Notice of meeting of

Health Overview & Scrutiny Committee

To: Councillors Funnell (Chair), Boyce, Cuthbertson, Doughty (Vice-Chair), Fitzpatrick, Hodgson and Richardson

Date: Wednesday, 14 March 2012

Time: 5.00 pm

Venue: The Guildhall, York

A G E N D A

1. **Declarations of Interest** (Pages 3 - 4)
   At this point Members are asked to declare any personal or prejudicial interests they may have in the business on this agenda. A list of general personal interests previously declared are attached.

2. **Minutes** (Pages 5 - 12)
   To approve and sign the minutes of the meeting held on 20 February 2012.

3. **Public Participation**
   At this point in the meeting, members of the public who have registered their wish to speak regarding an item on the agenda or an issue within the Committee's remit can do so. The deadline for registering **is Tuesday 13 March 2012** at **5:00 pm**.

4. **Update Report on the Implementation of the Recommendation arising from the Childhood Obesity Scrutiny Review** (Pages 13 - 58)
   This report provides Members with an update in progress on the recommendation arising from the Committee's Childhood Obesity Scrutiny Review.

5. **Quarterly Financial & Performance Monitoring Report** (Pages 59 - 64)
   This report analyses the latest performance for 2011/12 and forecasts the financial outturn position by reference to the service plan and budgets for all of the relevant services falling under the responsibility of the Director of Adults, Children and Education.

6. **Health Watch Procurement Monitoring Report** (Pages 65 - 78)
   This report updates the Committee on the progression from LINks (Local Involvement Networks) to Local HealthWatch by April 2013.

7. **Work Plan** (Pages 79 - 80)
   Members are asked to consider the Committee's work plan for 2012.

8. **Urgent Business**
   Any other business which the Chair considers urgent under the Local Government Act 1972

Democracy Officer:

Name: Judith Betts
Contact Details:

- Telephone – (01904) 551078
- Email – 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

Contact details are set out above

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Agenda Annex

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Scrutiny Committees

The purpose of all scrutiny and ad-hoc scrutiny committees appointed by the Council is to:

- Monitor the performance and effectiveness of services;
- Review existing policies and assist in the development of new ones, as necessary; and
- Monitor best value continuous service improvement plans

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Agenda Item 1

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Agenda item I: Declarations of interest.

Please state any amendments you have to your declarations of interest:

Councillor Doughty	Volunteers for York and District Mind and partner also works for this charity.
Councillor Funnell	Member of the General Pharmaceutical Council Member of York LINks Pharmacy Group Trustee of York CVS
Councillor Hodgson	Previously worked at York Hospital

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City of York Council Committee Minutes

MEETING	HEALTH OVERVIEW & SCRUTINY COMMITTEE
DATE	20 FEBRUARY 2012
PRESENT	COUNCILLORS FUNNELL (CHAIR), BOYCE, CUTHBERTSON, DOUGHTY (VICE-CHAIR), FITZPATRICK, HODGSON AND RICHARDSON
IN ATTENDANCE	COUNCILLORS JEFFRIES AND SIMPSON LAING, MEMBERS, CHIEF OFFICERS, REPRESENTATIVES AND VOLUNTEERS FOR YORK BLIND AND PARTIALLY SIGHTED SOCIETY (YBPSS), ROY RUDDICK (ROYAL NATIONAL INSTITUTE FOR THE BLIND (RNIB), JOHN YATES AND GEORGE WOOD (YORK OLDER PEOPLE'S ASSEMBLY (YOPA)) ADAM GRAY AND PAUL MURPHY (CYC) JENNY MORTON, GEMMA CUSS, SARAH ANDERSON AND ALAN ROSE (YORK TEACHING HOSPITAL NHS FOUNDATION TRUST) SUE METCALFE AND JUDITH KNAPTON (NHS NORTH YORKSHIRE AND YORK) JOHN BURGESS (YORK MENTAL HEALTH FORUM)

44. DECLARATIONS OF INTEREST

Members were invited to declare at this point any personal or prejudicial interests, other than those listed on the standing declarations of interests attached to the agenda, that they might have had in the business on the agenda.

Councillor Boyce requested that her personal interest of her mother being in receipt of care services, be removed from the listed standing declarations of interest.

Councillor Cuthbertson declared a personal non prejudicial interest in the general remit of the Committee as a user of services in the audiology service at York Hospital.

No other interests were declared.

45. MINUTES

RESOLVED: That the minutes of the meetings of the Health Overview and Scrutiny held on 14 December 2011 and 18 January 2012 be approved and signed by the Chair as a correct record.

46. PUBLIC PARTICIPATION

It was reported that there had been eight registrations to speak under the Council's Public Participation Scheme. All of the speakers spoke on Agenda Item 5 (Voluntary Sector Funding).

The Chief Officer of York Blind and Partially Sighted Society (YBPSS) spoke about the proposed cut in funds to their service from NHS North Yorkshire and York. She circulated 26 letters against the cut in funding from all those involved with YBPSS. She raised concerns that the cut in funding of voluntary services was being carried out at a time of increasing need, and felt that important services would be closed without proper consultation. She stated that York had excellent sight services and that this was partly due to working jointly with the NHS over the years to develop these. She felt it would be very detrimental to users if the services were to end.

The Volunteer Manager for YBPSS spoke about the organisation's Home Visiting Service and how their role would be affected by the cut in funding. She spoke about the sharing of expertise from specialists to volunteers in order to provide greater level of care and support to users of the YBPSS's services that would be lost due to the withdrawal of funding.

A Member and Volunteer from YBPSS told Members that she felt that nurses would not have sufficient time to deal with blind and partially sighted patients, and that this could lead to an increase in levels of depression and entries into care homes. She felt that the loss of services would mean that blind and partially sighted people would not be able to maintain their independence, as they currently do, with the support of these services.

A Consultant Ophthalmologist from York Hospital spoke about her concerns at the withdrawal of funding for an Eye Clinic Liaison Officer (ECLO). She outlined the role of the ECLO, who provided immediate advice for recently diagnosed patients. She added that the ECLO could identify other problems that those from a clinical side might not do such as if the patient had fallen or felt that they were losing their independence.

The Chair of the YBPSS spoke about NHS North Yorkshire and York's own five year strategy plan, and referred to its aim to work closely with partners to create seamless care and recognise the role of the voluntary sector in developing services. He felt that by the removal of funding, NHS North Yorkshire and York had abdicated its responsibility towards patients. Further to this, he felt that if they could show a decline in the use of the services that they funded, then this could give them some justification for the withdrawal of funding.

A representative from the Royal National Institute for the Blind (RNIB) spoke about the ECLO who was situated outside of clinical care. He felt that NHS North Yorkshire and York wanted to demarcate this instead of allowing for partnership working.

A Governor of York Teaching Hospital spoke about how the excellent sight services at the hospital had helped him to recover his sight. He questioned the reason that had been given (services were duplicated elsewhere) by NHS North Yorkshire and York for withdrawal of funds to the YBPSS. He felt that the YBPSS fitted perfectly into the new local health partnerships

model, and that daily pressures always existed at the hospital in dealing with patients with sight problems. However the hospital could not afford to lose the supporting role that YBPSS played. .

A teacher of Visually Impaired Children spoke about how the funding changes would affect children with visual impairments. He stated that visual impairment was rare in children, but that most were in mainstream education. However, support for teachers and visually impaired children needed to be properly resourced and that this would not be as effective without the role of an ECLO, or the equipment base in York.

Following the last public speaker, the Chair of YBPSS requested that his gratitude to all those who had spoken under Public Participation, be noted in the minutes.

47. LOCAL HEALTHWATCH YORK: PROGRESS UPDATE

Members received a report which updated them on the progress from LINks (Local Involvement Networks) to Local HealthWatch by April 2013.

Some Members raised concerns about management costs in the new organisation and highlighted that it was important for the contract tendering process to be highly transparent.

RESOLVED: That the report and latest progress towards establishing HealthWatch be noted.

REASON: To oversee the transition from LINks to HealthWatch is identified as a priority in the Health Overview and Scrutiny Work Plan.

48. VOLUNTARY SECTOR FUNDING

Members received a report which apprised them of the response that had been received from NHS North Yorkshire and York, following a letter sent to them in relation to Voluntary Sector Funding by the Chair of the Committee.

The Deputy Chief Executive and Head of Commissioning (Adult and Community Services) of NHS North Yorkshire and York attended the meeting and responded to concerns raised by the

public speakers. They informed the Committee of a number of points including;

- That 134 voluntary sector services had been reviewed in total, and that of 80 of those reviewed in 2011, the York Blind and Partially Sighted Society (YBPSS) was only one of a number of services where it was decided to discontinue or cut funding.
- That they felt that the contractual issues of giving notice of an appeal process had been followed correctly, in that appeals from organisations affected had taken place before and after Christmas 2011.
- That due to the strength of feeling, that YBPSS was given an extended notice period until June 2012.
- That the control of budgets for the commissioning of services would transfer from NHS North Yorkshire and York into the Vale of York GP Clinical Commissioning Group, and so YBPSS could submit a revised business case for this group to review
- That £3 million extra funding had been provided to supply Lucentis to treat blind and partially sighted patients

The Chief Executive of York Council for Voluntary Service (CVS) spoke about the withdrawal of funding from the York Women's Counselling Service. She felt that the appeal process to re-examine the cut in funding for the organisation was not clear and highlighted that the cost to run the service was inexpensive. She also said that the service was regularly used by GPs to refer patients.

The Chairman of York Teaching Hospital NHS Foundation Trust admitted that the process used in identifying services had not been the most suitable, and that services had not been looked at holistically, in terms of Ophthalmology.

Questions from Members to the Deputy Chief Executive and Head of Commissioning (Adult and Community Services) included;

- If savings more than 4% were achieved through the review of voluntary organisation funding were re-invested, which organisations would have priority for additional funds?
- The reasons for withdrawal of funding from YBPSS and York Women's Counselling Service.

- What would happen if the Vale of York Clinical Commissioning Group (VOYCCG) reinstated funding for YBPSS

Members were informed that if savings above 4% were achieved, that dementia and carer services would most likely receive increased funding as it was felt that these services had been under resourced to date.

In response to a question about the possible reinstatement of funding to voluntary organisations, such as YBPSS, when budgetary control was handed over to VOYCCG; it was reported that the VOYCCG would revisit the organisation's business case, but would be expecting broader levels of partnership working.

Some Members felt that consultation between NHS North Yorkshire and York and the voluntary organisations that had been identified for funding cuts had not been transparent. They also asked if the findings of the review would be transferred over to the new Vale of York Clinical Commissioning Group.

The Deputy Chief Executive responded that NHS North Yorkshire and York Board Reports were made available to the public, and members of the public had often attended these meetings.

Some Members stated that there was a growing demand for the use of services provided by voluntary organisations, but that they understood that public money needed to be used in an efficient manner. They felt that this could only be done by NHS North Yorkshire and York and voluntary organisations working in partnership.

49. YORKSHIRE AMBULANCE SERVICE PRIORITY INDICATORS FOR QUALITY ACCOUNTS

Members considered a report which asked them to rate the indicators that they believed should appear in Yorkshire Ambulance Service's (YAS) Quality Accounts for 2012/13.

Representatives from YAS attended the meeting and they thanked Members of the Committee for their feedback.

Some Members raised a number of concerns about the Patient Transport Service such as;

- The standard of the vehicles.
- That a checking system for equipment on the vehicles did not appear to be taking place.
- That on occasions drivers were not provided with patient notes before they transported them.

Members were informed that patient transport drivers were trained explicitly in road and patient safety, but that if vehicles were unroadworthy, patients must not hesitate to report this.

Some Members felt that there were things that needed to be included in the YAS's Quality Accounts, which could not necessarily be quantified. It was also felt that it would be useful for the Committee to look at the Quality Accounts for the City of York area, as the YAS covered a wide area.

The representatives from the YAS, stated that if the Committee wished to receive an update, that they would bring along their colleagues in the Patient Transport Service to a future meeting.

RESOLVED: (i) That the report be noted.

(ii) That the ratings and comments set out in Annex 1 of the report be agreed.

REASON: To make the Yorkshire Ambulance Service aware of the Committee's views.

50. WORK PLAN

Members considered a report which presented them with the Committee's work plan for 2012.

