CITY OF YORK COUNCIL

Notice of a public meeting of

Health and Wellbeing Board

To:	Councillors Runciman (Chair), Brooks, Cannon and Craghill	
	Keith Ramsay (Vice Chair)	Lay Chair NHS Vale of York Clinical Commissioning Group (CCG)
	Sharon Stoltz	Director of Public Health, City of York Council
	Martin Farran	Corporate Director-Health, Housing and Adult Social Care, City of York Council
	Jon Stonehouse	Corporate Director Children, Education and Communities
	Tim Madgwick	Deputy Chief Constable- North Yorkshire Police
	Sarah Armstrong	Chief Executive, York CVS
	Siân Balsom	Manager, Healthwatch York
	Julie Warren	Locality Manager (North), NHS England
	Colin Martin	Chief Executive, Tees, Esk and Wear Valleys NHS Foundation Trust
	Patrick Crowley	Chief Executive, York Hospital NHS Foundation Trust
	Phil Mettam	Accountable Officer, NHS Vale of York Clinical Commissioning Group (CCG)
	Rachel Potts	Chief Operating Officer, NHS Vale of York Clinical Commissioning Group (CCG)
	Mike Padgham	Chair,Independent Care Group
Date:	Wednesday, 18 January 2017	
Time:	4.30 pm	
Venue:	The Snow Room - Ground Floor, West Offices (G035)	

A G E N D A

1. 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.

2. Minutes (Pages 5 - 20)

To approve and sign the minutes of the last meeting of the Health and Wellbeing Board held on 23 November 2016.

3. Public Participation

It is at this point in the meeting that members of the public who have registered their wish to speak can do so. The deadline for registering is **Tuesday 17 January 2017** 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

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

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

4. Appointments to York's Health and Wellbeing Board (Pages 21 - 24)
This report asks the Board to consider updating appointments to its membership.

5. Future in Mind (Pages 25 - 50)
This report updates the Board on the progress to update and refresh the Future in Mind local transformation plan.

6. The Role of Community Pharmacy in Health and Wellbeing (Pages 51 - 66)
This report and the presentation at Annex A provide members of the Health and Wellbeing Board with information about the role of community pharmacy in Health and Wellbeing.

7. York Pathways (Pages 67 - 96)
The following report provides an update on York Pathways, a partnership committed to improving the response to individuals experiencing 'complex distress' placing a high demand or at risk of placing high demand on services within the City of York.

8. Progress Report from the Integration and Transformation Board (Pages 97 - 112)
This report updates the Board on work undertaken by the Integration and Transformation Board and the key issues that have arisen as a result of this.

9. Progress report on the 2016/17 Better Care Fund (BCF) programme: risks and issues (Pages 113 - 124)
The purpose of this report is to update the Health and Wellbeing Board on the performance and financial risks of the Better Care Fund.

10. York Information and Advice Strategy (Pages 125 - 352)
The report provides an overview of the review of Information and Advice services in York and development of a new Information and Advice Strategy (Annex A refers) informed by the 'Just Works' consultants report. The Health and Wellbeing Board are asked to receive a presentation (Annex B refers) and consider the prioritised action plan (Annex C) and how it might be effectively delivered, reflecting partnership governance arrangements and organisational resources.

11. Meeting Work Programme (Pages 353 - 360)
To consider the Board’s Meeting Work Programme.

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

<u>Democracy Officer:</u>

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)**

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

Remit

York Health and Wellbeing Board will:

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

York Health and Wellbeing Board will not:

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

Patrick Crowley, Chief Executive of York Hospital
None to declare

Rachel Potts, Chief Operating Officer, Vale of York Clinical Commissioning Group)
None to declare

Mike Padgham, Chair Council of Independent Care Group

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

Siân Balsom, Manager Healthwatch York

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

Councillor Douglas

- Member of Mental Health and Learning Disabilities Partnership Board
- Governor of Leeds and York Partnership NHS Foundation Trust
- Governor of Tees, Esk and Wear Valleys NHS Foundation Trust

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Agenda Item 2

City of York Council | Committee Minutes

Meeting	Health and Wellbeing Board
Date	23 November 2016
Present	Councillors Runciman (Chair), Brooks, Cannon and Craghill
	Keith Ramsay (Lay Chair of NHS Vale of York Clinical Commissioning Group)(Vice-Chair),
	Sharon Stoltz,(Director of Public Health) (City of York Council),
	Martin Farran, (Corporate Director- Health, Housing and Adult Social Care),City of York Council
	Jon Stonehouse,(Corporate Director- Children, Education and Communities),City of York Council,
	Phil Mettam, (Accountable Officer, NHS Vale of York Clinical Commissioning Group),
	Colin Martin, (Chief Executive, Tees, Esk and Wear Valleys NHS Foundation Trust),
	Sarah Armstrong, (Chief Executive, York CVS),
	Julie Warren, (Locality Director (North) NHS England),
	Siân Balsom (Manager, Healthwatch York),
	Richard Anderson (Superintendent, North Yorkshire Police) (Substitute for Tim Madgwick)
	Mike Proctor (Deputy Chief Executive, York Teaching Hospital NHS Foundation Trust) (Substitute for Patrick Crowley),

	Keren Wilson (Chief Executive, Independent Care Group), (Substitute for Mike Padgham)
Apologies	Rachel Potts (Chief Operating Officer, Vale of York Clinical Commissioning Group)
	Tim Madgwick (Deputy Chief Constable, North Yorkshire Police)
	Patrick Crowley (Chief Executive, York Teaching Hospital NHS Foundation Trust)
	Mike Padgham (Chair, Independent Care Group)

27. Declarations of Interest

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

Keren Wilson declared that Independent Care Group received funding from City of York Council.

No other interests were declared.

28. Minutes

In regards to Minute Item 22) Update on the work of the Joint Strategic Needs Assesment/Joint Health and Wellbeing Strategy Steering Group:

It was reported that consultation on the draft Joint Health and Wellbeing Strategy was currently live on the Council's website. Consultation was open until 22 January 2017 and the final version of the Strategy would be presented at the March 2017 meeting of the Health and Wellbeing Board. All Health and Wellbeing Board partners were encouraged to respond and were asked to share the consultation within their own organisations and networks. The Chair asked Officers to bring the consultation to the attention of all Councillors.

Resolved: That the minutes of the last meeting of the Health and Wellbeing Board held on 7 September 2016 be approved as a correct record and then signed by the Chair.

29. Public Participation

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

30. City of York Safeguarding Children Board Annual Report 2015/16 and Safeguarding Update

Board Members received a report which presented them with the City of York Safeguarding Children Board's (CYSCB) Annual Report 2015/16 and provided an update on key issues between April and October 2016.

The Independent Chair of CYSCB reported that developments had occurred since the report had been written. These included, government changes through the Children and Social Work Act 2016. As these were expected to become law in 2018, Local Authorities would have a year after this in which to finalise their safeguarding arrangements. He also reported that CYSCB were currently being inspected and to allow for the outcomes of this to be discussed the Board's development day had been rescheduled from November to February.

Comments were made around the progress on CYSCB priorities, specifically around the rise in neglect.

Board Members were assured that this was seen as a major issue by the CYSCB who took this very seriously.

Board Members were informed that the rise in neglect was seen as a major issue by the CYSCB. They now had a draft neglect strategy and had held an event for practitioners around the issue in July. More information around neglect would appear in the next annual report.

In regards to whether the draft neglect strategy could be added to the Board's work plan, it was suggested that a progress report from the Safeguarding Adults Board could be received instead.

The Chair of CYSCB notified Board Members that safeguarding support systems would be maintained in the year 2017/18. In addition, whenever there was a service restructure the CYSCB always asked whichever organisation was carrying out the restructure that the safeguarding children was considered.

It was also reported that the Police and Crime Commissioner for Yorkshire had given increased investment for a new case file management system.

Resolved: (i) That the Annual Report of the Independent Chair of the City of York Safeguarding Children Board be received and that the key messages and priorities be reflected on when considering plans.

(ii) That the progress on safeguarding priorities between April and October 2016 be noted.

Reason: To ensure the Health and Wellbeing Board demonstrates it gives full consideration to the advice from the City of York Safeguarding Children Board.

31. "Everybody's Business Conference"-One Year On

The Board received a report which summarised the feedback received at the "Everybody's Business" conference on Young People's mental health on 25 November 2015.

The Consultant Early Intervention Psychiatrist & Deputy Medical Director for Tees Esk & Wear Valleys NHS Foundation Trust introduced the report and informed the Board that there had been a national rising incidence of a worsening of student mental health problems. He highlighted that one of the key themes from the conference, transitions was vital in regards to support for young people from who moved from one location to another. It was noted that in regards to mental health there was a need for support for the workforce. The Board were informed about a resource in development by the Council's Public Health Team which could be used and explored which was called the Student Health Needs Assessment.

Questions were asked about funding for mental health for non attendees to school.

The Chair asked if an update on this be given to the YorOK Board.

Resolved: That the progress and direction in addressing the issues raised by the "Everybody's Business" conference in November 2015 be noted and the subsequent report to the Board in March 2016 be considered.

Reason: To keep the Health and Wellbeing Board aware of progress made.

32. Strengthening Safeguarding Arrangements through an Inter Board Protocol

Consideration was given by the Board to a report which presented them with an inter board protocol to strengthen safeguarding arrangements between the Health and Wellbeing Board, YorOK Board, City of York Safeguarding Children Board, City of York Safeguarding Adults Board and the Safer York Partnership.

The Vice Chair felt that by endorsing the protocol promoted transparency and joined up values. He also added that by endorsing it the Board would give assurance on the delivery of the arrangements and adoption of the principles.

Resolved: That the Board agree to the Chair of the Health and Wellbeing Board signing the inter board protocol and adopting its principles.

Reason: To ensure an effective working relationship between the Boards.

33. Update on Suicide Prevention: City of York Suicide Audit - a review of deaths by suicide within the City of York between 2010 and 2014

Consideration was given to a report and a Powerpoint presentation (attached) which informed Board Members of results of an audit of deaths by suicide as recorded by the York Coroner Service during 2010-2014.

The Council's Suicide Prevention Lead presented the report and informed the Board that there had been 60 deaths by suicide in the city between 2010 and 2014 and that middle aged men were at particularly high risk of suicide. Self harm and mental ill health were also indicators of risk, as was loss in its various forms, social isolation and drug and alcohol misuse.

The nature and causes of suicide were wide ranging and complex and the opportunities to tackle it were also wide ranging and complex however; suicide could be reduced at an individual and population level and was largely preventable.

Conducting research through a suicide audit was a starting point and has helped identify some of the risks and issues associated with suicide. Using the information gathered all stakeholders, partners and organisations have a responsibility to work with our communities to reduce suicide. Whilst Public Health can provide the leadership in relation to suicide prevention it requires input and commitment from all partners. York's Director of Public Health now chairs the countywide North Yorkshire and York Suicide Prevention Task Group which gives partners, as a collective, the opportunity to make real progress in relation to suicide prevention across the county as a whole, not just in York.

Current rates of suicide and in particular student suicides were comparatively high and recent figures from the Department of Health suggest that suicides in York were high compared with the majority of places in the country. There were a number of national strategies, guidelines and support for local authorities and partner organisation which were useful when trying to structure work around suicide prevention. Whilst York was doing reasonably well in terms of background work and building the foundation for suicide prevention work, there wasn't room to be complacent, particularly about the numbers of suicides there have been. The Task Group were beginning to work towards Safer Suicide Community accreditation and would like to work with all partners to put a framework in place to achieve this status. The ambition was to develop a suicide prevention plan, a framework where all stakeholders could bring their expertise, their specific areas of knowledge and resources to look at where they can help save lives. Collaborative working, information sharing and organisational expertise were absolutely crucial in successful suicide prevention work.

Other recent work around suicide prevention, which is detailed in the report, included holding a conference at York University and implementing Safetalk training sessions.

Board members discussed the report and presentation and made the following comments:

- In relation to student suicide rates clarity was sought on whether the students the audit referred to were over 18 and what responses had been received from higher and further education providers. It was confirmed that all were adult students over 18 and with one exception all were students at York University. Partners were working closely with both universities and the University had increased their investment in support services for students.
- Whilst, this had been identified as a cluster, with the exception of the similarity in organisation and living arrangements, there was no suggestion of contagion when one death had led to another. It is hoped that this was very much an isolated series of incidents.
- Healthwatch York informed board members that Safetalk training was now compulsory for their staff
- Clarity was sought around the reference in the audit report to a lack of contact with substance misuse services.

It was reported that this did seem unusual but an assumption was made, when analysing the information in the Coroner's files, that some were dependent on alcohol.

- Clarity was sought on the regularity of future suicide audit work and it was confirmed that this would be undertaken as regularly as possible.
- The work of the City of York Children's Safeguarding Board was highlighted as having a direct relationship to the early intervention element of the suicide prevention work.
- As part of the Suicide Safer Communities work Safetalk training would be offered to City of York Council staff and some sessions had already been provided. It was hoped that the organisations represented at the Health and Wellbeing Board would encourage their staff to attend the Safetalk training and support the Task Group further to develop this. Longer term it was hoped that, working with CVS and other partners, Safetalk training could be made available to anyone who wanted to access it.

Resolved: That the;

(i) City of York Suicide Audit 2010-2014 report be received and its publication as one of a suite of documents supporting the Joint Strategic Needs Assessment for York be approved.

(ii) The intention to repeat the audit process to review death by suicide in the City of York over the period 2015-2019 be noted.

(iii) The recommendation from the suicide audit that the findings be used to inform a local suicide prevention action plan for the City be supported and that the responsibility for this be delegated to the Chair of the North Yorkshire and York Suicide Prevention Task Group.

(iv) The vision and direction of travel for the City of York to become a Suicide Safer Community be endorsed.

(v) Annual reports detailing progress on implementation of the local suicide prevention action plan be received by the Health and Wellbeing Board, highlighting any key areas of concern.

Reason: To support the work on suicide prevention and the vision for York to become a Suicide Safer Community.

34. Health Protection Assurance

Consideration was given to a report which described the health protection responsibilities for local authorities which came into force on 1 April 2013, including local arrangements for delivery and assurance of the local response to the revised regulations.

The Director of Public Health informed the Board that although York appeared to have a higher than national average infection rate of HIV, there was a low overall rate of HIV in the city, but a late diagnosis rate. She reported that there could be an 8 year delay to exposure and treatment but work was ongoing with York Sexual Health Clinic and the Health and Adult Social Care Policy and Scrutiny Committee would receive a more detailed report on screening indicators.

Questions from Board Members related to the uptake of the flu vaccine and infection control in care homes.

It was noted that the uptake of the flu vaccine was lower and that the only data collated was from Public Health England (PHE) within groups who received the free vaccination. The Director of Public Health wished to establish a Health Protection Group to enable data to be collated without the need to rely on PHE statistics. She added that the serious nature of flu needed to be underlined, in that death could occur from the virus.

It was reported that the Health Protection Team wanted to focus on local working, data from care homes on infection rates would therefore be crucial as current data collected by PHE was not shared.

Resolved: (i) That the report be received and noted.

(ii) That the intention to include a more detailed report on the Forward Plan for the Health and Adult Social Care Policy and Scrutiny Committee on those health protection outcomes requiring

improvement and the actions being put in place to address these be noted.

(iii) That the establishment of a local Health Protection Group to support a multi-agency approach to addressing health protection issues for the City of York be approved and for this to be led by the Director of Public Health.

Reason: To enable the Health and Wellbeing Board to be assured that there are effective health protection arrangements in York that meet the health needs of the local population.

35. Progress report from the Integration and Transformation Board

Board Members received a progress report from the Integration and Transformation Board (ITB).

The Corporate Director for Health, Housing and Adult Social Care introduced the report.

Board Members were informed of a number of a unresolved governance issues remained for the Vale of York Integration and Transformation Board such as, whether Pocklington services were covered, when Easingwold and Selby were.

A workshop on 8 December would discuss issues such as this and would reveal the governance structure for the recently published Humber, Coast and Vale Sustainability and Transformation Plan (STP), of which the ITB would contribute to. The expectation was that the workshop would enable providers and commissioners to co-create future plans for service delivery. The Chair requested that organisations involved in the Health and Wellbeing Board be invited to workshop if not already so.

In regards to the Humber, Coast and Vale STP, the Accountable Officer from NHS Vale of York Clinical Commissioning Group added that the proposed themes for the STP would be focused on prevention, joint responsibility and ‘accountable care’ (organisations taking responsibility for the services they deliver).

Discussion took place on how to make the STP more open, following questions from Board Members on how the previous STP meetings had been held in private, and whether there was a written record.

It was reported that the STP had been established at a high level and so there had not been space for this. Minutes were taken at the meetings but they were not verbatim and were focused on actions. If a York only ITB was established then how meetings were recorded would need to be discussed.

Some Board Members questioned what was meant by ‘co-creation’. They also wondered whether planning services on a regional level meant the closing of other services on a local level.

The Locality Director (North) from NHS England confirmed that as the STPs were strategic, each would be developed at a local level.

Other Board Members felt that the ITB would enable different statutory organisations to come together, and would allow for each organisation to reflect on the how the health and social care system affected all organisations. However, as this was a major service change, it was suggested that the ITB local plan be developed as soon as possible along with a clear definition. This definition also needed to be backed up along with an official Social Care Institute for Excellence (SCIE) for co-production.

Resolved: (i) That the work to conclude the Section 75 agreement be noted and endorsed.

(ii) That the Joint Commissioning Strategy receive comments.

(iii) That the progress in relation to producing a single transformation plan for the Vale of York be noted.

(iv) That the ITB local plan be developed as soon possible along with the SCIE definition for co-production.

Reason: To keep the HWBB updated on progress being made by the Integration and Transformation Board.

36. Update on Mental Health Facilities for York

Board Members received a report which updated them on Mental Health Facilities for York.

The Chief Executive for Tees, Esk and Wear Valleys NHS Foundation Trust introduced the report and informed the Board about the plans to move the Community Mental Health Teams out of their existing buildings into three community hubs. This was because they needed to address functional design aspects of some of the buildings that they owned.

The Accountable Officer for NHS Vale of York Clinical Commissioning Group spoke regarding the Public Consultation about the new mental health hospital for York. He notified the Board that fifty ways had been used for consulting, and these had been carried out twice weekly. The main theme had been that location was not important for the new mental health hospital, supporting the community was crucial.

Resolved: (i) That the update around mental health estate provision be noted.

(ii) That the Board contribute to the current consultation around the new hospital.

Reason: To keep the Health and Wellbeing Board up to date in relation to in patient facilities for mental health services in York.

37. Healthwatch York Reports

Consideration was given to a report which asked Board Members to receive two new reports from Healthwatch York namely:

a. Antenatal and Postnatal Services in York (Annex A)

b. Closure of Archways: Changes to Intermediate Care Services in York (Annex B)

The Chair reminded the Board that they would receive the reports and then delegate them to the JSNA/JHWB Steering Group to consider ways of implementing the recommendations.

The Deputy Chief Executive of York Teaching Hospital NHS Foundation Trust commented on the Antenatal and Post Natal Services report, in particular in relation to the sample size and group polled. He stated that the key issue missed when the hospital stopped face to face ante natal classes, was social interaction with other young mothers. He confirmed that a number of recommendations had been followed up, such as the ante natal educational video which would be redone in 2017.

Resolved: (i) That the Healthwatch Reports at Annex A and B to the report be received and comments on them noted.

(ii) That the report be delegated to the Joint Strategic Needs Assessment/Joint Health and Wellbeing Board Strategy (JSNA/JHWBS) for further consideration.

(iii) That the two specific recommendations at Annex B for the Health and Wellbeing Board be agreed, these being;

(iv) For future service changes, plans for consultation and engagement with the public/other agencies to be developed at the earliest stage.

(v) Commit to co-design and co-production (in line with the Social Care Institute of Excellence definition).

Reason: To keep members of the Board up to date regarding the work of Healthwatch York.

38. Bootham Park Hospital Scrutiny Review Final Report

The Board received the final report of the Bootham Park Hospital Scrutiny Review and information around actions taken to restore full mental health services to York.

Resolved: (i) That the contents of the report and the recommendations arising from the scrutiny review be received and noted, specifically those that their organisations are asked to respond to.

