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

**To:** Councillors Runciman (Chair), Craghill, Cannon and K Myers

| | |
|---|---|
| Dr Nigel Wells (Vice-Chair) | Chair, NHS Vale of York Clinical Commissioning Group (CCG) |
| Sharon Stoltz | Director of Public Health, City of York Council (CYC) |
| Martin Farran | Corporate Director, Health, Housing & Adult Social Care, CYC |
| Jon Stonehouse | Corporate Director, Children, Education & Communities, CYC |
| Lisa Winward | Deputy Chief Constable, North Yorkshire Police |
| Sarah Armstrong | Chief Executive, York CVS |
| Siân Balsom | Manager, Healthwatch York |
| Gillian Laurence | Head of Clinical Strategy (North Yorkshire & the Humber), NHS England |
| Colin Martin | Chief Executive, Tees, Esk & Wear Valleys NHS Foundation Trust |
| Patrick Crowley | Chief Executive, York Hospital NHS Foundation Trust |
| Dr Kevin Smith | Executive Director for Primary Care and Population Health, NHS Vale of York CCG |
| Mike Padgham | Chair, Independent Care Group |

**Date:** Wednesday, 11 July 2018

**Time:** 4.30 pm

**Venue:** The Snow Room - Ground Floor, West Offices (G035)

# A G E N D A

**1. Declarations of Interest**

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

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

which they may have in respect of business on this agenda.

**2. Minutes** (Pages 3 - 12)

To approve and sign the minutes of the last meeting of the Health and Wellbeing Board held on 9 May 2018.

**3. Public Participation**

It is at this point in the meeting that members of the public who have registered their wish to speak can do so. The deadline for registering is at **5.00 pm** on **Tuesday 10 July 2018**.

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

**Filming, Recording or Webcasting Meetings**

Please note that, subject to available resources, this meeting will be filmed and webcast, or recorded, including any registered public speakers who have given their permission. This broadcast can be viewed at http://www.york.gov.uk/webcasts.

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foot of this agenda) in advance of the meeting.

The Council's protocol on Webcasting, Filming & Recording of Meetings ensures that these practices are carried out in a manner both respectful to the conduct of the meeting and all those present. It can be viewed at: http://www.york.gov.uk/download/downloads/id/11406/protocol_for_webcasting_filming_and_recording_of_council_meetings_20160809.pdf

## Governance

**4. Appointment to Health and Wellbeing Board** (Pages 13 - 16)

This report asks the Board to confirm new appointments to its membership. A full review of Substitutes is being undertaken and a report detailing this will be presented at the next HWBB meeting on 17 October 2018.

## Themed Meeting: Starting & Growing Well Lead Board Member: Jon Stonehouse

**5. Inequalities within the Starting & Growing Well Theme** (Pages 17 - 36)

As part of the work to refresh York's Joint Strategic Needs Assessment a number of reports are being prepared to describe inequalities within the population of York. These are intended to offer a more detailed insight into health and wellbeing in York and to help focus resources and effort into areas of greater need. The first of these is focused around the starting and growing well theme in the joint health and wellbeing strategy 2017-2022 and is attached at **Annex A** to this report.

**6. Progress on the Starting & Growing Well Theme of the Joint Health and Wellbeing Strategy 2017-2022** (Pages 37 - 64)

This report asks the Health and Wellbeing Board (HWBB) to note the update on progress made against delivery of the starting and growing well theme of the joint health and wellbeing strategy 2017-2022.

**7. Student Health & Wellbeing: Progress Report on Student Health Needs Assessment Outcomes** (Pages 65 - 76)

This report provides an update on progress made by the Student Health and Wellbeing Network in response to the findings from the Student Health Needs Assessment, and future work required.

## OTHER BUSINESS

**8. Health Protection Assurance** (Pages 77 - 86)

This report provides an update on health protection responsibilities within City of York Council and builds on the report from November 2016. Health and Wellbeing Boards are required to be informed and assured that the health protection arrangements meet the needs of the local population.

**9. Better Care Fund Update** (Pages 87 - 112)

This report provides an update on the Better Care Fund (BCF), including the current position of planning requirements and assurance processes for the 2017-19 period.

**10. Update on Progress of the York Health and Care Place Based improvement Partnership (PBIP)** (Pages 113 - 124)

This report provides an update on the progress of the PBIP, established as part of York's response to the Care Quality Commission (CQC) Local System Review, which had its second meeting in May.

**11. Report from the Health and Wellbeing Board Steering Group** (Pages 125 - 146)

This report provides the board with an update on the work that has been undertaken by the Health and Wellbeing Board (HWBB) Steering Group. The Board are asked to note the update.

**12. Urgent Business**

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

Democratic Services
Contact details:

- Telephone – (01904) 551088
- E-mail – democratic.services@york.gov.uk

For more information about any of the following please contact Democratic Services:

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

Contact details are set out above.

**This information can be provided in your own language.**

我們也用您們的語言提供這個信息 **(Cantonese)**

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

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

Bu bilgiyi kendi dilinizde almanız mümkündür. **(Turkish)**

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

☎ **(01904) 551550**

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Agenda Annex

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

**Remit**

**York Health and Wellbeing Board will:**

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

**York Health and Wellbeing Board will not:**

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

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City of York Council Committee Minutes

| | |
|---|---|
| Meeting | Health and Wellbeing Board |
| Date | 9 May 2018 |
| Present | Councillors Runciman (Chair) [items 1 - 5], Cannon, Craghill and K Myers [items 1 - 6]<br><br>Dr Nigel Wells (Chair, NHS Vale of York Clinical Commissioning Group)<br><br>Sharon Stoltz (Director of Public Health, City of York Council)<br><br>Martin Farran (Corporate Director of Health, Housing and Adult Social Care, City of York Council)<br><br>Jon Stonehouse (Corporate Director of Children, Education and Communities, City of York Council)<br><br>Lisa Winward (Deputy Chief Constable, North Yorkshire Police)<br><br>Sarah Armstrong (Chief Executive, York CVS)<br><br>Gillian Laurence (Head of Clinical Strategy, NHS England: North Yorkshire and the Humber)<br><br>Mike Padgham (Chair, Independent Care Group)<br><br>John Clark (Chair, Healthwatch York) - Substitute for Siân Balsom<br><br>Brian Coupe (Head of Service, Mental Health Services for Older People: York and Selby; Tees, Esk and Wear Valleys NHS Foundation Trust) - Substitute for Colin Martin |

| | |
|---|---|
| | Phil Mettam (Accountable Officer, NHS Vale of York Clinical Commissioning Group) - Substitute for Dr Kevin Smith |
| Apologies | Dr Kevin Smith (Executive Director for Primary Care and Population Health, NHS Vale of York Clinical Commissioning Group) |
| | Colin Martin (Chief Executive, Tees, Esk and Wear Valleys NHS Foundation Trust) |
| | Siân Balsom (Manager, Healthwatch York) |

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**135. Chairing the Meeting**

Due to Chair's external commitment in relation to her portfolio of responsibilities, it was

Resolved: That Martin Farran, Corporate Director of Health, Housing and Adult Social Care, be elected to chair the meeting after the departure of the appointed Chair.

**136. Declarations of Interest**

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

No additional interests were declared.

**137. Minutes**

Resolved: That the minutes from the meeting of the Health and Wellbeing Board held on 7 March 2018 be approved and signed by the Chair as a correct record.

**138. Public Participation**

It was reported that there had been one registration to speak at the meeting under the Council's Public Participation Scheme on general issues within the remit of the Board.

Rita Sanderson, York Racial Equality Network's (YREN) Director, welcomed the new Mental Health Strategy for York, highlighting that more work needed to be done to include the Black and Minority Ethnic (BME) residents' issues in its scope. She emphasised her willingness to share the YREN research on current state of mental health and wellbeing within the local BME community in order to contribute further to the strategy.

In view of the submission made by Ms Sanderson, the Chair requested that the Corporate Director of Health, Housing and Adult Social Care included her in relevant working groups in order to ensure her contribution to the delivery of the Mental Health Strategy.

**139. Appointments to York's Health and Wellbeing Board**

Members considered a report asking the Health and Wellbeing Board (HWBB) to confirm new appointments to its membership and any other relevant membership changes.

The Board welcomed a new appointment of Dr Kevin Smith, the Executive Director for Primary Care and Population Health from NHS Vale of York Clinical Commissioning Group (CCG) whose insights across the whole demographics of the city would further increase the Board's efficiency.

The Chair thanked Keith Ramsay who stepped down as Lay Chair of NHS Vale of York CCG and was replaced by Dr Nigel Wells who became the first Clinical Chair of NHS Vale of York CCG.

The Chair also welcomed Cllr K Myers, the new Executive Member for Education, Children and Young People.

Resolved: That the above appointments be endorsed.

Reason: In order to make the relevant membership changes to the HWBB.

**140. Amended working arrangements for the Health and Wellbeing Board**

Members considered a report presenting the amended working arrangements for the HWBB. This included a proposal to revise the number of meetings and workshops it held in order to better achieve its ambition. Additionally, Members were asked to agree their work plan for the period June 2018 to May 2019 and a schedule of workshops for the same period.

Members supported the idea of introducing the structured approach toward the themed workshops. Some Members, however, were concerned that the workshops would not be held in public which could question transparency in relation to the HWBB's operation. It was clarified that all decision-making process would be exclusive to the public HWBB meetings and that the outcomes of the themed workshops would be reported through regular communication (on top of the existing newsletter). It was also highlighted that the workshops were designed with the aim of securing more meaningful engagement with service users who had experiences with issues that were within the remit of the HWBB's functions.

Members suggested that the Terms of Reference (ToRs) for the workshops should specifically include the fact that no decisions were to be made in closed meetings. It was also agreed that the amended working arrangements could be reviewed in less than a year's time.

Resolved: That the proposal to revise the number of the HWBB meetings and workshops be approved.

Reason: To explore more effective ways for the Health and Wellbeing Board to work.

**141. Performance Report**

*[Cllr Runciman left at this point in the meeting].*

Members were presented with a performance report that was designed to provide an overview of the suite of performance indicators accompanying the Joint Health and Wellbeing Strategy (JHWS) 2017-2022. The Senior Business Intelligence Officer and the Strategic Support Manager were in attendance to summarise the report and answer Members' queries.

In response to the questions posed by the Board, the following was clarified:

- 82% of children had their 12 month Health Visitor review visit by the age of 15 months;
- the proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services was a standard national measure;
- a multi-agency group had been set up as part of the action plan to decrease the rate of hospital admissions for dental decay for 0-4 year olds in York; this was one of the highest public health priorities on the local agenda;
- the benchmarking data used in the report consisted of local authorities in Yorkshire and the Humber.

The following feedback in relation to future reports' content was noted:

- including the 30 month (2.5 years) Health Visitor performance indicators;
- including additional information on the proportion of older people (aged 65 and over) who were still at home 180 days after discharge from hospital into reablement / rehabilitation services;
- including waiting times for psychological therapies' referrals;

- including additional measures demonstrating clear progress in relation to the overall JHWS;
- implementing benchmarking progress against statistical neighbour authorities;
- including performance measures in relation to equalities over the life course (e.g. attainment gap comparison between children from more and less deprived areas);
- including measures that were not part of the Public Health Outcomes Framework.

It was suggested that a follow-up discussion on the anxiety and depression data be organised to gain additional insight into the local landscape of mental health and wellbeing.

It was also confirmed that the *Starting and Growing Well Joint Strategic Needs Assessment Inequalities* report on obesity, mental health and child poverty across the city would be presented to the Board during its next public meeting.

The Officers were thanked for their report and it was

Resolved: (a) That the report be noted.

(b) That further information on specific areas of work as noted above be requested.

(c) That a forthcoming workshop around further development of a performance framework be focused.

Reason: (a) To ensure understanding of the progress made against the JHWS.

(b)(c) To ensure Members have the required level of detail in relation to the performance.

**142. Suicide Prevention Strategy**

*[Cllr K Myers left at this point in the meeting].*

The report on the draft suicide prevention strategy was presented to Members by the Assistant Director of Public Health, the Suicide Prevention Lead Officer and the Public Health Specialist Practitioner. Members were asked to comment on the draft strategy and approve a 12-week-long public consultation on the draft. The Officers outlined the Living Works Suicide-Safer Community model as well as the key objectives and outcomes, two of which had been incorporated to cater for the local delivery of the agenda. It was reported that the development of an action plan had also started and that, should the public consultation be approved by the Board, the conference launching the strategy would be held in September 2018 and the *York Suicide Safer Community Workshop* on 5 July 2018.

In response to Members' questions, the following was explained:

- the Living Works model was based on community education and engagement (an asset-based approach) i.e. facilitating people to work together in order to achieve positive change by lived experience of the issues they experienced in their own lives, which was a key factor contributing to the success in the suicide prevention;
- the partnership organisations would be asked to contribute to the some of the resources needed to implement the strategy (e.g. for training);
- people at risk of suicide should be involved in every stage of shaping the strategy.

Members provided the following feedback on the draft strategy:

- issues pertinent to people under 18 years old should be appropriately represented, both in the high-level strategy as well as in the action and work plans;
- specific action outputs that were beneficial to the community (which was fundamental in the asset-based approach) should be included in the high-level strategy.

Members were complimentary about the Public Health Team's hard work, commenting in particular on the number of groups and organisations that had been working to create the draft strategy.

Resolved: That the initial draft of the Suicide Prevention Strategy be considered and further public and stakeholder consultation be agreed, before a final version is submitted to the Board for agreement.

Reason: To ensure that the HWBB is sighted on progress of the Suicide Prevention Strategy.

**143. Update on progress of the York Health and Care Place Based Improvement Board (PBIB)**

Members considered a report updating the Board on progress of the York Health and Care Place Based Improvement Board (PBIB). The Board welcomed the opportunity to contribute further to the improved health and wellbeing service provision in the city on a partnership basis. It was explained that any proposals made as part of that partnership would be referred to the HWBB as PBIB was not a decision-making entity.

Resolved: (a) That the fact that a first PBIB meeting had taken place be noted.

(b) That Officers report back on the work of the PBIB to HWBB.

(c) That the PBIB Terms of Reference be circulated to Members after the meeting.

Reason: To ensure that the HWBB is sighted on the development and the work of the PBIB.

Cllr C Runciman, Chair
*[The meeting started at 4.30pm and finished at 6.05pm].*

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**Health and Wellbeing Board** **11 July 2018**

Report of the Assistant Director, Legal and Governance

## Appointment to York's Health and Wellbeing Board (HWBB)

### Summary

1. This report asks the Board to confirm new appointments to its membership. A full review of Substitutes is being undertaken and a report detailing this will be presented at the next HWBB meeting on 17 October 2018.

### Background

2. The Council makes appointments at its Annual Meeting, to Committees for the coming year. However, the Health and Wellbeing Board is able to appoint to or update its membership separate of Full Council. Therefore the following change is put forward for the Board's endorsement:

3. To appoint Catherine Scott (Interim Manager at Healthwatch York), as Healthwatch York's representative on the Health and Wellbeing Board. This appointment has been brought to the Board to allow for its confirmation.

### Consultation

4. As this is an appointment to the existing Health and Wellbeing Board membership no consultation has been necessary.

### Options

5. There are no alternative nominations for the appointment.

### Council Plan 2015-19

6. Maintaining an appropriate decision making structure, together with appropriate nominees to that, contributes to the Council delivering its core priorities set out in the current Council Plan, effectively. In particular, appointments to the Health and Wellbeing Board ensure that partnership working is central to the Council working to improve the overall wellbeing of the city.

## Implications

7. There are no known implications in relation to the following in terms of dealing with the specific matters before Board Members:

- Financial
- Human Resources (HR)
- Equalities
- Crime and Disorder
- Property
- Other

## Legal Implications

8. The Council is statutorily obliged to make appointments to Committees, Advisory Committees, Sub-Committees and certain other prescribed bodies. The Board's terms of reference also make provision for substitutes.

## Risk Management

9. In compliance with the Council's risk management strategy, the only risk associated with the recommendation in this report is that an appropriate replacement would fail to be made should the Board not agree to this appointment.

## Recommendations

10. The Health and Wellbeing Board are asked to endorse the appointment as set out in Paragraph 3.

Reason: In order to make the appointment to the Health and Wellbeing Board.

| **Author:** | **Chief Officer Responsible for the report:** |
|---|---|
| Angela Bielby<br>Democracy Officer<br>Telephone: 01904 552599 | Andy Docherty<br>Assistant Director, Legal and Governance<br>Telephone: 01904 551004 |

| **Report Approved** | √ | **Date** | 3/7/18 |
|---|---|---|---|

**Specialist Implications Officers**
Not applicable

**Wards Affected:** **All** ✔

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

**Background Papers**
None

**Annexes**
None

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**Health and Wellbeing Board** 11 July 2018

Report of the Health and Wellbeing Board Theme Lead for the Starting and Growing Well of the Joint Health and Wellbeing Strategy 2017-2022

## Inequalities within the Starting and Growing Well Theme

### Summary

1. As part of the work to refresh York's Joint Strategic Needs Assessment a number of reports are being prepared to describe inequalities within the population of York. These are intended to offer a more detailed insight into health and wellbeing in York and to help focus resources and effort into areas of greater need.

2. The first of these is focused around the starting and growing well theme in the joint health and wellbeing strategy 2017-2022 and is attached at **Annex A** to this report.

3. Members considered this report at a Health and Wellbeing Board workshop in June 2018 and began to think about the action that would need to take place to address the identified areas of inequality.

### Background

4. The report focuses on three areas of inequality:

   - obesity in childhood
   - hospital admissions for self harm
   - childhood poverty

5. These topics were chosen according to national research demonstrating the presence of inequality and the availability of good quality local data that describes the picture for York.

6. The recent HWBB workshop predominantly focused on the obesity in childhood element of the report at **Annex A**. Obesity through the life course has a significant affect on health and makes a substantial contribution to many chronic long term health conditions. Although childhood obesity is a persistent health issue for our time; there are opportunities to influence change. The workshop focused on how organisations represented at HWBB could better understand childhood obesity and what interventions and schemes might have the most impact.

7. **Annex A** also sets out York's response to childhood obesity by way of setting out a number of the initiatives already taking place across the city.

**Discussion at the Health and Wellbeing Board Workshop**

8. Obesity in childhood is a complex issue and there have been a number of systematic reviews[1] looking at which types of intervention are most effective.

9. As well as the information at **Annex A,** a presentation was given summarising published systematic reviews of interventions relating to childhood obesity. The presentation focused on the characteristics of interventions that evidence indicated would make an approach more or less likely to be successful to reducing or preventing childhood obesity.

10. It was noted that the interventions which were delivered with greater intensity or those interventions that focused on boosting physical activity were found to have a stronger evidence base of effectiveness. However, throughout the research there were examples of approaches that were successful at encouraging a child to engage in healthy habits such as physical activity or improved diet, but when physical measures were taken it was shown that these behaviour changes did not automatically translate to measurable changes in BMI or obesity levels.

11. It was also noted that involving and motivating parents is an important part of improving child health, but that several systematic reviews found that interventions were not always successful in achieving this. In contrast, the evidence indicates that it is not

[1] A method of searching all the academic published work to find everything written about a topic and summarising it in a single report

effective to work with families exclusively, without also engaging schools or primary care.

12. In addition to **Annex A** and the presentation on systematic reviews a short video was shown about what was working in Amsterdam; this stressed the importance of developing consistent messages across agencies.

13. Having considered the evidence presented to them at the workshop the board highlighted the following as key points:

- The role and influence of parents was key to addressing the issues highlighted around childhood obesity and self-harm. It was about seeing families as part of the community and not about delivering specific obesity interventions;
- Parents need to be role models for their children;
- Need more interventions and a targeted approach in the areas where needs are higher;
- Need to tackle the contributing factors through locality based strategies including Local Area Co-ordinators; social prescribing and other local community initiatives;
- Community based approaches would work best;

14. In summary; discussions at the HWBB workshop highlighted that interventions, particularly those that are treatment based and solely targeted at those children who were obese were not necessarily the most effective. Interventions that were community based and involved families, schools and primary care and also sought to promote and support behavioural change through consistent messaging about healthy eating and sustaining a healthy lifestyle were seen as more effective.

15. Additionally the workshop discussions demonstrated that there was an interrelationship between the three themes set out in **Annex A** (childhood obesity, self-harm and poverty). The three least affluent wards in the city have the highest rates of childhood obesity. Thought needs to be given as to how best to specifically target these areas. Different messages may be needed for different communities.

16. Achieving a reduction in childhood obesity cannot be achieved by one single agency in the city; there is a need for this issue to be approached from a multi-disciplinary and holistic perspective.

17. The agenda for this will need to be developed strategically and coordinated with clear messages; learning from successful approaches that have taken place elsewhere and supported as a co-ordinated 'campaign' or culture and behaviour change approach.

18. There is still work to do to map York's community assets and identify different and more co-ordinated ways to engage with residents such as health champion approaches and/or volunteers supported by a strategic level message to reinforce why this agenda is important.

19. There is a need to agree and utilise consistent messages and be aware what and where the HWBB can influence and where it can't.

## Consultation

20. No formal consultation process has been undertaken. However, in the early stages of developing **Annex A** the Health and Wellbeing Board Steering Group were asked for their input, along with key officers.

## Options

21. Having considered this report and the presentations, reports and discussion at the recent workshop Health and Wellbeing Board are asked:

- To agree the direction they wish to take for reducing obesity in children and what action they would like to see take place;

- To consider whether they would wish the existing Healthy Weight Steering Group to develop a proposal for how best to develop community interventions to reduce childhood obesity based on the discussions at the recent workshop and in this report.

## Analysis

22. This was the first of the new style Health and Wellbeing Board workshops and Health and Wellbeing Board should consider what

they would like the outcome of this, and future workshops, to be. This may be to initiate and support action; if so then the Board are asked to agree what that action should be.

23. A multi-agency Healthy Weight Steering Group already exists and is working on a number of topics, including childhood obesity. The Board may wish to request that the Healthy Weight Steering Group take responsibility for further developing proposals on how to reduce childhood obesity, with a focus on behavioural change rather than treatment led interventions.

24. Additionally this would be a good opportunity to trial the Health in All Policies[2] approach in a multi-agency setting across a complex agenda.

**Strategic/Operational Plans**

25. This report relates directly to the starting and growing well theme of the joint health and wellbeing strategy 2017-2022.

**Implications**

26. Dependent on the interventions chosen there may be financial implications for one or more of the agencies represented at the Health and Wellbeing Board.

27. The difference in life expectancy between the most and least deprived wards across the city is now 9.1 years lower for men and 5.5 years lower for women in the most deprived areas of York than in the least deprived areas. By intervening at an early age and supporting children and young people to make healthy lifestyle choices this report seeks to narrow that gap.

**Risk Management**

28. There is a risk that childhood obesity will stay the same or rise if interventions are not in place to support children and young people to make healthy lifestyle choices.

**Recommendations**

29. Health and Wellbeing are recommended :

[2] An approach to public **policies** across sectors that systematically takes into account the **health** implications of decisions, seeks synergies, and avoids harmful **health** impacts in order to improve population **health** and **health** equity

- To agree the direction they wish to take for reducing obesity in children and what action they would like to see take place;
- To consider whether they wish the existing Healthy Weight Steering Group to develop a proposal for how best to develop community interventions to reduce childhood obesity based on the discussions at the recent workshop and in this report.

Reason: To address the inequalities around childhood obesity

**Contact Details**

| **Author:** | **Chief Officer Responsible for the report:** |
|---|---|
| Jon Stonehouse<br>Corporate Director of Children, Education and Communities | Jon Stonehouse<br>Corporate Director of Children, Education and Communities<br>**Report Approved** ✓ **Date** 02.07.2018 |

**Wards Affected:** **All** ✓

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

**Annexes**
**Annex A:** Starting and Growing Well in York – Inequalities Report

ANNEX A

# York Joint Strategic Needs Assessment

# Starting and Growing Well in York - Inequalities Report

Author: CYC Business Intelligence Hub and York JSNA Group
Date: May 2018

## Contents

# 1. Childhood Obesity

Obesity in childhood is important; the government[1] recognises that obesity in childhood is strongly associated with obesity in adulthood. Obesity in adulthood is associated with an increased risk of diseases such as diabetes, heart disease, and depression, as well as premature death. The demand for additional health and social care services due to obesity related illness is significant.

In York, there is less childhood obesity than the national average, however the rates are still much higher than in previous years and are contributing to ill health and early death among residents in York. CYC modelled estimates suggest that of the nearly 14,000 children in primary school (reception to year 6), 1,700 are obese. The estimates are higher for children in secondary school and beyond.