The Chair expressed her wish for an update report on HealthWatch to be a standing item on the work plan.

Some Members also suggested that an item be added on ways of mitigating possible risks that could happen in the transfer of services from the Primary Care Trust to Clinical Commissioning Groups.

RESOLVED: (i) That the report be noted.

(ii) That the following items be received by the Committee at their May meeting;

- A briefing and presentation on NHS 111 Service.
- A further Health Watch Procurement Monitoring Report.
- A report on the Joint Strategic Needs Assessment (JSNA).
- A report on Public Health Provision
- A report on the Committee's End of Life Care Review (Use of DNACPR forms).

REASON: To keep the Committee's work plan up to date.[1]

Action Required

1. To update the Committee's Work Plan. TW

Councillor C Funnell, Chair

[The meeting started at 4.30 pm and finished at 6.35 pm].

Health Overview and Scrutiny Committee **14 March 2012**

Report of the Assistant Director, Integrated Commissioning, Adults Children and Education

Update Report on the Implementation of the Recommendation arising from the Childhood Obesity Scrutiny Review

Summary

1. In November 2010, the Executive considered the final conclusions arising from the Childhood Obesity Scrutiny Review which had made the following recommendation:

   That there should be a dedicated lead officer based within the City of York Council who is responsible for promoting and leading on the childhood obesity agenda. This officer should establish pathways of intervention throughout childhood, young adulthood and continuing into adulthood. Any lead officer should also:

   - *Promote clear pathways and long term planning of provisions/initiatives and identify resources for longer term provision of initiatives*
   - *Undertake a revision of what NHS North Yorkshire & York commission from school nurses to include more work on supporting families and childhood obesity programmes*
   - *Encourage schools to examine PE provision and make sure they maximise the time used for physical activity*
   - *Encourage all forms of physical exercise (both inside and outside of school hours)*
   - *Explore and learn from areas of good practice within other authorities*
   - *From data currently available undertake an impact assessment of work being undertaken at the present time and the likely impact of any additional measures put in place*

2. On consideration of the recommendation arising from the review the Executive noted that the NHS already had a Health Improvement Manager (Obesity) and that, although they would be happy to support the continuation of cross-agency working by means of a named lead officer, they felt there was no need for a new appointment to a dedicated post. However they did support some of the key themes listed in the recommendation above and agreed to include these in the re-structuring of the Council, so that there was ultimately a named officer responsible for leading on the childhood obesity agenda.

3. This report provides members with an update on progress in this area.

Background

4. Childhood obesity has for some time now been a national and local priority. Childhood obesity is monitored locally though our YorOK Children's Partnership arrangements in recognition that this is a complex and sensitive area requiring a shared focus and response from partner agencies. Approaches to tackling child obesity have included the promotion of healthy diets and active lifestyles on a universal and targeted basis through schools and communities, and initiatives targeted at children who are considered to be obese.

5. Activities designed to tackle child obesity have been led by various officers from within both the Local Authority and the PCT.

6. The Healthy Weight Active Lives Service Delivery Partnership was hosted between 2009 and 2011 from within the Council's School Improvement service (see Annex 1). Working on a partnership basis and seeking to adopt a coordinated approach to the delivery of specific weight management programmes, the manager in charge of this partnership became identified as a focal point and key lead on this agenda within the Council. Unfortunately as a consequence of the Council budget reductions during 2010/11 funding for this post was withdrawn, and it has not been possible to fund and reintroduce this role since. The weight management programmes were Local Area Agreement (LAA) funded on a time limited basis and ended in March 2011. Two very successful Mind, Exercise, Nutrition, Do it! (MEND) programmes were run using external funding; however this funding is also no longer available.

7. Despite the reduction in funding and capacity within the Council, levels of child obesity are routinely monitored and work continues to tackle child (and adult) obesity in schools and through other areas of service. The PCT Health Improvement Team works closely with Local Authority colleagues and is seeking to influence the commissioning of more preventative services within the hospitals and community.

8. Data is available from the National Child Measurement Programme in respect of the prevalence of obesity in children aged 4/5 in their school reception year and children aged 10/11in Year 6. The most recently published data shows that in 2010/11York had a significantly lower prevalence of children in both age groups who are overweight or obese compared to the national average. For reception children there has been a decrease from the baseline position in 2006/07 of 8.4% at risk of obesity to 7.5% in 2010/11. For Year 6 pupils, there was an increase in prevalence during 2010/11 from the previous year to 14.7%, though this remained lower than the baseline position of 15.6% in 2006/07.

9. The recommendations emerging from York's 2012 draft Joint Strategic Needs Assessment (see Annex 2) highlight child (and adult) obesity as a priority, recommending that a comprehensive local picture of obesity is established and that there is continued support for initiatives aimed at increasing levels of physical activity across the whole population and in respect of vulnerable groups. The transfer of Public Health to the Local Authority over the course of this next year offers an excellent opportunity to establish clear strategic leadership of this key agenda.

Consultation

10. No further consultation has taken place on this issue since the original Scrutiny Review took place; however, the issue did feature in the overall consultation on the production of the new JSNA.

Options

11. Members can choose to:

Option 1 sign off as fully implemented the recommendation arising from the childhood obesity scrutiny review
Or

Option 2 request a further update report be brought back to the Committee in 6 months time

Analysis

12. Members will wish to consider the extent to which this update adequately addresses the Committee's original concerns. It is clear that childhood obesity rates in York are relatively low; that said, they remain a concern. Equally, it is clearly very unlikely that the Council or its partners will be able to afford to employ an officer dedicated to this issue in the near future. However the imminent arrival of a Director of Public Health for the Council will ensure that the issue continues to receive prominence and the Committee might want to request further updates from him/her at a future time.

13. It is good practice for scrutiny committees to receive regular updates on progress made in implementing recommendations arising from completed scrutiny reviews.

Council Plan

14. This report links to the 'Protecting Vulnerable People' priority in the Council Plan 2011-15, and specifically to the key outcome: Health inequalities will reduce across York, especially morbidity and obesity.

Implications

15. There are no immediate Financial, Human Resources, Equalities, Crime and Disorder, IT or Property Implications.

Risk Management

16. There are no specific risks associated with this report.

Recommendations

17. Members are asked to note the contents of this report and consider whether they wish to sign off the recommendation arising from the review as fully completed. If Members do not wish to sign off the recommendation at this date then they are advised to add this to their work plan again to receive a further update in 6 months time.

Reason: To raise awareness of the recommendation that still needs to be implemented.

Contact Details

Author:	**Chief Officer Responsible for the report:**
Judy Kent Children's Trust Unit Manager, Adults, Children and Education	Paul Murphy Assistant Director, Integrated Commissioning, Adults, Children and Education
Tel No.554009	*Tel No.554001*

Report Approved ✓ **Date** *27.2.12*

Wards Affected: *List wards or tick box to indicate all* **All** ✓

For further information please contact the author of the report

Annexes

All annexes to the report must be listed here.

Annex 1: Healthy Weight Active Lives Service Delivery Partnership: Project Report 2009-2011 (online only)

Annex 2: Draft York Joint Strategic Needs Assessment (JSNA), 2012 (online only)

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Healthy Weight Active Lives Service Delivery Partnership

Project Report 2009-2011

"Tackling childhood obesity by providing a range of positive programmes that address the varying needs of York's children and young people."

introduction

By Liz Burkinshaw ~
PE & Sports Consultant,
MEND Programme Manager,
and **Delivery Project Coordinator**
City of York Council

The Healthy Weight Active Lives (HWAL) Service Delivery partnership aims were to tackle childhood obesity by providing a range of positive programmes to address the varying needs of York's children and young people. Programmes addressed physical activity levels, food choices and healthy eating, as well as building confidence and self esteem.

The overarching aim of the scheme is to reduce the childhood obesity and the associated negative impacts in the City, particularly focusing on NPI 56 through increasing children and young peoples' participation in PE and School Sport and through positive activities.

Using the North Yorkshire York Healthy Weight Active Lives Strategy as a structure for delivering change within the community, the HWAL service delivery partnership has been able to support the delivery of the strategy ambition through theme 2; 'promoting healthier choices', theme 3; 'building physical activity into our lives' and theme 5; 'personalised advice and support'.

The four programmes that have assisted in meeting the aims of the HWAL Service Delivery partnership include MEND, City of York Council Food Labelling and Composition Awareness Training, York City Knights 'Get Active' programme and Altogether Better resources.

contents

York mend

MEND (Mind, Exercise, Nutrition…Do it!) helps children aged 7 - 13 years and their families manage their weight better and lead healthier lives through learning about nutrition and how to eat a balanced diet. Sessions are designed to help them develop skills that change attitudes and get the children to take part in an hour's exercise whilst the parents have an adult discussion. The main aim of the scheme is to change the habits of children, young people and their families to food and physical activity resulting in a lifelong change leading to reduced weight and healthier habits for life.

Aims of the project include:

- Providing specific targeted support to children / young people and their families to assist them in achieving a healthier weight
- Halting the year on year rise of children's obesity levels
- Providing training and support for families so that they can support their children in achieving a healthier weight

MEND aim to do this by:

- Implementing an effective and research-based obesity prevention and treatment programmes, training and resources
- Working alongside partners from the private, public, voluntary and academic sectors to make our services available at a community level on the widest possible scale

overall results of mend AGES 7-13

The York MEND portfolio included 7 programmes over a period of 21 months. The total number of participants in these programmes was 68 (46 % boys) and the average age was 10.8 years. Our average programme attendance rate was higher than the national average and the dropout rate was lower than the national average. On the whole, most of the results are similar to the MEND 7-13 national rollout results.

The current York MEND portfolio, has demonstrated significant clinical results with the Body Mass Index (BMI) decreasing (on average) from 27.7 kg/m2 pre-MEND 7-13 to 27.0 kg/m2 post-MEND 7-13, leading to a mean 0.7 BMI unit reduction. Also, waist circumference, an indicator of abdominal fat, was decreased by an average of 3.6 cm post-programme for the portfolio.

Post-programme levels of physical activity rose and children were doing moderate to vigorous activity more days per week, whilst television viewing and computer usage were reduced from 17.2 to 10.8 hours per week (a 6.4 hour decrease).

The York MEND portfolio not only demonstrated "clinical attributes" that participants became healthier but also, MEND 7-13 Participants were "fitter" by the end of the programme, as indicated by the 12.6 beats per minute decrease in recovery heart rate following the 3-minute step test.

Finally, the programme had a positive impact on the mental wellbeing of the participants. The SDQ is a parent-rated measure of common psychological symptoms in childhood. The mean score on the SDQ was within the low needs range and it is encouraging to note that post-programme, the average SDQ score was even lower. This suggests that participating in the York MEND 7-13 Programme is associated with improved psychological functioning.

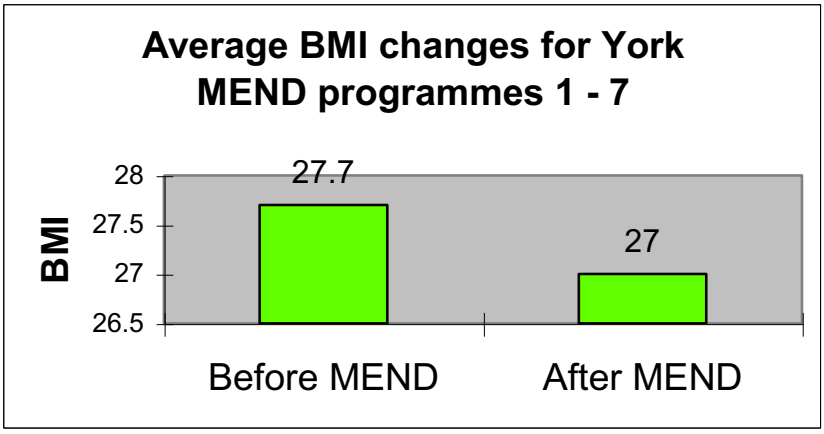
Taken together, the results of this report indicate that the programme is having positive healthy outcomes for the families participating in those programmes within the York MEND portfolio.