(ii) That the following organisations are asked to respond to the Health and Adult Social Care

Policy and Scrutiny Committee within three months time;

NHS England should ensure that:

i. The NHS nominates a named person to be responsible for the overall programme of sustained improvements to mental health services in York. That person to provide regular progress reports to the Council and meet this Committee when requested to review progress;

ii. Specific details are provided of all mental health services currently provided or planned in the City of York area, with timescales for provision or replacement where appropriate;

iii. Commissioning agents sign up to an understanding that they are more proactive in engaging with people to avoid the sudden closure of health facilities.

Tees, Esk and Wear Valleys NHS Foundation Trust and the Vale of York Clinical Commissioning Group:

iv. Carry out a full and robust consultation process ahead of the procurement of a new mental health unit in York and that details are shared with this Committee.

Reason: So Members are aware of the work undertaken by the Health & Adult Social Care Policy & Scrutiny Committee in relation to the closure of Bootham Park Hospital and the measures taken to re-establish services in York.

39. Forward Plan

Board Members were asked to consider the Board's Forward Plan for 2016/17.

It was suggested that an update be given to the Board on the Sustainability Transformation Plan. It was felt that it could be included as part of the Integration and Transformation Board item at January's meeting.

Resolved: That the Board's Forward Plan be approved with the following amendments;

- A progress report from the City of York Safeguarding Adults Board.

Reason: To ensure that the Board have a planned programme of work.

Councillor Runciman, Chair
[The meeting started at 4.30 pm and finished at 6.45 pm].

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Health and Wellbeing Board **18 January 2017**

Report of the Assistant Director, Legal and Governance

Appointments to York's Health and Wellbeing Board

Summary

1. This report asks the Board to consider updating appointments to its membership.

Background

2. The Council makes appointments at its Annual Meeting, to Committees for the coming year. However, the Health and Wellbeing Board is able to appoint to or update its membership separate of Full Council. The following changes are reported to the Board for endorsement:

3.
   (i) Catherine Surtees, Head of Business Development, has left York CVS and a request has been made that her substitute place on the Health and Wellbeing Board be filled by Sue Collins, Director of Development;

   (ii) Tim Madgwick, the current Deputy Chief Constable of North Yorkshire Police, is due to retire in February. A request has been made to replace him with Lisa Winward as the representative on the Board of the North Yorkshire Police.

Consultation

4. As this is a direct replacement to the existing Health and Wellbeing Board membership no consultation has been necessary in respect of this appointment.

Options

5. Since both these replacement appointees are the nominations of the bodies they represent, realistically there are no alternative options.

Council Plan 2015-19

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

Implications

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

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

Legal Implications

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

Risk Management

9. In compliance with the Council's risk management strategy, the only risk associated with the recommendations in this report is that appropriate replacements would fail to be made should the Board not agree to these appointments.

Recommendations

10. The Health and Wellbeing Board are asked to endorse:

(i) the appointment of Sue Collins as a substitute member of the Board for York CVS; and

(ii) The appointment of Lisa Winward to the Board as North Yorkshire Police representative in place of Tim Madgwick.

Reason: In order to ensure proper representation on the Health and Wellbeing Board.

Author:

Judith Betts
Democracy Officer
Telephone: 01904 551078

Chief Officer Responsible for the report:

Andy Docherty
Assistant Director, Legal and Governance

Report Approved **Date** 6 January 2017

Specialist Implications Officers
Not applicable

Wards Affected: **All**

For further information please contact the author of the report

Background Papers
None

Annexes
None

Abbreviations used in the Report

CVS- Centre for Voluntary Services

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Partnership Commissioning Unit
Commissioning services on behalf of:
NHS Hambleton, Richmondshire and Whitby CCG
NHS Harrogate and Rural District CCG
NHS Scarborough and Ryedale CCG
NHS Vale of York CCG

Health and Wellbeing Board 18 January 2017

Report of Senior Commissioning Specialist, NHS Partnership Commissioning Unit

Future in Mind – Local Transformation Plan Refresh

Summary

1. This report is to update on the progress of the Future in Mind local transformation plan, and to inform the board about the update and refresh of this plan. The annual refresh offers the opportunity for ongoing joint planning with partners, strategic reflection and further development with visible accountability.

2. Future in Mind is a five-year programme of change that requires continued focus and energy to deliver the goal of improved access, outcomes and experience for children, young people and their families.

Background

3. The Future in Mind local transformation plan for Vale of York Clinical Commissioning Group (CCG) was approved by NHS England in October 2015. The transformation plan for the City of York was written in partnership with colleagues from City of York Council, NHS England, young people, families and the voluntary sector. The transformation plan was approved by the Health and Wellbeing Board with a clear commitment to the transformation of services to improve children and young people's emotional and mental health.

4. The plan submitted in 2015 was in effect the first version as guidance directed that plans should be live and iterative documents to ensure that improvements are progressive and build on what is found to be most effective over the 5 year life of the programme.

5. A CCG review of the priorities in the first version of the transformation plan was undertaken in early 2016. The CCGs and the Local Authority recognised the importance of a sharp and continued focus on the outcomes for children and young people in order to test and measure the progress of this work.

6. The implementation of the two main priorities have commenced this year. The first priority stated in Future in Mind and commissioning guidance is the improvements in Eating Disorders Service to ensure access and waiting times are improved. Tees, Esk and Wear Valley NHS Foundation Trust are the provider who is implementing an improved enhanced service for children and young people with eating disorders. The service is underway with recruitment to additional posts and creating a hub and spoke model. CCG Commissioners will ensure the service work towards meeting the new access and waiting time standards.

7. The second priority which is currently being implemented is the development of the School Wellbeing Project. This project has been developed from an existing pilot project. The evaluation and lessons learned from the pilot is informing the development of the school wellbeing service. Six school clusters now have an allocated wellbeing worker to offer advice, training on mental health and wellbeing, and offer group work and 1:1 support to children and young people.

8. Vale of York CCG have worked closely with City of York Council in the development of this project, which commenced in September 2016, the start of the new academic year. The outcome of this project is to offer earlier intervention and support to children and young people with emotional and mental health issues.

9. Managed by the City of York Council colleagues they are working closely with Child and Adolescent Mental Health Services (CAMHS) to ensure the model of support and access is well defined. This is an innovative and welcomed approach for schools.

10. CAMHS in York as part of service transformation will be implementing a single point of access (SPA) for referrals which will include access for parents and carers. This was included in Future in Mind recommendations as imperative to provide easier access to young people and their families.

11. This is a timely development in York as it effectively dovetails with the launch of the City's revised early help and preventative arrangements. Specifically, the launch of the new Local Area Teams provide a unique opportunity to make sure that the new SPAs are delivered in a context of wider early help and signposting.

12. As part of the implementation plan (July 2016) for the Mental Health Five Year Forward View it stated '…..all local areas should have expended, refreshed and republished their Local Transformation Plans for children and young people's mental health by 31 October 2016. Refreshed plans should detail how local areas will use the extra funds committed to support their ambitions across the whole local system.'

13. The Partnership Commissioning Unit (PCU) on behalf of Vale of York CCG has worked with City of York Council to ensure this deadline was met. The refreshed Transformation Plan for City of York summarises the work undertaken so far and articulates the priorities for the next 12 months.

14. The revised plan continues to be developed in line with consultation feedback and stakeholder engagement including young people. In addition the revised plan will cover four North Yorkshire CCGs.

Main/Key Issues to be Considered

15. There is a requirement as part of the assurance process that all Transformation Plans are signed off by local Health and Wellbeing Boards. However, to facilitate a response within the timescales set out by NHS England sign off has been delegated by the Health and Wellbeing Board in York to the Director of Children's Services.

16. It should be noted again that this plan is a live document and elements of the plan will be updated to reflect change. We will track progress through the agreed governance structure and aim to develop a clear action plan within the Strategic Partnership for the Motional and Mental Health of Children and Young People in York (Annexes 1, 2 and 3 provide further detail).

Consultation

17. As part of the refresh we have held one reference group which was attended by a range of stakeholders. In addition we have undertaken engagement sessions with young people.

Options

18. The Board receives a further update on the developing plan in March 2017 to monitor the progress and developing priorities.

Analysis

19. The sharing of the transformation plan will ensure senior ownership.

Strategic/Operational Plans

20. A revised governance structure is included in the transformation plan. Strategic Partnership for the Emotional and Mental Health of Children and Young People will oversee the implementation going forwards.

Implications

21. There are currently no financial, human resources, equalities, legal, crime and disorder, information technology, property or other implications.

Risk Management

22. None known.

Recommendations

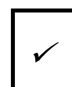
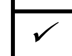
23. The Health and Wellbeing Board are asked to consider:

    i. The work to date

    ii. The Transformation Plan at time of writing.

    Reason: To keep the Health and Wellbeing Board up to date with the Future in Mind work stream

Contact Details

Author:	**Chief Officer Responsible for the report:**		
Laila Fish Senior Commissioner NHS Partnership Commissioning Unit Tel No. 01904 694757	Victoria Pilkington, Head of Partnership Commissioning Unit		
	Report Approved		**Date** *23/12/2016*
Co-Author Eoin Rush Assistant Director Children's Specialist Services York City of York Council	**Report Approved**		**Date** *19/12/2016*

Specialist Implications Officer(s) None

Wards Affected: **All** ✓

Background papers

"Future in Mind-Our Transformation Plan"
http://www.valeofyorkccg.nhs.uk/publications-plans-and-policies-1/future-in-mind-n-our-transformation-plan/

Annexes
Annex 1 – City of York Strategic Partnership for Emotional and Mental Health (Children and Young People) – Terms of Reference December 2016
Annex 2 – Revised CAMHS Executive Arrangements
Annex 3 – Early Intervention/School Wellbeing Service – Terms of Reference

Glossary
CAMHS – Child and Adolescent Mental Health Services
CCG – Clinical Commissioning Group
NHS – National Health Service
PCU – Partnership Commissioning Unit
SPA – Single Point of Access

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City of York

Strategic Partnership for Emotional and Mental Health (Children and Young People)

Terms of Reference

December 2016

BOOKCASE OF RELATED DOCUMENTS

Related Local Strategy and Planning Documents

Vale of York CCG Transformation Plan for Children and Young People's Emotional and Mental Health 2015-2020
York Children and Young People's Plan 2016-20
CAMHS Story Board (2015)
Improving Health and Well-being in York 2013 -2016
Health and Wellbeing Strategy for York 2013-16
York CAMHS Strategy Action Plan 2013 - 2016
York Looked After Children's Strategy 2012 – 2015
Early Help (including Risk and Resilience) Strategy 2014-16
York Poverty Strategy 2011-2020

National Guidance and Strategy Documents (within the last 5 years)

Young Minds Beyond Diversity: Addressing the mental health needs of young people who face complexity and adversity in their lives (2016)
CentreForum Commission on Children and Young People's Mental Health: State of the Nation (2016)
NHS England Implementing The Five Year Forward View of Mental Health (2016)
NHS England The Five Year Forward View of Mental Health (2016)
DfE Counselling in schools: A Blueprint for the Future - Departmental advice for school leaders and counsellors (2016)
DfE guidance Mental Health and Behaviour in Schools 2016
DoH / NHS England Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing (2015)
NHS England Mental Health Taskforce engagement report (2015)
National Childrens Bureau 'What works in promoting social and emotional well-being and responding to mental health problems in schools (2015)
Public Health England 'Promoting children and young people's emotional health and wellbeing: A whole school and college approach (2015)
PHSE Association Guidance on preparing to teach about mental health and emotional wellbeing (2015)
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DfE Children and Families Bill: SEN Code of Practice 2014
NICE Social and Emotional Wellbeing of Children and Young People October 2013

Annex 1

Report Of The Children And Young People's Health Outcomes Forum – Mental Health 2012
DfE Behaviour and Discipline suite of guidance 2012, incl. Preventing and Tackling Bullying 2012.
HMGov No Health Without Mental Health 2012
UNICEF Child Wellbeing report 2011
Children's Society report on the Good Childhood Index 2011

Structure

The Strategic Partnership for Emotional and Mental Health – Children and Young People is made up of a Central Executive Group and the following Sub Groups:

1. Early Intervention in Universal Settings
2. Accessing Emotional Wellbeing and Mental Health Support
3. Training and Workforce Development
4. Children looked after Emotional Wellbeing and Mental Health
5. Transitions
6. Risk Support
7. Participation Groups

See structure diagram in appendix one

Membership

The Central Executive Group is made up of the all the chairs of the sub groups and also senior representatives from CYC Children's Services and Health lead commissioners.

Name	Role	Representing
Eoin Rush	Assistant Director	CYC Children's Services
Laila Fish	Lead Commissioner	PCU / CCG
Tina Hardman	Education Psychology	CYC Children's Services
John Tomsett	Headteacher	Chair: Early Intervention
Niall McVicar	Head of Early Help	Chair: Accessing Support
William Shaw	Principle Officer CYC	Chair: Workforce Development
Group Manager	Group Manager CLA	Chair: Children Looked after
Terri Saunders		Chair: Transitions
Carol Redmond	Head of Service CAMHS	Chair: Risk Support

More than one, but not more than two, of the above membership roles may be undertaken by a single member, provided they are so

mandated by the constituent interests represented, and approved by the Central Executive Group as a whole.

Where direct representation (i.e. membership of the Central Executive Group) cannot be achieved, opportunities for an alternative indirect involvement of or consultation with that constituent interest must be provided by the Central Executive Group.

Individuals may be co-opted onto the Central Executive Group for limited periods of time to complete specific tasks or objectives.

Members must have sufficient authority delegated to them by the constituent interest they represent.

Members agree to be a reliable channel of open communication between the constituent interest they represent and the Central Executive Group and overall partnership including sub groups.

Members undertake to bring to the Central Executive Group at an appropriate time any issue relevant to children and young people's mental health for discussion that the constituent interest they represent is engaged with.

Members agree to ensure that the constituent interest that they represent is fully informed of the discussions, decisions and recommendations reached by the Central Executive Group and overall partnership.

Members agree to actively contribute to the achievement of the aims and objectives of the Central Executive Group and overall Partnership.

Members will actively support any decision made by the Central Executive Group, provided it has been reached consensually, or by a simple majority of the Central Executive Group. The Chair will have a casting vote.

Members agree not to pursue personal or sectional interest above those of the wider constituency interests of those they have agreed to represent.

Members are sufficiently competent and knowledgeable to adequately represent the constituent interest they have been delegated to represent.

Members are cognisant of the personal and human rights of all other members of the Central Executive Group and overall partnership, and show courtesy and respect to each other as individuals.

Members will ensure that they act as a channel for communication, information and opinion between the Central Executive Group and overall partnership and their parent agency, organisation, any inter-agency groups or other relevant constituencies of which they are members.

Terms of Reference and work plans for each sub group will be agreed by the Central Executive Group. TOR for Early Intervention and Workforce Development are contained in appendix Two.

All sub group chairs will be responsible for reporting in progress and outcomes from the agreed work plan of their sub group at each meeting. They will also communicate issues and recommendations from their sub group area to the Central Executive Group.

The sub groups contain representations from the following agencies

Early Intervention in Universal Settings

- Education Psychology
- School Wellbeing Service
- Early Help - Local Area Teams
- Partnership Commissioning Unit
- CAMHS
- Representative from each of the 6 School Clusters
- Public Health

Accessing Emotional Wellbeing and Mental Health Support

- Early Help - Local Area Teams
- CAMHS – Single Point of Access lead
- CAMHS Pathway and intervention representatives
- School Wellbeing Service

Training and Workforce Development

- Workforce Development
- Pathfinder Teaching Alliance
- Education Psychology
- Schools – Primary, Secondary and Early Years
- Public Health
- CAMHS
- PCU
- Voluntary Sector
- Specailist Educational Provision

Children looked after Emotional Wellbeing and Mental Health

- CYC Group Managers – CLA
- CAMHS
- Designated Doctor
- Virtual Head

Transitions

- CAMHS
- AMHS
- Higher Education
- Voluntary Sector

Risk Support

- YOS
- CAMHS
- Early Help - Local Area Teams
- Education
- Howe Hill

Participation Groups

- Participation groups
- York Youth Council
- CAMHS

Meetings

Frequency of meetings will be decided by the Central Executive Group, but should not be less frequent than once every three months.

Details of meetings will be notified to the membership with sufficient notice to ensure optimum attendance of members.

The Chair of the Central Executive Group and the secretariat will be responsible for efficient organisation of meetings.

Members will be furnished with agendas and working papers in advance of the meetings of the Central Executive Group to allow sufficient time for members to consult beforehand with the constituent interest that they represent.

Members may propose to the Chair directly, or via the secretariat, items they wish to put on the agenda for discussion. The Chair will take responsibility for the composition of the agenda and will convey reasons why items may not be included to their proposer. Items for "Any Other Business" should not be used to raise substantial issues for detailed discussion.

Chair of the Central Executive Group

The position of chair will be taken by a member of the Central Executive Group or other senior officer from a statutory health or local authority organisation.

The Chair will be selected through a consensus of the membership of the Central Executive Group.

The position of Chair will be reviewed every two years. Postholders may hold the position for a maximum of 3 two year-terms.

The Chair is responsible for the efficient management of the business of the Central Executive Group and overall partnership including sub groups.

The Chair will represent the Central Executive Group and overall partnership to external organisations.

The Chair will be responsible for the conduct of all meetings of the Central Executive Group and will ensure that relevant contributions of all members who wish to speak are given an appropriate opportunity to be heard.

The Chair's decisions on matters relevant to the conduct of meetings are paramount, and members agree to be bound by the rulings or the Chair during the course of meetings.

Accountability

The Strategic Partnership for Emotional and Mental Health is a multi-agency partnership responsible and answerable to the individual agencies, organisations and constituencies that have agreed to set up the Executive. Monitoring of the effectiveness of this relationship are the individual members empowered to act as representatives of their constituency.

The Strategic Partnership via the Central Group reports to the Health and Wellbeing Board.

The Central Executive Group will fulfil all reporting requirements as required by relevant Strategic, Operational and Commissioning Partnerships or Boards.

The Strategic Partnership will liaise with the wider North Yorkshire partnerships where policy and practice require co-ordination and co-operation.

Annex 1

Function of Central Executive Group and the wider Strategic Partnership

The membership of the Central Executive Group, and the agencies, organisations and constituencies that are represented within the Partnership, have as their shared aim the delivery of an accessible and equitable, high quality mental health service to children, young people and their families in the City of York.

The Central Executive Group and wider partnership including sub groups will provide a platform for discussion, planning and reporting of jointly funded work.

The Central Executive Group and Sub Group members will work both within their own organisations and in partnership with other bodies and organisations to achieve the objectives contained within the City of York CAMHS Strategy and Action Plan, Standard 9, Transformation Plan and other parts of other Standards of the National Service Framework for Children, Young People and Maternity services that are relevant.

The Central Executive Group will monitor on an ongoing basis the achievement of objectives and obstacles to the achievement of objectives contained within the CAMHS Strategy, Standard 9 of the NSF and Transformation Plan

The Central Executive Group and the overall partnership will further the ethos of joint agency working to achieve the objectives of the CAMHS Strategy and Standard 9 of the NSF.

The Central Executive Group will be responsible for reporting on the performance of the CAMHS Strategy and Standard 9 of the NSFand Transformation Plan to relevant local bodies – such as the PCU, CCG, Community Services or Education Committees of the Local Authority, or to any appropriate outside body – such as the CCG, Ofsted, Healthcare Commission, Joint area Review body or other relevant monitoring/performance management function.

The Central Executive Group and overall partnership will conduct its business in a “transparent” way, with its activities open to scrutiny by stakeholders.

The Central Executive Group and overall partnership will strive to gain and effectively use resources to improve the delivery of mental health services to the child and young person population of the City of York.

The Central Executive Group and sub groups may add to or subtract from its duties, roles or responsibilities provided there is agreement reached through a consensus of the Central Executive Group.