There is a wide variation in childhood obesity in York:

- In both reception and year 6, there are over twice as many children with obesity in the most deprived wards in comparison to the least.
- The rate of obesity is significantly higher among boys in comparison to girls.
- Children from ethnic minority groups, in particular black groups are significantly more likely to experience obesity in childhood.
- Rates of obesity rise with age, so older children are more affected by obesity.

## *Obesity by Ward by Deprivation*

In York, there are higher rates of childhood obesity in the wards with higher levels of deprivation. This is similar to the national picture and the York data for obesity in adulthood. This indicates that the health inequalities between York residents that affect health and wellbeing in adulthood begin in childhood.

**Table 1: Childhood Obesity Rates and Deprivation in York by Ward 2013/14 to 2015/16**

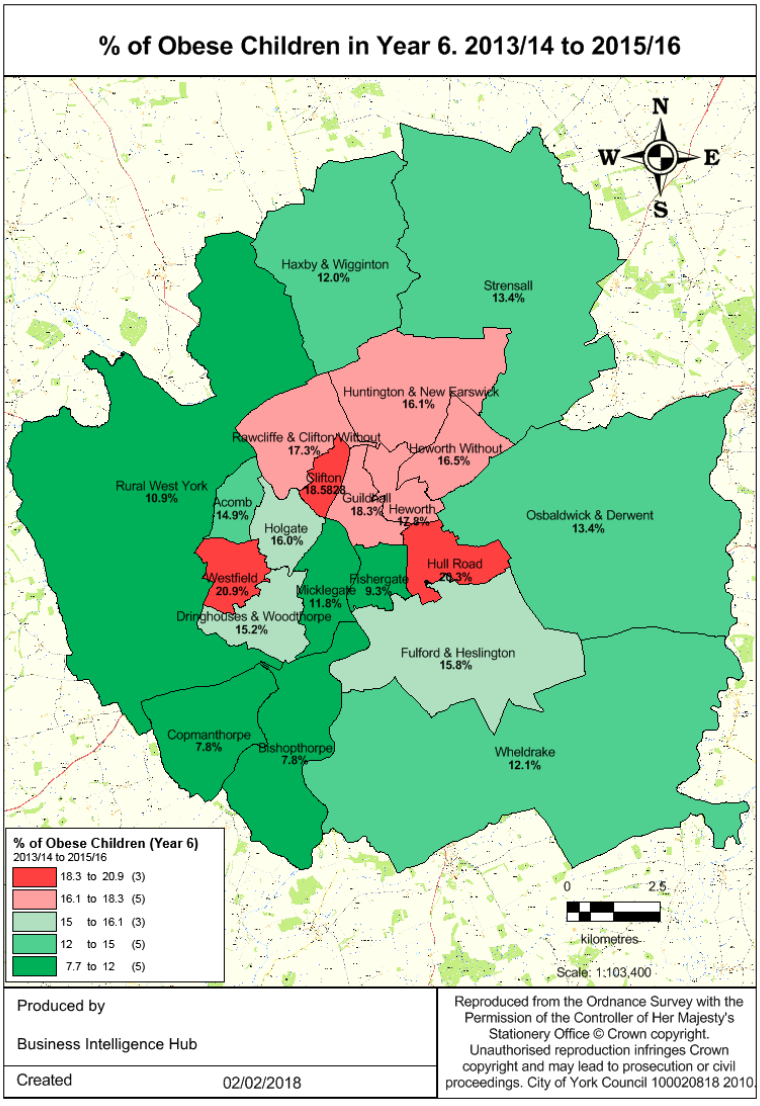
| Ward | % of reception year children recorded as being obese | % of Year 6 children recorded as being obese | IMD Deprivation Score: (higher numbers indicate greater deprivation) |
|---|---|---|---|
| Westfield | 8.7% | 20.9% | 25.6 |
| Clifton | 8.1% | 18.6% | 24.3 |
| Guildhall | 9.9% | 18.3% | 16.7 |
| Heworth | 7.8% | 17.8% | 16.7 |
| Micklegate | 8.7% | 11.8% | 14.9 |
| Hull Road | 11.3% | 20.3% | 14.6 |
| Holgate | 8.9% | 16.0% | 13.7 |
| Acomb | 11.6% | 15.0% | 12.6 |
| Huntington and New Earswick | 7.7% | 16.1% | 12.3 |

[1] https://www.gov.uk/government/publications/childhood-obesity-a-plan-for-action/childhood-obesity-a-plan-for-action#fn:3

ANNEX A

| | | | |
|---|---|---|---|
| Dringhouses and Woodthorpe | 7.6% | 15.2% | 9.5 |
| Fishergate | 9.1% | 9.3% | 9.3 |
| Strensall | 4.2% | 13.4% | 7.1 |
| Rawcliffe and Clifton Without | 6.4% | 17.3% | 7 |
| Osbaldwick and Derwent | 8.1% | 13.4% | 6.6 |
| Rural West York | 6.6% | 11.0% | 6.5 |
| Fulford and Heslington | 7.8% | 15.8% | 5.9 |
| Bishopthorpe | 4.4% | 7.8% | 5.5 |
| Heworth Without | 6.7% | 16.5% | 5.2 |
| Haxby and Wigginton | 5.3% | 12.0% | 4.8 |
| Wheldrake | 6.4% | 12.1% | 4.3 |
| Copmanthorpe | 4.4% | 7.8% | 2.5 |
| **York Average** | **7.8%** | **15.2%** | **12.2** |

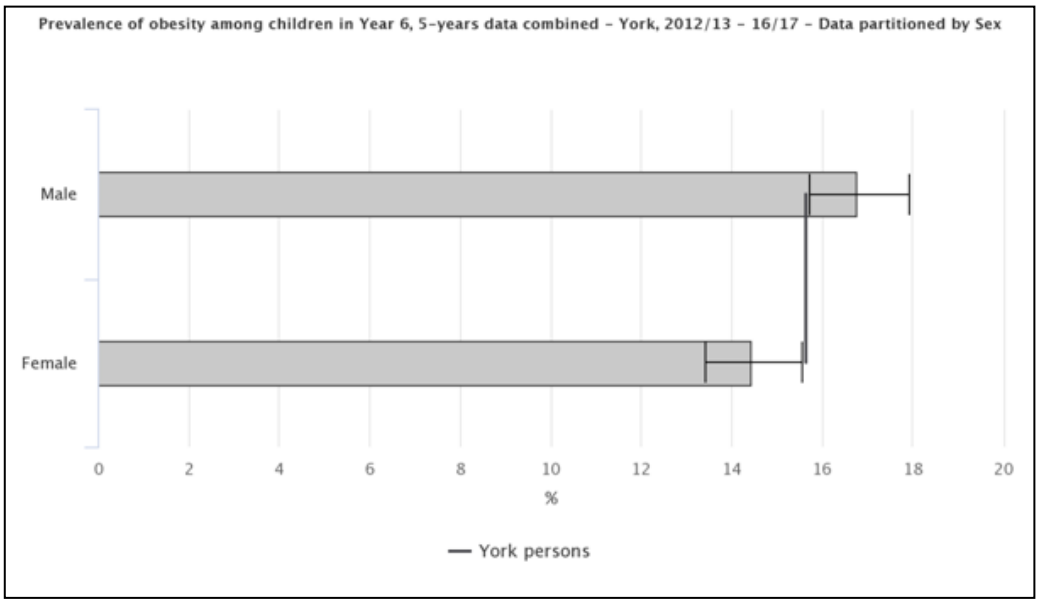
## Figure 1: % Obese Children in Year 6 by Ward



## *Obesity by Gender*

Obesity in York in Year 6 children is significantly higher amongst boys than girls.

**Figure 2: Obesity in Year 6 children in York by Gender**

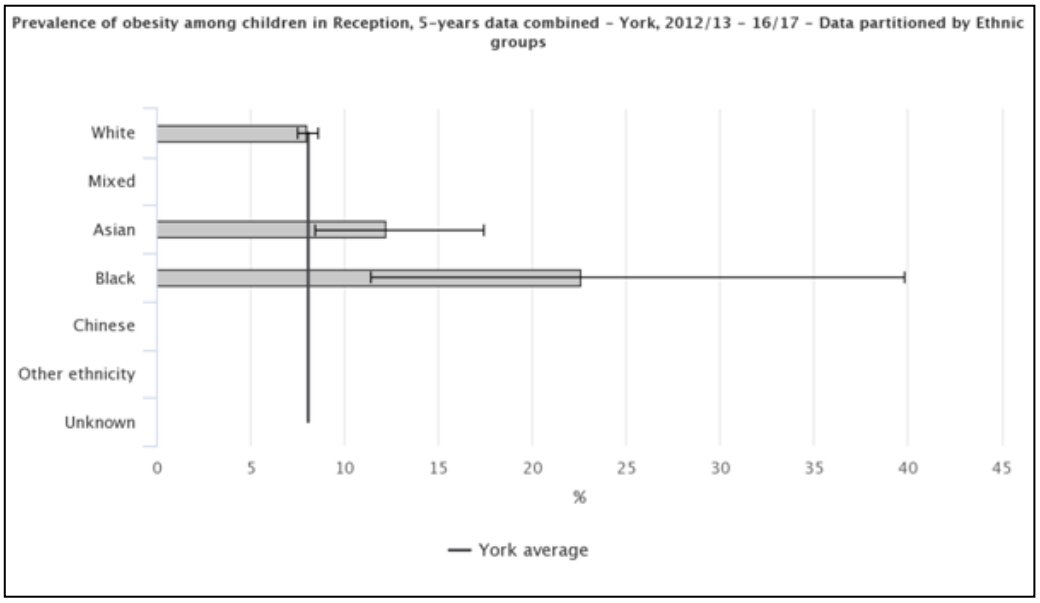



## *Obesity by Ethnicity*

Obesity in York in year 6 children is significantly higher amongst black children than white children. The difference between rates of childhood obesity in white children and Asian children is not large enough to be statistically significant.

In York, 95% of residents are 'White British', and another 2% are from other white ethnic groups. Because of this population demographic, the majority of obese children are white.

**Figure 3: Obesity in Reception age children in York by Ethnicity**




## *York's response to childhood obesity*

The national child measurement program is delivered in York to identify children in reception and year six with excess weight. The Healthy Child Service follow up those children identified as underweight, overweight or obese and offer support, guidance and signposting.

The Infant Feeding Strategy Group is focused on the earliest points of child nutrition. The group are identifying the actions that York needs to take to support women to breastfeed where appropriate and to equip parents with knowledge about good nutrition for their infants.

A healthy weight steering group had been established (Spring 2018), this will look at topics including childhood obesity; the steering group has been tasked with developing a public health strategy. As part of this group, work will be undertaken to understand what kind of offer we can provide to children and young people and their families around obesity.

The daily mile is an initiative to get primary school age children doing physical activity for 15 minutes/1 mile a day in addition to PE, play, and active travel. In York, 5 primary schools currently take part, and another is making preparations.

Bikeability is funded by the Department for Transport and aims to improve children's cycling skills to cycle safely and confidently on the road. In York, there is good coverage across both primary schools (years 5 and 6) and secondary schools (year 7). In addition, the Sustrans Bike-it project promotes active travel in York schools.

Healthy Start is a statutory national scheme intended to improve the health of pregnant women and families on benefits or low incomes, and to contribute to reducing health inequalities. Health start vitamins are offered to pregnant and breastfeeding women as well as growing children. In York the pubic health team aware that there are some issues relating to distribution and access to the vitamins. The team is committed to finding an effective local distribution method through work with multi-agency partners that operates in accordance with DoH and NICE guidance.

Play is an important part of childhood and can boost physical activity. The York Play Strategy sets out the ambition for all children to have access to high quality play, and for play to be recognised as an essential part of childhood. The 'better play' grants fund improving play opportunities for children who might otherwise have limited access, such as children with special educational needs and disabilities,

Primary Care Home West is developing an approach to give out 'healthy lunchbox guidance' to children and families in primary schools in the west part of the city.

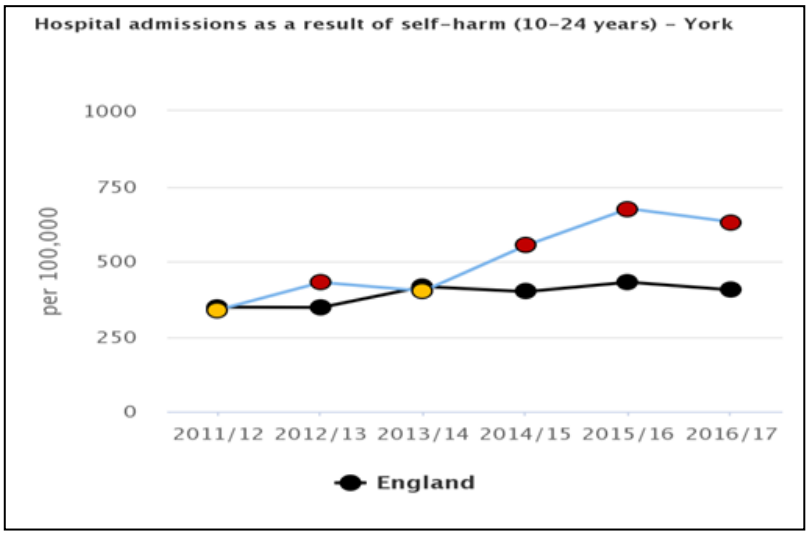
## 2. Self Harm in Young People

Nationally, it is estimated that over 20% of young people have ever self-harmed. PHE[2] identify that across the country risk factors for self-harm include; being female, feeling that there is poor communication in their family, not enjoying school, having a negative perception of peer group, and perceived lack of safely in community.

Not all young people who self-harm will be admitted to hospital. As a result, admission to hospital due to self-harm may be seen as a proxy measure of more serious self-harm among young people.

### *Trends in hospital admissions for self-harm*

In York, the number of admissions for self-harm among young people aged 10–24 is greater than the national average. The admission rates in York are also rising, whereas the national trend is stable[3].




Additional data provided by York Hospital shows that the majority of the increase in admission rates among York residents is due to an increase number of young people being admitted, and is not due to an increasing trend of young people being admitted

[2] *https://www.gov.uk/.../Health_behaviour_in_school_age_children_self-harm.pdf*

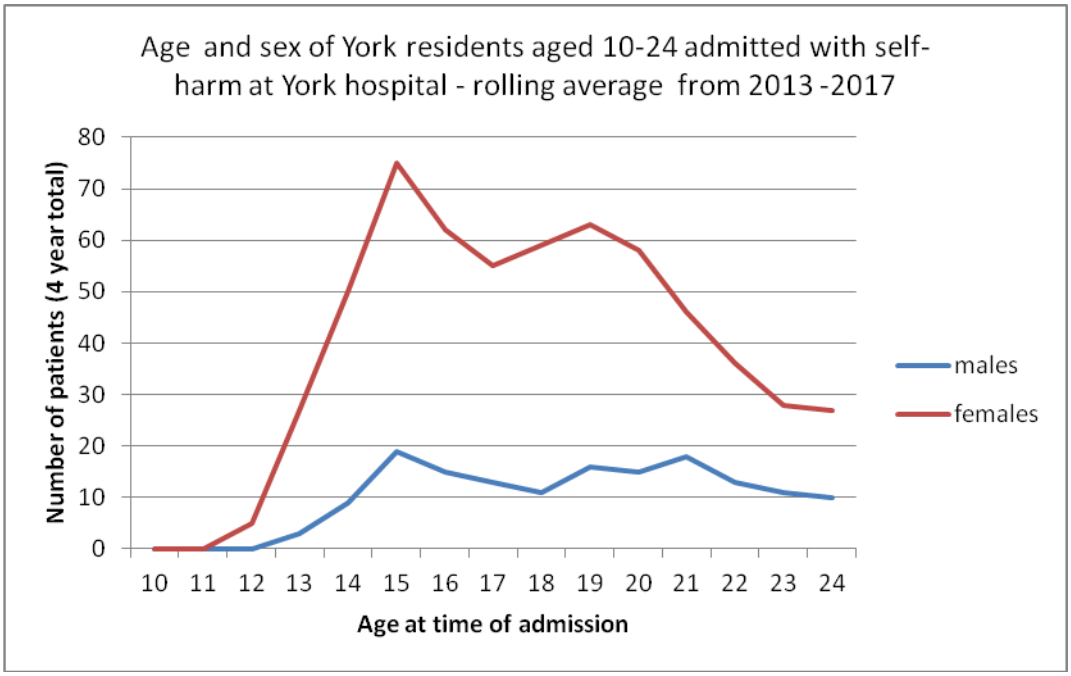
[3] https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview/data#page/4/gid/1938132992/pat/6/par/E12000003/ati/102/are/E06000014/iid/90813/age/245/sex/4

multiple times for self-harm in the same year. In 2016/17, there were 294 admissions for self-harm made by 211 individual patients.

## *Self Harm Admissions by Gender and Age*

For people aged 10-24 living in York, admissions to hospital as a result of self-harm are higher among young women than among young men at every year of age; data provided by York hospital demonstrates that in 2016/17, 82% of admissions were to young women, and 18% to young men.

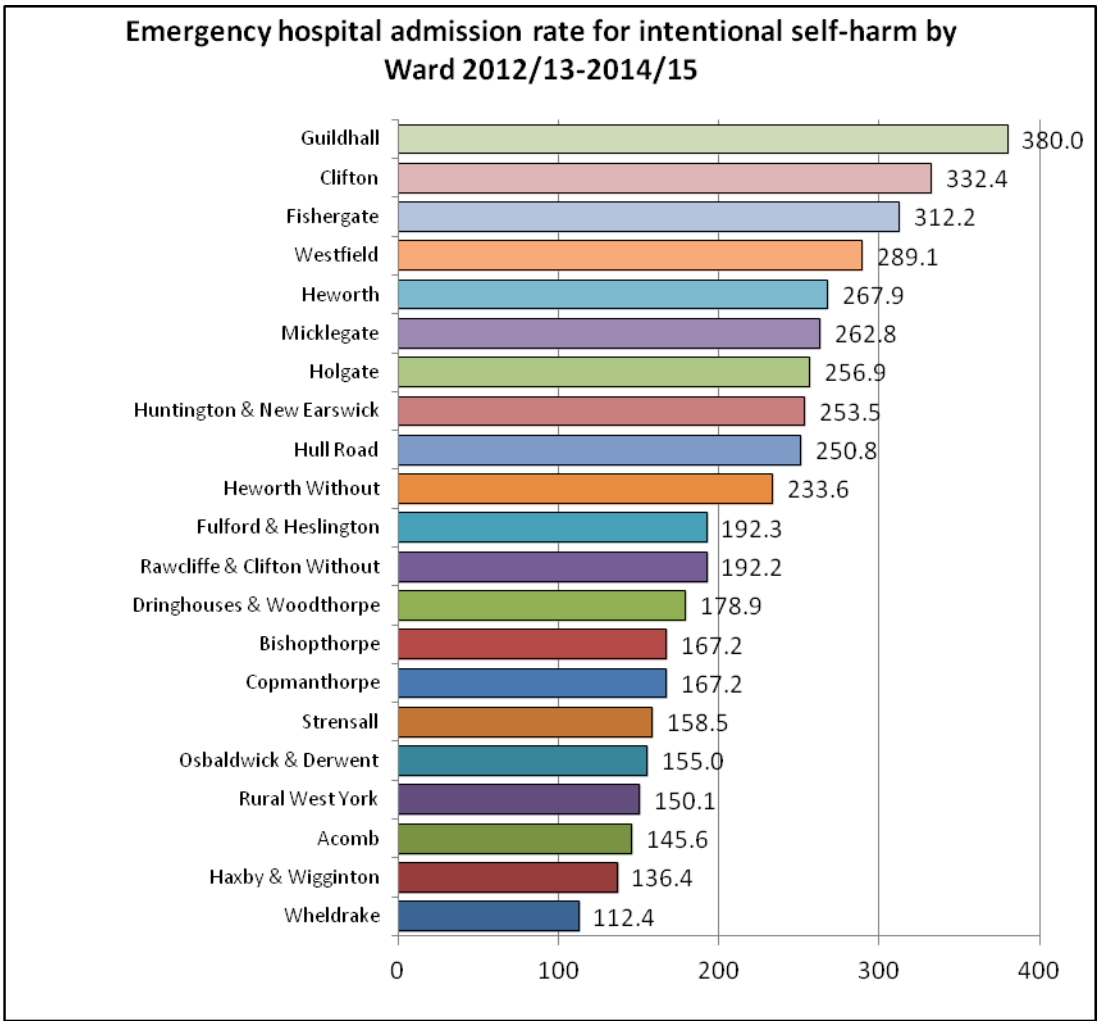
Admissions for self harm are very uncommon in children, but rise rapidly in the teenage years, before stabilising by the mid-20s. Data provided by York hospital for 2016/17 demonstrates that for both young men and young women, the peek age for hospital admission as a result of self-harm is 15 or 16 years old.



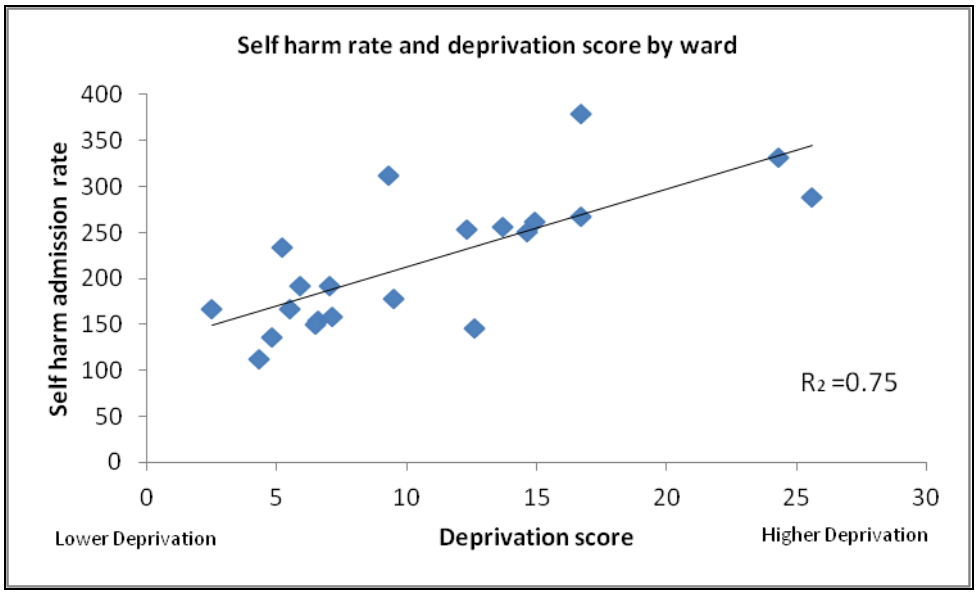

## *Self Harm Admissions by Ward*

Across York, there is ward level variation in the self-harm admission rates for young people. There are around three times as many admissions for young people in wards with the highest rates, as there are in the wards with the lowest rates.

ANNEX A




There is a strong correlation between the ward level self-harm admission data and the level of deprivation in that ward. Nationally, deprivation is one of a series of factors that are correlated with self-harm behaviour.



## *York's response to childhood self-harm*

The 2018-2023 York mental health strategy, and associated mental health partnership group have identified one of the priorities for York is to 'improve services for mothers, children, and young people'.

The aim of CAMHS Crisis team is to support children and young people who experience a crisis in their mental health. The service runs 365 days a year and supports young people on an intensive basis and away from busy A+E departments, whilst also aiming to avoid unnecessary admissions to hospital. The team supports children, young people and their families through telephone contact, emergency appointments/assessments and 7 day follow ups. Interventions are informed by DBT and brief solution focused therapy and safety planning.

There is an established 'wellbeing worker service' which works closely with schools in York to build their capacity to support children and young people who are showing early indications of poor mental health. This service is primarily intended to support a caseload of children and young people who do not need secondary mental health support from CAMHS.

Vale of York CCG have a 'Future in Mind' program of work which includes funding projects jointly delivered with the local authority intended to improve the emotional health and wellbeing of children and young people.

If a child or young person is admitted to hospital as a result of self-harm, York hospital following the protocols detailed under NICE quality standard QS34.

# 3. Child Poverty

There is a strong association between deprivation and mortality during childhood, with social inequalities affecting many of the leading causes of death among children and young people. Children and young people living in the most deprived households are at greater risk of non-intentional injury compared to those living in the least deprived households, and this includes injury through poor and overcrowded housing infrastructure and poorer parental education in how to protect their children. Children and young people growing up in deprived circumstances are also at greater risk of mental ill health and suicide, tooth decay, teenage conception16 and being overweight or obese.[4]

The all party parliamentary group inquiry into child poverty and health[5] (2016) reports that increased levels of child poverty have a direct causal impact on worsening children's social, emotional and cognitive outcomes. Additionally they identify that good early development is strongly associated with outcomes in later life, including educational attainment and employment prospects. Most starkly it estimates that eliminating UK child poverty would save the lives of 1,400 children under 15 annually.