York MEND were finalists in three areas of excellence for the National MEND Best Practice Awards: Partnership Working
Recruitment and Retention
Community Engagement

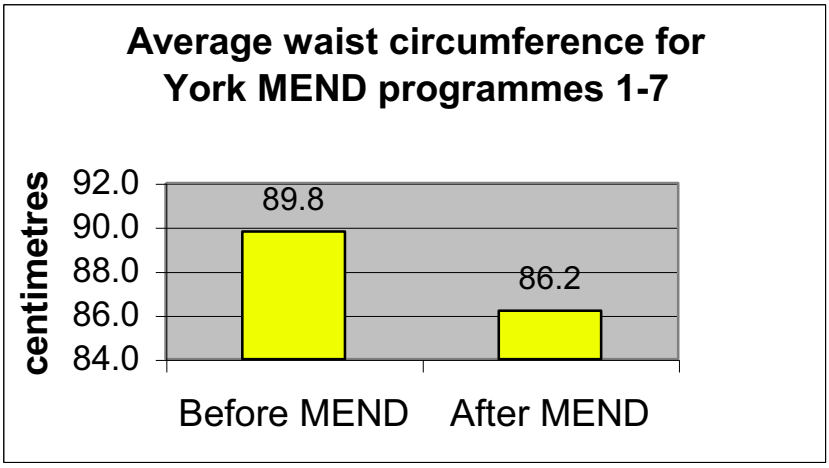
We have also been featured in the North Yorkshire Sport 2012 Legacy Brochure. In addition to this, York MEND was asked to deliver an 8th programme, which reflects the high quality of the programmes in the city.

results from mend AGES 7-13

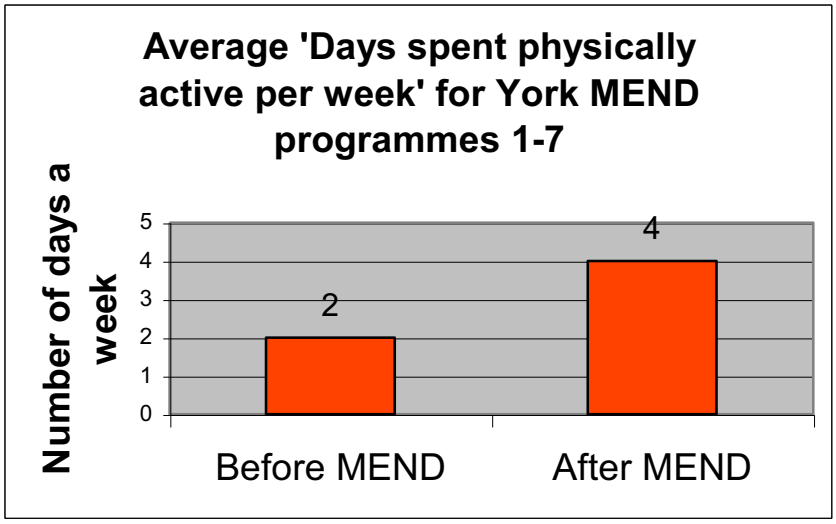
1. Body Mass Index



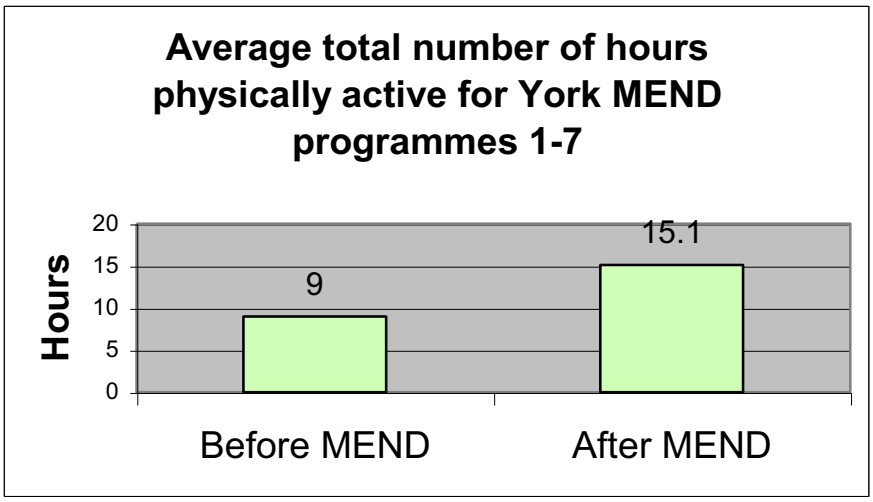
2. Waist Circumference



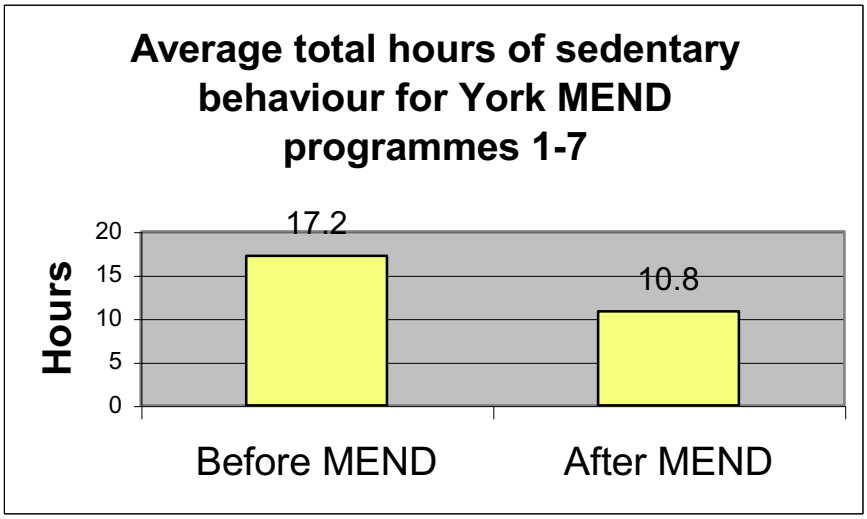
3. Days spent doing 60 minutes of moderate/vigorous physical activity



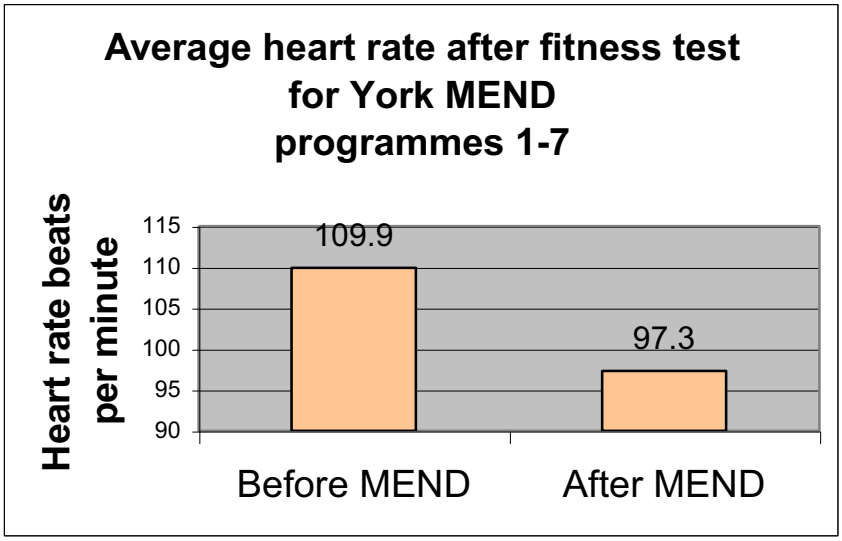
4. Total hours physically active



5. Total hours of sedentary behaviours

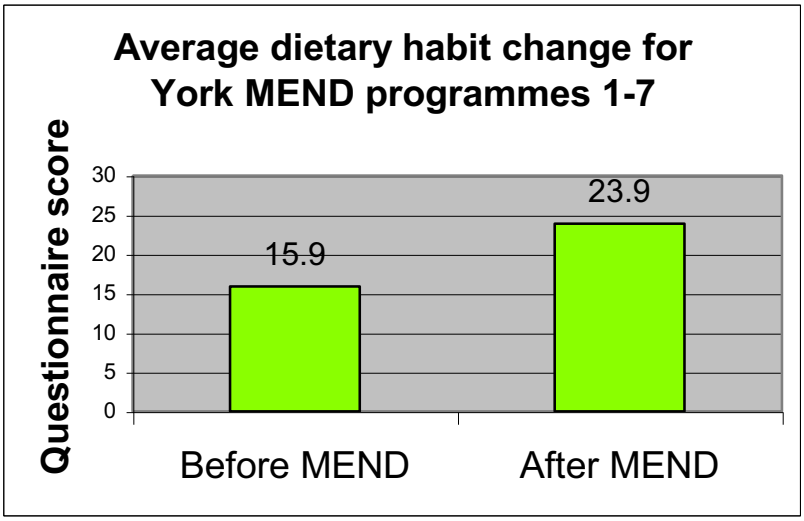


6. Fitness



results & recommendations

7. Dietary Habits



Recommendations

In line with the recommendations of the National Obesity Observatory, MEND 7-13 strongly recommends that MEND York continues to monitor the anthropometric outcomes of the children who took part in these programmes for a further 12 months. It is also a recommendation that future MEND or childhood obesity programmes are supported through positive advocacy and funding. The MEND team is currently in the process of devising a York specific children's weight management programme.

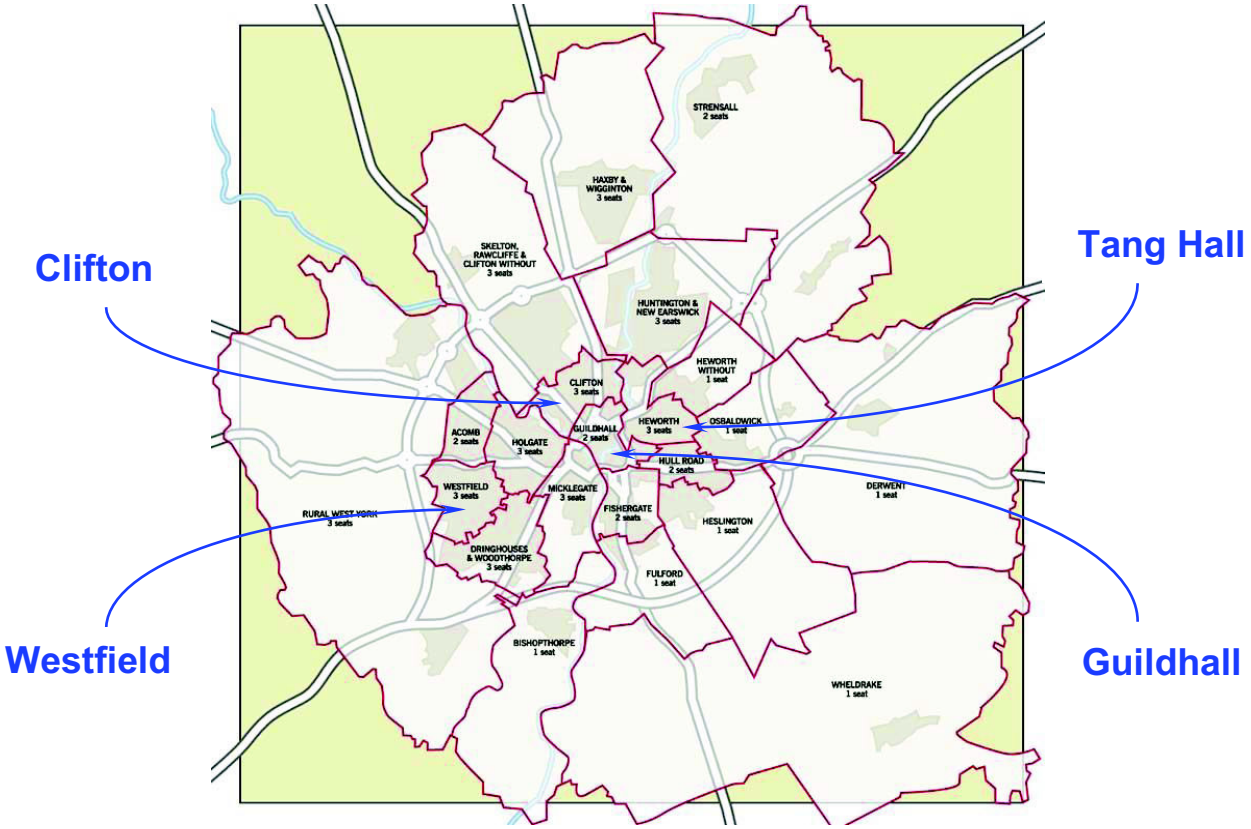
Liz Burkinshaw holds a quilt that was made during one of the MEND Graduate reunions. It linked together celebrating MEND achievements and encouraged wider ranging cultural activities for children and young people.

aims of altogetherbetter

The Altogether Better project aimed to empower local people to take the lead in improving the health and well-being of themselves, their families and their local community.