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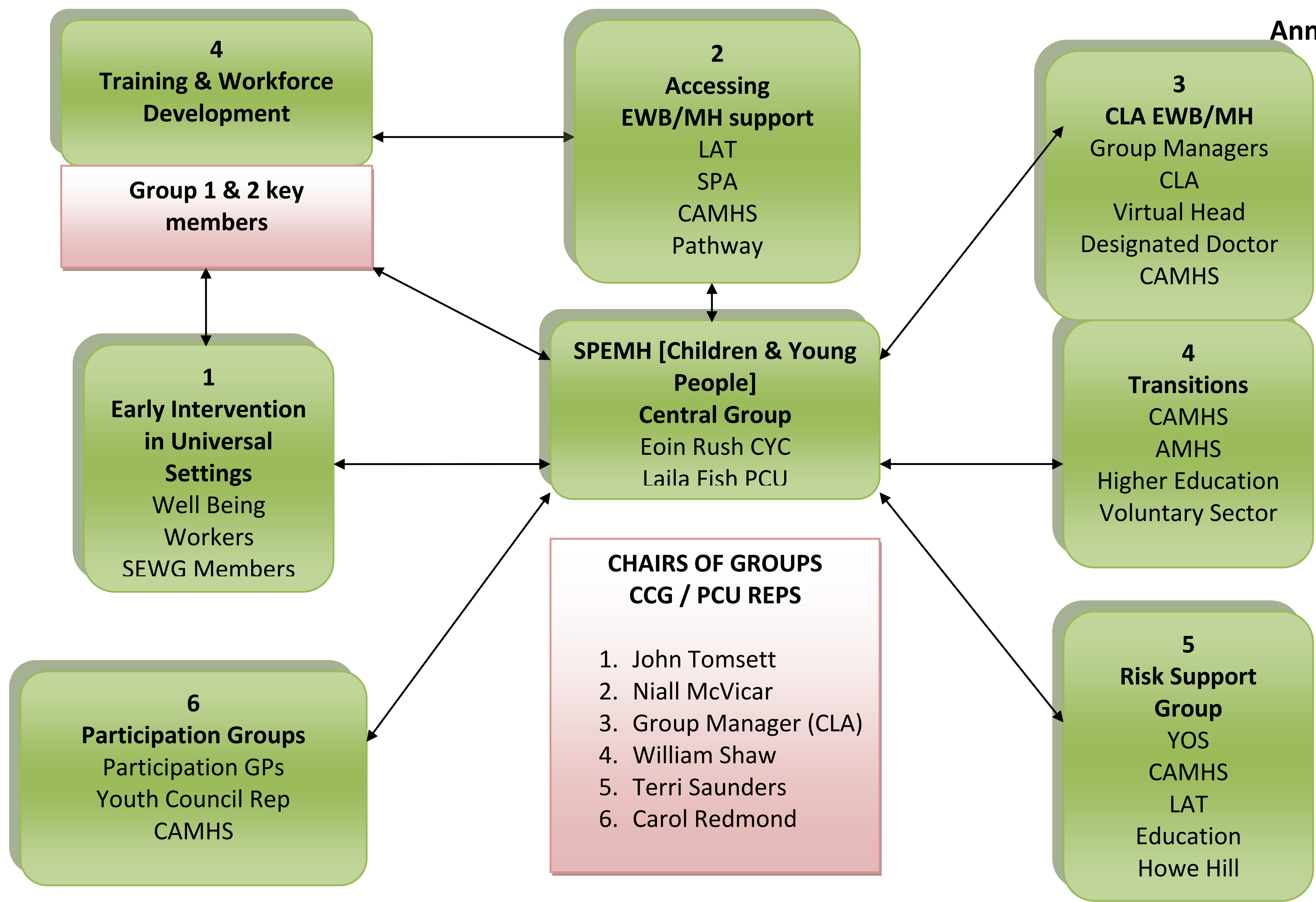
Annex 2



Strategic Partnership for Emotional and Mental Health – [Children and Young People]

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Annex 3

Name: **Early Intervention / School Wellbeing Service - Terms of Reference**

Approval date: October 2016 Date for review: February 2017

BOOKCASE OF RELATED DOCUMENTS

Related Local Strategy and Planning Documents

Vale of York CCG Transformation Plan for Children and Young People's Emotional and Mental Health 2015-2020
York Children and Young People's Plan 2016-20
CAMHS Story Board (2015)
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NHS England Mental Health Taskforce engagement report (2015)
National Childrens Bureau 'What works in promoting social and emotional well-being and responding to mental health problems in schools (2015)
Public Health England 'Promoting children and young people's emotional health and wellbeing: A whole school and college approach (2015)

Annex 3

PHSE Association Guidance on preparing to teach about mental health and emotional wellbeing (2015)
The DfE / DoH Special educational needs and disability code of practice: 0 to 25 years (2015)
DfE Children and Families Bill: SEN Code of Practice 2014
NICE Social and Emotional Wellbeing of Children and Young People October 2013
Report Of The Children And Young People's Health Outcomes Forum – Mental Health 2012
DfE Behaviour and Discipline suite of guidance 2012, incl. Preventing and Tackling Bullying 2012.
HMGov No Health Without Mental Health 2012
UNICEF Child Wellbeing report 2011
Children's Society report on the Good Childhood Index 2011

Early Intervention (EI) / School Wellbeing Service Sub Group
Terms of Reference

Chair:
John Tomsett Headteacher
Laila Fish Senior Commissioning Specialist – Children, Young People & Maternity

Support for the EI / SWS Sub Group

The support required by the Early Intervention / School Wellbeing Service (SWS) Sub Group will be provided by the CYP SEMH Strategic Partnership

Board support for the EI / SWS Sub Group is provided by Carolyn Ford.

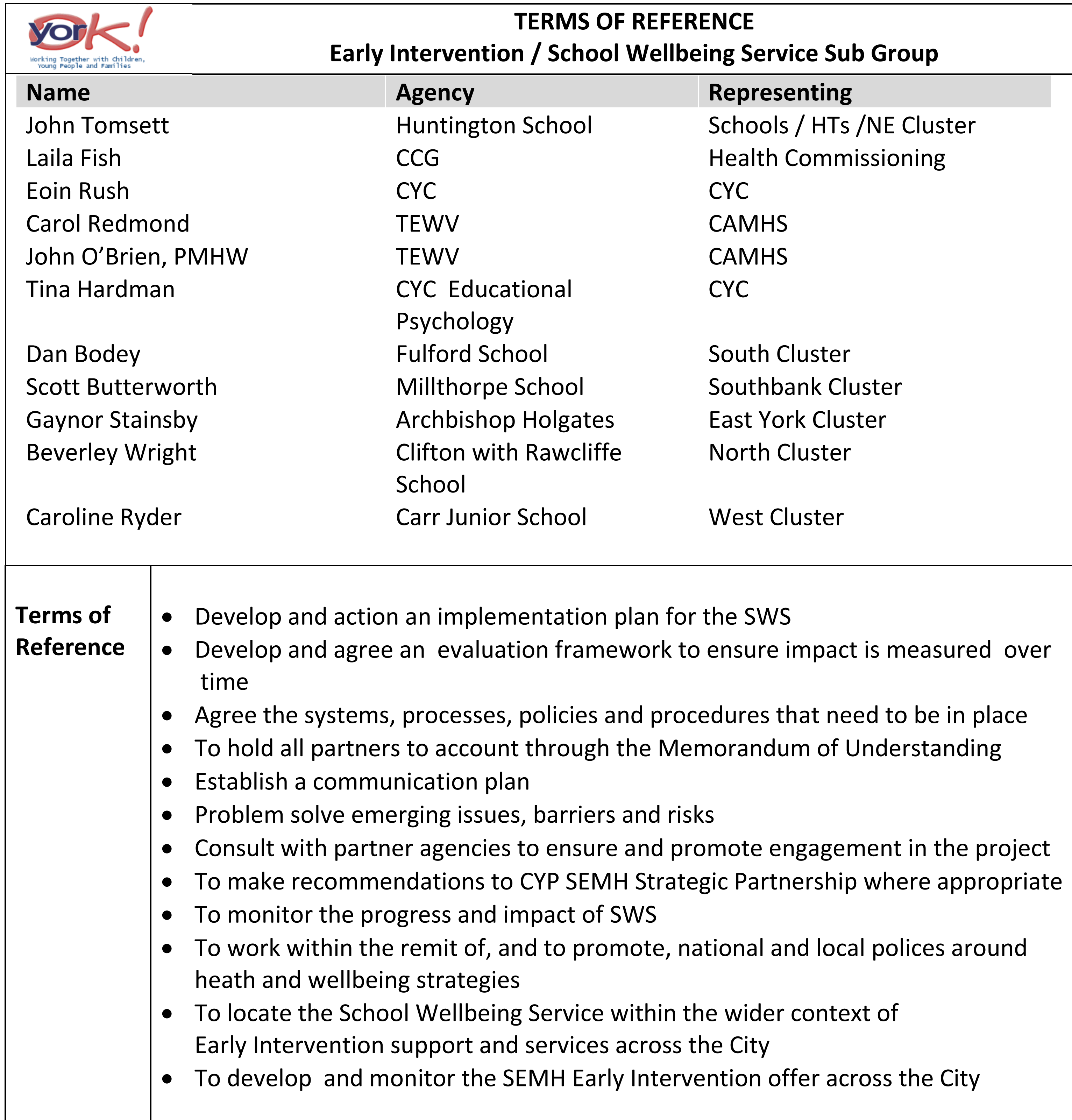
EI / SWS Sub Group distribution list to include Board members and members of the CYP SEMH Strategic Partnership when appropriate and requested:

Involvement - children, young people, parents & carers:
The EI / SWS Sub Group is committed to involving children, young people, families and schools in the development and planning of strategies to promote Social and Emotional Well-being

Involvement - workforce

Annex 3

The EI / SWS Sub Group is committed to involving managers and practitioners in the ongoing development of the tools, processes and provision for promoting social and emotional well-being.



york! Working Together with Children, Young People and Families

TERMS OF REFERENCE
Early Intervention / School Wellbeing Service Sub Group

Name	Agency	Representing
John Tomsett	Huntington School	Schools / HTs /NE Cluster
Laila Fish	CCG	Health Commissioning
Eoin Rush	CYC	CYC
Carol Redmond	TEWV	CAMHS
John O'Brien, PMHW	TEWV	CAMHS
Tina Hardman	CYC Educational Psychology	CYC
Dan Bodey	Fulford School	South Cluster
Scott Butterworth	Millthorpe School	Southbank Cluster
Gaynor Stainsby	Archbishop Holgates	East York Cluster
Beverley Wright	Clifton with Rawcliffe School	North Cluster
Caroline Ryder	Carr Junior School	West Cluster

Terms of Reference

- Develop and action an implementation plan for the SWS
- Develop and agree an evaluation framework to ensure impact is measured over time
- Agree the systems, processes, policies and procedures that need to be in place
- To hold all partners to account through the Memorandum of Understanding
- Establish a communication plan
- Problem solve emerging issues, barriers and risks
- Consult with partner agencies to ensure and promote engagement in the project
- To make recommendations to CYP SEMH Strategic Partnership where appropriate
- To monitor the progress and impact of SWS
- To work within the remit of, and to promote, national and local polices around heath and wellbeing strategies
- To locate the School Wellbeing Service within the wider context of Early Intervention support and services across the City
- To develop and monitor the SEMH Early Intervention offer across the City

Decision making	Decisions made by the EI / SWS Sub Group will be informed/underpinned by: • The vision, principles and priorities set by the CYP SEMH Strategic Partnership • Best practice and evidence of what works locally and elsewhere • The views of children, young people and families • The views of managers and practitioners from across Education and Health • National legislation, policies and guidance, alongside local protocols and guidance. Decisions made by EI / SWS Sub Group will: • Ensure that the embedding of strategies to promote social and emotional well-being are linked into the strategic direction of CYC, CAMHS and School Clusters, so that opportunities for joint working are identified and work is not replicated • Determine priorities according to the visions and priorities of CYP SEMH Strategic Partnership and CYPP • Determine priorities as identified through practitioner & manager feedback, performance monitoring and clinical supervision • Build capacity in schools • Ensure that children and young people access the right service, intervention and support at right time by the right person. • Inform the decision making of the Sub Group around the sustainability of the cluster model
Role of Members	• Each member of the EI / SWS Sub Group will act as a champion for promoting social and emotional well-being in their own organisation, leading on actions necessary to achieve the best outcomes for children and young people.To develop and promote structures, systems and activities to ensure the positive emotional health and well-being of children, young people, parents/carers and staff and share experiences of how these developments are working in their area • To promote effective communication and collaboration between agencies • To represent their own agency, cluster and role in discussions and decisions made by the group. • To promote capacity building, up skilling and professional development within own agency and across the different partner agencies involved with the project / service • To attend all Sub Group Meetings and ensure an alternative representative is asked to cover meetings if necessary

Annex 3

Frequency of Meeting	Review after 6 months Frequency to be reduced if appropriate based on progress of the work plan and business items requiring discussions, action and decisions • Tuesday 10 January 2017, 12.00 – 14.00 • Tuesday 14 March 2017, 10.00 – 12.00 • Thursday 4 May 2017, 10.00 – 12.00 • Tuesday 4 July 2017, 14.00 – 16.00 • Monday 11 September 2017, 14.00 – 16.00 • Monday 20 November 2017, 10.00 – 12.00
Accountability & Reporting Arrangements	**Reports to:** • CYP SEMH Strategic Partnership **Infrastructure:** Health and Wellbeing Board CYP SEMH Strategic Partnership Workforce Development Sub Group Early Intervention School Wellbeing Service Sub group School HT Cluster meetings

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Health and Wellbeing Board 18 January 2017

Report of the Director of Public Health

The Role of Community Pharmacy in Health and Wellbeing

Summary

1. This report and the presentation at Annex A provide members of the Health and Wellbeing Board with information about the role of community pharmacy in Health and Wellbeing.

2. Jack Davies (Chief Executive Officer) and Tracey Chambers (Committee Member) from Community Pharmacy North Yorkshire will give this presentation at the meeting.

Background

3. The presentation will cover a number of themes including:

    - Who are Community Pharmacy North Yorkshire
    - Pharmacy statistics
    - Use of community pharmacies
    - Pharmacy services
    - Healthy Living Pharmacies
    - How pharmacies can help deliver the priorities in the new Joint Health and Wellbeing Strategy (currently in draft and being consulted on)

Main/Key Issues to be Considered

4. The Board are asked to consider the information in the presentation in the context of their own work programme and the new Joint Health and Wellbeing Strategy.

Consultation

5. This report is for information only and as such no consultation has taken place.

Options

6. There are no specific options for the Health and Wellbeing Board to consider. They are asked to note the presentation.

Analysis

7. There are no options to consider and therefore no analysis of options can be made.

Strategic/Operational Plans

8. This agenda item relates to the delivery of the new Joint Health and Wellbeing Strategy for the city. It will also have links to partner strategies and plans particularly around the themes of early intervention and prevention.

Implications

9. There are no known implications associated with the recommendations within this report. Implications may arise should services be commissioned or decommissioned and these would be addressed with within individual organisations.

Risk Management

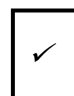
10. There are no known risks associated with the recommendations in this report.

Recommendations

11. The Board are asked to note the presentation and consider the role of community pharmacies within the health system.

Reason: To enable all Health and Wellbeing Board members to understand the role of community pharmacy.

Contact Details

Author:	**Chief Officer Responsible for the report:**
Tracy Wallis Health and Wellbeing Partnerships Co-ordinator Tel: 01904 551714	Sharon Stoltz Director of Public Health
	Report Approved  **Date** 09.01.2017

Specialist Implications Officer(s) None

Wards Affected: **All** ✓

For further information please contact the author of the report

Background Papers:

None

Annexes

Annex A – Presentation slides on community pharmacy

Glossary

BP – Blood Pressure
CCG – Clinical Commissioning Group
CEO – Chief Executive Officer
COPD – Chronic Obstructive Pulmonary Disease
CPs – Community Pharmacies
CYC – City of York Council
FOC – Free of Charge
HLP – Healthy Living Pharmacy
HWB – Health and Wellbeing
LPC – Local Pharmaceutical Committee
LTC – Long Term Condition
MUR – Medicines Use Review
NHS – National Health Service
NRT – Nicotine Replacement Therapy
NYCC – North Yorkshire County Council

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The Role of Community Pharmacy in Health & Wellbeing

Jack Davies (CEO) and Tracey Chambers (Committee Member)
Community Pharmacy North Yorkshire

Presentation Overview

- Who are Community Pharmacy North Yorkshire?
- Pharmacy Stats
- Use of Community Pharmacies (CPs)
- CYC Pharmacy Services
- Healthy Living Pharmacies
- Delivering York's HWB Strategy and CPs
- Case Study
- Questions

PHARMACY The Heart of our Community
Community Pharmacy North Yorkshire
Supporting and Fighting for Pharmacy

Who Are Community Pharmacy North Yorkshire?

- Community Pharmacy North Yorkshire represents all NHS pharmacy contractors in North Yorkshire and York
- Formerly known as the Local Pharmaceutical Committee (LPC)

- Rebranded in September 2014
- Works with 5 CCGs, NHS England (Yorkshire & Humber) and Public Health NYCC and CYC

PHARMACY The Heart of our Community Community Pharmacy North Yorkshire Supporting and Fighting for Pharmacy

Pharmacy Stats

- There are over 11,500 pharmacies in England situated in high-street locations, supermarkets and residential neighbourhoods
- 153 CPs in North Yorkshire and York (44 in York CYC)

PHARMACY
the Heart of our Community

NHS Community Pharmacy services – a summary

The NHS Community Pharmacy Contractual Framework (contract) consists of three levels of services:

- Essential services
- Advanced services
- Enhanced services

Pharmacy owners (contractors) must provide Essential services, but they can choose whether they wish to provide Advanced and Enhanced services.

Essential services

Dispensing – the safe supply of medicines or appliances. Advice is given to the patient about the medicines being dispensed and how to use them. Records are kept of all medicines dispensed and significant advice provided, referrals and interventions made.

Repeat dispensing – the management of repeat medication for up to one year, in partnership with the patient and prescriber. The patient will return to the pharmacy for repeat supplies, without first having to visit the GP surgery. Before each supply the pharmacy will ascertain the patient's need for a repeat supply of a particular medicine.

Disposal of unwanted medicines – pharmacies accept unwanted medicines from individuals. The medicines are then safely disposed of.

Promotion of Healthy Lifestyles (Public health) - opportunistic one to one advice is given on healthy lifestyle topics, such as stopping smoking, to certain patient groups who present prescriptions for dispensing. Pharmacies will also get involved in six local campaigns a year, organised by PCTs. Campaign examples may include promotion of flu vaccination uptake or advice on increasing physical activity.

Signposting patients to other healthcare providers - pharmacists and staff will refer patients to other healthcare professionals or care providers when appropriate. The service also includes referral on to other sources of help such as local or national patient support groups.

Support for self-care – the provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families. The main focus is on self-limiting illness, but support for people with long-term conditions is also a feature of the service.

Clinical governance – pharmacies must have a system of clinical governance to support the provision of excellent care; requirements include:

- provision of a practice leaflet for patients
- use of standard operating procedures
- patient safety incident reporting to the National Reporting and Learning Service
- conducting clinical audits and patient satisfaction surveys
- having complaints and whistle-blowing policies
- acting upon drug alerts and product recalls to minimise patient harm
- having cleanliness and infection control measures in place

Many pharmacies are 100-hour pharmacies: Open 7 Days a Week

PHARMACY The Heart of our Community
Community Pharmacy North Yorkshire
Supporting and Fighting for Pharmacy

Use of Community Pharmacies

- An estimated 1.6 million visits take place daily, of which 1.2 million are for health-related reasons
- Women, those aged over 35 and those with a long term health condition or disability are frequent users
- 84% of adults visit a pharmacy at least once a year, 78% of which are for health-related reasons
- Adults in England visit on average 14 times a year
- Around 1 in 10 adults get health advice
- Majority (>75%) use the same pharmacy all the time
- Those with LTCs, disabilities or living in rural areas are more likely to visit the same pharmacy

PHARMACY The Heart of our Community
Community Pharmacy North Yorkshire
Supporting and Fighting for Pharmacy

PwC Report August 2016

- Community pharmacies contributed a net value of £3 billion to the NHS, public sector, patients and wider society in England in 2015 through just 12 services, over and above dispensing medicines, according to a recent study by PwC
- Breaking the combined contribution down into the areas which are benefiting, it was found that:
  - The NHS received a net value of £1,352 million, including cash savings as a result of cost efficiencies, and avoided NHS treatment costs;
  - Other public sector bodies (e.g. local authorities) and wider society together received over £1 billion through increased output, avoided deaths and reduced pressure on other services such as social care and justice; and
  - Patients received around £600 million, mainly in the form of reduced travel time to alternative NHS settings.