Childhood poverty exists where children live in households where the household income is less than 60% of the median for that household type. The York Childhood Poverty strategy estimates that in 2009 there were approximately 4705 children living in poverty, and identifies that this is most concentrated in Westfield, Clifton, Heworth, Hull Road, and Acomb[6].

An alternative definition sometimes used to measure the number of children living in low income houses, is children living in households which are eligible for benefits or child tax credits, HMRC identify there are around 12,600 children in York who live in eligible households[7]. In York, this is predominantly comprised of child tax credits, often in conjunction with other benefit support. It is likely these are householders where at least one adult is in work.

## *Out of work benefits by Ward*

As discussed, many children in poverty live in a household where one or both parents are in York. However, out of work benefit data does give an approximate indication of where childhood poverty rates are likely to be highest in York.

[4] Association of the directors of public health, position statement 'The best start in life' , 2018

[5] http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&ved=0ahUKEwid5PHE4_jZAhWoCsAKHbkLDzwQFggxMAE&url=http%3A%2F%2Fwww.fph.org.uk%2Fuploads%2FAPPG_on_Health_in_All_Policies_inquiry_into_child_poverty_and_health_2.pdf&usg=AOvVaw0tPTLGtrGo_2VPqab4MKrU

[6] http://www.yor-ok.org.uk/workforce2014/Child%20Poverty/poverty-strategy.htm

[7] https://www.gov.uk/government/statistics/child-and-working-tax-credits-statistics-provisional-awards-geographical-analyses-december-2013

**Table 2: Percentage of children who live in households where a parent or guardian claimed an out-of-work benefit**

| | 14/15 | 15/16 | 16/17 |
|---|---|---|---|
| **Acomb** | 10.60% | 10.30% | 10.50% |
| **Bishopthorpe** | 1.90% | 1.20% | 0.60% |
| **Clifton** | 13.90% | 12.40% | 14.90% |
| **Copmanthorpe** | 2.80% | 2.80% | 2.30% |
| **Dringhouses and Woodthorpe** | 7.70% | 6.90% | 7.40% |
| **Fishergate** | 4.70% | 4.40% | 4.10% |
| **Fulford and Heslington** | 3.30% | 2.40% | 0.60% |
| **Guildhall** | 13.80% | 13.80% | 9.30% |
| **Haxby and Wigginton** | 3.60% | 3.00% | 2.10% |
| **Heworth Without** | 4.60% | 3.10% | 1.50% |
| **Heworth** | 13.30% | 12.70% | 11.20% |
| **Holgate** | 9.00% | 8.50% | 7.50% |
| **Hull Road** | 12.30% | 11.10% | 12.20% |
| **Huntington and New Earswick** | 8.50% | 7.50% | 8.00% |
| **Micklegate** | 6.70% | 6.90% | 7.40% |
| **Osbaldwick and Derwent** | 4.50% | 3.00% | 6.00% |
| **Rawcliffe and Clifton Without** | 6.40% | 5.90% | 4.70% |
| **Rural West York** | 3.40% | 3.30% | 3.30% |
| **Strensall** | 4.00% | 3.40% | 2.90% |
| **Westfield** | 18.60% | 16.90% | 16.60% |
| **Wheldrake** | 3.50% | 3.50% | 3.00% |

## *York's response to childhood poverty*

The York Childhood Poverty Strategy[8] 2011-2020 estimates that nearly 44,000 children in York live in poverty and has the ambition to take 1000 children out of poverty by the end of the strategy. The strategy has the following priorities; the gap in education outcomes for young people, the skills necessary for adult life including employment skills, access to the right financial support, financially inclusive, to look at fuel poverty, leisure facilities, transport, and youth homeless.

The Local Area Coordination team support individuals and families in York. This may include supporting families in financial difficulty as a result of poverty. Where families are identified as having additional needs, the Healthy Child Service will provide appropriate support to families to ensure that their children have through reducing health inequalities to give them the best start in life.

[8] http://www.yor-ok.org.uk/workforce2014/Child%20Poverty/poverty-strategy.htm

Fuel Poverty: Fuel poverty occurs when households with low incomes live in houses that are expensive to heat, and people are not able to sufficiently heat their homes without putting themselves in poverty. In York, households who have low incomes in houses with poor energy ratings are eligible for either 100% or 75% grant funding to improve the insulation on their homes. Additional consideration is given to households with children in houses with moderate energy ratings.

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**Health and Wellbeing Board** **11 July 2018**

Report of the (Corporate Director of Children's Services, Education and Communities (Starting & Growing Well Health and Wellbeing Board Theme Lead)

# Progress on the Starting & Growing Well Theme of the Joint Health and Wellbeing Strategy 2017-2022

## Summary

1. This report asks the Health and Wellbeing Board (HWBB) to note the update on progress made against delivery of the starting and growing well theme of the joint health and wellbeing strategy 2017-2022.

## Background

2. At their meeting in March 2017 Health and Wellbeing Board (HWBB) launched the new joint health and wellbeing strategy 2017-2022. The strategy is based around a life course approach with starting and growing well as one of the key priorities.

## Context

3. There are approximately 200,000 residents in York of which just over 36,500 are aged between 0-17 (inclusive); just over 10,500 of these are aged 0-4. There are 200 children in care and 133 children on protection plans.

4. 21.7% of York's population is aged 0-19 and there are over 22,000 full time students in the city.

5. The areas where York has worse health outcomes than the England average are:

   - More women smoking at the time of delivery
   - More hospital admissions for self harm (10-24 years)

- More hospital admissions for dental caries (1-4 years)
- Lower breastfeeding rates at 6-8 weeks
- Hospital admissions for mental health conditions

6. Alongside this when asking residents of all ages what the most important health and wellbeing issues were for them they said that they valued the services provided in children's centres and by school nurses; there could be more support for young mothers including parenting skills and healthy eating. Additionally there were comments around play spaces, pollution, teaching life skills in schools and the impact of domestic abuse.

7. The priorities in both the joint health and wellbeing strategy 2017-2022 and the children and young people's plan 2016-2020 aim to reflect this.

**Main/Key Issues to be Considered**

8. The table at **Annex A** sets out the priorities within the starting and growing well theme of the joint health and wellbeing strategy 2017-2022 and gives examples of some of the ongoing work and the progress made to date in delivering against this theme. The information at **Annex B** sets out information against an agreed suite of performance indicators for this theme.

9. The children and young people's plan 2016-2020 has a vision that children and young people are at the heart of our city and everything we do. It has four priorities namely; early help; emotional and mental health; narrowing gaps in outcomes and priority groups. The YorOK Board leads on delivering against these and reports back to the Health and Wellbeing Board on progress.

10. The priorities for children and young people in both the joint health and wellbeing strategy and the children and young people's plan are very similar. Taking this into account it is suggested that a range of partnership mechanisms across the city (including but not restricted to the YorOK Board and the safeguarding children board) be used to deliver against the starting and growing well theme of the joint health and wellbeing strategy (2017-22). There are already multi-agency plans in existence that cover many of the key areas within the starting and growing well strategy theme; it would seem pertinent to use these rather than producing one single action plan.

11. Additionally, at the time the new joint health and wellbeing strategy was launched it was agreed that the Corporate Director for Children's Services, Education and Communities would be the lead Health and Wellbeing Board member for the starting and growing well theme. The lead board member is responsible for assuring the board that the priorities within the starting and growing well theme of the strategy are being delivered.

**Consultation**

12. Extensive engagement and consultation took place with residents and stakeholders when the joint health and wellbeing strategy 2017-2022 was being developed.

**Options**

13. There are no specific options for the Health and Wellbeing Board; they are asked to note and comment on this report.

**Analysis**

14. Not applicable

**Strategic/Operational Plans**

15. This report has direct links to the starting and growing well element of the joint health and wellbeing strategy 2017-2022 and the children and young people's plan 2016-2020.

**Implications**

16. There are no implications associated with the recommendations in this report.

**Risk Management**

17. There are no risks associated with the recommendations in this report.

**Recommendations**

18. The Health and Wellbeing Board are asked to note and comment on the report.

Reason: to keep the Health and Wellbeing Board informed as to progress on delivery against the starting and growing well theme of the joint health and wellbeing strategy 2017-2022

**Contact Details**

| **Author:** | **Chief Officer Responsible for the report:** |
|---|---|
| Jon Stonehouse<br>Children's Services, Education and Communities | Jon Stonehouse<br>Children's Services, Education and Communities |

**Report Approved** ✓ **Date** 02.07.2018

**Specialist Implications Officer(s)** None

**Wards Affected:** **All** ✓

**For further information please contact the author of the report**
**Background Papers:**

Joint Health and Wellbeing Strategy 2017-2022
Children and Young People's Plan 2016-2020

**Annexes**

**Annex A** – Table of Ongoing Work: Starting and Growing Well Theme of the Joint Health and Wellbeing Strategy 2017-2022

**Annex B** – Performance update

**Glossary**
**HWBB** – Health and Wellbeing Board

**Annex A**

Table of Ongoing Work: Starting and Growing Well Theme of the Joint Health and Wellbeing Strategy 2017-2022

| **Priority** | **Progress/Action Planning already underway** |
|---|---|
| **Top Priority** | |
| Support for the first 1001 days, especially for vulnerable communities | • The new Healthy Child Service integrated within Local Area Teams (early help) arrangements in August 2017. The Healthy Child Service Vision and Strategy has been updated and reflects the wider strategic landscape of children's services and health.<br>• Mandated review points within the Healthy Child Service from the ante-natal period, through to 2.5 years of age means that the Healthy Child Service are able to provide support and signposting in the crucial period of the first 1001 days, leading to better outcomes across the life-course.<br>• We have seen significant improvements in relation to the number of families seen by the Healthy Child Service. For example in 2015/16 Quarter 1 23% of families received a new birth visit within 14 days. In 2017/18 Quarter 4 this had risen to 86%. When including families receiving a new birth visit outside of 14 days the figure rises to 96% for 2017/18 Quarter 4. The percentage of families who receive a 12 month development review has risen from 18% (2015/16) to 72% (2017/18 Quarter 4). |
| **Other Priorities** | |
| Reduce inequalities in outcomes for particular groups of children | • The profile of educational performance across the City remains inconsistent with some schools successfully narrowing the gap and it widening in other schools. Analysis of the data shows that this pattern shifts year on year at school level, indicating that the results achieved |

Table of Ongoing Work: Starting and Growing Well Theme of the Joint Health and Wellbeing Strategy 2017-2022

| **Priority** | **Progress/Action Planning already underway** |
|---|---|
| | at individual school level tend to be cohort dependent. During 2016-17 a headteacher led project has been commissioned to improve the use of in-year data to build an accurate achievement profile for disadvantaged children. The project has focused on using a process of focused peer review to identify the most significant barriers to learning for each child and will help in the design of targeted interventions to address:<br>1. Poor attendance<br>2. Low attainment in English (particularly writing) and mathematics<br><br>Following evaluation, the findings of the project will be shared with all schools in September 2017 and a toolkit of resources will be developed to support sustainable improvement.<br><br>During 2017-18 a programme of school visits conducted by a former York headteacher who is an Ofsted inspector and pupil premium reviewer has focused on capturing information about the actions taken by York schools that are successfully narrowing the gap in attainment outcomes for disadvantaged pupils. The findings from this research are being shared at the Social Mobility in Education conference taking place at West Offices on 13th July 2018.<br>The conference will launch the social mobility pledge which will identify |

Table of Ongoing Work: Starting and Growing Well Theme of the Joint Health and Wellbeing Strategy 2017-2022

| **Priority** | **Progress/Action Planning already underway** |
|---|---|
| | actions that all schools will be asked to adopt to improve the attainment of disadvantaged pupils. During 2018-19 cross city work to narrow the gap will have a specific focus on the early years and school readiness.<br><br>• Local Area Teams have worked with partners throughout York to develop Local Area Outcome Plans. These are underpinned by data in conjunction with on the ground intelligence to provide clear priorities for narrowing outcome gaps. The priorities identified have informed city wide commissioning, community groups accessing ward funding, locality problem solving meetings (e.g. in relation to anti-social behaviour, exploitation, risky behaviour, attendance issues etc)<br><br>• Oral Health – Work is being undertaken by a multi-agency group (Oral Health Improvement Advisory Group), led by Public Health, to improve oral health outcomes across all age groups with a focus on 0-5 year olds, especially those who are at risk of oral health inequalities. Work is being undertaken to re-orientate services to prevention, for example exposure to fluoride through supervised tooth-brushing and attendance at general dental practices. One aim is to reduce hospital admissions for dental extraction in children and young people. |
| Ensure children and young people are free from all forms of neglect and abuse | • A new citywide multi-agency neglect strategy was developed through the Safeguarding Children Board (December 2016). Development of a |

Table of Ongoing Work: Starting and Growing Well Theme of the Joint Health and Wellbeing Strategy 2017-2022

| **Priority** | **Progress/Action Planning already underway** |
|---|---|
| | multi-agency delivery plan and outcomes framework in relation to the Neglect Strategy has been completed and outcomes reviewed regularly by the Safeguarding Board's Neglect Sub-Group<br>• Delivery of multi-agency training by Safeguarding Children Board including: neglect; domestic abuse; working together to safeguard children; child sexual abuse & exploitation; safeguarding children with disabilities<br>• Safeguarding Children Board has heard directly from children and young people in the care of the local authority about what the experience is like for them<br>• Reviewed child deaths across York and North Yorkshire via the Child Death Overview Panel (CDOP) to ascertain if there are multi-agency lessons to be learnt or potential modifiable factors<br>• Safeguarding Children Board organised Safeguarding Week 2016 jointly with Safeguarding Adults Board and Safer York Partnership (plus counterparts in North Yorkshire) to raise public awareness of Domestic Abuse – resulting in increased enquiries to Children's Social Care and to Independent Domestic Abuse Services. Safeguarding Week 2018 too place in the week commencing 25 June 2018 and raised awareness of all safeguarding issues and that safeguarding is everybody's business.<br>• A City of York Safeguarding Children's Board report from a 12 month Domestic Abuse Task and Finish Group looking at the impact of |

**Annex A**

Table of Ongoing Work: Starting and Growing Well Theme of the Joint Health and Wellbeing Strategy 2017-2022

| Priority | Progress/Action Planning already underway |
|---|---|
| | Domestic Abuse on children and young people has been to the Safer York Partnership, with actions recommended on the sustaining of funding for services for children and young people and suggestions of where services could be provided or enhanced. A report s anticipated from the Safer York Partnership to the Safeguarding Board in October 2018 giving assurance on the action which have taken place in response.<br>• Strengthened response from CYC Safeguarding team through the appointment of a new Safeguarding Nurse Practitioner working with the Lead Nurse for Safeguarding within the Children's Front Door service. Multi-agency working has led to sharing of information on children, young people and their families (where appropriate) and contributing to better informed responses.<br>• Safeguarding is an integral part of the Healthy Child Service and all staff have enhanced training to respond to this.<br>• Working with social care colleagues, the Lead Nurse for Safeguarding has rolled out the NSPCC 'Graded Care Profile' training across Children's Social Care, the Healthy Child Service an the Local Area Teams, which helps professionals work with families to identify areas within their lives where more support may be required and enables professionals to provide an appropriate response.<br>• A new neglect screening tool has been produced which will support practitioners to identify neglect and when making use of a Graded Care |

**Annex A**

Table of Ongoing Work: Starting and Growing Well Theme of the Joint Health and Wellbeing Strategy 2017-2022

| **Priority** | **Progress/Action Planning already underway** |
|---|---|
| | profile assessment would be beneficial |
| Improve services for students | • A student health needs assessment has recently been completed and will be presented to the Health and Wellbeing Board in July 2017.<br>• Health and Wellbeing Board will be asked to support the formation of a multi-agency partnership to lead the ongoing work around improving health and wellbeing for York students |
| Improve services for vulnerable mothers | • The introduction of Local Area Teams supports the improvement of outcomes for vulnerable mothers in a number of ways. Although we can demonstrate a number of individual examples of how this has improved outcomes it will take time for this to be fully reflected within performance data:<br>• The creation of multi-agency teams based within localities improves our ability to identify vulnerable mothers and understand their needs.<br>• Local Area Outcome Plans reflect on the needs identified in localities by reviewing data and by drawing upon the “on the ground” intelligence held by communities. This allows Local Area Teams to work collaboratively with any relevant partner to address identified needs, including those of vulnerable mothers.<br>• By bringing together the local authority (including healthy child service), police and the voluntary and community sector we have created a forum to share information and take an outcomes focussed approach to problem solving.<br>• Key to the approach of Local Area Teams is work to build capacity |

Table of Ongoing Work: Starting and Growing Well Theme of the Joint Health and Wellbeing Strategy 2017-2022

| **Priority** | **Progress/Action Planning already underway** |
|---|---|
| | within communities themselves and in partners. Examples of this following the launch of Local Area Teams are:<br>• The creation of volunteer parent mentors that are recruited and trained by Local Area Teams. Parent mentors come alongside parents to provide them with meaningful support often as part of a broader plan of support.<br>• The commissioning of voluntary and community sector partners to engage and support families that may otherwise face isolation and lack readily accessible services. For example support to isolated mothers has been extended to include parents of children aged up to six years old. New parenting programmes have been commissioned to help parents take a strengths based approach to parenting.<br>• Link work with schools has proved to be exceptionally productive. Schools play a key and valued role in supporting families at an early help level. The link work model means that Local Area Teams come alongside schools in this work. This can take the form of providing assurance, coaching and advice on how to support families. It can also take the form of drawing in other partners that may have already positive established relationships with families to help improve engagement. Although it is too early to judge the outcomes impact of this work the feedback provided by schools and practitioners has been very positive.<br>• Work is being done regionally to establish robust clinical pathways for |

**Annex A**

Table of Ongoing Work: Starting and Growing Well Theme of the Joint Health and Wellbeing Strategy 2017-2022

| **Priority** | **Progress/Action Planning already underway** |
|---|---|
| | women identified as having mental health problems during pregnancy or within the first year of the baby being born. This is being done in a collaborative way, working with partners across the region and from relevant organisations. This group is keen to bid for central funding (from the NHS) to enhance the perinatal mental health secondary care services across the region, which would include training for professionals such as health visitors, midwives etc, to be better able to support women with these problems. |
| Ensure that York becomes a breastfeeding friendly city | • An Infant Feeding Strategy Steering Group has been established brining together partners from across the city to create an Infant Feeding Strategy which will support maternal and child nutrition to give every child the best start in life.<br>• Breastfeeding support and wider feeding support is a corner stone of the work carried out by the Healthy Child Service, ensuring that families are supported to feed their infants and give them the best start in life. |
| Make sustained progress towards a smoke free generation | • An audit is currently being undertaken to better understand 'smoking in pregnancy'. The smoking cessation service in York is now provided by CYC's Wellbeing Team and work is ongoing to understand how to better engage with pregnant women who smoke and to support them to quit smoking. This work is also being picked up through the North Yorkshire and York Maternity Network, where partners are involved to |

**Annex A**

Table of Ongoing Work: Starting and Growing Well Theme of the Joint Health and Wellbeing Strategy 2017-2022

| **Priority** | **Progress/Action Planning already underway** |
|---|---|
| | ensure that every contact with a pregnant woman who smokes is an opportunity to support them to quit. |

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ANNEX B

**Business Intelligence Hub**

# Starting and Growing Well – Key Performance Indicators

Author: Mike Wimmer
Date: 26/6/2018

## Contents

ANNEX B

## Introduction

The Joint Health and Wellbeing Strategy stated that the board would monitor progress on the following indicators

- the increase in the % of mothers in York who are breastfeeding;
- improvements in the timeliness of visits and reviews in the first year of life to at least the national average;
- reducing the variation in obesity levels between different wards in York;
- improved school readiness for the most vulnerable groups, e.g. those on free school meals;
- reducing hospital admissions for tooth decay in children (working with the Safeguarding Board);
- more young people in York telling us they feel safe, happy and able to cope with things.

The latest available date for these indicators is presented in this report.

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## Breastfeeding rates

### *Breastfeeding Initiation Rates*

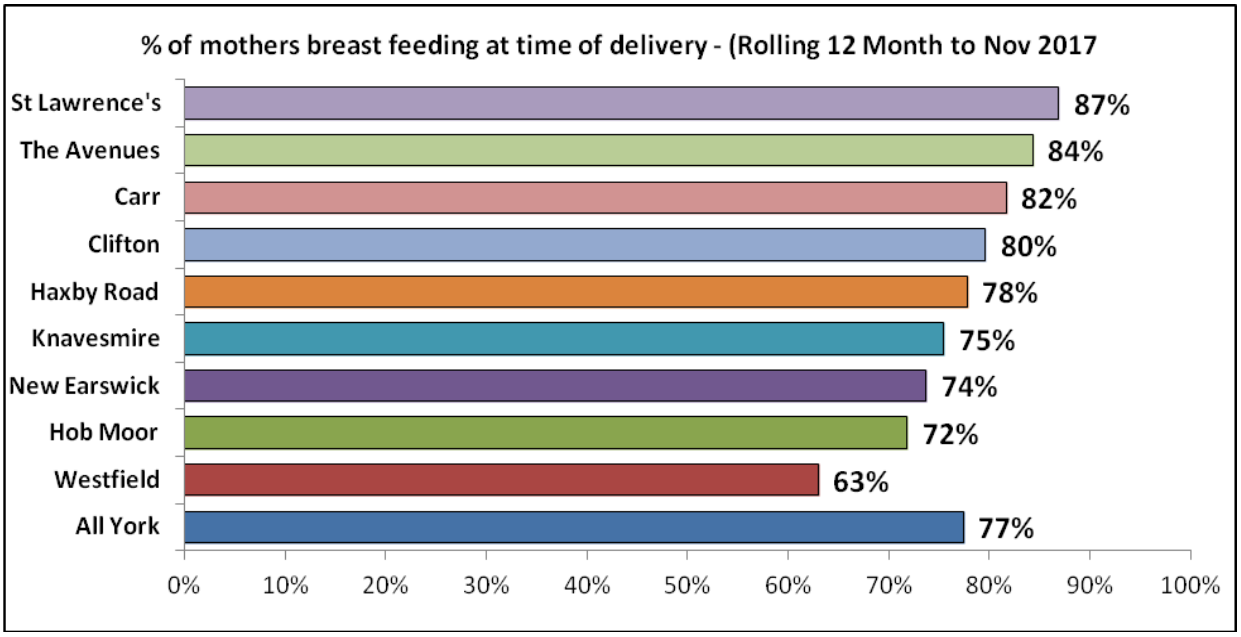
The breastfeeding initiation rate (first 48 hours after delivery) was 77.1% in York in 2016/17, significantly higher than the national average (74.5%) and 6th highest amongst statistical neighbours.

