

## **Health and Wellbeing Board**

3 December 2014

Report of the Acting Director of Public Health, Julie Hotchkiss, City of York Council

## **Health and Wellbeing Strategy Update and Performance Scorecard**

### **Summary**

1. The York Health and Wellbeing Strategy 2013-16 was presented in an updated version to the Health and Wellbeing Board on 22 October. Additional comments from that meeting have now been incorporated, and a revised version of the performance scorecard added, for sign-off by the Board.

### **Background**

2. The Health and Wellbeing Strategy was developed during 2012-13, drawing upon a wide evidence base including national and local research, existing strategies and frameworks and the 2012 Joint Strategic Needs Assessment (JSNA), a comprehensive assessment of the health and wellbeing needs in the City.
3. In light of changes to the national landscape and the local identification of further needs as part of the ongoing JSNA research, the strategy was revised during the summer of 2014 and presented to the Health and Wellbeing Board on 22 October 2014.

### **Main/Key Issues to be Considered**

4. The amendments made to the version presented on 22 October are largely to clarify the importance of safeguarding and are as follows:
  - a. P.8: The addition of the words “and safe” in line 2.
  - b. P.10: The addition of a fourth bullet point to cover the work of the adult and child safeguarding boards.

c. P.27: The addition of the words: "and to live long healthy lives" at the end of the first paragraph.

d. The addition of a performance scorecard for 2014-15.

5. The key criteria for performance indicators were agreed:

- 1) They should, as much as is possible, be outcome focused;
- 2) They should form part of current data collection processes;
- 3) They should reflect current strategic priorities.

The indicators attached at Annex A were selected according to a number of strategic priorities, and divided between the four headline priorities of the joint Health and Wellbeing Strategy:

1-6 – Older People - These represent the current Better Care Fund indicators, and indicator 6 equates to Ambition 3 of the VOYCCG IOP 2014-19

7-10 – Health Inequalities – 9 is taken from Ambition 1 of the VOYCCG IOP 2014-19

11-16 – Mental Health/ Learning Disabilities- 14 is taken from the 2014-15 Quality Premium Measures, VOYCCG IOP

17-22 – Children and Young People – linked to the Children and Young People's Plan (CYPP)

6. The indicators attached will continue to be worked on by a joint working group, in order to report at the end of the financial year 2014-15. With regard to the availability of data, it is worth noting that the current Adult Social Care Outcomes Framework (ASCOF) data set expired at the end of 2013-14, and for 2014-15 the new Short- and Long-Term (SALT) data set, while defined, is likely to be subject to changes when the first reports are made during 2015. Therefore limited use has been made of Adult Social Care data, with only the annual survey measure on overall satisfaction being used.

## **Consultation**

7. The members of the Health and Wellbeing Board have been consulted on the strategy, as have the members of the three partnership boards that report to the Health and Wellbeing Board (the Collaborative Transformation Board, the Mental Health/Learning Disabilities Board, and the YorOK Board). In addition the Chairs of both the Adult and Child Safeguarding Boards have been consulted, as has the voluntary sector, via the CVS, and Healthwatch. The current scorecard has been agreed in conjunction with the CCG, as an update of a previous version presented to the Board in July 2014.

## **Options**

8. Members of the Board are asked to consider the updated elements of the strategy and either:
  - a. Agree to the amendments; or
  - b. Suggest alternatives for the Board to agree.

## **Analysis**

9. A number of the former actions have been either amended, updated, declared complete, or combined with other activities.

## **Strategic/Operational Plans**

10. The Health and Wellbeing Strategy is a statutory component of the duties of a Health and Wellbeing Board.

## **Implications**

11. The following implications have been noted:
  - **Financial** - None
  - **Human Resources (HR)** - None
  - **Equalities** - None
  - **Legal** – There are legal implications if the Health and Wellbeing Board should fail to comply with its duties under the Health Act 2012 to produce a Health and Wellbeing Strategy

- **Crime and Disorder** - None
- **Information Technology (IT)** - None
- **Property** - None
- **Other** - None

### **Risk Management**

12. Failure to update the current strategy would present a reputational risk for the Health and Wellbeing Board.

### **Recommendations**

13. The Health and Wellbeing Board are asked to consider the revisions to the Health and Wellbeing Strategy, and agree to accept the updated version.

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

### **Contact Details**

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**Report  
Approved**

**Date** 20  
*November*  
2014

**Wards Affected:**

**All**

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

**Annexes:**

Annex A- Revised Health and Wellbeing Strategy  
Annex B- Indicators for the Health and Wellbeing Board

**Background Papers:**

The previous Health and Wellbeing Strategy is available on the City of York Council website here:

[http://www.york.gov.uk/info/200796/health\\_and\\_wellbeing\\_partnerships/341/health\\_and\\_wellbeing\\_partnerships](http://www.york.gov.uk/info/200796/health_and_wellbeing_partnerships/341/health_and_wellbeing_partnerships)

However, on approval of the revised version the old version will be archived.