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Community Pharmacy North Yorkshire

Community Pharmacy & Primary Care

Community pharmacy is the closest point of primary care to the public and is under used

153 CPs in North Yorkshire of which 44 (30%) are in CoYC Area)

CYC Pharmacy Needs Assessment (April 2015) stated:

"…analysis showed that 100% of the York population live within a 10 minute drive of a community pharmacy."

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Community Pharmacy North Yorkshire
Supporting and Fighting for Pharmacy

CYC Pharmacy Services

- Substance Misuse - Supervised consumption/needle exchange
- Nicotine Replacement Therapy (NRT) for Pregnant Women
- Flu Vaccination – 11,295 (Increase of 62.4% on Last Year)

Many Pharmacies are 100-hour pharmacies: Open 7 Days a Week

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Supporting and Fighting for Pharmacy

Healthy Living Pharmacies

- All Pharmacies as part of the national quality payments scheme will undertake training to achieve HLP level 1 by 30th November 2017
- Criteria
  - – Public Health Needs
  - – Health and Wellbeing Ethos
  - – Team Leadership
  - – Health Champion
  - – Communication

Community Pharmacy North Yorkshire
PHARMACY The Heart of our Community
Supporting and Fighting for Pharmacy

CPs Can Help Deliver Your Strategy

- **Mental Health and Wellbeing**
  - Sign posting
  - Staff all trained "Dementia Friends"
- **Starting and Growing Well**
  - Sign posting
  - Mother and Children "Healthy Start Vitamins"
- **Living and Working Well**
  - **Monitoring and Identification**
    - Weight Management Service
    - Smoking Cessation Service
    - MOT Health Checks
    - Diabetes
    - Blood Pressure
    - Lung Function
    - Cardiovascular Assessment
    - Urine Analysis
- **Ageing Well**
  - **Monitoring Service**
    - Diabetes
    - COPD
    - Cardiovascular
    - Blood
    - Fall Prevention

Annex A

Community Pharmacy North Yorkshire
PHARMACY The Heart of our Community

Case Studies and Your Strategy

In the last week in Copmanthorpe Pharmacy we've;

- Rescued Sylvia,
- Sorted Dorothy with help from her neighbour
- Reorganised Ann's medication
- Checked Geoff's BP
- Encouraged Jack to attend "men's breakfast"
- Advised Jessica on contraception and safe sex
- Along with making 37 FOC deliveries, dispensing 1846 prescription items, preparing 37 trays of medication, providing 12 MURs because we are a Community Pharmacy, and that's what our community needed us to do.

PHARMACY The Heart of our Community
Community Pharmacy North Yorkshire
Supporting and Fighting for Pharmacy

Questions

PHARMACY The Heart of our Community
Community Pharmacy North Yorkshire
Supporting and Fighting for Pharmacy

Health and Wellbeing Board 18 January 2017

Report of the York Pathways.

York Pathways

Summary

1. The following report provides an update on York Pathways, a partnership committed to improving the response to individuals experiencing 'complex distress' placing a high demand or at risk of placing high demand on services within the City of York.

2. The report highlights:

- The impact of the work on individuals – the Pathways intervention is improving people's lives across a number of domains that are known indicators to promote positive mental wellbeing and positive life outcomes.
- Costs to services – the current response to complex distress is expensive in terms of public expenditure and because of the difficulties people face, it takes time for interventions with clients to gain traction over time (in terms of those costs). For each of these clients there has been a marked downward impact on emergency service reactive costs over time.
- The need for a system that is effective in addressing complex distress and fostering a climate of collaboration which learns from difficulty.

3. We are requesting that members of the Health and Wellbeing Board give permission, space and time to their staff to explore what an effective system that addresses complex distress looks like; whilst also looking at funding the Pathways service in the long term. This means allowing staff to be part of a collaborative 'learning forum' that reviews the current structure and systems of supporting people with complex needs and experimenting with implementing changes to practice at all levels and across all professions.

Background

4. The York Pathways service is a collaboration between Lankelly Chase Foundation, NHS Vale of York Clinical Commissioning Group, City of York Council, North Yorkshire Police and other critical health and social care partners, led by Together for Mental Wellbeing.

5. The need for this project was identified through an escalation in incidences of self-harm and suicides, in particular across the North Yorkshire area, which triggered Together's collaboration with North Yorkshire Police in the development of this programme. York Pathways recognise that distress often occurs alongside a range of other disadvantaging factors including substance misuse, trauma, abuse or homelessness, for which individuals regularly come into contact with emergency services.

6. York Pathways was developed to tackle system failures whilst providing practical and pragmatic clinical support on the ground by a small team that can work with people in a flexible, compassionate and psychologically informed way. Since 2015, York Pathways have generated strong strategic level partnerships and investment across the Vale of York to improve the response to individuals experiencing 'complex distress'. People experiencing 'complex distress' often have repeat contact with emergency services indicating support (services) and system failure. York Pathways is committed to changing systems so that they work better.

To date we have been able to:

- Identify and support individuals who are placing high demand on emergency services as a result of their experiences of 'complex distress'
- Demonstrate a reduction in emergency service use by individuals
- Demonstrate an improvement in individual wellbeing and journeys towards more fulfilling lives
- Demonstrate a reduction in reactive costs from Police, Crisis Teams and the Emergency Department
- Provide a forum for service user voices to be heard by senior decision makers and commissioners
- Educate and inform services about vulnerability and the impact of social disadvantage
- Facilitate joint strategic planning and responses to the needs of this cohort via the strategic project board

7. Substantial learning has come from listening to service users who have highlighted that they:

   - have markedly poorer emotional wellbeing than other vulnerable groups
   - feel let down by the years of experience they have had in the system
   - lack trust in the system
   - don't understand what services offer
   - have a belief that they are 'unfixable' which is reinforced by continuous system failure
   - are victims of system failure stemming from childhood
   - need time to understand that Pathways is different and for Pathways to undo the harm created by failed responses from other services
   - need long-term support, with the emphasis being placed on positive and healthy relationships that people have never had the opportunity to experience.
   - Need time to build the strength, resilience and courage to change

8. For more detailed analysis of our impact refer to Annex A

   (pages 6-14).

9. In 20 months, we have seen improvements in York's approach to complex disadvantage and distress, which could not have been realised without Pathways partnership and the support from Lankelly Chase. The CCG commissioner recently described Pathways as having developed a systemic understanding of the local health and social care landscape and being the necessary 'glue' currently holding services in York together, making them more accountable to the service user.

10. However we still have some way to go to realise our full ambition, which is to support the transformation in the delivery of frontline services. This will lead to a drastic reduction in the "re-presenting" of people experiencing complex distress in emergency and other services, and thus making the initial Pathways project redundant.

11. This report has been brought before the members of the Health and Wellbeing to provide an update on the work undertaken since we last presented to the board. We are now at a stage where we require further support and permission from board members to achieve the objectives stated.

Main/Key Issues to be Considered

12. The solution to long-term systems change takes time and resource. York Pathways have been supported by local agencies and Lankelly Chase for three years. However the solution to having a joined up approach to complex distress needs to involve all agencies.

13. This can only be achieved by working collaboratively on a strategic and operational level with input and influence from all actors in the system, including service users.

14. The last 20 months have shown unprecedented cooperation between a range of partners in York and the multi-agency information sharing agreement is a reflection of the joint ambitions of the people who work in York.

15. To initiate this process we plan to dedicate the next 12 months to exploring a collective approach to complex disadvantage and distress. In order to do this, we are requesting that members of the Health and Wellbeing Board give permission, space and time to their staff to explore what an effective system that addresses complex distress looks like; whilst also looking at funding the Pathway service in the short and medium term. This means allowing staff to be part of a collaborative ‘learning forum’ that reviews the current structure and systems of supporting people with complex needs and experiments with implementing changes to practice at all levels and across all professions.

Consultation

16. York Pathways Strategic Board Members (representatives from North Yorkshire Police, Vale of York Clinical Commissioning Group, City of York Council)

17. Lankelly Chase, our independent funder supporting systems change in local areas

18. Locality, a national network of ambitious and enterprising community-led organisations, working together to help neighbourhoods thrive.

19. ARC Limited, independent evaluators of York Pathways

20. Service Users – to understand what is important to them

Options

Option 1.

21. The Health and Wellbeing Board agrees the importance of extending the Pathways project beyond 2017/18 and will encourage full cooperation from partner agencies by releasing staff at various levels to review and share learning with a view to exploring system change, as well as helping to explore financial resourcing for the continuation of the work.

Option 2.

22. The Health and Wellbeing Board declines to support York Pathways and the service is left to wind down in 2017/2018. Therefore losing the opportunity to address system wide issues surrounding us.

Analysis

23. Option 1 – Advantages:

- Staff will be working for the person not the system
- Staff will be better equipped to support those with complex needs
- There will be a reduction in 'reactive costs'
- System wide solutions and responses start to emerge from staff, service users, commissioners and all players in the system.

24. Option 1 – Disadvantages:

- Staff need to be allowed the time to regularly explore the notion of systems change. Time to learn and experiment is often not valued as 'doing'.

25. Option 2 - Advantages:

- There are no further staff or financial resource requirements

26. Option 2 - Disadvantages:

- There will continue to be a lack of awareness amongst senior decision makers and commissioners where the system is failing.

- Support networks that are in place for individuals with severe and multiple disadvantage will revert back to being extremely limited.
- We will regress back to a lack of individual agency responsibility for service users and therefore a lack of accountability when people are failed by services
- The ‘reactive costs’ to the system will be enormous.
- The costs to the individual will be significant.
- Services will continue to work in silo
- There is a potential for misalignment of resources

Strategic/Operational Plans

27. York is at a critical point in developing services for its vulnerable citizens. Our strategic partners are forthright and cognisant of the need to make substantial changes. Unprecedented cooperation between Strategic Board members and a multi-agency information sharing agreement has been a reflection of the joint ambitions to effect those changes. We want to dedicate the next 12 months to establishing Pathways’ ethos, culture and approach into mainstream practice to promote sustainable systems change across the Vale of York, which relates to a number of strategic and operational plans within York.

28. Joint Health and Wellbeing Strategy & the Joint Strategic Needs Assessment (JNSA) - We welcome the new Joint Health and Wellbeing Strategy that has mental health as its first priority and Pathways are able to fully contribute. The work of Pathways helps people stay safe and gain access to the support they require in the community by facilitating multi-disciplinary support, effective communication and joint care plans.

29. Sustainability and Transformation Plans (taken forward by the Integration and Transformation Board) - The Pathways model is driven by the voices of service users, those whose voices aren’t often heard or valued, which is a key objective of this plan. In addition, the plan reads “*to commission creative solutions for complex individuals which address both outcomes and financial risk, and create new opportunities for local voluntary and community services*”. Pathways can work closely with this board to improve outcomes for individuals with multiple and complex needs.

30. Draft Alcohol Strategy - Alcohol is a concern for a high proportion of Pathways clients and we have been exploring solutions to improve the health and wellbeing of individuals from conditions associated with alcohol use for those with multiple needs. We will feed into this strategy to ensure it meets the needs of this cohort.

31. In addition, there are developmental opportunities as result of our work being recognised as effective in York. Tees Esk and Wear Valley NHS Foundation Trust have approached Together to adapt our Pathways model to support systems change with a cohort of individuals that are currently in restrictive settings (inpatient mental health and forensic settings). There is an opportunity to support this cohort return to the City of York and support their resettlement and reintegration into the community.

Implications

- **Financial**

32. Modest further resourcing from 2018 is required to ensure long term significant financial savings. Alternatively, the 'reactive costs' to the system will continue to be enormous and there is a potential for misalignment of resources.

- **Human Resources (HR)**

33. To empower staff to deliver more appropriate and effective services we will require middle managers and frontline staff to be released to share learning across the local system. The exact format is to be determined between parties.

34. Alternatively, there will be a continued sub-optimal human resource allocation.

- **Equalities**

35. There are health and social care inequalities across groups and across those who are 'easy' to engage and those who are 'challenging' to engage. Services aren't designed for people with complex needs and therefore their needs are not met. It is essential that we invest our resources differently to address these health inequalities as the consequences are severe for this cohort.

- **Legal**

36. There are no legal implications.

- **Crime and Disorder**

37. Those with complex and multiple needs can often offend or behave disorderly when their needs are not being met or they are misunderstood.

38. People with complex needs often come into contact with the criminal justice system as a result of their health and social care needs being unmet, which further stigmatises and increases the barriers individuals face. Through implementing option 1, we could have a positive effect in this regard as evidenced by initial reductions in engagement with emergency services following Pathways intervention.

- **Information Technology (IT)**

39. There are no immediate Information Technology implications although work to change the current system may in time produce data sharing or other IT system considerations.

- **Property**

40. There are no property implications

- **Other**

41. Impact on the ability to achieve targets e.g Suicide-Safer community and Mental Health Friendly County.

42. Impact on the ability to achieve Joint Health and Wellbeing strategy.

43. Impact on the effectiveness of the City of York Council's aims of ensuring that the least advantaged residents can access reliable services and community facilities.

44. Impact on the confidence that the public has in York's services.

Risk Management

- Risk to individuals

45. The vulnerable population of York will be at greater risk if the opportunities highlighted in the Pathways approach are not delivered by those agencies charged with adult safeguarding.

- Risk to budgets

46. The costs on emergency services who respond to people with complex needs will continue to be high if a new approach is not adopted, therefore consuming their budget due to reactive responses.

- Risk to staff

47. Senior managers on the Health and Wellbeing Board agree to York Pathways' approach to systems change but don't give their middle managers and frontline workers the time to engage in the learning.

48. The learning from the 'learning forum' is not taken back into the organisations, to start impacting the wider system in York

49. Inability of agencies to collaborate as they are all focusing on organisational outcomes, not system wide issues/outcomes

- Risk to reputation and ability to meet strategies in place

50. There is a risk of York not meeting the needs of all citizens and therefore failing people if we are unable to work collaboratively.

Recommendations

i. Members of the Health and Wellbeing Board to give permission, space and time to their staff to explore what an effective system that addresses complex distress looks like; whilst also looking at funding the Pathways service in the long term. This means allowing staff to be part of a collaborative 'learning forum' that reviews the current structure and systems of supporting people with complex needs and experiments with implementing changes to practice at all levels and across all professions.

ii. A solution for York Pathways to be financially stable to ensure long term systems change is embedded in York.

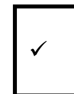
Reason:

The learning from the evaluation in process and strategic board partners informs us that we need to focus on addressing system wide issues if York's ambitions are to be achieved. Embedding system change at all levels, including those who are directly supporting service users and

their managers. We will do this by seeking permission from agency CEO's (for example health, housing, police, substance misuse, third sector) for Pathways to engage with their staff on a regular basis over the year.

It is imperative that we reach relevant Boards and forums to articulate parts of the system that we know are not working and help prevent the potential misalignment of resources. As a result we want to see a shift in a system focused on budgets and outcomes to a system that has the service user at the heart and is fully accountable for individual journeys.

Contact Details

Author:	**Chief Officer Responsible for the report:**
Sarah Owen-Rafferty National Criminal Justice Development Manager Together for Mental Wellbeing 0207 780 7382	Deputy Chief Constable Tim Madgwick North Yorkshire Police **Report Approved**  **Date** 05.01.2017

Wards Affected: **All**

For further information please contact the author of the report

Background Papers: None

Annex A – Overview of York Pathways

Glossary

System

A system is a set of people, organisations, cultures, processes, relationships and actions which combine to make things happen. The things that happen are the result of the interaction of all the elements of the system: of interactions between the individual elements themselves; and also between individual elements and the system as a whole.
Such systems include people who are getting paid to design and deliver interventions as well as people who live and act within places.

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Annex A

Overview of York Pathways

In collaboration with Lankelly Chase Foundation, Vale of York Clinical Commissioning Group (CCG), City of York Council (CYC), North Yorkshire Police (NYP) and other critical health and social care partners.

Lankelly Chase

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

Introduction to York Pathways

The York Pathways Service is an innovative project in collaboration with Lankelly Chase Foundation, Vale of York Clinical Commissioning Group, City of York Council, North Yorkshire Police and other critical health and social care partners, led by Together for Mental Wellbeing.

Background:

The need for this project was identified through an escalation in incidences of self-harm and suicides, in particular across the North Yorkshire area, which triggered Together's collaboration with North Yorkshire Police in the development of this two year initiative. York Pathways recognise that distress often occurs alongside a range of other disadvantaging factors including substance misuse, trauma, abuse or homelessness, for which individuals regularly come into contact with emergency services. Due to lack of resources and demand, emergency services can only address immediate risks, meaning any benefits of this are often short-lived as these services are not equipped to determine the underlying causes of such crisis. With no clear onward referral pathway, and no interface between emergency services and other local support agencies, individuals often find themselves back in contact with emergency services as a means of having their needs met. Furthermore, clinically lead services such as the Community Mental Health Team's (CMHT) may not be accessible to individuals facing complex distress due to the nature of their other difficulties. For example, homelessness or substance misuse, which may impact on an individual's ability to attend regular appointments, finding themselves being discharged for not engaging with the service. Similarly, Community Support Services, with expertise in practical issues, such

as housing, often lack clinical expertise to tackle psychological difficulties. As such, the York Pathways Service has formed a strong strategic level partnership which is committed to improving the response to individuals experiencing 'complex distress' placing a high demand or at risk of placing high demand on emergency services within the City of York. This is complemented by clinical work on the ground by a small team that can work with individuals in a flexible and psychologically informed way, bringing a wealth of expertise and unique ways of working with individuals who are multiply disadvantaged.

Pathways Model:

This project aims to improve York's response to excluded individuals experiencing mental distress coming into contact with emergency services by:

- Identifying and supporting individuals;
- Educating and informing services about vulnerabilities;
- Facilitating joint strategic planning about the needs of this client group.

The Pathways approach therefore works specifically with individuals to tackle mental distress in the context of complex or multiple needs, for which the target cohort is those experiencing distress and placing a demand on emergency services or at risk of placing a demand on emergency services, and perpetrators or victims of Anti-Social Behaviour (ASB) aiming to:

- Preventatively divert individuals into appropriate resources
- Strengthen networks, friendships and family relationships
- Develop coping and relating skills

- Increasing understanding and management of emotions
- Problem solving
- Address concerns that are causing distress (i.e. financial problems, housing worries, substance misuse)
- Reduce contact with emergency services
- Reduce enforcement action

Together for Mental Wellbeing is a national charity supporting people who experience mental distress. Together has been a service provider for more than 100 years; being a nationally recognised provider of criminal justice support, pathway facilitation and treatment in court, policy, offender management and community settings. Together offer wraparound reablement services in more than 100 locations in the UK in accordance with the Engagement, Roadmap and Act (ERA) pathway. Locally, we provide this support to individuals experiencing mental distress coming into contact with emergency services and the Community Safety Hub within the City of York. The York Pathways Project fits with our work in criminal justice services and is supported by our Criminal Justice Directorate, managed locally by the Project Manager.

Service Delivery

York Pathways works over two main referral streams; supporting individuals who are placing a frequently high demand on emergency services and those linked to the Community Safety Hub as either a victim or perpetrator of anti-social behavior (ASB), for which there is often an overlap in terms of the demand made on emergency services.

Individual in mental distress and placing high demand on emergency

Perpetrator or victim of ASB and suffering from mental distress

Referred to York Pathways Project

We support individuals to:

- Understand and manage emotions
- Develop coping skills through building confidence and awareness
- Strengthen and improve relationships
- Address specific concerns that are causing distress
- Engage with local services that can help now and in the longer term if needed
- Map out a tool-kit of personal resource
- Reduce contact with emergency services or enforcement action through the ASB

Outcomes:

Reduce demand on emergency services

Outcomes:

Reduce enforcement action

Referrals

There have been a total for 65 referrals received to the project between April 2015 and September 2016, with the team holding a collective caseload of 30 service users at any one time.

