

## Notice of a public meeting of

### Health and Wellbeing Board

**To:** Councillors Cunningham Cross (Chair), Cuthbertson and Wiseman

Julie Hotchkiss	Acting Director of Public Health, City of York Council
Guy Van Dichele	Director of Adult Social Care, City of York Council
Jon Stonehouse	Director of Education, Children and Skills, City of York Council
Tim Madgwick	Deputy Chief Constable, North Yorkshire Police Representative of York Council for Voluntary Service
Siân Balsom	Manager, Healthwatch York
Matt Neligan	Director of Operations, NHS England
Patrick Crowley	Chief Executive, York Teaching Hospital NHS Foundation Trust
Dr Mark Hayes	Chief Clinical Officer, Vale of York Clinical Commissioning Group (CCG)
Rachel Potts	Chief Operating Officer, Vale of York Clinical Commissioning Group
Chris Butler	Chief Executive, Leeds and York Partnership NHS Foundation Trust
Mike Padgham	Chair, Independent Care Group

**Date:** Wednesday, 3 December 2014

**Time:** 4.30 pm

**Venue:** The George Hudson Board Room - 1st Floor West Offices (F045)

### AGENDA

#### 1. Introductions

**2. Declarations of Interest (Pages 3 - 4)**

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

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

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

**3. Minutes (Pages 5 - 14)**

To approve and sign the minutes of the last meeting of the Health and Wellbeing Board held on 22 October 2014.

**4. Public Participation**

It is at this point in the meeting that members of the public who have registered their wish to speak can do so. The deadline for registering is by **Tuesday 2 December 2014 at 5.00 pm**. To register please contact the Democracy Officer for the meeting, on the details at the foot of this agenda.

**Filming, Recording or Webcasting Meetings**

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

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

The Council's protocol on Webcasting, Filming & Recording of Meetings ensures that these practices are carried out in a manner both respectful to the conduct of this meeting and all those present. It can be viewed at:

[http://www.york.gov.uk/downloads/download/3130/protocol\\_for\\_webcasting\\_filming\\_and\\_recording\\_of\\_council\\_meetings](http://www.york.gov.uk/downloads/download/3130/protocol_for_webcasting_filming_and_recording_of_council_meetings)

- 5. Update on the events and findings from Housing Week (3-9 November)**  
Board Members will receive an update on the events and findings from Housing Week (3-9 November) which had as its theme this year “Health and Housing”.
- 6. Director of Public Health Report 2013-14 (Pages 15 - 110)**  
The Director of Public Health (DPH) Report is a statutory document that all Health and Wellbeing Boards must produce. The York DPH Report was published in October 2014 and summarises the current state of public health in York.
- 7. Response to Healthwatch Recommendations (Pages 111 - 126)**  
This report is a response from the Health and Wellbeing Board to the three Healthwatch reports presented to the previous meeting on 22 October 2014, with comments on the recommendations from these reports.
- 8. YorOK Board Annual Report (Pages 127 - 134)**  
The YorOK Board is formally accountable to the Health and Wellbeing Board. The YorOK Board has produced its first annual report following a review of its activity, impact and effectiveness to date. This summary report provides headline feedback; the full report is available from the Children’s Trust Unit.
- 9. Better Care Fund Update (Pages 135 - 140)**  
This report updates the position on York’s submission of the initial plan for the Better Care Fund (BCF).
- 10. Joint Strategic Needs Assessment (JSNA) Update (Pages 141 - 144)**  
This report provides the Board with an update on progress made on the JSNA since they last met in October 2014.
- 11. Health and Wellbeing Strategy (Pages 145 - 194)**  
This report asks Board Members to consider revisions to the Health and Wellbeing Strategy and to agree to accept the updated version.

## 12. Forward Plan (Pages 195 - 196)

Board Members are asked to consider the Board's Forward Plan for 2014-15.

## 13. Urgent Business

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

### Democracy Officer:

Name- Judith Betts

Telephone No. – 01904 551078

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

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

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

Contact details are set out above.

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

我們也用您們的語言提供這個信息 (Cantonese)

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

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

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

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

 (01904) 551550

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

**Remit**

**York Health and Wellbeing Board will:**

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

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

- Manage work programmes or oversee specific pieces of work – acknowledging that operational management needs to be given the freedom to manage.
- Be focused on the delivery of specific health and wellbeing services – the Board will concentrate on the “big picture”.
- Scrutinise the detailed performance of services or working groups – respecting the distinct role of the Health 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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## Health & Wellbeing Board Declarations of Interest

### **Kersten England, Chief Executive of City of York Council**

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

### **Patrick Crowley, Chief Executive of York Hospital**

None to declare

### **Councillor Siân Wiseman**

Chair of Patient Participation Group, My Health, Strensall

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

None to declare

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

Labour Prospective Parliamentary Candidate for Selby and Ainsty

### **Chris Butler, Chief Executive of Leeds and York Partnership NHS Foundation Trust**

None to declare

### **Mike Padgham, Chair Council of Independent Care Group**

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

### **Siân Balsom, Manager Healthwatch York**

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

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## City of York Council

## Committee Minutes

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Meeting	Health and Wellbeing Board
Date	22 October 2014
Present	Councillors Cunningham Cross (Chair), Looker and Wiseman  Siân Balsom (Manager, Healthwatch York)  Kersten England (Chief Executive, City of York Council)  Dr Mark Hayes (Chief Clinical Officer, Vale of York Clinical Commissioning Group)  Tim Madgwick (Deputy Chief Constable, North Yorkshire Police)  Matt Neligan (Director of Operations and Delivery, NHS England)  Rachel Potts (Chief Operating Officer, Vale of York Clinical Commissioning Group)  Mike Proctor (Deputy Chief Executive, York Teaching Hospital NHS Foundation Trust) (Substitute for Patrick Crowley)
Apologies	Chris Butler (Chief Executive, Leeds and York Partnership NHS Foundation Trust), Patrick Crowley (Chief Executive, York Teaching Hospital NHS Foundation Trust) and Mike Padgham (Chair, Independent Care Group)
In Attendance	Julie Hotchkiss (Director of Public Health, City of York Council)  Guy van Dichele (Director of Adult Social Services)

## **10. Introductions**

The Chair thanked the previous Director of Public Health and Wellbeing, Dr Paul Edmondson Jones who had recently left the Council, for all of the work he had carried out for Public Health and Adult Social Services in the city.

She welcomed the Director of Public Health, Julie Hotchkiss and the Director of Adult Social Services, Guy Van Dichele to the meeting.

The Chief Executive, Kersten England, suggested that as there were now three Directors on the Board from the Council that in order to avoid the perception of over dominance by Council Officers on the Board that she wished to step down as a Board Member.

## **11. Declarations of Interest**

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

Dr Mark Hayes declared a personal interest as the Labour Party Prospective Parliamentary Candidate for the Selby and Ainsty constituency.

Councillor Wiseman declared a personal interest as the Chair of the Patient Participation Group at My Health Strensall.

No other interests were declared.

## **12. Minutes**

Resolved: That the minutes of the Health and Wellbeing Board held on 16 July 2014 be signed and approved by the Chair.

## **13. Public Participation**

It was noted that there had been no registrations to speak under the Council's Public Participation Scheme.

#### **14. Healthwatch Reports**

The Board received three Healthwatch York reports on the following subjects:

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

The Chair suggested that a report be brought to the Board's next meeting regarding how each Board Member's organisation could deliver on the recommendations within in each report.

Resolved: (i) That the reports be noted.

- (ii) That a report be brought to the next meeting of the Health and Wellbeing Board in relation to how each partner organisation is implementing the recommendations from the reports.

Reason: To keep the Board informed on these subject areas.

#### **15. Together York**

The Board received a Powerpoint presentation from Tim Madgwick the Deputy Chief Constable of North Yorkshire Police in relation to the national mental health intervention scheme "Together: for Mental Wellbeing" and the implementation of this scheme in York.

Slides from the presentation were attached to the agenda following the meeting. This was then subsequently republished online.

Tim Madgwick explained how the pilot scheme was about addressing the vulnerability of individuals not identifying them. He felt that there was a need to look at the pilot scheme beyond the end of its 12 month operation. He stated that some of the individuals on the pilot schemes may be victims themselves so pathways needed to be found to care for them as well as other victims.

One Board Member asked why an out of area commissioner, Together, had been chosen to co-ordinate the project in York. They commented that voluntary organisations had never been able to access funding to support projects like the Together scheme. Therefore a question needed to be asked as to how money and opportunities could be brought to the city to shape services.

In response it was noted that the chosen commissioner had approached the Police with the idea for a pilot as they had picked up issues about mental health in the city over social media. The commissioner also had a good reputation for running pilots such as this one.

In regards to funding for the continuation of the scheme beyond a year, comprehensive financial estimates would be circulated to Board Members at a later date. The Director of Operations and Delivery from the NHS England Area Team for Yorkshire and the Humber commented that additional funding could be accessed from a bid to NHS England.

Resolved: That the presentation be noted.

Reason: So that the Board are kept informed of the implementation of the scheme in York.

## **16. Winterbourne Review Update**

Board Members received a report which gave them an update on progress against reviewing the care of people with learning disabilities against the principles of the Winterbourne Concordat.

Janet Probert, the Director of Partnership Commissioning from the NHS Partnership Commissioning Unit was in attendance to answer Board Members' queries.

She gave an overview of the criteria that was used in North Yorkshire to identify those individuals who fell under the Winterbourne Concordat. These were individuals who had a learning disability or challenging behaviour requiring in patient care. She pointed out that there had not been enough focus on transforming pathways for the care of these individuals and to make sure proactive support is given.

The Director of Adult Social Services confirmed to the Board that plans were in place for individuals.

A variety of questions from Board Members included;

- How would the transition for young adults who had previously had significant care packages be managed?
- If people's care was being moved back into the York area would this be done proportionately?

The Board were told that as part of guidelines in the Concordat, 'pen pics' had to be produced in order for individuals to make sure that their care package was the least restrictive. In addition, what might be assumed to be near to the person's home might be out of a clearly defined boundary. For example, the person who would have the care package might not see themselves as living in York.

Resolved: (i) That the report be noted.

(ii) That the Board continue to promote integrated multi agency working on the Winterbourne Agenda and to support the Joint Commissioning Plan.

Reason: To keep the Board apprised of current progress locally against the Winterbourne Concordat.

## **17. The Better Care Fund**

The Board received a report which updated them on the position of York's submission of the initial plan for the Better Care Fund (BCF).

The Chief Clinical Officer from the Vale of York Clinical Commissioning Group introduced the report and informed the Board that following review and moderation by NHS England it was expected that York's BCF bid would achieve the status of 'approved with support'. There would then be a process of further review in January 2015.

Resolved: That the Board is informed of the September 19<sup>th</sup> submission of the refreshed plan.

Reason: To keep the Board informed of the refreshed plan.

## 18. Health and Wellbeing Strategy Revision

The Board received a report which asked them to consider updated elements of the York Health and Wellbeing Strategy 2013-16.

The Director of Public Health introduced the report and informed the Board that although there was a good infrastructure for data sharing into the specific outcomes this had not been used yet. For example, the encouragement of the adoption of the living wage by all employers had still not been achieved. It was important for partners to talk about this with those who they contracted services with.

Regarding the five partnership boards beneath the Health and Wellbeing Board which were established around each strand in the Strategy, it was reported that the Health Inequalities Board did not manage to establish itself. It was therefore felt that some of the areas which it would have looked at could be taken on by the Fairness and Equality Board.

Further discussion took place around the following;

- Workforce Development Unit Training sessions “Making every contact count”.
- The need for joint training with all Board partners on Child Sexual Exploitation.

Officers reported that the training sessions had not been held yet but were on the Public Health Team’s work plan to follow up.

In regards to Child Sexual Exploitation, Councillor Looker reminded the Board that sexual abuse could take place in private at home. She added that the Children’s Safeguarding Board was currently looking to work with hotel proprietors, guest houses and other anonymous venues to develop innovative ways to combat this.

In response to a further question, Officers confirmed that outcomes of the strategy and proposals on measuring the outcomes would be considered by the Board at a later date.

Resolved: That the revisions to the Health and Wellbeing Strategy be agreed.

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

## **19. Joint Strategic Needs Assessment (JSNA) Update**

Board Members received a report which updated them on an overview of the planned “deep dives” to come and the recommendations from the information collated to date.

The Board highlighted the need to understand what risks existed for certain categories of people in the proposed “deep dives” and the need to respond in an appropriate manner. Others suggested there was a need for a scorecard with a number of risks attached which could then be used by organisations across the city. This idea had never been put alongside the JSNA itself.

The Chair suggested that Officers noted the comments raised and that risk management be added on to a future agenda.

Resolved: (i) That the Board note the contents of the reports attached as Annexes A and B and agree the forward plan.

(ii) That an item on the management of risks be added to a future agenda.

Reason: To update the Board on current recommendations and future work plan for the Joint Strategic Needs Assessment (JSNA).

## **20. Overview of the Care Act- status and requirements for implementation**

Board Members received a paper which informed them of the key elements of the Care Act and highlighted to them the new and extended duties and responsibilities on local authorities in relation to care and support for adults.

The Director of Adult Social Services highlighted a number of additional points. These were that:

- The Act places a duty not only to assess carers but also to provide services for eligible needs.
- The Lincolnshire model was used to calculate anticipated costs in line with national requirements.
- Worksheets and a link on the Council website had been produced in order to inform the public about the Care Act.
- That the Safeguarding Board would now become a statutory body.
- There was a need to work collectively across health and social care to find innovative ways to meet requirements, for example for carers and carers' organisations within the voluntary sector.

The Healthwatch Manager commented that the most people who approached them wanted to talk about the Care Cap. She felt that better signposting to information and how to build community resilience were important.

Officers welcomed comments from Healthwatch and stated that it was important to invest into the care system and to support those who were already carrying out an informal care role.

One Board Member suggested that the wording of one of the report's recommendations be changed from 'protection of social care' to 'care'.

Resolved: (i) That the report be noted.

(ii) That the Board advocate and strengthen the joint working arrangements across York.

(iii) That the Board promote and engage fully in the development and implementation of the legislative requirements.

(iv) That the Board support the ~~protection of social care~~ care and the implications of the Care Act through the Better Care Fund programme.

Reason: In order to fulfil the new responsibilities of the legislation to deliver a whole systems approach.



## **21. Single Equalities Scheme Update and Refresh**

Board Members received a report which informed them of the Single Equality Scheme 'A Fairer York'.

A Board Member commented that there was not a particular Health and Wellbeing Outcome for those who had a disability.

Officers took on board the comments raised and stated that this would be made more explicit in the refreshed document.

Resolved: (i) That the report be noted.

(ii) That the Health and Wellbeing Board advise if they can support the Health and Wellbeing priority within the document/scheme.

(iii) That the needs of disabled people need to be considered for inclusion in the equality scheme and the refreshed document.

(iv) That the revised Equality Scheme partnership document and progress reports on the implementation of the scheme be received by the Board every six months.

Reason: To help ensure that relevant equality issues are reflected in the revised Equality Scheme.

## **22. Pharmaceutical Needs Assessment Update**

Board Members received an update report which informed them of York's Pharmaceutical Needs Assessment (PNA).

Officers informed the Board that the period of consultation of the PNA was due to start on 31 October 2014 and that they would bring back comments from the consultation to the January meeting of the Board.

Discussion took place between Board Members, points raised included:

- NHS England's commissioning of pharmacy services in the city were different from others they commissioned.

They were keen to approve pharmacies in under provisioned areas.

- That there was enthusiasm for Pharmacies to become community hubs, but that it was questionable as to whether the PNA survey was the right method to engage with people.
- That the use of the PNA would be used in the co-commissioning of primary care so it was vital for the CCG, NHS England and Healthwatch to work together on its implementation.

In reference to the final point raised, the Chair encouraged discussions to take place between NHS England, the CCG and Healthwatch.

Resolved: That the contents of the PNA be noted.

Reason: In order to keep the Board informed.

## **23. Urgent Business**

### **23a) Changes to Terms of Reference and Membership**

The Board received a report which asked them to agree to amend its terms of reference to bring it fully into line with Government legislation and to reflect the change in recent Officer positions at City of York Council.

Resolved: That the statutory appointments required as set out in Paragraph 6 of the report, together with the consequential changes to its membership details be noted.

Reason: To fulfil its statutory requirements.

Councillor L Cunningham-Cross, Chair  
[The meeting started at 4.35 pm and finished at 6.20 pm].



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**Health and Wellbeing Board**

3 December 2014

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

**Director of Public Health Report 2013-14****Summary**

1. The Director of Public Health (DPH) Report is a statutory document that all Health and Wellbeing Boards must produce. The York DPH Report was published in October 2014 and summarises the current state of public health in York.

**Background**

2. Under the NHS Act 2006 and the Health and Social Care Act 2012, Directors of Public Health are expected to produce a report on their local state of public health, outlining current activity and setting the agenda for future requirements to reduce health inequalities.

**Main/Key Issues to be Considered**

3. The York Director of Public Health Report 2013-14 sets out a series of statistics for York, with particular emphasis on health inequalities and public health. The report compares York with other authorities, and shows that York's residents are better off in health terms for many conditions, but highlights areas where there is additional work to be done.
4. After presenting the main public health profiles, the report highlights emerging public health issues for the city, such as domestic violence, levels of alcohol use, and mental health needs, setting out the current evidence base.

**Consultation**

5. Not applicable.

### **Options**

6. Not applicable.

### **Analysis**

7. Not applicable.

### **Strategic/Operational Plans**

8. The material contained in the DPH Report will assist with the development of priorities for the Health and Wellbeing Strategy, but as a statutory duty is independent of strategic plans.

### **Implications**

9. The following implications have been noted:
  - **Financial** - None
  - **Human Resources (HR)** - None
  - **Equalities** - None
  - **Legal** – There are legal implications if the Health and Wellbeing Board should fail to comply with its duties under the NHS Act 2006/ Health and Social Care Act 2012 to produce a DPH Report
  - **Crime and Disorder** - None
  - **Information Technology (IT)** - None
  - **Property** - None
  - **Other** - None

### **Risk Management**

10. Failure to produce a DPH Report would present a reputational risk for the Health and Wellbeing Board.

### **Recommendations**

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

Reason: To be informed of current public health issues for York.

**Contact Details**

**Author:**

Tara Vickers  
Strategic Information  
Specialist  
City of York Council  
01904 553526

**Chief Officer Responsible for the report:**

Julie Hotchkiss  
Acting Director of Public Health  
City of York Council  
01904 555761

**Report  
Approved**

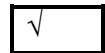


**Date**

20  
November  
2014

**Wards Affected:**

**All**



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

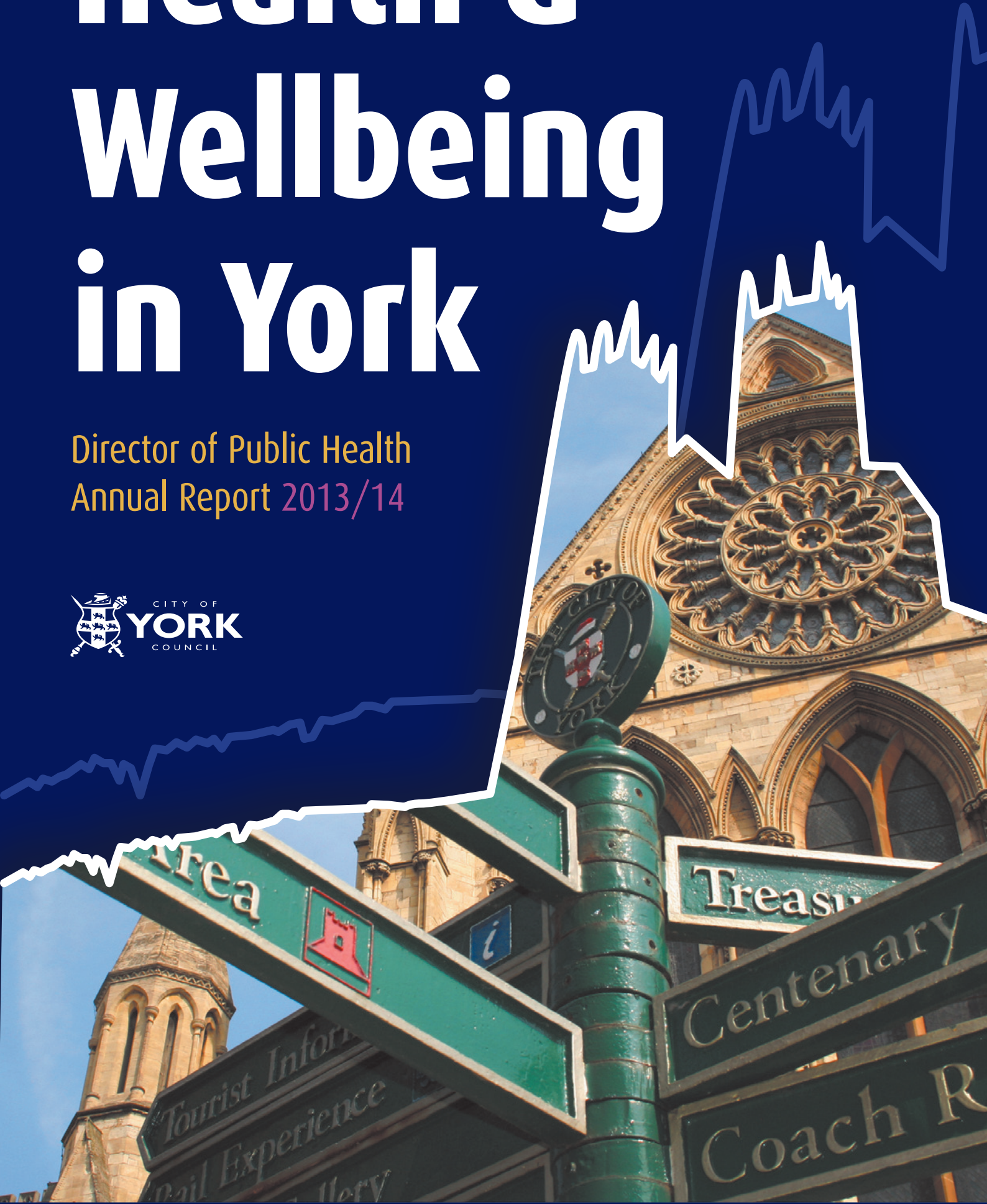
**Annexes**

**Annex 1-** Health and Wellbeing in York Director of Public Health Annual Report 2013/14

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# Health & Wellbeing in York

Director of Public Health  
Annual Report 2013/14



# Contents

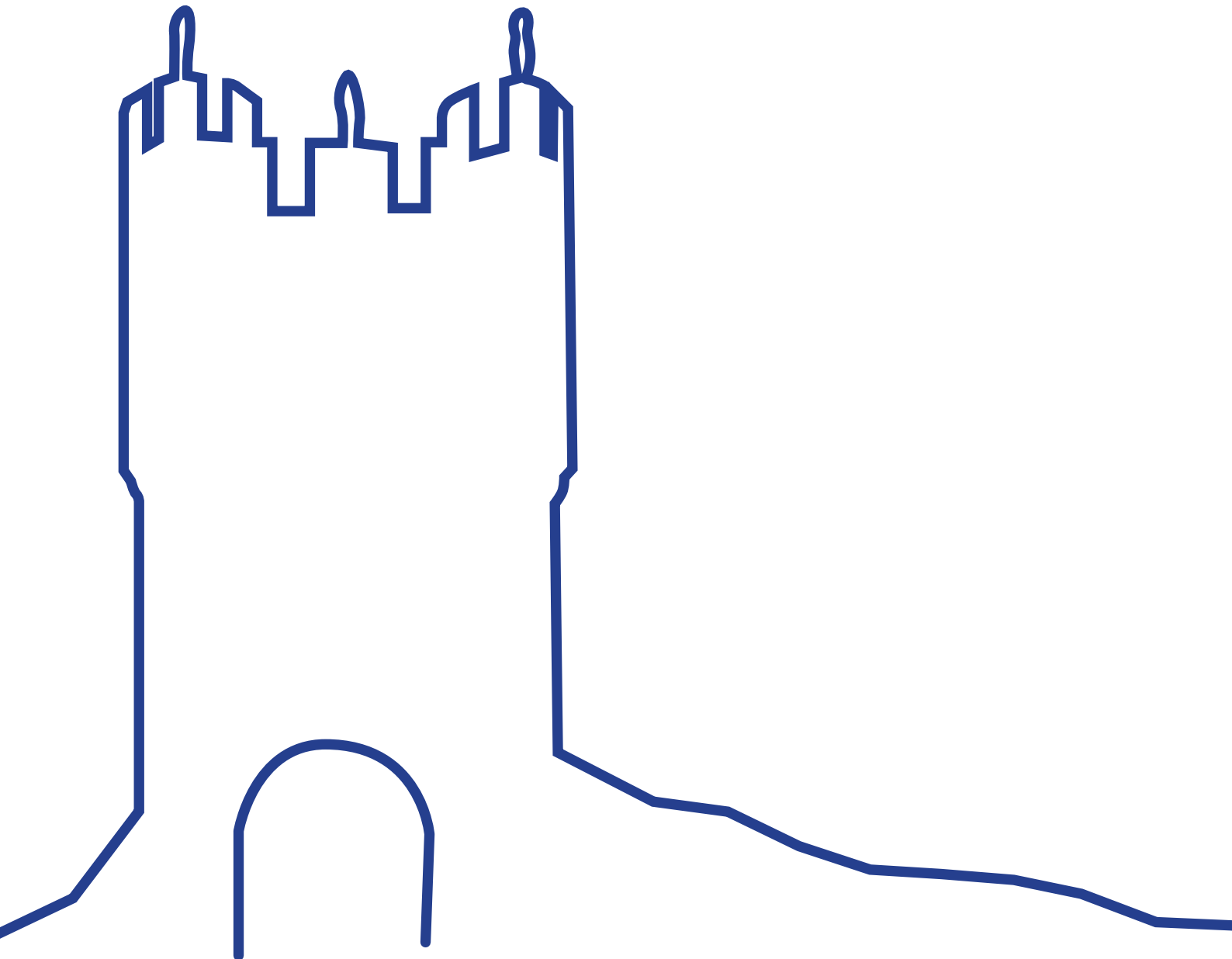
Contents .....	2
Executive Summary.....	5
<b>Section 1: Introduction .....</b>	<b>6</b>
<b>Section 2: Health Indicators for York – Overview .....</b>	<b>8</b>
What is the Public Health England Health Profile? .....	8
How “Healthy” is York?.....	9
York outcomes benchmarking (NHS England) .....	11
What does this mean for York’s residents? .....	12
<b>Section 3: Life Expectancy and Inequalities Gap.....</b>	<b>13</b>
Life expectancy .....	13
Premature mortality.....	14
Inequalities in life expectancy.....	16
What is the range of deprivation in York? .....	16
What is the slope index of inequality in life expectancy? .....	17
What does the slope index look like in York for males and females? .....	19
Which causes of death contribute to the life expectancy gap in York? .....	22
<b>Section 4: Public Health Outcomes Framework. ....</b>	<b>25</b>
Wider determinants of health .....	25
Health improvement.....	27
Health protection .....	28
Healthcare and premature mortality.....	28
<b>Section 5: Public Health England Profiles.....</b>	<b>30</b>
Community Mental Health Profile .....	30
Learning Disabilities Profile .....	33
Child Health Profile. ....	35
National Child Measurement Programme (NCMP) Profile.....	36
Tobacco Profile .....	39
<b>Section 6: Improving Health and Wellbeing in York 2013 – 2016.....</b>	<b>42</b>
York’s Health and Wellbeing Board .....	42
An Introduction to the Strategy.....	43
Making York a great place for older people to live.....	45
Reducing health inequalities .....	46



Improving mental health and intervening early.....	47
Enabling all children and young people to have the best start in life .....	48
Creating a financially sustainable local health and wellbeing system .....	49
Delivering the Health and Wellbeing Strategy: .....	49
<b>Section 7: Emerging Issues.....</b>	<b>51</b>
<b>Domestic Abuse .....</b>	<b>51</b>
What is domestic abuse?.....	51
How does domestic abuse impact on health and wellbeing? .....	52
What local data is available on domestic abuse?.....	53
What is being done to tackle domestic abuse in York? .....	55
<b>Alcohol.....</b>	<b>58</b>
What are the levels of alcohol use in York?.....	59
How does alcohol use impact on health and wellbeing? .....	61
What is the financial cost to society of alcohol misuse in York? .....	63
What specialist treatment is available in York? .....	64
<b>'York 300': raising the attainment of disadvantaged pupils. ....</b>	<b>68</b>
What are the issues in York? .....	68
What is the Pupil Premium? .....	68
What is the proposal for the project?.....	70
<b>Mental Health .....</b>	<b>71</b>
Mental health JSNA 'deep dive' .....	71
Health-Based Place of Safety (HBPOS) for s.136 Mental Health Act (MHA) detainees .....	72
Dementia Friends.....	73
<b>Poverty .....</b>	<b>75</b>
<b>Section 8: Summary and Recommendations .....</b>	<b>77</b>
Closing Statement.....	81
References.....	82
<b>Appendix 1: Index of Charts and Tables.....</b>	<b>84</b>
<b>Appendix 2: Links to other sources of information.....</b>	<b>86</b>
Acknowledgements .....	88
Your views.....	89
Glossary.....	90

# Special Acknowledgements

Special acknowledgements to Alex Drinkall, Tara Vickers and Mike Wimmer for their hard work in compiling this report.



# Executive Summary

1. York is one of the healthiest places to live in England.
2. However there is a very clear and direct relationship with wealth – the rich live longer.
3. The gap in life expectancy between the richest 10% and the poorest 10% is over 8 years for men and over 5 years for women.
4. The gap seems to be narrowing in men, yet widening in women.
5. York doesn't compare well in terms of death rates of the under 75s when compared to other affluent local authorities, although is better than the Yorkshire and Humber average.
6. Alcohol is a problem – we are within the worst 4% of local authorities in numbers of people drinking at “increasing and higher risk.
7. York has a higher than expected number than expected of “excess winter deaths”, i.e. relatively more people die in winter than in the summer months.
8. In most indicators of child health including childhood immunisation York fares well. However coverage of HPV immunisation (the vaccine protecting against cervical cancer) in girls age 12 and 13 is not as good as we would like.
9. Flu immunisation is good in the over 65s, but less so in those under 65 who have long-term conditions (such as asthma or diabetes).
10. Most measures of mental ill health are the same as England, but there are higher rates of hospital admissions for dementia and schizophrenia and similar diseases, and lower rates of contacts with a Community Psychiatric Nurse, people being on a Care Programme Approach and overall contacts with mental health services. This suggests that we need a shift from crisis management to crisis prevention.



**Cllr Tracey Simpson-Laing**  
Cabinet Member for Health,  
Housing & Adult Services  
Deputy Leader  
City of York Council  
May 2011 to April 2014



**Cllr Lindsay Cunningham-Cross**  
Cabinet Member for Health &  
Community Engagement  
City of York Council  
April 2014 to present



**Dr Paul Edmondson-Jones**  
Director of Health & Wellbeing  
Deputy Chief Executive  
City York Council

“As Cabinet Member for Health, Housing and Adult Services and Chair of the city’s Health and Well-being Board I have been very proud to oversee the re-integration of Public Health back into the Local Authority and see the many positive benefits this has brought. I welcome this, the first Director of Public Health Report for York since 1974, and commend it to staff, partners and residents.

The first 12 months of the Health and Wellbeing Board saw significant progress made for the health of the city’s residents including securing a Place of Safety Suite in York.

Such successes were due to the partnership working enabled by the make up of the Health and Wellbeing Board.”

**Cllr Tracey Simpson-Laing**

“The Public Health team has made significant progress in improving the health of the city’s residents in the short time following transition of Public Health into City of York Council. This Report showcases some of the critical public health work that we are leading on in the council and in partnership with our Clinical Commissioning Group, the Health and Wellbeing Board and other key partners in the city. I look forward to the further development of the health and wellbeing agenda as we move forward with our priorities.”

**Cllr Lindsay Cunningham-Cross**



## Section 1: Introduction

Welcome to the first Public Health Annual Report for the city of York since 1974 and my first as Director of Public Health for City of York Council.

April 2013 saw a huge period of change as Public Health was transferred back into local authority from the NHS. That this transition was achieved without mishap or interruption to service is a credit to all those involved.

York plays an important role in the development of Public Health as we know it today.

John Snow, the iconic figure in the history of epidemiology and Public Health was born in York in 1813 and went onto dispel the belief that the spread of cholera was airborne. Snow carried out a series of in depth studies to plot cases of cholera on a map in an area of London. This identified the water from a particular water pump as the source of the disease. Snow had the pump handle removed which resulted in cases of cholera diminishing immediately – this was a pivotal moment in Public Health.

York is a reasonably affluent city which translates into its residents having good life expectancy and generally positive health outcomes. However it is important the City of York Council remains aware of the inequalities that exist but may not be as obvious based on overall and average figures and York's position in the national tables.

The Longer Lives report (June 2013) highlighted that approximately 500 of York's residents die prematurely i.e. under the age of 75. While this is a tragic loss of potential life expectancy for each of those individuals, it is even more tragic that two thirds of these early deaths were preventable.

One of the great forefathers of Public Health in York, Seebohm Rowntree, carried out a seminal study of over 11,000 working class families in York from 1890-1900 and concluded that, if you want to improve health outcomes and tackle health inequalities, you need to tackle poverty and improve housing. The transfer of responsibility for improving health and well-being back to local authorities adds even more urgency and importance to this agenda and enables the council to supplement the anti-poverty drive with a large-scale systematic programme to reduce the harm done by alcohol, smoking and obesity.

The speed of John Snow's action, the logic of his analysis and the pragmatism of his response to the cholera outbreak made this a classic event in the history of Public Health. The core principles of this – speed, expert judgment and common sense – will continue to be adopted and employed by City of York Council's Public Health team. This is a huge aspiration and challenge which is matched by our ambition and determination to help improve the health and wellbeing of the people living in York.

**Dr Paul Edmondson-Jones MBE**  
**Director of Health and Wellbeing and Deputy Chief Executive**  
**City of York Council**  
**2014.**

## Section 2:

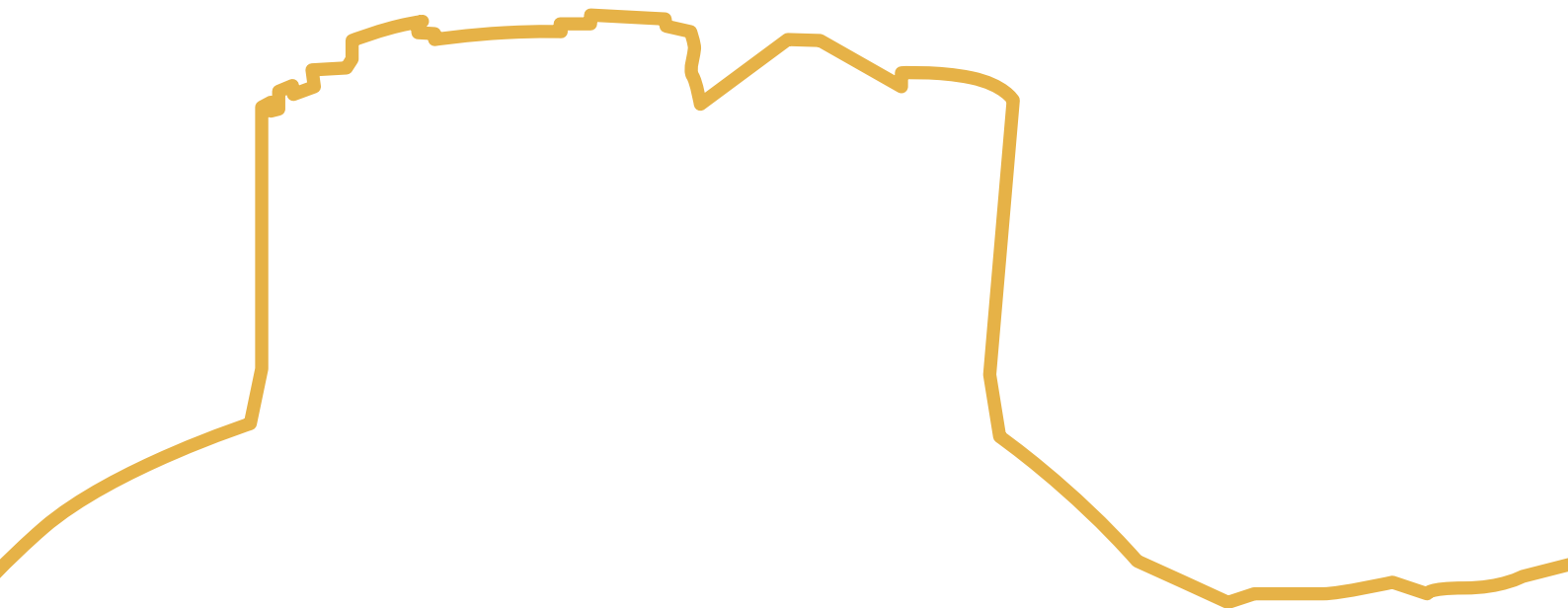
# Health Indicators for York – Overview

Changes in the health status of the population occur slowly and Public Health interventions generally have long-term, rather than short term, impacts. It is therefore sometimes difficult to see progress when we look at the small changes that occur from year to year. However, the return of Public Health to local authorities in 2013 provides a useful opportunity for reflection on longer term changes in population health. In addition to reflecting on these changes local authorities work closely with Public Health England to monitor their own performance in several areas by using the Public Health England Profile.