**Breastfeeding initiation** 2016/17 — Proportion - %

| Area | Neighbour Rank | Count | Value | 95% Lower CI | 95% Upper CI |
|---|---|---|---|---|---|
| England | - | 463,152 | 74.5 | 74.4 | 74.6 |
| Bournemouth | 8 | 1,929 | 86.0 | 84.5 | 87.4 |
| Bath and North East Somer... | 4 | 1,605 | 85.8 | 84.2 | 87.3 |
| Bristol | 15 | 5,269 | 82.1 | 81.2 | 83.1 |
| Bedford | 13 | 1,730 | 79.7 | 78.0 | 81.4 |
| South Gloucestershire | 2 | 2,201 | 78.4 | 76.9 | 79.9 |
| York | - | 1,559 | 77.1 | 75.2 | 78.9 |
| Swindon | 5 | 2,124 | 76.3 | 74.7 | 77.8 |
| Trafford | 7 | 2,030 | 76.0 | 74.4 | 77.6 |
| Calderdale | 12 | 1,825 | 74.7 | 73.0 | 76.4 |
| Stockport | 6 | 2,722 | 72.4 | 70.9 | 73.8 |
| Solihull | 10 | 1,702 | 70.4 | 68.5 | 72.2 |
| Plymouth | 9 | 2,013 | 69.0 | 67.3 | 70.6 |
| Cheshire West and Chester | 3 | 2,306 | 66.3 | 64.7 | 67.9 |
| Warrington | 1 | 1,317 | 62.3 | 60.2 | 64.4 |
| Poole | 14 | 1,107 | * | - | - |
| Darlington | 11 | 684 | * | - | - |

*Source: LA, Regional and England data are calculated by NHS England. PHE National Child and Maternal Health Intelligence Network has calculated additional geographies.*

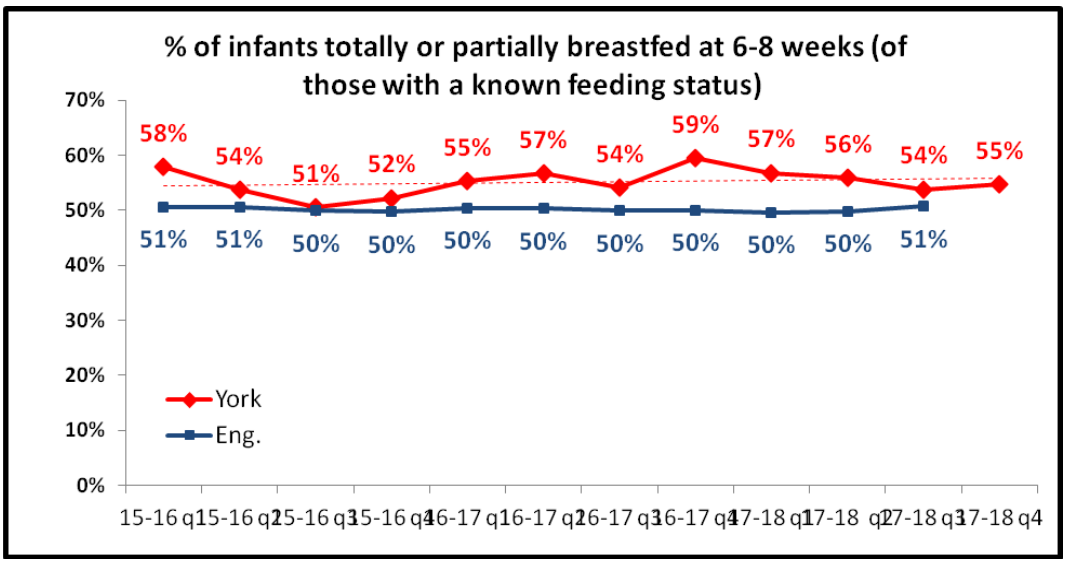
There is a wide variation in rates between children's centre areas in York. 63% in Westfield to 87% in St. Lawrence's (Source – York NHS Trust)



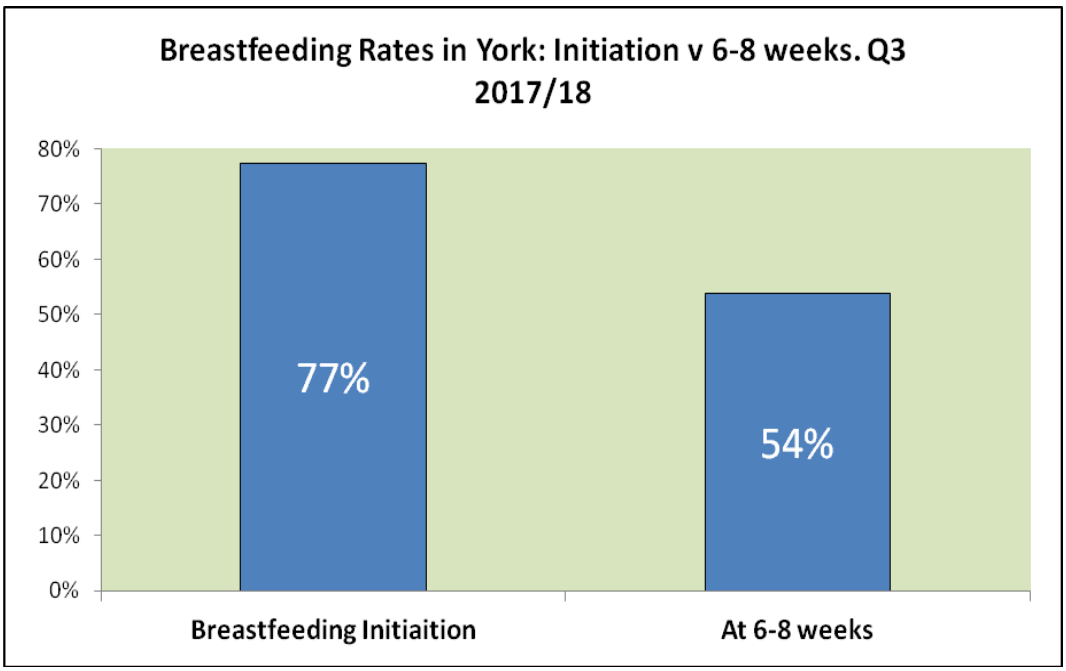
ANNEX B

## *Breastfeeding at 6-8 weeks*

York has higher rates of breastfeeding at 6-8 weeks compared to the England Average (Source GOV.UK). There is a fairly static trend in York




As at Q3 2017/18 the breastfeeding initiation rate (as recorded on the NHS maternity system) was 77%. The rate at the 6-8 week visit as recorded by the Health Visitors was 54%. So 23 women out of a hundred in York currently stop breastfeeding by the time of the 6-8 week review.



Further work is needed to help understand the profile of breastfeeding across the City:

• to continue to increase the recording of feeding status on SystemOne

• to obtain initiation rates at Ward / LAT level from York NHS Trust (requested)

• to calculate 6-8 week rates at Ward / LAT level

• to use the ward / LAT data to identify areas of the City where further work can be done by health visitors to promote breastfeeding.

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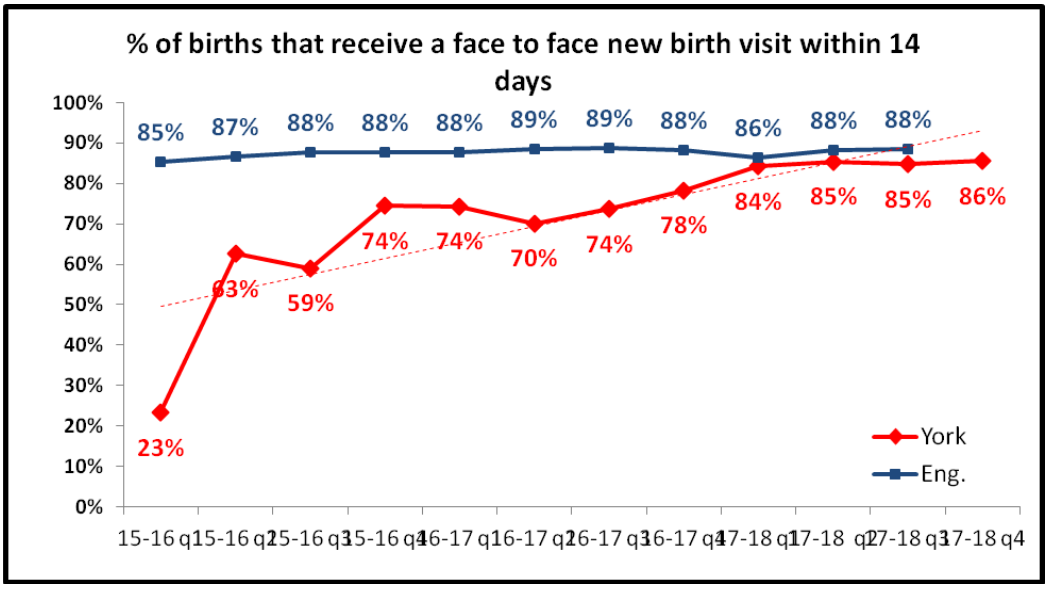
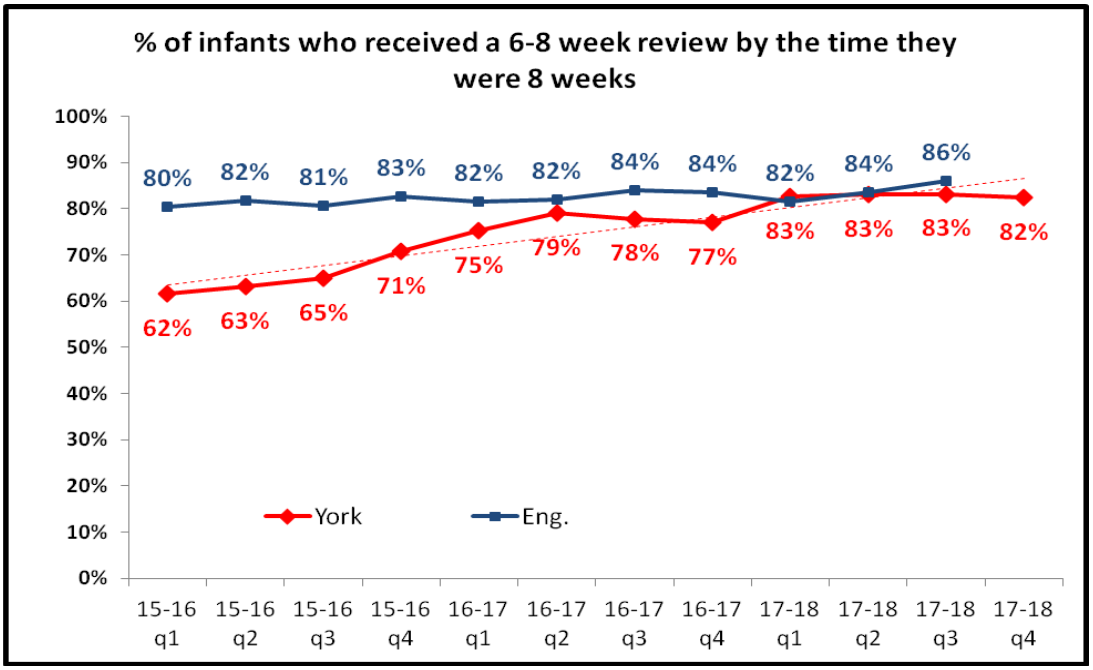
## Health visitor contacts in the first year of life

The % of new births in York who received a visit from a health visitor before 14 days has risen to 86% in q4 of 2017/18. The England average is 88%.

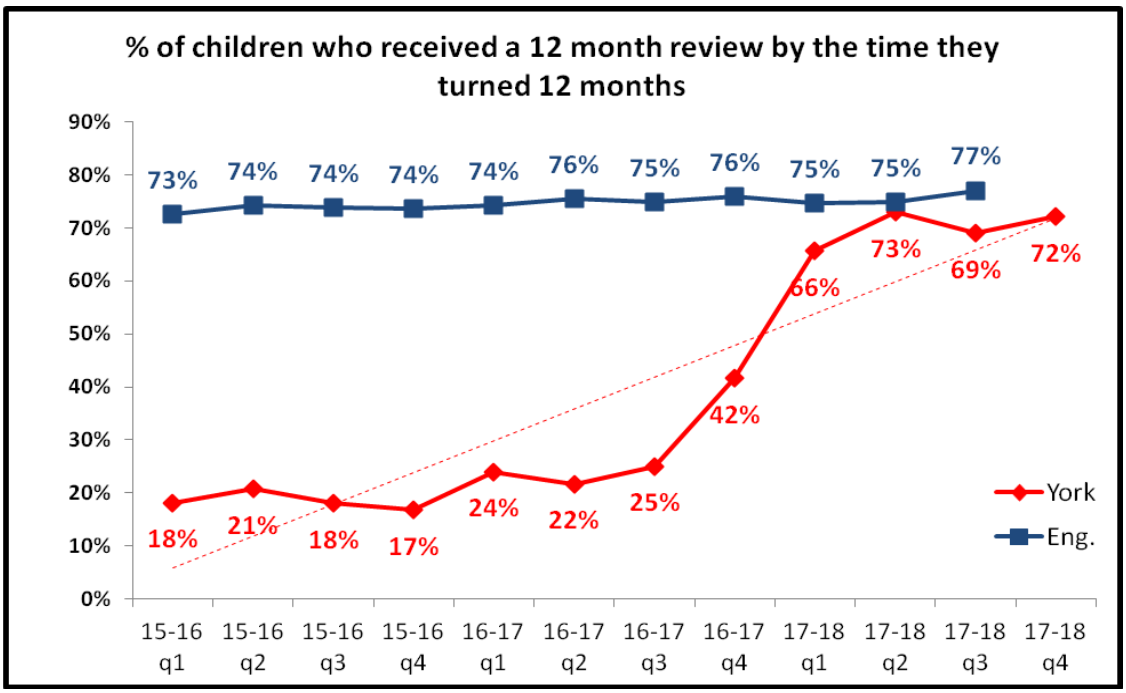



The % of infants who received a 6-8 week review by the time they were 8 weeks has risen to 82% in York against an England average of 86%.




The % of children who received a 12 month review by the time they turned 12 months has risen to 72% against an England average of 77%

ANNEX B




The raw numbers for the visits in the first year of life are shown in the tables below.

To reach the national average York would need:

- **12** more new birth visits done by 14 days
- **18** more 6-8 week visits done by 8 weeks
- **22** more one year visits done by 12 months

| Milestone Visit 2017/18 Q4 | Visit done on time | Visit done but not on time | Visit not done / not recorded | Total | To reach national average |
|---|---|---|---|---|---|
| **New Birth Visit** | 363 | 42 | 19 | 19 | + 12 |
| | **1911%** | **221.1%** | **100%** | **100%** | |
| **6-8 week visit** | 409 | 65 | 22 | 22 | + 18 |
| | **1859%** | **295.5%** | **100%** | **100%** | |
| **12 month visit by 12 months** | 330 | 39 | 88 | 88 | + 22 |
| | **375%** | **44.3%** | **100%** | **100%** | |

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| Indicator | York 2017/18 Q4 | | | Eng. 2017/18 Q3 % |
|---|---|---|---|---|
| | Num. | Den. | % | |
| % of births that receive a face to face new birth visit within 14 days by a HV | 363 | 424 | 85.6% | 88.4% |
| % of births that receive a face to face new birth visit after 14 days by a HV | 42 | 424 | 9.9% | 9.6% |
| % of births that receive a face to face new birth visit | 405 | 424 | 95.5% | 98.0% |
| % of infants who received a 6-8 week review by the time they were 8 weeks | 409 | 496 | 82.5% | 86.1% |
| % of children who received a 12 month review by the time they turned 12 months | 330 | 457 | 72.2% | 77.1% |
| % of children who received a 12 month review by the time they turned 15 months | 397 | 487 | 81.5% | 83.2% |

Further work is needed to help understand the coverage of health visitor contacts across the City:

- To continue to improve on data quality on SystmOne and methods of reporting to ensure that all health visitor activity is captured on the returns
- To use ward / LAT data to identify areas of the City where offer / uptake of visits is low.

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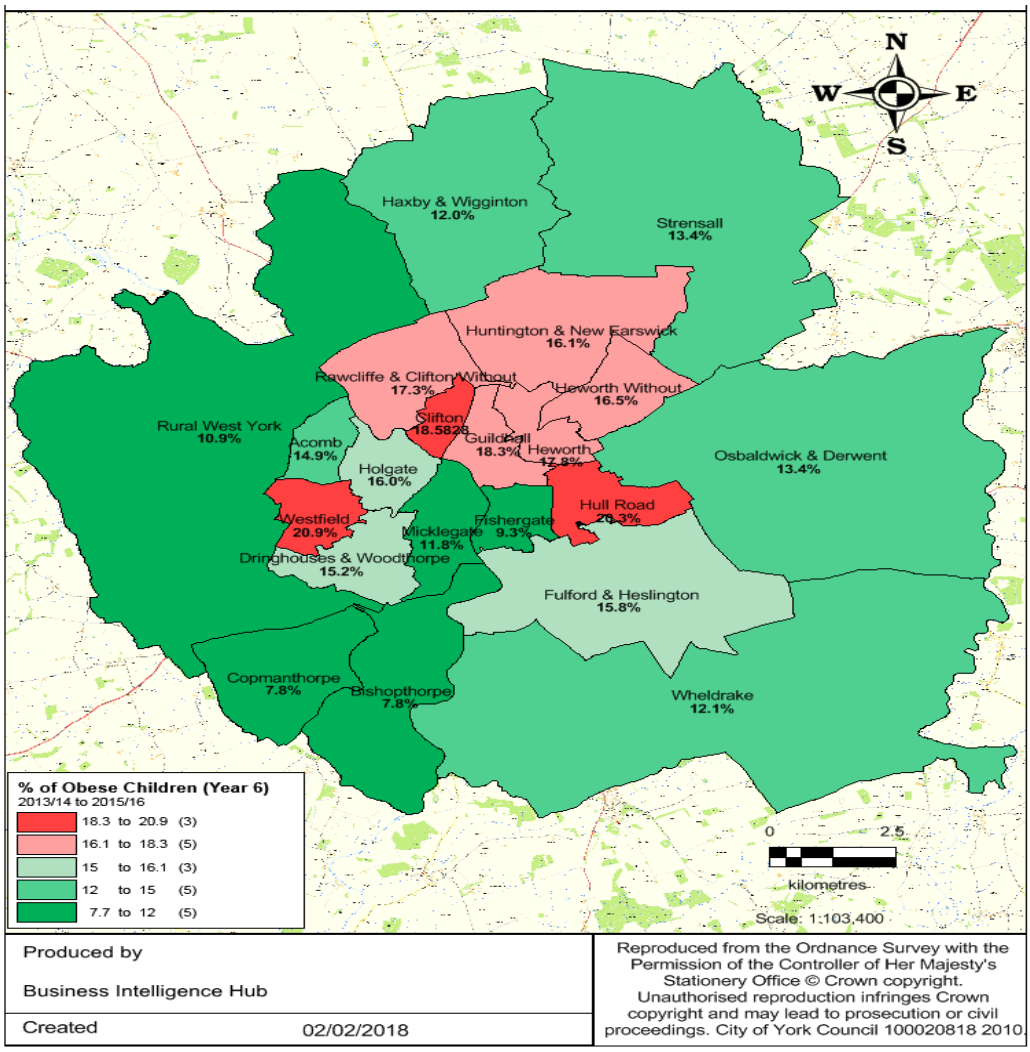
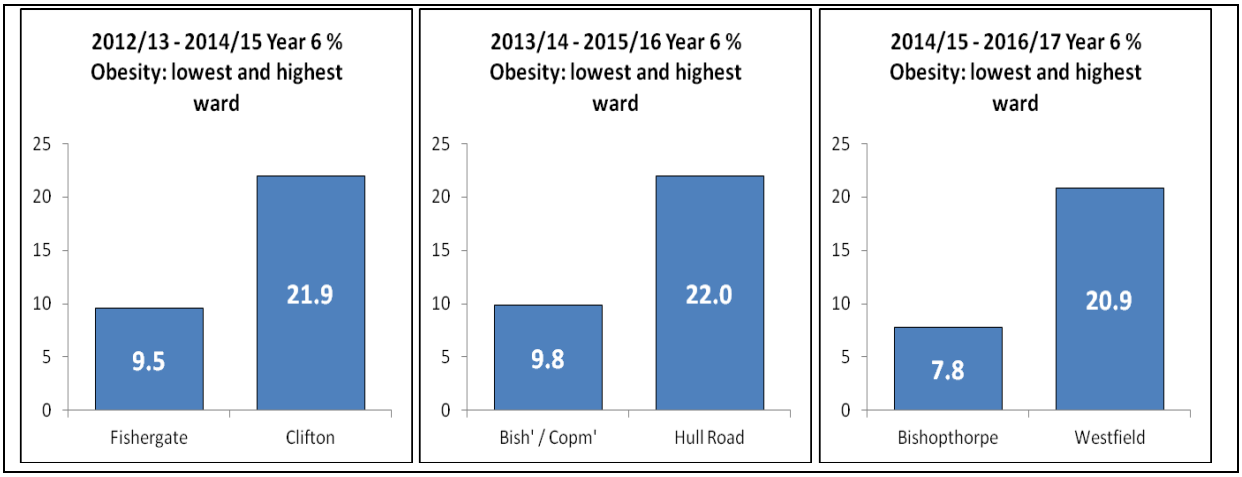
## Variation in obesity at ward level

The prevalence of year 6 obesity is 16.1% in York compared with 20% in England. Although Year 6 obesity rates are good for the city as a whole there is considerable variation by ward:  7.8% in Copmanthorpe to 20.9% in Westfield i.e. 2.5 times higher in most deprived compared to least deprived ward.




There tends to be a 12 to 13 percentage point gap between the ward with the lowest and highest Year 6 obesity rate

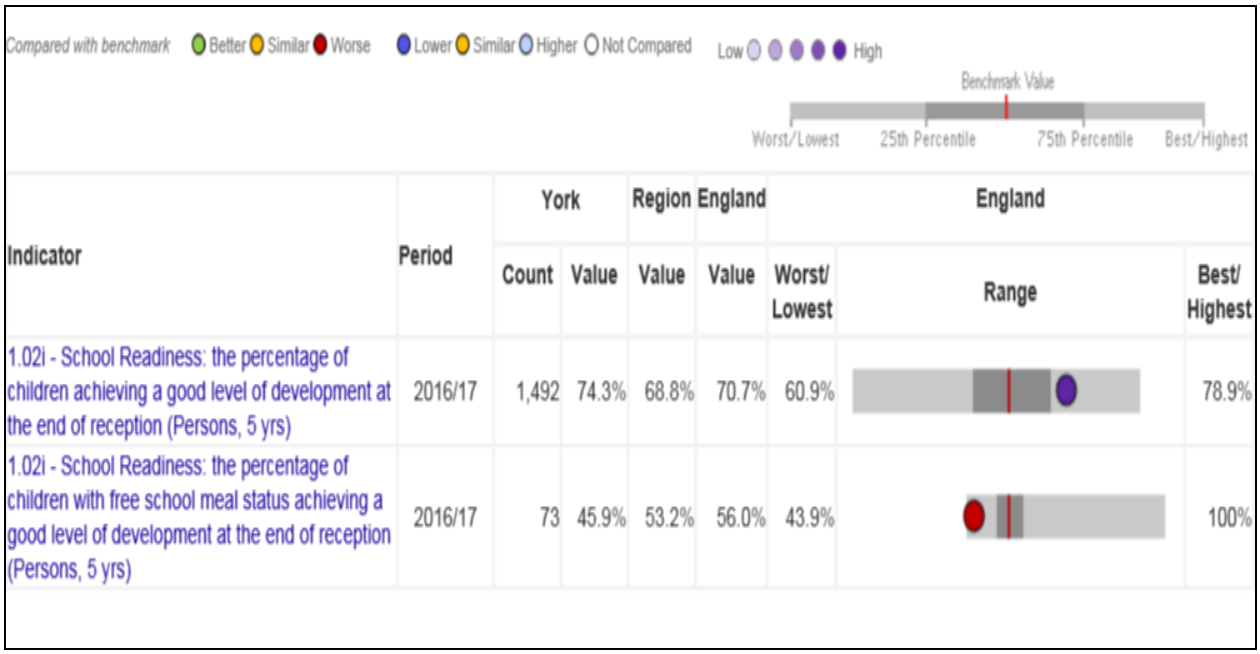
ANNEX B




## School readiness for the most vulnerable groups

### *Children achieving a good level of development at the end of reception*

School readiness for all reception age children in York (74.3%) is higher then the national average (70.7%). For children with free school meal status, the rate in York (45.9%) is lower than the national average (56%).