The referral pathway is diverse, with a range of partners regularly referring into the project; NHS (consisting of the crisis team, GP surgeries, hospital social workers, community mental health teams, substance misuse liaison services), the Criminal Justice System (consisting of Police, anti-social behaviour hub) the City of York Council (covering adult social services and safeguarding) and voluntary and community services.

Outcomes

As part of our independent evaluation (carried out by *Applied Research in Community Safety Limited),* we are reviewing how effective York Pathways has been in supporting and securing services for people in distress, and in improving the way in which a range of service providers coordinate their work to address identified needs. The research is designed to identify and describe changes brought about by the project in terms of improvements in the life circumstances of participants, and in terms of "distance travelled". The second aim of the research is to describe the costs and benefits of work delivered by the York Pathways project, in order to draw some conclusions about overall cost-effectiveness. Part of the report will focus specifically on our impact with the ASB hub as well as the service overall.

Intermediate Outcomes Measurement Instrument (IOMI):

The IOMI is a multi-dimension change measurement tool which is used to track changes among individual participants prior to and during their engagement with the project. This has been designed specifically to gather information about changes in relation to a set of key dimensions associated with the project which include:

- Resilience
- Wellbeing
- Self-efficacy
- Impulsivity / problem solving
- Motivation to change
- Hope
- Interpersonal Trust

Initial analysis of individuals prior to their involvement with Pathways (and before Pathways were able to facilitate change and have an impact) show very negative responses across a number of domains. Their scores are seen to be markedly worse than those from other vulnerable groups of participants focused on in other research, including groups of prisoners and offenders in the community.

"At the beginning, I didn't get dressed for the first month that I saw [project worker]"

Those engaged with the service were seen to have more negative scores across the board, being **less hopeful**, **less motivated**, **less resilient**, **less trusting** and **more impulsive** than all other group's with which they were compared, having **lower wellbeing scores** and **lower scores for agency and self-efficacy**. This has demonstrated that individuals engaged with the

service have a range of areas which they find problematic, which is consistent with the three hardest things data.

The three hardest things, is a tool used with service users to identify their three biggest 'problems' or concerns which enables the project to work collaboratively with the individual around their own priorities, offering a truly person centered approach to the holistic support offered. These 'problem' areas are identified and prioritised by service users, for which alcohol and relationship difficulties were the most commonly articulated challenges talked about by individuals.

"…obviously, there is people out there that without them would have absolutely nobody at all. . . And I would be scared to be without them. I'm still not in a position to, you know… It takes a lot for me to trust people, yeah? I don't mean that in a bad way. It's just I feel that doctors have let me down and hospital's let me down, and, you know, not all of the time but, you know, it's, sort of… I think if they had of listened to me… "

There were also a number of references to wanting to feel safe, have a sense of purpose, feel in control, to feel loved or liked by others and to feel connected to others.

"I was just about to commit suicide before I met [project worker]. She saved me from that. She needs a medal. I'm now starting to think about possibilities for myself. I would like to teach people how to cook on a low budget."

The IOMI has enabled us to highlight the extremely complex and multiple needs of those referred to the project. Many of those referred to Pathways, have a negative history in terms of engagement with other support services, it is therefore noteworthy that project staff have been able to actively engage

very effectively with most participants and with some for a considerable amount of time, which has included periods of relapse. Initial analysis shows that Pathways is having a positive impact on service users **with improvements across all IOMI domains.**

“I can see, like, from when I’m working with [project worker] that I’m gonna get to where I want to be, and just have a nice, happy life.”

Summary of the reactive costs for Pathways ‘three highest users’ of Emergency Services:

An analysis of the three service users who are placing the most demand on emergency services show that from the six months prior to engagement with Pathways their use of emergency services was escalating (hence a referral to Pathways was triggered). For the months that service users have been engaging with Pathways, each service user show a positive trend in reducing the frequency of their contact with emergency services.

Table 1: Summary of Pathways ‘three highest users’ of Emergency Services and the reactive costs associated

Estimated costs have been calculated using several different methods by ARC ltd that take into consideration Emergency Department, Police and Crisis contacts pre-Pathways and during Pathways.

	Client 1	Client 2	Client 3	Estimated Total Cost for the 'three highest users'
Estimated average monthly cost without Pathways intervention	£1,667	£2,064	£2,405	**£6,136**
Estimated average annual cost without Pathways intervention	£20,003	£24,763	£28,856	**£73,662**
Estimated average cost over five years without Pathways intervention	£100,013	£123,815	£144,279	**£368,107**
With Pathways intervention	Reduced to £0 after 9 months of support	Reduced to £0 after 9 months of support	Reduced to £0 after 11 months of support	
Predicted annual continued trend will save annual reactive costs of:	**£20,003**	**£24,763**	**£28,856**	**£73,662**

This group is hugely expensive in terms of public expenditure and because of the difficulties that they struggle with, it takes time for interventions with such clients to gain traction over time (in terms of those costs). For each of these clients there has been a **marked downward impact on emergency service reactive costs over time**. Our independent evaluator's (ARC ltd) predict that we will show a "breakeven" presentation across the whole cohort after 9 to 11 months of engagement.

Case Studies

Case Study 1:

Reason for referral: Mr x was referred to York Pathways in July 2015 due to a sudden increase in demand on the crisis team. He was reported to be in regular contact with emergency services for up to 2-3 times per week with a diagnosis of emotional unstable personality disorder, chronic fatigue syndrome (ME), borderline learning disability and psychosis.

Pathways Intervention: Upon referral to York Pathways, Mr X found himself to be quite isolated, which was exacerbated by his ME and mobility problems. Due to non-engagement with services, CMHT were due to close CB, Pathways were able to work with the CMHT to support CB to engage in the process and verbalise what support he would like, creating a collaborative approach to his treatment. This resulted in a referral to social care support through adult social services for which Mr X is now receiving one to one support of five hours per week. This has provided Mr X with the appropriate support to help him manage with day to day living when suffering from the effects of ME. He has also be referred to the new befriending service at Mind who can offer company in his home when feeling unable to leave, which will

support with his social isolation and social inclusion within the local community. Pathways have continued to support Mr X with accessing specialist support services, having supported with a referral to Survive, who support survivors of childhood sexual abuse, rape or sexual assault. As a result of this, Mr X is now attending weekly sessions at Survive to help him deal with the trauma of past sexual abuse.

Outcomes: Since working with Pathways, Mr X has started to engage in more activities and attended numerous days out including walking his dog, Charlie and going shopping, which has improved his confidence. He has also managed to visit his family in Manchester, reporting that he now feels more independent. He has been active in working with the Pathways team in identifying triggers and warning signs into the lead up of a crisis and putting a support plan in place to further support him to manage when things become difficult. Mr X has also signed up to and attended a local ME group with Pathways to further support him with his needs and meet people he can relate to and share his experiences with. Due to his reduction in emergency service use and increased social activity, Pathways are now working with Mr X in creating a joint plan for closure ensuring there is support in place to offer ongoing care.

Case Study 2:

Reason for referral: Ms X was referred to York Pathways in January 2016, having presented at the emergency department at York District Hospital 9 times in the month of January 2016, as well having had numerous contact and call outs to Yorkshire Ambulance Service. With a total of 14 hospital admissions to the Emergency Department in 2015, Ms X has a long standing history of hospital admissions over the last 3-4 years, which appeared to have

worsened over the last six months due to an increase in alcohol use and associated difficulties which led to the referral to Pathways. Ms X is known to not actively engage with support services having previously been closed for non-engagement. At point of referral, she had a strained relationship with her two grown up children and limited social contact outside the home which she attributes largely to her alcohol dependency.

Pathways Intervention - Initial engagement with Ms X was challenging due to her alcohol dependency, reporting to be drinking between 4-5 bottles of wine a day, making it difficult and unsafe to have any meaningful contact or engagement as she would often present as unsteady on her feet and incoherent. When unable to fund her alcohol consumption, Ms X would often suffer from withdrawal which has on occasion resulted in her being admitted to York District Hospital, due to fitting and stomach pains. Throughout this period, Pathways worked collaboratively with Ms X on building a trusting relationship, offering emotional and practical support and remaining non-judgmental.

At point of referral, Ms X had over £2000 debt in rent arrears which had put her tenancy at risk having received an eviction notice. Pathways partnered with other agencies in order to support her with a debt relief order, so that all her debts including her rent arrears have now been cleared. Pathways have also supported her with attending court, explaining certain court procedures and providing emotional support.

Due to the complexities of Ms X needs, her engagement with Lifeline was sporadic, it was therefore decided that this may not be the best time for her to engage with the service and was therefore closed. Pathways made a referral to the Community Addictions team (CAT), which resulted in Ms X being

allocated a keyworker who were able to visit her at home and support her in developing alternative coping strategies.

In June 2016, Ms X was admitted to Hospital due to collapsing at home, which was related to complications with her liver, pancreas and malnourishment. While at Hospital, she was offered a full detox and informed that her alcohol was having a detrimental effect on her health which would deteriorate if she continued to drink. Since her discharge, Mr X has maintained her sobriety.

Pathways have supported Ms X to identify triggers and identify how her thoughts and feelings are all intrinsically linked alongside the support offered from the CAT. This has supported her to feel more confident and able to manage negative emotions and explore alternative coping mechanisms. We have looked at likes and interests with Ms X as a means of building on positive support networks within the community and spoken about her longer term goals, where she has reported wanting to volunteer and eventually return to employment.

Outcome - Pathways have supported Ms X to have hope for the future and looked at working towards her longer term goals. She has reported that she is feeling more confident to think about the future and able to better manage negative emotions. Pathways have supported her in rebuilding some of her family relations which have strengthened since her discharge from hospital, reporting that she now feels she has more support and understanding from her children.

Ms X is now attending regular SMART meetings and continues to engage in the support offered.

Recognition

The 3rd Sector Care Collaboration award 2015

The 3rd Sector Care Awards celebrate and showcase the innovation and care excellence of the not-for-profit care and support sector

Together received the Collaboration (integration) award for the way in which it works with partners within its Pathways services.

The Judges commented *"Together displayed an absolute core passion to work not only with individuals, but to collaborate with other local services and professionals to achieve the best possible outcomes, illustrating a very personalised and holistic approach when dealing with people in crisis. The judges were particularly impressed that the service is leading the way in an area that is not traditionally 3rd Sector."*

The National Positive Practice in Mental Health Awards 2016:

The breakthrough initiative, positive practice, **recognises excellence** in mental health and mental health services. It is a user led multi-agency collaborative of seventy-six organisations including NHS trusts, CCG's, Police Forces, Third Sector Providers, and Service User Groups, with the aim of identifying and disseminating **positive practice** in mental health services by working together across organisations and sectors to facilitate **shared learning.**

The York Pathways project was nominated and shortlisted for the Positive Practice in Mental Health Awards Category: Mental Health, the Emergency Services and the Criminal Justice System (supported by NHS England), for which we were **highly commended**.

System change:

By systems, we mean a set of people, organisations, cultures, processes, relationships and actions which combine to make things happen. The things that happen are the result of the interaction of all the elements of the system: of interactions between the individual elements themselves; and also between individual elements and the system as a whole.

Such systems include people who are getting paid to design and deliver interventions as well as people who live and act within places.

It is frequently as a result of particular difficulties in relating, that excluded individuals ‘fall out’ of services. In cases of multiple disadvantage, services often view individuals’ behaviour as challenging and unreasonable, resulting in further exclusion. Individuals find it difficult to communicate what they need and want from services resulting in relationship breakdown. For example, Annie feels that the only way she can obtain sufficient love and care is to threaten suicide, and the only way she can communicate hurt is to cut herself. She is seen as ‘behaving inappropriately’; ‘there is nothing we can do’. This feeds further into the problem rather than resolving it.

Example of System Challenges

We have come across a number of challenges in accessing support for alcohol dependent service users who are placing a high demand on emergency services. Pathways works hard to support individuals ‘trust’ that local support services are working together for the benefit of service users, although in reality this is becoming hard to evidence.

For example, service users who report symptoms of depression and suicide ideation are unable to access a mental health assessment unless they have been sober for a considerable amount of time. However what is being failed to be recognised is that alcohol use is a coping response to those feelings. When approaching the Dual Diagnosis Team, their response has been that they can only accept referrals for those with severe and enduring mental illness. There are limited meaningful and purposeful community activities for service users to engage in because of alcohol use which can lead to threatening behaviour. When we have tried to focus on supporting service users become sober, for example through applying for a place at a

rehabilitation unit, the CCG's response has been to decline the application, stating that the Dual Diagnosis Team needs to complete an assessment first.

If the Pathway's team are struggling to navigate the systems, then what can we expect of the service user? It is not uncommon for some of the consequences of individual service user to be:

- involvement in the criminal justice system
- homelessness
- Unemployment
- Family breakdown
- Mental health deterioration
- Alcohol use increases
- High demand on emergency services
- Lack of engagement in services

Whilst working with service users who are dependent on alcohol, we have seen a number of "windows of opportunity" where they have requested support and been motivated to engage with specialist services but the services surrounding them have been unable to respond.

Health and Wellbeing Board 18 January 2017

Joint Report of the Chair of the York, Easingwold and Selby Integration and Transformation Board and the Director of Adult Social Care, City of York Council.

Progress report from the Integration and Transformation Board

Summary

1. Since the last meeting of the Health and Wellbeing Board, the work of the Integration and Transformation Board has led to:

- Performance management actions in relation to main risks posed by the performance of the Better Care Fund
- Partners agreeing a final version of a Joint Commissioning Strategy which commissioners will seek to adopt
- Participation in a workshop to consider what an Accountable Care System could look like for the Vale of York.

Discussions have also taken place in relation to the Sustainability and Transformation Plan for Humber Coast and Vale, how we intend to develop a local plan and incorporate local health and social care priorities.

Background

2. The Integration and Transformation Board (ITB) has been set up to bring together local leaders to develop a vision and single transformation plan for the local footprint. This plan will inform the larger footprint Sustainability and Transformation Plan (STP) for Humber Coast and Vale and will reflect a bottom up approach to transformation. It takes a community focused, asset based approach – building upon people's strengths and abilities, rather than being reliant upon traditional statutory services. It is developing actions from the whole system and identifying projects that involve activities that directly interface with one another to

enable a focus on breaking down professional, organisational and cultural barriers that impede progress towards integration. The local plan will become an integral part of the Health and Wellbeing Board's (HWBB) vision and strategy and will both reflect and inform discussions at the larger geographical footprint.

Main/Key Issues to be considered

3. The Better Care Fund (BCF) Performance and Delivery Task Group continues to meet regularly. A number of risks are being managed and these are dealt with in more detail in a separate report on this agenda. However, it is important to note that it is anticipated that the plans are unlikely to achieve their targets.

4. Guidance in relation to preparing a BCF Plan for 2017/18 plan has been delayed and at the time of writing this report was still not available. Announcements in relation to the social care precept however indicated that while there would be no increase in overall funding for BCF in 2017/18, there will be an additional one off grant for social care – Social Care Grant of approximately £700k for 17/18. Discussions have begun locally however starting with our reflections on the contribution of the BCF during the current and past years. The financial deficit of the Vale of York Clinical Commissioning Group (CCG) continues to provide pressure on the BCF and makes it all the more important to ensure that resources within the system are focused on transformation.

5. During the last twelve months discussions have repeatedly highlighted the need to grow the amount of pooled funding and jointly commission on a much bigger scale. Reaching agreement on a strategic approach to joint commissioning is a vital step to make this happen.

6. Additional independent support was appointed to draft a Joint Commissioning Strategy for the Vale of York, which should enable partners within the Vale of York to embark upon their service and financial planning for 2017/18 financial year, with a shared approach to commissioning. The final version of this Joint Commissioning Strategy is attached in Appendix A. It has been discussed several times with partners at the Integration and Transformation Board and received their endorsement at a meeting held on 13 December.

7. Some decision making and governance arrangements are fluid as discussions are still ongoing in relation to the HCV Sustainability and Transformation Plan. Consequently, the version presented to the board separates out governance which will be presented as an appendix in future and subject to revisions as required. Importantly however it is now possible to begin to consider practical measures to deliver a joint commissioning programme for 2017/18.

8. On 8 December 2016, a workshop took place to consider what an Accountable Care System could look like within the Vale of York. Strategic discussions about the concept and opportunities available through the development of a stronger partnership approach to system change have taken place for more than 12 months in a number of separate forums. However, this workshop, organised by Vale of York CCG, had very broad representation including York Teaching Hospital NHS Foundation Trust, CVS, Healthwatch, local authority commissioners from City of York and North Yorkshire County Councils, plus GPs / primary care representatives from across the patch.

9. The workshop was very positive and there is recognition of the need to build on positive relationships developed during the last twelve months through a range of partner discussions such as the Integration and Transformation Board, the Provider Alliance Board and the Vale of York Clinical Network A number of actions were proposed within the workshop including recommendations to establish an Accountable Care Partnership Board and set up three locality delivery boards for the Vale of York, with the potential for the ITB taking on the role for City of York Locality. Further work is needed to take forward suggestions and a more detailed report will be submitted to the board at a future meeting.

10. It is proposed that the next meeting of the Integration and Transformation Board scheduled to take place on 17 January, the day before this Board meets, is developed into a workshop. On this basis the intention is to invite a wider attendance that can further develop the outputs from the 8 December workshop. The ITB will review its progress and terms of reference at this meeting, so that it can be satisfied that it is organised to perform the role of a 'local delivery board'. This will build on work already done to identify shared, local priorities and develop a work plan. Based on our experience over the last ten months however we also need to ask what additional support agencies can offer.

We need to be explicit about our key challenges and in particular agree a definition of what we mean by co-production and engagement, and how this will be enacted. Given the timescales, a verbal update will be given to the Health and Wellbeing Board, so that any proposed changes in role and scope of the ITB can be subject to some initial consideration by the HWBB, ahead of a more detailed, formal report.

Consultation

11. The issues summarised in this report have been subject to discussion and agreement involving a wide range of partner organisations within York and North Yorkshire.

Options

12. There are no options provided in this report.

Strategic/Operational Plans

13. The plans produced by the ITB will build on the strategic plans of all partner organisations, including the CCG and City of York Council. The local delivery plan will also need to align to the Humber, Coast and Vale STP and the City of York's renewed Joint Health and Wellbeing Strategy.

Implications

14. The health and social care system in York is under severe pressure. The work of the Integration and Transformation Board is critical to developing approaches across the different parts of the system to develop sustainable solutions.

    It is recognised that dedicated resource to support system change is critical to maintain momentum and provide much needed support to all partners.

Risk Management

15. The Integration and Transformation Board has provided a platform for local system leaders to meet and focus on shared issues. The next stage is to move to delivering system change at a local level within the broader Accountable Care System.

The local delivery board' will identify and lead breakthrough projects that will help break through organisational and professional barriers and bring about culture change. These projects probably represent the biggest risks to the system and to single agencies.

16. Integrated solutions, co-produced with local people, in a spirit of shared enterprise will provide a model of risk management on the largest scale. All partners need to recognise that decisions made in this forum will impact on the whole system, as will the consequences of success or failure.

Recommendations

17. The Health and Wellbeing Board are asked to:

    I. Endorse the Joint Commissioning Strategy
    II. Note the progress in relation to creating an Accountable Care System for the Vale of York

Reason: To keep the HWBB updated on progress being made by the Integration and Transformation Board'.

Contact Details

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	Report Approved ✓ **Date** 09.01.2017

Wards Affected: **All** ✓

For further information please contact the author of the report

Background Papers:
None

Annexes
None

Glossary

BCF – Better Care Fund
CCG – NHS Vale of York Clinical Commissioning Group
HWBB – Health and Wellbeing Board
ITB – Integration and Transformation Board
JSNA – Joint Strategic Needs Assessment
NHS – National Health Service
NHSE – NHS England
STP – Sustainability and Transformation Plan

ANNEX A

Vale of York Joint Commissioning Strategy 2016-2020

Final draft – 7 December 2016

1 About this document.

You are reading the joint commissioning strategy for the Vale of York, agreed by the York, Easingwold and Selby Integration and Transformation Board on [date].

This is a high level strategy which sets out why and how we will work together in the period to 2020 to commission health and social care services for children, young people and adults in the Vale of York. It is designed to provide a framework within which specific strands of joint commissioning work will take place in future. It does not set out detailed plans for these strands of work: they will be developed during the lifetime of this strategy in response to the needs of the local population and the objectives of YESITB partner organisations.