## What is the Public Health England Health Profile?

The Public Health England Health Profile gives a picture of health in a local area and sets out a vision for Public Health in England. It details where it is hoped Public Health will make a difference to the population's health and indicators that will help us understand how well Public Health is being improved and protected.

The profile concentrates on two high-level outcomes – how long people live and how well they live at all stages of life.



The Public Health England Health Profile allows comparisons to be made between all local authorities, as well as seeing how City of York Council is doing against the England average.

A snapshot overview of health in York is provided by the by the 2013 Health Profile (Public Health England 2013a).

## How “Healthy” is York?

York is significantly better than the England average for over half of the indicators and similar for the others.

- The health of people in York is generally better than the England average. Deprivation is lower than average, however about 4,100 children live in poverty.
- Life expectancy for both men and women is similar to the England average.
- Life expectancy is 8.5 years lower for men and 5.6 years lower for women in the most deprived areas of York than in the least deprived areas.
- Over the last 10 years overall mortality rates have fallen. The early death rate from heart disease and stroke has fallen and is better than the England average.
- At age 11 (school Year 6), nearly 1 in 7 children are classified as obese; which is better than the average for England which is nearly 1 in 5.
- Levels of teenage pregnancy and GCSE attainment are better than the England average.
- Estimated levels of physical activity are better than the England average.
- Rates of sexually transmitted infections, road injuries and deaths, smoking related deaths and hospital stays for alcohol related harm are better than the England average.

The areas where York’s health is relatively poor are:

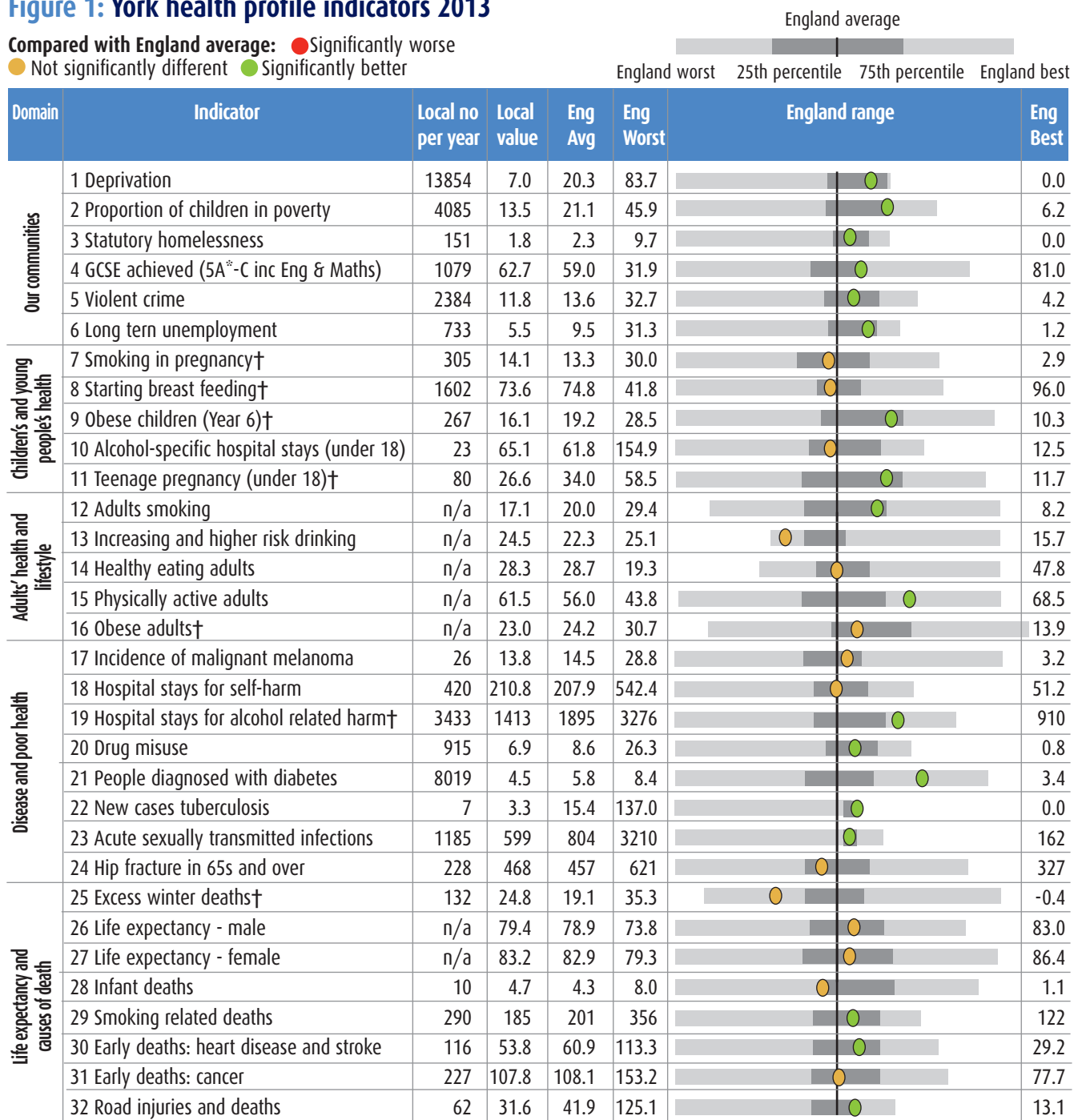
- “Increasing and higher risk” drinking – we are within 1% of the worst local authority in the country.
- Excess winter deaths (i.e. the greater number of people who die in the winter months, compared to the summer months)



City of York Council's Public Health team works with many partners across the city to ensure that Public Health services are providing what the local population need and that they are available in the right places to give the best chance for healthy outcomes for the city's residents. This includes working with the NHS North Yorkshire Stop Smoking Service, developing a healthy weight programme for use in schools, overseeing the National Child Measurement Programme and inputting into the council-wide priority of poverty reduction within York from a health perspective.

The chart below shows York's performance on the various indicators<sup>1</sup>.

**Figure 1: York health profile indicators 2013**



†For comparison with PHOF indicators please go to the following link: [www.healthprofiles.info/PHOF](http://www.healthprofiles.info/PHOF)

<sup>1</sup> For some indicators an updated figure has been released since the York Health Profile was published on 24.9.13. The bullet points on the previous page reflect the most up to date available information.

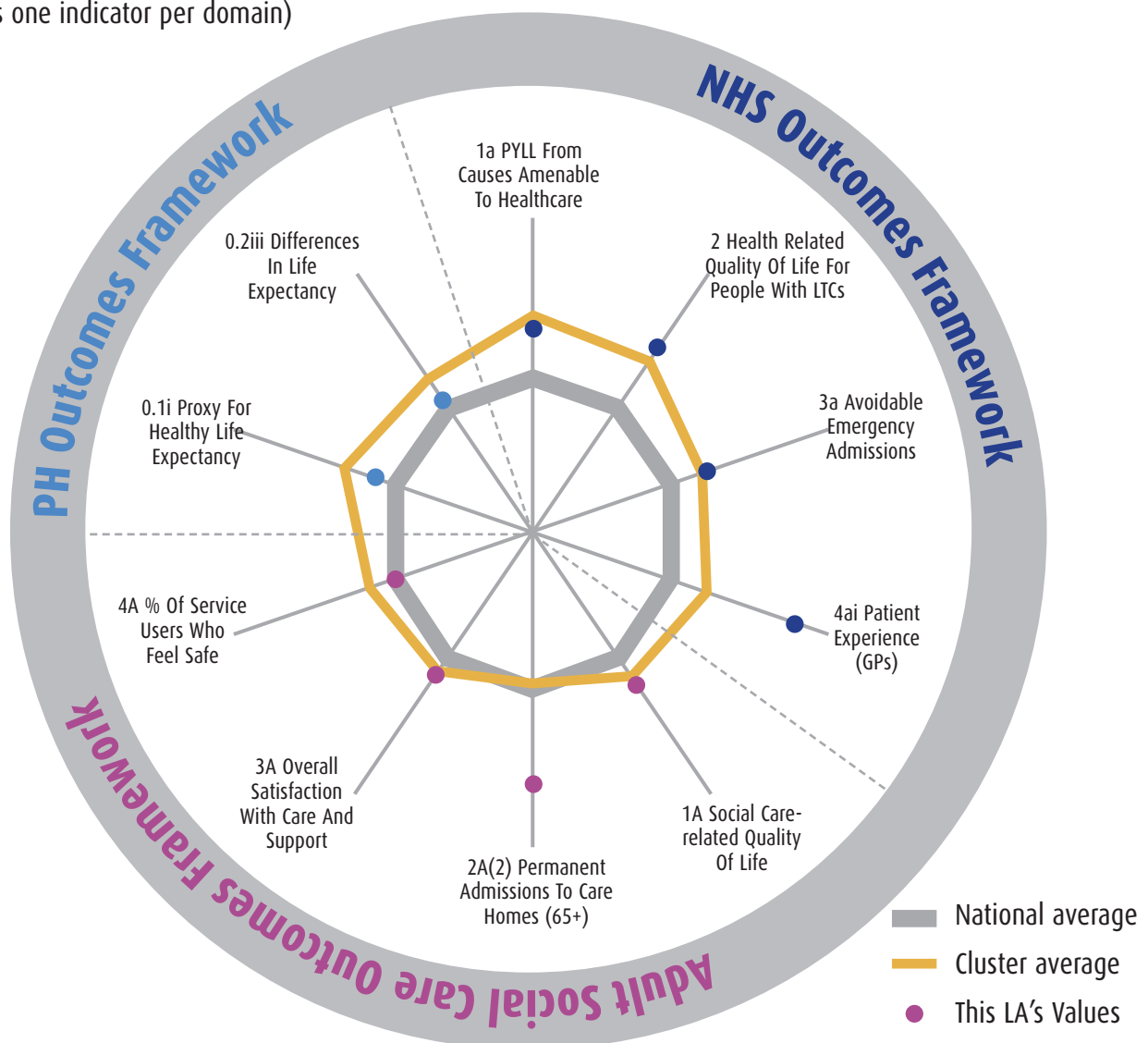


## York outcomes benchmarking (NHS England)

The outcomes benchmarking support pack for York (NHS England 2012) provides high level comparative information on indicators from the NHS outcomes framework, the Public Health outcomes framework and the adult social care outcomes framework. York is benchmarked against the national average and a group of comparable local authorities (ONS Prospering UK cluster). York compares favourably with national averages but is lower than the cluster average on some indicators e.g. healthy life expectancy.

**Figure 2: York outcome benchmarking spider diagram**

(shows one indicator per domain)



This LA is in the Prospering UK ONS cluster

Each 'leg' of the chart represents a high-level indicator from the three Outcomes Frameworks.

**Each 'leg' is orientated such that points further from the origin represent "better" performance.**

Where there is more than one indicator for an Outcome Framework domain, a single indicator is shown in this chart.

The coloured spots show this LA's rank within all LAs in England. The grey circle represents the England median and the yellow shape represents the ONS cluster median.

The equal spacing of the indicators in the diagram is not meant to suggest any implied weighting or relative importance of the different indicators or Outcomes Frameworks.

## What does this mean for York's residents?

York fares well overall in terms of its residents' health. However the health profile indicators highlight areas where more needs to be done to improve the health of a particular sector of the city's population and this, in turn, will look to increase the chances of a healthier life with more opportunities for education and employment for this group.

The key strategic strand of the City of York Council Plan for the last two years has been to grow the economy and create more jobs as well as to improve the availability of good quality, affordable housing. The recent transfer of responsibility for improving health and wellbeing back to local authorities adds even more urgency and importance to this agenda and enables the Council to supplement the anti-poverty drive with a large-scale systematic programme to reduce the harm done by alcohol, smoking and obesity.

The areas of Public Health that are highlighted as being below the national average are examined in more detail in other areas of this report.

## Section 3:

# Life Expectancy and Inequalities Gap

### Life expectancy

Life expectancy is one of the longest standing measures of health status in England and the first official life tables were published in 1839.

Since its inception life expectancy has been used to highlight variations in mortality experience between geographical regions of the country. It can now be broken down to local authority level to enable cities and counties to make comparisons.

Throughout recent history life expectancy has dramatically improved in England, particularly since the advent of statutory health and hygiene regulations, and it has continued to increase to this day.

In 1841 life expectancy for males was around 40 years old and for females 42 years old. Today the England average life expectancy for males is 79 years and for females it is 83 years. The significant increase in the average life expectancy demonstrates the importance and the positive impact of a well-structured and efficiently delivered Public Health function.

The latest figures for life expectancy in York are for the period 2010-12 and are shown in the February 2014 version of the Public Health Outcomes Framework (Public Health England 2014a).

- Life expectancy at birth for males in York is 79.6 years which is not statistically significantly different to the England average of 79.2 years.
- Life expectancy at birth for females in York is 83.2 years which is not statistically significantly different to the England average of 83.0 years.

Data is also available for healthy life expectancy for the period 2009-11, based on contemporary mortality rates and self reported good health. This means the age one reaches before serious health problems start affecting the way one lives.

- Healthy life expectancy at birth for males in York is 63.0 years which is not statistically significantly different to the England average of 63.2 years.
- Health life expectancy at birth for females in York is 66.6 years which is statistically significantly higher than the England average of 64.2 years.

## Premature mortality

Over the last 40 years death rates from the main causes have decreased with changes in risk factors in the population, due to increased knowledge and behaviour change, often linked to legislation: Health & Safety at Work, seatbelt legislation, and various restrictions on tobacco use. Medical treatments and technology have improved considerably.

Public Health England provides information about causes of death across England in the 'Longer Lives' publication (Public Health England, 2013b). This provides information about premature (aged under 75) death rates for 2010-2012 for York.

York's overall premature death rate is statistically significantly better than the national average and York is ranked 52nd out of 150 local authorities. However when compared to similar local authorities (based on a number of social and economic indicators), York's overall premature death rate is statistically significantly worse than average and York is ranked 15th out of 15.

There is some variation in the rankings by individual cause of death e.g. York's rankings are better for heart disease/stroke (38th) and liver disease (37th) and worse for cancer (82nd) and lung disease (58th).

A death under the age of 75 is considered "premature". The Longer Lives publication demonstrates that approximately 500 local residents die prematurely each year. It is estimated that two thirds of these early deaths could have been prevented if all known prevention activities were undertaken.

City of York Council is pleased to be in 52nd place in the national table and to be categorised as being in the "best category", but the authority aspires to be in the top 10% nationally and, in so doing, reclaim many hundreds of lost years of life for residents.

The tables below summarise how York compares for premature mortality across England and within the comparator group of local authorities<sup>2</sup>

<sup>2</sup> Bromley; Cambridgeshire; Cheshire East; Dorset; East Riding of Yorkshire; Essex; Gloucestershire; Merton; North Somerset; North Yorkshire; Oxfordshire; Warwickshire; West Sussex; and Wiltshire

**Table 1: York premature death rates compared with England**

Premature deaths per 100,000 - comparison with England			
Premature deaths (category)	Rank in England /150 (1st is best)	Premature deaths per 100,000	Rating
Overall	52	330.3	rates are statistically significantly better than the average
Cancer	82	149.5	rates within expected limits but worse than average.
Heart disease and stroke	38	72.3	rates are statistically significantly better than the average
Lung Disease	58	32.3	rates within expected limits but better than average
Liver Disease	37		

**Table 2: York premature death rates compared with similar local authorities**

Premature deaths per 100,000 - comparison with similar local authorities			
Premature deaths (category)	Rank in comparator group /15 (1st is best)	Premature deaths per 100,000	Rating
Overall	15	330.3	rates are statistically significantly worse than the average.
Cancer	15	149.5	
Heart disease and stroke	11	72.3	rates within expected limits.
Lung Disease	15	32.3	rates are statistically significantly worse than the average.
Liver Disease	10		rates within expected limits.

\* It is worth noting that the various different profiles use different comparator groups. This one uses the local authorities which are the closest economically.

## Inequalities in life expectancy

Most diseases are not scattered evenly through the population. Many diseases are related to age; both the very young and the very old are more susceptible to infections for instance. Obviously only women get ovarian cancer and only men get testicular cancer. These variations have a biological explanation. But most of the variation we observe in health in York, in England and rest of the world is due to variations in socioeconomic conditions.

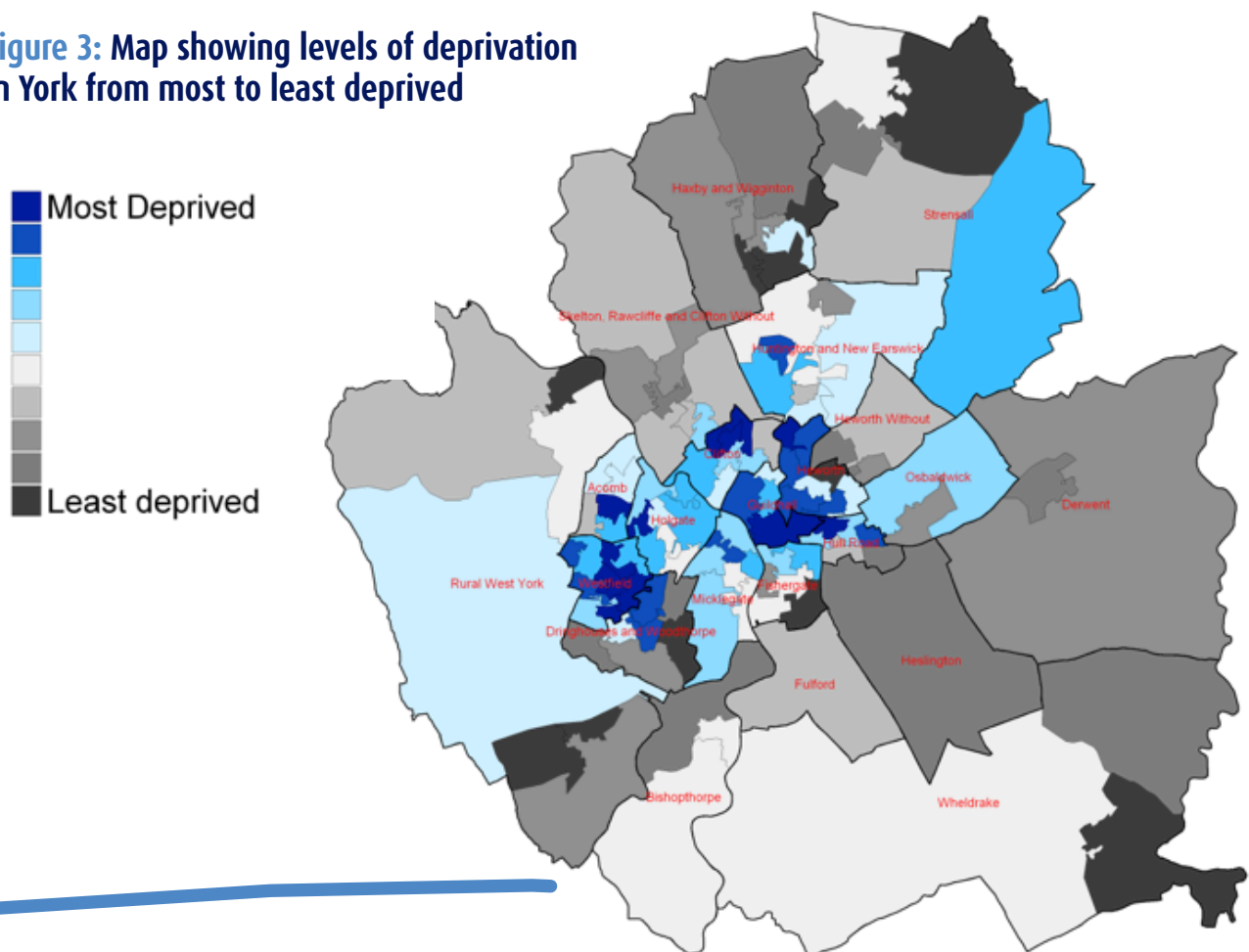
The scale of relative socioeconomic deprivation or affluence is measured using the Index of Multiple Deprivation 2010 (Department for Communities and Local Government, 2010). This is made up of 38 indicators grouped into seven domains: income, employment, health and disability, education skills and training, barriers to housing and services, living environment and crime.

### What is the range of deprivation in York?

York can be divided into 118 small areas (known as Lower Super Output Areas or LSOAs) with approximately 1500 people living in each one. These are ranked from the most to the least deprived and divided into 10 groups, or deprivation deciles, with approximately equal numbers of LSOAs in each (11 or 12).

The map below shows the 10 deprivation groups within York. The darkest blue areas make up the most deprived group in York and the darkest grey areas make up the least deprived group.

**Figure 3: Map showing levels of deprivation in York from most to least deprived**



- The most deprived decile in York is made up of 12 LSOAs located in the following wards: Westfield (4), Clifton (3), Hull Road, Heworth, Guildhall, Acomb and Holgate (1 each).
- The least deprived decile in York is made up of 11 LSOAs located in the following wards: Rural West York (3), Haxby and Wiggington (3), Derwent, Strensall, Fishergate, Heworth and Dringhouses & Woodthorpe (1 each).

The 2013 York Health Profile (Public Health England 2013a) states that deprivation is lower than average in York, based on the number of people living in the 20% most deprived areas in England.

The full range of deprivation in York is summarised in the table below with reference to the national profile. For example, York has one LSOA in the most deprived group within the country, seven LSOAs in the second most deprived group and so on.

**Table 3: York LSOA's in relation to the national deprivation profile**

No and % of LSOAs in York falling with each national deprivation decile 2010	National IMD decile	
1 (1%)	1	most deprived 10% in England
7 (6%)	2	
8 (7%)	3	
6 (5%)	4	
7 (6%)	5	
12 (10%)	6	
10 (8%)	7	
16 (14%)	8	
22 (19%)	9	
29 (25%)	10	least deprived 10% in England

It can be seen that generally York has higher percentages of LSOAs in the less deprived national groups e.g. a quarter of LSOA's in York fall within the least deprived national decile.

## What is the slope index of inequality in life expectancy?

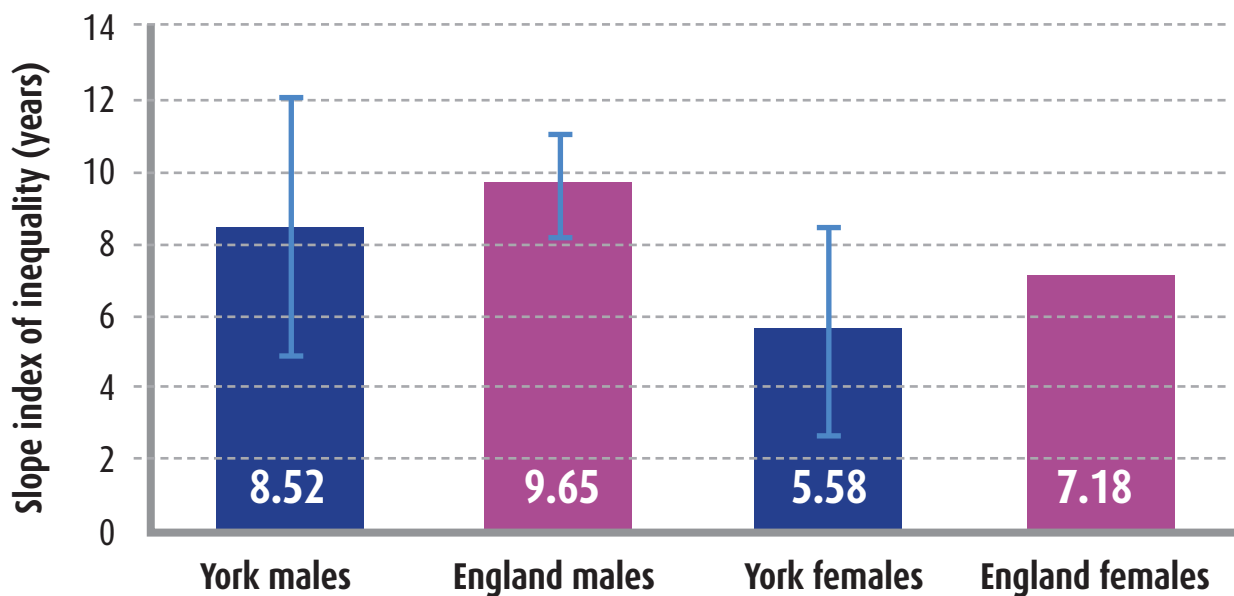
The slope index of inequality is a measure of the social gradient in life expectancy i.e. how much life expectancy varies with deprivation.

Life expectancy at birth is calculated for each small area (LSOA) and this information is used to calculate the index, a single number which shows the difference in life expectancy in years from

the most to the least deprived areas in York. The same process is used for the 32,844 LSOAs in England to produce the national slope index.

The chart below shows the slope index figure for York for 2009-11 (provisional) in relation to the national slope index (Public Health England 2014a).

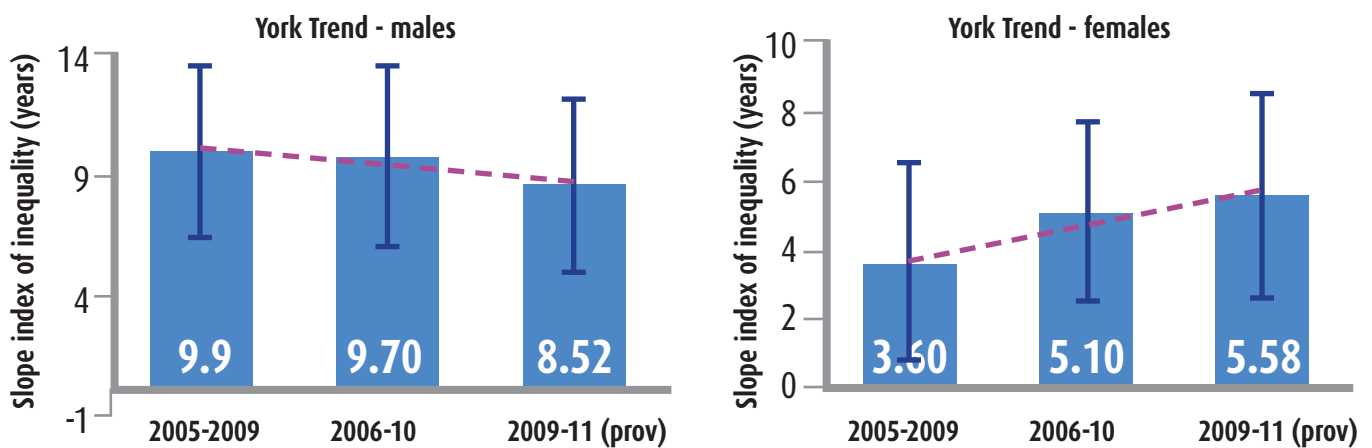
**Figure 4: Slope Index of Inequality 2009-11 York v National Average**



The gap is lower for York compared with the national average for both males and females, however taking into account the confidence intervals (blue bars on the chart) this difference is not statistically significant.

The charts below show the recent trend for these indicators using historical data (Public Health England, 2012)

**Figure 5: Trends in slope index of inequality**





It can be seen that although changes from one period to the next are not statistically significant the general trend appears to be an improvement for males (smaller gap) but a decline for females (bigger gap).

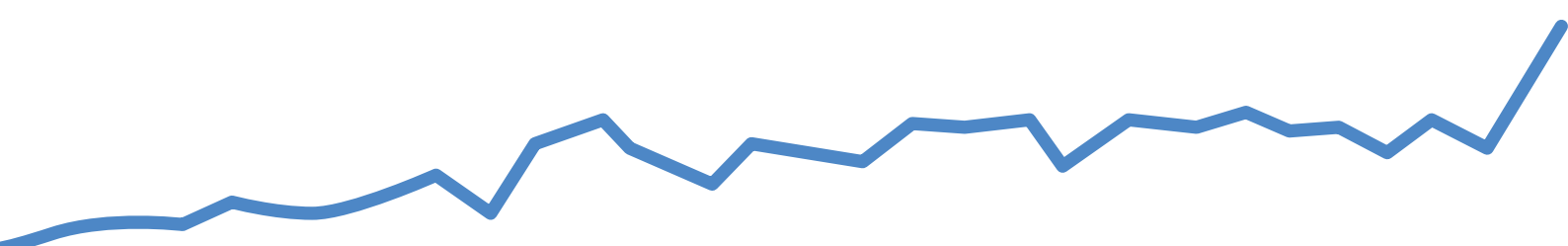
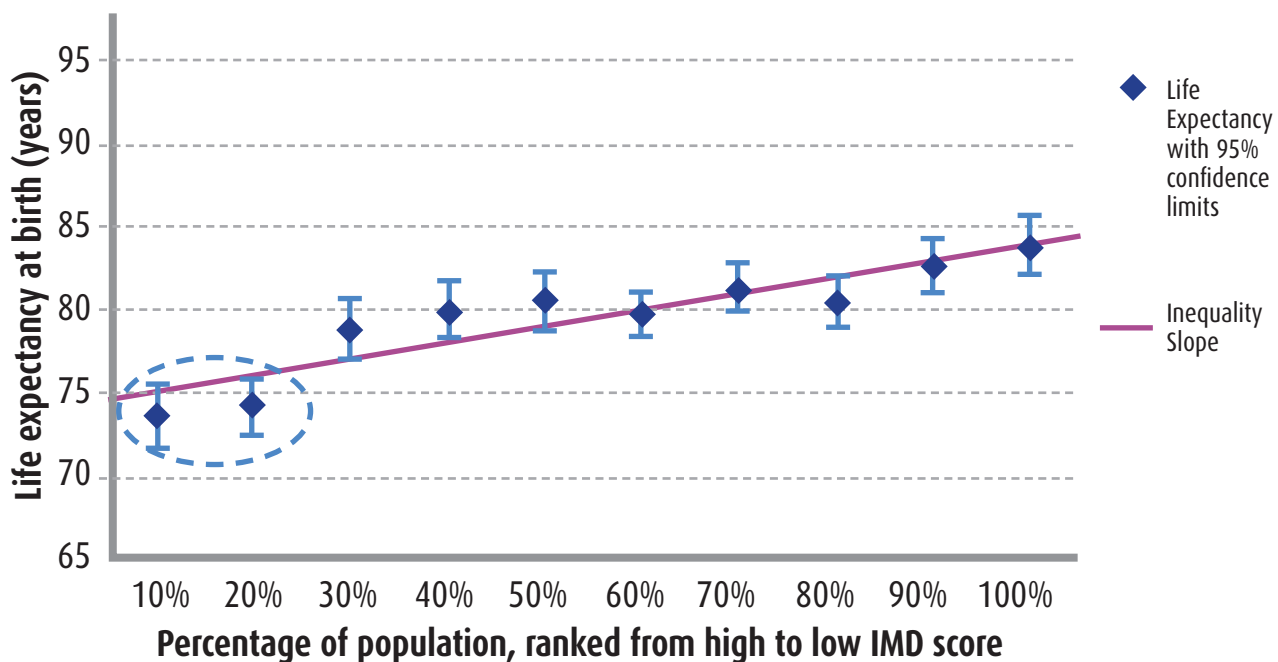
## What does the slope index look like in York for males and females?

The slope index of inequality is shown for males for the period 2006-10 in the chart and table below (Public Health England, 2014a).

The chart indicates that the two most deprived deciles (circled) had significantly lower life expectancy than the other eight. The table shows a statistically significant drop of 4.7 years in life expectancy from the third to the second most deprived decile (highlighted in red). This raises concern that there is a significant 'step down' in life expectancy for the most deprived men in York.

**Figure 6: Slope Index of Inequality York Males 2006-10**

Life Expectancy by Deprivation Deciles, showing the Slope Index of Inequality York, males, 2006-10 (provisional) Slope Index of Inequality = 9.7 years (95% Confidence Interval: 6.0 to 13.5)



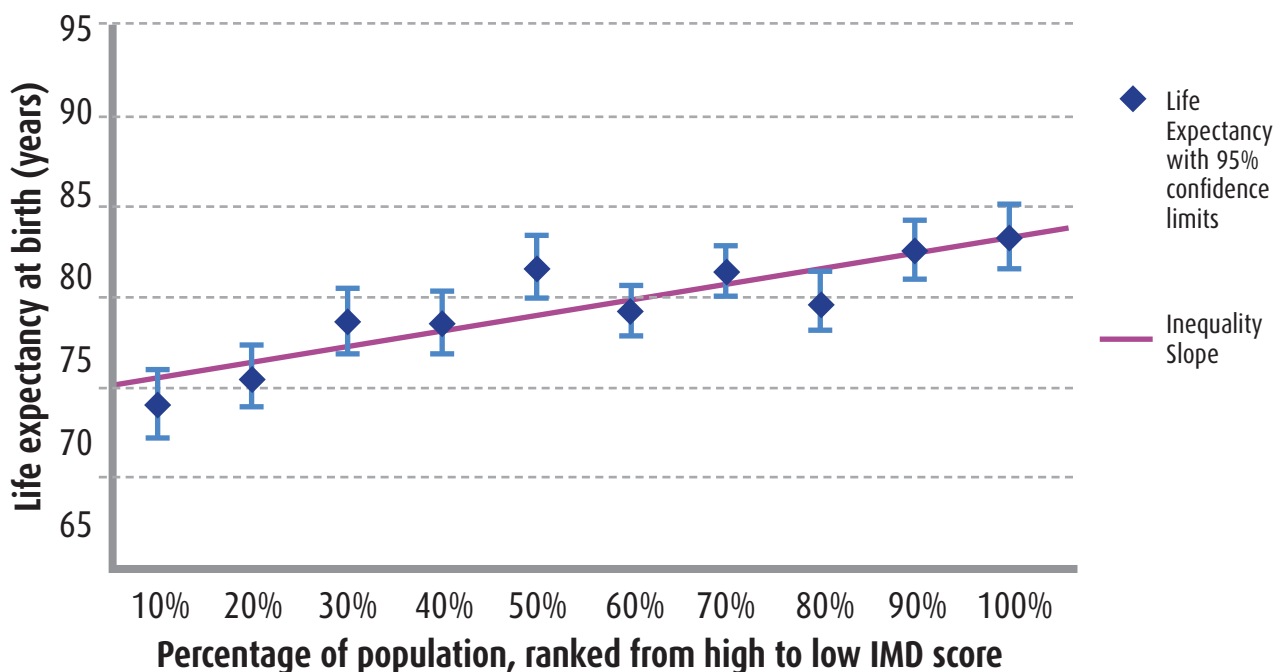
**Table 4: Life Expectancy by deprivation decile in York (males 2006-10)**

York Males 2006-2010			
Decile (10 = least deprived, 1 = most deprived)	Life Expectancy (years)	95% CI range	Change in LE from previous decile
10	83.9	82.5 - 85.4	
9	82.7	81.4 - 84	-1.2
8	80.6	79.5 - 81.8	-2.1
7	81.4	80.3 - 82.6	0.8
6	79.8	78.6 - 81.1	-1.6
5	80.6	79.4 - 81.8	0.8
4	80.0	78.6 - 81.4	-0.6
3	78.9	77.6 - 80.2	-1.1
2	74.2	72.8 - 75.6	-4.7
1	73.7	72.3 - 75.1	-0.5

The chart and table below show the position for the period 2009-11 based on the provisional data which is available.

**Figure 7: Slope index of inequality for York (males 2009-11, provisional)**

Life Expectancy by Deprivation Deciles, showing the Slope Index of Inequality York, males, 2009-11 (provisional) Slope Index of Inequality = 8.5 years (95% Confidence Interval: 4.9 to 12.2)



**Table 5: Life expectancy by deprivation decile in York (males 2009-11 provisional)**

York Males 2006-2010			
Decile (10 = least deprived, 1 = most deprived)	Life Expectancy (years)	95% CI range	Change in LE from previous decile
10	83.3	81.5 - 85.1	
9	82.6	81 - 84.2	-0.7
8	79.8	78.3 - 81.3	-2.8
7	81.5	80.1 - 82.9	1.7
6	79.3	77.9 - 80.6	-2.2
5	81.6	79.9 - 83.4	2.4
4	78.7	77 - 80.3	-3.0
3	78.7	76.9 - 80.5	0.1
2	75.6	74 - 77.3	-3.1
1	74.1	72.2 - 75.9	-1.6

It can be seen that the bottom two deciles are not as cut off from the other eight in terms of life expectancy. Whilst there is a fall of 3.1 years in life expectancy from the third to the second most deprived decile (highlighted in red) this is a smaller drop than in 2006-10 and it is not statistically significant. This provisional data therefore suggests an improvement in the inequality in life expectancy for the most deprived males in York.