The project aimed to achieve this by providing them with knowledge and skills around behaviour change, healthy eating, physical activity, and mental well-being in order that they can make positive changes in their own lives and support change in the lives of their families or the people they volunteer/ work with.

The project focused on specific areas of disadvantage to improve the health of identified groups and works in the following areas:



In each of these areas the target groups are:

- families with children
- lone parents
- teenage parents
- care leavers
- homeless young people

aims of

The aims of the project were to:

1. Deliver supported and accessible community health education to community members from the target groups and frontline workers/volunteers working in the target areas
2. Develop the skills and knowledge of community members and frontline workers/volunteers so that they can support others to make healthy changes to their lives as part of their involvement with their own family, community or client group
3. Provide support and signpost people to specific activities and/or further training to focus on one or more of the 3 key areas of healthy eating, physical activity , mental health
4. Provide assistance to set up and support relevant community activities

The funding received from the partnership group was to enable equipment and resources to be purchased for the educational courses run with communities and frontline workers.

Training for frontline staff and volunteers included:

- 5 Food for Thought courses to 46 people in:

  Westfield, Guildhall, Clifton and Tang Hall

- 13 short courses covering healthy eating, physical activity, mental well being to a variety of groups including:

  Kick Boxing, Bubble and Stir Cooking, York Refugee Action Healthy Eating Course, Dad's Dinners, York High Family Learning Day - Healthy Eating, Tea Time Treats, Parents Group, Future prospects Teenage Parents, Street Dance and Get Connected

■ Delivered 44 activities through pump priming funding, project staff involvement or activities of direct beneficiaries:

26 x Healthy Eating; 13 x Physical Activity; 5 x Mental Well Being

■ Delivered training to frontline staff and volunteers:

Understanding Health Improvement course to 6 people; Promoting Health and Well Being course to 10 people

■ Attended 6 community events to promote the project and engage people in a range of activities:

Eco Day; Just 30 Campaign launch; Community cohesion events at St Lawrence's and Haxby Road Children's Centres; St Lawrence's Children's Centre Parents event; Family Fun Day

Outcomes

Met the needs of 157 direct beneficiaries through:

- Food for Thought courses and short courses
- Understanding Health Improvement (UHI) training for frontline staff and volunteers

Reached out to 585 indirect beneficiaries through:

- Food for Thought participants who passed on information, skills and knowledge to friends, neighbours and family members
- UHI participants who passed on information, skills and knowledge to the people they work with

~ Taken from a report by Suzanne Carr

introduction to

The York City Knights Foundation's 'Get Active Programme' was launched in September 2009 and was aimed at educating Year 6 children in York about the importance of a healthy lifestyle. This was achieved by offering schools a six week programme, two of which were educational sessions and four of which were physical activity.

The aims of the sessions were based around the following:

Since its inception in September 2009, 41 schools and more than 1,500 children in York have participated in the programme.

Children were asked to fill in a food diary and complete a worksheet following the first educational session, which were then reviewed as a group to measure the impact of the session.

The key findings were:

42% Increased the amount of exercise they did each week!

51% Improved their diet within a five week period!

16% Increased the amount of sleep they had per night!

results from

We have also created a section on our website for the 'Get Active' programme:

www.yckfoundation.com

The programme has been extremely well received by the schools and all have said that it is something that they would welcome again, given the opportunity. Lorna Brown of Clifton With Rawcliffe Schools was full of praise for the programme:

"The first session was a theory session which was very well delivered and very informative. This session also covered some of our science work we had to do in school. So it was one less activity that we had to plan. The activities planned were well thought out and fun for all. I was informed by the children that they enjoyed these sessions very much. Chris delivered many practical activities which I have been using in my PE lessons. He was very motivated and enthusiastic about the activities and this obviously had an affect on the children, as they were very keen to join in and have some fun! A most enjoyable number of sessions, thank you!"

Chris Thorman delivering a 'Get Active' lesson

food & safety unit

The food and safety team aims to raise awareness about the nutritional content and ingredient composition of food in a fun and interactive way. For older children and adults, we help them understand food labelling so they can make informed choices about the food they buy and eat. This work complements the other healthy eating messages such as 'five a day'. Workshops are adaptable and can be refocused to alternative target groups such as parents. The workshops were aimed at primary school children.

Ten workshops were delivered to seven primary schools, one ward committee and one parents' evening – 1249 participants in total.

The overall aim of the sessions was to promote healthier food choices. The sessions had the following objectives:

1. To improve children's knowledge and understanding of the amount of fat in a range of foods.
2. To improve children's knowledge and understanding of the amount of sugar in a range of foods.
3. To improve children's knowledge and understanding of the amount of salt in a range of foods.
4. To improve children's knowledge and understanding of food labels.
5. To improve children's knowledge and understanding of healthier and unhealthier snacks and meals.

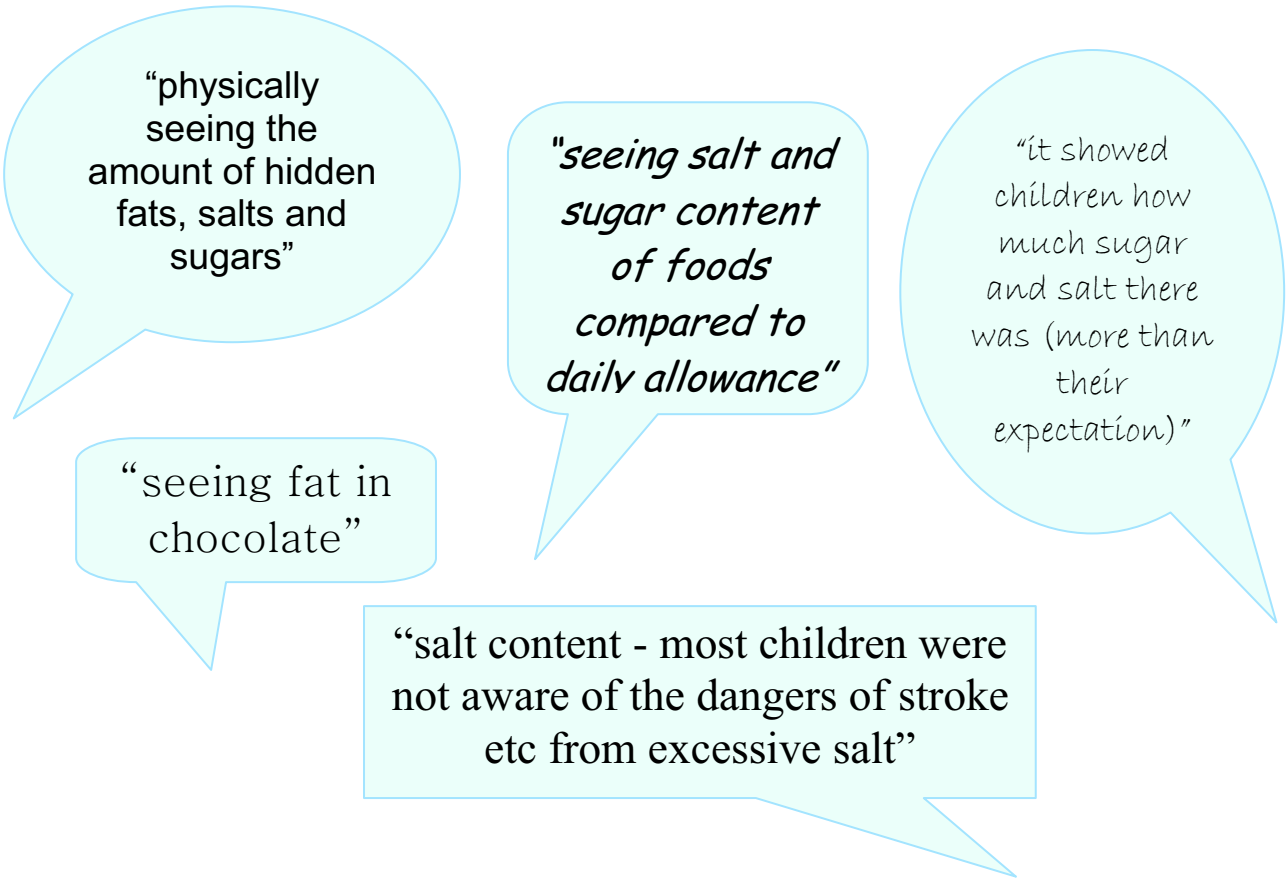
Children were divided into groups and spent time in four themed workshops; fat, sugar, salt, comparing healthy and unhealthy food.

Children in Key Stage 2 studied a range of different food labels and weighed out the amount of sugar, fat and salt in various foods and compared this to a typical average serving. They looked at the amount of fat, sugar and salt in meals and compared different brands and products.

Children in Early Years and Key Stage 1 compared the amount of sugar, fat and salt in different foods. Visual props were used to make the comparison.

An evaluation was completed by the class teacher for all sessions delivered. All teachers reported that pupils' knowledge and understanding of food labelling and composition had increased due to the session. During the feedback session, the pupils had retained the key message about the levels of fat, salt and sugar in food and the risks from having a diet high in these.

Teachers said that the most useful parts of the session were:



Outcomes

An evaluation was completed by the class teacher for all sessions delivered. All teachers reported that pupils' knowledge and understanding of food labelling and composition had increased due to the session.

The project has created a demand for more session outside our original remit of primary pupils. Two secondary schools have asked for sessions to be delivered to year 10 and 11 pupils. A youth group co-ordinator has also requested the sessions for older children. Staff in the schools said that they have learnt new information from attending the sessions and have said that they will incorporate some elements into the curriculum. Further requests have been received from schools where workshops have been held, asking for focussed workshops on packed lunches.

Conclusion

The workshops were enjoyed by all participants and very positive feedback was received by pupils, teachers and head teachers.

Recommendations

1. Concerns over childhood obesity to be maintained in City Strategy and Health documents

2. Partnership working is encouraged and continued in tackling obesity

3. Continue the provision of childhood obesity intervention services and that other interventions are investigated and planned for

4. A commitment to longer term support is required for sustained results in the city

5. Ensure that appropriate resources are allocated

The HWAL Service Delivery Partnership has been a successful partnership, with all partners achieving positive outcomes.

The partnership approach has been supportive for all partners and has in many cases meant better results and outcomes for young people in York.

Should you wish to have any further detailed information about the projects included in this report, please contact:

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Health & Wellbeing in York

Joint Strategic Needs Assessment (JSNA) 2012

Executive Summary

DRAFT: For Comment Only

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Health and Wellbeing in York
The 2012 Joint Strategic Needs assessment for the City of York

Introduction

Welcome to this third Joint Strategic Needs Assessment (JSNA) for the City of York.

Building from previous assessments, this document aims to provide a comprehensive local picture of the health and wellbeing needs of all the people who live in York. It will inform the development of future strategies, help us to decide our local priorities, and influence how we spend the money allocated to us.

We hope that you will find the assessment both interesting and useful. We have tried to keep it readable, although some parts are necessarily quite technical in nature. There are four main sections: a snapshot of who lives in York; a look at “wellbeing” in its widest sense; our lifestyles; and finally a profile of our health.

This document confirms that, overall, York is a great place to live. Most people who live here have good health and wellbeing. However, this does not apply to everyone: some people in our city experience poorer health and wellbeing outcomes. This may be down to their needs, their circumstances, or simply where they live. Tackling health inequalities is likely to be a top priority for our future work.

So what happens next? The Shadow Health and Wellbeing Board is responsible for developing York’s first Health and Wellbeing Strategy, which will take into account the recommendations from this JSNA as well as other relevant recent reports, including *the York Fairness Commission: A Fairer and Better York, 2011*, and *the Independent Review of Health Services in North Yorkshire and York August 2011*. We aim to have our Health and Wellbeing Strategy in place by the summer of 2012.