2 Why this strategy is needed

National policy requires CCGs and local councils to develop joint commissioning, with initiatives such as the Better Care Fund and the advent of Sustainability and Transformation Plans requiring a joint approach to service planning and delivery across health and social care and public health.

In their organisational strategies, all the YESITB partners have explicitly recognised the need to improve the ways in which services, especially those in which both health and social care inputs combine to deliver outcomes for individuals, families, and communities, are commissioned. While 'joint working' is recognised as a key priority, there has to date been no formal agreement on what this will mean in practice, collectively or separately, for the organisations which commission health and social care services in the Vale of York.

This strategy has therefore been developed to provide an underpinning statement of the vision for what we want joint commissioning to achieve locally, our objectives for joint commissioning in the lifetime of the strategy, and the ways in which we expect to work together differently during this time to achieve improved outcomes for children, young people and adults locally.

3 What does joint commissioning mean in the Vale of York?

3.1 A local definition for joint commissioning

There is no single recognised definition at a national level for what joint commissioning means, or what a joint commissioning strategy for a local health and social care system should include. In developing a local definition for joint commissioning we have drawn on national research and policy (key sources are shown at the end of this document).

Our local definition of joint commissioning is:

Joint commissioning refers to the ways in which the organisations which form part of system of health care, social care and public health in the Vale of York work together and with the local community to make the best use of the resources available to them in designing and delivering services and improving outcomes for local people of all ages.

4 Underlying principles

4.1 Joint commissioning is about health and social care working together

Organisations work with many different partners at the same time. Joint working between health organisations (for example between primary care and secondary care), or between social care organisations, is part of this picture and an important part of the system as a whole. However, when we talk about joint commissioning in this strategy we mean the ways in which health and social care organisations work with each other across the traditional boundaries between the sectors to achieve improved integration of care functions.

4.2 Joint commissioning is the norm

We recognise that the shared agenda for commissioning can only be addressed effectively by tackling “the things we can only do together”. Where more than one organisation uses its funds to commission particular activities or functions, we expect commissioning to take place jointly as a matter of course to ensure that we make best use of our resources and assets viewed across the whole system. In future joint commissioning will be the normal way of doing things and not a ‘special case’.

4.3 Joint commissioning is an approach, not a set of rules

Within the Vale of York we wish to encourage organisations to work together as creatively and flexibly as possible, to deliver the outcomes we want to achieve for local people and communities.

Joint commissioning in the Vale of York is not limited to a single set of processes or rules for how things must be done when organisations work together. It is an approach in which organisations seek to identify practical ways of achieving the objectives they share by working together in the most appropriate way.

4.4 Joint commissioning is relational

Joint commissioning takes place when organisations and the individuals in them work together, and with the local community, to achieve a shared goal. The delivery of joint commissioning objectives relies on the complex set of relationships between people and organisations. We are committed to building and maintaining positive relationships that value:

- Trust
- Integrity
- Respect
- Fairness
- Empathy

4.5 Joint commissioning spans the commissioning cycle

Commissioning is the process of planning, agreeing and monitoring services. It encompasses a range of inter-dependent activities which can be illustrated using the 'commissioning cycle' shown below (source: IPC):

Joint commissioning may address any part of the commissioning cycle.

4.6 Joint commissioning supports the delivery of local plans for health and social care

Our joint commissioning will make a positive contribution to the achievement of the overarching local plans for health and social care in our area, including:

- The Health and Wellbeing Strategies for the City of York and North Yorkshire. This strategy forms a supporting document to the HWBS.
- The Sustainability and Transformation Plan for the local footprint

4.7 Joint commissioning is targeted on shared priorities

Each organisation in the health and social care system has its own set of priorities and targets to achieve. Where priorities are shared between health and social care organisations (such as the need to increase the proportion of treatment and care that is delivered in the community), joint commissioning provides a natural way to ensure that each organisation makes a positive contribution to achieving the required improvement in the system as a whole.

Although there are many other areas of work where commissioning is the responsibility of only one organisation, adopting a shared approach will enable the impact of commissioning to be understood across the system and allow for better planning and response to change.

4.8 Joint commissioning is flexible

There is no 'one size fits all' model for how joint commissioning will be take forward in the Vale of York. Each strand of work within the overall programme of joint commissioning development will require a different set of activities to reflect the reality of how users and patients flow between services and across geographical and organisational boundaries. Consequently, each one will require a different set of changes to take place in individual organisations' ways of working. Strategic joint commissioning outcome objectives

The objectives of any joint commissioning activity in the Vale of York will be specific to the service functions/ outcomes for which improved integration is being sought.

However, there is a set of overarching strategic objectives, relevant to all organisation and to all forms of joint commissioning, and any activity will be expected to demonstrate that it is making a positive contribution to at least one of these outcomes through improved integration of public health, health care and social care:

- Improving prevention through strengthening services that deliver early intervention and/or have an impact on health inequalities
- Empowering local people and communities by strengthening their involvement in the design and delivery of services through a process of co-production and by promoting self-care and the role of the voluntary sector
- Improving the efficiency of the system through reducing waste and duplication and improving value for money, access and outcomes

5 Planning and prioritising activities for joint commissioning

5.1 The joint commissioning plan

In order to ensure that we make best use of our joint commissioning resources, we will produce an annual joint commissioning plan setting out the areas which will form the main focus for our work. The first annual plan will be produced by the end of March 2017 by some transitional joint arrangements. These are described in more detail in Appendix 1.

5.2 Option appraisal for joint commissioning work

In order to prioritise the large number of potential options for joint commissioning development we will use an options appraisal approach, which will allow us to assess each option against key dimensions including:

- Shared priority: Is this area of work a priority for all partner organisations/ some organisations/ only one organisation?
- Fit with strategic objectives: Will this development make a significant contribution/ some contribution/ no contribution to our strategic joint commissioning objectives?
- Affordability: Will this development be achievable at a cost saving/ within existing funding/ with additional funding that has already been identified/ with additional funding that has not been identified?
- Achievability: Will this development be very easy/ easy/ hard/ very hard to achieve within the suggested timescale?
- Risk: Are the potential risks to the system if this work is not done very low/ low/ high/ very high?
- Relational impact: Does this work require major/ minor/ no change in the nature of the relationships between partner organisations?

6 The implications of joint commissioning for organisations in the Vale of York

6.1 Commissioning organisations' ways of working

Because joint commissioning is an approach spanning the commissioning cycle and involving many different activities which will be planned in response to specific objectives for improving integration, there is no single set of changes that commissioning organisations in the Vale of York will be required to make to their ways of working to achieve these objectives.

However, it is expected that all plans that developed within the joint commissioning approach will consider the following areas, and that commissioners will work together to specify and agree an integrated approach to:

- Needs assessment: how partner organisations will share information on local needs and outcomes, and how they will work together to develop a common understanding of the evidence for system transformation and change
- Service specifications: how functionally-based, quality and outcome-focused specifications for integrated services will be developed and agreed by the commissioning organisations collectively
- Funding and financial management: how the partner organisations will provide funding for jointly commissioned service functions: this will include both information on the contributions made by each funding organisation, and on how this will be managed by the partners (ie whether funding from each partner will be pooled or aligned, the financial agreements required to create and sustain the appropriate funding stream, and the arrangements for ongoing management of the funding)
- Governance: who will be responsible for ensuring that commissioning objectives are met (eg a single lead commissioner or a group of commissioners collectively), the structures that will be used to provide assurance, and how the commissioning organisations will be held to account for the delivery of agreed outcomes both singly (in relation to their individual organisational objectives and performance frameworks) and collectively (to the Health and Wellbeing Boards covering the Vale of York system as a whole)
- Contracting: how an integrated service specification will be translated into one or more robust contracts for service delivery, and how contracts will be agreed with service providers

- Performance management: how providers' performance will be assessed, reviewed and managed by commissioning organisations, including how performance information will be collected and shared
- Community engagement: how the commissioning organisations will collectively ensure that local communities and individuals are involved in the design of specifications and in the assessment of outcomes
- Risk management: how the commissioning organisations will collectively handle risk and how the impact of realised risks will be shared across the organisations

6.2 A shift of focus for commissioning

The most fundamental change facing the system requires a shift away from statutory agencies meeting needs through the provision of services and medical interventions, towards working with individuals and communities to support self help and self care. This will require all agencies to shift the focus of commissioning activity upstream towards early intervention and prevention.

6.3 Operational change in service delivery

A joint commissioning approach provides an opportunity to rebase expectations so that commissioners are able to focus on the system-wide achievement of specified outcomes and not on micro-managing the delivery system. This will increasingly locate responsibility for planning and managing the impact of operational change with provider organisation(s). It will also require a new relationship with providers, with an expectation that they help bring about culture change as well as simply delivering specified services.

7 Governance and leadership for joint commissioning

Appendix 1 sets out the arrangements that will be put in place to ensure robust governance and strong leadership for joint commissioning. This includes transitional arrangements to for the development of the first joint commissioning plan.

8 Progressing joint commissioning work – the next 12 months

The joint commissioning strategy for the Vale of York is concerned with developing a robust and sustainable joint commissioning approach to support long term service integration and system transformation.

The first annual joint commissioning plan, which will be produced by the end of March 2017, will set out priorities for joint commissioning work, with specific plans for the actions to be taken for each one to achieve their objectives.

In the short term, however, joint working between health and social care commissioners will be of critical importance to a number of existing pieces of work. Identifying key actions, agreeing individual lead commissioning responsibilities, engaging with providers and the community, and setting timescales for action in relation to these strands of work will be the immediate focus for the transitional joint commissioning team.

This will include:

- The integration of community based health and care services and delivery through local care hubs including mental health care support
- The development of integrated assessments and care plans for vulnerable adults
- A single pathway and pooled budget for reablement and intermediate care
- Integrated personal budgets for health and social care, to promote choice and personalisation
- Development of a single integrated pathway for Continuing Health Care
- Creation of a pooled budget and joint commissioning arrangements for mental health and learning disabilities
- Agreement on, and implementation of, an approach to incrementally shift funding towards early intervention and prevention

Sources

Glasby J, Dickenson H, Nicholds A, Jeffares S, Robinson S, Sullivan H (2013). Joint commissioning in health and social care: an exploration of definitions, processes, services and outcomes. London: NHS National Institute for Health Research. Available here

Humphries, R. [and] Wenzel, L. (2015). Options for integrated commissioning: beyond Barker. London: The King’s Fund, June 8th 2015. Available here

Lucy O’Leary for YESITB

7 December 2016

Appendix 1

Governance and leadership for development of joint commissioning in the Vale of York

I. Health and Wellbeing Boards

The Health and Wellbeing Boards for York and North Yorkshire, as the bodies with overall responsibility for the health and wellbeing strategies for their respective populations, is responsible for approving this and future joint commissioning strategies, and for receiving reports on the delivery of the joint commissioning plan.

II. Transitional joint commissioning leadership team

In the short term, developing the joint commissioning approach in Vale of York will be the responsibility of a transitional joint commissioning leadership team consisting of:

- Assistant Director Commissioning, City of York Council
- Deputy Chief Operating Officer, Vale of York CCG

III. Joint Commissioning Board

A Joint Commissioning Board will be established by the end of 2016/17, which will report to the Health and Wellbeing Boards for York and North Yorkshire on the contribution of joint commissioning to the achievement of the strategic joint commissioning objectives and, more widely, to the achievement of the Health and Wellbeing Strategy for each locality. The membership of the JCB will consist of senior commissioning leaders from:

- VoYCCG
- CYC
- NYCC

IV. Joint Commissioning Forum

The existing Better Care Fund Performance and Delivery Group will be transformed into the Joint Commissioning Forum. This is in recognition of its wider role in providing a system-wide perspective on the effectiveness of joint commissioning work in delivering system transformation and improved outcomes for local people.

Membership of the JCF will continue to include representatives from:

- VoYCCG
- Primary care

- CYC
- NYCC
- Healthwatch
- YTHFT
- TEWVFT
- CVS
- Independent sector providers

V. Joint Commissioning Resource

Our objective is to establish a Joint Commissioning Resource by the end of 2016/17. This will consist of people identified from across the system with experience and expertise in joint commissioning work. They will form a virtual network, undertaking a significant amount of joint commissioning work themselves (in addition to their other roles in commissioning within their own organisations). They will also be responsible for identify gaps for which external support is required to increase capacity and build skills. Membership will include people with experience of joint working and skills in:

- Public health needs assessment
- Public engagement (in health and social care)
- Service specification development (in health and social care)
- Contracting (in health and social care)
- Performance management (in health and social care)
- Information and informatics (in health and social care)

However, because joint commissioning is an approach that can be taken forward in any part of the commissioning cycle, and encompasses a wide variety of activities, this joint resource will also act as a central source of advice and support for others within the system who are undertaking joint commissioning activities. Ultimately the goal should be to establish a single Joint Commissioning Unit (JCU).

VI. Joint commissioning plan

The JCU will be responsible for producing the annual joint commissioning plan, which will be agreed by the Joint Commissioning Board with engagement from the Joint Commissioning Forum, and which will be signed off by the Health and Well Being Boards.

Agenda Item 9

Health and Wellbeing Board 18 January 2017

Report of the Joint Chair(s) of the York Better Care Fund (BCF) Performance and Delivery Group.

Progress report on the 2016/17 Better Care Fund (BCF) programme: risks and issues

Summary

1. Following agreement and approval of the 2016/17 York HWB BCF Plan at its meeting in July 2016, a number of steps have been taken to establish systems and process to support delivery. These include:

   - August 2016 - Monthly meetings of BCF Performance and Delivery Task Group representing partners from Integration and Transformation Board (ITB)

   - September 2016 – Local performance dashboard produced and updated in line with partner revisions as a working document

   - October 2016 - Signed Section 75 Agreement to underpin financial, performance and risk share elements of the BCF

   - Quarterly returns (September and November 2016) - NHS England monitoring returns completed and submitted in line with deadline. No feedback or comment received from any submission to date.

Background

2. The 2016/17 planning guidance set out a requirement for Health and Wellbeing Board (HWB) footprints to agree a Better Care Fund (BCF) plan for the second year running. The intention of BCF plans is to support integration of health and social care services at a local level.

3. The BCF plan for the current year reflects a continuation of investment in schemes that were identified within the 2015/16 plan.

Evaluation of the effectiveness and delivery was undertaken to help inform the 2016/17 plan with the final investment/expenditure agreed by commissioners prior to approval by the HWB in July 2016.

4. It is important to recognise that the schemes supported by BCF investment are a small element of the broader health and care economy and that other initiatives will also have an impact on delivery. There is national recognition that aligning individual schemes to the high level metrics measured via BCF is challenging.

5. Locally, the production and monitoring of the BCF plan as part of the wider partnership arrangements sits with the ITB. A specific, operational focus on delivery of schemes, finance and performance issues is overseen by the BCF Task Group.

6. Performance - A number of metrics are associated with the BCF plan, some of which are set nationally and some locally. The local metrics established in the 2015/16 plan were retained for 2016/17. These metrics are monitored as part of wider organisational performance management systems and, in addition, are specifically reported as part of the BCF quarterly returns.

7. Section 75 Agreement - Each BCF plan is required to have a Section 75 agreement in place which sets out the 'contractual' commitment to the BCF by the relevant commissioner organisation(s). A signed Section 75 agreement is deemed a legally binding document and covers the following elements:

   - Investment and expenditure
   - Risk management
   - Management of the Fund

8. All HWB financial arrangements are governed in line with CCG policies and statutory responsibilities.

9. The Section 75 Agreement reflects the total income and expenditure for the BCF Plan. As per Annex 1, the expenditure level for £2016/17 is £12,203 M. The Agreement also reflects a financial risk share on a 50:50 basis between City of York Council (CYC) and Vale of York CCG. This is required to manage the risk of non-delivery on reduced organisational expenditure which creates financial efficiencies that can be set against the BCF. Specifically, this includes work streams relating to:

- Continuing Healthcare (£233K)
- Roll-out of York Integrated Care Team (£517K)
- Mental Health Schemes (£250K)
- Extra Disabled Facilities Grant (£200K)

Main/Key Issues to be considered

10. There are two key issues that this report focuses on:

    - performance risks and;
    - financial risk in relation to the Section 75 risk share agreement

11. Performance - Monitoring of the key metrics shows underperformance in some areas as set out in Annex 2. Data is taken from routine monitoring reports provided from NHS and social care sources, dependent on the particular metric. In the case of NHS data the York HWB equates to 60.4% of the total CCG population. The BCF Performance and Delivery Task Group reviews the BCF metrics, via a local dashboard, on a monthly basis to consider what corrective actions can be taken across the system to support action already in hand.

12. Non-elective admissions (NEA) – Current performance shows that the level of NEAs is above trajectory with a risk that the year end target will not be met. In addition to monitoring via national reporting systems, a locally adjusted trajectory has been set to reflect the fact that the nationally measured figures include inpatient spells that arise from activity generated through the York Teaching Hospital NHS Foundation Trust (YFT) Ambulatory Care Unit. This activity is recorded as an NEA in-patient admission but not contracted and paid for in this way, and therefore impacts the reported position. NEA data also shows an increase in paediatric inpatient activity which is contributing to the overall figure of increased NEA activity. The CCG are discussing the underlying causes for this activity change with YFT in order to have an agreed view on performance and associated costs. The CCG also has a number of other Activity Query Notices currently being worked through that may also need to be adjusted before arriving at the true, comparable NEA numbers.

13. Delayed Transfers of Care (DTOC) – Current performance shows that the level of DTOCs is above trajectory with a risk that the year end target will not be met. Overall Delays have risen significantly in the non acute pathway since June 2016, specifically increases in the number of delays relating to mental health activity. Numbers of acute delays have been falling steadily since March of this year. The net effect has been an increase in all days delayed across the system. Agreement has now been reached on the process to record activity in order to ensure a shared view of the system pressure. Although the overall DTOC number remains higher than plan, increased focus on the numbers of delays has led to increased partnership working and the development of system-wide solutions.

14. Injuries due to falls - Current performance shows that this indicator is above trajectory with a risk that the year end target will not be met. The raw data is based on NEAs where coding indicates an injury due to a fall. This metric measures falls for patients over 65, registered to GP practices within the Local Authority boundary. The weighted figure is based on the number of over 65 patients in the local authority area. HWB performance was below plan for Q1 (221 falls with a plan of 237), but was higher than plan for Q2 (226 falls for a plan of 214). However, cumulative performance for year-to-date shows performance just below plan (447 spells for a plan of 450). This indicator has been on track since it was set in the original BCF plan with no specific rationale as to why there appears to be a change of direction in performance. Further analysis is underway to try to understand the reason for this change in direction.

15. In summary, there remains a risk in relation to a number of performance metrics associated with the BCF. These metrics fall within the wider organisational performance programme of either CYC or the CCG and are being addressed through routine arrangements. Progress will continue to be monitored via the local dashboard which is reviewed monthly by the BCF Performance and Delivery Task Group and, where applicable, additional actions taken at a system level.

16. Section 75 risk share agreement – It is important to note that this element of the BCF plan is linked to investment only and no expenditure for any of these workstreams is associated with BCF.

However, a number of workstreams were identified within this agreement as a means of engaging the wider system by linking potential efficiency savings to delivery (investment) of the BCF plan. To date, the anticipated efficiency savings are below the target set of £1.2M. A recovery plan was agreed between CYC and the CCG in order to refocus on these workstreams. A summary of the current position is set out below:

17. Continuing Healthcare (CHC) – The anticipated efficiencies relating to this workstream were based on a review of current processes, potential rationalisation of resource and reduced costs in relation to health packages of care. The review was undertaken during Q2 as planned but implementation of any improvement has not progressed at the necessary pace to effect change in year. The current resource, which has significant capacity pressures, is within a shared service which supports 5 CCGs and two local authorities. Discussions are now in train to review the broader service offer across commissioning partners. In addition, the CCG is in the process of securing specific additional resource to address operational pressures within CHC in year.

18. Roll out of York Integrated Care Team (YICT) – The efficiencies associated with the extension of this team which was established for a proportion of the CYC population in 2015 relate to reduction in NEAs. Additional investment of £125K was made to this service in October 2016 as part of the BCF plan. A range of indicators (circa 20 in total) relating to this scheme are monitored on a monthly basis and demonstrate a positive effect for the population covered equating to a potential benefit of £200K in reduced system pressure.

