

Options

12. There are no specific options for the Board to consider other than noting the report.

Analysis

13. There are no specific options for the Board and therefore no analysis is required.

Strategic/Operational Plans

14. This report links to the following elements of the Council Plan 2015-19:
 - A focus on frontline services
 - A Council that listens to residents.
15. Suicide prevention is a responsibility of Public Health Teams; whose functions now sit within local authorities.

Implications

16. There are implications for workforce capacity but these are currently being managed within existing resources.

Risk Management

17. No risks have been identified in relation to this report.

Recommendations

18. The Health and Wellbeing Board are asked to note the contents of the report.

Reason: To keep the Health and Wellbeing Board apprised of the work being undertaken on suicide prevention.

Contact Details

Author:

Chief Officer Responsible for the report:

Sharon Stoltz

Sharon Stoltz

Interim Director of Public Health

Interim Director of Public Health

Tel No. 01904 553224

Report Approved

Date 5 January 2016.

Specialist Information Officers: None

Wards Affected: List wards or tick box to indicate all

All

For further information please contact the author of the report

Background Papers

- Public Health England (PHE), (2014) Guidance for developing a local suicide prevention action plan: information for public health staff in local authorities. <https://www.gov.uk/government/publications/suicide-prevention-developing-a-local-action-plan>
- Public Health England (PHE), (2015), Identifying and responding to suicide clusters and contagion: A practice resource, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/45930/3/Identifying_and_responding_to_suicide_clusters_and_contagion.pdf
- HM Government (2015) Crisis Care Concordat: <http://www.crisiscareconcordat.org.uk/>
- HM Government (2015), Preventing suicide in England: Two years on Second annual report on the cross-government outcomes strategy to save lives

Annexes

None

Glossary

APPG- All Party Parliamentary Group

CDOP- Child Death Overview Panel

CYC- City of York Council

NYCC- North Yorkshire County Council

PHE- Public Health England

This page is intentionally left blank

Health and Wellbeing Board Forward Plan 2015-2016

Date	Item
2nd December 2015	Performance Monitoring Report
	Update on Work Towards Implementing the Recommendations Arising from Healthwatch Reports - (“Loneliness – A Modern Epidemic and the Search for a Cure”, “Access to Health and Social Care Services for Deaf People”, and “Discrimination against Disabled People in York”).
	Standing Item: Joint Strategic Needs Assessment
	Update on 0-19 transfer and implementation of new service arrangements
20th January 2016	Progress Update – Suicide Prevention
	Update on the NHS Vale of York Clinical Commissioning Group Five Year Forward Plan
	Response to Recommendations in Healthwatch York Reports – A & E and its Alternatives and Discharge from Health and Social Care Settings
	Joint Strategic Needs Assessment
	Annual Report from YorOK Board
9th March 2016	Mental Health Focused Meeting
	First Year Report - York Together
	Mental Health and Learning Disabilities Partnership Board Annual Report
	Update on Mental Health Facilities for York
	Emotional Health and Well-being / FiM Transformation Plan
	Report back from the Young People’s Mental Health Conference
	Approval Before Submission – NHS Vale of York Clinical Commissioning Group Five Year Forward Plan

Health and Wellbeing Board Forward Plan 2015-2016

Date	Item
	<i>Provisional</i> – Sign off on Better Care Fund Submission

Scheduled for 2016/17:

July 2016 – Report of Adults Safeguarding Board

June/July 2016 – Annual Report on Health Protection 2015/16

June/July 2016 – Well York

Summer 2016 – Healthwatch Report – Access to GPs

October 2016 – Report of Children’s Safeguarding Board

Date TBC - Family Focus Programme – phase 2 update

Standing Item – Better Care Fund