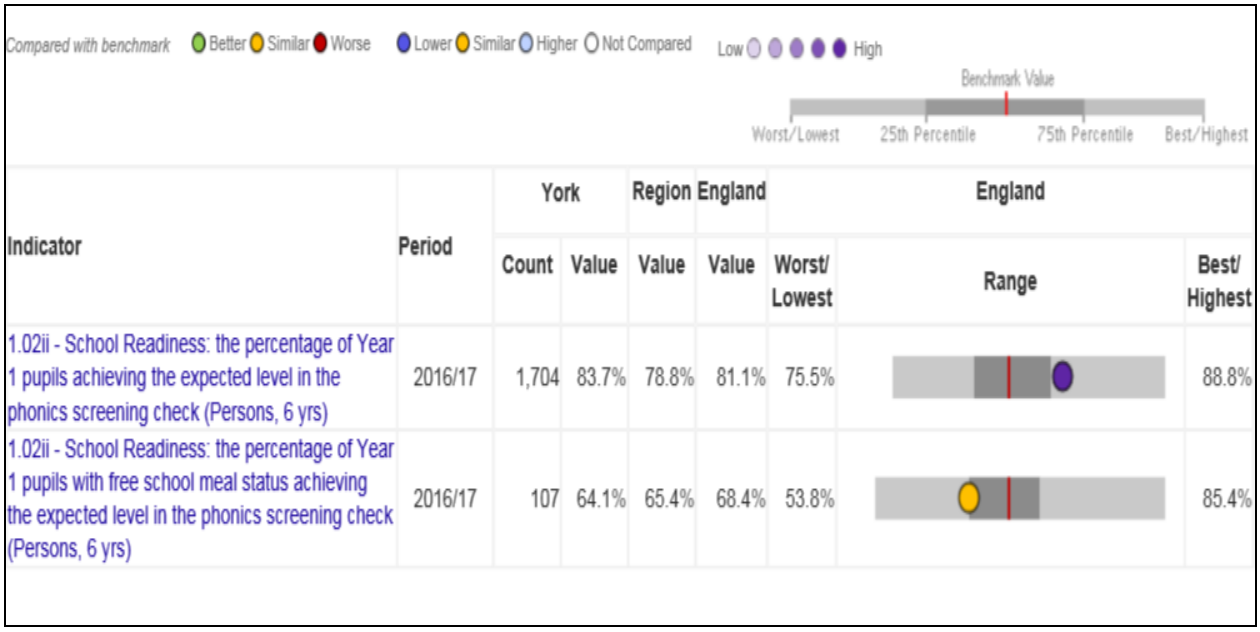



| Indicator | Period | York | | Region | England | England | | |
|---|---|---|---|---|---|---|---|---|
| | | Count | Value | Value | Value | Worst/ Lowest | Range | Best/ Highest |
| 1.02i - School Readiness: the percentage of children achieving a good level of development at the end of reception (Persons, 5 yrs) | 2016/17 | 1,492 | 74.3% | 68.8% | 70.7% | 60.9% | | 78.9% |
| 1.02i - School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception (Persons, 5 yrs) | 2016/17 | 73 | 45.9% | 53.2% | 56.0% | 43.9% | | 100% |

ANNEX B

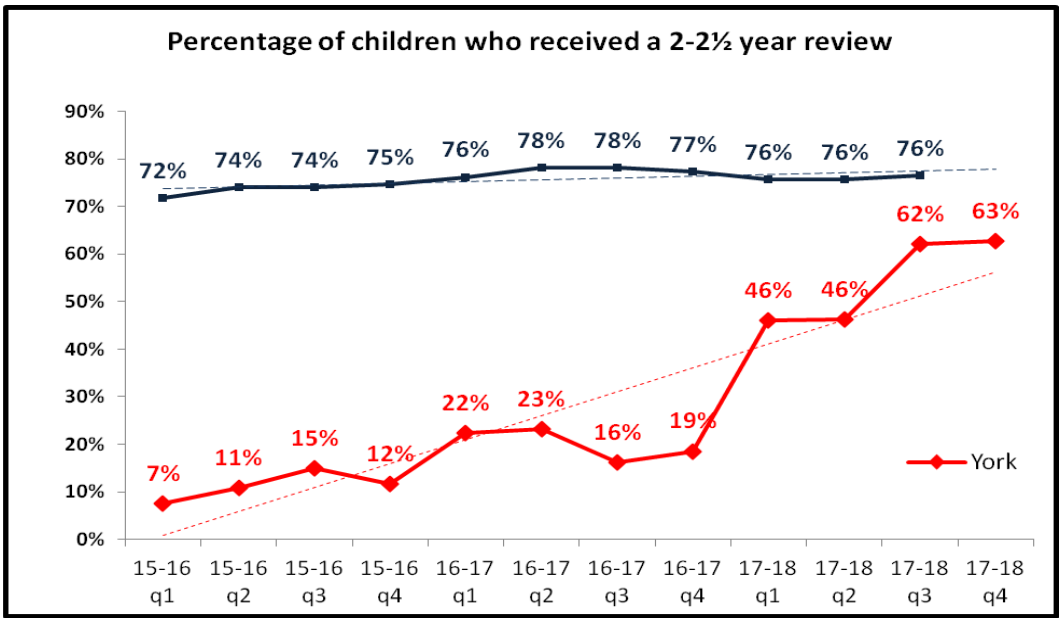
## *Children reaching the expected level in the Year 1 phonics screening check*

School readiness for Year 1 children (83.7%) is higher then the national average (81.1%). For children with free school meal status, the rate in York (64.1%) is lower than the national average (68.4%).




| Indicator | Period | York | | Region | England | England | | |
|---|---|---|---|---|---|---|---|---|
| | | Count | Value | Value | Value | Worst/ Lowest | Range | Best/ Highest |
| 1.02ii - School Readiness: the percentage of Year 1 pupils achieving the expected level in the phonics screening check (Persons, 6 yrs) | 2016/17 | 1,704 | 83.7% | 78.8% | 81.1% | 75.5% | | 88.8% |
| 1.02ii - School Readiness: the percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check (Persons, 6 yrs) | 2016/17 | 107 | 64.1% | 65.4% | 68.4% | 53.8% | | 85.4% |

The level of development for children is assessed at the 2.5 year review using the Ages and Stages Questionnaire. The % of children receiving these checks in York has increased recently.



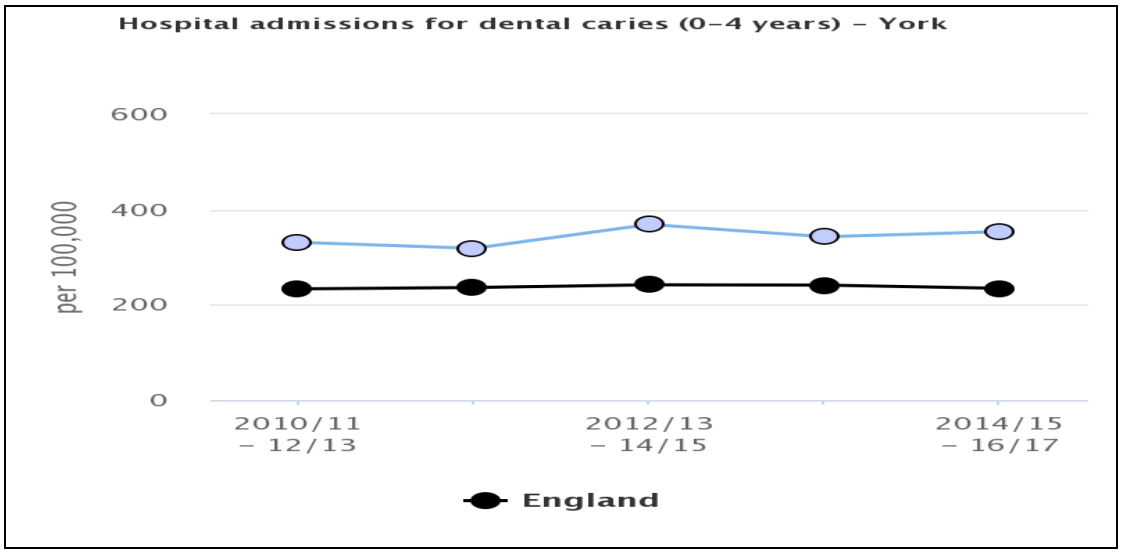
Depending on the issue and level of delay identified at the 2.5 year review a number of actions may be taken including:

- Short interventions using the WellComm (speech and language tool) or referral to SALT, audiology, ophthalmology, GP or Paediatrician.
- Home visits are carried out to identify if parenting capacity is an issue and/ or if parents require support to provide opportunities to aid development.
- Ongoing work is provided around parenting/ play/ developmental needs as indicated by the Health Visitor or Child Development worker.
- If the child is attending an early years setting, with parental consent we will link in with providers to ensure all interventions are appropriate and effective.

## Hospital admissions for tooth decay

### *Hospital admissions for tooth decay in children: 0-4*

The rate in York is fairly static but it is significantly higher than the national average.




### *Oral Health Survey of 5 years olds 2016/17*

The recently released data from the 2016/17 survey shows that York has a significantly lower % of children with one of more decayed , missing or filled teeth: York 15.9% v 23.3% in England.

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| Area | Value | Lower CI | Upper CI |
|---|---|---|---|
| England | 23.3 | 23.0 | 23.6 |
| Stockport | 27.2 | 21.8 | 33.4 |
| Worcestershire | 21.8 | 20.4 | 23.2 |
| Warwickshire | 21.6 | 19.3 | 24.0 |
| Cheshire West and Chest... | 20.7 | 16.5 | 25.7 |
| Warrington | 20.3 | 16.0 | 25.3 |
| Central Bedfordshire | 17.7 | 13.8 | 22.3 |
| York | 15.9 | 12.0 | 20.7 |
| Hertfordshire | 15.4 | 13.5 | 17.6 |
| Hampshire | 13.2 | 12.0 | 14.5 |
| Bracknell Forest | * | - | - |
| Cheshire East | * | - | - |

*Source: National Dental Epidemiology Programme for England: oral health survey of five-year-old children 2014/15 & 2016/17*

On only one of the 16 different indicators from the survey was York significantly worse than the national average (Percentage of children with substantial amounts of plaque visible). On the remainder York was similar to or better than the national average. For example:

•Average number of dentinally decayed (d3), missing due to dental decay (m) and filled (f) teeth (t)
York mean **better** the national mean (non significant difference).
•Average number of obvious untreated dentinally decayed teeth
York mean **better** the national mean (non significant difference).
•Average number of missing (extracted due to dental decay) teeth
York mean significantly below national mean (better)
•Average number of filled teeth
York mean **better** the national mean (non significant difference).
•Percentage of children with no obvious decay experience
York mean significantly above national mean (better)

An oral health needs assessment is being carried out at present and the rate of admissions to hospital for 0-4 year olds is being examined as part of this. An Oral Health Improvement Action Group has also been established to bring relevant partners together, across the city, to take forward any actions arising as part of the needs assessment.

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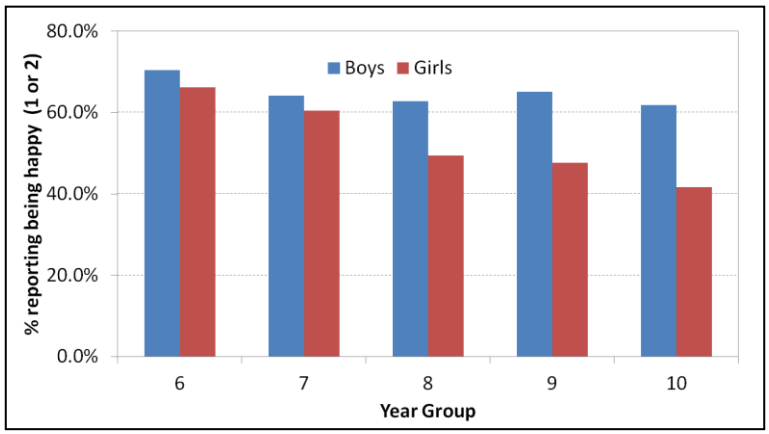
## Young People feeling safe, happy and able to cope

Data from the 2014 What About YOUth Survey (WAY) shows that 63.6% of 15 year olds in York reported positive life satisfaction. The national and regional averages were 63.8% and 65.2% respectively.

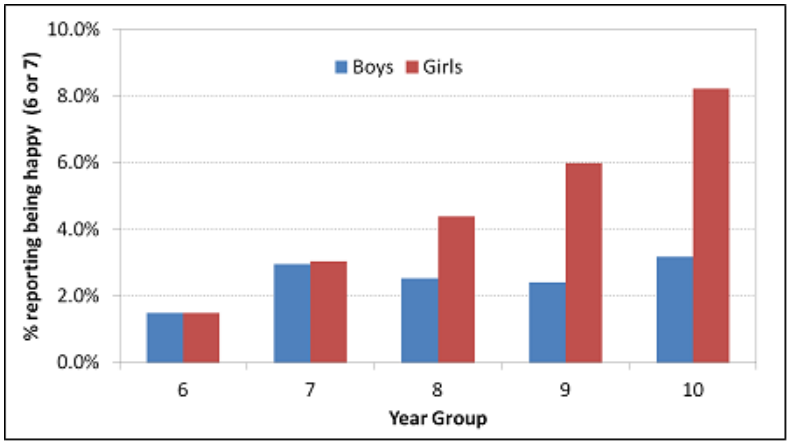
From the same survey a slightly lower % of 15 year olds in York reported a low level of life satisfaction (12.7%) compared with national and regional averages (13.7% and 13.1% respectively).

This survey data is not, however, broken down by gender. Unpublished data from a survey conducted in York in 2015 (Picture of Health) shows that self reported levels of happiness are lower in girls and fall between year 6 and year 10. Similarly unhappiness is higher for girls and rises between year 6 and year 10. These patterns can be seen in the self harm admission data presented in the JSNA inequalities report.

Levels of self-reported happiness




Levels of self-reported unhappiness



**Health and Wellbeing Board** 11 July 2018

Report of the Student Health and Wellbeing Network, Operations Manager, Higher York

## Student Health and Wellbeing: Progress Report on SHNA Outcomes

### Summary


1. The Student Health and Wellbeing Network was identified to lead on work to respond to findings from a Student Health Needs Assessment completed in 2017.

2. Higher York has provided leadership capacity to support the network and progress against this agenda.

3. Whilst The Student Health and Wellbeing Network has focussed on the health and wellbeing of adult students aged 18+ at Higher Education Institutions, both Further Education colleges in York are active members of the network. Whilst these institutions predominantly support young people, they do also have cohorts of adult students. In addition, it is recognised that the colleges are well placed to offer unique perspectives and contributions to the work of the network.

4. The Network has:

    - Been led and facilitated by Higher York
    - Provided a space for key stakeholders to focus on service provision from a multi-agency perspective
    - Enabled student support services to have a voice in a city-wide multi-agency setting
    - Developed an action plan to effectively support the needs of students across the city

- Provided a forum to raise, share, understand, and respond to existing and newly identified needs around students

- Allowed for open discussion and sharing of research between student service teams, health providers, student unions and the voluntary sector

**Background**

5. A Student Health Needs Assessment was completed in 2017 which provided a number of recommendations around improving the health and wellbeing of our local student population (further and higher education students). A local Student Health and Wellbeing Network group, led through Higher York, was identified as the key lead on work programmes to support student health and wellbeing. The Health and Wellbeing Board requested annual updates about the work of this group and this report provides an update on progress.

**Main/Key Issues to be Considered**

6. This update report is set across three sections:

   - Achievement against Health and Wellbeing Board (HWBB) expectations

   - Achievement against the Student Mental Health Network action plan

   - Future work required

   <u>Achievement against HWBB expectations:</u>

7. The Student Mental Health and Wellbeing Network has been established to develop a co-ordinated response to the student health needs assessment findings and to support student health and wellbeing within the City of York. The Network is facilitated and supported by Higher York and meets quarterly. Quarterly updates about the work of the Network are provided to the Higher York Board by the Chair of the Network meeting

8. The network has developed Terms of Reference and has membership from colleagues representing the city's four higher education providers, Student Unions, NHS and Tees Esk and Wear Valleys NHS Foundation Trust (TEWV) service providers, specialist voluntary and community groups.

9. In order to ensure achievement against some actions and areas of development, the network would benefit from more engagement with the statutory service sector and will review its membership and attendance requirements to ensure it has the most appropriate representation (in particular to strengthen links with NHS Vale of York Clinical Commissioning Group (CCG) and GP services)

10. The Network has been increasing its profile and is specifically identified within the University of York student wellbeing action plan as a forum to support student wellbeing

11. Both universities in the city are working closely with Student Minds, influencing and contributing to national policy and guidance around student mental health

12. Network partners have contributed to updated version of the York Healthwatch Guide to health and wellbeing services

13. Achievement against the Student Mental Health Network action plan

14. The Student Mental Health and Wellbeing Network has created an action plan (Annex A) based on needs as identified within the Student Health Needs Assessment (SHNA).

15. This action plan contains defined themes against need as per SHNA findings and is also aligned to individual organisation implementation plans

16. In developing the action plan, Network members decided to identify outcome measures as those that are relevant to each individual institution so there is a lack of clear, comparable outcome measures that are easily accessible.

17. There is perhaps a need to review, strengthen and coordinate / share standard outcome measures (where appropriate)

18. The Network has contributed to achievement of good outcomes against the themes of: Mental Health; Communication; Accessing Services; Integrated Approach to Wellbeing; Local Leadership and Partnership Working. These are identified in the action plan (Annex A).

Some examples of progress against action plan objectives include:

19. Investment into Student Support Services (SSS) to create hubs which enable tiered access points into support; creation of liaison roles to work between SSS and health and mental health care providers; reviews of referral routes to reduce waiting times; investment in staff training both within student services and the wider staff body.

    - Implementation of more accurate attendance registers which can be used to identify those students who may require additional support to achieve their academic learning objectives

    - Collaborative work between Samaritans, City of York Council and Higher York institutions to support the suicide prevention agenda

    - Successful bids for funding projects such as 'All About Respect' to reduce sexual violence and domestic abuse

    - Take up of suicide prevention training and shared training provision

    - Involvement with Children and Adolescent Mental Health Services (CAMHS) and through schools outreach work to support transition into university and colleges.

Future work required

20. The Network has agreed to run another student health needs assessment review during the 2019 / 2020 academic year. The structure and resources to complete this are yet to be defined by the Network

21. The Network will review the current action plan for gaps when compared to the SHNA, individual institution priorities, or Higher York priorities, and agree actions to contribute to the achievement of work. This might include work on:

    - Student preparedness for transition out of university

    - Provision of holistic approaches to wellness at organisational levels which might include: employee wellbeing; healthy places to work; and draw on work from sources like Universities UK and their work on the role of the academic

- Better understand and develop support arrangements that ensure inequalities within the entire student cohort are reduced e.g. postgraduate, PhD, international student cohorts

- The Network will continue its work to raise the 'Profile' of student health and wellbeing by having a voice into and engaging with existing partnerships such as Mental Health Partnership; Early Intervention Sub-Group

- Joining these approaches together by supporting each institution to access existing programmes such as the City Wide Volunteer Strategy

- The Network will consider how York's experience can influence the development of a national best practice charter for mental wellbeing recently proposed by the Universities Minister and how any such charter could be applied by partners

**Consultation**

22. Members of the Student Health and Wellbeing Network have had an opportunity to comment on and contribute to this update

**Options**

23. The HWBB are asked to note the content of this report and to:

    - Confirm how they wish to receive future updates

**Analysis**

24. There is no additional analysis required

**Strategic/Operational Plans**

25. The Student Health and Wellbeing Network supports the delivery of responses to the needs of students as identified within the Student Health Needs Assessment. It is facilitated and supported by Higher York and its objectives align to the Joint Health and Wellbeing Strategy 2017 – 2022 around starting and growing well; living and working well and mental health.

## Implications

26. As this is an update report, there are no policy implications to be noted.

## Risk Management

27. There are no risks associated with the recommendations

## Recommendations

28. The Health and Wellbeing Board are asked to consider:

- The content of this report and to support the ongoing work of the Student Health and Wellbeing Network

  Reason: The HWBB delegated responsibility to respond to the Student Health Needs Assessment to the Student Health and Wellbeing Network

- Approve receipt of an annual progress update in 1 year

  Reason: The HWBB need oversight and assurance of the work that is being done on its behalf in relation to student health and wellbeing

## Contact Details

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**Chief Officer Responsible for the report:**
Sharon Stoltz
Director of Public Health for City of York

**Report Approved** ✓ **Date** 02.07.2018

**Specialist Implications Officer(s)** None

**Wards Affected:** List wards affected or tick box to **All** ☑

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

**Background Papers:**
Student Health Needs Assessment 2017

**Annexes**
**Annex A** - Student Health – action plan plus evidence framework

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Annex A

## Student Health – action plan plus evidence framework

| Challenge | 3 key priorities | How demonstrate achieved? (Suggested)<br>***Measures should be determined by individual institutions.*** | Action undertaken by your organisation<br>***Please state which*: _____** |
|---|---|---|---|
| Mental health | Ensure students are able to access wellbeing support on key topics (including both mental health and wellbeing directly, plus wider determinants) in appropriate formats, particularly at significant times of the academic year | Measures to include:<br>- Attendance & access<br>- Engagement<br>- Impact on services | |
| | Ensure students have access to appropriate level of mental health support, recognising greatest need for low-level mental health support but an increasing need for complex support among minority of students | Include consideration of cut-off points and impact of such | |
| | Ensure key staff and students are trained to provide basic mental health support, and signposting to other services when required | Training could include: ELSA, mental health first aid, Safe Talk, ASIST<br>Identify key staff and appropriate level of training required | |
| Communication | Communicate the findings of the SHNA to students | Ensure most appropriate channels used (making best use of key influencers i.e. sabbatical officers)<br>Evidence of feedback from students on the results. | |

| | | | |
|---|---|---|---|
| | Ensure the student voice is included when making decisions regarding student health (including city-wide decisions) | Students or student representatives sitting on key organisational bodies.<br>Students consulted as part of city-wide consultations (e.g. Healthwatch surveys, local service reconfigurations). | |
| | Ensure clear signposting of existing services using methods most appropriate for student populations | Awareness levels<br>Use of services (services to identify student users) | |
| Accessing services | Make sure people are aware of where to access services in the first instance. | Measure student awareness of services.<br>Ensure visibility of signposting to other services to staff and students. | |
| | Ensure that pathways with institutions are clear and that all staff are able to refer students to the service they need. | Identify where/to whom students likely to present.<br>Ensure there are linked pathways between different support systems (e.g. health, incident reporting etc.). | |
| | Ensure pathways between agencies are clear to both students and organisation staff. Where pathways are not clear, undertake work to improve these. This should include transitional pathways (e.g. child to adult services, home/university services). | Ensure there are documented local protocols regarding referral routes, particularly between mental health services.<br>Providing advice regarding service transitions, including before students start their course.<br>Recognise (and mitigate where possible) issues presented by transience of students, who need access to healthcare in both home and study locations. | |

| | | | |
|---|---|---|---|
| Integrated approach to wellbeing | Institutions should demonstrate an ongoing commitment to health and wellbeing in their strategy/institutional values. | Inclusion of health and wellbeing of students and staff in strategy/institutional values. | |
| | Follow 'healthy university' approach by integrating health and wellbeing across all parts of university/college life, recognising that academic achievement and wellbeing are linked. | Relevant institutions to be part of the 'healthy university' network, with representatives attending biannual meetings.<br>Application of the Healthy Universities toolkit (e.g. self-review tool) for benchmarking and improvement. | |
| | Schools to include wellbeing in preparation for further/higher education, with outreach and WP activity including aspects of integrated wellbeing | Demonstrate involvement in local schools regarding university/college preparedness.<br>Increase volunteering opportunities for students to work with school pupils. | |
| Local leadership and partnership working | The city's Health and Wellbeing board to show an ongoing commitment to student health by developing a student health charter for local stakeholders to sign up to. | Supporting the student health and wellbeing forum by ensuring representation at meetings.<br>Stategic commitment to repeat health needs analysis every two years.<br>Demonstrate work done to implement recommendations highlighted in SHNA. | |
| | Institutions to actively involve external agencies through collaborative projects, and promoting specialist services across the city. | Attendance of external agencies at Fresher's fairs, health and wellbeing days etc.<br>Ensure key local agencies aware of referral pathways and institutional protocol.<br>Materials from external agencies on | |

| | | | |
|---|---|---|---|
| | | websites, in student unions etc. | |
| | Commit to sharing good practice between institutions and key stakeholder in voluntary and health sectors at least annually at a local level, contributing to national work where possible. | Annual conference/seminars through York Student Health and Wellbeing group. Demonstrate feedback of good practice nationally e.g. through presentations/papers to Universities UK, AMOSSHE and other national bodies. | |

**Health and Wellbeing Board** **11 July 2018**

Report of the Director of Public Health

## Health Protection Assurance

### Summary

1. This report provides an update on health protection responsibilities within City of York Council and builds on the report from November 2016.

2. Health and Wellbeing Boards are required to be informed and assured that the health protection arrangements meet the needs of the local population.

### Background

3. The scope of health protection is wide ranging. The system responsibilities for Health Protection are outlined in Annex 1. The scale of work undertaken by local government to prevent and manage threats to health will be driven by the health risks in the Local Authority area and includes:

- National programmes for vaccination and immunisation
- National programmes for screening, including those for antenatal and newborn; cancer (bowel, breast and cervical); diabetic eye screening and abdominal aortic aneurism screening
- Management of environmental hazards including those relating to air pollution and food
- Health emergency preparedness and response, including management of incidents relating to communicable disease (e.g. TB, pandemic flu) and chemical, biological, radiological and nuclear hazards

- Infection prevention and control in health and social care community settings

- Other measures for the prevention, treatment and control of the management of communicable disease as appropriate and in response to specific incidents.

4. Since the last report Public Health England, North Yorkshire and the Humber Screening and Immunisation Team have established a Screening and Immunisation Local Improvement Plan (SILIP). This has highlighted a number of areas where CCGs and Local Authorities will work together to improve rates.