We hope you find this report both informative and thought provoking.

Health and Wellbeing in York
The Joint Strategic Needs Assessment 2012

Executive Summary: Findings and Recommendations

Introduction

1. This Joint Strategic Needs Assessment provides a comprehensive analysis of the health and wellbeing needs of York's population and will be used to inform the development of the first health and well being strategy, local priorities and commissioning decisions. The findings and recommendations are therefore of value to all partners and organisations in the statutory, voluntary and independent sectors who work to improve health and wellbeing in York.

2. This local assessment of the health and wellbeing needs of people in York builds from previous JSNAs and is based on the most up to date population-level data and needs analyses available at the point of production. It combines a mix of quantitative and qualitative data, and where possible has incorporated community perspectives. In undertaking this JSNA, consideration has been given to other relevant initiatives, including but not limited to the York Fairness Commission and the North Yorkshire Review undertaken by NHS Yorkshire and Humber.

3. This document summarises some of the findings from the four main sections of the JSNA and incorporates the emerging recommendations. A full JSNA report is also available which gives the detail, context, data and sources from which this summary and recommendations emerge.

Findings

4. In general, York is a great place to live. Most people experience good outcomes in relation to their health and wellbeing, aspects of which are better than across the rest of the country. However there are pockets of deprivation in York, and some people experience poorer health and wellbeing outcomes because of their needs, circumstances and location.

York's population

5. The mid-year population estimate for York in 2011 was 202,447. The population has increased at a rate of twice the national average. The birth rate has actually declined compared to 2009. It is therefore assumed that 90% of the increase in population numbers is due to migration. The number of households in York is expected to increase by 37% from 2008 to 2033 with the largest increase predicted to be in households where the head of household is aged over 85 years.

Black and minority ethnic people

6. There is a rapidly growing black and minority ethnic population in York with 78 different first languages being spoken in the City. This group is comprised primarily of settled black and minority ethnic people, but will also include migrant workers.

7. Estimates suggest that there are in the region of 330 Gypsy and Traveller households in York; approximately 40% of this community are mobile, with around 60% remaining in the City for longer periods of time. Health and educational outcomes within this group are often poor.

Lesbian, gay, bisexual, and transgender people

8. Estimates vary as to the extent of this population, but it is clearly a significant subset of the overall total. The needs of this group differ depending on the stage of life of the person. Young people can experience difficulties at school, including homophobic bullying, and mental health problems. Older

lesbian, gay and bisexual people are more likely to live alone and are less likely to have children and see biological family members on a regular basis, potentially being more reliant on external services to meet their health and wellbeing needs in later life.

Children and young people

9. 250 York children are looked after (in care) and are likely to have complex health and wellbeing needs as a consequence of their life experiences. It is estimated that between 1,000 and 2,000 children experience some form of disability in York with nearly 4000 children having special educational needs. Four in ten disabled children live in poverty nationally.

10. There are approximately 300 young people aged 16 to 18 in the city who are not in employment, education or training (NEET), 32 % of whom are young disabled people, compared to 22% nationally. There are more young people who are NEET living in areas associated with poverty and deprivation.

11. There is a large student community in the City associated with the local Colleges and Universities whose needs are seen to be becoming more complex. Homelessness, housing matters, and mental health issues have emerged as prominent areas of need.

Carers

12. There are approximately 17000 adult carers in York (9% of the adult population) and numbers are expected to rise along with the expected rise in the local elderly population. This group face challenges in maintaining employment and in caring for family members. It is estimated that there are between 342 and 1600 young carers in York.

Offenders

13. The York and North Yorkshire Probation Trust currently works with approximately 690 adult offenders. Many of these have needs arising from mental ill health, and the use of drugs and alcohol, which are also relevant to the female prisoner population at HMP Askham Grange. Young offenders are more

likely to be looked after and experience poverty and poor educational outcomes.

Adults and older people

14. People with physical and learning disabilities may be amongst the most vulnerable and marginalised in society. They are more likely to live in poverty and have lower incomes and are less likely to have educational qualifications and be economically active. In 2001, 12,506 working age adults in York considered they had a health problem or limiting long term illness. In 2010 there were 250 deaf people of all ages and 916 registered as hard of hearing. In 2011, 495 people in York were registered as blind and 525 were registered as partially sighted.

15. The number of older people is expected to increase by over 30 per cent in the next 20 years, with the largest rise predicted in those aged 85 and over. This reflects national trends and will have major implications for the future provision of adult health and social care services. York has the second highest proportion of patients discharged to residential homes and the highest rate of delayed transfers of care in the region.

Social and place wellbeing

16. There are well recognised links between deprivation, vulnerability, opportunity, health and wellbeing outcomes. Some people in York experience poorer health and wellbeing because of these factors.

Economy

17. The city has a strongly performing economy and continues to attract investment. However, the current economic climate is uncertain, presenting challenges across all sectors and for individuals. The city currently supports more than 80,000 jobs and contributes £3bn of value to the national economy. The average annual income of York residents is just below the national average at £25,524.

Employment

18. Unemployment has increased since 2005 but is lower than the national rate. Generally the level of qualifications and skills gained by York people is high, but differences exist between the most and least deprived areas in the city.

19. The number of workless households has increased, though York has the second lowest proportion of workless households in the region and compares well nationally. Unemployment and associated financial difficulties can place significant strain upon the mental health of individuals.

Community wellbeing

20. Although York is in the top 10 cities in terms of equality between its residents, there are still areas where significant inequalities exist. The 2008 Place Survey identified three wards (Acomb, Guildhall and Westfield) where low levels of community cohesion were reported; these wards also have relatively high levels of deprivation.

21. The local voluntary and community sector experiences comparatively high levels of volunteering. There are currently 22 international, 108 national and 627 local charities based in York and 4,164 trustees of registered charities live in the city.

Deprivation and inequality

22. York is ranked the fourth least deprived city in England. Using national measures, the most deprived wards in York have been identified as Westfield, Guildhall, Clifton, Heworth and Hull Road. The least deprived wards are Derwent, Haxby and Wigginton, Heslington, Heworth Without and Rural West York. The effects of deprivation include a reduction in life expectancy, higher crime, less material wealth and often a poverty of aspiration and opportunity. In 2009 an estimated 4705 children were living in poverty in the city. Child poverty is prevalent in all wards but is heavily concentrated in some of the most deprived wards.

Environment

23. Living in a safe and pleasant environment can have a positive impact on health and wellbeing; conversely high population density, poor urban design, noise and traffic have a negative impact on healthy life expectancy. Local climate studies indicate that by 2050 York may experience more extreme weather conditions, including more rainfall, drier summers and wetter winters.

Transport

24. As a relatively compact city, accessibility to services is better in York than in many other areas. Car ownership is lowest in some of the more deprived areas to the East (Heworth) and the West (Acomb, Clifton, Westfield) of the City. Accident levels across the city are reducing, although there are still more than 60 individuals killed or seriously injured on York's roads each year.

Education

25. Educational attainment is a key factor in maximising opportunity. York is one of the best performing cities in the UK for primary and secondary education, with 83% of all secondary school pupils attaining five A*-C grades at GCSE. However, there is an attainment gap between children in York who are eligible to receive free school meals and those children who are not eligible, although this gap is reducing. The University of York was ranked 121st in the Time Higher Education 2011-12 World University Rankings and 43rd overall in Europe

Housing

26. Housing is a key social determinant of health and has the potential to impact on physical and mental health and wellbeing. In the current economic climate new housing supply is likely to remain constrained. In 2011 there were approximately 3,000 households on the York Housing Register. Most dwellings in York are maintained to a relatively good standard. Where problems do exist they tend to be in privately rented dwellings, in inner city areas and are occupied by vulnerable households or the elderly. Around one third of households in York

incorporate an adult over pensionable age, although most homes in York were not designed to meet the needs of an ageing population.

Crime and disorder

27. Overall crime in York fell by 5% between 2009 and 2011. York has lower levels of alcohol related crime than the national average. Levels of hate crime are also comparatively low; where they occur, they are mostly racially related. There were around 3,000 reports of domestic violence made to the police during 2010/11 in York, the emotional and physical effects of which can be enduring for the adults and their children.

Lifestyles in York

28. Although the following lifestyle risk factors are considered in isolation, the same individual can experience multiple risk factors.

Smoking

29. Smoking is one of the major causes of preventable morbidity, mortality and long-term health conditions. It is estimated that during 2010/11 18.5% of the population of York over the age of 18 years were smokers, which is significantly lower than the England average. Local smoking in pregnancy rates continue to improve.

Physical activity

30. Physical activity contributes positively to the prevention and management of many chronic diseases and conditions. In 2010 it was estimated that approximately 40% of York's population were undertaking insufficient physical exercise to maintain a healthy lifestyle. This figure may be even higher.

31. 63.2% of primary school pupils and 47.6% secondary school pupils walk to school, higher than the respective England averages. York also has a higher percentage of pupils who cycle to school. York was designated a Cycling City between

2008 and 2011, and is regarded as one of the country's premier cycling cities.

Healthy eating

32. In adults, healthy eating can help to manage weight and improve overall wellbeing. It can also reduce the risk of developing illness and serious disease. There are few measures of eating habits available at a local level, but modelled estimates suggest that 28.3% of adults eat the recommended 5 portions of fruit and vegetables per day. This estimate is not significantly different to the England estimate.

Obesity

33. Being overweight or obese increases the risk of a wide range of conditions. Obesity levels are rising nationally and represent one of the biggest challenges to the future health of the population. Modelled estimates suggest that 23% of adults in York are obese, which is comparable to the national average. However, the prevalence based on GP data is less than half of this value. This suggests that there may be a substantial number of individuals who are not known to services. There is a link between levels of obesity and deprivation.

Alcohol

34. Alcohol consumption is a major health concern and also features in crime and disorder, hospital admissions and coping with stress. For the majority of indicators relating to alcohol harm, York compares favourably to the national average. However modelled estimates suggest that 26.3% of York residents may consume at least twice the daily recommended amount of alcohol in a single drinking session which is significantly higher than the national average. York Hospital found that there were 3280 alcohol-related hospital attendances in York in 2011 and established a clear link between a person’s multiple hospital admissions and alcohol and substance misuse.

Substance misuse

35. Estimates suggest that there were 933 individuals using opiates and / or crack in York in 2009-10, during which time there were 809 users in structured treatment. This population suffers with both physical and psychological illness and social problems as a consequence and possible cause of their substance misuse. The health and wellbeing needs of this group can be significant and complex.

Health Profile

Life Expectancy

36. Generally, the health of the residents of York is very good, with life expectancy and disability-free life expectancy being significantly higher than that of England for both men and women. However, there is a marked difference between the most deprived 20% and the rest of the city.

Neonatal health

37. The infant mortality rate for York for 2007-9 was 5 deaths per 1,000 live births, and appears to be stable compared to previous estimates. Low birth-weight has an impact of the whole life course of an individual; the proportion of low birth-weight babies in the most deprived 20% was significantly higher than for the rest of the city. External factors influence birth weight, including smoking, maternal nutrition and alcohol consumption and may represent opportunities to target interventions in this area.

Teenage pregnancy

38. The teenage pregnancy rate in York has reduced by more than 21% over the period 1998 to 2009 compared to a reduction of more than 18% for England for the same time period. In 2009

there were 27 conceptions per 1,000 females aged 15 to 17 years of age in York.

Dental health

39. At March 2011, more than half of the North Yorkshire and York population had seen an NHS dentist in the previous 24 month period and this was lower than the England average. Just under 50% of adults and more than 68% of children had seen an NHS dentist, both figures lower than England averages. On 1st July 2011 there were more than 7,000 individuals on the NHS dentistry waiting list from the Selby and York area, more than 40% of whom had been waiting for 7 months or more.

High blood pressure

40. High blood pressure (hypertension) is one of the causes of premature mortality and morbidity that is most amenable to treatment. The prevalence of hypertension in the registered population of York has steadily risen to a level of 12.5% in 2010/11, but has remained significantly lower than the England average of 13.5%. This is likely to be lower than the true prevalence.