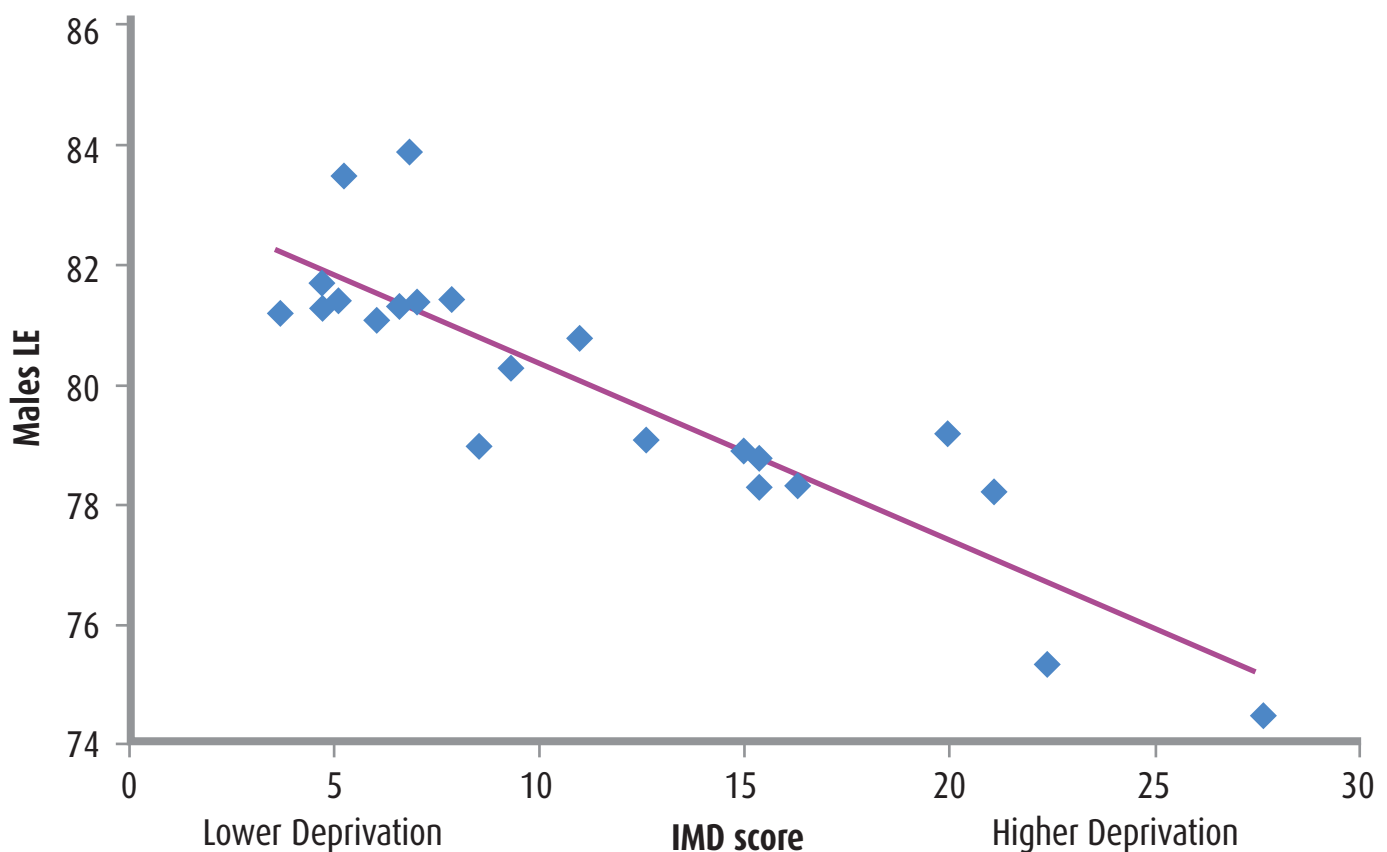
The slope index for females for 2006-10 is shown below. The slope is more gradual than for males and there is no evidence of a sharp drop in life expectancy at the more deprived end of the scale. This will continue to be monitored closely as the trend highlighted earlier was an increase in the slope index for women and a reduction for men.

**Figure 8: Slope index of inequality 2006-10 - York Females**

Time trends for York for the slope index for both men and women in York will continue to be monitored however there are some caveats about doing this at present. There has been a shift from reporting the index on a five year basis, with populations based on the 2001 census to a three year basis using the 2011 census. This means that the results at present are not directly comparable (e.g. 2006-10 v 2009-11) however subsequent three year periods will be comparable (e.g. 2009-11 to 2010-12).

The figure below shows the relationship between deprivation and life expectancy for males at ward level for the period 2006-2010. It can be seen that the higher the deprivation score for the ward, the lower the average life expectancy for males in that ward. This is a very, very strong correlation (the statistical result is  $r=0.9$ ), and this correlation is replicated everywhere in this country and elsewhere.

**Figure 9: Male life expectancy by Ward deprivation score**



## Which causes of death contribute to the life expectancy gap in York?

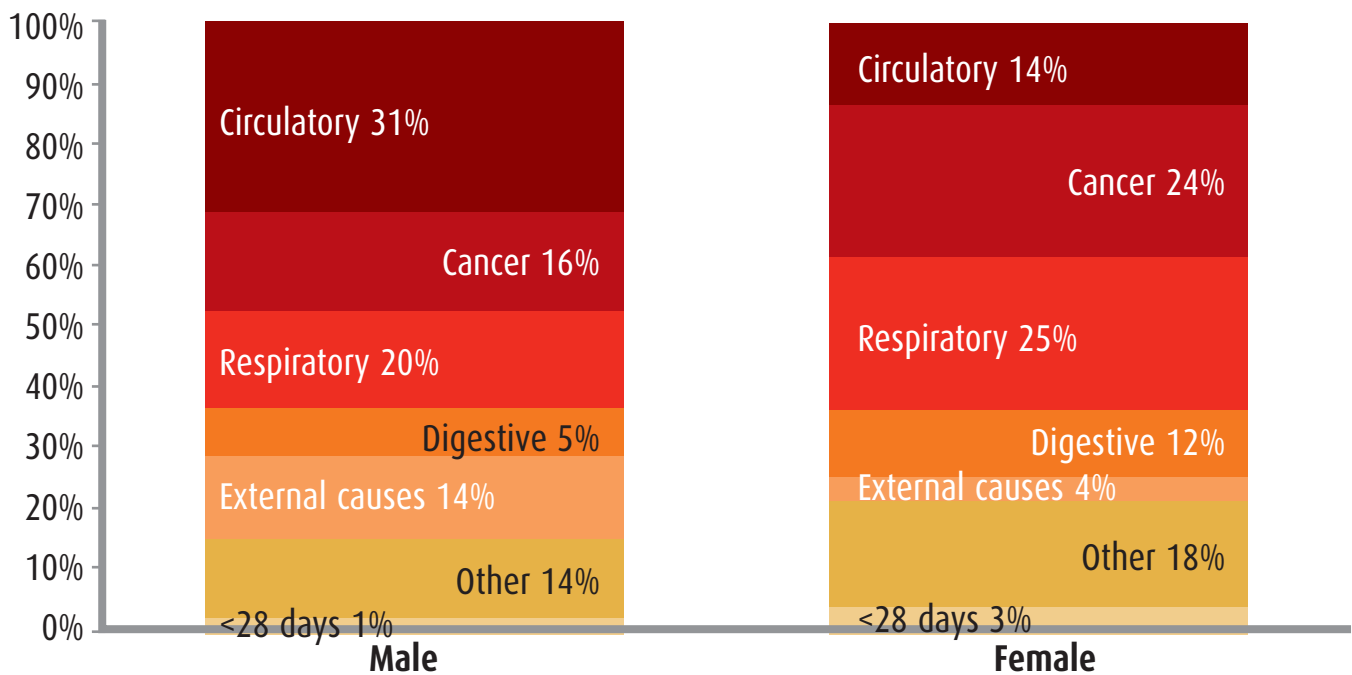
The newly published Segment Tool (Public Health England, 2014b) shows which causes of death impact on life expectancy inequalities within York.

The tool shows, for each cause of death (2009-2011), the percentage contribution that it makes to the overall life expectancy gap between York's most and least deprived quintiles.

The main **broad** causes of death contributing to the life expectancy gap in York were:

- **Males:** circulatory **31%**, respiratory **20%** and cancer **16%**.
- **Females:** respiratory **25%**, cancer **24%** and other (e.g. mental & behavioural disorders) **18%**.

**Figure 10: Breakdown of life expectancy gap by most and least deprived quintiles in York by cause of death 2009-2011**



Footnote: Circulatory diseases includes coronary heart disease and stroke. Digestive diseases includes alcohol-related conditions such as chronic liver disease and cirrhosis. External causes include deaths from injury, poisoning and suicide.

The main **specific** causes of death contributing to the life expectancy gap in York were:

- **Males:** coronary heart disease **20%**, chronic obstructive airways disease **11%** and other external (e.g. injury, poisoning) **10%**.
- **Females:** chronic obstructive airways disease **21%**, lung cancer **20%** and mental and behavioural disorders **11%**.

It is evident that the impact a specific cause of death has on the life expectancy gap varies by gender for example:

- Coronary Heart Disease (20% males v 7% females).
- Lung cancer (20% females v 8% males).

The Marmot Review into Health Inequalities (Marmot, M. et al., 2010) proposed that national health outcomes targets should cover both life expectancy and health expectancy to therefore capture years of life and the quality of those years. The Public Health Outcomes Framework sets the vision for the whole public health system to enable the provision of positive health outcomes for the population with the overarching aim of reducing health inequalities.

## Case Study: Smoking cessation services in York

The specialist stop smoking service in York is an example of how interventions are targeted at particular groups in the city. Smoking has a significant impact on life expectancy and smoking status is strongly correlated with deprivation. Targeted smoking cessation services are offered in the following ways.

- Clinics are held in two community centres in York. One clinic is held in an area where 5 of the 10 most deprived LSOAs are located. The other clinic is scheduled at the same time as other key services in the centre such as the food bank and Citizens Advice.
- A weekly session is held in West Offices and is therefore accessible to City of York Council's customers. The sessions straddle the tea-time/early evening slot to try and attract attendance when people finish work.
- The dedicated smoking in pregnancy service also caters for the partners of pregnant woman and the service is delivered mostly in the clients' nearest children's centre.

## Section 4:

# Public Health Outcomes Framework

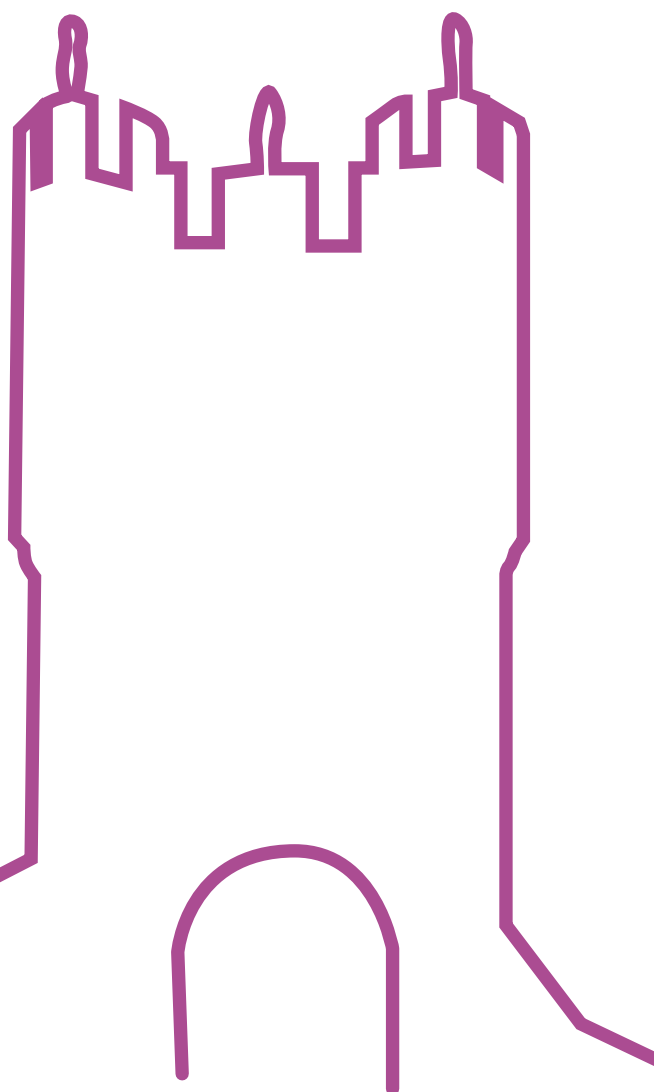
The Public Health Outcomes Framework 'Healthy lives, healthy people: Improving outcomes and supporting transparency' sets out a vision for Public Health, desired outcomes and the indicators that will help understand how well Public Health is being improved and protected. The indicators are grouped into five domains and these are shown below. The February 2014 version of the PHOF (Public Health England, 2014a) has been used for this section.

## Wider determinants of health

The wider determinants of health include factors relating to the physical environment, such as air and water quality, shelter (decent housing standards), safety and security, economic factors such as income and employment, social factors such as family and community. City of York Council aims to ensure good health is a core aspiration and should be reflected in all policies and strategies. Local government has a key role to play in the promotion of health and wellbeing and preventing disease through these wider determinants.

Indicators where York performs significantly better than the national average include:

- Lower numbers of children in poverty.
- Lower pupil absence.
- Fewer 16-18 year olds not in education, employment or training.
- Fewer working days lost to sickness absence.
- Fewer people killed or seriously injured on roads.
- Fewer hospital admissions for violence.
- Fewer households in temporary accommodation.
- Higher rate of adult carers having desired level of social contact.



The two indicators where York performs significantly worse than the national average are speech development in young children (the phonics screening check) and noise complaints. These are shown below with appropriate comments.

- **York had a lower percentage of Year 1 pupils achieving the expected levels in the phonics screening check (overall and specifically for children eligible for free school meals).**

More detailed information about this indicator was obtained from City of York Council's Primary Literacy Consultant. If the changes from 2012 to 2013 are analysed there is a difference between those children in receipt of free school meals and those who are not. The percentage of children reaching the required phonic standard in York increased at the same rate as the national average for children not receiving school meals but the increase was lower in York for those receiving free school meals.

A comprehensive action plan is in place to support low attaining schools and addressing the gap between pupils in receipt of free school meals and other pupils. The actions are summarised below.

- Data analysis leading to identification of schools with low attainment / low attainment of free school meal pupils.
- Universal and targeted training for Early Reading and Literacy subject leaders to raise issues, recommend approaches, discuss actions and offer support.
- Targeted in-school support for identified schools including support with data analysis, monitoring and testing for senior leaders, lesson observations and recommendations, demonstration lessons and support for planning for individual teachers.
- Introduction of oral language intervention, Talk Boost, designed for pupils Reception – Year 2 with environmental language delay.
- Structural shift to increased school to school support via clusters – data sharing, pooled funding to support attainment and progress of vulnerable groups.

The general issue of the gap in attainment between pupils in receipt of free school meals and their peers (the York 300 project) is discussed further in Section 7.

- **York had a higher number of complaints about noise.**

This indicator is important as there are a number of direct and indirect links between exposure to noise and health and wellbeing outcomes. Feedback from City of York Council's Environmental Protection Unit suggests that the high figure for this indicator does not necessarily mean that York has an unusually high level of anti-social behaviour experienced within the area.



Since the creation of the council's noise patrol service in April 2006 the number of noise complaints received has increased significantly. This is due to better customer service and increased provision. In the year 2005/06, 744 domestic noise complaints were received by City of York Council, the following year after the creation of the noise patrol service this increased to 1625 (2006/07). In the current financial year (2013/14) 1351 domestic noise complaints have been received to date.

During the past eight years the environmental protection unit has actively publicised the existence of the noise patrol service via:

- Community engagement, public meetings, press releases.
- Liaison with North Yorkshire Police to ensure that noise complaints received by them are forwarded to the council.
- Joint working with City of York Council's housing estate managers and with local housing associations.
- Improvement to the relevant noise complaint pages on the council's website.

As a result of all these factors the service provided by City of York Council has improved customer confidence in the council's ability to successfully deal with noise complaints and increased the likelihood of residents complaining about noise related issues.

## Health improvement

Indicators where York performs significantly better than the national average include:

- Fewer babies with low birth weight.
- Fewer Year 6 children with excess weight.
- Higher screening coverage for breast and cervical cancer.
- More adults reaching recommended levels of physical activity.
- Fewer adults with excess weight.
- Higher take up of diabetic eye screening checks.
- Fewer hospital admissions for injuries for 15-24 year olds.

Recorded cases of diabetes are significantly lower in York (4.93%) compared with England (6.01%). The ratio of recorded to modelled prevalence is the same for York as for England (81%) which suggests the low figure is a genuine reflection of diabetes in York and not a case of under recording.

## Health protection

Chlamydia is a sexually transmitted infection which can be present without giving rise to symptoms. For this reason we encourage young adults (15 to 24 years) to be tested whenever they have a new sexual partner. Chlamydia diagnoses are lower than average in York. In 2012 the rate was 1044 per 100,000 15-24 year olds compared with 1979 nationally. A higher diagnosis rate is desirable as Chlamydia is asymptomatic and a lower rate may indicate insufficient people are being tested. The service provider has indicated that the published data for 2012 does not accurately reflect local activity. Data for the first three quarters of 2013 shows an improvement as the York rate has increased (1617) and is closer to the national average (1891).

To reduce the spread of the sexually transmitted disease a pilot called '3Cs & HIV' programme was introduced in some GP practices in York. This included offering Chlamydia screening, contraceptive advice and free condoms during consultations with 15 to 24 year olds and considering HIV testing in line with current clinical guidelines.

York achieves higher than average population immunisation coverage for the following vaccines:

- Flu in the over 65s.
- Meningitis - MenC.
- Measles, mumps, rubella -MMR for one dose (2 years old) and two doses (5 years old).
- Diphtheria, whooping cough, tetanus - DTaP/IPV/Hib 1 year old.

Flu vaccination coverage in York is relatively low for individuals under 65 years but "at risk" due to having a long-term health condition such as asthma or diabetes. City of York Council supported the national campaign encouraging residents in the "at risk" group to get their flu jab, as well as educating people on the requirement to receive the vaccine annually due to the flu virus changing from year to year.

The take up of HPV vaccine by school-girls for prevention of cervical cancer also needs to be improved.

## Healthcare and premature mortality

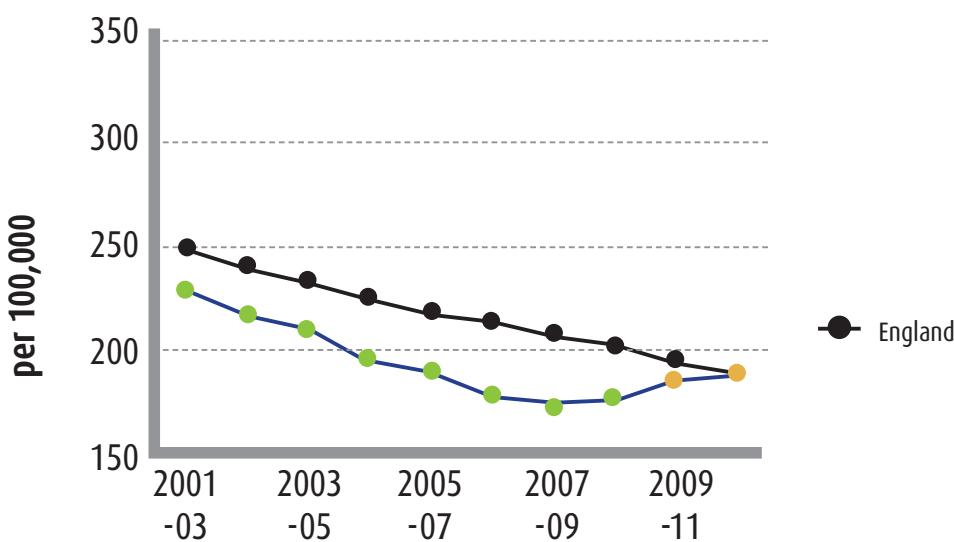
On the majority of healthcare and premature mortality indicators York's performance is similar to the national average.

For a small number of indicators, York performs significantly better than the national average i.e. York has a lower under 75 mortality rate for the following:

- All cardiovascular diseases.
- All cardiovascular diseases (female).
- Cardiovascular diseases considered preventable (females).
- Liver disease (males).
- Liver disease considered preventable (females).

Trend analysis can highlight potential future issues for York. For example, although York’s mortality rate from diseases considered preventable is currently not statistically significantly different from the national average, it can be seen from the figure below that whilst the rate is falling nationally in York it has risen for the last three periods.

**Figure 11: Trend in mortality rate from causes considered preventable**



Period	Sig	Value	Lower CI	Upper CI	Yorkshire and the Humber	England
2001-03	●	228.1	214.6	242.1	263.3	248.4
2002-04	●	216.8	203.7	230.4	253.3	240.0
2003-05	●	209.0	196.3	222.4	245.0	232.5
2004-06	●	194.4	182.1	207.2	237.5	224.3
2005-07	●	187.9	175.9	200.6	231.7	217.7
2006-08	●	176.7	165.1	188.9	226.6	212.8
2007-09	●	171.4	160.1	183.3	219.8	206.9
2008-10	●	175.1	163.8	187.0	214.5	201.5
2009-11	●	184.0	172.5	196.1	208.4	193.8
2010-12	●	187.5	176.0	199.7	203.5	187.8

## Section 5:

# Public Health England Profiles

In this section, five of the main Public Health England Profiles are reviewed.

Health Profiles is a programme to improve the availability of and access to health and health-related information in England. The profiles give a snapshot overview of health for each local authority in England and are produced annually.

The aim of the Health Profiles programme is to help local government and health services make decisions and plans to improve local people's health and reduce health inequalities. The profiles present a set of health indicators that show how each local area compares to the national average. The indicators are carefully selected each year to reflect important Public Health topics. City of York Council uses the Health Profiles indicators and other existing local information to set Public Health priorities for the city.

## Community Mental Health Profile

The York Community Mental Health Profile was updated in 2013 (Public Health England, 2013c). The profile is divided into five sections.

### Wider determinants of health

Wider determinants of health are defined as the social, economic and environmental conditions that influence the health of individuals and populations.

Compared with the national average York has:

- Less violent crime, a smaller percentage of the population living in the 20% most deprived areas, higher employment rates and lower alcohol attributable hospital admissions than the national average.
- Similar number of people in drug treatment and 16-18 year olds not in employment, education or training.

### Risk factors

Risk factors are defined as any attribute, characteristic or exposure of an individual that increases the likelihood of developing a disease, injury or mental health problem.

Compared with the national average York has

- Fewer people living with a limiting long term illness.
- Similar rates of statutory homeless households, first time entrants to the youth justice system and adults participating in the recommended level of physical activity.

### Levels of mental health and illness

It is important to monitor and investigate the levels of mental health in order to target and improve mental health services at a local level.

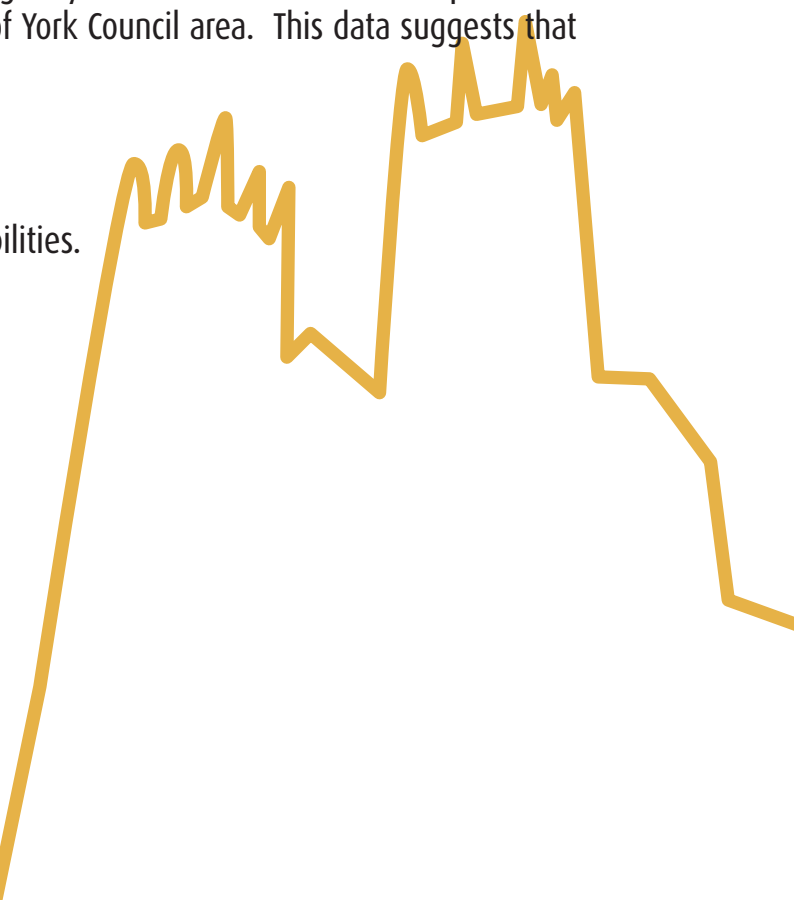
The profile shows that compared to the national average York has a higher percentage of adults with dementia, a higher percentage of adults with depression and a similar percentage of adults with learning disabilities.

These indicators are drawn from GP practice data contained in Quality Outcomes Framework (QOF) for 2011/12. The figures used in this profile, however, are an average of the prevalence rates for all 98 GP practices (covering approximately 800,000 people) in the former North Yorkshire and York Primary Care Trust area.

Local analysis of the data has been carried out using only the values from the 20 GP practices (covering 217,226 people) located within the City of York Council area. This data suggests that compared to the national average York has:

- A similar percentage of adults with dementia.
- A higher percentage of adults with depression.
- A lower percentage of adults with learning disabilities.

A summary of the data for the York GP practices is shown below (the figures in brackets are 95% confidence intervals).



**Table 6: Prevalence of dementia, depression and Learning Disabilities in York GP practices**

Prevalence data from 2011-12 QOF: York GP practices v England average	Prevalence		
	Dementia	Depression	Learning Disabilities
York	<b>0.54%</b> (0.51%-0.57%)	<b>13.56%</b> (13.4%-13.72%)	<b>0.33%</b> (0.30%-0.36%)
England	<b>0.53%</b> (0.53%-0.53%)	<b>11.68%</b> (11.67%-11.69%)	<b>0.45%</b> (0.45%-0.46%)

### Treatment

With regards to hospital admissions, York has higher rates for mental health, Alzheimer's and other related dementia and schizophrenia, schizotypal and delusional disorders compared with the national average. Admission rates for unipolar depressive disorders are similar to the national average.

Treatment and early intervention can help to minimise the impact of mental illness and improve overall wellbeing. The numbers of people in contact with mental health services in a local area reflect prevalence but also reflect recognition and diagnosis of conditions and availability of appropriate treatment services.

Compared with the national average York has fewer:

- People on a Care Programme Approach (a way of co-ordinating community services for people with severe and enduring mental health problems).
- Contacts with a Community Psychiatric Nurse.
- Total contacts with mental health services.

Compared with the national average, however York has more:

- In year mental health bed days.
- People using adult / elderly secondary mental health services.

The allocated average spend for mental health per head is similar to the national average.

## Outcomes

Improving patient outcomes is the aim of all mental health services, however there is limited data available about patients after their use of mental health services. A new indicator shows recovery rates following the use of Improving Access to Psychological Therapies and York has a higher rate compared with the England average.

The profile highlights the apparent issue of a much lower percentage of people with mental illness and / or disability in settled accommodation in York (5.7%) compared with the national average (67%). This figure actually relates to 2010-11 and the more recent data from the Adult Social Care Outcomes Framework shows a great improvement for York. In 2011-12 the figure was 54% against the national average of 54.6% and in 2012-13 the figure for York was 63.9%, above the national average of 58.5%.

Other available outcome indicators are as follows:

- York has lower rates for hospital admissions for injuries to under 18's.
- York's rates for emergency self harm hospital admissions, mortality for suicide and undetermined injury and mortality in under 75s with serious mental illness are similar to the national average.

Further discussion on mental health issues in York is provided in Section 7.

## Learning Disabilities Profile

The Learning Disabilities Profile for York was published in 2013 Public Health England, 2013d).

The profile aims to show

- How many people have learning disabilities.
- How healthy they are.
- How much health care they receive.
- How well social services are looking out for them.

## Population

In terms of the numbers of people with a learning disability, York has a lower number of:

- Adults (18 to 64) with learning disability known to local authorities.
- Children with autistic spectrum known to schools.
- Children with moderate or severe learning difficulties known to schools.
- Children with learning difficulties known to schools.

The number of adults with learning disability known to GPs and children with profound and multiple learning difficulties known to schools are similar to the national average.

In the comparison of local authority (LA) and health service (GP Quality Outcomes Framework) prevalence estimates for learning disability, York has a higher ratio of LA to QOF prevalence. This means that Learning Disability status is either not recognised by the GP practice staff, or not recorded in the patient records. Ideally these estimates should be similar.

## Health

In relation to health, York is similar to the national average for median age at death, emergency hospital admissions, identifying people with learning disability in general hospital statistics and admission rates for physical health conditions common in people with learning disabilities.

York, however, has a lower proportion of eligible adults with a learning disability having a GP health check (31.3% compared with 52.7% nationally for 2011-12). This is an important indicator because people with learning disability have more difficulty than other groups in recognising ordinary health problems and getting treatment for them. Each year GPs should offer regular health checks to make sure important problems are identified and treated as soon as possible.

This data is collected at GP practice level and reported at PCT level so the figure for York is actually the figure for the former North Yorkshire and York PCT area. A request has been submitted to have the data for the practices in City of York Council's boundary only. Data released since the Learning Disability 2013 profile was published (Public Health England, 2013e) shows that there has been an improvement for 2012/13 (35.9% compared with 52% nationally).

## Accommodation and social care

Compared with the national average York has fewer people with learning disabilities living in non settled accommodation and similar numbers living in settled accommodation or having an unknown housing status.

York has a higher number of adults using day services and similar numbers receiving community services or in paid employment.

Gross current expenditure for residential personal social services per 1,000 people with learning disabilities known to the local authority is higher in York. This includes spending on nursing and residential care placements, supported and other accommodation and Supporting People.

York has lower rates of referral to adult social care safeguarding teams for people with learning disability.



## Child Health Profile

The Child Health Profile for City of York Council (Public Health England, 2014c) provides a snapshot of child health in the city.

The Child Health Profiles contain data on a wide range of issues about and affecting child health from levels of childhood obesity, MMR immunisation rates, teenage pregnancy and underage drinking, to hospital admissions, educational performance and youth crime.

The key findings from the report show that the health and wellbeing of children in York is generally better than the England average. Children and young people under the age of 20 make up 21.7% of the city's population.

- The level of child poverty in York is better than the national average with 13% of children aged under 16 living in poverty compared with 21% for England.
- The rate of family homelessness is better than the England average.
- In 2012 there were 2,095 live births in York, which saw the number of children in the city aged between 0 and 4 increase to 10,700 and the number of children aged 0 to 19 increase to 43,500. It is projected that the number of children in York aged 0 to 19 by 2020 will be 44,900.
- 8% of children aged 4-5 years old and 16% of children aged 10-11 years old are classified as obese. Compared with the England average, York has a similar percentage in Reception age children and a lower (better) percentage in Year 6 children.
- York is above national average for GCSEs achieved (5 A\*-C inc. English and maths). For looked after children educated in York, we are similar to the national average for GCSEs achieved (5 A\*-C inc. English and maths).

One indicator where York's result is worse than average is hospital admissions as a result of self harm (10-24 years). The figure for 2012/13 was 429 per 100,000 compared with 346 nationally.

This issue is of concern nationally as hospital admissions for self-harm in children have increased in recent years, with admissions for young women being much higher than admissions for young men.

In the two previous child health profiles York was similar to the national average for this indicator however the age range was 0-17 whereas now it is 10-24. Further details on the number of admissions broken down by age, gender has been requested to enable further insight into why this is a particular issue for York.

## National Child Measurement Programme (NCMP) Profile

The NCMP Local Authority Profile (Public Health England, 2014d) was updated in January 2014.

The National Child Measurement Programme (NCMP) is recognised as being a world class source of data that is fundamental for efforts to tackle childhood obesity.

Children in England in Reception year and Year 6 (approximately age 11) have their height and weight measured as part of the NCMP. The height and weight taken together are used to calculate an index known as the Body Mass Index (BMI).

The NCMP uses the UK 1990 child growth reference to assign a BMI to a child, which places them in a category of 1-4; underweight, healthy weight, over weight or obese.

The overall NCMP data helps City of York Council to target city-wide and school-specific programmes around healthy eating and physical activity, but it is also really important that parents receive information relating to the health of their child so that they consider any action they may want to take.

There are four indicators calculated from the National Child Measurement Programme for both reception and year six children. These are:

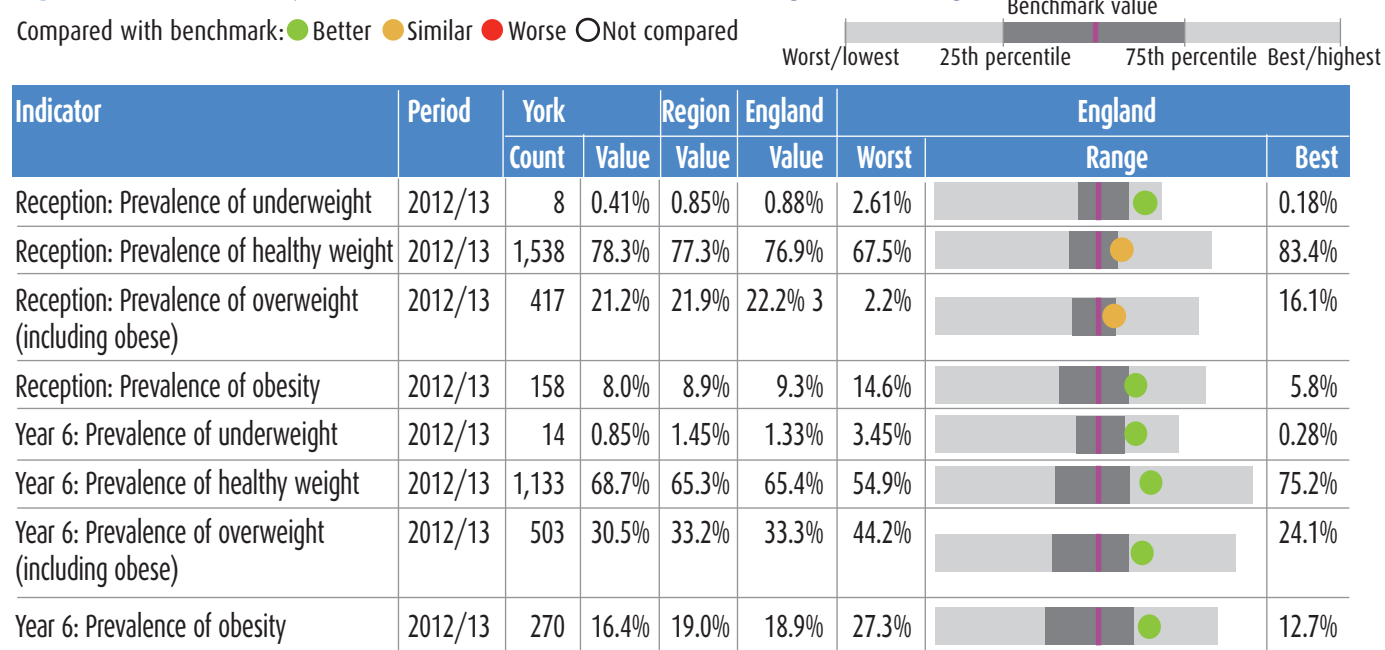
- Prevalence of underweight.
- Prevalence of healthy weight.
- Prevalence of overweight (including obesity).
- Prevalence of obesity.

### Summary of Key Points

- 99% of children in the target years participated in the programme in York (the 9th highest overall NCMP participation rate in the country).
- York's performance on six of the eight measures is rated as better than the national average e.g. York has significantly lower obesity rates for Reception and Year 6 children.
- There were no statistically significant changes in any of the indicators between 2011/12 and 2012/13.
- A family-based lifestyle weight management programme aimed at children who are identified as obese or overweight will be piloted in York in 2014/15.

The fact that York is better than average overall does not mean that it is not a problem. A generation ago a much smaller percentage of children were obese, but children were not measured in a standard way so we are not able to make direct comparisons.

**Figure 12: York 2012/13 NCMP data in relation to the England average**



### Ranking within England

York’s performance on each indicator can be ranked within England<sup>3</sup>. York is in the top quartile for seven of the eight indicators.