19. Mental Health Schemes – Extension of the crisis liaison services in both A & E and in support of care homes is the underpinning system change that links to this efficiency target. Additional data analysis is underway to try to measure the system impact of this increased resource. Several data streams have been added to the BCF local dashboard to inform this analysis but this has not been part of routine reporting to date. Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) are part of the partnership and are fully involved in reviewing the data.

20. Extra Disabled Facilities Grant (DFG) - This project is focused on Clifton population because of higher rate of falls which affects NEA via fractured neck of femur. It has been delayed due to a lack of capacity of Occupational Therapists to carry out assessments and is due to commence in February 2017. Additional capacity has been secured with effect from the end of February. It is unlikely however that any benefits will have accrued by the end of the financial year.

21. In summary, there remains a £1M risk in relation to achievement of the wider system efficiencies aligned to the £1.2M risk share as set out in the Section 75 Agreement. CYC and the CCG are aware of this risk and the potential impact on budgets (50:50 split) as per the Agreement.

Consultation

22. The issues summarised in this report have been subject to discussion and agreement involving a wide range of partner organisations within York and North Yorkshire.

Options

23. There are no options provided in this report.

Strategic/Operational Plans

24. The BCF plan is part of wider strategic plans of all partner organisations, including the CCG and CYC and should not be considered in isolation.

Implications

25. One of the key challenges facing partners is our stated desire to progress shared initiatives and grow the level of pooled resource whilst managing the on-going system pressure. Movement towards an accountable care system with localised planning and delivery provides a platform to develop this intent.

Risk Management

26. The BCF is part of a wider set of risks as the system moves towards implementation of strategic plans, some of which are reflected in the separate paper on the Integration and Transformation Board.

27. On-going risk management of the issues outlined in this paper remain with the lead organisation for the relevant performance metrics. The broader system efficiencies lie within the interests of all partners, however, the financial risk rests with the CYC and CCG. Discussions will continue to try to reduce the current anticipated £1M risk both in relation to the final position for this year's plan and in setting the 2017/19 plan(s).

Recommendations

28. The Health and Wellbeing Board are asked to note the issues set out in this paper

    Reason: Health and Wellbeing Board oversight of BCF

Contact Details

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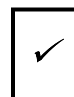
Report Approved  **Date** *06.01.2017*

Wards Affected: **All**

For further information please contact the author of the report

Background Papers:
None

Annexes
Annex 1 – List of BCG Schemes for 2016/17
Annex 2 – Performance Metrics Table

Glossary

A & E – Accident and Emergency
BCF – Better Care Fund
CCG – NHS Vale of York Clinical Commissioning Group
CHC – Continuing Health Care
CYC – City of York Council
DFG – Disabled Facilities Grant
DTOC – Delayed Transfers of Care
GP – General Practitioner
HWB – Health and Wellbeing Board
ITB – Integration and Transformation Board
NEA – Non-Elective Admissions
NHS – National Health Service
Q1 – Quarter 1
Q2 – Quarter 2
TEWV – Tees, Esk & Wear Valleys NHS Foundation Trust
YFT – York Teaching Hospital NHS Foundation Trust
YICT – York Integrated Care Team

Annex 1

List of BCF Schemes for 2016/17

2016/17 Schemes = £12,203M	**£000s**	**Lead**
York Integrated Care Hub	625	CCG
Urgent Care Practitioners	569	CCG
Hospice at Home	170	CCG
Street Triage	150	CCG
Remaining acute activity from 15/16 savings target	2,696	CCG
Community Support packages	2,174	CYC
Reablement Social Work provision	137	CYC
Carers Support	655	CYC
Community Facilitators	40	CYC
CCG Community Services Reablement and Carers Breaks	1,684	CCG
Reablement	1,099	CYC
Step Up/Down Beds	300	CYC
Telecare Falls and Lifting	192	CYC
Community equipment	180	CYC
Home adaptations	75	CYC
Carers assessments/support, Independent MH Advocacy (Care Act)	454	CYC
Disabled Facilities Grant	1,003	CYC
Additional benefit schemes contributing to BCF = £1,196M efficiency savings required to meet £12,203M expenditure of fund		
Mental Health	200	CCG
Extra DFG	250	CYC
Roll out of YICT	513	CCG
Continuing Health Care	233	Joint

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Annex 2

Performance Metrics Table

Metric type	Metric description	Target	Q1 position	Q2 position	Year End Forecast	Performance
National:	Reduction in non-elective admissions (General & Acute)	20,781	5,528	5,641	21,964	Deteriorating
*Local metric (outwith routine reporting framework)	Reduction in non-elective admissions (General & Acute) *National data adjusted for Ambulatory Care Recording issues	20,781	5,326	5,456	20,931	Deteriorating
National:	Delayed Transfers of Care: Number of bed days per 100, 000 of population	9,837	2,332	2,815	10,924	Deteriorating
National:	Long-term support needs met by admission to residential and nursing care homes, per 100,000 population	657.8	112.46	345.6	690	Improving
National:	Number of permanent admissions to residential & nursing care homes for older people (65+)	238	68	58	252	Improving

National:	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	0.644	This metric is measured annually therefore no data is currently available for the period			No data
Local:	Injuries due to falls in people aged 65 and over per 100,000 population	2,454.7	588.4	657.5	2,555.8	Deteriorating
Local:	Overall satisfaction of people who use services with their care and support	0.758	This metric is measured annually therefore no data is currently available for the period			No data

Health and Wellbeing Board 18 January 2017

Report of the Head of Commissioning (Early Intervention, Prevention and Community Development)

York Information and Advice Strategy

Summary

1. The report provides an overview of the review of Information and Advice services in York and development of a new Information and Advice Strategy (Annex A refers), informed by the 'Just Works' consultants report. The Health and Wellbeing Board are asked to receive a presentation (Annex B refers) and consider the prioritised action plan (Annex C) and how it might be effectively delivered, reflecting partnership governance arrangements and organisational resources.

Background

2. It is widely recognised that for people with health and social care needs, good information and advice is:

- At the heart of personalised care
- Critical to promoting wellbeing and helping people manage their own health
- Helps people to access informal sources of support and optimise use of community assets
- Gives people better access to services which prevent and / or delay need for more expensive forms of care
- Promotes choice
- Requires ownership and coordination across all sectors.

3. Building on these points, the Council commissioned 'Just Works' Consultants to help inform the development of a York Information and Advice Strategy. This included carrying out a review of the effectiveness of the current approach to Information and Advice across the city and its future requirements.

4. It is recognised that the new operating model for Adult Social Care will include the provision of high quality information and advice through a range of channels which supports people living safely, healthily and independently. As such we are currently creating an advice, information and guidance strategy which can be deployed through the new operating model – 'the Just Works' reports, attached as a series of appendices, informs this thinking.

Main/Key Issues to be considered

5. 'Just Works' have produced a comprehensive report, summary report and detailed action plan. The following key themes were identified from the commissioned project:

- What people want;
- Effective delivery of Information and Advice across York requires a focus on;
- Joined up approaches and products across York;
- Finding Information and Advice in York;
- Delivering Information and Advice to the people of York;
- Quality and satisfaction;

6. An assessment was made of the current model operating in York, which has the following component parts;

- A range of websites.
- People to people provision across statutory organisations and contracted providers e.g. The City of York Council, Vale of York Clinical Commissioning Group, North Yorkshire Police, community venues.
- Peers offering support to one another e.g. Lives Unlimited.

7. However, from the experience of respondents to this project, they have suggested each of these component parts is provided separately, with no real connectivity. It was agreed with 'Just Works' that a future model for Information and Advice in York, should reflect design principles associated with personalisation, prevention, asset based approaches, being joined up, quality and efficiency as the basis for the project;

<u>What needs to exist is</u>

- An effective website that is current and trusted that delivers the information people require and signposts to other places where that exists, this can then become the ‘go to’ place for the people living in York.
- An effective local authority website that focuses on the information people need and want rather than what the authority believes it is important for people to know and understand. Including information designed to keep people healthy, safe, well and connected.
- Collaborative approach to providing information across the statutory organisations in the city, local authority health and the police. Where the resources that each organisation has are able to focus on providing the wider links to other services.
- Joined up use of the community facilitators, social prescribers, Local Area Co-ordinators and health champions.
- Better use of libraries and community hubs to provide information and advice and build community assets across the area, including volunteering.
- Effective use of the community venues to provide information on a local basis to the people of that area. Each organisation providing information and support in a way that works for them and the citizens they support.
- Effective peer support structure to help those people who are happy to help others and be a point of contact as someone with lived experience.

8. This model builds on the skills and assets across the city as well as providing an online resource as a key source for those able to use the internet. This approach utilises connections across all parts of the system. This is demonstrated in the diagram below;

Information and Advice – Future State

9. **What York needs to do:** In order to achieve this model, the report suggests a number of solutions that require the local authority and its partners to come together to complete a range of actions. These fourteen solutions and relevant actions are presented within an action plan, under the headings that created the key themes from this project.

Consultation

10. To understand the effectiveness of the current approach to Information and Advice across the City of York and the future requirements, 'Just Works' utilised a range of different methodologies to consult and engage with stakeholders. These included:

- A review of literature and key local documents
- Data collection including a variety of qualitative and quantitative methodologies
- Data validation including 8 focus groups
- On line survey sent out via York CVS
- Thematic analysis of all data collected to identify themes.

Options

11. The draft York Health and Wellbeing Strategy recognises the importance of Information and Advice Strategy in supporting individuals and communities to achieve positive health and wellbeing. It is therefore recommended that the report from 'Just Works' be welcomed and the prioritised action plan be taken forward through a Task and Finish Group reporting to the HWB Integration and Transformation Board.

12. The Health and Wellbeing Board may alternatively wish to consider the establishment of operational sub-groups to deliver strategic group priorities across the four themes of the Joint Health and Wellbeing Strategy

13. Continuing with the current uncoordinated approach to provision will not ensure effective navigation between the different organisations and the information that they provide for citizens. The prevention agenda is important not just to social care but to all public facing services, including the police and third sector.

Therefore, working together to ensure that people can access the information that they need, when they need it and in a form that they can understand and use is a common goal.

14. An effective governance infrastructure across the partnership will ensure there is a systematic approach to how this is managed and factored into the wider information and advice approach. In addition, an established governance structure would help to manage the delivery of the model and the associated pieces of work that will be required to ensure that York's information system is Care Act compliant.

Strategic/Operational Plans

15. The provision of information and advice is a key building block within the Council's Corporate Plan, 'community operating model' and is further reflected within the Care Act (2014) which places new duties on councils to ensure the coherence and availability of information and advice in each local area and encourages the development of integrated strategies with health. The Integrated Personal Commissioning Programme (IPC NHS England 2016) is supporting health and social care to join funding together for people with complex needs so they are able to direct how the money is used to pay for their support. One aim of the programme is to improve outcomes for individuals through having robust information and advice in an area. In order to ensure that this model is embedded and delivers positive results an effective partnership between health, social care and the VCS is essential.

16. The provision of accessible information and advice will also cut across the four key themes identified within the new Joint Health and Wellbeing strategy; Mental Health and Wellbeing, Starting and Growing Well, Living and Working Well, and finally Ageing Well. Through focussing on early intervention, prevention and asset based approaches, the provision of universal information and advice will avoid the use of high cost services, and support citizens and communities to build resilience and stay strong within their homes and neighbourhoods.

17. 'Building up community based support' is a key 'enabler' identified within the strategy and this is complemented within the action plan through the desire to build 'community hubs' and maximising the use of local assets.

The recognition of 'volunteering' as a tangible health and wellbeing outcome within the Care Act, further complements the remit of asset based workers within the action plan, the aim to collaborate more effectively for delivery of outcomes and desire to scale up volunteering and social action within the city, reflecting the new Volunteering Strategy.

Implications

18. At this stage in the process the Information and Advice Strategy Action Plan is being brought to the attention of the Health and Wellbeing Board for consideration, in terms of governance structures and responsibility for operational delivery through respective board sub-groups. As such there are no 'legal implications' to consider outside of the 'Care Act' that have not already been referenced.

19. Therefore, there are no legal implications regarding; Financial, Human Resources (HR), Equalities, Legal, Crime and Disorder, Information Technology (IT), Property.

Risk Management

20. The key risk associated with the provision of information and advice in York appears to be that if partners do not agree to collaborate more effectively regarding joining up provision, that the current picture of disjointed information will be maintained, and York's information system will not be Care Act compliant.

21. Throughout both the interviews, workshops, meetings and the surveys people described significant issues with the connectivity of the information that is available across the city. These particularly focussed upon the lack of connection between the different elements of the information and advice provision and the connectivity between people and their community infrastructure.

22. A key issue when accessing health and social care information is knowing where to find the information, effective signposting is therefore critical for statutory organisations. Failure to address this can leave even the best information provision underperforming. This challenge is also a consequence of the fragmentation of the current system with too many people being unaware of the many directories that exist in York. There was also a lack of knowledge and understanding about the Connect to Support website and its role in information provision.

23. This situation highlights the need for York to invest in an enabling infrastructure that can become the ‘go to place’ to identify where a persons’ need may best be met. A number of people also articulated the need to provide a one-stop shop facility to assist people with knowing where to go for help.

Recommendations

The Health and Wellbeing Board are asked to consider:

i. The prioritised action plan and how it might be effectively delivered, reflecting partnership governance arrangements and organisational resources.

ii. An operational task and finish group, reporting to the Integration and Transformation Board, is convened to progress the delivery of the action plan.

Reason: To keep the Health and Wellbeing Board up to date on progress against this work stream.

Contact Details

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	Report Approved	✓	**Date** 09.01.2017

Wards Affected: **All** ✓

For further information please contact the author of the report

Background Papers:
York Information and Advice Strategy Full Report

Annexes
Annex A - York Information and Advice Strategy Executive Summary
Annex B - York Information and Advice Strategy presentation
Annex C - York Information and Advice Strategy Action Plan

York Information and Advice Strategy

Executive Summary

Introduction

The Care Act (2014) definitions were used to inform this work;

- ***Information*** *is defined as the communication of knowledge and facts regarding care and support.*

- ***Advice*** *is helping a person to identify choices and / or providing opinions or recommendations regarding a course of action in relation to care and support.*

The Care Act (2014), states that councils' should provide information to the entire population, not just those using social care. The NHS acknowledges the need to support people, particularly those with long term conditions to manage their condition themselves.

Purpose

Information and advice is a key building block for the future and aims to provide increased choice and control for the citizens of York. As such, it is fundamental in helping people to stay healthy, safe, well and connected within their community. Information and advice is also critical in supporting the prevention agenda and demand management, particularly in the context of an ever reducing amount of money available to local authorities and their partners.

Health and Social Care Population

- People diagnosed with multiple long-term conditions are the most intensive users of health and social care services.
- Most people aged 65 plus have multi-morbidity which increases with deprivation.
- The likelihood of having a mental health problem increases as the number of physical morbidities a person has increases. It is therefore important to ensure that information about different health conditions and strategies for staying well are available to people.
- Understanding self funders is important as once this group of people have spent their available savings they become the responsibility of the local authority or continuing health care to fund. The effect of this on local authorities' budgets has been estimated at 3.5% of their care home budgets, though this may be more for York.

Digital Context

- York as a city has 95% broadband coverage, with the intention to reach 98% by 2018. Whilst this is helpful, channel shift at the level Socitm and many local authorities are focused on also needs to consider media literacy and device ownership.
- More than 60% of people aged 55 and over have a below average 'Digital Quotient' score. For York this means upwards of 5,818 people that are currently using adult social care may have poor DQ levels.
- The lack of skills is now known to be a more significant barrier to domestic Internet use than equipment or access costs.
- Eight in ten households now have fixed broadband access at home, however this falls to 50% among those aged 65+. For York, this means that 4,849 people over the age of 65 and using adult social care may not have the pre requisite broadband coverage required to access online information.
- At the lower end of the age range 98% of 16-24year olds say they use the Internet, compared to 30% of those aged over 75. In York, this would equate to 2,087 people over the age of 75 out of a total of 6,957 social care customers.
- Device ownership and Internet usage is higher within the wealthier populations (A, B and C1) and those under the age of 54. This is significant for the City of York council as 63% of the active adult social care population is over the age of 65.
- Google is still the most visited search engine for UK Internet users with a digital audience in March 2015 of 39.6 m. This underlines the importance for City of York Council and its partners, of ensuring a presence on any Google search results. Typical online activities of the general pubic include the following;
  - General browsing (85%) is the most popular online activity followed by sending and receiving email (83%).
  - Accessing social media (56%) and watching TV or video online (54%) were also popular activities.
  - Approximately 20% search for health information.
  - Only one in four Internet users (24%) say they have used a website or an app related to their local area.
- People over 55 are more likely than all Internet users to describe themselves as ‘not confident’ (16% for 55-64s, 21% for 65-74s and 30% for over-75s, vs. 8% for all adults), as are DEs (13% vs. 8%). Of the number of people aged 65 – 74 (total 2,741) living in York and using adult social care 576 people would be described as ‘not confident’. For the 75+ (total 6,957) age group the respective figure is 2,087 people. This means that at least 2,500 people over 65 that are customers of adult social care are not confident enough to go online.
- A significant number of people remain uninterested in completing government processes online. Worryingly, this figure has increased from 16% in 2014 to 22% in 2015 (Ofcom 2016).
- Harris and Gilchrest (2015) completed a study in Tang Hall, Derwenthorpe and Osbaldwick, in this study they found that

approximately 20% of respondents seem to experience digital exclusion. For example;

- 18% stated they are 'not very' or 'not at all' comfortable trying out new digital technologies.
- 22% say they lack confidence in their online digital skills.
- 1 person in 5 (20%) do not expect that the Internet could help them to keep in touch with friends or social contacts.

Using York social care Experian data in conjunction with Ofcom, 2016 data provides the following 'guestimates' for social care users that are unlikely to use the Internet.

Group	**A - F**	**L - O**	**% of social care group**	**Totals**
Carers	638	157	40%	795
Frail, disabled etc.	2869	989	38%	3858
Learning Disability	118	101	39%	219
Mental Health	118	93	25%	211
Other Vulnerable Group	200	62	42%	262
Total			**38%**	**5345**

Fig 8: Social care users who are unlikely to use the Internet based on Experian categories and Frameworki data.

Health Literacy

- It is known that the levels of functional health literacy are low in England. Health information in current circulation is written at too complex a level for 43% of working age adults (16-65 years); this figure rises to 61% if interpretation requires a good level of numeracy skills.
- In England, older people with low health literacy have higher mortality.
- Health literacy affects people's ability to;
    - Navigate the health care system, including complex forms and locating providers and services.
    - Share per personal information, such as health history with providers.
    - Engage in self care and chronic disease management.
    - Understand mathematical concepts such as probability and risk.

What we found

The following key themes were identified from the project:

- **What people want**
    - Comprehensive content.

- Personalised, bespoke and trusted information.
- Signposting to local groups and peers, directories, national websites, care and support agencies, financial and legal advice, safeguarding and keeping safe.
- Information to be accessible and in a variety of formats.
- Gaps in the system included financial advice and information for people funding themselves.

- **Effective delivery of Information and Advice across York requires a focus on;**
    - Digital skills and equipment availability.
    - Co-production with citizens.

- **Joined up approaches and products across York;**
  Issues included;
    - A lack of connection between the different elements of the information and advice provision.
    - A lack of connectivity between people and their community infrastructure.

- **Finding Information and Advice in York;**
  Issues included;
    - People found it difficult to know where to start.
    - A lack of signposting and the need for an enabling infrastructure that can become the 'go to' place.
    - The need for One Stop Shop facility to assist people to know where to go for help.
    - Connect to Support is not well known about and there are challenges with its functionality.
    - Inadequate access to peer support.

- **Delivering Information and Advice to the people of York;**
  Issues included
    - The culture of delivery is face to face.
    - A reliance on what people know in their heads.
    - The need for a blended approach to information delivery.

- **Quality and satisfaction;**
    - People did not feel able to trust all the information they accessed online.
    - The City of York website was identified as challenging for deaf people, those with a visual impairment and people who have a learning disability.