Diabetes

41. The prevalence of diabetes in the registered population of York appears to have increased slightly to 4.4%, which could be attributed to an increase in prevalence or an increased level of awareness of the condition. 51% of those individuals diagnosed with diabetes had good long-term blood sugar control (as measured by HbA1c) though this was below the England average of 54.2%. The proportion of diabetic patients who experienced good blood pressure control (78.2%) was lower than the England average (81.2%). It would appear that improvements could be made with regard to blood sugar and

blood pressure control amongst those patients diagnosed with diabetes.

Circulatory disease

42. Circulatory disease accounted for approximately one third of all deaths in England and Wales during 2009 -10. Since 1995, mortality rates due to circulatory diseases have been dropping in York. For the period 2007-09, the mortality rate for men was significantly lower than the England average, but there was no significant difference for women. The rate of mortality from circulatory diseases is more than 60% higher in the most deprived 20% of the city compared with the least deprived.

Chronic obstructive pulmonary disease (COPD)

43. The recorded prevalence of COPD has been steadily rising in York from 1.3% of the registered population in 2006-07 to 1.4% in 2010-11. There appears to be no relationship between deprivation levels and *prevalence* of the condition. However when considering the COPD *mortality rate*, there is a striking relationship, with people in the most deprived 20% of the city having a mortality rate more than four times that in the least deprived.

Cancer

44. The cancer incidence rate for the period 2007 - 09 for York in the under 75 age group was higher than the England rate, whereas our age-standardised mortality rate due to cancer for the period 2007 to 2009 has steadily reduced and was lower than the England rate for the same period. Mortality from lung cancer shows a marked relationship with deprivation, with people in the most deprived 20% of the city experiencing a mortality rate of more than 2.5 times that of the least deprived.

Screening

45. The NHS North Yorkshire and York cancer screening programmes have a higher uptake than the England average; however in both breast and cervical cancer screening uptake is reducing.

Severe and enduring mental illness

46. Estimates for the prevalence of severe and enduring mental illness suggest that there are likely to be 304 individuals with one of these conditions. Data obtained from GP records identified a recorded prevalence of 0.7% on 2010-11, compared to the England prevalence of 0.8%. This would equate to approximately 1,400 individuals.

Dementia

47. The recorded prevalence of dementia is 0.4%, compared to 0.5% for England. However, this may not represent the true prevalence of dementia as families and carers may not always access support and services. This is an area which may benefit from further investigation given the expected increase in older adults over then next two decades.

Mild-moderate mental illness

48. Estimating the prevalence of low-level mental illness is challenging as many individuals present to health services with problems related to social or professional functioning rather than discussing these problems in terms of mental ill health. Data recorded by GPs suggests that the prevalence of depression is 12.7% in York, which is significantly higher than the England prevalence of 11.2%. Given the associations with mental wellbeing, this may be an area that requires further thought and investigation.

Sexual health

Chlamydia

49. The proportion of young people aged 15-24 years who were screened under the National Chlamydia Screening Programme increased from 16% to more than 27% over the period 2009 to 2010 however this remains below the England levels. The diagnosed prevalence of chlamydia has increased to 1900 per 100,000 young people aged 15-24 years; however, this probably relates to increased uptake of the service.

HIV/AIDS

50. Over the period 2002 to 2010 there has been a significant rise in the prevalence of HIV. This may have been influenced by improvements in the management of HIV that have dramatically improved people's chances of survival.

Emerging recommendations

51. There is much excellent work already under way across the city that impacts on the health and wellbeing of our residents. The recommendations made below seek to place a sharper focus on recurring themes that are emerging through our assessment of local needs. The intention is that these recommendations will inform the priorities of the new Shadow Health and Wellbeing Board.

Early intervention

52. Running throughout this JSNA report is the principle of intervening early in order to achieve better outcomes and reduce costs. This applies to health education programmes to encourage people to maintain healthy lifestyles; equally, it applies to pathways designed to help people receive support to live in their own homes for as long as possible, rather than having no choice but to enter hospital when a crisis occurs. These principles are well understood, but they are not always translated into commissioning decisions and the design of services.

53. ***We recommend that the principle of early intervention informs every commissioning decision taken within York, and that partnership working to achieve this end is regarded as the norm not the exception.***

Reducing health inequalities

54. A key strand running throughout this JSNA has been the relationship between disadvantage, poor health and wellbeing, and lower life expectancy. It is surely a major challenge to all commissioners that in a relatively prosperous city, there is still a gap of nearly ten years in life expectancy for males depending on where they live. The recommendations below will contribute in different ways to the reduction of health inequality.

55. ***However we also recommend that all activity concerned with planning, strategy, commissioning and service provision, incorporates objectives aimed at tackling health inequalities as a matter of course.***

Place and inequality

56. Most people living in the city can expect to have a good quality of life and experience positive health and wellbeing. We know, however, that parts of the City are in the 20% most deprived in the country and that people living in these areas experience higher levels of inequality in health, wellbeing and opportunity.

57. ***We recommend that active consideration is given to tackling the many and complex issues faced by people living in the most deprived areas of the city. This would involve communities working alongside statutory, voluntary and independent partners.***

Mental health

58. In the process of collating information for this JSNA, it became evident from many sources that there are significant and unmet levels of mental health need across the city, particularly at the lower levels of complexity and severity. However, it has not been possible at this time to establish a comprehensive picture of mental heath needs across the city. Nor is it possible therefore to asses the adequacy of provision, beyond reflecting practitioner opinions that there are gaps in provision in this area, particularly in respect of lower level mental health needs. Through the process of compiling this JSNA, one of the most consistently and strongly articulated areas of priority has been to develop a better picture of mental health needs and to improve the ability to meet those needs. It is worth noting that improving mental health outcomes is a stated priority for the York Fairness Commission and is also a priority emerging from the recent review of health services in York and North Yorkshire.

We make the following recommendations:

59. ***That work be undertaken to establish a full and holistic picture of mental health needs across the whole population and in relation to specific groups of people (including the Gypsy and Traveller community, looked after children, teenage mothers, people with autism, parents experiencing stress, people misusing substances, people who are unemployed, older adults including those with dementia and carers) in order to inform future planning and commissioning activity.***

60. ***That active consideration is given to the provision of a range of comprehensive community based, early intervention support and services.***

61. ***That active consideration be given to joining up more closely the children's and adults' mental health agendas and work streams in order to support a closer focus on early intervention, prevention and transition.***

62. ***That service planning takes account of the mental health needs of the ageing population, with particular reference to loneliness and the growing number of people with dementia.***

An ageing population

63. Population estimates forecast an increase in the older population in York, particularly in those aged 85 and over. The recent review of health services in York and North Yorkshire also identifies priorities in this area. The prevalence of long-term conditions rises as people grow older and therefore it would be reasonable to expect increasing need in this area.

In relation to the ageing population, we recommend that:

64. ***A comprehensive picture of prevalence and need is established in relation to the physical and mental health needs of this group. Work is underway to capture***

information beyond those who receive adult social care services;

65. ***The implications of an increasingly ageing population are systematically considered in planning and commissioning activity, including in the areas of mental health, physical and learning disability, maintaining independence, loneliness and carers;***

66. ***There is a particular focus on reducing the impact of ill-health and falls in older people, providing community-based responses in responding to long term conditions and in preventing admissions to hospital;***

67. ***Homes and neighbourhoods are designed and adapted to accommodate needs associated with the needs of ageing and independence.***

Preventing premature deaths

68. Most premature deaths in York occur as a result of circulatory disease and cancer. Action can be taken to minimise the impact of these conditions.

We therefore recommend sustained focus and targeting in relation to the following areas:

69. ***Identification of the accurate prevalence of high blood pressure and appropriate management of this condition;***

70. ***Tackling circulatory diseases, including heart disease and stroke (the modifiable risk factors for which are generally lifestyle orientated, including smoking);***

71. ***Reducing the impact of cancer through maintaining and improving the uptake of screening, early diagnosis and appropriate treatment;***

72. ***Reducing levels of respiratory disease, including chronic obstructive pulmonary disease (COPD), the main risk factor for which is smoking.***

Lifestyles

73. There is a clear link between lifestyles and health and wellbeing outcomes. Aspects of lifestyle are considered to be risk factors for a range of conditions and diseases that limit both quality of life and life expectancy. People can be helped to change lifestyle behaviours and patterns. Smoking is implicated in the development of many long-term conditions and several cancers. The associations between smoking and deprivation are also well recognised.

74. Obesity is also a major risk factor in disease development, which has been recognised as an issue nationally. Active and healthy lifestyles are promoted in many ways across the city, including through initiatives aimed at particular groups of people, the Healthy Schools programme and schemes such as Cycling City and Intelligent Travel York. Whilst obesity levels amongst children compare well nationally, it is expected that levels of obesity across the whole population will continue to rise unless vigorous preventative action is taken.

75. The misuse of alcohol is linked to the following groups: looked after children and care leavers, offenders, parents coping with stress, people with mental health needs. A similar picture has emerged in relation to substance misuse where there are links with the same population groups.

We therefore recommend that:

76. ***Local data is collected and aggregated to establish an accurate picture in relation to the prevalence and impact of the misuse of alcohol and drugs. (Note: an alcohol needs assessment for York is already under way as is a needs assessment relating to young people and substance misuse);***

77. ***A comprehensive local picture of obesity amongst adults and children is established;***

78. ***There is continued support for initiatives aimed at increasing levels of physical activity across the whole population and that priority is given to vulnerable groups.***

Employment opportunities

79. Being employed provides income and opportunity, and will of course help increase people's self esteem and access to social networks. Employment opportunities are becoming increasingly compromised at this time of economic difficulty, and have remained particularly limited for some groups of people.

80. ***We recommend that action is taken to explore and increase employment opportunities for the following groups of people: people with physical and learning disabilities – both young and older, young people, adults who may be returning to work (including rehabilitation back to work following illness) and people who misuse substances.***

Housing

81. Having a safe home that is appropriate to a person's need is a central to good health and wellbeing. There is a clear link between poor and inappropriate housing and poor health outcomes.

82. ***We recommend that the housing needs of key groups of people are considered in the context of service planning and provision, including older people, families, people who have mental health needs, young people, Gypsies and Travellers, students, people with physical and learning disabilities, black and minority ethnic households and the ageing population.***

The JSNA process: data

83. It has been difficult to obtain data about the health and wellbeing needs of some population groups. Detailed information is often held at the individual case level, but is not aggregated to the population level. In some areas there is an absence of local data and there is a reliance on modelled estimates. In these cases it has not been possible to establish an accurate picture of local need and identify improvement or deterioration in outcomes and trends. Some data sets may improve as the activities and priorities of the new Vale of York Clinical Commissioning Group become established and joint working with local partners develops.

84. ***We recommend that data collection and aggregation be improved in agreed priority areas of need in order to more accurately inform the picture of local health and wellbeing need, ongoing JSNA activity and planning and commissioning activity. This JSNA has highlighted the need for aggregate data in respect of the following specific groups: looked after children and care leavers, carers and young carers, people who have disabilities, people with mental health needs, older people, offenders and people who misuse substances. The following areas would benefit from accurate local data profiles: adult obesity, alcohol and related activity, high blood pressure, coronary heart disease, stroke, chronic obstructive pulmonary disease (COPD).***

The JSNA process: local perspectives

85. A key strand of the JSNA is to reflect local perspectives about health and wellbeing from across the community, including feedback from patients and vulnerable groups. We acknowledge that our approach to gathering this information has been only partly successful and as a consequence this strand of our JSNA in underdeveloped. This is definitely an area for development for future JSNA activity and will be of broader interest to the Shadow Health and Wellbeing Board, particularly given plans to establish the local HealthWatch service.

86. ***We therefore recommend that further work is undertaken to establish a full picture of community engagement / consultation / feedback activity and to develop clear***

mechanisms for ensuring that local perspectives inform the JSNA process.

CITY OF YORK COUNCIL

Health Overview & Scrutiny Committee **14 March 2012**

Report of the Director of Adults, Children & Education

2011/12 THIRD QUARTER FINANCIAL & PERFORMANCE MONITORING REPORT – ADULT SOCIAL SERVICES

Summary

1 This report analyses the latest performance for 2011/12 and forecasts the financial outturn position by reference to the service plan and budgets for all of the relevant services falling under the responsibility of the Director of Adults, Children and Education.