### Recent Trends

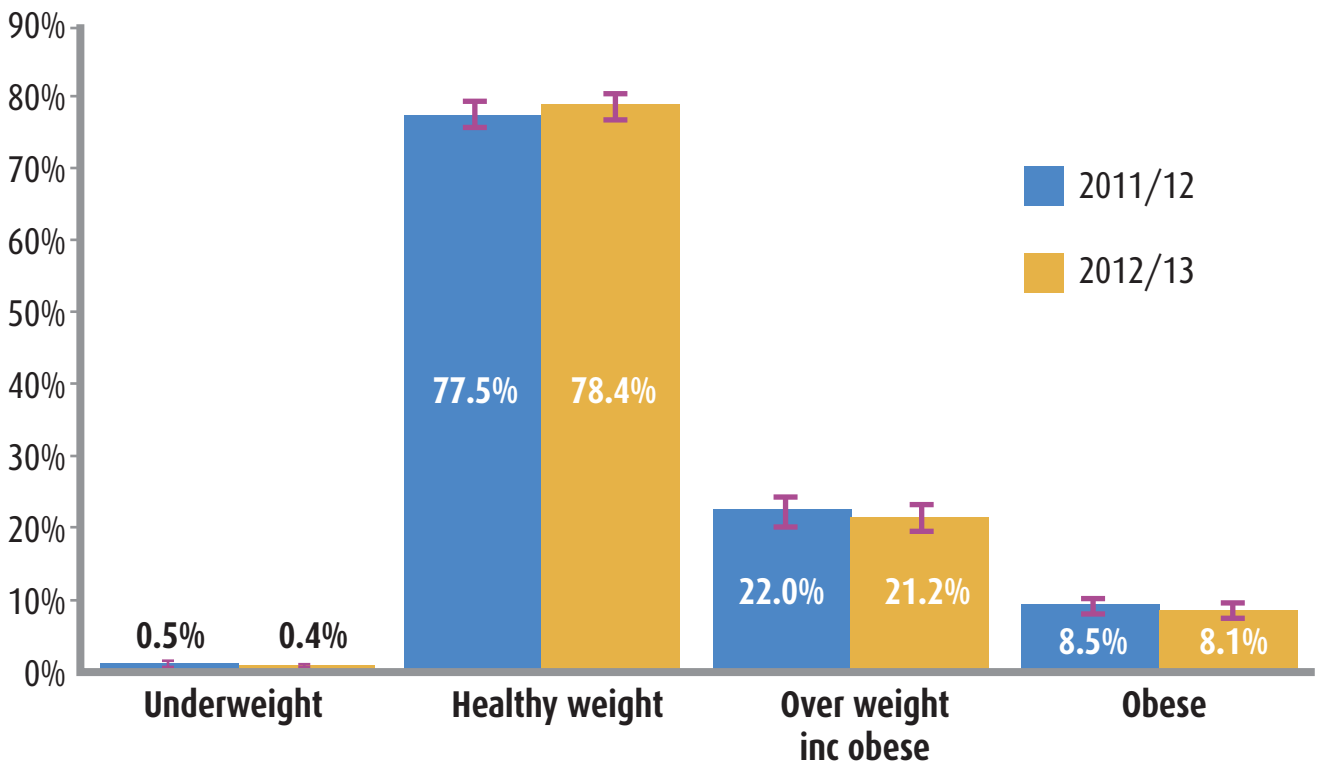
Records in York are considered to be inaccurate between 2008/09 and 2010/11 due to measurement bias<sup>4</sup>. The records are considered valid from 2011/12 onwards, so the charts below show the changes between 2011/12 and 2012/13.

The red lines in Figures 9 and 10 below represent the 95% confidence intervals for each value. In each case the confidence intervals for 2011-12 and 2012-13 overlap, indicating that the changes are not statistically significant.

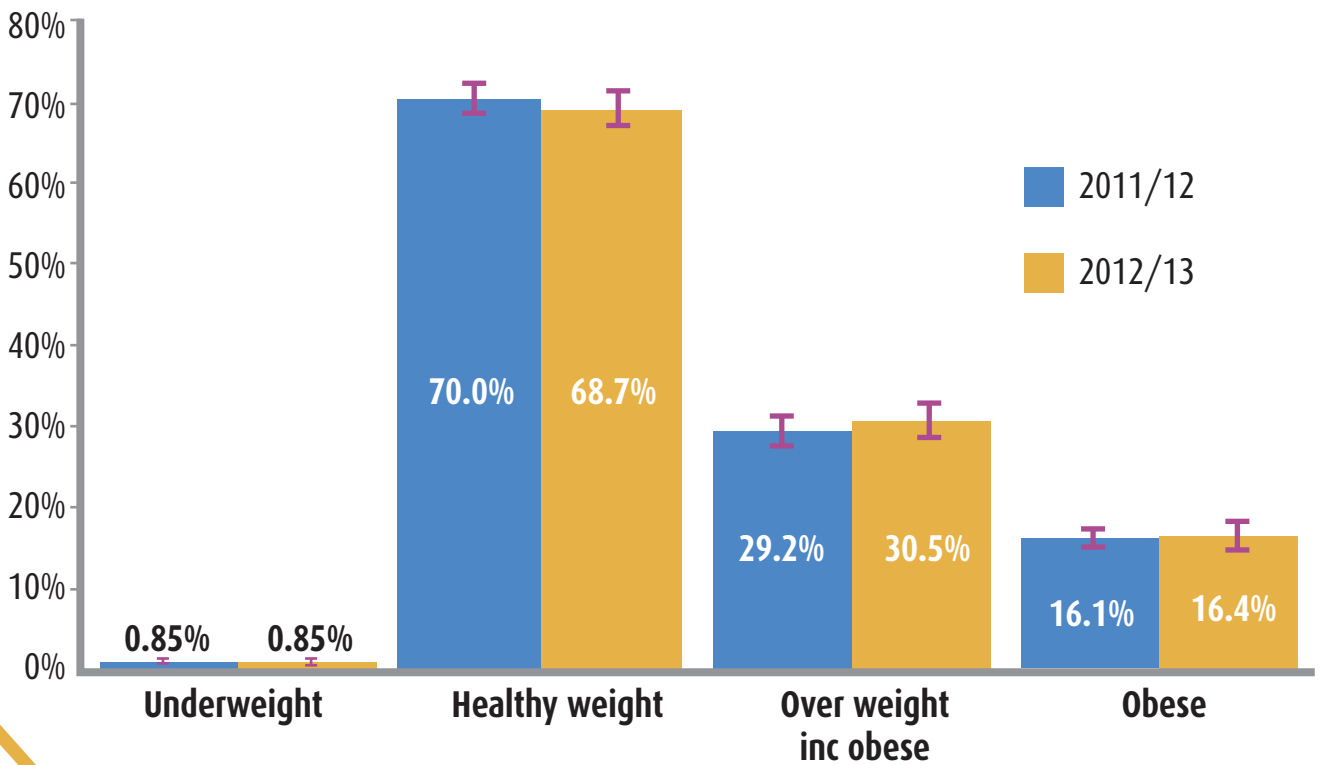
<sup>3</sup> 1 is the highest rank (e.g. lowest obesity prevalence or highest healthy weight prevalence) and 151 is the lowest rank.

<sup>4</sup> In 2008/09 the York School Health team purchased some new measuring equipment parts which were discovered to be incompatible with other components of the equipment. This fault was discovered in 2011/12 and 2011/12 figures were amended accordingly. Measurements in 2008/09, 2009/10 and 2010/11 were unable to be amended and are therefore considered inaccurate.

**Figure 13: Reception Year - Changes from 11/12 to 12/13**



**Figure 14: Year 6 - Changes from 11/12 to 12/13**



## Obesity Intervention Programme

The Public Health Team will be piloting an Obesity Intervention Programme in one area of the City of York. The programme will be a lifestyle weight management programme aimed at children and young people who are identified as obese or overweight through the National Child Measurement Programme (NCMP). The programme will follow NICE guidelines.

The programme will be delivered by the council's Sport and Active Leisure team to children, young people and their families, once a week for a period of seven weeks.

The evidence-based, fun and interactive intervention programme will be based on several key principles:

- Nutrition education, using a balanced healthy eating approach.
- Benefits of physical activity.
- Opportunities to experience fun, physical activity.
- Behaviour change techniques.
- Whole family approach.
- Focus on long-term lifestyle changes.
- Adopt a holistic approach, focusing on the whole young person, not just their weight.

It is anticipated that the programme will roll out across the city if the evaluation shows it has been effective and sufficient resources can be identified. However while such approaches may produce behaviour change at the level of the individual or the whole family, a comprehensive national multi-disciplinary investigation (Government Office for Science, 2007) into the problem of obesity and its projected increase concluded that the obesity epidemic requires societal action. It requires partnership between government, science, business and civil society. The physical infrastructure in York supports cycling and walking – this is exactly the sort of city-wide action required, and is perhaps why York is better than the national average in terms of having more children in the healthy weight range.

## Tobacco Profile

The Local Tobacco Profile (Public Health England, 2014e) was updated in February 2014.

York has statistically significantly lower rates than the national average for the following indicators:

- Smoking attributable mortality.
- Deaths from lung cancer.
- Lung cancer registrations.
- Smoking attributable hospital admissions.

For the remaining indicators, York is rated as not significantly different from the national average.

- Smoking prevalence rates (overall and in routine and manual occupations)<sup>5</sup> in York have risen compared with the previous values.
- Smoking in pregnancy fell slightly.

The table below shows the rating for York in relation to the national average for the current and previous set of smoking indicators.

**Table 7: Tobacco indicators for York: current and previous.**

Indicator	Current value			Previous value			York change from previous value	Units	
	Period	York	England	Period	York	England			
Smoking attributable mortality	2008-10	189.1	210.6	2007-09	193.4	216	-4.3	Directly standardised rate per 100,000	
Smoking attributable deaths from heart disease	2008-10	26.9	30.3	2007-09	26.3	32.1	0.6		
Smoking attributable deaths from stroke	2008-10	7.6	9.8	2007-09	9.6	10.9	-2		
Deaths from lung cancer	2010-12	51.2	60.9	2009-11	31.8	37.2	19.4		
Deaths from chronic obstructive pulmonary disease	2010-12	49.8	50.1	2009-11	25.4	25.3	24.4		
Lung cancer registrations	2009-11	62.8	75.5	2008-10	38.4	46.6	24.4		
Oral cancer registrations	2009-11	14.4	12.8	2008-10	10.2	9.5	4.2		
Smoking attributable hospital admissions	2010/11	1,009	1,420	2009/10	1,047	1,417	-38		
Cost per capita of smoking attributable hospital admissions	2010/11	30.4	36.9	n/a	n/a	n/a			£ per capita
Smoking prevalence – routine & manual	2012	26.2%	29.7%	2011/12	24.0%	30.3%	2.2%		Proportion %
Smoking prevalence (IHS)	2012	17.6%	19.5%	2011/12	17.1%	20.0%	0.5%		
Smoking status at time of delivery	2012/13	13.7%	12.7%	2011/12	13.9%	13.2%	-0.2%		

**Colour Rating:**

**Green – significantly better than the national average**

**Yellow – not significantly different from the national average**

<sup>5</sup> The data on smoking prevalence comes from the Integrated Household Survey (IHS). The sample sizes for York were 1341 people for overall prevalence, 307 people for rates in routine and manual occupations and 2007 births for smoking rates at the time of delivery.

City of York Council is committed to increasing the number of non-smokers in the city and has actively supported national No Smoking Day, Public Health England's Stoptober campaign and backed the political move to make it illegal to carry a child under-18 in a car where someone is smoking.

In addition the council became the first local authority in the Yorkshire and Humber region to sign the Local Government Declaration on Tobacco Control. The Declaration provides a public opportunity for local authorities to publish a statement of their dedication to protecting local communities from the harm caused by smoking. The Declaration has been endorsed by leading figures including the Public Health Minister and the Chief Medical Officer.

Signing the Declaration reaffirmed the council's commitment to reduce the prevalence of smoking in York, and to tackle the harm it causes to the health of the city's residents.



## Section 6:

# Improving Health and Wellbeing in York 2013 – 2016

The Health and Wellbeing Strategy 2013-2016, (City of York Council, 2013) is an important piece of work completed by York's Health and Wellbeing Board. The strategy sets out the health and wellbeing issues and needs that must be addressed, the health priorities in York and how the Health and Wellbeing Board will achieve them.

Improving the health and wellbeing for people who live and work in York is the responsibility of all members of the Health and Wellbeing Board and other key people and organisations within the city.

## York's Health and Wellbeing Board

This is a group of senior people from health and wellbeing organisations in York who work together to improve the health and wellbeing of the city's residents. They:

- Know and understand the health and wellbeing needs in York.
- Agree the health and wellbeing priorities for the city.
- Work together to address these priorities.

Their vision is:

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

Councillor Linsay Cunningham-Cross is the Chair and the following organisations are represented:

City of York Council  
 Vale of York Clinical Commissioning Group  
 York Council for Voluntary Service  
 HealthWatch  
 York Hospital NHS Foundation Trust  
 Leeds and York Partnership NHS Foundation Trust  
 Independent Care Group  
 North Yorkshire Police  
 NHS England



## An Introduction to the Strategy

To create a Health and Wellbeing Strategy for York the Joint Strategic Needs Assessment (JSNA) was consulted. The JSNA is a review of the health and wellbeing needs of people who live in York. This assessment confirms that overall York is a great place to live. Most people who live in the city have good health and wellbeing. However, this does not apply to everyone: some people in the city experience poorer health and wellbeing. This may be down to their needs, their circumstances or simply where they live.

### The Joint Strategic Needs Assessment highlighted the focus should be on these four important issues:

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

The Health and Wellbeing Strategy is the plan to address these important issues.

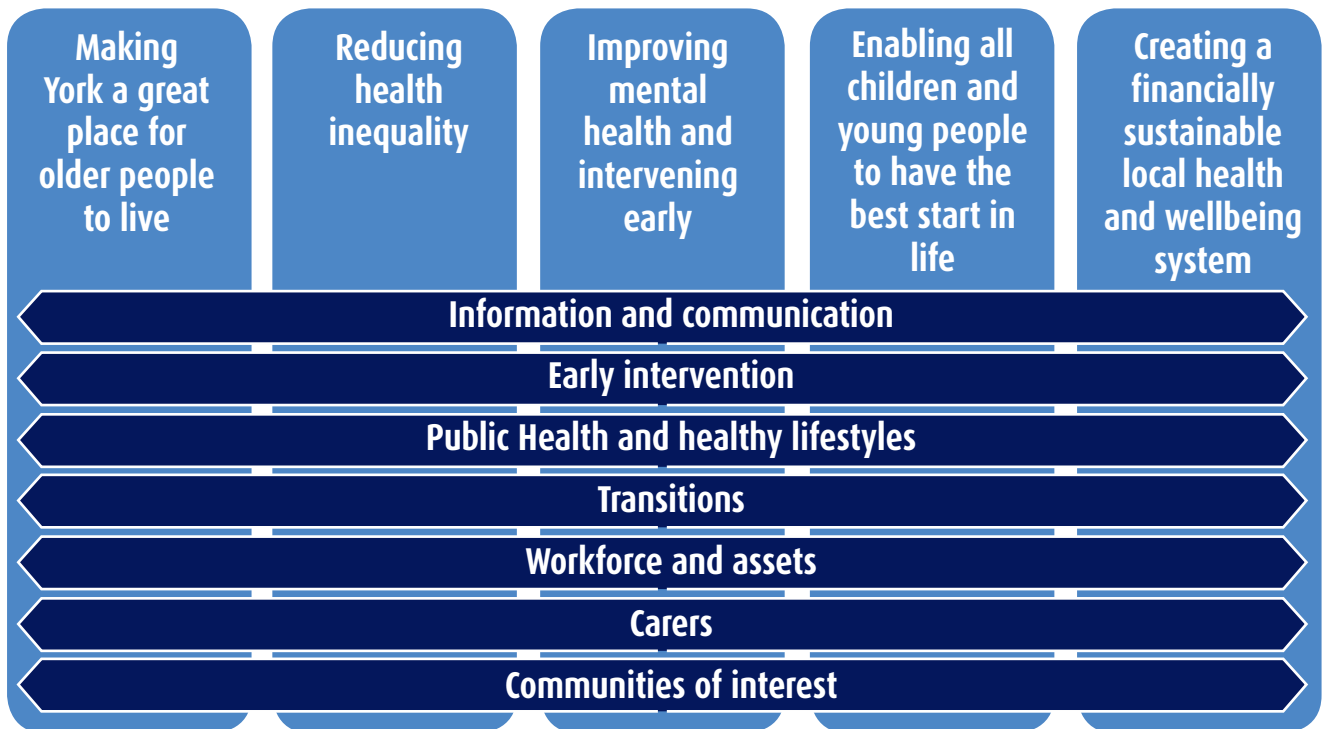
### Priorities

The Health and Wellbeing Strategy concentrates on five priorities and identifies a number of actions to address them.

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

The following cross-cutting themes and actions were initially introduced to guide the Health and Wellbeing Board's work.

Figure 15: Cross cutting themes - Health and Wellbeing Board



Here are some examples of some of the work the Board will do over the next three years:

- Further research to increase the understanding of people who have the poorest health outcomes, for example: looked after children, young people who leave care, carers (including young carers), people who have disabilities, people with mental health needs, older people, offenders and people who misuse substances.
- Ensure that the voice of carers and young carers is heard and listened to by the Health and Wellbeing Board.
- Work closely with colleagues in housing and support the implementation of the city's housing strategy. For example, providing more affordable homes, promoting 'healthy homes' which are safe and secure, meeting the housing needs of an ageing population, preventing homelessness and supported housing.
- Make health and wellbeing information easier to understand and easier to access.
- Equip the workforce, both paid staff and volunteers, so they have the skills and knowledge to help deliver this strategy and improve the health and wellbeing of York's residents.

## Making York a great place for older people to live

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

The five key issues for this priority are:

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

Here are some examples of actions the Health and Wellbeing Board will take to address these key issues:

Establish Neighbourhood Care Teams across the city and explore other options which support people in their transition from hospital to home. Neighbourhood Care Teams will bring together health, social care and independent and voluntary sector staff around the 'neighbourhood' of a GP practice to provide patient-centred care closer to a patient's home.

Understand the factors that contribute to loneliness and what local communities and organisations can do to prevent and address it. The Health and Wellbeing Board will take learnings from many pieces of work, including the Joseph Rowntree Foundation programme 'Neighbourhood Approaches to Loneliness'.

Develop a single social prescribing programme, a programme where health professionals recommend exercise, social activity or volunteering to promote better health and wellbeing.

Undertake a review into the use of medication and how it is assessed in residential and nursing care, especially psychotropic drugs and medication for people with dementia.

Develop an end of life policy so people have more choice and control about where they want to die.

## Reducing health inequalities

People living in some areas of York can expect to live on average 8.5 years less than other York residents if they are male or 5.6 years less if they are female.

The Health and Wellbeing Board believe this is deeply unfair and jars against the vision for all York residents to be able to enjoy long, healthy and independent lives.

To reduce health inequalities both the causes and effects of these complex issues need addressing as well as the deprivation that exists in particular communities and areas of York.

The key issues for this priority are:

- Targeting resource where it is needed most.
- Tackling deprivation and addressing complex issues.
- Improving access to services and supporting community-based initiatives.
- Promoting healthy lifestyles and behaviours.

The Health and Wellbeing Board will address these key issues by:

Working with partners to address complex, interlinked issues that a number of families experience in our city, through our work with troubled families.

Recruiting, training and supporting health and wellbeing champions from within the communities who experience poorer health. Health and wellbeing champions will provide information about health and wellbeing so people have better access to support and services.

Address health behaviours and lifestyles in York, this includes smoking, alcohol use and obesity, which have a major impact on our health and wellbeing.

Encourage health and wellbeing organisations and agencies to explore the adoption of the living wage to help lift families out of poverty, motivate staff and deliver higher quality care and support.

Invest in programmes which increase people's income and/or reduce their expenditure, for example, debt, benefits and employment advice. The Board wants to prevent families from living in poverty and help those who already are.

## Improving mental health and intervening early

The key issues for this priority are:

- Increasing understanding of mental health needs across the city.
- Raising awareness of mental health and reducing stigma.
- Intervening earlier and supporting community-based initiatives.
- Ensuring service planning and provision promotes choice and control.

Here are some examples of actions The Health and Wellbeing Board will take to address these key issues:

Understand more about mental health in the city to ensure people receive the right support at the right time. The Board wants to intervene early and prevent conditions from worsening.

Once the Health and Wellbeing Board knows more about mental health needs they will map the support and pathways available for people with mental health conditions. This includes reviewing the thresholds and eligibility criteria for services. This will help identify opportunities to intervene earlier and ensure the right support is offered to people at the right time.

Deliver 'well at work' training for managers in the city's employers. This will increase awareness of mental health and stress in the workplace, how to identify problems and signpost to support.

Commission more community based support and services to promote early intervention; helping people to stay well or prevent conditions from worsening.

Provide a Place of Safety for York and North Yorkshire. The Health and Wellbeing Board has identified there is a need to find a better way of working with people when they are detained under the Mental Health Act. The Board wants to ensure that people are treated with respect and dignity. Police custody is not an appropriate Place of Safety – it compounds distress and vulnerability.

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

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

In York, the number of children subject to a formal child protection plan remained stable over 2013. Neglect is the largest single category of child protection plans, often alongside other forms of maltreatment including domestic abuse, physical abuse and sexual abuse. Many children who live within neglecting families are disadvantaged from early life and encounter social, emotional, behavioural and educational difficulties as they grow older.

There are an estimated 4,100 children living in poverty in York. There is a considerable attainment gap between pupils who are in receipt of free school meals and other pupils. In 2013, 10% of York pupils were eligible for free school meals. Pupils eligible to receive free school meals in York have a higher absence rate than those pupils who were not eligible. (Information relating to Free School Meal Status is obtained from the Pupil Level Annual School Census – PLASC). We know that education is essential in improving life chances and opportunity.

'Dream Again', York's Strategic Plan for Children, Young People and their Families, 2013-2016 will deliver this priority.

Its key themes are:

- Striving for the highest standards.
- Creating truly equal opportunities.
- Ensuring children and young people always feel safe.
- Intervening early and effectively.
- Working together creatively.
- Treating children as our partners: mutual respect and celebration.
- Connecting to communities and to the rich culture of our great city.
- Remembering that laughter and happiness are also important.

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

- Helping all York children enjoy a wonderful family life.
- Supporting those who need extra help.
- Promoting good mental health.
- Reaching further: links to a strong economy.
- Planning well in a changing world.

## Creating a financially sustainable local health and wellbeing system

To deliver the Health and Wellbeing Strategy the Board needs to have the right resources in place. The Board must ensure that as health and wellbeing organisations they spend money, allocate staff time and make decisions that are focused on the priorities within the Health and Wellbeing Strategy.

The budgets have been significantly reduced and are being reduced further. These are challenging times for both individuals and organisations and at the same time there is more demand for health and wellbeing services.

But despite the challenges, there are still hundreds of millions of pounds across sectors and organisations to support and improve the health and wellbeing of individuals and communities in York – it is therefore important to make sure money is used effectively and invested wisely.

This priority is the responsibility of the Health and Wellbeing Board. The organisations and sectors represented on the Board will work closer together to ensure that across the city there is the provision of the right services and the right systems in place to support people.

The Health and Wellbeing Board will:

- Aim to further integrate health and social care.
- Jointly plan more care pathways.
- Jointly commission more health and wellbeing services.

## Delivering the Health and Wellbeing Strategy:

The Health and Wellbeing Board has overall accountability for the Health and Wellbeing Strategy. There are four health and wellbeing partnerships that report to the Health and Wellbeing Board, who will be responsible for delivering relevant priorities and working together to deliver the cross-cutting priorities. These partnerships are:

Older People and People with Long Term Conditions – Chaired by the Vale of York Clinical Commissioning Group

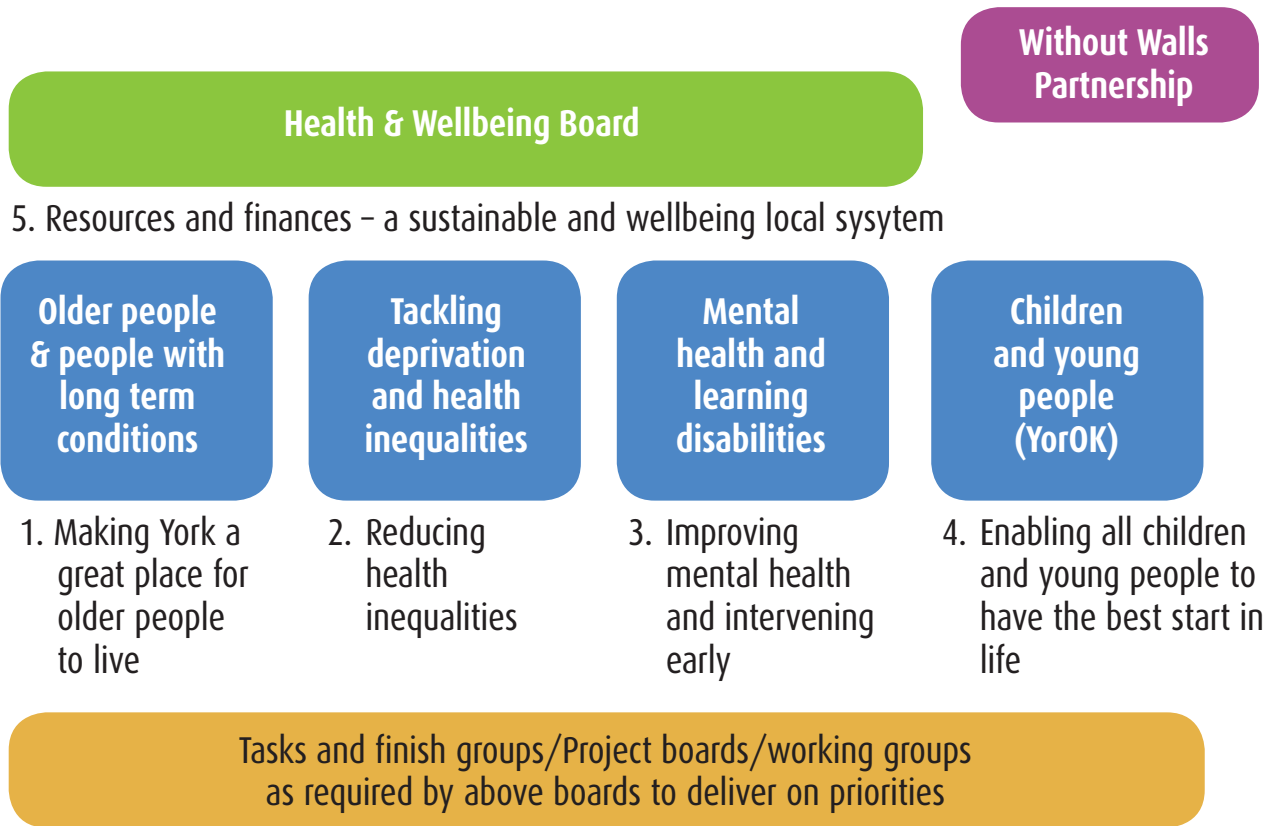
Mental Health and Learning Disabilities – Chaired by the Vale of York Clinical Commissioning Group

YorOK (Children and Young People) – Chaired by City of York Council

This diagram shows the responsibilities of the health and wellbeing partnerships to deliver the Health and Wellbeing Strategy.

**Figure 16: Responsibility for delivery and monitoring**

Responsibility and accountability for each theme through partnership infrastructure



To find out more about York’s Health and Wellbeing Strategy contact York’s Public Health Team:  
Email: [healthandwellbeing@york.gov.uk](mailto:healthandwellbeing@york.gov.uk)



## Section 7: Emerging Issues

### Domestic Abuse

This section of the report covers the important issue of domestic abuse in York.

The main topics covered are:

- Recent changes to the definition of domestic abuse and the implications of these changes.
- The impact of domestic abuse on the health and wellbeing of victims and witnesses.
- Data on the incidence of domestic abuse in York.
- The measures being taken in York to address this issue.

#### What is domestic abuse?

The definition of domestic abuse and violence, which came into effect on 31 March 2013, is as follows

**'Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse: psychological, physical, sexual, financial and emotional'.**

The changes encompassed in the new definition are explained in the York and North Yorkshire Draft Domestic Abuse Strategy (North Yorkshire Domestic Abuse Joint Coordinating Group, 2014)

- It is anticipated that the inclusion of 16 -17 year olds will increase awareness of young people experiencing domestic violence and abuse and encourage more of them to recognise abuse and come forward to access support.
- Controlling behaviour includes a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, depriving them of independence and regulating their everyday behaviour.
- Coercive control is now included as an element of abuse. This includes assault, threats, humiliation and intimidation or other abuse that is used by perpetrators to harm, punish, or frighten their victim. It also covers issues of concern to black and minority ethnic (BME) communities such as so-called honour based violence, forced or early marriage and female genital mutilation.

Honour based violence (HBV) is a form of domestic abuse which is perpetrated in the name of so called 'honour' and it can exist in any culture or community where males are in position to establish and enforce women's conduct. Examples of 'infringements' of an honour code may include a woman having a boyfriend, rejecting a forced marriage, pregnancy outside of marriage, interfaith relationships or seeking divorce.

There are examples of HBV in York i.e. some honour victims have been looked after in the refuge and there are calls from York to the Honour Network Helpline (see the section on local data for more details). A multi agency conference on HBV was held in York in 2012 as well as training for the Housing Options team.

### **How does domestic abuse impact on health and wellbeing?**

The impact of domestic abuse on mental health is explained on the Women's Aid website. Many women and children living with or escaping domestic violence will experience some mental health issues which may result from the abuse or be exacerbated by it. Key findings from the research are summarised as follows:

- More than half of women mental health service users have experienced domestic violence and up to a fifth will be experiencing current abuse.
- Domestic violence and other abuse is the most prevalent cause of depression and other mental health difficulties in women.
- Domestic violence commonly results in self-harm and attempted suicide.
- 70% of women psychiatric in-patients and 80% of those in secure settings have histories of physical or sexual abuse.

The impact of domestic abuse on the health and wellbeing of children who are exposed to it is shown in a recent report (CADD, 2014)

- Children suffer physical and mental health consequences as a result of exposure to domestic abuse e.g. over half had behavioural problems and over a third had difficulties adjusting at school.
- There is an overlap between direct harm to children and domestic abuse i.e. almost two thirds of the children exposed to domestic abuse were also being directly harmed as well as witnessing the abuse of a parent.
- A quarter of both boys and girls exposed to domestic abuse exhibit abusive behaviours themselves.

When the police record domestic incidents it is noted whether children are present (see the section on local data for more details).

## What local data is available on domestic abuse?

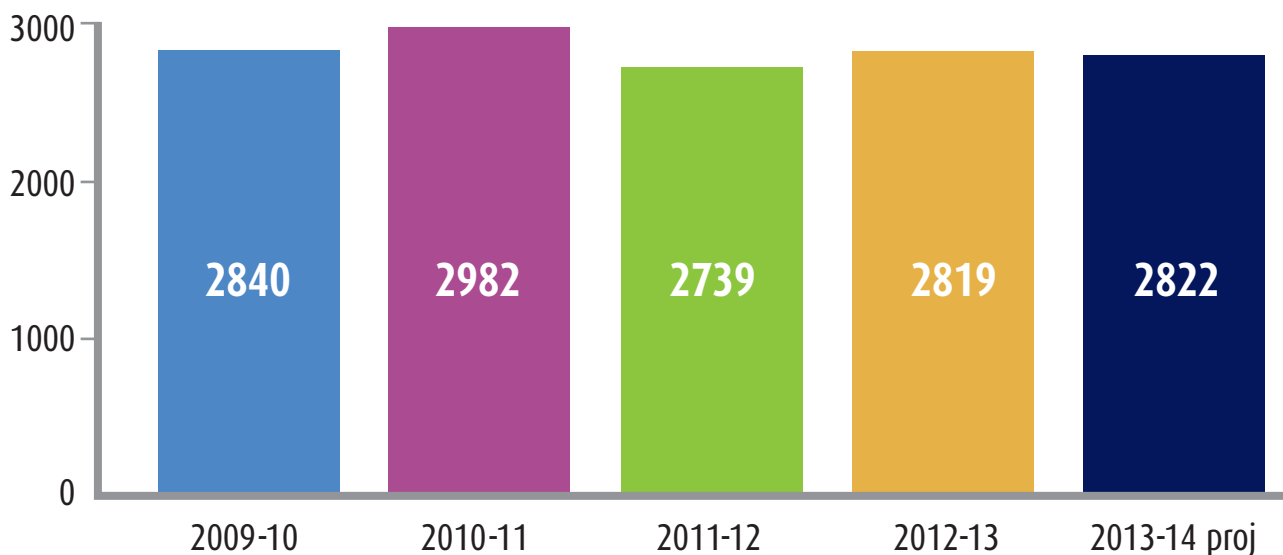
The Public Health Outcomes Framework (PHOF) contains the following indicator: domestic abuse incidents recorded by the police per 1,000 of population. It is noted in the definition of this indicator that it is difficult to obtain reliable information on the extent of domestic abuse as there is a degree of under-reporting of these incidents. The Independent Domestic Abuse Service (IDAS) estimate that 90% of incidents of domestic abuse go un-reported.

For 2011/12, the PHOF indicator shows that the local domestic abuse rate (11.5 per 1000) was significantly lower than the regional (20.6) and national (18.2) averages. This indicator, however, is only recorded at the level of Police Force Area so the figure relates to the whole of North Yorkshire and not just York.

Data on police recorded domestic incidents for York are available from the Safer York Partnership and this enables local trends and patterns to be identified. Figures for 2013-14 are projected based on the 11 months data available at the time of publication of this report.

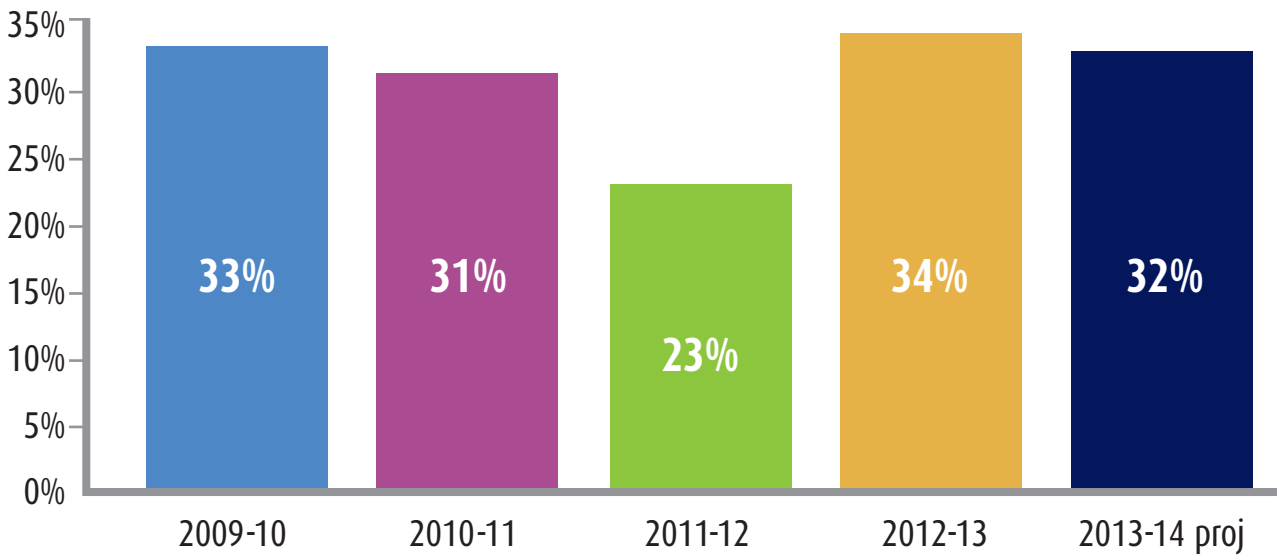
The chart below shows police recorded domestic incidents for the last five years in York and it can be seen that the number of incidents has been static in the last two years at around 2,820 per year.

**Figure 17: Police recorded domestic incidents in York: 5 year trend**



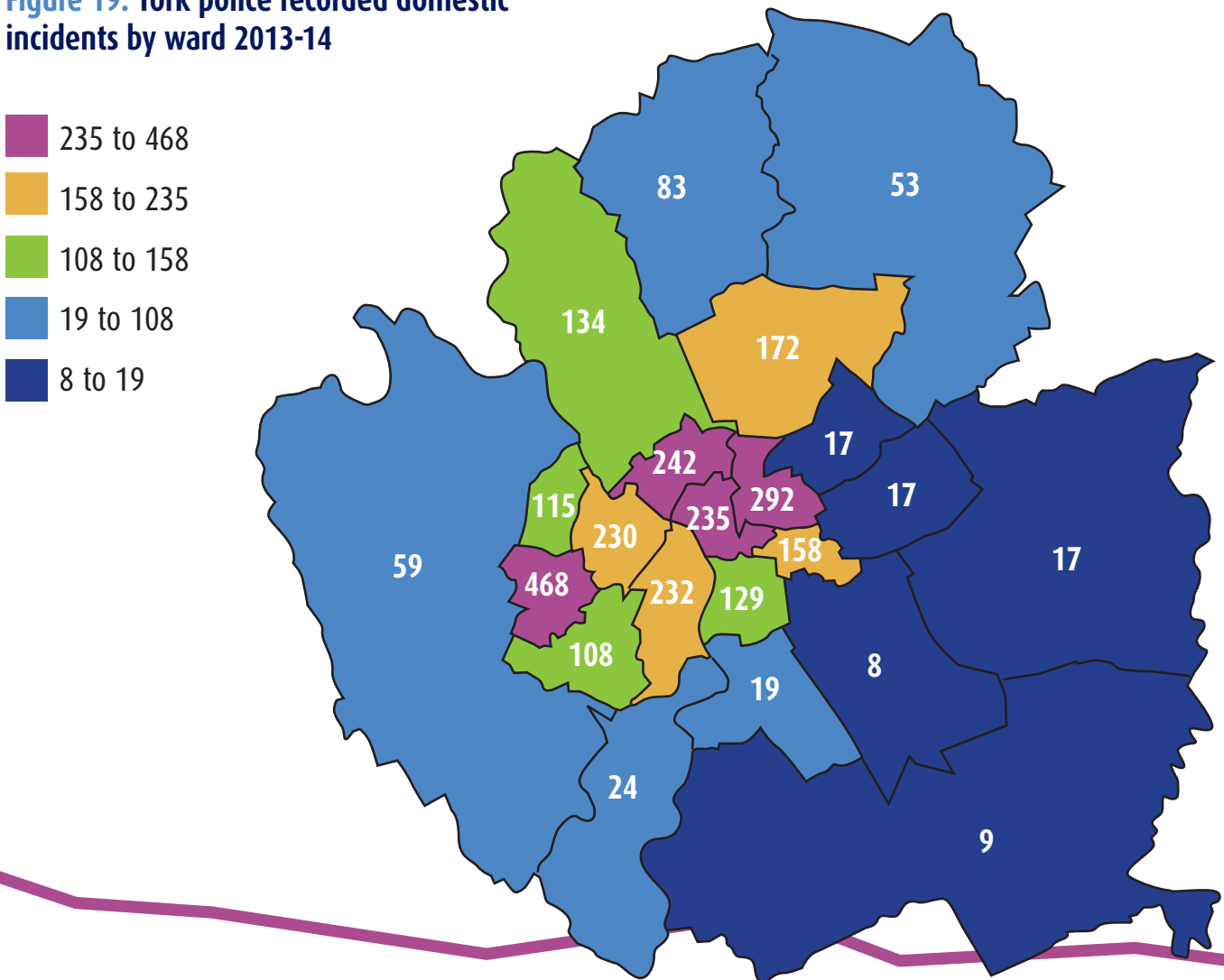
A key indicator is the percentage of incidents perpetrated by the same person (repeat incidents). An objective of the domestic abuse strategy is to provide interventions for perpetrators to reduce offending (for example through the 'Making Safe' initiative). The chart below shows the five year trend in York for the percentage of repeat incidents and it can be seen that there was a fall in 2013-14.