5. These include:

- Improve the uptake of shingles vaccination in the eligible cohort
- Improve uptake of seasonal flu in 2 and 3 year olds and at risk individuals aged 6 months to 2 years
- Improve uptake in catch up cohorts of MenACWY[1] immunisation
- Halt the decline in uptake in women at first appointment cervical screening
- Improve bowel screening in GP practices below the national target
- Improve the uptake of maternal vaccination
- Improve the uptake of second dose MMR.

6. In collaboration with NHS Vale of York Clinical Commissioning Group (CCG) we are reviewing the Infection, Prevention and Control arrangements within the city. This review will provide assurance that the arrangements in place are fit for purpose and provide recommendations for future provision.

7. North Lincolnshire Council, on behalf of the region, are organising a table top health protection emergency exercise where we will be able to test out our outbreak plan. Representatives from the CCG, York Teaching Hospital NHS Foundation Trust, Education and Higher York will be invited as the scenario is around a Meningitis outbreak in an educational setting.

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[1] This **vaccine** gives protection against four types of meningococcal disease caused by groups A, C, W and Y (MenA, MenC, MenW and MenY). Meningococcal disease is a major cause of meningitis and septicaemia. The **MenACWY vaccine** is given to teenagers in the UK as part of the routine NHS schedule.

**Update from previous report.**

8. In the November 2016 report to the Board the following areas were noted as requiring improvement:

- *Uptake of seasonal flu vaccination in eligible groups is significantly lower in York compared to the England average for individuals 'at risk' and in people aged over 65.* This is well below the national target for the current year in 2 and 3 year olds and at risk individuals aged 6 months to 65 years.

| **2017/18 Season: Feb 2018 ImmForm Data (data in Brackets is 2016/17 season)** | | | | | |
|---|---|---|---|---|---|
| | **Age 2** | **Age 3** | **6 months to 2 years (at risk)** | **At risk under 65's** | **Over 65's** |
| **Vale of York CCG** | 50.8% (42%) | 52% (44.6%) | 16.3% (25%) | 49.6% (47.6%) | 74.60% |
| **National Average** | 42.8% (38.9%) | 44.2% (41.5%) | 19.5% (21.0%) | 48.9% (48.6%) | 72.60% |
| **National Target (2017/18)** | 40-60% | 40-60% | >55% | 55% | 75% |
| **National Target 2018/19** | 48% | 48% | 55% | 55% | 75% |

- This target forms part of the SILIP and targeted interventions within GP practices, especially those with the lowest coverage rates, have been agreed. Health Visitors within the Healthy Child Programme will also be briefed to ensure that every contact counts.

- *Uptake of bowel cancer screening which is lower than the England average.* Latest data from PHE shows that all CCGs in North Yorkshire and the Vale of York have screening rates above the national average but still below the target of 75%. There is also work to develop a cancer screening group and Bowel cancer is one of the key targets in the SILIP.

| **Bowel Cancer 2016/17 persons aged 60-74 screened in the last 2.5 years.** | | **2015 (for comparison)** |
|---|---|---|
| Vale of York CCG | 60.50% | 57.10% |
| England | 59.10% | 57.10% |
| York | 58.80% | 51.50% |
| National Target | 75% | 75% |

- *The detection rate for Chlamydia in 15 to 24 year olds is below the national average*. According to 2017 data this trend has been reversed and the proportion screened in York is above the national average as is the detection rate. In York the detection rate is 1,985 per 100,000 15-24 year olds, where as the England average is 1,882. The national target is 2,300 per 100,000 15-14 year olds.

- *Although overall numbers are low, York has a higher than national average infection rate for HIV, genital warts and genital herpes.* Unfortunately rates of Genital Herpes and Warts remains high in York and above the National average with rates of Genital Herpes increasing slightly in 2016/17.

| **2017 rate (per 100,000) of Genital Herpes and Genital Warts.** | | |
|---|---|---|
| | Genital Warts | Genital Herpes |
| York | 142.1 | 74.4 |
| England Average | 103.9 | 56.7 |

- Late diagnosis of HIV remains a concern but the number of late diagnoses in York has reduced which is following the England trend. Over the three year period 2014/16 (Latest data available) York had 50% of HIV cases with a late diagnoses; the England average is 40%. However the data appears to be flawed as 9 HIV cases are unaccounted for and we do not know if these were late or not. PHE have noted that further work will be undertaken by them to review the data on late diagnoses and have suggested that greater depth of understanding is more likely to be gained through a root cause analysis type approach for individual cases.

**Main/Key Issues to be Considered**

9. Performance against health protection outcomes, including immunisation and screening, is reported through the Public Health Outcomes Framework. The Public Health Outcomes Framework (PHOF) is a national set of indicators, set by the Department of Health and used by local authorities, NHS and Public Health England to measure public health outcomes. It is regularly updated and is available at www.phoutcomes.info

10. Areas where York has good outcomes include:

- Childhood immunisation uptake rates are all similar or better than the England average

- Uptake of screening for breast and cervical cancer, and abdominal aortic aneurysm screening (AAA) is similar or better than the England average.

- Healthcare-associated infections can develop either as a result of healthcare interventions such as medical or surgical treatment or from being in contact with infection in a healthcare setting. This covers a range of infections with the most well known being caused by methicillin-resistant Staphylococcus Aureus (MRSA) and Clostridium difficile (C.diff).

| HCAI by CCG 2016/17 | | |
|---|---|---|
| | **MRSA** | **C.Diff.** |
| **VoYCCG** | 2.5 | 17.1 |
| **National Average** | 1.5 | 23.4 |
| Rate per 100,000 | | |

- Public Health is now part of the Post Infection Review team led by the CCG; this multi disciplinary team reviews individual cases of HCAI and investigates the clinical pathways followed and looks for lessons learned and makes recommendations for improvements.

**Consultation**

11. No consultation has taken place. The Health and Wellbeing Board is required to receive an assurance report. However the Vale of York CCG and Public Health England contributed to the production of the report.

**Options**

12. There are no options. The Health and Wellbeing Board is required to receive and note the assurance of health protection arrangements for the local population.

**Analysis**

13. This report forms part of the governance arrangements to provide the Health and Wellbeing Board with assurance that the health protection responsibilities are assured and good outcomes are maintained and poor performance is addressed.

**Strategic/Operational Plans**

14. The report directly relates to the Council Plan 2015-19 priorities:

- ‘A prosperous city for all’
- ‘A focus on frontline services’

**Specialist Implications**

15. There are no specialist implications from this report.

**Risk Management**

16. There are no risks from this report.

**Recommendations**

17. The Health and Wellbeing Board is asked to:

- Receive the report and note the content

- The previous report recommended the establishment of a local Health Protection Committee to support a multi-agency approach to addressing health protection issues for the City of York to be led by the Director of Public Health. Some progress has been made on establishing this and the inaugural meeting will take place later this year.

Reason: To assure the Health and Wellbeing Board that health protection measures are in place

**Contact Details**


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**Report Approved** ✓ **Date** 28/06/2018

**Specialist Implications Officer(s)**
Not applicable

**Wards Affected:** **All** ✓

**Annexes**
**Annex 1** – System responsibilities for health protection

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# Health Protection Assurance

July 2018.

## Annex 1

## System Responsibilities for Health Protection

The Secretary of State for Health has the overarching duty to protect the health of the population.

From 1 April 2013, the NHS reforms arising from the Health and Social Care Act 2012, transferred health protection responsibilities to the following organisations:

- Public Health England (PHE) brings together a wide range of public health functions and is responsible for delivering the specialist health protection response to incidents and outbreaks
- NHS England (NHSE) is responsible for the commissioning and implementation of national screening and immunisation programmes across Yorkshire and Humber
- NHS England is responsible for the co-ordination and support for the Local Health Resilience Partnership (LHRP), which along with preparedness, co-ordinates any NHS multi-agency response to an emergency. The local authority Director of Public Health is co-chair of the LHRP. City of York Council is represented by the Director of Public Health for North Yorkshire County Council who fulfils this role for both local authorities currently.
- The Vale of York Clinical Commissioning Group is responsible for commissioning treatment services where this is required as part of a strategy to control communicable disease.

## City of York Council Responsibilities.

City of York Council, in addition to existing responsibilities for environmental health and emergency planning, is responsible for commissioning sexual health services and is an associate commissioner for community infection and prevention control service provision e.g. in Care Homes

The Council has a statutory duty under the Health and Social Care Act 2012 and associated regulations, to provide information and advice to relevant organisations and to the public and has an oversight function to ensure that all parties discharge their roles effectively for the protection of the local population. This duty is discharged through the Director of Public Health.

The City of York Council Director of Public Health is a member of the North Yorkshire Health Protection Board whose remit is to seek assurance regarding outcomes and arrangements relating to most aspects of health protection for residents in North Yorkshire and York.

The Director of Public Health is also a member of the Yorkshire and Humber Directors of Public Health, Health Protection Assurance Group. The membership of this group includes Public Health England and NHS England colleagues and provides oversight of the screening and immunisation programmes commissioned by NHSE as well as general assurance across the public health system.

**Health and Wellbeing Board** 11 July 2018
Report of the Assistant Director - Joint Commissioning, (BCF Lead) NHS Vale of York Clinical Commissioning Group and City of York Council

## Better Care Fund Update

### Summary

1. This report is for information. It sets out the following:

- An update on the Better Care Fund (BCF).

### Background

2. The Health and Wellbeing Board has received regular reports from the Better Care Fund Performance and Delivery Group. These reports have previously informed the board of planning requirements and assurance processes for the 2017-19 period. This report includes an update on the current position.

### Main/Key Issues to be Considered

### Better Care Fund Quarterly Returns – governance and assurance

3. The quarterly returns for BCF and iBCF (Improved Better Care Fund) were submitted in line with requirements, covering Q3 and Q4 of the 2017-18 Plan.

4. The returns require a self-assessment of the area's progress on the High Impact Change Model. (Model Attached for information at **Annex 1**).

5. As a result of this self assessment in Q3, York BCF was invited to bid for one-off monies, and was awarded £63k in February 2018 to accelerate implementation of 7 day working, weekend discharges and Discharge to Assess. This funding enabled York to bring forward plans for additional staff at weekends in the Discharge

Liaison Team and Reablement Management, and provide additional therapy input to step down beds. These had been scheduled to begin in the 2018-19 year.

6. The 2017-18 Quarter 4 return was due for submission on 20th April. As a result of this timing, the quarterly return relied on forecasts and provisional data for the performance targets.

7. Performance had continued to improve on the range of measures in the national health and social care dashboard. However, York has not met the annual target on Non Elective Admissions (NEA) in spite of some improvement, and was not on track to achieve target that only 3.5% of all occupied bed days were caused by Delayed Transfers Of Care (DTOC). Acute DTOC have reduced, but non-acute have increased. Mental Health delays represented 38% of DTOC in York, mostly linked to a small number of older people with complex care needs and dementia who are delayed for longer, awaiting alternative care and support.

8. Provisional figures suggest a more significant improvement in Reablement outcomes.

9. The Q4 self-assessment of our progress on implementation of the 8 High Impact Changes and our progress towards integration demonstrated progress on the previous quarter.

10. At the time of writing York's outturn position remains provisional, in that NHSE publishes final results in September each year. However, our working outturn position on the BCF Dashboard is attached at **Annex 2.**

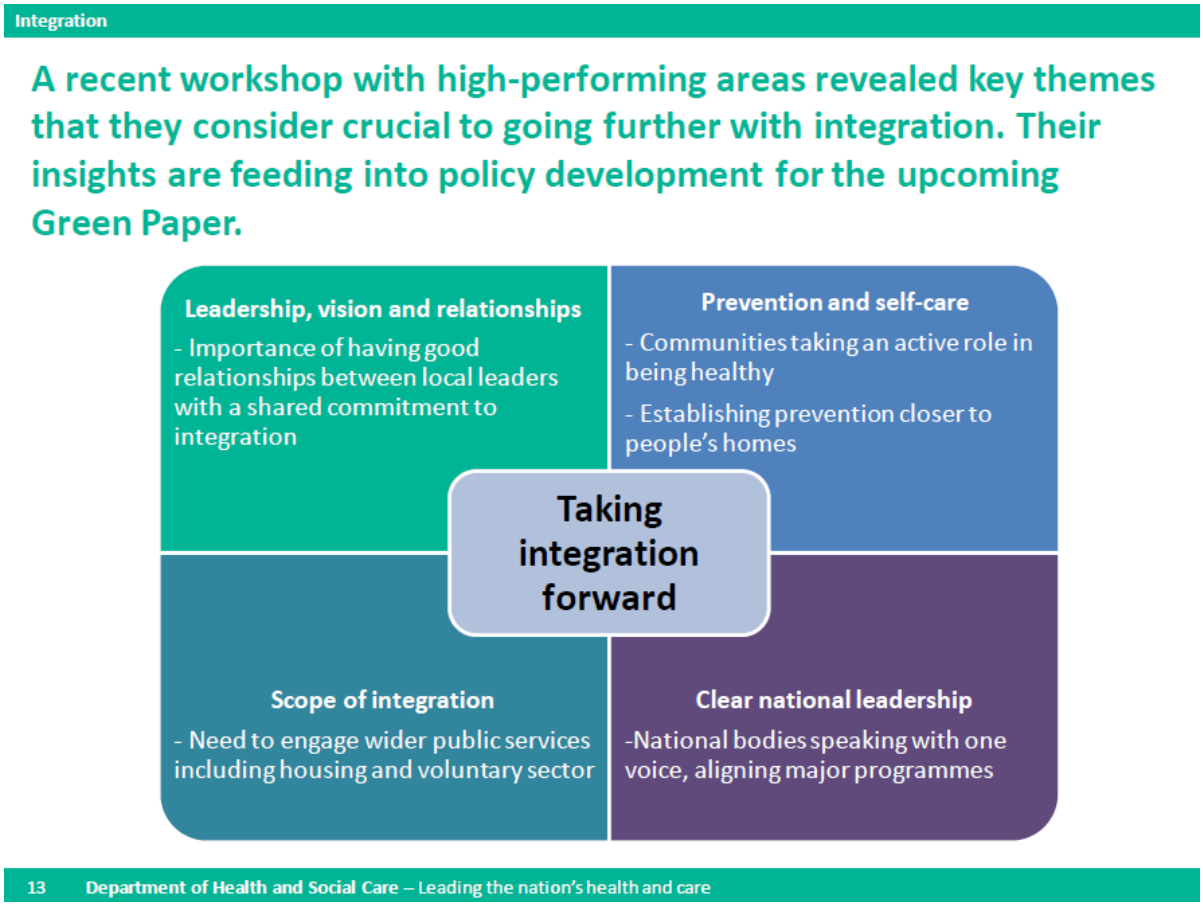
## 2018-19 Targets

11. We have received an indication of our performance targets for 2018-19, which continue the strong focus on DTOC, but will also press us to improve our proportion of weekend discharges and implementation of the High Impact Change Model.

12. The Council has been notified that HM Government will place conditions on the use of iBCF in York, based on our performance on DTOC. We currently expect that the plan in place will meet those conditions without alteration, as they focus on reducing pressure on the NHS.

## Integration - National BCF Event and Green Paper

13. In March, the BCF Lead attended the NHSE national event "Shaping the future Health and Social Care – Learning from BCF 2017-19" event with the regional Better Care Support manager (Jenny Sleight). The day included an opportunity to provide feedback to NHSE on this year's BCF assurance process. There was also an indication of the focus of the forthcoming Green Paper on health and social care integration. The DHSC illustration below depicts the factors seen as critical to integration of Health and Social Care.




[Peter Howitt, DHSC, March 2018]

14. In a speech on 20 March 2018, the Health and Social Care Secretary of State, Jeremy Hunt, outlined "the seven key principles that will guide our thinking ahead of the Green Paper", namely:

- quality and safety embedded in service provision
- whole-person, integrated care with the NHS and social care systems operating as one
- the highest possible control given to those receiving support
- a valued workforce
- better practical support for families and carers
- a sustainable funding model for social care supported by a diverse, vibrant and stable market
- greater security for all – for those born or developing a care need early in life and for those entering old age who do not know what their future care needs may be.

15. On the 18th of June the secretary of Health and Social Care made a statement following the Prime Minister's announcement on future funding plans for the NHS. In his statement, he reiterated the importance of the full integration of health and social care and the role of the Better Care Fund. This highlights that the Better Care Fund continues to hold a unique position of bringing local partners together to agree their plans for integrating health and social care.

16. The Secretary of State also announced that the Green paper will be delayed until the autumn. A full briefing from the House of Commons Library, dated 27th June 2018, is available at:

https://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-8002

**Integration – local perspective**

17. The Better Care Fund Performance and Delivery Group has re-launched the BCF programme at a multi agency event on 3rd May, which brought together system leaders, members of the delivery group, scheme providers and external speakers, including the Better Care Support Manager for our region.

18. The focus of this event was to bring stakeholders together to share our understanding of the purpose of BCF (policy intention) and to explore how we can use BCF to transform our system, and improve outcomes for people. The final element of the day was a workshop

discussion on how integration will develop in York. One of the BCF National Conditions is to integrate health and social care by 2020.

19. There is a strong consensus among stakeholders who took part that the York approach is focused on prevention, collaboration and building community capacity and individual resilience. This will enable the shift away from a hospital centric system to one where support is joined up around people who need it. There is no clear appetite for structural, re-organisation as a means towards integration, although there is recognition that some services should join up at the front line to achieve better outcomes and be more efficient.

20. The BCF Performance and Delivery Group has confirmed the commitment to expand Local Area Co-ordination to more areas of York, as a key plank in the prevention programme.

**Performance Framework**

21. During May and June, York BCF Performance and Delivery Group has made significant progress on the development of the BCF Performance Framework. We are now able to interrogate performance against the 6 Key Performance Indicators of the NHS and social care dashboard, and align this to investment (commitment and expenditure) and the activity delivered by schemes. It should be noted that there is no direct 'cause and effect' link between the national KPIs in the BCF framework (such as DTOC, non-elective admissions or Reablement) and any one specific scheme. However, we are starting to be able to gauge our overall performance in the context of how well the schemes are delivering against their plans.

22. As part of the refreshed BCF Performance Framework, the re-launch event was followed at the end May by the annual evaluation and development sessions. This was the first year in which we tried a new approach, bringing together schemes in clusters to present to each other on their work, the achievements and challenges from the past year, and to share data on performance. This collaborative approach enabled partners to form new relationships, share the learning from local experience, identify service improvements and explore areas for further investment or joint working.

23. Participants in these sessions were unanimous about the value of meeting and discussing issues together, enabling new connections to be made and relationships formed.

24. An additional benefit from these sessions has been the refresh of the plans on a page, which provide a detailed picture of how each scheme is delivering their activity and the outcomes achieved.

25. The framework includes a quarterly performance report to the BCF Performance and Delivery Group.

**Consultation**

26. None.

**Options**

27. Not applicable.

**Analysis**

28. Not applicable.

**Strategic/Operational Plans**

29. As above:

- Integration and Better Care Fund Plan

**Implications**

30. There are no new implications as a result of this report. While formal conditions may be placed on York's use of the iBCF, this will not result in any loss of income, and there is currently no expectation that the plan will not be compliant with the requirements of these conditions (see paragraph 12 above).

**Risk Management**

31. Risks which have been previously reported to the board in relation to BCF remain relevant.

**Recommendations**

32. The Health and Wellbeing Board is asked to note this report.

Reason: To keep the Health and Wellbeing update in relation to the BCF

**Contact Details**

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| | **Report Approved** ✓ **Date** 03.07.2018 |

**Specialist Implications Officer(s)** None

**Wards Affected:** **All** ✓

**For further information please contact the author of the report**
**Background Papers:**

**Annexes**

Annex 1 – High Impact Change Model
Annex 2 – BCF National Metrics – outturn 2017-18

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# High Impact Change Model

# Managing Transfers of Care

# HIGH IMPACT CHANGES FOR MANAGING TRANSFERS OF CARE

- Ensuring people do not stay in hospital for longer than they need to is an important issue – maintaining patient flow, having access to responsive health and care services and supporting families are essential.

- We learnt valuable lessons from the Health and Care system across the Country last winter about what works well and we have built those into a High Impact Change model .

- This model has been endorsed in a joint meeting between local government leaders and Secretaries of State for Health and for Communities and Local Government in October.

- We know there is no simple solution to creating an effective system of health and social care, but local government , the NHS and Department of Health are committed to working together to identifying what can be done to improve our current ways of working.

## A number of practical tools compliment the high impact changes for reducing transfers of care

- **NHS High Impact Changes :** Guidance for SRGs
- **Winter Pressures** : A Guide for Council Scrutiny
- **Safer, Better, Faster** : ECIST good practice guide
- **NHS England Quick Guides:** Solutions to common issues

**It may also be helpful to consider:**

- **Role of the Health and Wellbeing Board :** Oversight and system leadership
- **Mental Health :** Access to services and accommodation
- **Voluntary sector** : Capacity and capability
- **Telehealth and Telecare** : supporting people to remain independent

**Working with local systems, we have identified a number of high impact changes that can support local health and care systems reduce delayed transfers of care…**

**Change 1 : Early Discharge Planning.** In elective care, planning should begin before admission. In emergency/unscheduled care, robust systems need to be in place to develop plans for management and discharge, and to allow an expected dates of discharge to be set within 48 hours.

**Change 2 : Systems to Monitor Patient Flow.** Robust Patient flow models for health and social care, including electronic patient flow systems, enable teams to identify and manage problems (for example, if capacity is not available to meet demand), and to plan services around the individual.

**Change 3 : Multi-Disciplinary/Multi-Agency Discharge Teams, including the voluntary and community sector.** Co-ordinated discharge planning based on joint assessment processes and protocols, and on shared and agreed responsibilities, promotes effective discharge and good outcomes for patients

**Change 4 : Home First/Discharge to Access.** Providing short-term care and reablement in people's homes or using 'step-down' beds to bridge the gap between hospital and home means that people no longer need wait unnecessarily for assessments in hospital. In turn, this reduces delayed discharges and improves patient flow.

**Change 5 : Seven-Day Service**. Successful, joint 24/7 working improves the flow of people through the system and across the interface between health and social care, and means that services are more responsive to people's needs.

**Change 6 : Trusted Assessors.** Using trusted assessors to carry out a holistic assessment of need avoids duplication and speeds up response times so that people can be discharged in a safe and timely way.

**Change 7 : Focus on Choice.** Early engagement with patients, families and carers is vital. A robust protocol, underpinned by a fair and transparent escalation process, is essential so that people can consider their options, the voluntary sector can be a real help to patients in considering their choices and reaching decisions about their future care.

**Change 8 : Enhancing Health in Care Homes.** Offering people joined-up, co-ordinated health and care services, for example by aligning community nurse teams and GP practices with care homes, can help reduce unnecessary admissions to hospital as well as improve hospital discharge.

**We have developed this tool as part of our winter resilience sector led improvement programme**

- The 8 changes which are outlined have been developed through last year's Helping People Home Team's work (a joint DH, DCLG, NHS England, ADASS and LGA programme).

- They have also been tested within a number of local systems that the Emergency Care Intensive Support Team (ECIST) have worked with.

- Given the pressures on local health and care systems, especially around patients flow and discharge, we want to support local systems with practical support.

- This tool has been developed at pace with some co-design to help local systems over this winter. It is  to encourage  areas to consider new interventions for this winter, but also to assess how effective current systems are working.

- Support on how to implement any of these changes is on offer from the ECIST and the LGA Care and Health improvement Advisors.