Financial Analysis

2 The Adult Social Services budget is reporting financial pressures of £959k (2.0% of the £47,930k net budget) where pressures that have been evident in previous years related to demand, particularly for community based care, still remain. This is an improvement in the position reported at quarter 2 of £415k. The main contributory factors are:

i) There is a continued increase above forecast level in the number of customers taking up Direct Payments (£545k) along with a significant pressure in External Homecare, primarily related to Learning Disability customers, with additional pressures relating to children in transit betweens children's and adults services (£1,083k). A number of specific additional high cost residential and nursing care placements made in 2011/12 over and above that provided for in the budget have resulted in a pressure of £1,139k. The total number of customers in residential and nursing care is, however, still reducing as a percentage of the total customer base as the ambition to see more people assisted in the community is realised.

ii) In terms of Business Change, there have been delays on two workstreams. In Homecare, there have been delays in letting the reablement contract and reconsideration of other care services options (£480k); and in EPHs, implementation delays mean that the full saving is unlikely to be achieved (£270k).

3 However, mitigating actions have already been identified to reduce these pressures. A significant number of vacant posts are being held whilst the Business Change workstreams continue (£768k), a projected underspend on Warden Call (£220k) and delays in two Supported Living schemes result in an underspend (£250k). Grant adjustments (£310k), other underspends (£396k) and additional funding from the PCT (£614k) all contribute to the overall forecast reduction.

4 As well as the vacancy freeze outlined above, and a moratorium on non essential expenditure, the directorate is also assessing 2012/13 savings proposals that could be brought forward, as well as reviewing commissioning budgets and new customer/scheme developments with a view to identifying additional one-off savings for 2011/12.

Performance Analysis

5 Performance in Quarter 3 shows 5 of the 14 reported indicators meeting or exceeding the Q2 targets and a further 9 indicators, while falling short of Q2 targets, are within tolerance levels set.

Code	Description of PI	11/12				
			Qtr 1	Qtr 2	Qtr 3	**Year End**
A&S1C (NPI 130)	Customers & Carers receiving Self Directed Support (Direct Payments and Individual Budgets)	Target	25.0%	29.0%	33.0%	**37.0%**
		Actual	25.7%	28.1%	29.4%	
A&S1C REGIONAL	Customers & Carers receiving Self Directed Support (Direct Payments and Individual Budgets)	Target	-	-	-	**TBC**
		Actual	-	64.1%	62.3%	
A&S1G (NPI 145)	Adults with learning disabilities in settled accommodation	Target	16.8%	33.5%	50.3%	**67.0%**
		Actual	13.0%	30.6%	42.8%	
A&S1E (NPI 146)	Adults with learning disabilities in employment	Target	1.4%	2.9%	4.3%	**5.7%**
		Actual	2.1%	3.8%	6.6%	
Delayed Discharges 1	Average weekly number of CYC Acute delayed discharges	Target	7.90	7.90	7.90	**7.90**
		Actual	10.08	8.64	8.69	

A&SNPI 132	Timeliness of social care assessment	Target	70.0%	70.0%	70.0%	**70.0%**
		Actual	62.7%	62.0%	63.3%	
A&SNPI 133	Timeliness of social care packages	Target	90.0%	90.0%	90.0%	**90.0%**
		Actual	91.2%	89.9%	89.5%	
A&S NPI35	Carers receiving needs assessment or review and a specific carer's service, or advice and information	Target	6.4%	12.8%	19.2%	**25.6%**
		Actual	8.1%	13.1%	18.5%	
A&S NPI36	People supported to live independently through social services (all ages)	Target	4292	4316	4340	**4364**
		Actual	4363	4325	4349	
A&SD39	Statement of Needs	Target	96.0%	96.0%	96.0%	**96.0%**
		Actual	95.2%	95.9%	94.8%	
A&SD40	All services Reviews	Target	32.5%	55.0%	77.5%	**90.0%**
		Actual	35.6%	56.4%	71.1%	
A&SD54a	Equipment - 7 days - Excluding Telecare	Target	96.0%	96.0%	96.0%	**96.0%**
		Actual	93.9%	95.7%	96.2%	
RAP A6	Assessments missing Ethnicity	Target	5.0%	5.0%	5.0%	**5.0%**
		Actual	8.5%	7.7%	7.3%	
RAP P4	Services missing Ethnicity	Target	5.0%	5.0%	5.0%	**5.0%**
		Actual	4.5%	4.4%	4.5%	

6 A&S1C (the former NI 130 – Customers and Carers receiving Self Directed Support) which shows the delivery of personal budgets in year continues to rise, however it is at a slower than expected pace and has fallen short of the Q3 target (currently 29.4%). The factors preventing the promotion of Self Directed Support were cited as issues with the use and accuracy of the RAS (Resource Allocation System). The failure to use the systems precludes a number of Managed Budgets to meet the criteria for being counted as Self Directed Support.

7 Adults with learning disabilities in settled accommodation (1G) is short of the Q3 target, the lists of outstanding reviews are being worked on by LD staff and previous years' trajectories suggest that end of year activity will take this much closer to meeting this target during March 2012 where the bulk of these reviews are undertaken.

8 Despite being outside of Q3 target, Average weekly number of CYC Acute delayed discharges has remained steady at 8.69 for the Q3 period and lower compared to 9.72 for the same period last yea). Both the average weekly calculations for reimbursable delays (people), and bed days calculations are lower than at the same point last year. This is particularly noteworthy in light of the fact that referrals to the hospital team are calculated as being up 6% since last year.

9 The percentage of social care assessments completed on time is now at 63.3%, which is below the target of 70% and lower than last year. Performance in this area is still affected by the process of clearing waiting lists. The effect has been to introduce a number of new assessments which are out of time. It is envisaged that this performance will continue to decline until the waiting lists are cleared. The timeliness of social care packages remains positive is just below target levels 89.5% which is better than 85.4% last year.

10 Carers receiving needs assessment or review and a specific carer's service, advice or information has fallen below target for the first time this year. Analysis shows that there has been a decline in the use of joint assessments which have dropped by a third, the effect has been to require more resource to undertake a separate carer's assessment requiring more resources to complete and increasing the numbers of those on the waiting list. Work is now underway to promote the use of joint assessments which are less resource intensive and improve performance in this area.

11 All services Reviews has fallen below the Q3 target because of the Locality redesign work, and the delays realised during the moving of the Long Terms Team. Analysis of figures in February has shown that there has been a substantial improvement since end of Q3 and reviews will be back on target for Q4.

12 Performance against delivery of Equipment in less than 7 days has now met the quarterly target. Telecare and Warden Call delivery remains high at 96.49%. Equipment delivered within- 7 days (Telecare only) continues to rise and remain in excess of *targets.*

Council Plan

13 The information included in this report demonstrates progress on achieving the Council's Corporate Priorities for 2011-2015 and in particular, priority 4 'Protect Vulnerable People'.

Implications

14 The financial implications are covered within the main body of the report. There are no significant human resources, equalities, legal, information technology, property or crime & disorder implications arising from this report.

Risk Management

15 The overall directorate budget is under significant pressure. This is particularly acute within Adult Social Services budgets. On going work within the directorate may identify some efficiency savings in services that could be used to offset these cost pressures before the end of the financial year. It will also be important to understand the level of investment needed to hit performance targets and meet rising demand for key statutory services. Managing within the approved budget for 2011/12 is therefore going to be extremely difficult and the management team will continue to review expenditure across the directorate.

Recommendations

16 As this report is for information only there are no specific recommendations.

Reason: To update the committee on the latest financial and performance position for 2011/12.

Contact Details

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Mike Richardson Performance & Improvement Manager *Tel No. 554355*	**Report Approved** *Y* **Date** *06 March 2012*

Specialist Implications Officer(s) None

Wards Affected: *List wards or tick box to indicate all* **All** *Y*

For further information please contact the author of the report

Background Papers
2011-12 Finance and Performance Monitor 3, Cabinet 15 February 2012

Annexes
None

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Health Overview and Scrutiny Committee **14th March 2012**

Report of the Head of Neighbourhood Management

Local HealthWatch York: Progress Update

Summary

1. To update the Health OSC on the progression from LINks (Local Involvement Networks) to Local HealthWatch by April 2013.

Background

2. Subject to parliamentary approval, Local HealthWatch will be the local consumer champion for patients, service users and the public. It will have an important role in championing the local consumer voice, not least through its seat on the Health and Wellbeing board.

3. On 4th January 2012 the Department of Health (DoH) announced that Local Authorities are now not required to provide Local HealthWatch functions until 1st April 2013, 6 months later than had originally been anticipated.

4. The new date for establishing Local HealthWatch in April 2013 will support the need to align this more closely to the establishment of other new local bodies such as Health and Well Being Boards (HWB). The extension will also support preparations for the implementation of HealthWatch England (which will still be established in October 2012) to provide the leadership and support to Local HealthWatch organisations.

New funding of £3.2m for Local HealthWatch in 2012/13

5. New funding of £3.2m nationally will be made available in 2012/13 for Local HealthWatch start up costs (including staff recruitment/training, premises, marketing and branding). The funding will be allocated to local authorities as part of the DoH Learning disabilities and Health Reform Grant in 2012/13.

6. Under the Local Government and Public Involvement in Health Act 2007, Local Authorities will need to continue to provide a Local Involvement Network (LINk) and funding for this continues to be allocated as part of the local government Formula Grant in 2012/13.

7. North Bank Forum for Voluntary Organisations, the current LINk Host, have been offered a 12-month contract extension (to March 2013), with a specific focus on preparing for, and managing the transition from LINks to Local HealthWatch.

Commissioning Process – Proposed Timescales

8. Although the new deadline gives an additional six months before the launch of Local HealthWatch it is recommended that the procurement process should begin in time to allow a managed handover. It is suggested that the tender process for HealthWatch is launched by June 2012 at the latest, and that a contract is awarded by November 2012. The successor body will have time to work alongside the current LINk in order to manage the handover process, secure premises, recruit / train staff and undertake marketing and promotional activity.

9. At the HWB Board meeting in December 2011 it was suggested that a draft HealthWatch Service specification was produced by February 2012. Given the extended timescales, a revised timetable is suggested as follows.

Feb 2012:	Key themes informing the HealthWatch procurement process produced - following Citywide consultation.
April 2012:	Draft Service Specification developed

	CYC Portfolio holder agrees final service specification
May/June 2012:	Announcement of our intent to tender – to stimulate the market and encourage collaborative approaches
July:	Tender launched
Nov 2012:	Successful HealthWatch provider announced (The full contract will commence April 2013, but the provider will initiate some transitional work beforehand to ensure a smooth handover)

Consultation

Feedback from Local HealthWatch Consultation Event

10. The latest HealthWatch Consultation Event, held on 6th December 2011, was well attended by a wide range of health and social care partners across the City. Service users and LINk volunteers were also in attendance. Positive feedback has been received, suggesting that the small, facilitated working groups allowed in-depth discussion around key HealthWatch themes and issues.

11. A summary of key issues being debated around HealthWatch both locally and nationally are set out below. Feedback from the latest York consultation event, and suggested headline areas for the York HealthWatch Service Specification are attached as Annex A.

    - Does the role currently provided by the LINk provide a sound building block for the new HealthWatch?

    - Are there other local systems for involving and engaging patients and social service users that also need to be reflected [or involved/included] in the model for HealthWatch?

    - How can the local authority ensure continuing co-production (with existing LINks, the VCS as well as with other partners) in all these plans?

- How should the Local Authority ensure development of local HealthWatch and a leadership capacity to equip it for the new challenges?

- Specifically, how should local Healthwatch be supported to address issues of diversity, inequality and serving people in vulnerable circumstances?

- How might local HealthWatch signposting services be developed and what competencies might be expected of a provider of these?

- Should the Local Authority commission a statutory NHS complaints advocacy service as a key component of local HealthWatch or from a specialist third party provider along similar lines as at present?

- Should the Local Authority enter into agreement with other local authorities in commissioning a statutory NHS complaints advocacy service in order to achieve high quality outcomes and economies of scale?