**Figure 18: Police recorded domestic incidents in York: % repeat incidents – 5 year trend**



The map below shows where domestic incidents occurred within York in 2013-14.

**Figure 19: York police recorded domestic incidents by ward 2013-14**



- The wards with the highest number of incidents were Westfield, Heworth, Clifton and Guildhall.
- The wards with the highest rate of incidents (number of incidents per 1000 of adult population) were Westfield, Guildhall, Heworth and Micklegate.

These wards are being targeted by the newly appointed Early Intervention Worker (see the section on 'what is being done' for further details).

The police recorded domestic incidents for 2013/14 for York can be analysed further:

- 28% were 'crimed' (recorded as a crime).
- 23% involved an arrest.
- 18% occurred with children present.
- 10% were categorised as high risk (of those where the level of risk was recorded).

Incidents categorised as high risk were more likely to be repeat incidents (67%), more likely to be 'crimed' (50%) and more likely to involve an arrest (53%).

The number of telephone calls from York to the Honour Network Helpline increased from 7 in 2011 to 29 in 2012.

## What is being done to tackle domestic abuse in York?

### Domestic Violence Strategic Board

City of York Council and its partners established a Domestic Violence Strategic Board in 2013, building on the joint work already underway with North Yorkshire but with specific focus on the needs of York. A key objective for this group is to raise the profile and awareness of not just domestic violence but also the wider issues of violence against women and children. This year the Lord Mayor, through her chosen charities, has supported the work around domestic abuse and she has been leading the work around gaining White Ribbon status for the city

### White Ribbon Status

White Ribbon status recognises cities and organisations which demonstrate commitment to addressing and altering social norms that lead to violent and abusive behaviour against women. It promotes support by men in prevention activities, increasing awareness and providing services aimed at reducing any form of violence against women and children.

Since September 2013 extensive work has been undertaken by the city of York to highlight these issues including events such as "Reclaim the Night March," White Ribbon Day and International Women's Week. Prominent businesses, partners and staff have pledged their support and an action plan is in place to ensure the work is taken forward by the Strategy Group. The accreditation was officially presented to the city of York on Friday 9 May 2014.

## Independent Domestic Abuse Service (IDAS)

The Independent Domestic Abuse Service (IDAS) has supported over 400 families living in the community and accommodated 41 families in the local refuge. IDAS report that about 85% of the people they work with are considered 'high risk' victims.

York currently has three dedicated Independent Domestic Violence Advisors (IDVA's) who work through IDAS. One of these supports the local domestic violence court which is held at York Magistrates Court. Preliminary discussions have taken place about having an IDVA allocated to the Emergency Department at York Hospital.

The City of York has also employed an Early Intervention Worker (EIW) to work within IDAS to target cases of domestic abuse classed as 'standard' risk with the intention of intervening with the families at the earliest opportunity to prevent escalation. Safer York Partnership (SYP) has agreed to fund the post for an initial twelve months and the worker is based within local Children Centres, providing links with practitioners and dovetailing with the Troubled Families initiative.

The 'Respect' Young People's Programme (RYPP) works with young people aged 11 – 14 who are displaying abusive behaviours within the family unit. IDAS are working in partnership with Respect to deliver the RYPP across many areas of North Yorkshire.

### Days of action.

Multi-Agency "Days of Action" are regularly implemented across the city and include visits by the local Domestic Abuse Coordinator and specialist support services to homes where domestic abuse has been reported. They also conduct wider visits across the wards with high levels of domestic incidents.

### Multi-Agency Risk Assessment Conferences (MARAC)

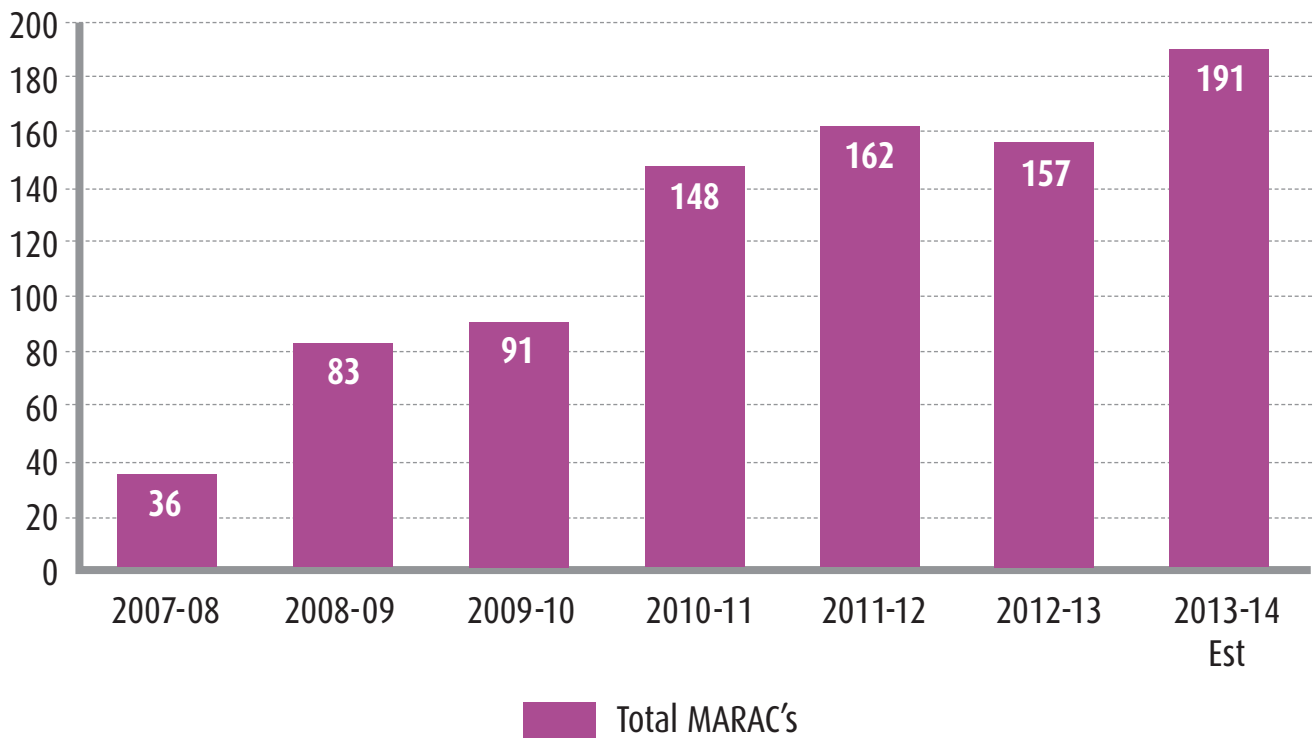
Multi-Agency Risk Assessment Conferences (MARAC) are held regularly to review information about high risk domestic abuse victims (those at risk of murder or serious harm). By bringing all agencies together and ensuring that whenever possible the victim is represented by an IDVA, a risk focused, co-ordinated safety plan can be drawn up to support the victim.

A report into the effectiveness of MARACs (CAADA, 2010) highlights that:

- Early analysis shows that following intervention by a MARAC and an IDVA, up to 60% of domestic abuse victims report no further violence.
- For every £1 spent on MARACs at least £6 can be saved annually on direct costs to agencies such as the police and health services.

The number of MARACs held in York has steadily increased since 2007 from 36 to 191 as can be seen in the chart below.

Figure 20: Trend in MARACs in York



### Making Safe Scheme

Following the success of the Making Safe pilot in Scarborough and Ryedale, the scheme is now available in York and Selby. The initiative supports the victim and family by challenging the offender's behaviour and providing support from the IDVA before, during and after any court proceedings.

As well as ensuring the victim feels safe, the scheme aims to engage domestic abuse perpetrators. Offenders are supported with guidance on a range of issues for example eight offenders have received support from Foundation Housing and since November have not re-offended domestic abuse on their partners.

Between September 2012 and Nov 2013 there were 32 referrals to the scheme in York and 15 people from York actually on the scheme.

Making Safe also contributes to the prevention agenda and work with children is paramount in breaking the cycle of abuse that passes down in families. Children aged 13 and over are able to receive safety planning training and anger management counselling and a Children's Advocate is available to work with younger children.

## Alcohol

### Alcohol Profile

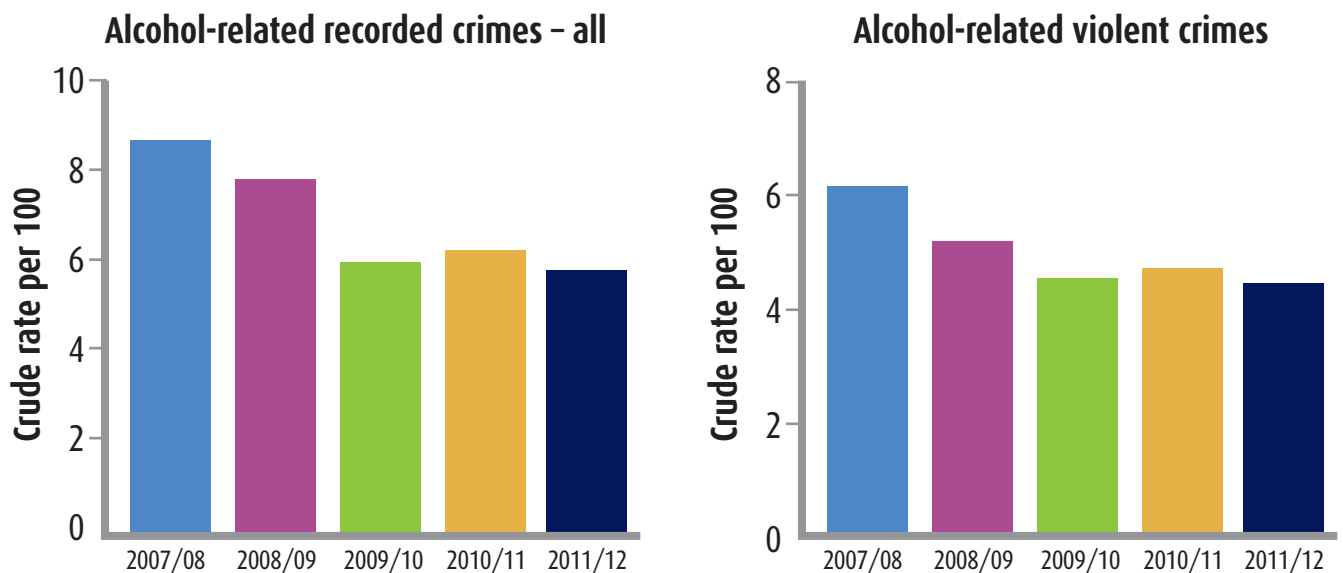
Public Health England annually produces Local Alcohol Profiles (LAPE) for each local authority area. The most recent profile was produced in 2013 (Public Health England, 2013f).

York is rated as significantly better than the national average on the following measures:

- Lower alcohol-specific and alcohol-attributable hospital admissions for both males and females.
- Lower rates of alcohol-related reported crime, violent crime and sexual offences.
- Fewer incapacity benefit claimants with alcoholism as the main medical reason.

There is a downward trend in alcohol related crime and alcohol related violent crime in York.

**Figure 21: Trends in alcohol related crime in York**



York is similar to the national average for:

- Alcohol-specific and alcohol-attributable mortality for males and females.
- Mortality from chronic liver disease for both males and females.
- Alcohol-specific hospital admissions for under 18's.
- Mortality from transport accidents.

York is significantly worse than the national average on 2 measures:

- Levels of binge drinking (synthetic estimate).
- Percentage of employees working in bars.

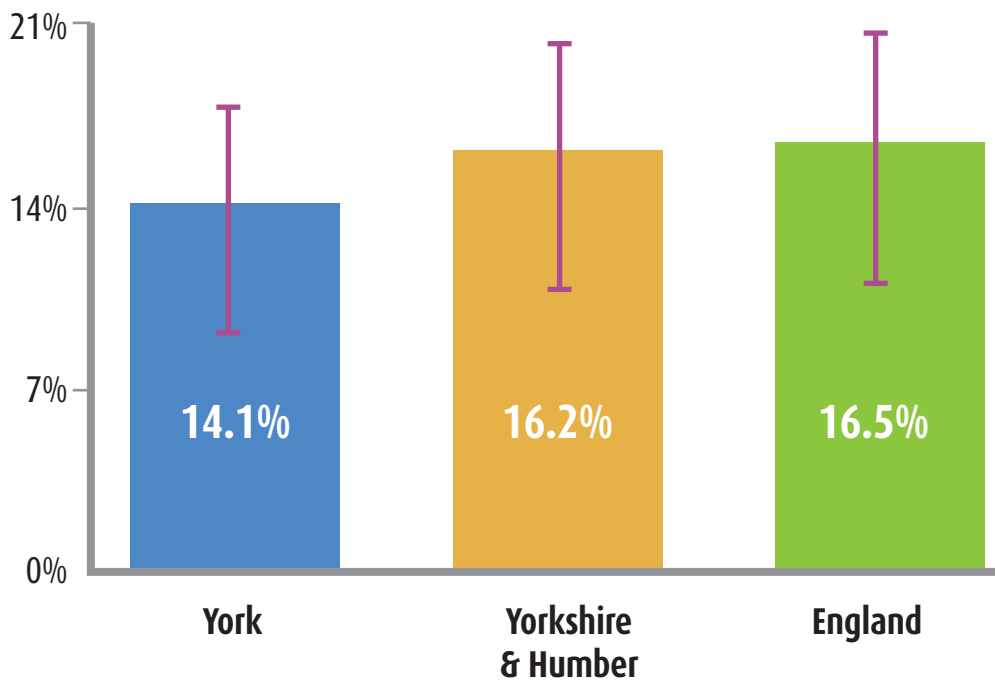
Out of the 326 areas that were compared, York is placed 320th for its levels of binge drinking. This means that York has the 7th worst estimated levels of binge drinking in the country.



## What are the levels of alcohol use in York?

The estimated percentage of adults in York who abstain from drinking alcohol is 14% (LAPE). This figure is not significantly different from the regional (16%) and national (17%) averages.

**Figure 22: Estimated % of abstainers: York v England v Region**

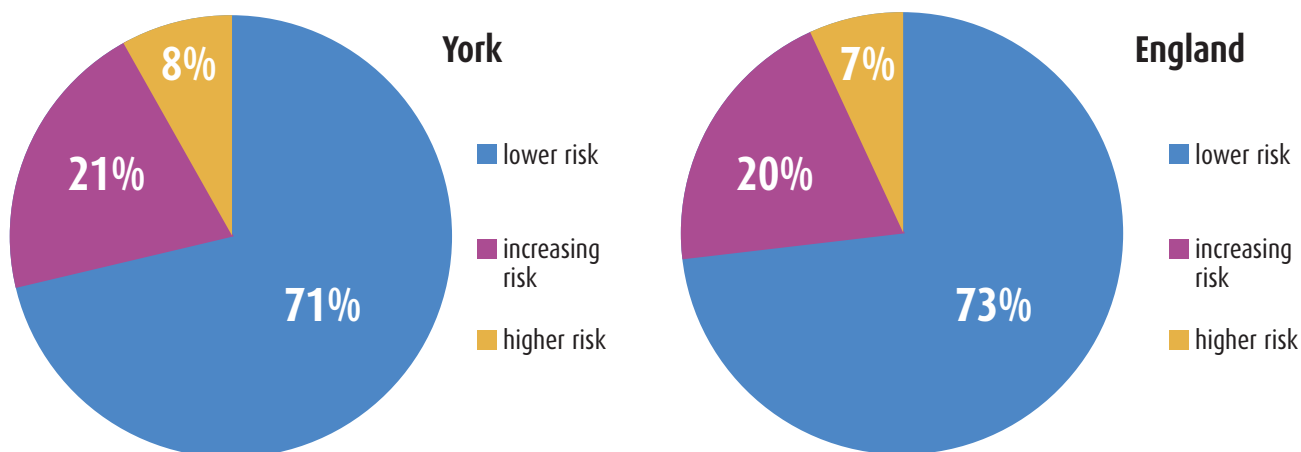


The percentage of alcohol drinkers who fall into each risk category is also estimated in the LAPE. The risk categories are defined as follows, based on the units of alcohol consumed per week for both males and females.

- Lower risk drinking: < 22 units for males and < 15 units for females.
- Increasing risk drinking: 22 to 50 units for males and 15 to 35 units for females.
- Higher risk drinking: > 50 units for males and > 35 units for females.

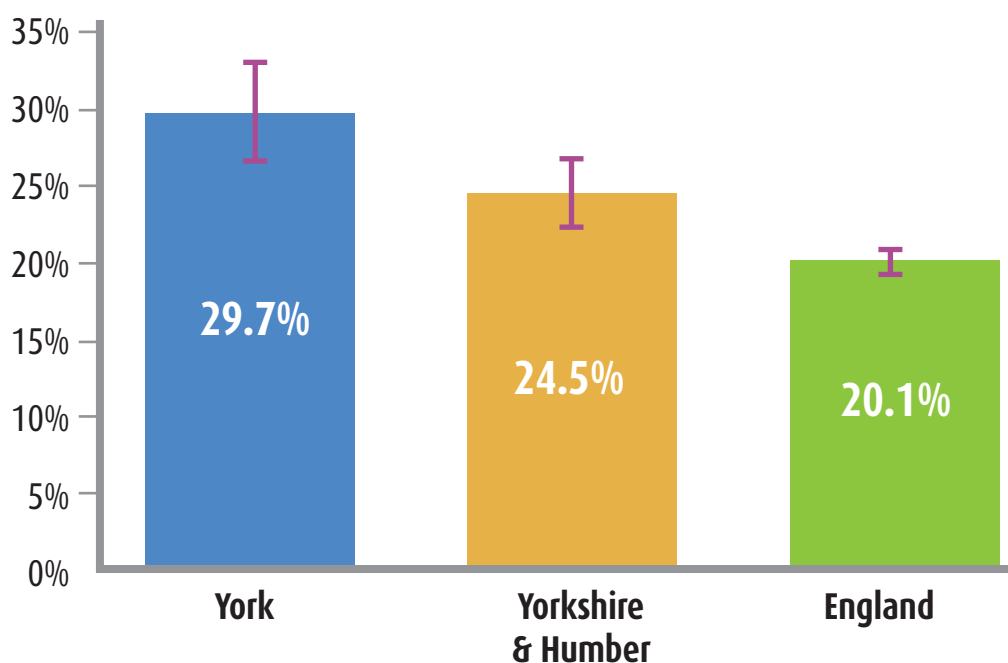
The estimates for York and England are shown in the chart below. York's profile is not significantly different to the national profile. The majority of drinkers in York (71%) drink at lower risk levels, with 21% drinking at increasing risk and 8% at higher risk levels.

**Figure 23: Breakdown of drinkers by risk category – York v England**



Binge drinking is defined as consumption of at least twice the daily recommended amount of alcohol in a single drinking session (8 or more units for men and 6 or more units for women). York is estimated to have a significantly higher percentage of binge drinkers than the national and regional averages as is shown in the chart below.

**Figure 24: Estimated % of binge drinkers in York.**



Some of the effects of binge drinking are shown in the next section on the impact of alcohol use on health and wellbeing.

Currently there are no local estimates available for levels of dependency on alcohol, however if the national estimates (NHS Information Centre for Health and Social Care, 2009) are applied to the York population this would suggest there are almost 7,000 males and 3,000 females in York with some degree of alcohol dependence (either mild, moderate or severe). Recent changes to the treatment and recovery system in York have been made to help people overcome dependency on alcohol and these are described in the section on treatment.

## How does alcohol use impact on health and wellbeing?

The Public Health England alcohol support pack (Public Health England, 2013g) identifies three main ways in which alcohol use impacts on health and wellbeing: hospital admissions; mortality and months of life lost and alcohol related crime. York is ranked in one of four categories indicating a level of harm to the health of residents due to alcohol:

- Least amount of harm.
- Lower harm levels.
- Higher harm levels.
- Most amount of harm.

York is benchmarked against its Office of National Statistics 'nearest neighbour' group i.e. 15 other areas that are similar across a range of demographic, socio economic and geographic variables.

### Hospital admissions due to alcohol.

York is rated as experiencing the least amount of harm for

- Under 18 alcohol specific admissions.
- Alcohol-attributable admissions (episodes and people).
- Alcohol specific admissions.

### Mortality and months of life lost

York is rated as experiencing the least amount of harm for

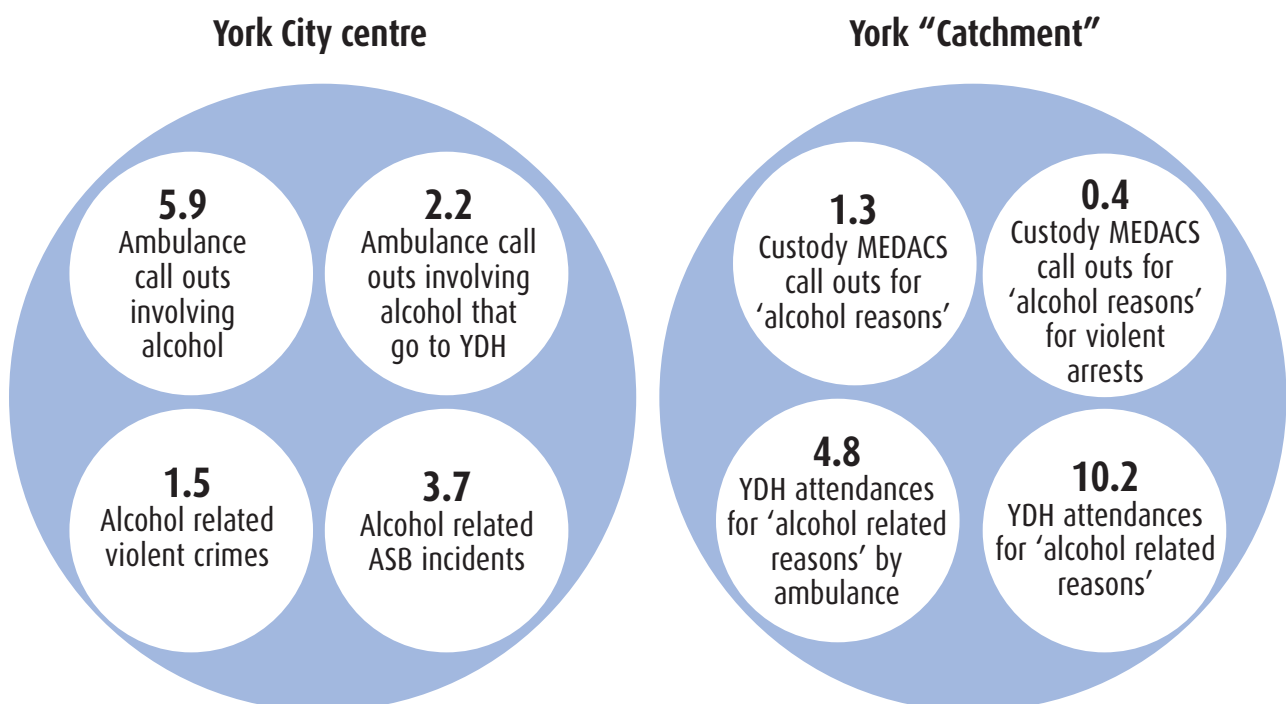
- Months of life lost (males and females).
- Alcohol specific mortality.
- Liver mortality.
- Alcohol attributable mortality.

## Alcohol related crime

York is rated as experiencing lower harm levels for alcohol related recorded crime, however York is rated as experiencing higher harm levels for alcohol related violent crime.

Higher levels of alcohol related crimes are likely to be related to binge drinking and the night time economy. The Safer York Partnership conducted an analysis of activity in York in terms of alcohol related ambulance call outs, hospital admissions, violent crimes and antisocial behaviour for an average weekday, Friday or Saturday night out in York. The analysis was conducted using data primarily from 2013 and the time period analysed was 6pm to 6am. Friday night is shown as an example in the chart below.

**Figure 25: Alcohol-related impact of an average Friday night in York**



ASB = Antisocial Behaviour, MEDACS = Medical calls outs to custody suites, YDH = York District Hospital

City of York Council welcomes all who want to enjoy the best of York and especially those who respect the city's residents, businesses and others who are enjoying what the city has to offer. The council is working with partners to build a broader base of city centre activities between 5 to 8pm, that are family friendly and not centred on alcohol consumption. In addition, there is continuing work with the two universities and student unions to promote better awareness of excessive alcohol consumption, to address issues surrounding behaviour, alcohol misuse and also river safety. The council has launched a new Alcohol Restriction Zone (ARZ) where alcohol can be confiscated if drinkers are behaving anti-socially. The ARZ now encompasses York Railway Station and so involves East Coast Rail as well as British Transport Police.

## What is the financial cost to society of alcohol misuse in York?

Public Health England estimated the financial cost to society of alcohol misuse for each local authority for 2011/12 (Public Health England, 2013f). The cost in York was £77.26 M and the breakdown was as follows:

- **£13.17 M on NHS costs** e.g. alcohol related: hospital admissions, outpatient visits, A&E attendances, ambulance journeys, GP consultations and specialist treatment.
- **£23.38 M on crime and licensing costs** e.g. alcohol attributable offences, alcohol specific crimes, cost of Issuing Penalty Notices for Disorder (PNDs) and licensing costs.
- **£37.52 M on workplace and the economy costs** e.g. alcohol related: absenteeism, unemployment, premature mortality and years of potential working life lost.
- **£4.28 M on social services costs** e.g. alcohol attributable expenditure on children's and adults social care.

York has a lower alcohol cost per head of population (£391) compared with regional (£397) and national (£402) averages. The detailed breakdown of costs per head of population is shown in the chart below and it can be seen that York has a much higher average cost to the workplace and the economy.

**Figure 26: Alcohol cost to society per head of population for York**



## What specialist treatment is available in York?

The City of York Council reconfigured and re-commissioned the specialist substance misuse treatment services in 2012. The key services available to treat dependent alcohol users in York are described below.

**Lifeline** provides an integrated substance misuse service in York offering a range of interventions to help people recover from alcohol dependency including talking therapies (such as cognitive behavioural therapy), detoxification and other elements that support recovery such as access to mutual aid, peer mentoring, education, employment and housing. A total of 376 adult York residents had treatment for alcohol dependency with Lifeline between April and December 2013. Lifeline also provides a young persons substance misuse treatment services in York. 81 young people had treatment between October 2012 and September 2013 and 74% of these used alcohol.

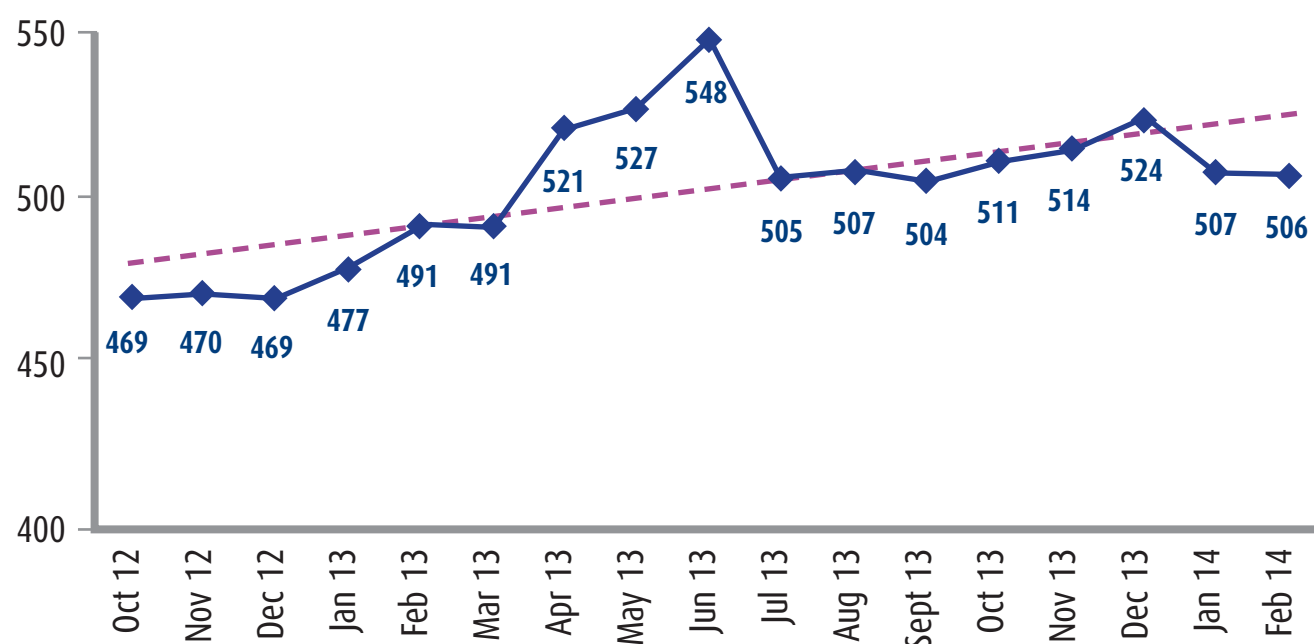
**Oaktrees (Changing Lives)** is an innovative abstinence-based recovery rehabilitation programme for those seeking a life free from drugs or alcohol. All those benefitting from the service must be free from current alcohol or drug use as a prerequisite to taking up a place on the 12 week intensive therapy programme. The service enables people to access full time treatment which is non residential; a particular benefit to those with children or other caring commitments. The self-help programme empowers people to take responsibility for their recovery. It includes:

- One to one counselling.
- Group therapy.
- Workshops for developing life skills and techniques to prevent relapse.
- Education and information on addiction recovery and health promotion.
- Therapeutic reading and writing exercises.
- Working with others engaged in the same process.
- Fellowship meetings.
- Encouragement to use self-help groups such as Alcohol Anonymous and SMART to support long term recovery.

A total of 37 alcohol clients entered the programme in the first year (January 2013 to January 2014).

Clients who successfully complete the programme celebrate with their peers in a graduation ceremony to which family and friends are invited. Graduates are supported by the staff team for up to one year after completion and are also supported to access services and activities once the full time part of their treatment is complete to aid their continuing recovery.

The chart below shows a gradual upward trend in the overall numbers of York residents in structured alcohol treatment over the last 18 months.

**Figure 27: York residents in structured alcohol treatment**

Over this period the numbers in treatment with Lifeline and Oaktrees have increased while the numbers in treatment with the Community Addictions Team (CAT), which is commissioned by the Vale of York Clinical Commissioning Group, have decreased due to a reduced service provision. Between April 2013 and March 2013 there were 248 York residents in alcohol treatment with the CAT service and in the latest 12 month period (March 2013 to February 2014) there were only 63.

The estimates for the percentage of dependent drinkers in the population can be used to gauge the treatment 'penetration rate' for York in comparison with England. This is shown in the table below and is calculated as the number of adults in structured alcohol treatment in 2012-13 as a percentage of the estimated number of dependent drinkers based on 2012 mid year population figures.

**Table 8: Alcohol treatment penetration rate for York and England**

Data	Region	Males	Females	Persons
a. 16-74 population (ONS Mid 2012)	York	74,456	76,760	151,216
	England	19,425,657	19,725,828	39,151,485
b. Dependent Drinker Estimates - % of 16-74 population (9.3% male, 3.6% female)	York	6,924	2,763	9,688
	England	1,806,586	710,130	2,516,716
c. In structured alcohol treatment 2012/13 NDTMS	York	291	200	491
	England	69,461	38,727	108,188
d. Treatment penetration rates (c/b*100)	York	4.2%	7.2%	5.1%
	England	3.8%	5.5%	4.3%

It can be seen that York has a higher treatment penetration rate than the England average for men and women. The caveat around this analysis is that it is based around national estimates for the prevalence of dependent drinkers as local data is not currently available.

Public Health England estimated the amount of crime prevented as a result of alcohol users engaging in structured treatment (Public Health England, 2014f). The table below shows that an estimated 11,000 crimes were prevented in 2012-13 including approximately 2,000 violent crimes and 400 motoring offences.

**Figure 28: Estimated number of crimes prevented in York due to alcohol treatment**

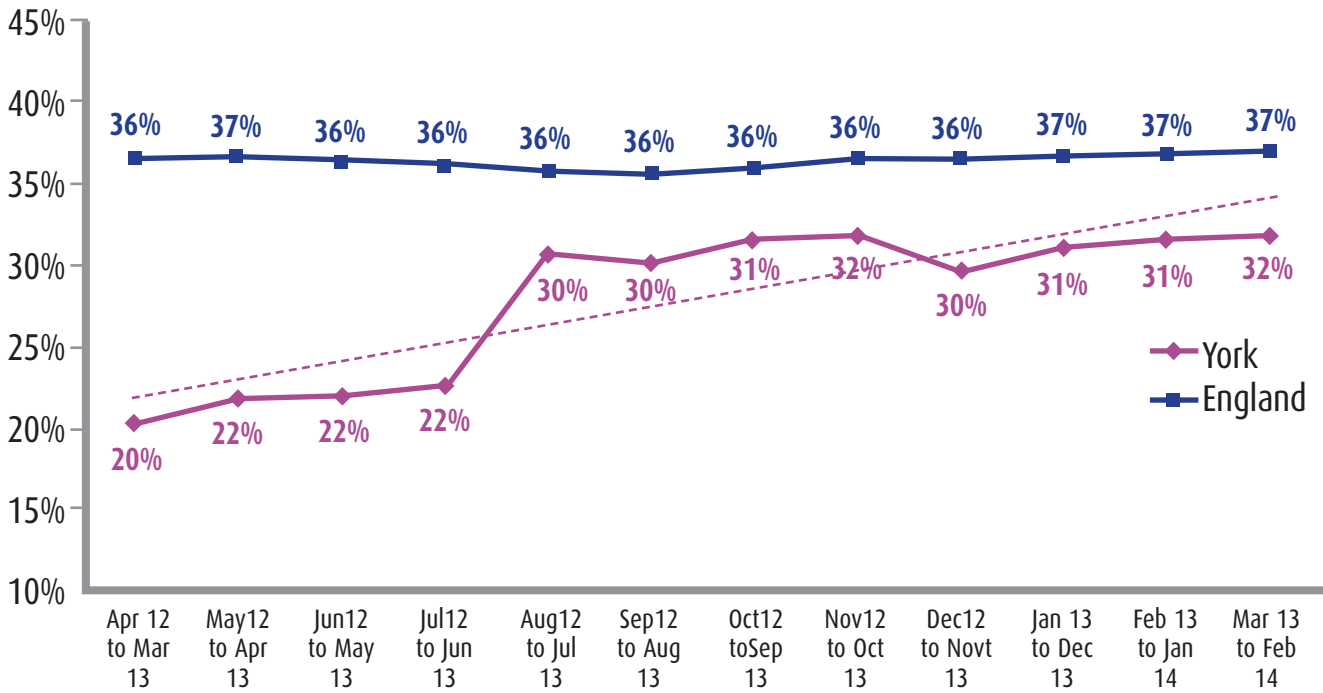
Number of estimated crimes prevented in 2012/13			
Robbery	49	Violence – common assault	1,807
Domestic Burglary	374	Violence – other	274
Commercial Burglary	357	Drug offences	206
Theft of a vehicle	246	Motoring offences	384
Theft from a vehicle	820	Public order	119
Other theft	536	Other	213
Shoplifting	2,718		
Criminal damage	1,239		
Sexual offences	1,635		
		<b>Total crimes saved</b>	<b>11,112</b>

A key measure of the effectiveness of structured treatment services is the number of people who complete treatment successfully (i.e. they are no longer using alcohol or there is evidence of alcohol use but this is not judged to be problematic or to require treatment). The data below shows the successful completion rate for York over the last year. It can be seen that whilst York is still below the national average there has been an improving trend over the last year.





Figure 29: York alcohol successful completions



It is planned that an alcohol needs assessment will be carried out in York in 2014/15, leading to the development of a comprehensive local alcohol strategy.



## **‘York 300’: raising the attainment of disadvantaged pupils.**

‘York 300’ is a project which aims to address the gaps in attainment between disadvantaged pupils and their peers. In this section further information is provided on the project including:

- The situation in York relating to gaps in attainment.
- The latest ‘Pupil Premium’ numbers for York.
- The ‘York 300’ project proposal.