# Changes

**Change 1: Early Discharge Planning.** In elective care, planning should begin before admission. In emergency/unscheduled care, robust systems need to be in place to develop plans for management and discharge, and to allow an expected dates of discharge to be set within 48 hours.

| Not yet established | Plans in place | Established | Mature | Exemplary |
|---|---|---|---|---|
| Early discharge planning in the community for elective admissions is not yet in place. | CCG and ASC commissioners are discussing how community and primary care coordinate early discharge planning. | Joint pre admission discharge planning is in place in primary care . | GPs and DNs lead the discussions about early discharge planning for elective admissions | Early discharge planning occurs for all planned admissions by an integrated community health and social care team. |
| Discharge planning does not start in A+E | Plans are in place to develop discharge planning in A+E for emergency admissions | Emergency admissions have a provisional discharge date set in within 48hrs | Emergency admissions have discharge dates set which whole hospital are committed to delivering | Evidence shows X% patients go home on date agreed on admission |

# Changes

**Change 2 : Systems to Monitor Patient Flow.** Robust Patient flow models for health and social care, including electronic patient flow systems, enable teams to identify and manage problems (for example, if capacity is not available to meet demand), and to plan services around the individual.

| Not yet established | Plans in place | Established | Mature | Exemplary |
|---|---|---|---|---|
| No relationship between demand and capacity in care pathways<br><br>Capacity available not related to current demand<br><br>Bottlenecks occur regularly in the Trust and in the community<br><br>There is no ability to increase capacity when admissions increase – tipping point reached quickly<br><br>Staff do not understand the relationship between poor patient flow and senior clinical decision making and support | Analysis of demand underway to calculate capacity needed for each care pathway<br><br>Analysis of demand variations underway to identify current variations<br><br>Analysis of causes of bottlenecks underway and practice changes being designed<br><br>Analysis of admissions variation ongoing with capacity increase plans being developed<br><br>Staff training in place to ensure understanding of the need to increase senior clinical capacity | Policy agreed and plan in place to match capacity to care pathway demand<br><br>Analysis completed and practice change rolled out across Trust and in community<br><br>Analysis completed and practice changes being put in place and evaluated<br><br>Staff understand the need to increase capacity when admissions increase<br><br>Staff understand the need to increase senior clinical support when necessary | Capacity usually matches demand along the care pathway<br><br>Capacity usually matches demand 24/7 to match real variation<br><br>Bottlenecks rarely occur and are quickly tackled when they do<br><br>Capacity is usually automatically increased when admissions increase<br><br>Senior clinical decision making support is usually available and increased when necessary | Capacity always matches demand along the whole care pathway<br><br>Capacity always matches demand 24/7 reflecting real variations<br><br>There are no bottlenecks caused by process or supply failure<br><br>Capacity is always automatically increased when admissions increase<br><br>Senior clinical decision making support available and increased automatically when necessary to carry out assessment and reviews 24/7 |

# Changes

**Change 3 : Multi-Disciplinary/Multi-Agency Discharge Teams, including the voluntary and community sector.**
Co-ordinated discharge planning based on joint assessment processes and protocols, and on shared and agreed responsibilities, promotes effective discharge and good outcomes for patients

| Not yet established | Plans in place | Established | Mature | Exemplary |
|---|---|---|---|---|
| Separate discharge planning processes in place | Discussion ongoing to create Integrated health and ASC discharge teams | Joint NHS and ASC discharge team in place | Joint teams trust each others assessments and discharge plans | Integrated teams using single assessment and discharge process |
| No daily MDT meeting in place | Discussion to introduce MDTs on all wards with Trust and community health and ASC | Daily MDT attended by ASC, voluntary sector and community health | Integrated teams cover all MDTs including community health provision to pull patients out | Integrated service supports MDTs using joint assessment and discharge processes |
| CHC assessments carried out in hospital and taking “too” long | Discussion between CCG and Trust to establish discharge to assess arrangements | Discharge to assess arrangements in place with care sector and community health providers | CHC and complex assessments done outside hospital in peoples homes/extra care or reablement beds | Fully integrated discharge to assess arrangements in place for all complex discharges |

# Changes

**Change 4 : Home First/Discharge to Access.** Providing short-term care and reablement in people's homes or using 'step-down' beds to bridge the gap between hospital and home means that people no longer need wait unnecessarily for assessments in hospital. In turn, this reduces delayed discharges and improves patient flow.

| Not yet established | Plans in place | Established | Mature | Exemplary |
|---|---|---|---|---|
| People are still assessed for care on an acute hospital ward | Nursing capacity in community being created to do complex assessments in the community | People usually return home with reablement support for assessment | People return home with reablement support from integrated team | All patients return home for assessment and reablement after being declared fit for discharge |
| People enter residential /nursing care too early in their care career | Systems analysing which people can go home instead of into care – plans for self funder advice | People usually only enter a care / nursing home when their needs cannot be met t through care at home | Most people return home for assessment before making a decision about future care | People always return home whenever possible supported by integrated health and social care support |
| People wait in hospital to be assessed by care home staff | Work being done to identify homes less responsive to assess people quickly | Care homes assess people usually within 48 hours | Care homes usually assess people in hospital within 24 hours | Care homes accept previous residents trusting trust /ASC staff assessment and always carry out new assessments within 24 hours |

# Changes

**Change 5 : Seven-Day Service**. Successful, joint 24/7 working improves the flow of people through the system and across the interface between health and social care, and means that services are more responsive to people's needs.

| Not yet established | Plans in place | Established | Mature | Exemplary |
|---|---|---|---|---|
| Discharge and social care teams assess and organise care during office hours 5 days a week | Plan to move to 7 day working being drawn up | Health and social care teams working to new 7 day working patterns | Health and social care teams providing 7 day working | Seamless provision of care regardless of time of day or week |
| OOHs emergency teams provide non office hours and weekend support | New contracts and rotas for health and social care staff being drawn up and negotiated | New contracts agreed and in place | New staffing rotas and contracts in place across all disciplines | New staffing rotas and contracts in place and working seamlessly |
| Care services only assess and start new care Monday – Friday | Negotiations with care providers to assess and restart care at weekends | Staff ask and expect care providers to assess at weekends | Most care providers assess and restart care at weekends | All care providers assess and restart care 24/7 |
| Diagnostics ,pharmacy and patient transport only available Mon-Fri | Hospital departments have plans in place to open in the evenings and at weekends | Hospital departments open 24/7 whenever possible | Whole system commitment usually enabling care to restart within 24hrs 7 days a week | Whole system commitment enabling care always to restart within 24hrs 7 days a week |

# Changes

**Change 6 : Trusted Assessors.** Using trusted assessors to carry out a holistic assessment of need avoids duplication and speeds up response times so that people can be discharged in a safe and timely way.

| Not yet established | Plans in place | Established | Mature | Exemplary |
|---|---|---|---|---|
| Assessments done separately by health and social care | Plan for training of health and social care staff | Assessments done by different organisations accepted and resources committed | Discharge and social care teams assessing on behalf of health and social care | Integrated assessment teams committing joint pooled resources |
| Multiple assessments requested from different professionals | One assessment form /system being discussed | One assessment format agreed between organisations /professions | Single assessment in place | Resources from pooled budget accessed by single assessment without separate organisational sign off |
| Care providers insist on assessing for the service or home | Care providers discussing joint approach of assessing on each others behalf | Care providers share responsibility of assessment | Some care providers assess on each others behalf and commit to care provision | Single assessment for care accepted and done by all care providers in system |

# Changes

**Change 7 : Focus on Choice.** Early engagement with patients, families and carers is vital. A robust protocol, underpinned by a fair and transparent escalation process, is essential so that people can consider their options, the voluntary sector can be a real help to patients in considering their choices and reaching decisions about their future care.

| Not yet established | Plans in place | Established | Mature | Exemplary |
|---|---|---|---|---|
| No advice or information available at admission<br><br>No choice protocol in place<br><br>No voluntary sector provision in place to support self funders | Draft pre admission leaflet and information being prepared<br><br>Choice protocol being written or updated to reduce < 7 days<br><br>Health and social care commissioners co designing contracts with voluntary sectors | Admission advice and information leaflets in place and being used<br><br>New choice protocol implemented and understood by staff<br><br>Voluntary sector provision in place In the Trust proving advice and information | Patients and relatives aware that they need to make arrangements for discharge quickly<br><br>Choice protocol used proactively to challenge people<br><br>Voluntary sector provision integrated in discharge teams to support people home from hospital | Patients and relatives planning for discharge from point of admission<br><br>All staff understand choice and can discuss discharge proactively<br><br>Voluntary sector fully integrated as part of health and social care team both in the trust and the community |

# Changes

**Change 8 : Enhancing Health in Care Homes.** Offering people joined-up, co-ordinated health and care services, for example by aligning community nurse teams and GP practices with care homes, can help reduce unnecessary admissions to hospital as well as improve hospital discharge.

| Not yet established | Plans in place | Established | Mature | Exemplary |
|---|---|---|---|---|
| Care homes unsupported by local community and primary care | CCG and ASC commissioners working with care providers to identify need | Community and primary care support provided to care homes on request | Care homes manage the increased acuity in the care home | Care homes integrated into the whole health and social care community and primary care support |
| High numbers of referrals to A+E from care homes especially in evenings and at weekends | Specific high referring care homes identified and plans in place to address | Dedicated intensive support to high referring homes in place | No unnecessary admissions from care homes at weekends | No variation in the flow of people from care homes into hospital during the week |
| Evidence of poor health indicators in CQC inspections | Analysis of poor care identifies homes where extra support and training needed | Quality and safeguarding plans in place to support care homes | Community health and social care teams working proactively to improve quality in care homes | Care homes CQC rates reflect high quality care |

| Impact Change | Where are you | What do you need to do | When will it be done by | How will you know it is successful |
|---|---|---|---|---|
| **Early Discharge Planning** | | | | |
| **Systems to Monitor Patient flow** | | | | |
| **Multi-Disciplinary Multi-Agency Discharge Teams** (Including Voluntary and Community sector) | | | | |
| **Home First Discharge to Assess** | | | | |
| **Seven-Day Services** | | | | |
| **Trusted Assessors** | | | | |
| **Focus on Choice** | | | | |
| **Enhancing Health in Care homes** | | | | |

# Contact details

**Sarah Mitchell**

Director Towards Excellence in Adult Social Care Programme(TEASC), Local Government Association

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**Better Care Exchange website**

https://bettercare.tibbr.com/tibbr/web/login

**Emergency Care Improvement Programme website**

http://www.ecip.nhs.uk/

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Annex 2

# BCF National Metrics - Quarterly Performance and Year end 2017/18

| | | Previous Years | | | 2016/17 | | | | 2017/18 | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Indicator | Description | 2014/15 | 2015/16 | 2016/17 | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Target | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Year End Position | Polarity |
| CCG_NEL | Reduction in non-elective admissions (General & Acute) | 19,662 | 20,819 | 22,639 | 5530 | 5639 | 5739 | 5731 | 21,882 | 5760 | 5672 | 5518 | 5900 | 22,850 | Missed Target |
| BCF1 | Delayed Transfers of Care: Raw number of bed days | 8167 | 8377 | 10535 | 2497 | 2889 | 3117 | 2032 | 5909 | 1895 | 1840 | 2445 | 2263 | 8,443 | Missed Target |
| ASCOF2a 2.1 & BCF2 | Long-term support needs met by admission to residential and nursing care homes, per 100,000 population (older people) (YTD Cumulative) (New definition for 2015/16) | 630.8 | 693.93 | 670 | 189 | 184 | 143 | 154 | 589 | 163 | 187 | 197 | 109 | 656 | Missed Target |
| BCF2 | Number of permanent admissions to residential & nursing care homes for older people (65+) | 241 | 260 | 248 | 70 | 68 | 53 | 57 | 221 | 61 | 70 | 74 | 41 | 246 | Missed Target |
| ASCOF 3A | Overall satisfaction (very or extremely satisfied) of people who use services with their care and support | 0.671 | 0.64 | 0.62 | NO DATA | NO DATA | NO DATA | 0.62 | 0.62 | No Data | No Data | No Data | 0.63 | 0.63 | Achieved Target |
| ASCOF2B (1) | Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services | 0.815 | 0.7571 | 0.793 | NO DATA | NO DATA | NO DATA | 0.793 | 0.84 | No Data | No Data | No Data | 0.925 | 0.925 | Achieved Target |

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**Health and Wellbeing Board** 11 July 2018
Report of the York Health and Care Place Based Improvement Partnership

## Update on progress of the York Health and Care Place Based Improvement Partnership (PBIP)

### Summary

1. This report requests that the Health and Wellbeing Board (HWBB) notes that the second meeting of the PBIP took place on 2 May 2018.

### Background

2. The establishment of the PBIP was approved by the Health and Wellbeing Board as part of York's response to the Care Quality Commission (CQC) Local System Review.

3. The PBIP will implement cross-organisational change by collectively and proactively working together to address delivery of longer term improvements across the city's health and social care services, benefitting York residents, communities and health and social care staff.

4. The PBIP was initially referred to as the York Health and Care Place Based Improvement Board. However, members agreed that 'Partnership' better reflected the working arrangements and aspirations of the group.

5. The PBIP is Chaired by the Chief Executive of City of York Council (CYC) and brings together the senior York-based representatives from:

   a. CYC

   b. NHS England

   c. North Yorkshire Police

d. Tees, Esk, and Wear Valleys NHS Trust

e. Vale of York Clinical Commissioning Group (CCG)

f. York CVS

g. York Teaching Hospital NHS Foundation Trust

h. GP representative

6. The first meeting of the PBIP took place on 4 April 2018 with the second meeting taking place on 2 May 2018. Future meetings will take place every other month with the next meeting taking place in July 2018.

**Main/Key Issues to be Considered**

7. At the meeting on 2 May 2018, Members discussed and agreed amendments to the Terms of Reference for the PBIP (Annex A) and approved a programme framework through which to oversee the work of the Partnership.

8. Members discussed a staffing resource to ensure support of the management and delivery of the PBIP's programme of activity with an agreement for member organisations of the Partnership to fund this resource. Confirmation of CYC support for this resource is to be agreed by the Director of Health, Housing and Adult Social Care.

9. The PBIP discussed the position of Public Health in supporting wellbeing and prevention of ill health. The PBIP asked Sharon Stoltz, Director of Public Health at CYC, sponsored by Mike Holmes, GP representative, to identify interventions or system-level changes to support a more preventative model of working.

10. The PBIP reviewed work streams related to Digital, Workforce, and Capital and Estates. These align with the priorities of the Humber, Coast and Vale Sustainability and Transformation Partnership, but are focussed at a York locality level.

11. In particular, the partnership confirmed a clear and ambitious vision for the digital work stream would describe a single shared information and system resource for the city. This long term ambition includes developing a single shared ICT strategy which recognises the great potential technology can offer to support

better informed patients and staff, and more flexibility in ways of working.

**Key Deliverables**

12. The PBIP will implement cross-organisational change by collectively and proactively working together to address delivery of longer term improvements across the city's health and social care services, benefitting York residents, communities and health and social care staff.

13. Individual actions within the programme of work will require consultation with all these groups. Partnership Members agreed that consultation should be a core operating principle of the board.

**Core Proposals**

14. The PBIP will address the recommendations as set out in the CQC Local System Review and build upon them to create a single plan for health and care services in York through the implementation of a programme of work at a Chief Officer level.

**Analysis**

15. The proposed work of the PBIP will mean that there will be a requirement for strategic alignment with the Health and Wellbeing Board to ensure a coordinated approach to health and care services in York for the benefit of residents, communities and health and social care staff.

16. Without the implementation of the PBIP programme of work, there is a risk that services improvement required as identified by the CQC review will either not be fully implemented or not implemented in a joined up way.

**Strategic/Operational Plans**

17. The development of a PBIP will provide a framework through which to address the recommendations of the CQC's Local System Review initially and then identify further improvement activity across the health and social care system in York, in line with the Health and Wellbeing Strategy 2017 - 2022.

**Implications**

18. The creation of a PBIP will improve efficiency in the health and care system in York leading to better outcomes for residents.

**Risk Management**

19. There are no identified risks in relation to the recommendations of this report.

**Recommendations**

20. The HWBB are asked to:

i. Note that the second meeting of the PBIP has taken place

Reason: to ensure that the HWBB are sighted on this development

ii. Note the change of name from Place Based Improvement Board to Place Based Improvement Partnership

Reason: to ensure that the HWBB are sighted of and endorse this development

iii. Note the Terms of Reference that have been drafted by the PBIP

Reason: to ensure that the HWBB are sighted of and endorse this development

iv. Endorse the approach taken by the PBIP to the development of a programme office to support its programme of activity

Reason: to ensure that the HWBB are sighted on the development of programme office support for the PBIP

v. Request Officers to report back on the work of the PBIB as required.

Reason: to ensure that the HWBB is sighted on the work of the PBIP.

**Contact Details**

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Martin Farran
Corporate Director of Health, Housing and Adult Social Care
City of York Council

**Report Approved** ✓ **Date** 02.07.2018

**Wards Affected:** **All** √

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

**Background Papers:**

N/A

**Annexes**

A – York Health and Care Place Based Improvement Partnership Terms of Reference

**Glossary**

**CQC** – Care Quality Commission
**HWBB** – Health and Wellbeing Board
**PBIP** - York Health and Care Place Based Improvement Partnership

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# York Health and Care Place Based Improvement Partnership

Terms of Reference

April 2018

## 1. Vision and Purpose of the York Health and Care Place Based Improvement Partnership (PBIP)

1.1. The overarching strategic vision is set out in York's Joint Health and Wellbeing Strategy 2017 – 2022.

1.2. PBIP will translate this strategic vision into a single plan for York, and to lead rapid progress in its achievement, while recognising the leadership role of YorOK on Children and Young People.

1.3. PBIP will bring together all partners, focusing on the delivery of specific actions within the single plan.

1.4. PBIP will work to achieve transformational change across the York system, building a shared approach to system leadership and collaborative working relationships at all levels.

## 2. Role of the York Health and Care Place Based Improvement Board (PBIP)

2.1. The Partnership is strategically aligned to the Health & Wellbeing Board for delivering certain Health & Wellbeing Strategy priorities and objectives. The Partnership has several specific tasks as follows:

2.1.1. To lead the development of integration in health and social care in York on behalf of the whole system.

2.1.2. To oversee the development and implementation of the York Improvement Plan, following the CQC Local System Review (December 2017).

2.1.3. To drive improvement in outcomes including improved performance against the NHS and Social Care Dashboard.

2.1.4. To establish a whole system approach to performance management and evaluation.

2.1.5. To provide assurance to the Health and Wellbeing Board on the Better Care Fund, and receive reports from the BCF Performance and Delivery Group for this purpose.

2.1.6. To lead the development and delivery of joint commissioning.

2.1.7. To be an inclusive partnership, fostering collaboration and recognising the range of contributions from across the system, not limited to financial commitments.

2.1.8. To produce an annual report on its activities for the Health and Wellbeing Board.

3. **Membership:**

3.1. Chief Executives/Chief Officers of:

3.2. City of York Council

3.3. York CVS

3.4. Vale of York CCG

3.5. York Teaching Hospital NHS Foundation Trust

3.6. Tees, Esk and Wear Valleys NHS Trust

3.7. GP Board Representative

3.8. NHS England

3.9. North Yorkshire Police

**4. Approach of the Partnership**

4.1. The Partnership will function as a programme board. This will ensure clear ownership by Partnership members in delivering the activity supporting the strategic direction for the city's health and care provision.

4.2. To ensure coherence of the PBIP programme, a support office will be appointed. Comprised of a Programme Manager and Programme Officer, the support office will be responsible for:

4.2.1. Tracking and reporting – tracking measurements, reporting progress against plans and maintaining awareness of risk and opportunity associated with the work of the PBIP

4.2.2. Information management – holding master copies of all programme information

4.2.3. Financial accounting – assisting with budget control

4.2.4. Analysing interfaces and critical dependencies between separate workstreams

4.2.5. Maintaining relevant stakeholder databases

4.2.6. Quality control to ensure consistent practices and standards across workstreams

4.3. Other support for the Partnership - The council and VOYCCG will ensure that the Partnership receives the necessary support to enable the Partnership to discharge its responsibilities effectively. This will include financial and legal advice and specific support to monitor and review performance.

4.4. Interests of Partnership members - Partnership members must declare any personal interest in connection with the work of the Partnership. Where there is a potential conflict of interest for individual Partnership members, this should be openly and explicitly declared. At the Chair's discretion the Partnership member may be excluded from the discussion and / or decision making related to that particular agenda item.

4.5. Leaving the Partnership - A person shall cease to be a member of the Partnership if s/he resigns or the relevant partner agency notifies the Partnership of the removal or change of representative.

4.6. Meetings - The Partnership will meet every other month.

## 5. Involving people in the work of the York Health and Care Place Based Improvement Partnership

5.1. The Partnership expects that the views and involvement of local people will influence the work of the Partnership and its sub groups at all stages. It will ensure their views inform planning, commissioning, design and delivery of service provision.

5.2. PBIP will begin by using the opportunity provided by the York Improvement Plan to set out improvements to our communication and engagement arrangements, and to seek further means for involving people in developments. Reports to the Partnership will be required to describe the way local people have been engaged in their preparation, and the Partnership will adopt the co-production principles accepted by the Health and Wellbeing Board in 2017.

## 6. What the Partnership doesn't do

6.1. The Partnership is not directly responsible for managing and running services but it does consider the quality and impact of service delivery across partner organisations. It does not have direct responsibility for budgets, except where these have been delegated to it.

## 7. Accountability and reporting

7.1. PBIP is strategically aligned with the Health and Wellbeing Board for York.

7.2. The Chair of the PBIP was confirmed upon the formal establishment of the Partnership. CYC Chief Executive has accepted the nomination to be Chair.

7.3. The Chair will represent the PBIP (as the York locality) within the Humber, Coast and Vale Sustainability and Transformation Plan Partnership (STP).

7.4. PBIP will establish workstreams to deliver its agenda and priorities. These will align with the priorities of the STP – Capital and Estates, Digital, and Workforce. Other workstreams and subgroups will be considered as necessary to deliver required actions and outcomes. These workstreams will report to the Partnership.

7.5. The Partnership will receive reports from any partnership forum where commissioning activity is undertaken. The Partnership will receive reports on the financial position of any pooled budget at meetings of the Partnership as required.

## 8. Expert advice and support for the Board

8.1. Financial and legal advice will be available to the Partnership from within the Local Authority and the NHS Vale of York Clinical Commissioning Group to ensure that decisions taken are both permissible and in accordance with proper accounting procedures.

**8.2.** Specialist performance and management information support and advice will be provided by the Local Authority and the NHS Vale of York Clinical Commissioning Group to enable the Partnership to fulfil its performance and outcome monitoring role.

## 9. Culture and values: how the Partnership exercises its responsibilities and functions

9.1. The Partnership will take into account the following behaviours and values in exercising its functions.

**9.2. Partnership Members will:**

9.2.1. Participate on the basis of mutual trust and openness, respecting and maintaining confidentiality as appropriate;

9.2.2. Work collaboratively, ensuring clear lines of accountability and communication;

9.2.3. Share expertise and intelligence and use this synergy to provide creative solutions to complex issues;

9.2.4. Take account of any particular challenges, policies and guidance faced by individual partners;

9.2.5. Have regard to the policies and guidance which apply to each of the individual partners;

9.2.6. Adhere to and develop their work based on the vision statement approved by the Partnership;

9.3. Where decisions of the Partnership require ratification by other bodies the relevant Partnership Member shall seek such ratification in advance of any meeting of the Partnership or promptly following Partnership's recommendations;

9.4. The Partnership shall exercise its functions so as to secure the effective cooperation of partners and the provision of high quality integrated services.

9.5. Partnership members will adhere to the North of England Social Partnership Forum Behaviour Model:

- Having mutual respect
- Actively listening to each other
- Working from shared values
- Walking in each other's shoes
- Being honest with each other
- Being solution focused
- Acknowledging each others' views
- Being inclusive
- Open communication and information sharing
- Trusting each other

10. The behaviours are over-lapping and complimentary. More information can be found in the below document:

10-Behaviours-of-Succesful-Par...

## 11. Public participation

11.1. The Partnership is not a public forum. However, the work of the Partnership will be reported to the HWBB.

## 12. Relevant documents:

- Health and Wellbeing Strategy
- Joint Strategic Needs Assessment
- CQC Local System Review of York
- York Improvement Plan
- Director of Public Health Annual Report
- Children and Young People's Plan

**Health and Wellbeing Board** **11 July 2018**

Report of the Chair of the Health and Wellbeing Board Steering Group

## Update on the work of the Health and Wellbeing Board Steering Group

### Summary

1. This report provides the board with an update on the work that has been undertaken by the Health and Wellbeing Board (HWBB) Steering Group. The board are asked to note the update.

### Background

2. The HWBB Steering Group has met twice since it last reported to the Health and Wellbeing Board. There is a commitment from the group to meet at least once every two months.

3. The paragraphs below provide an update on some of the recent work of the HWBB Steering Group.

### Main/Key Issues to be Considered

### HWBB Work Programme

4. As part of their remit HWBB Steering Group manage the business on the HWBB's work programme. This ensures the board receives and considers the most appropriate material at its meetings. The Steering Group considered the HWBB's draft work programme at their April 2018 meeting and submitted a draft work plan themed around the priorities in the joint health and wellbeing strategy along with a schedule of workshops for the municipal year 2018/19 to HWWB in May 2018. There have been no significant changes to the work programme since it was last presented.

5. Ongoing attention is needed to manage the volume of business scheduled into the work programme so that individual meeting

agendas are manageable and remain themed. The Steering Group will continue to monitor this.

**Communications and Engagement**

6. The Spring HWBB newsletter was published in April 2018 and covered the highlights of the March 2018 meeting of the Health and Wellbeing Board.

7. Health and Wellbeing Board, in collaboration with One Planet York took part in the Festival of Ideas. The theme for this year's festival was 'Imagining the Impossible'. As part of this wider city conversation the HWBB and One Planet York held an event on 12th June 2018 focused on healthy city and place called 'Paradise Found: How Can One Place Can Work for Everybody'. The event was very well received and a post-event summary can be found at **Annex A** to this report.