Options

12. This report is for information only report, there are no specific options for members to decide upon.

Analysis

13. Please see above.

Council Plan 2011/2015

14. The establishment of Local HealthWatch in York will make a direct contribution to the following specific outcomes listed in the draft City of York Council Plan:
    - Improved volunteering infrastructure in place to support increasing numbers of residents to give up their time for the benefit of the community
    - Increased participation of the voluntary sector, mutuals and not-for-profit organisations in the delivery of service provision

Implications

15. **Financial -** Local HealthWatch will be financed through three separate strands of funding as follows:

    - Existing government funding to Local Authorities to support the current LINks function will be rolled forward into HealthWatch.
    - Monies provided for the current 'signposting element' of PCT PALS teams will be transferred across to local authority budgets from April 2013.
    - Monies for NHS Complaints Advocacy will be transferred to local authorities in April 2013.

16. It should be noted that while an indicative sum of money will be provided to City of York Council under each of the above headings, none of these monies will be ringfenced i.e. they will be paid to City of York Council as part of various Adult Social Care formula grants. The definitive amount of monies transferring from NHS PALS and Complaints Advocacy budgets to local authorities has yet to be confirmed.

17. City of York Council has the discretion allocate all these monies to Local HealthWatch, or allocate some of the funding to other health and social care priorities.

18. **Human Resources (HR)** - There are no human resource implications

19. **Equalities** - Establishing a successful Local HealthWatch in York will enable the targeting of support towards activities which contribute towards all the equality outcomes set out in the draft Council Plan. It will be a requirement of the successful organisation(s) delivering Local HealthWatch to demonstrate and evidence their commitment to equal opportunities in the work of their organisations, in line with the Equalities Act 2010

20. **Legal** - There are no legal implications

21. **Crime and Disorder -** There are no crime and disorder implications

22. **Information Technology (IT) -** There are no information technology implications

23. **Property -** There are no property implications

24. **Other** -There are no other implications

Risk Management

25. There are risks of challenge to the validity of City of York Council's procurement and commissioning process if a HealthWatch contract is let without full and proper consulation with City wide partners. The thorough consultation processes that will be followed through the HealthWatch Pathfinder process will mitigate this risk.

Way Forward / Next Steps

26. It was clear from the York HealthWatch consultation event in December 2011 that there was disagreement around some aspects of the overall shape / scope of HealthWatch, and consensus in other areas.

27. There was a general feeling that HealthWatch should adopt a 'network of networks' approach, building strong relationships with many groups and organisations across the City, in order to gather an informed, rounded perspective on the delivery of various health and adult social care services.

28. It is recommended that two lots are procured – Local HealthWatch and NHS Complaints Advocacy simultaneously. This may result in separate providers or may allow a single provider to compete for, and hold both contracts. Alternatively, the delivery of NHS Complaints Advocacy services could be more closely connected to the wider advocacy provision in the City through this approach.

29. In respect of Complaints Advocacy, discussions are also underway with East Riding and North Yorkshire Councils to ensure regional co-ordination - i.e. developing similar specifications / timescales to ensure regional synergy. (The current contract is delivered at a regional level).

30. It is suggested that further consultation takes place around the HealthWatch service specification headlines that have been developed, prior to publishing a final service specification in April / May 2012.

Recommendations

31. Members are asked to note the report and the latest progress towards establishing HealthWatch. A further update will be provided at the next Health OSC meeting.

    Reason: To oversee the transition from LINKs to HealthWatch is identified as a priority in the Health Overview and Scrutiny Work Plan.

Contact Details

Author:	**Chief Officer Responsible for the report:**
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Tel. 551053	**Report Approved** ✓ **Date** 07.02.2012

Specialist Implications Officer(s) n/a

Wards Affected: **All** X

For further information please contact the author of the report

Background Papers:

Annexes

Annex A – HealthWatch Update February 2012

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Annex A HealthWatch Update Report

Local HealthWatch Consultation Event - March 2012

1. As outlined in the main paper debate the HealthWatch Consultation Event (held at the Bar Convent in December) largely centred on the broad areas of activity that will comprise the core of HealthWatch (information, signposting, guidance and complaints advocacy) and within these themes, what would constitute an effective model of operation.

2. It was agreed that the broad areas of healthcare which Local HealthWatch could potentially influence may include;

   - Adult Health Services
   - Adult Social Care
   - Children's Health Services
   - The wider determinants of health e.g. Transport, Housing, Welfare etc.

3. It was suggested that the overarching remit of HealthWatch may include the following;

   - Providing Information, Advice and Signposting for patients / public
   - Having Voice and Influence around Health and wellbeing
   - Undertaking community engagement, gathering evidence from people's views and experiences.
   - Undertaking Complaints Advocacy.

4. There follows a summary of workshop discussions around the key themes outlined above

   Information and Signposting

   - Desired Outcome: that all members of the public get the information they need, from whomever they feel comfortable approaching (i.e. this could be from another signposting, advice or information service, rather than the specific 'HealthWatch' core organisation itself).

- Accountability: it was felt that HealthWatch should be accountable for ensuring that the initial advice and information guarantees to 'see the issue through to the end'.

  It was recommended that not everyone should have to go to the 'central' healthwatch for advice and information if there was another organisation they were familiar with using. Some people felt that advice and information given by other signposting services could still be classed as 'HealthWatch related activity' (and recorded and monitored as such).

- This led to discussions around the model of a HealthWatch 'Hub' with many other voluntary organisations, who currently provide related activity operating as 'healthwatch spokes' (i.e. 'associated healthwatch partners').

- With this model people felt that a key role of the 'hub' (i.e. the core contract for healthwatch) would be to ensure the quality of advice / information provided by their partner organisations.

- It was felt that this would require a robust mechanism for ensuring quality and potentially *accrediting* their provider partners) and for the 'HealthWatch Hub' to fill any gaps where specialist advice / information isn't already available.

- Through this proposed model the HealthWatch Hub could also have responsibility for providing training and briefing updates (on relevant health and well being issues, changes in services available, etc) for their provider partners.

- Although various models were discussed, such as the 'hub' model, there should be sufficient flexibility within the specification to allow providers to put forward their own proposals for models that will meet the overall remit of the project, without duplicating existing services.

- HealthWatch should be e-mail, web accessible, with a distinct standalone website, containing clear links to partner organisations. Many contributors thought that HealthWatch should also be highly visible and accountable within local communities, through the use of either paid or volunteer outreach officers. These volunteers could act as a key conduit of health advice in community settings.

- Some consultees felt that HealthWatch should have a visible City Centre premises, or at the least a central office base and telephone information line. The service must be well advertised and promoted, and be widely known about by all stakeholders and across all communities.

- There was a strong desire to prevent duplication and confusion for customers, and to maintain services that currently work well.

Community Engagement

- HealthWatch should bring together robust, evidence based local intelligence and present this to key decision makers. Again this could be through a 'network of networks' approach as identified above, highlighting and championing other partners work rather than directly doing things itself.

- It was felt that a 'HealthWatch Hub' will be collecting data from a variety of sources anyway (e.g. issues raised to them). Therefore, it will hopefully be easy to identify themes and topics to research and cover.

- Some partners felt that HealthWatch York *should* be gathering intelligence on various healthcare services itself, employing robust research methods. It was felt that HealthWatch should use a variety of mechanisms to explore service quality issues.

- The key influences on a possible HealthWatch work programme were considered, including the JSNA, commissioners, members of the public, board members, voluntary groups etc.

- HealthWatch should be creative, innovative and constantly be exploring new and successful ways to find out about the views and healthcare experiences of York's citizens. This could include events to involve the harder to reach and disadvantaged groups (e.g. LGBT groups, BME community). Making use of other networks would be important in this respect.

- Methods and mechanisms of reaching out to the most marginalised were discussed in detail. Key suggestions included public information sessions and newsletters, attendance at ward / parish committees, stands in hospitals, anonymised suggestion boxes in hospitals etc.

- Topics shouldn't be one-off issues, they should be broader themes (or raised by a significant number of people). There was a strong feeling that HealthWatch should not be about individual membership. There should be an opportunity for any member of the public to raise issues.

Voice and Influence

- HealthWatch should create opportunities for all members of the community to feed-in issues around health and social care to decision makers and influence change. Crucially, there should be good feedback for the public about the outcomes and the things that have changed as a result.

- HealthWatch should provide a balancing, co-ordinating role. It should ensure that constituent Health and Wellbeing Board (HWB) partners have involved both patients and the public in decision making, but doesn't have to do everything itself.

- To have true voice and influence HealthWatch needs to be involved at all levels of decision making and all stages of the commissioning cycle.

- Alongside the HWB Board HealthWatch also needs involvement in HWB sub groups, Health OSC etc. Needs to determine the relationship with various voluntary sector forums, networks, GP Commissioning Consortia.

- HealthWatch should be capable of dissemination, feedback to the wider voluntary sector to explain decisions that have been taken at a strategic level. Sometimes HealthWatch must be able to understand and explain to the wider voluntary sector / community why a particular recommendation cannot be implemented.

- Various groups discussed the issue of 'evidence' and agreed that healthcare providers have a responsibility to take on board

comments and criticisms without having exact details of the complainant. People need to be able to raise an issue without it coming back to them. Some people might not want to raise and take forward the issue themselves. However, in such instances HealthWatch would need to be clear with members of the public that they could only take issues so far if they were not willing to give full details of the situation.

Complaints Advocacy

- Complaints Advocacy (an optional element of HealthWatch) was not raised in great detail. The majority of attendees felt that it did not necessarily matter if complaints advocacy was not delivered directly through HealthWatch (it was largely viewed as a more distinct, standalone role) so long as two-way information sharing around health themes, trends took place.

- Some attendees felt that members of the public / patients would approach HealthWatch with complaints, and expect HealthWatch to deal with these. It was felt that HealthWatch staff should be appropriately trained to signpost enquiries to the appropriate source of assistance.

5. HealthWatch Procurement Process - Emergent Themes

It is apparent that there are a number of emergent themes and patterns forming a 'golden thread' throughout the various consultation events and co-production workshops held so far

If the HWB Board is in agreement, the themes outlined below will help to form the basis for further consultation and discussion, helping to shape and influence the HealthWatch procurement process.

- York HealthWatch will be a **strong local consumer voice that makes a difference** to Health and Social Care provision on behalf of the citizens of York

- York HealthWatch will be a **network of networks** that builds on the work of York Local Involvement Network (LINk).

- York HealthWatch will **expand and utilise the existing expertise** of voluntary sector organisations and groups of people across York.
- York HealthWatch will provide a mechanism for **diverse voices** across York to be heard and ensure that where there are people who are seldom heard, and ensure that where there are people who are seldom heard HealthWatch will provide **innovative ways** to gather and include their views.
- York HealthWatch will be a **respected and credible** organisation that is unafraid to challenge service providers and commissioners.
- York HealthWatch will bring together robust, **evidence based local intelligence** that influences key decision making for health and social care.
- York HealthWatch will ensure that every individual and organisation that approaches HealthWatch for information and advice receives **timely and good quality information.**
- York HealthWatch will be widely known about and respected by patients, the public, community and voluntary sector organisations across the City with an excellent communications strategy.

Health Overview & Scrutiny Committee Work Plan 2012

Meeting Date	Work Programme
14th March 2012	1. Update on the Implementation of the Recommendations Arising from the Childhood Obesity Scrutiny Review 2. Quarterly Financial & Performance Monitoring Reports 3. Health Watch Procurement Monitoring Report 4. Work Plan
8th May 2012	1. Briefing/presentation on NHS 111 Service 2. Health Watch Procurement Monitoring Report 3. Public Health – Changing Responsibilities for the Local Authority 4. Report on Joint Strategic Needs Assessment 5. Report – End of Life Care Review 6. Changing role of the Health Overview & Scrutiny Committee 7. Work Plan

Items to add to the 2012/2013 Work Plan

Date TBC:

Update report on the recently established urgent care centre at York Hospital

June 2012

Update on Quality Indicators (Carer's Review)

Update from Yorkshire Ambulance Service on Complaints Received

Safeguarding Assurance report

July 2012

Update Report – Establishing York's Health & Wellbeing Board

September 2012

Update on the implementation of outstanding recommendations arising from the Carer's Scrutiny Review

Progress Report on the Major Trauma Network

Update on changes to the Urgent Care Unit at York Hospital

December 2012

Update on the Carer's Strategy

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