### **What are the issues in York?**

By the age of 19 the gap in attainment between disadvantaged young people (as defined by them being in receipt of free school meals at age 15) and their peers in York is amongst the widest anywhere in the country (worst 10% of all local authority areas on all three key performance indicators). The gap is evident in early years and widens throughout compulsory education, post-16 participation and beyond. By the ages of 16 and 19 our system delivers outstanding outcomes for the cohort as a whole but fails a significant proportion of young people, including those who are disadvantaged or who have other vulnerabilities such as Special Educational Needs (SEN).

Local data shows the following

- Year 1 attainment in phonics in York highlights poor language skills and speech and language difficulties for disadvantaged children coming out of the Early Years Foundation Stage (see Section 4: Public Health Outcomes Framework for more details).
- Key Stage 1 Teacher Assessments highlight a Free School Meals gap in maths and issues with progress in that subject.
- York data for Key Stages 1 and 2 shows poor relative performance for children with Special Educational Needs.
- The gaps for the Free School Meal and Special Educational Needs cohorts in York remain wider than national averages across all key stages.
- There is much anecdotal evidence about a need to raise aspirations of some York residents, but there is also a need to raise attainment so that pupils are able to achieve these aspirations.

### **What is the Pupil Premium?**

In April 2011, Pupil Premium was launched to give additional funding to schools to raise the attainment of disadvantaged pupils.

In April 2013, Pupil Premium was provided for:

- Any pupil eligible for Free School Meals (FSM) in the six years prior to the January 2013 pupil census day.
- Any pupil looked after on 31 March 2013, who had been looked after for six months or longer on that date.
- Any pupil who ceased to be looked after during the period 1 April 2012 – 31 March 2013 who had been looked after for six months or longer when they left care.

In April 2014, the provision will be extended to pupils looked after for more than one day on the SSDA903 LAC census on 31 March 2014, pupils who are adopted and pupils who left care under a Special Guardianship Order or Residential Order.

Schools are required to provide information on:

- Attainment of 'Pupil Premium' pupils.
- Progress made by these pupils.
- Gaps in attainment between these pupils and their peers.

The latest information relating to York from the Department for Education was released in July 2013. There were 3930 pupils on the list, an approximate average of 300 per year group across the city.

**Table 9: Pupil Premium numbers in York.**

Year	Number of Pupils
Reception	262
1	328
2	315
3	357
4	338
5	324
6	330
7	338
8	330
9	334
10	336
11	338

## What is the proposal for the project?

The long-term aim is to work with schools in York to improve the outcomes of 'Pupil Premium' children. In order to design an effective programme of work for these pupils, the initial proposal is to work with the 2013/14 Year 5 Pupil Premium cohort. In September 2014 this group will have one year of primary education left and will be due to take their Key Stage 2 tests in summer 2015. Attainment at Key Stage 2 will be looked at as an indicator of success of the pilot cohort. Success will be measured across the whole cohort, rather than by individual school.

If the attainment gap is to be closed it will be necessary to develop a more sophisticated understanding of the cohort. In doing this it will be important to identify which strategies are working for children and young people with similar characteristics and in similar contexts across the country (or worldwide) so that they can be adapted for use in York.

Initial areas for investigation include:

- How can a more sophisticated profile of the cohort be developed through sharing and interrogating school performance and social care data to gain an understanding of the potential barriers to progress for individual pupils?
- Why do some schools in York have narrow gaps? What can be learned from their practice?
- What can be learned from similar local authorities with narrower gaps than York?
- Can other existing studies help to develop a longitudinal picture of the experiences of the 'York 300' from 0-19?

Progress updates on the 'York 300' project will be provided in subsequent Director of Public Health reports.

## Mental Health

In Section 5 the Community Mental Health Profile for York (Public Health England, 2013c) was reviewed. Some positive areas were highlighted including higher recovery rates following psychological therapy, improving numbers in settled accommodation and lower admission rates due to injury for under 18 year olds. Some areas for concern were also highlighted, for example higher rates of hospital admission and use of secondary care but lower activity with regard to community based services such as contacts with Community Psychiatric Nurses (CPNs).

In this section of the report further information is provided on the following areas:

- The mental health 'deep dive' which is taking place in York as part of the Joint Strategic Needs Assessment.
- The Section 136 'place of safety' in York.
- How York is promoting the 'Dementia Friends' campaign.

### Mental health JSNA 'deep dive'

The Joint Strategic Needs Assessment (JSNA) for York provides an analysis of local need across a range of topics that can be used to inform service commissioning, planning and strategy. Five areas were identified where a more detailed assessment ('deep dive') would be undertaken and mental health was chosen as one of these areas. The aim of the deep dive is to highlight current service provision and review this alongside need based on prevalence and activity data.

The deep dive has recently been completed and is available at <http://www.healthyyork.org/health-ill-health-in-york/mental-health.aspx>. It includes:

- A comprehensive review of available data sources in relation to mental health prevalence, activity and performance. These include the Community Mental Health Profile, the NHS Commissioning for Value Insight Pack, the NHS Outcomes Framework, Leeds and York Partnership NHS Foundation Trust performance reports and the CCG outcomes indicator set.
- Identifying the full range of mental health service provision in York including primary and secondary care, social care and the voluntary and independent sectors. This includes identifying the numbers of people using each service and any capacity issues such as waiting lists.

Provisional feedback from the deep dive review suggests there are some potential gaps in local provision that need to be addressed:

- Improved access to talking therapies.
- Increased choice of non-statutory services that help avoid hospital.
- Improved general healthcare for patients with a mental health diagnosis including annual review of smoking, weight, blood pressure, alcohol consumption, physical activity and periodic (3 to 5 year) checking of blood glucose and cholesterol levels.
- Improved post discharge support for people with mental health issues leaving hospital.
- Providing more preventative support for people at risk of self-harm.

Other issues highlighted by the deep dive review include:

- The importance of providing support to the 18,000 carers in York, a high proportion of whom are at risk of developing mental health problems due to their caring role.
- The on-going need for joint working by City of York Council's housing staff and NHS mental health staff to support vulnerable adults on leaving hospital. This is crucial in maintaining and improving mental health in the community.
- The partnership work which is underway by the Vale of York Clinical Commissioning Group, City of York Council and the NHS includes work to establish a liaison psychiatry service in York. This service will enhance the experience of patients with mental illness in the acute hospital setting and improve the efficiency and speed of psychiatric assessments for people admitted via the Emergency Department.

## **Health-Based Place of Safety (HBPOS) for s.136 Mental Health Act (MHA) detainees**

In 2014 York's first dedicated Health-Based Place of Safety (HBPOS) for s.136 Mental Health Act (MHA) detainees became operational. Located in a suite at Bootham Park Hospital the service provides specialist assessment and immediate care for people detained by the police under the Act, reducing the inappropriate use of police cells to accommodate people solely because of a healthcare need.

The opening of the Suite demonstrates true partnership working and the effectiveness of the new structure and relationship for the NHS, local government, including the Health and Wellbeing Board and North Yorkshire Police working together for the benefit of the health of the city's residents.

To maximise the safety of s.136 MHA detainees, North Yorkshire Police have implemented a system in co-operation with Yorkshire Ambulance Service to enable paramedics to conduct a rapid on-street assessment of the detainees' physical healthcare needs and to transport them to the hospital Emergency Department or other nominated place of safety. This practical example of joint-working will ensure the health of such vulnerable people is prioritised, helping to reduce risk and maintain individuals' dignity.

Although efforts to ensure the appropriateness of s.136 MHA detentions are significant, there is more to be done in preventing mentally ill people reaching such a point of crisis. North Yorkshire Police are working closely with partners to explore the viability of early identification and referral systems to highlight issues before they reach crisis levels. Research by several organisations, including Mind and Victim Support, reveals that nationally people with mental health issues are also ten times more likely to be a victim of crime than the wider population. Furthermore, people with severe mental health issues are at increased risk of repeat victimisation, but are conversely less likely to be satisfied with the police response. Efficient information sharing practices that support integrated working will be crucial to identifying potentially vulnerable people and ensuring the police and all partners understand and manage their needs.

## Dementia Friends

City of York Council is encouraging residents and businesses in York to support a new campaign to create a network of one million Dementia Friends across England by 2015.

Arguably the biggest health crisis facing the UK, one in three people over the age of 65 will develop dementia. In York it is thought there are 2,725 people currently living with dementia and this is expected to rise to 3,209 by 2020.

The Dementia Friends initiative aims to demonstrate it will take a whole-society response to enable people with the condition to live well. The campaign, launched by Public Health England and Alzheimer's Society, asks people to become a Dementia Friend by watching a short online video to increase their understanding of the disease and the daily experiences of people with the condition.

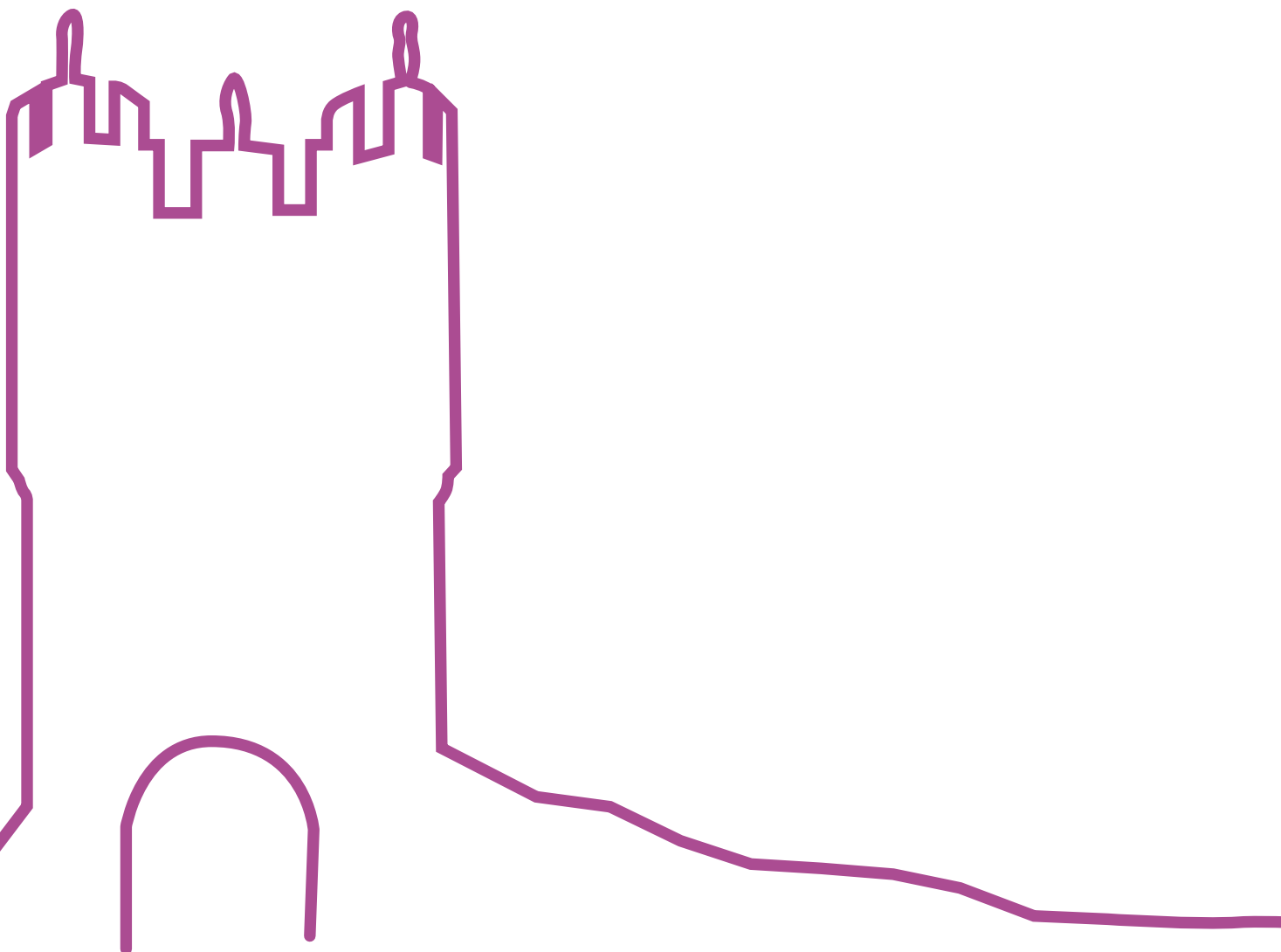
A number of national employers who have a presence in York have already signed up to the campaign and are encouraging their employees to become Dementia Friends, including Marks and Spencer, Lloyds Bank and Superdrug.

Becoming a dementia friend involves an individual doing the following:

- Visiting <http://www.dementiafriends.org.uk/> and watching a 10 minute video which explains what dementia is, how it affects individuals and what people can do to help those living with the disease.

- Supplying individual details to receive a free pack, including the Little Book of Friendship with helpful tips and ideas on supporting people with dementia and their carers and a Dementia Friends badge.

Teams and individuals within City of York Council are encouraged to become champions for the campaign. Two members of the council's Sport and Active Leisure team have undertaken the Alzheimer's Society Dementia Friends training and have become Dementia Friends champions. In June 2013 the Alzheimer's Society awarded the service with 'Working towards becoming Dementia Friendly' status in recognition of its work to increase dementia awareness and support.





## Poverty

Poverty is a complex issue that affects many areas of City of York Council's work. This section builds on previous work carried out examining poverty in York and is the starting point for further work looking at the impact that low income, reduced opportunities and resources has on the city and its residents.

This section draws on the information and conclusions from York's Fairness Commission (<http://www.yorkfairnesscommission.org.uk/>) and the Without Walls review on poverty (<http://www.yorkwow.org.uk/>)

The evidence is set against the background of economic recession, austerity, deep cuts to public spending and a reining in of welfare support. Locally it is estimated that over £2m of reductions in Housing Benefit (HB) and Council Tax Benefit in 2013/14 affected a wide number of residents and squeezed the income of those already reliant on welfare. This includes

- 931 social tenants saw a reduction in their HB because of the 'spare room subsidy' changes (£683k).
- 6,000 working age council tax payers had to pay at least 30% of their council tax (£1.5m).
- 40 tenants affected by the cap in benefits (£42k).

To provide some financial resilience for those most in need the new YFAS (York Financial Assistance Scheme) received 2,921 applications for help because of a crisis or emergency and £239k was awarded (76% of the Government grant). Around 860 DHP (Discretionary Housing Payment) awards were made to tenants needing additional help with their rent amounting to £236k (83% of the Government grant).

Whilst York has a relatively strong local economy compared with other parts of the country and has weathered the economic storm relatively well this does mask some of the key challenges that have been identified. The scale of the deprivation gap between 'advantaged' and 'disadvantaged' York is striking. A number of key themes are apparent:

### Life expectancy

- The gap in life expectancy between the most and least deprived areas in the city is 8.5 years for men and 5.6 for women (there is a strong correlation between deprivation and lower life expectancy).

### Housing costs continue to rise

- The average house price in February 2014 was £183,000 compared to £170,000 nationally and £117,000 regionally.

- The house price to earnings ratio, at 8.9:1 is markedly above national and regional levels
- The median monthly rent for a two bedroom property in the private sector is £650 – beyond the reach of those who rely on Housing Benefit

**Whilst overall levels of unemployment are falling, in-work poverty** is a growing issue:

- There is a need to improve employment opportunities that are better paid (for example, jobs which pay at least Living Wage of £7.65 per hour) and are sustainable to be able to lift people out of poverty.
- Despite progress on the 'Living Wage' where several employers in the city are committed to pay £7.65 an hour some 20% of employees in the city are paid below that level.
- A major increase in part-time working amongst those in employment since 2010 - 10% more men and 5% more women in the workforce are working less than full-time. Overall 33.9% of York's residents are in part time employment compared with 26.3% for the region and 25.5% for Great Britain. Out of 378 Local Authorities, York has the 10th highest proportion of its working age population in part-time employment.
- Part time workers are twice as likely to be on low pay.
- Gender pay inequality has widened with women earning 18% less than men.

**Long term unemployment** remains a problem in certain areas

- Four wards, Westfield, Heworth, Holgate and Clifton, account for 54% of the long term unemployed and along with Hull Road are home to 60% of children living in poverty in the city.

Despite York's largely affluent make up, poverty remains a real issue. The impact of poverty includes poor health throughout life, including dying younger than expected; low educational achievement; lower levels of employment and income; living in poorer housing and community environments; long term financial and social exclusion; and can lead to behavioural problems including a high risk lifestyle.

Children growing up in poverty are more likely to experience a poorer quality of life, both as a child and later as an adult. It is known that children who grow up in poverty are more likely to be poor as adults. Breaking the cycle of poverty will not only improve the life chances of the current generation, but also help them to pass on the benefits to their own children.

## Section 8: Summary and Recommendations

### Summary of Key Points

#### Section 2: Health Indicators for York – Overview

An overview of health in York is provided by the PHE Health Profile and the NHS outcomes benchmarking support tool.

- The health of York's residents is generally better than the England average although for some indicators improvement is needed e.g. the number of increasing and higher risk drinkers and the number of excess winter deaths.
- Performance on some indicators is worse than the average for our comparator local authorities e.g. healthy life expectancy.

#### Section 3: Life Expectancy and Inequalities Gap

A range of data sources are available on life expectancy, including measures of inequality between the most and least deprived residents in York.

- Compared with national averages life expectancy in York is similar but healthy life expectancy for women is higher.
- Deaths under 75 years in York are higher compared with similar local authorities.
- The gap in life expectancy between the most and least deprived areas of York is wider for men than for women, but the trend appears to be a decreasing gap for men and an increasing gap for women.
- Life expectancy for the most deprived men in York appears to be improving.

## Section 4: Public Health Outcomes Framework (PHOF)

The PHOF provides a range of indicators that help understand how well public health is being improved and protected in York.

- York fares well overall, but there are some areas for improvement such as: speech development in young children; chlamydia diagnosis rates for 15-25 years olds; flu vaccinations for at risk groups and take up of the HPV vaccine.

## Section 5: Public Health England Profiles

Specific PHE profiles highlight key issues in York for mental health, learning disability, child health, childhood obesity and smoking.

- Most measures of mental ill health are the same as England, however there are higher rates of hospital admission and use of secondary care, but lower activity with regard to community based services such as contacts with Community Psychiatric Nurses.
- A low proportion of adults with a learning disability are recorded as having had a GP health check, although more specific data for York is required to enable further investigation.
- York has lower rates of obesity for children in Reception and Year 6 compared with England.
- The health and wellbeing of children in York is generally better than the England average although the rate of hospital admissions as a result of self harm for 10-24 year olds is of concern and requires further investigation.
- York has lower rates of smoking attributable mortality, deaths from lung cancer, lung cancer registrations and smoking attributable hospital admissions.

## Section 6: Improving Health and Wellbeing in York 2013 – 2016

The City of York Council Health and Wellbeing strategy for 2013-2016 identified 5 key priorities for York

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

## Section 7: Emerging Issues

There are a number of significant issues which have an impact, directly or indirectly, on the health and wellbeing of York's residents.

### Domestic Abuse

- Domestic abuse has an impact on the mental health of victims and can lead to behavioural problems in children who witness abuse.
- The number of domestic incidents has been static for the last two years but there was a fall in the percentage of repeat incidents in 2013/14.
- Measures in place to tackle domestic abuse in York include: the domestic violence strategic board; the achievement of White Ribbon status for the City; the work of IDAS including targeted early intervention; an increase in Multi-Agency Risk Assessment Conferences (MARAC) and the 'Making Safe' scheme.

### Alcohol

- York is estimated to have a significantly higher percentage of binge drinkers than the national and regional averages.
- In terms of the impact on health and wellbeing, York is rated as having lower harm levels for hospital admissions and mortality but higher harm levels for alcohol related violent crime compared with similar local authorities.
- The annual financial cost to society of alcohol misuse is estimated to be £77.26M in York. This is a lower cost per head than the regional and national average.
- Services to treat dependent alcohol users in York were reconfigured in 2012 and following this, the numbers receiving treatment and successful completions from treatment have improved.
- An estimated 11,000 crimes were prevented in York in 2012-13 as a result of alcohol users engaging in treatment.

### York 300

- The 'York 300' project aims to address the gaps in attainment between disadvantaged pupils and their peers.
- The long-term aim is to work with schools in York to improve the outcomes of 'Pupil Premium' children.
- In order to design an effective programme of work for these pupils, the initial proposal is to work with the 2013/14 Year 5 Pupil Premium cohort.

## Mental Health

- The mental health 'deep dive' suggests there are some potential gaps in local provision that need to be addressed e.g. improved access to talking therapies; increased choice of non-statutory services that help avoid hospital and improved post discharge support.
- In 2014 York's first dedicated Health-Based Place of Safety for s.136 Mental Health Act detainees became operational providing specialist assessment and immediate care for people detained under the Act.
- City of York Council is encouraging residents and businesses in York to support the Dementia Friends campaign.

## Poverty

- The poverty 'deep dive' highlighted some of the issues facing York: rising house prices; the impact on local residents of welfare benefit reductions; more in-work poverty; more part time working; widening gender pay inequality and pockets of high long term unemployment.

## Recommendations

1. Development of an in-depth multi-agency local needs assessment and alcohol strategy to include consideration of: licensing; harm prevention; interventions and brief advice; crime and disorder; hospital based and specialist treatment services; parental alcohol misuse; risky behaviours in young people; older people and alcohol.
2. To investigate the reasons behind the apparent trend that is emerging of a year on year rising gap in life expectancy for women between the most and least deprived residents in York. With particular focus on diseases such as Chronic Obstructive Pulmonary Disease (COPD) and lung cancer that are the largest causes of this difference in life expectancy.
3. To investigate self harm in young people in York. The 2012/13 figures showed that the rate of hospital admission for self harm in York was significantly higher than the national average; the reasons for this need to be explored.
4. To improve access to relevant public health data sources so that progress on certain key indicators for York can be monitored and acted upon in a more timely fashion.

# Closing statement

This report has looked at public health in York in the year the function “returned” to local government after 39 years.

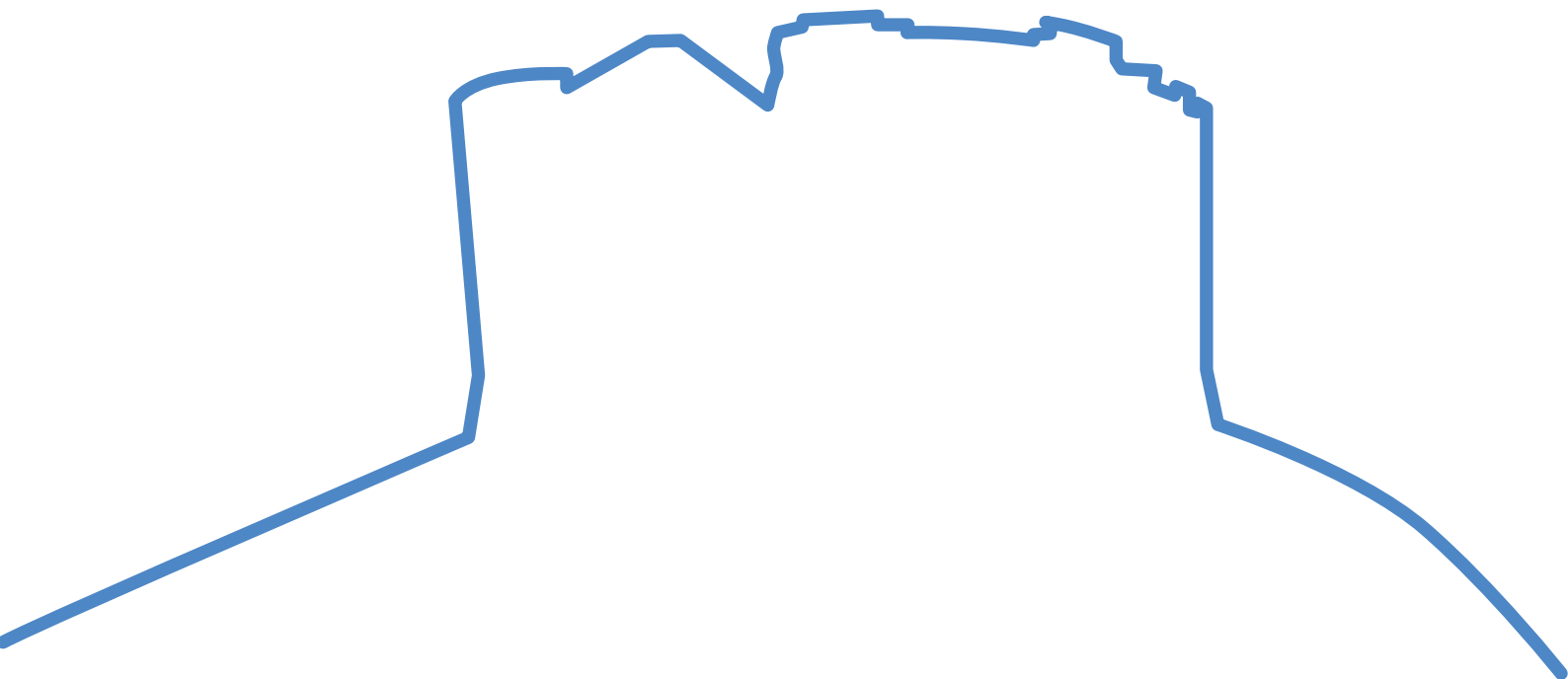
The report has provided examples of how York is faring in terms of the health of residents including health indicators, life expectancy and emerging issues. However it has also shown that inequalities in health still exist as illustrated through the differences in the gap in life expectancy between the most and least deprived areas of York for men and women.

Examining the key points in the report has reinforced the future challenges of increasing demands on the health services, particularly those arising from the successes of increasing life expectancy. The report has discussed the need for improvements in a handful of areas. Seeing these areas identified together in the wider context of York’s health reinforces the need for the commitment of individuals, communities and organisations to work with residents to engage in healthier lifestyles and support them to do so through action on the wider determinants of health.

The transition of Public Health this year provides a renewed opportunity to work together as a city in partnership – as City of York Council, York’s Health and Wellbeing Board, Vale of York CCG and other key partners – to continue to improve the health of York’s residents.

signature

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# Appendix 1: Index of Charts and Tables

## Index of Charts

<b>Figure 1:</b> York health profile indicators 2013 .....	10
<b>Figure 2:</b> York outcome benchmarking spider diagram .....	11
<b>Figure 3:</b> Map showing levels of deprivation in York from most to least deprived.....	16
<b>Figure 4:</b> Slope Index of Inequality 2009-11 York v National Average .....	18
<b>Figure 5:</b> Trends in slope index of inequality .....	18
<b>Figure 6:</b> Slope Index of Inequality York Males 2006-10 .....	19
<b>Figure 7:</b> Slope index of inequality for York (males 2009-11, provisional).....	20
<b>Figure 8:</b> Slope index of inequality 2006-10 - York Females.....	21
<b>Figure 9:</b> Male life expectancy by Ward deprivation score.....	22
<b>Figure 10:</b> Breakdown of life expectancy gap by most and least deprived quintiles in York.....	23
<b>Figure 11:</b> Trend in mortality rate from causes considered preventable.....	29
<b>Figure 12:</b> York 2012/13 NCMP data in relation to the England average.....	37
<b>Figure 13:</b> Reception Year - Changes from 11/12 to 12/13.....	38
<b>Figure 14:</b> Year 6 - Changes from 11/12 to 12/13.....	38
<b>Figure 15:</b> Cross cutting themes - Health and Wellbeing Board.....	44
<b>Figure 16:</b> Responsibility for delivery and monitoring.....	50
<b>Figure 17:</b> Police recorded domestic incidents in York: 5 year trend .....	53
<b>Figure 18:</b> Police recorded domestic incidents in York: % repeat incidents – 5 year trend.....	54
<b>Figure 19:</b> York police recorded domestic incidents by ward 2013-14.....	54
<b>Figure 20:</b> Trend in MARACs in York.....	57
<b>Figure 21:</b> Trends in alcohol related crime in York.....	58
<b>Figure 22:</b> Estimated % of abstainers: York v England v Region.....	59
<b>Figure 23:</b> Breakdown of drinkers by risk category – York v England .....	60
<b>Figure 24:</b> Estimated % of binge drinkers in York.....	60
<b>Figure 25:</b> Alcohol-related impact of an average Friday night in York.....	62
<b>Figure 26:</b> Alcohol cost to society per head of population for York .....	63
<b>Figure 27:</b> York residents in structured alcohol treatment.....	65
<b>Figure 28:</b> Estimated number of crimes prevented in York due to alcohol treatment .....	66
<b>Figure 29:</b> York alcohol successful completions .....	67

## Index of Tables

<b>Table 1:</b> York premature death rates compared with England.....	15
<b>Table 2:</b> York premature death rates compared with similar local authorities .....	15
<b>Table 3:</b> York LSOA's in relation to the national deprivation profile .....	17
<b>Table 4:</b> Life Expectancy by deprivation decile in York (males 2006-10).....	20
<b>Table 5:</b> Life expectancy by deprivation decile in York (males 2009-11 provisional).....	21
<b>Table 6:</b> Prevalence of dementia, depression and Learning Disabilities in York GP practices.....	32
<b>Table 7:</b> Tobacco indicators for York: current and previous.....	40
<b>Table 8:</b> Alcohol treatment penetration rate for York and England .....	65
<b>Table 9:</b> Pupil Premium numbers in York. ....	69

## Appendix 2:

# Links to other sources of information

This section provides links to further key sources of information about Public Health in York. These sources can be readily accessed by members of the public and do not require passwords or N3 connections.

### Other Public Health England Profiles for Local Authorities

As well as the PHE profiles covered in this report, there are a range of other profiles available to provide information about key health issues for the City of York Council.

These include:

- End of life care profile
- Teenage pregnancy profile
- Sexual health balance scorecard
- Sexual and re-productive health profile
- Older people's health and wellbeing atlas
- Healthy schools profile
- Marmot profile
- Breastfeeding profile
- Excess winter deaths

These are all available via the Data and Knowledge Gateway <http://datagateway.phe.org.uk/index.html>.

### Adult Social Care Outcomes

- The latest data on outcomes for adults using local authority funded care and support in the York area (including carers) is available on the HCIC site <http://ascof.hscic.gov.uk/>

### Vale of York Clinical Commissioning Group (CCG)

The following profiles are available at CCG level.

- NHS England CCG Information packs providing a detailed analysis of NHS outcomes and other relevant indicators <http://www.england.nhs.uk/la-ccg-data/#ccg-info>
- Cancer and Diabetes profiles – accessed via PHE Data and Knowledge Gateway <http://datagateway.phe.org.uk/index.html>.

- Vale of York CCG website <http://www.valeofyorkccg.nhs.uk/about-us/>
- CCG Spend and Outcome Factsheet and Tool <http://www.yhpho.org.uk/quad/Default.aspx>

### **GP Practices**

- General Practice Profiles providing information on local demography, Quality and Outcomes Framework domains, disease prevalence estimates, admission rates and patient satisfaction <http://fingertips.phe.org.uk/profile/general-practice>
- GP Patient survey results are available at <http://practicetool.gp-patient.co.uk/practice>
- GP Quality and Outcomes Framework (QOF) results are available at <http://www.hscic.gov.uk/qof>

### **Electoral Wards**

- Profiles of the wards within the City of York Council are available at [http://www.york.gov.uk/downloads/download/2436/ward\\_profiles\\_2013](http://www.york.gov.uk/downloads/download/2436/ward_profiles_2013)

### **Interactive Maps**

- The Local Health site provides the facility to view a range of health indicators on a map at the level of local authority, ward or middle super output area (MSOA) <http://www.localhealth.org.uk/#v=map9;l=en>

### **Health and Social Care Information Centre**

This website gathers together a number of health and social care indicators. Data is available to anyone on the unrestricted public site <http://indicators.ic.nhs.uk>

### **York Joint Strategic Needs Assessment (JSNA)**

The Joint Strategic Needs Assessment (JSNA) for York provides an analysis of local need across a range of topics that can be used to inform service commissioning, planning and strategy. <http://www.healthyyork.org/>

# Acknowledgements

## Project Team:

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## Designer:

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## Your views

**We are keen to hear your views on this report. If you would like to make any comments please contact the Director of Public Health:**

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**An online version of this report is available at:** [http://www.york.gov.uk/dph\\_annualreport](http://www.york.gov.uk/dph_annualreport)

# Glossary

Term	Description
<b>Alcohol specific/alcohol attributable conditions</b>	Conditions such as alcoholic liver disease where alcohol is the sole cause are known as alcohol-specific. For partially alcohol-attributable conditions alcohol has a proven relationship but it is one of a range of causative factors e.g. cardiac arrhythmias
<b>Confidence Interval</b>	A range of values that is used to quantify the imprecision in the estimate of a particular indicator. A wider interval shows that the indicator value presented is likely to be a less precise estimate of the true underlying value.
<b>Comparator group</b>	Groups of local authorities (or CCGs) who are judged to be similar to York on certain characteristics e.g. demographic, socio-economic or geographic variables. Local performance is benchmarked against these groups
<b>Decile</b>	One of ten segments of a distribution that has been divided into tenths. For example, in relation to socio economic deprivation the bottom decile would be the most deprived 10% of the population.
<b>Dependency (alcohol)</b>	A cluster of behavioural, cognitive, and physiological phenomena that typically include a strong desire to consume alcohol, and difficulties in controlling drinking.
<b>Incidence</b>	The number of cases of disease that have their onset during a prescribed period of time. It is often expressed as a rate. Incidence is a measure of morbidity or other events that occur within a specified period of time. (See related - prevalence).
<b>Life expectancy at birth</b>	The average number of years a person would expect to live based on contemporary mortality rates.
<b>Healthy life expectancy at birth</b>	The average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health.
<b>Morbidity/mortality rate</b>	Information relating to numbers of people affected by disease (morbidity) or numbers of deaths (mortality) expressed as a rate (for example, the number of cases per 10,000 population).



Term	Description
<b>Potential years of life lost (PYLL)</b>	An estimate of the average years a person would have lived if he or she had not died prematurely. It is, therefore, a measure of premature mortality. As a method, it is an alternative to death rates that gives more weight to deaths that occur among younger people. Another alternative is to consider the effects of both disability and premature death using disability adjusted life years.
<b>Premature Mortality</b>	Deaths before age 75.
<b>Prevalence</b>	Measures the number of cases of a disease or condition in a population at a particular point in time or over a specified time period.
<b>Quintile</b>	One of five segments of a distribution that has been divided into fifths. For example, in relation to socio economic deprivation the bottom quintile would be the most deprived 20% of the population.
<b>Rate</b>	A measure of the intensity of the occurrence of an event. For example, the mortality rate equals the number who die in one year divided by the number at risk of dying. Rates usually are expressed using a standard denominator such 1,000 or 100,000 people.
<b>Rate (age standardised)</b>	Age-standardisation adjusts rates to take into account how many old or young people are in the different populations. When rates are age-standardised, the differences in the rates over time or between geographical areas do not simply reflect variations in the age structure of the populations.
<b>Slope Index of Inequality</b>	The SII is a single score which represents the gap in years of life expectancy between the best-off and worst-off within the area, based on a statistical analysis of the relationship between life expectancy and deprivation scores across the whole area.
<b>Structured treatment (substance misuse)</b>	Structured drug and alcohol treatment consists of a comprehensive package of specialist interventions. It addresses needs that would not be expected to respond to less intensive or non-specialist interventions alone. It requires a comprehensive assessment of need, and is delivered according to a recovery care plan, which is regularly reviewed with the client.
<b>Wider determinants of health</b>	The factors that affect health through general living and working conditions; influences include the economy, employment, transport, housing, food availability, air and water quality, education, culture and, social and community networks.





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**Health and Wellbeing Board**  
Report of the Acting Director of Public Health

3 December 2014

**Response to Healthwatch Reports**

**Summary**

1. This report is a response from the Health and Wellbeing Board to the three Healthwatch reports presented to the previous meeting on 22 October 2014, with comments on the recommendations from these reports.

**Background**

2. Healthwatch have produced three reports during 2014 to date: “Loneliness – A Modern Epidemic and the Search for a Cure”, “Access to Health and Social Care Services for Deaf People”, and “Discrimination against Disabled People in York”. These reports contain extensive qualitative research carried out in York, and make a number of recommendations both for the Health and Wellbeing Board and for partners. These recommendations are summarised at Annex A.
3. The Health and Wellbeing Board has agreed to receive and respond to such reports where appropriate.

**Main/Key Issues to be Considered**

4. For each report, there will be a summary of work being undertaken at present, followed by commentary on items to be addressed in the future.

A) Loneliness

5. Work to meet the recommendations, and commentary on selected recommendations, is as follows:
  - A working group to address loneliness – CYC is in discussion with partners on ways to support this.

- Consider whether the Campaign to End Loneliness toolkit and the JRF resource pack are useful – partners agree that these are useful resources
- Make sure the Rewiring work for adult social care information and advice looks at loneliness – this work covers a wide range of needs, including those of the isolated and “hard to reach”
- Develop social prescribing options and pathways into volunteering – there is work to be done with GP practices to make stronger links into volunteering, but there is an existing successful social prescribing model in the HEAL programme that provides pathways into exercise and healthy living
- Make sure key workers are confident signposting to services that address loneliness – work on advice and sign-posting forms an important part of the preventative work of both health and social care services.

#### B) Discrimination Against Disabled People

6. The comments on the recommendations are as follows:

- Organise a campaign to challenge stereotypes – There are a number of groups who could work together on this. The Joint Health and Wellbeing Strategy has identified the need for a campaign against discrimination against those with mental health conditions, and for an extended campaign there will need to be a lead organisation identified to take this forward.
- Educate children about disability and mental health issues - CYC provides disability equality training to schools on request. We developed resources for schools on ways to raise awareness with children and young people re potential bullying issues and how to prevent them. The specialist teaching team provide peer awareness sessions and socially speaking groups in schools which promote respect, enable children to appreciate the needs of disabled children and to avoid bullying.
- Provide disability equality and mental health awareness training for front line staff – This is already the case for public sector organisations.