8. The Health and Wellbeing Board's Annual Report covering the period May 2017 to May 2018 is currently being prepared. The Chair will present this at the July meeting of the Health, Housing and Adult Social Care Policy and Scrutiny Committee. The final draft will be sent to Health and Wellbeing Board members for comment prior to publication in the scrutiny agenda.

**Joint Strategic Needs Assessment (JSNA)**

9. Health and Wellbeing Board Steering Group receive regular updates from the JSNA Working Group. Recently the Group have been working on the starting and growing well inequalities report (presented as a separate item on the HWBB's agenda). Additionally they have published two in depth needs assessments as follows:

   - The sexual health needs assessment was a rapid assessment of the sexual health needs of York's population; it looked at the current and emerging sexual health needs of people living in York and concluded with a number of recommendations as follows:

     - To commission an integrated sexual health service which is flexible and responsive to population need, and operates using evidence based practice.

- To work with a broad range of organisations, including social care teams, universities, and primary care, to ensure that the service is accessible and acceptable to service users.

- To have an innovative service which is focused on improving outcomes and protecting the population of York.

- To have a universal service which undertakes targeted activity to work towards equitable outcomes across the city.

➢ The homeless health needs assessment has helped to inform a new homeless strategy for the city; 'preventing homelessness together'. The assessment concludes by setting out a number of challenges for the city as follows:

| | |
|---|---|
| Many of York's homeless population are in contact with multiple services, departments and organisations. There is some evidence that professionals find it difficult to **access accurate and up to date information** about the support available. | **The challenge for the city is to** ensure that all organisations take practical steps to ensure that there is a high level of awareness of the support and services offered by that organisation and available in York. |
| | |
| There were high levels of **mental ill health** reported by the homeless cohort, and this was supported by the statements from health professions. | **... The challenge for the city is to** ensure adequate mental health treatment and support is available for those with a diagnosable mental illness**.** |
| | |
| Support for people with a **'dual diagnosis**' of mental ill health and a drug or alcohol addiction was perceived as complex to access. The need for dual diagnosis support was frequently discussed by both professionals and the homeless population in this report. | **... The challenge for the city is to** ensure that information on the referral criteria and service pathway is available to professionals working in health and social care organisations across the city. |
| | |
| The homeless cohort reports that they are generally able to access universal health care services in York. However, there is evidence of **frequent health service use** among | **... The challenge for the city is to** engage in evidence based activities to meet the needs of these individuals, including supporting and contributing to the |

| | |
|---|---|
| a small group. This places demand on services, and may indicate unmet need. | evaluation of pilot projects. |
| | |
| There remains an overlap between the current homeless population in York and people who have been in a range of **institutions**. | **... The challenge for the city is to** develop a more preventative approach to identify and address health and housing needs. |
| | |
| Health professionals from across the sector discuss '**disengagement**' as a barrier to accessing services for a small group of people. In particular, this was associated with long term rough sleeping and poor health. | **... The challenge for the city is to** work in a flexible manner to ensure this customer group can access services |
| | |
| Of all the behavioural factors, **smoking** has the biggest impact on health. The majority of the homeless cohort report smoking; and few recall being offered support to stop. Smoking was not widely discussed by professionals. | **... The challenge for the city is to** remain ambitious in offering timely support for people to stop smoking, in particular as people move back into stable accommodation. |
| | |
| A large proportion of respondents reported consuming **alcohol** substantially beyond the recommended upper limit. | **The challenge for the city is to** support people to reduce alcohol intake to reduce the risk of alcohol related health harms. |
| | |
| People reported feeling most well when they had meaningful social contact, engaged in physical exercise, or had a sense of purpose. | **The challenge for the city is to** identify meaningful opportunities for people who are homeless to build their social capital and improve their sense of wellbeing. |

## Terms of Reference

10. The HWBB Steering Group has recently reviewed their terms of reference. The up to date copy of the Terms of Reference for the group are at **Annex B** to this report.

## Lead Health and Wellbeing Board Members

11. Due to recent and forthcoming changes to HWBB membership there will also need to be a change to the lead HWBB members for the themes in the joint health and wellbeing strategy 2017-2022. Mental health; starting and growing well and ageing well will need identified lead HWBB members to progress.

**Consultation**

12. Consultation and engagement around specific projects and topics is ongoing. The current HWBB Steering Group is a multi-agency group with the ability to co-produce, engage and consult on specific areas of work.

**Options**

13. The Board are asked to note the contents of this report.

**Analysis**

14. This report is for information only.

**Strategic/Operational Plans**

15. The Health and Wellbeing Board have a statutory duty to produce a Joint Strategic Needs Assessment; a Joint Health and Wellbeing Strategy and a Pharmaceutical Needs Assessment.

**Implications**

16. There are no known implications associated with the recommendations in this report.

**Risk Management**

17. The production of a JSNA, a Joint Health and Wellbeing Strategy and a PNA are statutory responsibilities for the HWBB. Delivering against these is resource intensive and needs to be managed to ensure they are fit for purpose and subsequently delivered.

**Recommendations**

18. The Health and Wellbeing Board are asked to note this update.

Reason: To update the Board in relation to the work of the HWBB Steering Group.

**Contact Details**


| **Author:** | **Chief Officer Responsible for the report:** |
|---|---|
| Tracy Wallis<br>Health and Wellbeing Partnerships Co-ordinator<br>City of York Council/NHS Vale of York Clinical Commissioning Group | Sharon Stoltz<br>Director of Public Health<br>City of York |

**Report Approved** ✓ **Date** 02.07.2018

Tel: 01904 551714


**Specialist Implications Officer(s)** None

**Wards Affected:** **All** ✓

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

**Background Papers:**
None

**Annexes**
**Annex A** – Post event communication: York Festival of Ideas
**Annex B** – Health and Wellbeing Board Terms of Reference June 2018

York Festival of Ideas 5-17 June 2018

*'Imagining the impossible'*

**York Health & Wellbeing Board**

OnePlanetYork

## *Paradise Found: How one place can work for everybody*

Tues 12 June 2018
Ron Cooke Hub, University of York

# Conference report


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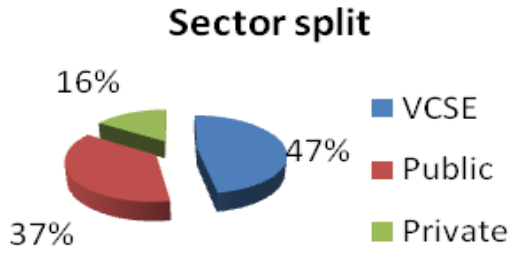
The conference was collaboration between York Health and Wellbeing Board and One Planet York.

Taking its cue from the Festival of Ideas theme – 'imagining the impossible' - the event explored how cities like York can work for everyone and support good health and wellbeing. Full event details here.

The event comprised a number of keynote speakers alongside workshops exploring examples of practical local action.

The event also included various stalls and displays, a state of the art low emission electric bus and a fringe event to 'Imagine a world without food waste'. Tickets booked: 201 (100%) / Estimated attendance: 140 (70%).

The event benefitted from the active involvement of around 20 organisations across all sectors including; York Health and wellbeing board / One Planet York / NHS Vale of York Clinical Commissioning Group / Tees, Esk and Wear Valleys NHS Foundation Trust / Ageing Without Children / City of York Council / York Bike Belles / University of York / Good Food York / Food Nation (Newcastle) / West Yorkshire Combined Authority / The Archbishop of York Youth Trust / Petros / Big Ideas Collective / Optare / York Bus Forum / Public Health England / Compassionate Frome project / St Nicks.




**Keynote speakers – key points**

Sharon Stoltz, Director of Public Health: York's public health story. (Presentation slides / youtube clip)

- York is a healthy place compared to many others, but there are disparities in outcomes between different areas and groups.
- As little as 10% of a person's health & wellbeing is linked to health care.
- Food, transport, work, housing, money, resources, family and friends, our surroundings all play a significant part
- The 2030 public health vision is for community driven health and equity

Lina Toleikyte, Public Health England: Health in everything we do. (Presentation slides / youtube clip)

- Cities matter, they are places the majority of people will live. We need to make sure they support good health and wellbeing
- Putting health considerations into everything that we do will lead to a 'win win' situation
- Cross sector working and engaging communities vital.

Dr Helen Kingston, Compassionate Frome Project: The town that found a potent cure for illness: Community (Presentation slides / youtube clip / Short film – trying to cure loneliness)

- Important to recognise the value of relationships and the whole system working together
- Recognise the complex nature of human beings and the need to respond flexibly to the person not just their medical need. Doing what's best for the individual works. By putting compassion first everything else then follows.
- 600 voluntary community connectors – each signposting around 20 residents each per year.
- Delivering reduction in hospital admissions and cost savings of over 20%

**Workshops – Key points:**

1. **Addressing health inequalities through community health champions** Paul Ramskill and Richard Croker, YorWellbeing Service, City of York Council

Following a successful bid to Nesta, Paul and Richard will explore how the development of the York Community Health Champions pilot can be taken to scale across the city and reach many more people, helping address health inequalities across different neighbourhoods and age groups.

- On almost every indicator of Health, Wellbeing and Happiness York is above the national average, however, these benefits do not extend to everybody.
- The programme will focus on utilising the skills and experience of people to contribute to the York Health and Wellbeing Board's Life Course Approach of 'Ageing Well'.
- We want to see York as a fantastic place to grow old.
- The Nesta project is a 2 year funded programme to recruit, train and deploy volunteers as Community Health Champions within their communities.

- We will target lifestyle behaviours and develop a network of relationships between individuals and between individuals and institutions.
- Helping people connect with their communities and local activities and opportunities – helping to reduce social isolation and loneliness and increasing social capital.
- If you are interested in becoming a Community Health Champion, please contact Richard Croker richard.croker@york.gov.uk 01904 553516.

2. **No kidding: Ageing without children** Sue Lister, Ageing Without Children

The Real People Theatre Company, presents No Kidding? Millions of people are ageing at home alone and without the support of nearby children through choice, circumstance, infertility, bereavement, estrangement or distance. Join us for a collage of scenarios with plenty of audience interaction and discussion.

- In interactive, thought provoking workshop that explored the issues affecting those people that for whatever reasons are growing old without children in their lives.
- These sessions focused predominantly on loneliness and isolation and the impact on mental health.

3. **Mental health: A glimpse into the future** Paul Howaton, NHS Vale of York Clinical Commissioning Group / Dr Stephen Wright, Tees, Esk and Wear Valleys NHS Foundation Trust

Reflecting on a recent visit to WHO recognised mental health services in Trieste, Italy, the work of the international Mental Health Collaborating Network and local symposia held in York, this is an opportunity to share in the experience and test how far we could go in York.

- Trieste has a pioneering model of providing mental health services that has been developed over the past 30 years
- Minimal use of detention and no locked doors
- York is the first city in England to set up a collaborative twinning with Trieste to share learning.
- Recognising the need to use the resources we have differently, we aim to develop a truly holistic human rights model of mental health service provision in York with improved access, better integration with

community support and more personalised care.

**4. Nature on prescription** Kathy Sturgess, St Nicks

Kathy will talk about how the Ecotherapy Programme at St Nicks connects people back to nature, and in so doing, helps participants improve both their mental and physical well-being in a sustainable way. The workshop will include a practical demonstration of Nordic Walking so if you haven't tried it here's your chance!

- There are a number of projects at St Nicks helping connect people back to nature to improve health and wellbeing, both physical and mental. These are funded through a Lottery grant.
- Most people sign up for these through self referral and word of mouth and some sign posting from local GPs/health services.
- A recent evaluation of these projects showed a high degree of self reported improvement to health and wellbeing.

**5. Transforming our city through healthy travel** Sheridan Piggott, York Bike Belles and York's Walk Cycle Forum / Mike Southcombe, City of York Council / Sian de Bell, Dept of Health Sciences, University of York Room

Sheridan will talk about Bike Belles' and the Forum's work to increase cycling and walking including the new collective Walk Cycle Vision for York. Mike will explore York's air quality challenges and work underway to reduce harmful emissions. Sian will talk about her recent work focussed on how older people get around urban environments. What are your top actions to improve healthy travel and air quality in York?

- Walking and cycling have multiple benefits that align to desired One Planet York and Public Health outcomes.
- Older people's connectivity to friends, family and services is vital to maintain good health and wellbeing. With a rising older population investment in urban infrastructure and transport to make this easier is vital.
- Between 2004-2010 York's air quality got worse thanks to population growth, promotion of diesel vehicles and growth in number of buses. From 2012 the Low Emission Strategy has helped reverse this trend. York now has fully electric park and ride services and 16% of taxis are low emission.

- Autonomous cars could provide a step change in behaviours. Opportunity to make major development sites like York Central cleaner, greener and healthier.

6. **Good Food York: Healthy and sustainable** Adrian Lovett, Good Food York & Jamie Sadler, Director of Food Nation (Newcastle)

Adrian will set out the vision of Good Food York whose work has led to York joining the national Sustainable Food Cities (SFC) Network. Newcastle is already a thriving SFC with an impressive history of achievement in which *Food Nation* is a major player, Jamie, its Director, will tell us how they achieved it and discuss how to seize the opportunities it provides for York.

- Newcastle project has firm backing from the Council – Director of Public Health at the time of its foundation was really involved and helped to push through finances to support the project.
- Jamie repeatedly said that the network (public, private, third sector) was really important in setting up the scheme
- Both referred to the need for coordination – Adrian would like to see someone come in as a full-time coordinator but they missed opportunities for funding. Newcastle had a coordinator who really helped push things along.

**7. No one left behind: Towards an inclusive economy** Les Newby on behalf of JRF/West Yorkshire_Combined Authority/Leeds City Council Inclusive Anchors Programme.

Les will set out current thinking taking place at the Leeds City Region level to ensure that everyone benefits from economic growth. He will suggest practical things local businesses and especially anchor organisations like universities, major employers and local authorities can do to help deliver real change.

- Growth cannot be at the expense of quality of life and fairness.
- We should actively decide if and what type of growth we want to see as a city.
- Anchor institutions have a key role in supporting good employment and quality of life for their employees.
- There is a range of practical steps that can be taken by employers in support of Inclusive Growth.

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8. **Making good place: Wellbeing by design** Fiona Phillips, Assistant Director of Public Health, City of York Council

Fiona Phillips will be joined by Andy Kerr from City of York Council's Castle Gateway project and Phil Bixby from My Future York for a practical and participative workshop on how we plan places that truly support community health and wellbeing. We will share experience of challenges in our current lives, communities and travels and will explore how key issues and design principles can shape two of York's largest upcoming development projects.

- Recording the positive and negative things about a neighbourhood is a good place to start thinking about creating good place.
- Green space is nearly always associated with good health and wellbeing.
- Poor transport services and amenities can have a huge impact on people's wellbeing and opportunities.
- Cycling brings multiple benefits to place and people.
- Student households can bring benefits but also problems for local neighbourhoods.
- New spaces and places must be accessible to all ages and abilities if we are to ensure the health and wellbeing of all.

9. **The role of Youth Social Action in building resilient and inclusive communities** Jo Patton, The Archbishop of York Youth Trust

The workshop will explore how the development of youth social action projects can help build strong and inclusive communities through the development of intergenerational projects that respond to local health inequalities including loneliness and isolation.

- Recognition of many young people taking part in youth social action (YSA) projects across York
- Youth people acting a leaders of their peers and agents of change
- YSA projects already contributing to addressing health inequalities through their focus on intergenerational working, helping tackle loneliness & isolation
- Recognising the amazing asset of young people in the city, who access wider assets amongst peers, friends, family, neighbours and community!
- Recognition of role of young people as 'impact

volunteers' linked to the People Helping People social action and volunteering city strategy
- For further information see the website https://www.archbishopofyorkyouthtrust.co.uk/

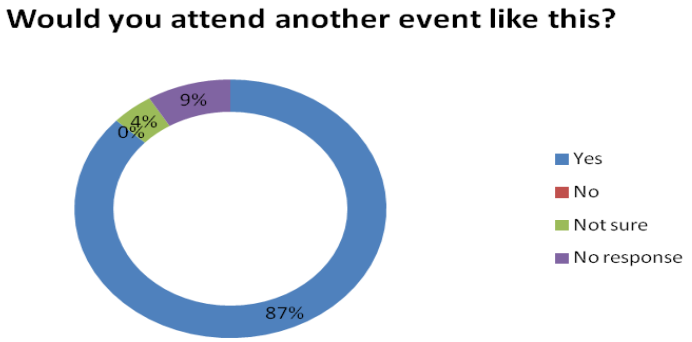
**10. Should work be fun? Wellbeing in the work place**
Joanna Clarke, Petros

When you ask most people about their work, they are likely to talk about how stressed, overworked, underpaid and invisible they feel. This is a tragedy, given most of us spend over a third of each week at work. This workshop looks at the individual and organisational components of a psychological healthy workplace - which may not make it fun, but could reduce the strain!

- Stress including workplace stress is never a good thing.
- Organisations often address negative psychological outcomes through tertiary interventions like managing sickness etc. Better organisations create positive psychological outcomes view primary and secondary interventions that prevent stress and promote wellbeing from the outset.
- Our minds can turn workplace pressure into stress through thinking.
- Stress is a choice and there are things we can all do to minimise /avoid it.
- Four steps to freedom from stress: Wake up (be present in the moment), Control attention, Detach (don't stress about things outside of your control), Let go.

Event feedback and evaluation:

There was a 17% response rate to the feedback survey. Almost 90% of respondents said they would attend a similar event in future and none said they wouldn't.



A sample of responses to the questions 'What did you like best?'

- Workshops were incredibly interesting and informative
- Wide range of subjects
- Networking / Frome speaker
- Meeting lots of new people with inspiring ideas and connecting up ideas across the city
- Variety of workshops and speakers
- Fantastic workshops
- Stalls and displays
- The range of formats - lectures, workshops, exhibits
- People were engaged and the speakers all pitched at the right level

A sample of responses to the questions 'What could be done better?'

- Better advance publicity and booking for workshops
- More workshop time
- More time to round up, vision and next steps
- Stronger link to One Planet principles
- More time for questions/discussion

Media and communications:

- York Festival of Ideas 2018 website and programme
- City of York Council Buzz magazine and West Office TV screens
- Eventbrite.com listing
- York CVS blog 4 June 2018
- CYC Press release
- York TV coverage
- Social media coverage: See Twitter @oneplanetyork / Face book: One Planet York

Contacts

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**Annex B**

# Health and Wellbeing Board (HWBB) Steering Group

# Terms of Reference

**Context:**

The Health and Wellbeing Board and associated legislation provides new and exciting opportunities to join up local services, create new partnerships and provide local systems leadership across health, social care and community development reflecting genuine health and social care integration and place based health.

We are fortunate and well placed in the City. York is recognised for its amazing assets and has embraced an opportunity to actively explore asset based working across the city. Where through the Joint Health and Wellbeing Strategy we can encourage new conversations and explore how we might mobilise citizens and partners to respond more directly to health and wellbeing challenges together and build community resilience.

Building on the recent first UK City of Human Rights declaration we should aim to inspire and enable citizens, civil society, public services and the business sector to adopt a celebratory can do attitude reflecting co-production and scaling social action. The Board must model co-production principles in our practice and encourage others to do so. At times this may involve stepping back and creating space for new models of community leadership, unlocking the capacity, gifts and talents of our citizens and communities.

The Board is uniquely placed to champion the ‘Working Together for York’ and Joint Health and Wellbeing Strategy vision and enable strong, resilient and healthy communities to flourish.

**Purpose:**

The HWBB Steering Group is responsible for the day to day business management of the Health and Wellbeing Board. This includes supporting the Health and Wellbeing Board to deliver its statutory functions and managing the business on Health and Wellbeing Board agendas. Some day to day functions are delegated to the Director of Public Health; for example control of the Health and Wellbeing Board's incidental budget; management of the Health and Wellbeing Partnerships Co-ordinator post; signing off agendas and making any urgent decisions in consultation with the Chair and Vice- Chair of the Health and Wellbeing Board.

As part of this the Steering Group will take into consideration key strategic documents within the city including the Joint Strategic intelligence Assessment (JSIA), partner strategies and operational plans.

Additionally the HWBB Steering Group will be mindful of the discrete role that other multi-agency partnerships (York Health and Care Place Based Improvement Partnership; A and E Delivery Board; Mental Health Partnership; Sustainability and Transformation Partnership for example) play in the health and social care system. Many of these have their own relationship with the Health and Wellbeing Board as articulated within their individual Terms of Reference.

**Key Responsibilities:**

1. Health and Wellbeing Board Agenda Management

- Managing requests for items to appear on the Health and Wellbeing Board's agendas

2. Joint Health and Wellbeing Strategy (JHWBS)

- Developing a Joint Health and Wellbeing Strategy for York
- Ensuring that the JHWBS is developed to support the Health and Wellbeing Board's responsibilities around health and social care integration
- Monitoring the implementation of the JHWBS by:
    - seeking assurance from the HWBB lead members for each of the JHWBS themes that the strategy is being implemented and

delivering improvements to the health and wellbeing of the residents of York
    - Measuring progress against the key outcomes identified in the JHWBS through a specifically designed and theme related performance management framework
- Being accountable for the management of the JHWBS (including any sub-groups or working groups established) to ensure that it meets the needs of the Health and Wellbeing Board
- Ensuring the JHWBS is driven by the Health and Wellbeing Board and it encompasses the wider transformation and integration agenda
- Ensuring that the JHWBS reflects the needs identified in the JSNA
- Ensuring that the JHWBS enables and empowers residents to make good choices about their health and wellbeing and reflects wider system change ambitions

**3.** Joint Strategic Needs Assessment (JSNA)

- Ensuring the JSNA Working Group develops a Joint Strategic Needs Assessment for York
- Ensuring that the JSNA is developed to support the Health and Wellbeing Board's responsibilities around health and social care integration
- Seeking assurance from the JSNA Working Group that the JSNA clearly identifies the health and wellbeing needs of York's residents
- Consider recommendations from the JSNA Working Group as to whether to progress new topic specific needs assessments

**4.** Pharmaceutical Needs Assessment

- To develop a Pharmaceutical Needs Assessment in accordance with national guidance
- To receive and consider notifications of changes to and applications for pharmaceutical services in York and respond to these where appropriate
- To consider if changes to the population of York require an update to the Pharmaceutical Needs Assessment outside of the normal production cycle.

**5.** Annual Report of the Health and Wellbeing Board

- Be responsible for the development of an annual report for the Health and Wellbeing Board

6. Be responsible for any further work stream delegated by the Health and Wellbeing Board

**Governance:**

The HWBB Steering Group will be publically accountable for the delivery of the JHWBS and the JSNA thorough the Health and Wellbeing Board. The Health and Wellbeing Board will receive reports on progress as appropriate.

The HWBB Steering Group will keep a comprehensive work programme of all the work streams that they are involved with and keep the Health and Wellbeing Board apprised of these.

The HWBB Steering Group can establish working groups and task and finish groups to lead on specific work streams as and when appropriate.

**Membership:**

The core membership of this Steering Group is set out below and will include the lead HWBB members for the key themes in the Joint Health and Wellbeing Strategy (or their nominated Health and Wellbeing Board substitutes). Membership will be flexible and can include additional persons when required.

The lay representative will be appointed for a term of one year from the date these Terms of Reference are agreed. The appointment will be reviewed using a fair and transparent interview process.

| **Position** | **Organisation** |
|---|---|
| Director of Public Health (Chair) - Lead HWBB Member for Living and Working Well) | City of York Council |
| Assistant Director (Consultant) in Public Health | City of York Council |
| Lead HWBB Member for Mental Health) | TBC |
| Lead HWBB Member for Starting & Growing Well | TBC |
| Lead HWBB Member for Ageing Well | TBC |

Terms of Reference agreed:

| | |
|---|---|
| Representative | NHS Vale of York Clinical Commissioning Group |
| Representative | Tees, Esk and Wear Valley NHS Foundation Trust |
| Representative | York Teaching Hospitals NHS Foundation Trust |
| Manager: Healthwatch York | Healthwatch York |
| Representative | York CVS |
| Lay Representative | |

**Officers in Support:**

| **Position** | **Organisation** |
|---|---|
| Health and Wellbeing Partnerships Co-ordinator | CYC / Vale of York CCG |
| Strategy and Policy Officer | City of York Council |
| Intelligence Officer | NHS Vale of York CCG |

Additional officers in support from all organisations represented on the Steering Group will be invited to attend as and when appropriate.

**Frequency of Meetings**: Monthly

**Terms of Reference for the Steering Group will be reviewed annually.**

**Date Agreed:**

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