- Co-design and co-deliver such training programmes with disabled people and people with mental health conditions – CYC work with York People First who deliver training on accessible communications.
- CYC to work with partners to create a hub for information and advice – The current CVS information website seeks to provide a wide range of information and advice.
- Introduce an “Accessible York” card – the HWB would like further clarification on this, in particular the expected outcomes and aims, in order to investigate ways of implementing such an initiative.
- Review the accessibility of the A&E department for individuals who find it hard to wait because of their condition – This is being considered by the hospital’s Access to Services Group.
- Consider the distance from bus stops/parking to public offices etc – Impact assessments are carried out as part of the strategic process for transport planning.
- Improve hate crime reporting – The Safer York Partnership is currently looking at ways to ensure that concerns are addressed.
- Improve accessible parking and access to the city centre
- When holding public meetings, ensure they are accessible – This is already a standard requirement for public sector partners.
- Re-introduce the “hotspots” scheme – this scheme, for reporting on-street-related issues such as graffiti and fly-tipping, is under review, and could be extended to cover disability-related issues such as blocked access. The customer services team have been made aware of the need to factor in additional requirements in this area.
- Make sure accessibility is considered when commissioning primary care – This is considered as part of the commissioning process.

- In addition, people who use bus transport regularly may wish to note the current national consultation on the regulations surrounding the behaviour of bus drivers and other bus company staff:  
<https://www.gov.uk/government/consultations/review-of-bus-conduct-regulations> and respond before the closing date of 23 December 2014.

C) Access to Services for Deaf People

7. The recommendations are as follows, with the responses grouped at paragraphs 8 and 9 below:
  - Provide deaf awareness training for staff who have contact with the public
  - Advertise and promote interpreting provision
  - Review how providers become aware of preferred communication methods
  - Review how deaf patients book appointments
  - Consider how public meetings can be made accessible to the deaf community
  - Consider holding a regular “walk in” clinic for deaf people
  - Consider creating a central fund for BSL interpreters
  - Consider access to services for deaf people in contracts – CYC and the CCG require contracted service providers to have due regard to equalities
  - Adopt visual indicators in waiting rooms and reception areas
  - Review the accessibility of standard letters and consider making video clips of them
8. These recommendations are timely, as they will also need to be considered in light of the proposals for the NHS Accessible Information Standard, which can be viewed online: <http://www.england.nhs.uk/ourwork/patients/accessibleinfo-2/> . The guidance proposes to ensure that patients and service users, and their carers and parents, can understand the information they are given.



This includes making sure that people get information in different formats if they need it, for example in large print, braille, easy read or via email.

9. It will also tell organisations to make sure that people receive any support with communication that they need, for example through having a British Sign Language (BSL) interpreter or an advocate with them. In light of these proposals, health and social care organisations will need to review existing access to services to ensure that information, access, and training are available.

### **Consultation**

10. Member organisations of the Health and Wellbeing Board have contributed their views to this report.

### **Options**

11. There are no specific options for the Board to consider however they are asked to note the update on the recommendations emerging from this report.

### **Analysis**

12. The reports in combination give a detailed picture of groups that feel marginalised within York, but with positive suggestions for ways forward. A number of the recommendations are the subject of existing work, and planned legislation is likely to lead to further work on eliminating discrimination and improving access to services.

### **Strategic/Operational Plans**

13. The work from Healthwatch contributes towards a number of strands of the Joint Health and Wellbeing Strategy, and the three reports under discussion have particular relevance to the priority to reduce health inequalities and the priority on improving mental health and intervening early.

### **Implications**

14. There are equalities implications associated with the recommendations in this report, in that following the recommendations will lead to an improved position for equalities.

15. A number of the recommendations may have financial implications for the organisations who would carry them out, and such implications would need to be costed on a case-by-case basis.

### **Risk Management**

16. The proposed changes to accessibility legislation in 2015 mean that failure to address some of the issues highlighted in the report on access to services for deaf people could have negative consequences for service providers.

### **Recommendations**

17. That Healthwatch are asked to note the response of the Health and Wellbeing Board members.

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

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**Report  
Approved**

**Date** 24  
November  
2014

**Specialist Implications Officer(s)** None

**Wards Affected:**

All

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

**Background Papers:**

Healthwatch Reports contained in the 22 October 2014 Health and Wellbeing Board papers available here:

<http://modgov.york.gov.uk/ieListDocuments.aspx?CId=763&MId=8338&Ver=4>



**Annexes**

Annex A – List of recommendations in full

**Glossary**

A&E – Accident and Emergency

BSL – British Sign Language

CCG – Clinical Commissioning Group

CYC – City of York Council

HEAL – Healthy and Active Lives

HWB – Health and Wellbeing Board

JRF – Joseph Rowntree Foundation

JSNA – Joint Strategic Needs Assessment

NHS – National Health Service

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## ANNEX A – Healthwatch Report Recommendations

Loneliness

<b>Recommendation</b>	<b>Recommended to</b>
1. Set up a working group to look at how we can pro-actively address loneliness in the City of York	Health and Wellbeing Board, the Joseph Rowntree Foundation, Yor OK Board
2. Consider whether the Campaign to End Loneliness Toolkit, and the JRF Resource pack are useful tools to help further work locally to address loneliness	Health and Wellbeing Board / Working group
3. Make sure the Rewiring work looking at information and advice helps us respond to tackling loneliness	CYC Rewiring team
4. Develop social prescribing options and pathways into volunteering for people able to make the most of these routes	NHS Vale of York CCG, NHS England
5. Consider support to make sure key workers are confident signposting to services that address loneliness where people are more isolated or vulnerable	Collaborative Transformation Board / Care Hub development leads

Discrimination Against Disabled People

<b>Recommendation</b>	<b>Recommended to</b>
<p>1. Organise a campaign to challenge stereotypes and tackle prejudice, highlighting the barriers disabled people face and what people can do about them. The same should also be done for mental health conditions. This awareness campaign should be developed with disabled people, including people with mental health conditions and organisations helping them and their families.</p>	<p>Health and Wellbeing Board, engaging with York Press, Radio York and the Joseph Rowntree Foundation. Also consider links to the local business community.</p>
<p>2. Children should be educated about disability and mental health conditions from an early age. This should include topics such as respect, the appropriate language to use regarding disability, disabled people and mental health. Children should be encouraged to participate actively in promoting inclusive communities.</p>	<p>Health and Wellbeing Board and YorOK Board</p>
<p>3a. Provide disability equality and mental health awareness training, as a minimum for all staff that have contact with the public. Ideally, longer term this training should be mandatory for all staff, and embedded in organisational induction processes, but this may be unrealistic in the short term. The training for disability and mental health conditions should be separate as the issues involved are not the same.</p>	<p>All statutory partners, all service providers including GP surgeries led by City of York Council Workforce Development Unit</p>

<p>3b. The training programme must be co-designed with disabled people and people with mental health conditions and organisations helping them and their families to make sure training is credible and reflects the day to day lived experiences of disabled people and people with mental health conditions. Where possible, delivery should be by disabled people; supported by a trainer only where the disabled person(s) is (are) not an accredited trainer themselves.</p>	<p>City of York Council working with existing groups such as YILN, York Mind and York People First</p>
<p>4. There should be more support for people to deal with the welfare reforms and changes to health and social care funding. The City of York Council should work with partners to create a hub for information, advocacy and peer-support, working with disabled people's organisations, carers' organisations and advice organisations. This will also help them to meet the requirements for Information, Advice and Support in the Care Act 2014.</p>	<p>City of York Council (including the Rewiring services team)</p>
<p>5. Consider introducing an "Accessible York" card that individuals could use when going about their daily lives to increase awareness amongst service providers. This should also be available to parents/carers for their child/individual they care for. This card should have wide eligibility criteria to ensure as many disabled people as possible are able to access it.</p>	<p>City of York Council</p>

<p>6. Review the accessibility of the A+E department for individuals who find it difficult to wait and consider introducing a separate space for these individuals to wait to reduce the stress of going to A+E both for the individual and their parents/carers.</p>	<p>York Hospital NHS Foundation Trust</p>
<p>7. Consider the distance from bus stops and accessible parking spaces to public offices, places of work and accommodation. Provide plenty of seating both outside and inside these buildings, and publicly accessible cafes.</p>	<p>City of York Council, Universities, employers</p>
<p>8. Review eligibility criteria for disabled bus passes to ensure it is in-line with legal guidance on disabled bus pass provision.</p>	<p>City of York Council</p>
<p>9. Improve hate crime reporting by working with disabled people to develop effective hate crime reporting systems. Additionally, raise awareness of how and where disabled people can report disability hate crimes.</p>	<p>City of York Council and North Yorkshire Police.</p>
<p>10. Improve accessible parking and access to the city centre, including public transport options. This should be done through working with disabled people to identify the problems and explore possible solutions through public meetings etc. that are accessible to all.</p>	<p>City of York Council, all City of York bus providers</p>
<p>11. When designing surveys and holding public meetings etc. work with disabled people to ensure that they are fully accessible.</p>	<p>Health and Wellbeing Board</p>

12. Consider re-introducing the 'hotspots' scheme. This scheme enabled disabled people to report issues such as lack of dropped kerbs, problems with accessible parking etc. Healthwatch York would be happy to have an active role in re-introducing the scheme.	Health and Wellbeing Board
13. Make sure that accessibility is always considered when primary care services are commissioned.	NHS England North Yorkshire and Humber area team

### Access to Services for Deaf People

<b>Recommendation</b>	<b>Recommended to</b>
<p>1. Provide Deaf Awareness Training for all staff who have contact with the public, including receptionists and practice managers. The training should be delivered by an accredited trainer.</p> <p>Deaf Awareness Training would enable staff to:</p> <ul style="list-style-type: none"> <li>• Understand the communication needs of Deaf people</li> <li>• Understand who is responsible for booking interpreters</li> <li>• Know how to book interpreters and the standards required. The Association of Sign Language Interpreters (ASLI) believe that the only way to ensure fair access is through the provision of a professional interpreter who is registered with the National Register of Communication Professionals (NRCPD).</li> </ul>	<p>Health and Social Care service providers</p> <p>Key agencies in the city, such as NHS Vale of York Clinical Commissioning Group, City of York Council and York Teaching Hospital NHS Foundation Trust</p>

<p>2. Advertise and promote interpreting provision by:</p> <ul style="list-style-type: none"> <li>• Displaying posters in surgeries, hospital and council offices to remind staff to book an interpreter.</li> <li>• Making a checklist or leaflet available to all staff as a reminder of their responsibilities to Deaf patients and how to book interpreters.</li> </ul>	Health and Social Care service providers
<p>3. Review how providers become aware of the preferred language or preferred method of communication of their patients and carers who are Deaf.</p>	Health and Social Care service providers
<p>4. Review how Deaf patients book appointments and how appointments are confirmed, making sure a range of options are available - email, on-line, text (SMS), Typetalk, fax and face to face.</p>	GP practices
<p>5. Consider how public meetings can be made accessible to the Deaf community. The preferred option is that BSL interpreters are booked in advance of all key public meetings and publicity materials for events indicate that interpreters have been booked.</p>	Key agencies in the city, such as NHS Vale of York Clinical Commissioning Group, City of York Council and York Teaching Hospital NHS Foundation Trust
<p>6. Consider holding a regular 'walk in' surgery or clinic for Deaf people at a city centre location, with interpreters provided.</p>	GP practices NHS England Area Team



<p>7. Consider creating a central fund to provide a shared pool of interpreters. A list of interpreters could be held centrally and they could be booked in advance for events, meetings etc or specific events for deaf people.</p>	<p>Key agencies in the city, such as NHS Vale of York Clinical Commissioning Group, City of York Council and York Teaching Hospital NHS Foundation Trust</p>
<p>8. Consider access to services for deaf people when tendering and reviewing contracts.</p>	<p>Commissioners of health and social care services</p>
<p>9. Adopt simple visual indicators in waiting rooms and reception areas. For example, give everyone a number when they arrive and display the number on a screen when it is their turn.</p>	<p>Health and Social Care service providers</p>
<p>10. Review the accessibility of standard letters and consider making video clips of them.</p>	<p>Health and Social Care service providers</p>

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## **Health and Wellbeing Board**

3 December 2014

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

### **YorOK Children's Trust Board: Summary Report to the Health & Wellbeing Board, 3 December 2014**

#### **1. Summary**

The YorOK Board is formally accountable to the Health and Wellbeing Board. The YorOK Board has produced its first annual report following a review of its activity, impact and effectiveness to date. This summary provides headline feedback; the full report is available from the Children's Trust Unit.

#### **2. Key Achievements and challenges**

The Health and Wellbeing Board is asked to note the following key achievements and challenges that emerged from the YorOK review:

Key achievements:

1. A reduction in the number of Looked After Children, the number stabilising as at the end of June 2014 at 222;
2. The steady and safe reduction of the number of children subject to a child protection plan to 116;
3. 75% of 315 identified Troubled Families have officially been helped to 'turn around';
4. Increased profile and influence of the 'voice and influence' agenda, including in the area of child safeguarding.

Key challenges:

5. A continued focus on further narrowing the attainment gap for pupils in receipt of free school meals and for Key Stage 2 and Key Stage 4 pupil premium groups;
6. Responding to an increase in self harm amongst younger people;
7. Further improve our NEET rates for vulnerable groups (young offenders, looked after children, teenage parents and young people who have learning disabilities and difficulties);
8. Tackling child obesity.

### **3. Strengthening partnership working: shared YorOK and Health and Wellbeing Board priorities**

The YorOK Board asks the Health & Wellbeing Board to consider the following opportunities for strengthening partnership working and progressing shared and cross cutting priorities:

- Establishing a shared focus on, and response to, meeting the needs of adult parents whose needs impact significantly on outcomes for children, for example the high prevalence of adult domestic abuse within child protection; the impact of parental alcohol / substance misuse on parenting;
- Improving our strategic planning and commissioning to enhance provision and outcomes in areas that span children's and adults services, this in the context of identified priorities for the refreshed Health and Wellbeing Strategy;
- Clarifying the leadership, roles and contribution of key partnerships in relation to shared priorities, eg domestic abuse.

### **4. About the YorOK Board**

YorOK is the branding for our local York Children's Trust partnership which is a well established forum, set up 2003. There remains a statutory duty to have a Children's Trust Board under the Children Act 2004.

The YorOK Board meets on a two-monthly basis, is chaired by Councillor Janet Looker, Cabinet Member for Education, Children and Young People, and has a membership of eighteen representatives from thirteen bodies, organisations and agencies which is periodically reviewed. The YorOK Board is a public meeting and agendas and papers are posted on the YorOK Website.

The full Annual report provides information about the following:

- The purpose and function of the YorOK Board. This includes a specific responsibility to oversee the development of York's Children's Trust arrangements, the production, publication, delivery and review of the Children and Young People's Plan and monitoring its implementation, promoting cooperation to improve children's well-being;

- The 'Planning Bookcase' and partnership working context;
- The YorOK Board sub-groups and their work, including the YOT Management Board, Troubled Families Programme Board and Children's Voice and Influence Group, The 14–19 Curriculum Implementation Group, The Youth Homeless Strategic Group;
- Joint working between Boards, and in particular with the Children's Safeguarding Board, and examples of joint working between Boards;
- The voice and influence of the child, and how the child's voice has an impact;
- The YorOK Board work plan and agendas, and how progress against YorOK priorities and activity is monitored;
- Dream Again, York's Strategic Plan for Children, 'Young People and their Families 2013 – 2016', setting out the long term vision for children, young people and their families.

## **5. Impact and outcomes: progress against key YorOK / CYPP priorities and objectives**

A copy of the full YorOK Performance scorecard is tabled and regularly monitored at the Board and is available publicly on the YorOK website [www.yor-ok.org.uk](http://www.yor-ok.org.uk).

The full annual report outlines in detail the progress being made against key priorities and objectives, this section being structured using the priority areas set out in the Children and Young People's Plan. The headlines are noted below.

Helping all York children enjoy a happy family life: An overall reduction in the number of children in public care; a steady and safe reduction in the number of children who have child protection plans; the newly configured and effective 'Child in Need' service; all 315 'Troubled Families' identified and 75% have 'turned themselves around'; 435 families engaged with Parenting Programmes.

Early Help: Supporting those who need extra help at the earliest opportunity: A refocused Early Help Strategy 2014-16, action plan and performance scorecard produced, these embedding feedback from a constructive Ofsted thematic review of early help in January; the number of help CAFs (Common Assessments) initiated has been maintained

and steps are being taken to improve quality; the 'local offer' for disabled children has been widely promoted; York's schools continue to perform well when compared to regional Local Authorities; Key Stage 2 and Key Stage 4 pupil premium groups remain a priority, particularly in relation to 'narrowing the gap' between vulnerable children and their peers; The York 300 Pilot is underway; the obesity rate for reception age children fell, but rose for year 6 children.

The YorOK Board has commissioned a review of the impact of York's Early Help arrangements and the report will be available later this year.

Promoting good mental health: The CAMHS Strategy Action Plan has been completed; the new Story Board describes our vision for the emotional and mental wellbeing of all children and young people in our City, presenting priorities, strategies and initiatives, developed over the last three years, to ensure best practice and deliver the best outcomes; Mental Health Day was well attended by primary and secondary colleagues; refreshed CAMHS executive arrangements will provide biennial updates to the YorOK Board; an increase in self harm has been identified amongst younger people (especially females aged 15-17); the fourth 'Stand Up for Us' survey was completed; the ELSA (Emotional Literacy Support Assistants) Project addresses children's emerging mental health issues in school and is now successfully operating in 55 schools across the city with 170 ELSAs in place.

Reaching further: links to a strong economy: NEET figures improved throughout the year however improving NEET rates for vulnerable groups (young offenders, LAC, teenage parents & LLDD) remains a priority; 4,490 children are estimated to live in poverty; the Child Poverty Strategy has converged with the City Poverty Strategy; York has seen a decrease in Youth Unemployment; the 'tablet project' at Burton Green is supporting accelerated learning of the most disadvantaged primary pupils and their parents (through Family Learning); approximately 400 pupils in York who were entitled to have access to a free school meal had not applied; 72% of pupils not in receipt of free school meals attained 5 plus A\*-C GCSEs, compared with 43% pupils who were in receipt of free school meals. Narrowing this gap remains a priority.

### **Consultation**

6. This report is for information only.

### **Options**

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

### **Analysis**

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

### **Strategic/Operational Plans**

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

### **Implications**

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

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

### **Risk Management**

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

### **Recommendations**

12. The Health and Wellbeing Board are asked to:
  - i. Note the attached report;

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

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

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**Report Approved**

**Date** 24  
November  
2014

**Specialist Implications Officer(s)**

None

**Wards Affected:**

**All**

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

**Annexes:**

None

**Background Papers:**

Health & Wellbeing Strategy  
Children & Young People's Plan



YOROK ANNUAL REPORT – GLOSSARY

CAF – Common Assessment Framework

CAMHS – Child and Adolescent Mental Health Services

CYPP – Children and Young People’s Plan

ELSA – Emotional Literacy Support Assistant

LAC - Looked After Children

LLDD – Learners with Learning Difficulties and/or Disabilities

NEET – Not in Education, Employment or Training

YOT – Youth Offending Team

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Vale of York  
Clinical Commissioning Group

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## Health and Wellbeing Board

3 December 2014

Report of the Chief Clinical Officer of NHS Vale of York Clinical Commissioning Group

### *The Better Care Fund*

#### Summary

1. This report updates the position on York's submission of the initial plan for the Better Care Fund (BCF).

#### Background

2. The Better Care Fund (formerly known as the Integrated Care Fund) has been set up to support councils and Clinical Commissioning Groups (CCGs) to deliver their local plans for integrating health and social care. The fund amount is £3.8 billion nationally; this represents a top slice (3%) of CCG budgets to be reinvested in local integration plans (it should be noted that this is not new money).

#### Key Issues to be Considered

3. The York Health and Wellbeing Board Better Care Fund plan was submitted to NHS England and the Local Government Association on 19 September 2014. The plan was subject to a Nationally Consistent Assurance Review (NCAR), led by teams from Deloitte and with input from, amongst others, our NHS Area Team. This process completed on Wednesday 29 October 2014 when we were notified that our plan had been "**Approved with Conditions**". This means that whilst we can still go ahead with implementing our plans, we need to provide further assurance that our plans are achievable. The condition imposed on us was that we needed to provide further evidence that one of the key national metrics addressed by our plan was achievable.

This metric was to demonstrate how we plan to reduce emergency admissions to hospital by a minimum of 3.5 %.

4. This metric, against which all BCF plans were assessed, forms part of the BCF pooled budget and is directly linked to the performance across the H&WB Board footprint. Due to the historical over-performance of the current contract with York Hospital which means that the CCG only pays for non-elective admissions at 30% of the National Tariff, with the remaining 70% invested in admissions avoidance schemes, we have had to target a higher figure than the national, minimum 3.5% reduction in emergency admissions, in order to ensure that the health savings generated element of the BCF pooled budget was adequate. Accordingly and based on a bottom up assessment of each scheme we modelled our percentage decrease in emergency admissions at 11.7%. It is this figure of 11.7% which we have to provide further assurance around. To put this into context this equates to approximately 6 admissions per day.
5. In line with national processes, we have submitted an Action Plan (14 November 2014) showing how we will address the condition placed upon us. As part of this action plan we have shown how 4 of the fully worked up schemes we have developed as part of our original submission will contribute to this 11.7% target. These schemes are:
  - Urgent Care Practitioners, which is modelled to deliver a reduction in emergency admissions of at least 1,183 in 15/16
  - Priory Medical Group Care Hub, which is modelled to deliver a reduction in emergency admissions of at least 312 in 15/16
  - Hospice at Home which is modelled to deliver a reduction in emergency admissions of at least 361 in 15/16
  - Safely Home Service which is modelled to deliver a reduction in emergency admissions of at least 350 in 15/16.
6. Together these schemes alone are modelled to collectively deliver a reduction in emergency admissions of 2,206 or 11.2%.

This is before any of the other less well worked up schemes are taken into account. We are also looking at data from 13/14 which shows that of 13,261 emergency admissions for over 65s, 3,797 had a length of stay in hospital of less than 1 day, clearly showing there is significant scope for improvement. We are putting in place joint plans to investigate what alternatives to hospital admission might be suitable for some of these patients.

We are also carrying out a joint review of our reablement and intermediate care services to identify further opportunities to reduce emergency admissions and re-admissions further. We are confident that when all of the above is taken together, we have a strong and credible plan to deliver the necessary 11.7% reduction in emergency admissions. We will be resubmitting the detailed plans around these schemes as part of submission to have the condition imposed on us removed. We will also take this opportunity to refresh the remainder of the previously submitted plan, paying particular attention to risk modelling and risk sharing.

7. At the time of writing this report, it is not clear when the resubmission of the above elements of our plan is required. Early indications are that the re-submission process across the country will be in 3 waves with dates in late November, middle of December and early January being suggested.
8. Whilst we have a condition applied to our plan, it has little bearing on the material work we are doing to implement our plan. It is important however that we have this condition lifted as soon as possible and officers from the CCG and the Council are working hard together to ensure we present a convincing case for our condition to be lifted.
9. This is a fast moving process and a verbal update will be provided at the Health and Wellbeing Board on the 3 December which may well overtake some of the detail provided in this written brief.

### **Consultation**

10. Not applicable.

### **Options**

11. Not applicable.

### **Analysis**

12. Not applicable.

### **Strategic/Operational Plans**

13. Supporting the integration of health and social care services is a core purpose of Health and Wellbeing Boards.

This is a key theme running through York's Health and Wellbeing Strategy 2013-16 and is related to all five priorities, with particular relevance to 'Creating a financially sustainable local health and social care system'. Integration is a fundamental element in the Vale of York CCG Strategic Plan 2014-19 and their Operational Plan 2014-16.

### Implications

14. Any implications arising from the issues raised in this information report will be addressed within any associated decision making reports required in the future.

### Risk Management

15. As we develop the details of our project fully there are potential areas of risks - these are: HR, financial and reputational. As work continues, these risks will be identified, rated and mitigated. Integration can only be achieved through genuine partnership working across the Vale of York CCG footprint, which includes North Yorkshire and East Riding local authorities.

### Recommendation

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

Reason: To be kept informed of progress on the Better Care Fund programme.

### Contact Details

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Support Unit

**Chief Officer Responsible for the report:**

Dr. Mark Hayes  
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NHS Vale of York Clinical  
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Report  
Approved

Date 20/11/2014

Wards Affected:

All

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

GLOSSARY

BCF – Better Care Fund

CCG – Clinical Commissioning Group

H&WB – Health and Well-Being

NCAR – Nationally Consistent Assurance Review

NHS – National Health Service

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**Health and Wellbeing Board**  
Report of the Acting Director of Public Health

3<sup>rd</sup> December 2014

**Joint Strategic Needs Assessment (JSNA) update**

**Summary**

1. This report provides the Board with an update on progress made on the JSNA since they last met in October 2014. The Board are asked to note the update and agree the approach for managing the emerging recommendations from the JSNA process. This is set out in paragraphs 5, 6 and 7 of this report.

**Background**

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

**Main/Key Issues to be Considered**

4. Since the last update report the following progress has been made:

Emerging Recommendations

5. Work is ongoing to manage the recommendations arising from the JSNA work; these have previously been presented to the Board.
6. It is proposed that delivery against the recommendations will be managed by the appropriate sub-board, partnership board or organisation.

Officers are currently looking at the allocation of the recommendations and will be contacting people shortly to discuss these further. The recommendations will feed into the next refresh of the Health and Wellbeing Strategy.

7. The Health and Wellbeing Board are asked to agree to the appropriate sub board, partnership or organisation being allocated the management of the recommendations emerging from the JSNA work.

#### Frail/Elderly Deep Dive Work

8. The work on the frail/elderly deep dive is nearing completion. It is anticipated that this will be published on the JSNA website by the end of November 2014. An engagement event will follow around this piece of work early in the New Year with recommendations following shortly after that. There are some key areas to note which are broadly around prevention of frailty conditions in the older adult population, definition of older adults and how we view service provision to meet their needs and integration of health and social care services.

#### Website Updates

9. The website hosting the JSNA is continually developing. Recent developments include a text to speech function and PDF downloads for all content. In addition to this work is taking place in conjunction with York People First to provide the JSNA in easy read format.

#### **Consultation**

10. Consultation on the JSNA is an ongoing process. After each deep dive is published an engagement event is held which helps to formulate recommendations and identify gaps. These events are open to key stakeholders and members of the public. To date we have held one event around the poverty deep dive content. Two further events are planned, the first around the mental health deep dive on 8<sup>th</sup> December 2014 and then in the New Year an engagement event around the frail/elderly deep dive.
11. In addition to this voluntary sector, patient voice and lay representatives sit on the JSNA Steering Group.

12. Conversations around the possibility of holding a session specifically to look at the ways health and social care professionals use the JSNA are just starting. It is hoped that if this happens it will help us identify where improvements to the website and content may need to be made to ensure the JSNA can adequately inform commissioning processes.

### **Options**

13. There are no specific options for the Board to consider however they are asked to note the update and more specifically to agree the approach for managing the recommendations emerging from the JSNA which is set out in paragraphs 5, 6 and 7 of this report.

### **Analysis**

14. Not applicable.

### **Strategic/Operational Plans**

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

### **Implications**

16. There are no known implications associated with the recommendations in this report. However, as the JSNA specific recommendations emerge implications for individual organisations may become apparent.

### **Risk Management**

17. The production of a JSNA and delivery against emerging recommendations is resource intensive and this needs to be managed to ensure a fit for purpose JSNA is produced and kept updated.
18. There are risks around whether we have adequately engaged health and social care professionals in the JSNA process to date and a risk that because of this the recommendations arising from the JSNA may not be delivered.

**Recommendations**

- 19. The Health and Wellbeing Board are asked to note this update and to agree to the sub boards being allocated the management of any recommendations emerging from the JSNA work.

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

**Contact Details**

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**Chief Officer Responsible for the report:**

Julie Hotchkiss  
Acting Director of Public Health  
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**Report  
Approved**



**Date** 24  
November  
2014

**Specialist Implications Officer(s)** None

**Wards Affected:**

All

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

**Background Papers:**

Joint Strategic Needs Assessment - [www.healthyyork.org](http://www.healthyyork.org)

**Annexes**

None

**Glossary**

JSNA – Joint Strategic Needs Assessment

NHS – National Health Service

PDF – Portable Document Format



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**Health and Wellbeing Board**

3 December 2014

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

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

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

**Background**

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

**Main/Key Issues to be Considered**

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

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

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

5. The key criteria for performance indicators were agreed:

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

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

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

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

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

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

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

## **Consultation**

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

## **Options**

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

## **Analysis**

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

## **Strategic/Operational Plans**

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

## **Implications**

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

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

**Risk Management**

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

**Recommendations**

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

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

**Contact Details**

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01904 555761

**Report  
Approved**

**Date** 20  
November  
2014

**Wards Affected:**

**All**

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

**Annexes:**

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

**Background Papers:**

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



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

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

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# Annex A



# Improving Health & Wellbeing in York

Our strategy 2013-16

## Contents

Foreword	3
Introduction and context	4
Our vision	8

### Our priorities

Cross-cutting themes, principles and actions	9
Making York a great place for older people to live	13
Reducing health inequalities	18
Improving mental health and intervening early	23
Enabling all children and young people to have the best start in life	27
Creating a financially sustainable local health and wellbeing system	30

Links to city wide plans	33
Delivering and monitoring	34

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



On behalf of York's Health and Wellbeing Board, I welcome the opportunity to present our joint health and wellbeing strategy for the period to 2016. The time is right to approach the issue of wellbeing in a holistic sense, making our focus the wellbeing of every person in the city. This is about creating the conditions for people to live better lives, not just in terms of health but taking in such issues as inequalities, strengthening communities and tackling social isolation, and promoting the ability for service users to exercise choice and control.

These are challenging times, and the pressures on public sector organisations are intense. However, here in York we have a committed and proactive partnership dedicated to achieving the highest standards and I am confident that we will do everything in our power to rise to the challenges we collectively face.

In the past year we have seen the inception of the Health and Social Care Act 2012 – the biggest change to the National Health Service since it came into being in 1948. This places new responsibilities on local authorities to fund care, and to assess eligibility for care.

The drive towards integration of health and social care is continuing at pace, with this September seeing the submission of our plans to the Better Care Fund outlining our work towards integrating care at a neighbourhood level and reducing avoidable stays in hospital.

I am pleased that the Board has formalised its relationship with the two safeguarding boards, since safeguarding is a key element of health and wellbeing. In making life better for children and young people, it is important to acknowledge the role of Early Help assessments and the work we are carrying out to meet the demands of the Working Together agenda, which sets out the statutory objectives of Local Child Safeguarding Boards.

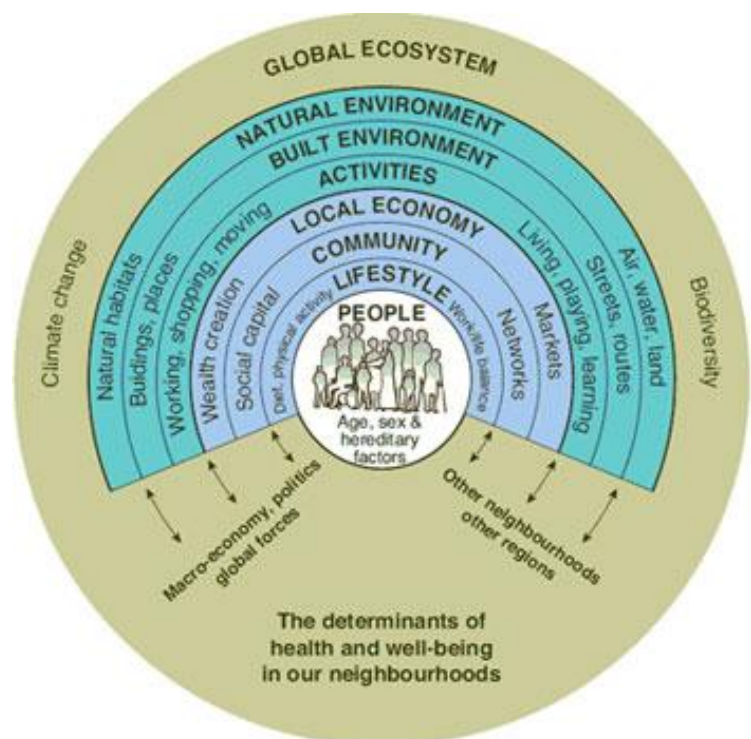
In short, in an environment in which ever-tightening finances are a reality, we are maintaining our drive towards making a real difference to the health, wellbeing and life chances of the people of York.

Councillor Linsay Cunningham-Cross  
Chair, York Health and Wellbeing Board  
October 2014

## Introduction and context

On the whole, people in York have a good standard of life. As residents, most of us can expect to be well educated, have access to good quality employment and, for the most part, live long, healthy and happy lives. However, this is not true for everyone, and there are still significant health and wellbeing challenges for the city including the differences in life expectancy between some areas of the city and others, the growing needs of our ageing population and particular challenges around mental health and emotional wellbeing. Based on our understanding of the needs in York<sup>1</sup>, this strategy sets out our priorities for improving residents' health and wellbeing, and together, as key organisations and as a whole city, what we will do to deliver these priorities.

Health and wellbeing is about more than illness and treatment. It is about being well physically, mentally and socially, feeling good and being able to do the things we need to do to live a healthy and fulfilled life<sup>2</sup>. Many factors affect our health and wellbeing, these include: where we live, our housing, the local economy, our income, the environment, our relationship with the local community and the lifestyle choices we make. These determinants of health and wellbeing are shown in the diagram on the right. It is therefore vital that we not only tackle the effects of ill-health but we also address the wider factors and causes. We will champion good health and wellbeing, identify and harness the determinants that contribute to positive health, building on our strength as a successful and ambitious city.



<sup>1</sup> See the Joint Strategic Needs Assessment at <http://www.healthyyork.org>

<sup>2</sup> Based on the World Health Organisation's definition of health

## How we have developed our priorities and actions

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



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

The four key points that emerged from the original JSNA report in 2012 were:

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



These four areas formed the initial set of priorities for the Health and Wellbeing Board. We are now engaged in a series of “deep dives”, researching further into areas where clear evidence is needed to provide a rounded picture of health and wellbeing in York. Recent subjects covered in depth have been poverty, mental health and older people, with future investigations into alcohol, early years, falls and learning disabilities planned for the year ahead.

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

## Finance and resource

The current financial climate is one that presents a number of challenges.

The CCG inherited a deficit from its predecessor PCT, and in its first year of operation managed to repay the historic deficit of £3.5m and carry forward an operating surplus of £2m. However, within the NHS there are continuing efficiency savings targets against a background of demographic growth and health cost inflation, leading to the potential for a £44m funding gap in York by 2021. Equally, in local government there is a continued downward pressure on funding from central government.

The £3.8 billion national Better Care Fund that comes into operation in 2015-16 is aimed at supporting the integration of health and social care. The fund pools existing resources in health and social care and is an opportunity for local services to transform and improve the lives of the people that need it most, as well as being a key driver for long term financial sustainability.

The Better Care Fund in the Vale of York will be managed through 3 distinct pooled budgets for each local authority and will be governed by the Health and Wellbeing Boards. Formal agreements will enable the creation of the pooled budgets and transfer of funds between social care and health to contract for agreed services. A proportion of the fund will be performance related with payments linked to progress against a national metric on reducing avoidable emergency admissions. Hospital emergency activity is expected to fall by around 15% to generate the savings required in health to resource the Better Care Fund.

The ‘Local Account for Social Care’<sup>3</sup> highlights the growing numbers of older people accessing social care in the population, together with more people with complex needs and learning disabilities living longer are increasing the strain on social care budgets across the country.

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<sup>3</sup> Local Account for City of York Adults Social Care Services for 2013



## Our long term commitment to engagement

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

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

We want to emphasise that our engagement with staff, residents and people who use our services is not a one-off event. We are committed to involving people in planning and designing health and wellbeing services and provision in the long term. Our aim is to 'co-produce' more health and wellbeing services and pathways to care and support. By co-production we mean we want to work with people as equal partners to improve services and respond to challenges, making decisions together. We believe that the people most affected by a service are best placed to help design it. We also recognise that residents and communities already have a range of resources available, both intellectual and physical, and that bringing our resources together we can deliver services *with* rather than *for* people and their families. Early evidence suggests this approach is a more effective way to delivering better outcomes and more sustainable services, often for less money<sup>4</sup>.

We must acknowledge that co-producing health and wellbeing services is challenging, but it is not impossible. We want to learn from others who have achieved this for example the improvements to health care and patient experience in Jonkoping, Sweden<sup>5</sup>. In delivering this strategy we will take every opportunity to co-produce health and wellbeing services, enabling our residents and people who use our services to identify problems and propose solutions, rather than being passive recipients of services. We believe that programmes such as 'Think Local Act Personal' will help us achieve this by focusing on the way communities can help support each other and by increasing the uptake of personalisation, which is central to communities and their health and wellbeing.

We will take steps to improve engagement with residents, people who use our services, staff and partner organisations in planning and delivering services. We are currently exploring how community health champions can help us achieve more effective engagement.

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<sup>4</sup> Based on Nesta Lab and the New Economics Foundation co-production research

<sup>5</sup> See 'Charting the Way to Greater Success: Pursuing Perfection in Sweden'

## Our vision

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

### What we will do to achieve our vision

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

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

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

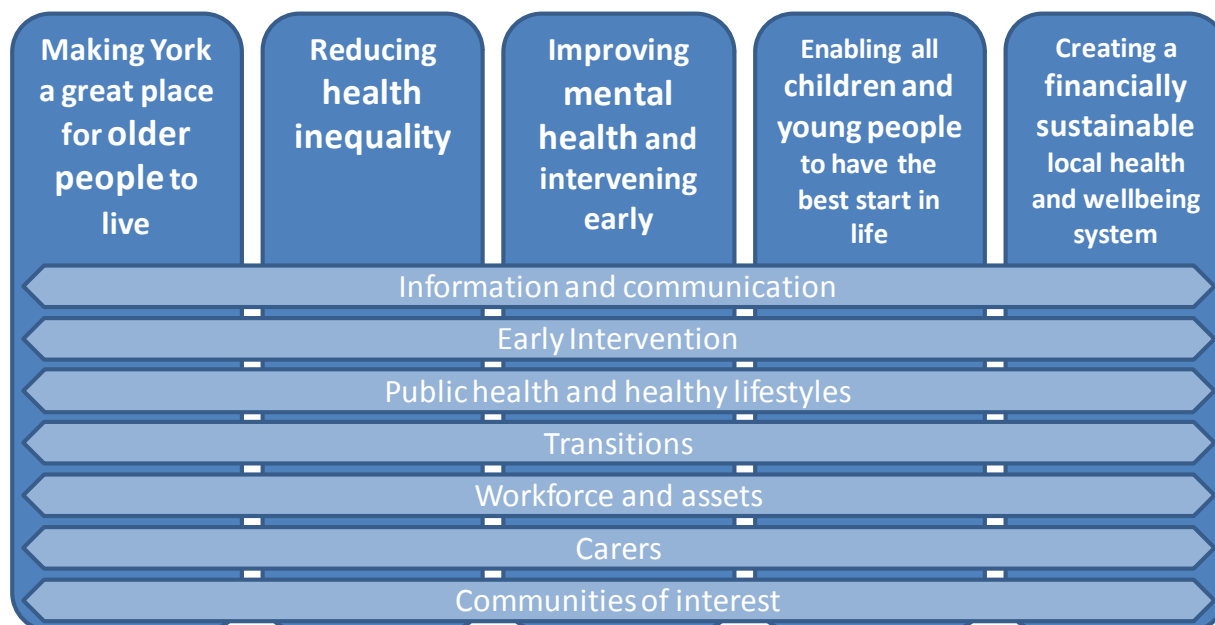
1. Making York a great place for older people to live
2. Reducing health inequalities
3. Improving mental health and intervening early
4. Enabling all children and young people to have the best start in life and keep them safe
5. Creating a financially sustainable local health and wellbeing system

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

## Cross-cutting themes, principles and actions

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

### Cross-cutting themes and our priorities



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

We will:

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

- Increase the choice for people who use our services and the control they have over them. For example, how they want their care or support delivered, from where and by whom.
- Recognise and promote the vital role of unpaid carers who contribute so much to health and wellbeing in York.
- Champion the role of the voluntary sector and the value its strength, diversity and knowledge brings in improving the health and wellbeing of our residents.
- Work with the Adult and Child Safeguarding Boards to ensure that all feel safe, and the ways to report concerns are clear.

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

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

The JSNA recommends that we increase our understanding of the following groups and issues: the frail elderly, including those suffering falls, alcohol, early years, self-harm, learning disabilities, and people with autism. Partners will work jointly on the analysis of research to present a coherent picture of needs and priorities. The services we commission and provide will have an increased impact. They will be provided to the right people from the right place and will better meet people's needs.

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

The content of the various health and wellbeing websites from a number of health and wellbeing agencies and organisations will be better coordinated and consistent. Information will be easier to understand and easier to access. The Care Act has placed a new duty on local authorities to provide information on social care, and partners will work together to link up available information sources.

- 3. Develop a joint approach to data sharing across organisations to improve service user experience.**

The message from service users and patients is that they would like to "Tell Us Once", rather than repeat their information to multiple agencies. As part of the Better Care Fund programme, work is ongoing to develop methods of sharing personal information while maintaining appropriate levels of security for sensitive data.

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

This programme will, for example aim to: improve engagement with our residents and people who use our services, helping us co-design and co-produce more services;

Make Every Contact Count, by encouraging frontline staff to 'ask the next question'. Looking wider than single issues, staff will use every opportunity to talk to people about improving their health and wellbeing. This will help tackle the causes of poor health and wellbeing as well as the symptoms, for example through the use of messages around reducing sugar intake.

**5. Ensure that the voice of carers and young carers is heard and listened to by the Health and Wellbeing Board.** We want to encourage a better understanding of carers' needs and how organisations across the city can support them, so they are able to continue their vital contribution to improving health and wellbeing.

**6. Create a joint communications and engagement plan, to engage and work together on citywide health and wellbeing campaigns which often occur separately through individual organisations.**

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

**7. Encourage health and wellbeing organisations and agencies to explore the adoption of the living wage and encourage commissioners to include this in contract specifications.**

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

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

Housing provision –

- Ensure a ready supply of good quality affordable family homes to meet the needs of overcrowded or inappropriately accommodated families;
- Provide dedicated housing provision and support for homeless young people providing clear resettlement routes to independent living;
- Continue to address fuel poverty and financial exclusion through a variety of measures including energy switching and improving council housing ;
- Develop a supported housing model for those with multiple needs or high risk behaviour (including substance misuse, and high risk offending behaviour);
- Develop and fully embed a hospital homeless discharge protocol;
- Widen the housing choices of older people through better provision, information and advice, enabling people to make timely and informed decisions and to plan ahead to avoid a housing crisis.

**9. Work jointly to identify those least able to access current services, and develop joint approaches towards meeting the needs of the most vulnerable.**

In particular there may be people with multiple issues, such as mental illness, substance abuse, poor physical health and who are also homeless, who find access to services particularly difficult. Work in the community to identify and engage with the most vulnerable will be valuable in terms of prevention, intervening before a crisis point is reached.

**Delivering our cross-cutting actions:**

The Health and Wellbeing Board will delegate the responsibility to deliver these actions to the three strategic partnership boards that sit below it, together with associated boards (see pp37-39 for further details).

Actions delivered during 2013-14 include; the opening of the Section 136 (under the Mental Health Act) “Place of Safety” at Bootham Hospital; the JSNA “deep dive” on mental health has been published; carers attended the meeting in July 2013 to address the Board and we hope to have future updates from carers.

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

Please see the ‘Delivery and Monitoring’ section on page 34 for more information.

## Making York a great place for older people to live

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

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



Older people already form a significant part of our community in York. A growing number of older people will also be living alone.

- By 2020, the over 65 population in York is expected to increase by 5,300 (15%) including an additional 1,200 people aged over 85 (a 24% increase)
- By 2030, the over 65 population in York is expected to increase by 13,700 (40%) including an additional 3,600 people aged over 85 (a 72% increase)
- By 2037, the over 65 population in York is expected to increase by 19,400 (55%) including an additional 6,600 people aged over 85 (a 132% increase)

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

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

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



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

We:

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

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



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

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

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

#### ***Prevent admissions to hospital***

#### ***Support people with long term conditions to live independently***

- 1. Set up Care Hubs across the City and explore other options which support people in their transition from hospital to home.**
  - Care Hubs bring together health and social care practitioners working together from different organisations and disciplines. The Care Hub team could include a nurse, social care worker, GP, occupational therapist, pharmacist, and a Counsellor from a local provider. Care Hubs will be based in a community setting, such as a local GP surgery.
  - Care Hubs will work with individuals to identify their health and care needs and work to ensure that people are supported in their own homes to manage their condition. This will help prevent hospital admissions for people with long term conditions and aid the transition back home when discharged from hospital. A multi-disciplinary team will be able to provide more person-centred, coordinated care and support.
- 2. Develop an end of life policy across health and wellbeing partners, mapping current processes and re-commissioning.**

We want to ensure that GPs are supported to offer patients and their families / carers the best end of life pathway, which may mean staying at home to die peacefully and not being admitted to hospital. People will have more control and choice about where they want to die.

**3. Work with partners to ensure the implementation of the new integrated diabetes service model is delivering improved outcomes for residents with diabetes.**

In particular there will be a focus on prevention of diabetes and early intervention and management in line with NICE guidelines. Partners will work together locally to raise awareness of the risk factors surrounding diabetes, focusing on groups at high risk of diabetes, and will engage with local diabetes groups, in order to ensure better outcomes.

**4. Monitor the targets for the programme of work set out in the Better Care Fund submission.**

The Better Care Fund, a government-sponsored mechanism for sharing funding between health and social care, has set a national target of reducing avoidable hospital admissions by 3.5% on the 2010 level. In York, this will amount to a reduction of 14%, which represents a considerable challenge, and a programme of work is under way to improve community-based working and preventative initiatives.

**5. Work jointly to implement the Care Act 2014.**

The Care Act set out a major change in social care legislation, with local authorities providing a cap on the amounts people will have to spend on social care. In addition, there are greater rights for carers, a duty to provide information on how to access social care, and greater safeguarding protections for vulnerable adults. To deliver these, we will in work in partnership to ensure readiness for new ways of working.

*Address loneliness and social isolation*

**6. Explore ways of preventing loneliness and isolation through community development.**

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

*Other actions to ‘Make York a great place for older people to live’*

**7. Encourage care sectors to adopt the living wage and set timescales to reflect this in how we commission contracts.**

Recruitment and retention of staff will be improved as well as their quality of work. A number of families will be lifted out of poverty<sup>6</sup>.

**8. Support the implementation of the Adult Care Workforce Strategy (2012-2015) across care sectors for paid staff which supports joint workforce development initiatives.**

<sup>6</sup> Taken from learning from the London Living Wage.

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

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

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

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

The Health and Wellbeing Board will delegate the responsibility to deliver these actions to the Collaborative Transformation Partnership Board which is one of the partnership boards that report to it. This board will work to achieve more joined-up pathways, particularly for people who are living with multiple conditions simultaneously, in order that pathways into health and social care are better integrated.

The actions delivered during 2013-14 by this and its predecessor board for Older People and People with Long-Term Conditions include undertaking case reviews for people who have been in hospital for more than 100 days and a review of the use of medication and how it is assessed in residential and nursing care, especially psychotropic drugs and medication for people with dementia.

The Health and Wellbeing Board has also delegated responsibility for delivery of the cross-cutting theme of financial sustainability to the Collaborative Transformation Board. Please see the 'Creating a financially sustainable local health and wellbeing system' section on page 30 for more information.

## Reducing health inequalities

### Why 'reducing health inequalities' is important

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

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



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

People living in some areas of York can expect to live on average 7.2 years less than other York residents if they are male or 5.9 years less if they are female. We believe this is deeply unfair, and jars against our vision for *all* York residents to be able to enjoy long, healthy and independent lives.

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

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

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

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

We will:

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

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

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

### ***Target resource where it is needed most***

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

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

### ***Tackle deprivation and address complex issues***

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

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

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

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

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

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

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

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

### *Improve access to services and support community-based initiatives*

**6. Encourage investment in community based programmes which increase residents' income and/or reduce their expenditure, such as debt, benefits or employment advice. We support the recommendations in the Financial Inclusion Strategy and acknowledge that this work is continuing.**

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

**7. Explore and identify opportunities where we can take a range of services to residents who would benefit most from this. This includes:**

- The use of the Community Stadium as a hub for health and wellbeing and a base for outreach services, ensuring we reach people who experience lower health outcomes.
- The use of existing buildings within communities to join up, co-locate or extend services to increase flexibility and accessibility, for example, extending the range of support available from GP surgeries or using pharmacies to provide basic health checks and signposting.

**8. Recruit, train and support health and wellbeing champions from within those communities experiencing poorer health outcomes. They will signpost and provide health and wellbeing information and peer-led support. We will learn from recent research on this subject area in York and put these findings into practice. We acknowledge the role of 'HealthWatchers' who are already working in some areas of the city.**

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

### *Promote healthy lifestyles and behaviours*

**9. Undertake targeted work to investigate and address health behaviours and lifestyles in York, focused on smoking, alcohol use and obesity.**

- Behaviours and lifestyles have a significant impact on health. We want to work with people in our communities to encourage healthier lifestyles and make healthier choices.

**10. Establish an effective York model for tobacco control.**

- This includes establishing a York Tobacco Alliance and implementing the NICE guidance 'Quitting smoking in pregnancy and following childbirth'.
- Smoking is a major contributor to ill health. A more joined-up approach to tackling smoking in York can lead to improved health outcomes.



**11. We will undertake joint campaigns across all partners and use our understanding of communities and individuals to target communication. We will adopt innovative approaches which actively engage more people in health and wellbeing issues.**

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

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

The Health and Wellbeing Board will delegate the responsibility to deliver these actions to an appropriate partnership board.

During 2013, City of York Council has signed up to the Local Government Declaration on Tobacco Control; developed a number of healthy eating initiatives within schools; delivered against the government’s Troubled Families programme; and continued to encourage the adoption of a living wage amongst employers.

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

Please see the ‘Delivery and Monitoring’ section on page 34 for more information.

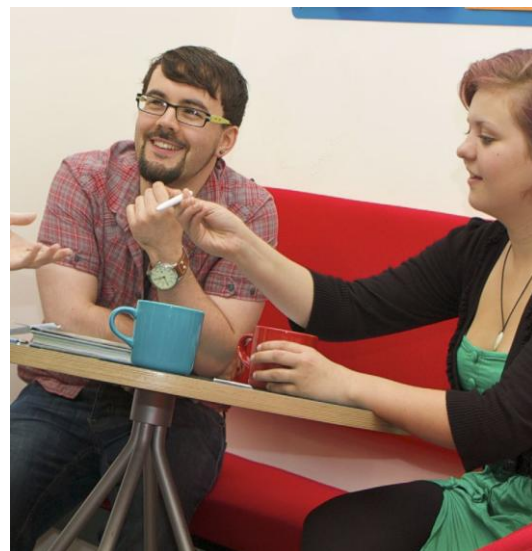


## Improving mental health and intervening early

### Why 'improving mental health and intervening early' is important

It is estimated that at any one time there are just under 26,000 York residents experiencing common mental health problems such as anxiety and depression.

In addition to this, there are a range of other specific mental health conditions for which prevalence estimates show that in York there are expected to be approximately: between 720 – 1,480 adults and 120 children (aged 0-18) who experience psychosis or schizophrenia; 800 people who might have a learning disability, of which 170 have a severe learning disability; 850 people in York could experience eating disorders like Anorexia Nervosa or Bulimia Nervosa; 930 people could be expected to suffer from Attention Deficit and Hyperactivity Disorder; 1,280 adults might have either Antisocial Personality or Borderline Personality Disorders; 1 in 10 mothers are predicted to suffer from post-natal depression within a year of giving birth; 120 people might be expected to have Down's Syndrome; and 2,450 people could develop dementia. It should be noted that these are only estimates but these local figures have been based on national prevalence figures and calculated on local population information. Prevalence estimates were obtained from sources such as National Institute for Health Care Excellence, the Health and Social Care Information Centre, Public Health England and the Projecting Older People Population Information System evidence.<sup>7</sup>



Where possible, we want to be able to intervene early to address or prevent mental health problems and not just treat more severe conditions. We know this is better for the wellbeing of people in York and their families and is more cost-effective. At the same time, we wish to support physical health needs as well as mental health, and provide access to services which enable both mental and physical wellbeing to be maintained, ensuring that services assess and treat mental health disorders or conditions on a par with physical health illnesses. A mental health problem increases the risk of physical ill health - currently, men with a severe mental illness die on average 20 years earlier than other people; women five years earlier.

The JSNA recommends that active consideration is given to joining up more closely the children's and adults' mental health agendas and work streams in order to support a closer focus on **early intervention, prevention and transition**. It is estimated that between the ages of 5-16 years old, 2,160 children in the city might experience any kind of mental health problem.

<sup>7</sup> See the JSNA for further detail: <http://www.healthyyork.org/health-ill-health-in-york/mental-health.aspx>

The Children and Young People's Mental Health strategy (CAMHS) is a key local policy driver for this priority. The JSNA also highlights the need to provide a range of comprehensive **community based support**, early intervention and services for individuals with mental health problems.

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

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

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

- Work together to join up children's and adult's mental health agendas to better support early intervention work and the transition between services.
- Support a model of early intervention and prevention where possible, providing and effectively referring to a range of alternative support (instead of medication or intensive interventions) for people with low-level mental health conditions.  
We acknowledge that there are different levels of mental health needs, and that different support and models of care should be used appropriately.
- Recognise that although the 'recovery model' can benefit those with mild or moderate mental health issues, there are approximately 400 people in the city with severe or enduring mental health conditions who need more intensive support.

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

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

***Raise awareness of mental health and reduce stigma***

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

***Intervene earlier and support community-based initiatives***

- 4. Work jointly to promote the delivery of more mental health first aid training in York – either from the existing national programme or develop a local model.**
  - Support will be offered earlier and at a lower level, preventing issues from worsening and avoiding higher level interventions further down the line.

5. **Across sectors, we will jointly map the support and pathways available for people with mental health conditions, including thresholds and eligibility criteria for services.**
  - This will identify opportunities where we can, across the system, intervene earlier. Following this work we anticipate re-commissioning support to ensure we are providing the right pathways of care and support for mental health services.
  
6. **Support the commissioning of more community based support and services for individuals, especially early intervention and prevention work<sup>8</sup>.**
  - This includes: commissioning more counselling services and additional services to support 16-25 year olds. This will enable earlier intervention, and allow us to explore and address specific issues relating to young people moving into adulthood.
  
7. **Develop and implement plans for dementia, psychiatric liaison and primary care counselling.**
  - Again, this will enable earlier intervention, co-ordination of service delivery and services delivered closer to the service user.

*Ensure service planning and provision promotes choice and control*

8. **Review our housing policy for people with a mental health condition, to ensure the policy promotes choice and control.**
  - Housing has a significant impact on health. It is vital therefore that we promote a range of housing options, appropriate for a range of needs to provide safe and secure living environments to aid recovery.

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

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

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

Please see the 'Delivery and Monitoring' section on page 34 for more information.

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<sup>8</sup> The London School of Economics and Kings College report 'Economic Evaluation of Early Intervention (EI) Services' shows the significant savings that early intervention approaches can make for the NHS.

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

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



In York, the number of children subject to a formal child protection plan remained stable over 2013/14. Neglect is the largest single category of child protection plans, often alongside other forms of maltreatment including domestic abuse, physical abuse and sexual abuse. Many children who experience maltreatment are more likely to be disadvantaged from early life and encounter social, emotional, behavioural and educational difficulties as they grow older.

Education is essential to improving life chances and opportunities. Around 10% of York pupils are eligible for free school meals each year. Pupils eligible to receive free school meals in York have a higher absence rate than those pupils who are not eligible. Additionally, there is a considerable attainment gap between pupils who are in receipt of free school meals and their peers. The Key Stage 2 and Key Stage 4 pupil premium groups remain a priority, particularly in relation to 'narrowing the gap' between vulnerable pupils and their peers. (Information relating to Free School Meal Status is obtained from the Pupil Level Annual School Census – PLASC).

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

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

- Striving for the highest standards**  
York already enjoys some of the highest educational and health outcomes of anywhere in the UK. But we are not complacent, and will continually strive for more. There should be no limits on the dreams and aspirations of any young person in York. This can only come about through positive partnerships with children, young people and their families; together with a skilled, confident and committed workforce.
- Creating truly equal opportunities**  
We will work relentlessly to ensure that no child, young person or community is at a relative disadvantage, removing all traces of discrimination from our systems and our interactions –

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

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

Safeguarding lies at the heart of all our work, and we will work closely with the Safeguarding Children Board. We will continue to make our procedures for raising concerns about a child as straightforward and as effective as possible. We will be sensitive to the possibilities of exploitation or extremism, and will continue to adopt a “zero tolerance” policy for bullying in any form.

- **Intervening early and effectively**

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

- **Working together creatively**

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

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

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

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

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

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



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

**In addition, there are a number of specific actions based on current evidence of need:**

- Monitor and evaluate the effectiveness of local arrangements to safeguard children, with particular emphasis on the following areas of priority: the provision of early help to prevent problems from escalating; child sexual abuse and exploitation; neglect; domestic abuse and children who go missing from home, care and education.
- Promoting a 'whole family' approach to assessment, planning and signposting across all services.
- Improving our understanding of, and responses to, the impact of parental (adult) need on children, especially in the areas of domestic violence, mental health and substance misuse.
- Understanding the full range of child and parental mental health issues and needs, including those 'under the radar', and the extent to which these needs are being met.
- Develop a more detailed understanding of young people at risk of self-harming.
- Improving the interface between child and adult mental health.
- Promoting the Troubled Families programme as 'everybody's business', including specific health involvement, responding holistically in establishing health pathways and interventions in the context of complex health and wellbeing needs.
- Undertaking targeted work in relation to tackling childhood obesity, for example around Breastfeeding Support Programmes, UNICEF accreditation initiative, targeted sport and active leisure programmes, access to active sport and leisure programmes, and dietary advice and support.
- Improving the integration of our multi agency commissioning strategy and activity. We note the opportunities presented in respect of children aged 0-5 years and the transfer of responsibility to the local authority in 2015.
- Develop a more detailed understanding of the profile of young people who are not in education, employment or training and those at risk of not being in education, employment or training.
- The City of York Safeguarding Children Board has established a task group to develop a strategy which will look at sexual abuse within families, peers and child sexual exploitation to improve the prevention, identification and response to child sexual abuse.

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

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

Please see the 'Delivery and Monitoring' section on page 34 for more information.

## Creating a financially sustainable local health and wellbeing system

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

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

Significantly reduced and further reducing public sector budgets, financially challenging times for individuals and increasing demands for a range of health and wellbeing services create a perfect storm for the health and

wellbeing system in York to contend with. The continuing pressure on health services has led to forecasts of an increasing funding gap for all NHS Trusts, and local government has faced a reduction in funding of 30% in real terms over the past four years. To simply continue what we are doing, let alone additionally investing in our priorities or to make long-term savings, would be a major challenge.

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

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





## Principles which will guide our work to deliver this priority

We will:

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

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

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

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

Please see the ‘Delivery and Monitoring’ section on page 34 for more information.

## Links to city wide plans

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

### **City Action Plan**

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

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

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

### **York Fairness Commission**

The York Fairness Commission is a non-political, independent, voluntary advisory body established in 2011 with the purpose of promoting greater fairness and reduced inequality in York. The Health and Wellbeing Board will support the Fairness Commission principles and will be a vehicle for delivering a number the health and wellbeing principles recommendations within the Commission's 'Findings and Recommendation' report and the companion report 'Ideas for Action'. Recommendations E and F are of particular relevance to the Health and Wellbeing Board and its partnership boards. Inequality is complex and multi-faceted, so the Board at times may work alongside other city partnerships to implement the recommendations and explore ideas for action.

### **Vale of York CCG Integrated Operational Plan 2014-19 "My Life, My Health, My Way"**

This sets out the five-year plan for the way in which health care services are commissioned.

## Delivering and monitoring the strategy

### The resource to deliver the Health and Wellbeing Strategy

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

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

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

### An introduction to the Health and Wellbeing Partnerships

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

**1. Collaborative Transformation Board**

Chair: [To be confirmed]

**2. Mental Health and Learning Disabilities**

Chair: Paul Howatson, Vale of York Clinical Commissioning Group

**3. Children and Young People – The YorOK Board**

Chair: Councillor Janet Looker

There are also working protocols in place with two independent safeguarding boards, the Safeguarding Adults Board (SAB) and the Child Safeguarding Board.

Health inequalities work falls within the remit of the wider equalities work currently carried out by the Fairness and Equalities Board, a sub-partnership of the WoW Board, the York local strategic partnership.

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

For example, the Collaborative Transformation Board will deliver the priority 'Making York a great place for older people to live', but it will also seek to further the integration of health and social care between the Vale of York Clinical Commissioning Group, the City of York Council and partners. Similarly, the Mental Health and Learning Disabilities partnership will deliver the priority 'Improving mental health and intervening early', and it will deliver a number of priorities and actions relating to the learning disabilities agenda.

In addition, there are two related safeguarding boards, the Child Safeguarding Board and the Safeguarding Adults Board, which are independent but have agreed joint working protocols with the Health and Wellbeing Board.

### **Safeguarding Adults Board**

The Health and Wellbeing Board has agreed to formalise its working relationship with the independent Safeguarding Adults Board, which will become a statutory body under the provisions of the Care Act 2014, and at its meeting on 2 April 2014 received the annual report for 2013-14.

The Safeguarding Adults Board's membership includes representation from both York Teaching Hospital NHS Foundation Trust and Leeds and York Partnership NHS Foundation Trust, in addition to members from the Vale of York Clinical Commissioning Group (CCG), NHS England's Area Team for North Yorkshire and The Humber and also the Partnership Commissioning Unit operating across both the City of York and North Yorkshire County Council. Other partners include members of the private and voluntary sectors.

The Safeguarding Adults Board has published its Strategy and Action Plan for 2014-17, which is available from the website: [www.safeguardingadultsyork.org.uk](http://www.safeguardingadultsyork.org.uk). Among the priorities for this period are the following:

- Ensure key strategic plans evidence that adult safeguarding is a priority and is being addressed
- Ensure that Adult Safeguarding Board members, and non-Executives, as well as Board Members and Councillors of partner organisations understand their role in safeguarding and have attended basic awareness training.
- Reduce risk of harm through effective and intelligent commissioning
- Share learning from practice, Lessons Learned and Serious Case Reviews
- Enhance and improve user 'voice' in all the Board does.

### **Safeguarding Children Board**

The City of York Safeguarding Children Board (CYSCB) is a statutory partnership with responsibility for agreeing how relevant local organisations will co-operate to safeguard and

promote the welfare of children. The CYSCB's role is to monitor and evaluate the effectiveness of local arrangements to safeguard children.

The CYSCB has five main priorities for 2014-15:

- Early help: Ensuring children receive the right help at the right time is essential if problems are to be prevented from escalating
- Child sexual abuse: The CYSCB has established a task group to develop a strategy which will look at sexual abuse within families, peers and child sexual exploitation to improve the prevention, identification and response to child sexual abuse
- Neglect: The CYSCB is to establish a task group to improve the prevention of, identification of, and response to, child neglect
- Domestic abuse: A strategy group has been set up to improve the interagency response to domestic abuse, with particular concern for those children living with abuse which has been assessed as medium and high risk
- Children who go missing: Children who go missing from home, care and education are vulnerable to abuse and exploitation, and CYCSB has established a task group to look at prevention and response to children who go missing.

## The role of the Health and Wellbeing Partnerships

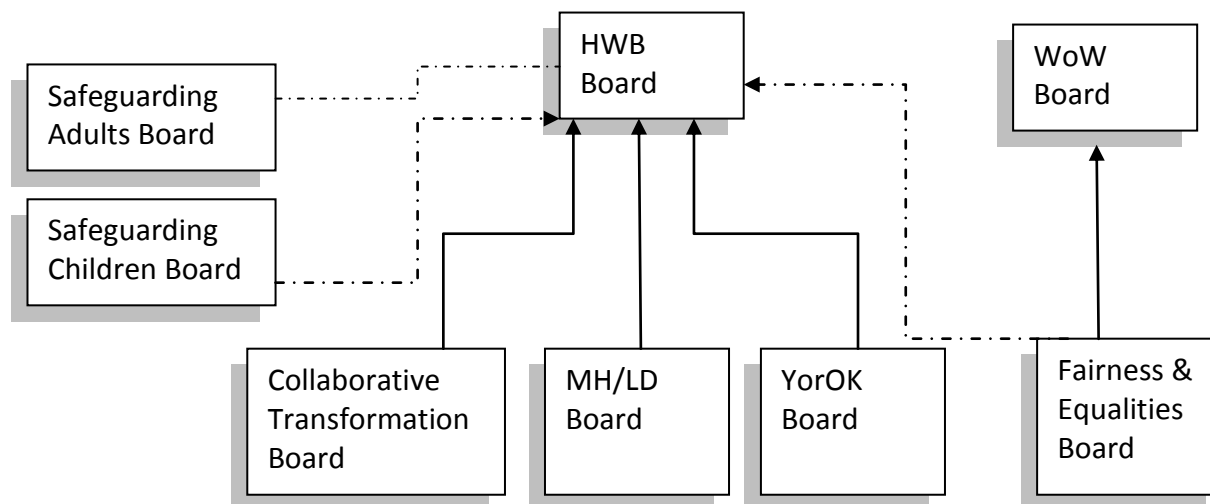
Each partnership board will be responsible for delivering a priority area.

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

The Health and Wellbeing Board will oversee the fifth priority, ‘creating a financially sustainable local health and wellbeing system’ as this requires whole system change to achieve it, but will delegate work to the Collaborative Transformation Board to support the delivery of this, for example, with regard to the objectives of the government’s Better Care Fund.

The diagram below illustrates the relationship between the Health and Wellbeing Board, the Without Walls partnership and the strategic partnership boards, as well as the two safeguarding boards, for adults and children.

### The HWB and associated boards



## Monitoring the delivery and impact of the strategy

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

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

### 1. Joint scorecard

The scorecard is being developed with the three health and wellbeing partnership boards. Key performance measures will be identified for the strategic priorities the partnership boards will deliver, but the priority measures for the Board will include the undertakings to deliver against the Better Care Fund requirements. The performance measures have been taken from the national outcomes frameworks: Public Health, Adult Social Care, NHS and Clinical Commissioning Group outcomes frameworks. The measures are established measures; they are defined within national outcomes frameworks and have sets of supporting technical data behind them. It aims to give the Health and Wellbeing Board an overview of how, as a city, we are performing against the indicators which have the biggest impact on health and outcomes.

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

### 2. Thematic Health and Wellbeing Board meetings

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



### **3. Performance frameworks for each partnership board**

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

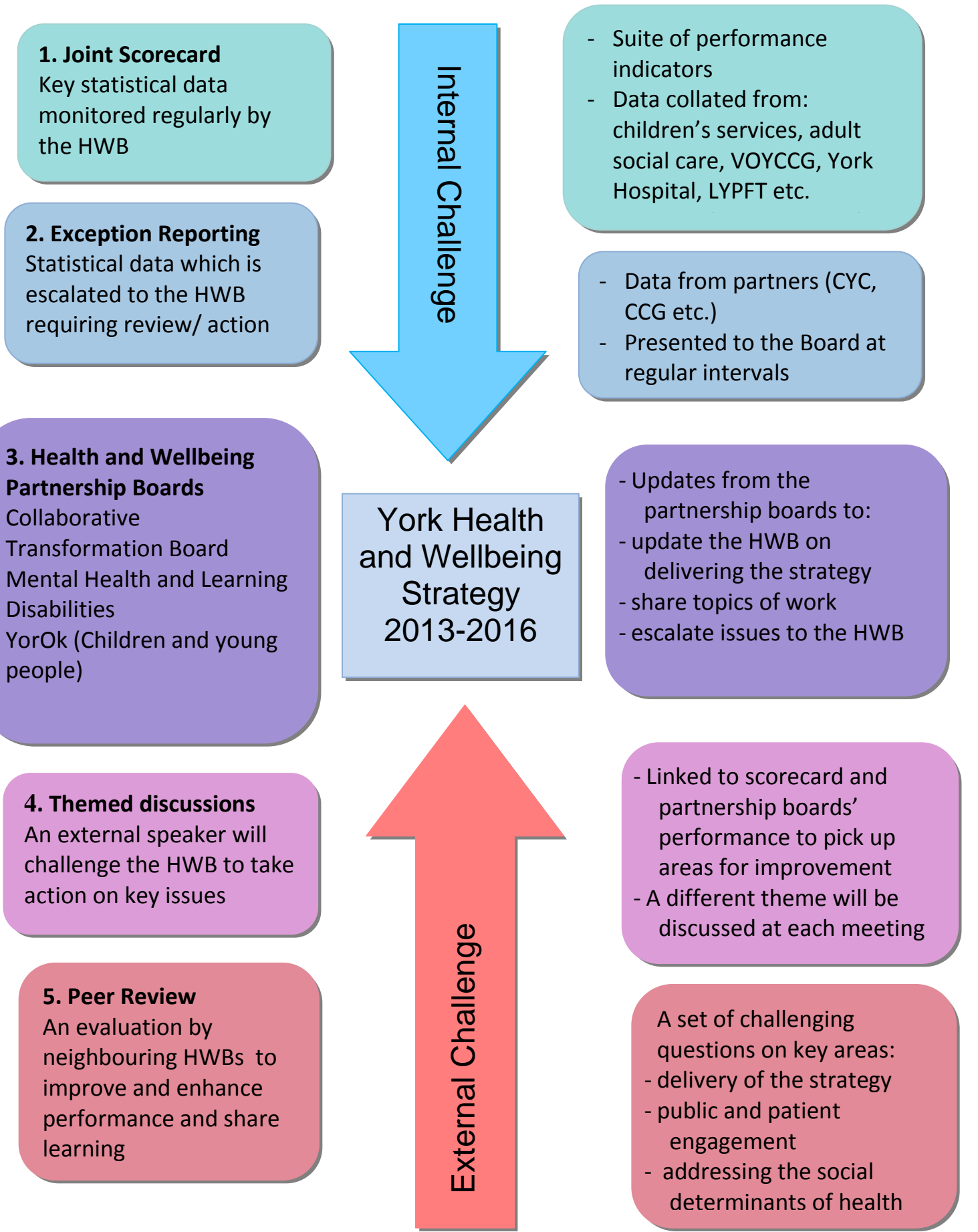
**In summary, it is expected that the health and wellbeing partnership boards will:**

- Produce a delivery plan to show how they will be working towards shared priorities
- Produce a performance framework, monitoring the totality of their work.
- Provide an annual report to the Health and Wellbeing Board, providing a thematic and detailed report on their progress and performance over that year. This will provide the Board with a broader view of particular themes and issues.

## Reference list of relevant strategies and plans

1. Joint Strategic Needs Assessment 2012
2. Vale of York Clinical Commissioning Group Integrated Operational Plan
3. Children and Young People's Plan 2012-15 – Dream Again (or its successor)
4. York Adult Care Workforce Strategy
5. Fairness Commission final report
6. City Action Plan
7. Children and Young People's Mental Health (CAMHS) strategy
8. North Yorkshire and York Review
9. Housing Strategy
10. Older People's Housing Strategy
11. Financial Inclusion Strategy
12. Annual Report of the Safeguarding Children Board
13. Annual Report of the Safeguarding Adults Board

# Performance Framework



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## ANNEX B - Indicators for the Health and Wellbeing Board

Category		Indicator Description
<b>Older People/ Better Care Fund</b>	<b>1</b>	Permanent Admissions of older people (aged 65 and over) to Residential Care per 100,000 population
	<b>2</b>	Proportion of older people (65 and over) who were still at home 91 days after discharge into reablement/ rehabilitation services
	<b>3</b>	Delayed transfers of care (delayed days) from hospital per 100,000 of population 18+
	<b>4</b>	ASCOF 3A Overall satisfaction of people who use services with their care and support (Adult Social Care Survey) (Respondents who answered 'I am extremely satisfied' or 'I am very satisfied'/ total respondents) (weighted metric)
	<b>5</b>	Injuries due to falls in people aged 65 and over per 100,000 population
	<b>6</b>	Reduce avoidable emergency admissions for conditions considered avoidable
<b>Tackling Deprivation and Health Inequalities</b>	<b>7</b>	Slope index of inequality in life expectancy at birth - Males
	<b>8</b>	Slope index of inequality in life expectancy at birth - Females
	<b>9</b>	Potential Years of Life Lost from causes amenable to healthcare

	<b>10</b>	Gap in smoking prevalence rate between most and least deprived GP practices
<b>Mental Health and Learning Disabilities</b>	<b>11</b>	Hospital admissions for mental health
	<b>12</b>	Gap in employment rate for mental health clients and the overall employment rate
	<b>13</b>	% of adults with a learning disability having a GP Health Check
	<b>14</b>	IAPT Referrals
	<b>15</b>	IAPT reliable recovery rate
	<b>16</b>	Proportion of adults in contact with secondary mental health services living independently, with or without support
<b>Children and Young People</b>	<b>17</b>	% school children in Reception classified as obese
	<b>18</b>	% school children in Year 6 classified as obese
	<b>19</b>	Under 18 conceptions
	<b>20</b>	Hospital admissions as a result of self harm (10-24 years)
	<b>21</b>	16-18 year olds not in employment or education
	<b>22</b>	Child Mortality Rate (1-17 years)

## Forward Plan – Health and Wellbeing Board

Date	Items	Notes
21 January 2015	Alcohol Strategy Next Winterbourne update Joint Health and Social Care-Self Assessment Framework for Learning Disabilities sign-off Collaborative Transformation Board Annual Report Risk register Standing items: Joint Strategic Needs Assessment (JSNA), Better Care Fund (BCF)	Agreed at 22 October meeting to bring next Winterbourne update in 3 months.
11 March 2015	Learning Disabilities /Mental Health Board Annual Report Pharmaceutical Needs Assessment sign-off Standing items: JSNA, BCF	
May 2015 - TBA	Report of Child Safeguarding Board	
July 2015 TBA	Report of Adults Safeguarding Board	

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