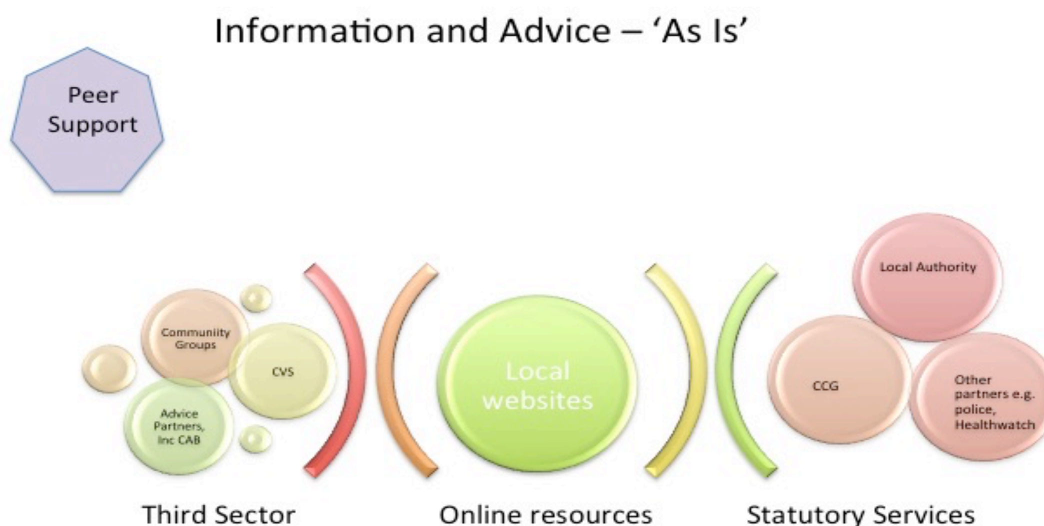
The Current Model for Information and Advice in York

The current model operating in York has the following component parts;

- A range of websites.

- People to people provision across statutory organisations and contracted providers e.g. The City of York Council, Vale of York Clinical Commissioning Group, North Yorkshire Police, community venues.
- Peers offering support to one another e.g. Lives Unlimited.

Each of these component parts is provided separately, with no real connectivity from the experience of respondents to this project. This is demonstrated in the diagram below;



A Future Model for Information and Advice in York

The following design principles were agreed as the basis for the project;

- Being **personalised:** recognising that everyone's needs and assets are different, and that while many people are able to research things for themselves, others need more in-depth help including advocacy.
- Being **preventative**: giving people early advice about how to manage their own health, and help them plan ahead.
- Being **asset-based** and geared to **promoting people's independence,** building people's capacity to access and use information, and to manage their own care and support.
- Being **joined up**: so information and advice provision is coherent, and people can access support easily, without being passed from pillar to post.
- Ensuring **high quality**: so people have their queries resolved well, and experience information and advice as easy to understand, accessible, timely, comprehensive and accurate.
- Being **efficient**: maximising the potential of the Internet, streamlining the processes for producing information, reducing duplication, pooling resources, and making the most of our informal assets.

What needs to exist is;

- An effective website that is current and trusted that delivers the information people require and signposts to other places where that exists, this can then become the ‘go to’ place for the people living in York.
- An effective local authority website that focuses on the information people need and want rather than what the authority believes it is important for people to know and understand. Including information designed to keep people healthy, safe, well and connected.
- Collaborative approach to providing information across the statutory organisations in the city, local authority health and the police where the resources that each organization has are able to focus on providing the wider links to other services.
- Joined up use of the community connectors, social prescribers, Local Area Co-ordinators and health champions.
- Better use of libraries and community hubs to provide information and advice and build community assets across the area, including volunteering.
- Effective use of the community venues to provide information on a local basis to the people of that area. Each organisation providing information and support in a way that works for them and the citizens they support.
- Effective peer support structure to help those people who are happy to help others and be a point of contact as someone with lived experience.

This model builds on the skills and assets across the city as well as providing an online resource as a key source for those able to use the internet. This approach utilises connections across all areas and parts of the system. This is demonstrated in the diagram below;

Information and Advice – Future State

Improvement Outcomes

In order to deliver an effective information and advice infrastructure it is important to establish the principles that will underpin any design activity. The following Improvement Outcomes are based on TLAPs Information and Advice Toolkit (Undated) and were agreed with the steering group. These are useful as they will enable the City of York to measure their progress to delivering an information system that is Care Act compliant, meets the needs of citizens & helps them stay healthy, safe and well, supports channel shift and is an effective use of scarce resources. The Improvement Outcomes are;

- Information is easily available and trusted.
- Information is dynamic, responsive, evidence based and current.
- Information is accessible and inclusive e.g. Easy Read, BSL.
- People searching for information are provided with the same information irrespective of where they start their enquiry.
- Partners who are involved in delivering information and advice know and understand the local provision.
- Websites are customer facing.
- More people in York are capable and confident to use online resources.

TLAP, (Undated).

What York Needs To Do

In order to achieve this model, this report suggests a number of solutions that require the local authority and its partners to come together to complete a range of actions. These solutions and relevant actions are presented under the headings that created the key themes from this project, these include;

A. What People Want

Solution 1: Develop and implement a dynamic and responsive online Presence.
Solution 2: Provide comprehensive accessible information.

B. Effective delivery of Information and Advice across York

Solution 3: Establish effective information partnership and governance Arrangements.
Solution 4: Develop and implement a coproduction framework.
Solution 5: Develop and implement a social media function.
Solution 6: Develop and implement a social marketing approach.

C. Joined up approaches and products across York

Solution 7: Use community venues to deliver information to local people.
Solution 8: Develop and implement a Digital Inclusion Strategy.
Solution 9: Develop Connect to Support as a shared platform.

D. Where to go to find Information and Advice in York

Solution 10: Establish a lead website to signpost people to information

E. Approaches to delivering Information and Advice to the people of York

Solution 11: Establish peer to peer networks and support structures.
Solution 12: Integrate the work of asset based workers.

F. Quality and satisfaction

Solution 13: Develop and implement a local Information Standard.
Solution 14: Implement a curated knowledge approach.

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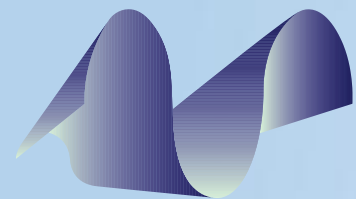


What we did

- Review of literature
- Review of key local documents and data
- Data collection from people including LA, CCG, Police, third sector, mental health, learning disabilities, older people, disabled people, blind and partially sighted people and carers
- Mapping of key websites
- Mystery shop
- Focus groups
- Semi structured interviews
- Telephone interviews
- Online surveys
- Data validation exercise, including 8 focus groups and an online survey
- Thematic analysis of all data collected

What people said

- People wanted
  - Comprehensive content
  - Personalised, bespoke and trusted information
  - Signposting to local groups and peers
  - Information to be accessible and in a variety of formats
- People found it difficult to know where to start
- A lack of signposting and the need for an enabling infrastructure to become the ‘go to’ place
- People did not feel able to trust information
- Culture of delivery was face to face and with a reliance on what people know in their heads

What people said (contd.)

- Some groups of people struggled with online approaches
- People wanted information to be locally based and a one stop shop approach
- There is a lot of information across York but it is not consistent, coordinated or visible to all groups
- People want face to face information
- People want to be part of the solutions
- The social care population does not necessarily have the skills or willingness to access online information

Media Literacy

- 60% of people over 55 have a below average DQ score, 5,818 people in York
- Understanding of technology decreases beyond 60
- Lack of skills is the most significant barrier to domestic internet use
- Internet usage is less in socio economic groups of C2, D, E
- Broadband access falls to 50% in those over 65, 4,849 people using social care in York
- 25% of disabled adults do not use the internet
- Disabled adults 75+ only 30.8% use the internet
- Health literacy levels are low in the UK, information is too complex for 43% of people or 61% if numeracy included.

Social care users who do not use the internet in York

Group	A-F	L-O	% of social care group	Total
Carers	638	157	40	795
Frail disabled people etc.	2869	989	38	3858
Learning Disability	118	101	39	219
Mental Health	118	93	25	211
Other Vulnerable group	200	62	42	262
Total			38	5345

The Model

What York needs to do: Making the model work...

- Partnership and governance
- Co-production
- Community Venues
- Establish lead signposting website
- Digital inclusion strategy
- Dynamic and responsive online presence
- Connect to support
- Accessible information

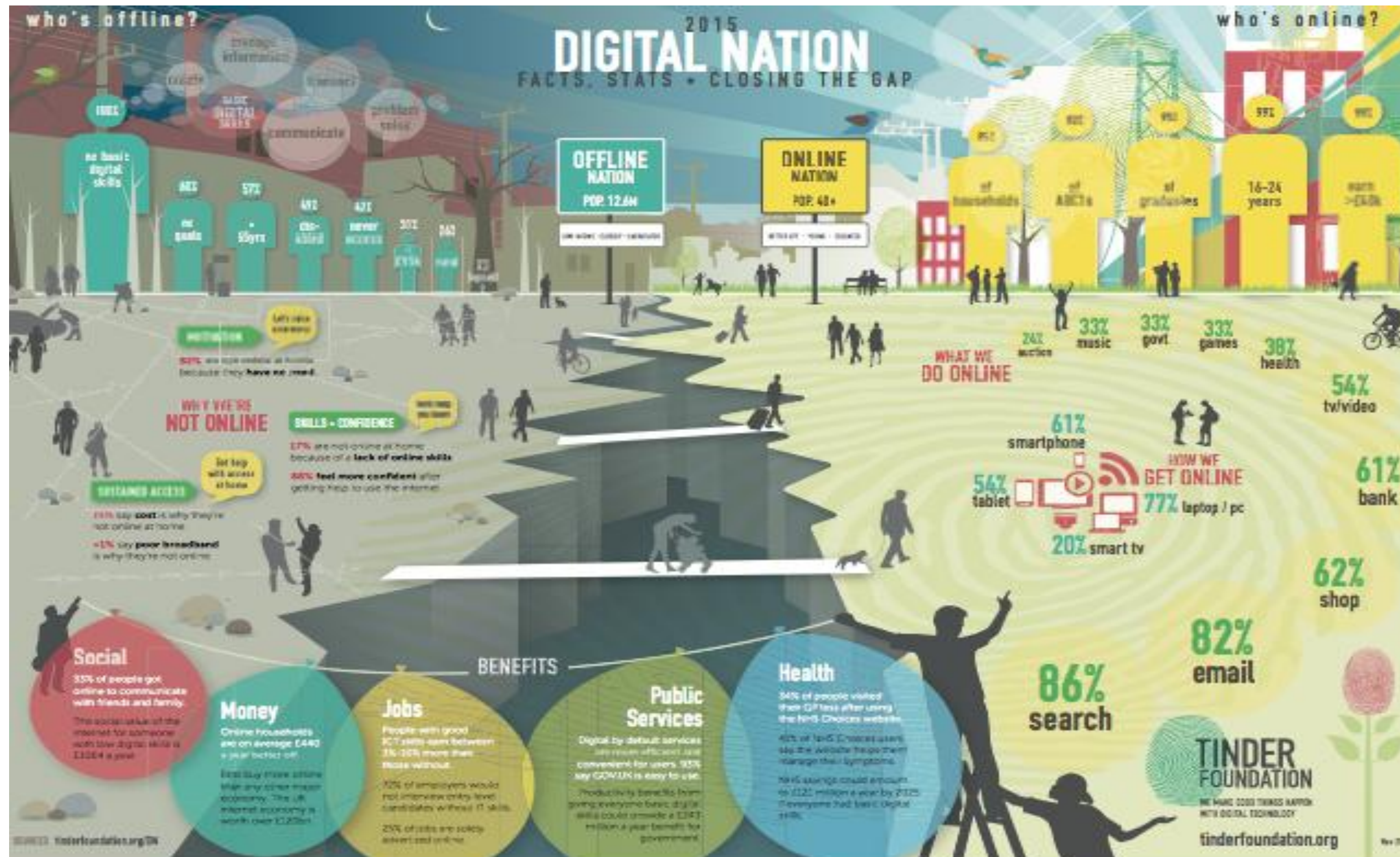
- Information standard
- Curated knowledge
- Asset based workers
- Social media approaches
- Social marketing
- Peer to peer networks

The ask of the Health and Wellbeing Board

- Agree the solutions / way forward
- Support implementation, including in your own organisations
- Act as strategic lead

Annex C

York Information and Advice Strategy – Action Plan.



The actions identified in this document are presented in a different order to those in the main strategy document and the shorter report. These are presented in suggested priority order, thus indicating the order of activity for the council and its partners.

Each solution is part of a whole picture of changes designed to assist the city to provide information in a more meaningful way that can help people stay healthy, safe, well and connected.

Solution	Actions	Improvement Outcomes	Opportunities	Risks	Resources
1. Establish effective information partnership and governance arrangements: to ensure the work is co-ordinated and delivered effectively across the health and social care economy, with minimal duplication of effort.	Establish a robust information partnership agreement to support the delivery of effective information and advice, including; • Leadership roles, • alignment of objectives, • alignment of authority and responsibility, • a communicatio n strategy, • risk management strategy,	Information is easily available and trusted. Information is dynamic, responsive, evidence based and current. Information is accessible and inclusive. People searching for information are provided with the same information irrespective of where they start their enquiry.	Build on current community infrastructure developments, including work within children's service and the Leisure and Community Centres Team. Utilise the strengths of the existing data and performance structures to support development of the performance measure.	Continuation of an unco-ordinated system with duplication and overlap. Ineffective use and duplication of resources. Universal information and advice remains challenging to deliver. People will continue to get contradicting messages or no information at all.	Staff time to service the groups and implement identified solutions.

	• resilience strategy • performance framework. Establish an information partnership governance strategic, and operational group representing all key partners in York. Determine strategic development plan to identify direction of travel.	Partners who are involved in delivering information and advice know all the local provision. More people in York are capable and confident to use online resources.	Utilise the existing communication infrastructure across partners in the city, to support the dissemination of information and advice. Utilise learning from Advice York's partnership agreement.	Programme of work required to create an effective information and advice framework will not be completed.	

	Operational group to deliver strategic group priorities. Develop and implement the local Information Standard.				

Solution	Actions	Improvement Outcomes	Opportunities	Risks	Resources
2. Develop and implement a co-production framework: to ensure that all new developments have the customer voice central to their outcomes.	Strategic sign up to co-production as the way of operating in York. Establish a city wide co-production group. Develop local co-production standards. Comprehensive training for all professionals and people involved in co-producing materials and services.	Information is easily available and trusted. Partners who are involved in delivering information and advice know and understand the local provision. More people in York are capable and confident to use online resources.	Utilise local and national co-production expertise to support the delivery of solutions to ensure effective information and advice systems.	Solutions are not accessible, customer friendly or useable	Staff time to train in co-production approaches. Resource to make information accessible Resource to reward and recognise contributions of people with lived experience. Access to accessible venues.

	Develop and maintain a bank of co-production literature and tools. Ensure co-production exists in any project team. Ensure sufficient time and resources are available to support good levels of preparation and full involvement. Identify key individuals who use services to work with web designers.			The York customer base will become increasingly dissatisfied as the local authority move more information to online channels. People will miss valuable information that keeps them healthy, safe, well and connected.	Staff time - Community connectors, social prescribers etc. Funding to support smaller venues to deliver information and advice.

				Statutory organisations costs will continue to increase as people are not staying healthy, safe, well and connected. People will not have information provided locally that meets their needs.	

Solution ----------------------------	Actions ----------------------------	Improvement Outcomes ----------------------------	Opportunities ----------------------------	Risks ----------------------------	Resources --------------------------
3. Use community venues to deliver information to local people: in order to build assets across the community and ensure people have access to good information.	Build links with Communities team CYC. Identify community venues that provide existing information under contract to the LA/CCG, map these and establish wider role in supporting local networks of information providers. Develop links with local libraries, community hubs, contracted providers and	Information is easily available and trusted. Partners who are involved in delivering information and advice know and understand the local provision. More people in York are capable and confident to use online resources.	The communities team have employed a person with social care experience to work specifically with community venues utilise this to help develop an asset based approach to information provision. York has 87+ community venues, some are willing to provide information to their local population.	The York customer base will become increasingly dissatisfied as the local authority move more information to online channels. People will miss valuable information that keeps them healthy, safe, well and connected.	Staff time - Community connectors, social prescribers etc. Funding to support smaller venues to deliver information and advice.

	community venues to support the information function within smaller venues. Identify venues willing to take on a role of information provision. Map this against the social care population and community hubs etc to ensure best fit. Prioritise list of venues to ensure task is manageable and able to succeed.		York has a range of workers focused on community connecting and utilising the assets of the city.	Statutory organisations costs will continue to increase as people are not staying healthy, safe, well and connected. People will not have information provided locally that meets their needs.	

	Understand which venues need financial support to deliver support to their local communities. Link asset based workers to individual community venues. Identify, with local venues their local populations information needs. Asset based workers to establish the level of information to be provided at each venue and support them to put this in place and keep				

	information current. Ensure the communities team are informed of developments to enable them to provide support to venues. Develop future plans with each venue.				

Solution	Actions	Improvement Outcomes	Opportunities	Risks	Resources
4. Establish a lead website to signpost people to information: to support finding the right information quickly and effectively. Support organisations to provide the information that makes sense to the population they serve.	Appraisal of the key options for the lead signposting website. Identify and commission work from the chosen organisation to develop and deliver the signposting website. Establish a co-production group representing providers and customers to inform the website development.	Information is easily available and trusted. People searching for information are provided with the same information irrespective of where they start their enquiry. Partners who are involved in delivering information and advice know and understand the local provision.	Connect to Support website. Role of Healthwatch York in information provision and signposting. The new Healthwatch York contract.	People will continue to struggle to find information. The system will remain fragmented. The prevention agenda will struggle to deliver positive outcomes.	Funding to develop and maintain the signposting website. Staff time and resource to support co-production of the signposting website.

	Test website. Publicise the website using the full range of marketing methods and social media.				

Solution	Actions	Improvement Outcomes	Opportunities	Risks	Resources
5. Develop and implement a digital inclusion strategy: to enable statutory organisations to successfully implement an online approach to providing information.	Develop targeted digital inclusion strategy in partnership with the digital team and learning providers, aimed specifically at those who access health and social care services and the staff that support them. Commission community learning partners to develop bespoke education and training programmes.	More people in York are capable and confident to use online resources. Information is accessible and inclusive.	Community venues are willing to make WIFI and devices available for local people to use. Tang Hall Inclusion hub. NHS widening digital participation volunteers. Internal IT experts volunteering as digital champions. Burnholme hub development.	Channel shift is not achieved. Prevention agenda not delivered.	Digital champions time from all organisations. System to lease devices where appropriate. Community learning funding Staff time.

	Utilise the concept of 'Making Every Contact Count' to increase the skills of citizens through their involvement with professionals. Identify the resource to support the above actions.		IT facilities in residential &nursing homes and day services become a community resource.		

Solution	Actions	Improvement Outcomes	Opportunities	Risks	Resources
6. Develop and implement a dynamic and responsive online presence: to ensure information is dynamic, responsive to the needs of citizens and current.	**Strategic:** Strategic sign up to ensure oversight and resources to maintain and sustain. Develop policies to support the proactive use of different technologies. **Operational:** Develop changes to CYC website to ensure customer facing and meets the expectations of consumers.	Information is dynamic, responsive evidence based and current. Information is accessible and inclusive. People searching for information are provided with the same information irrespective of where they start their enquiry. Websites are customer facing.	Extend current approach to Easy Read to cover all areas of the website. Utilise Easy Read skill set that exists within Cloverleaf and Ableweb York alongside BSL and other skill sets around the city. Maximise the current website reshape to develop video communication and introduce other technologies of value to health	Target groups will be unable to access information without significant support. The aspiration for channel shift will be compromised as groups who need to access information will be excluded from it.	Staff time to support the webchat functionality. Staff time for training. Funding for training and development activity Staff time for analysing conversations and identifying and uploading content.

	Develop structures to support knowledge curators adding information to designated web pages. Develop an approach to updating information that supports the wider web team to devote the necessary time to developing and uploading information. Ensure language is customer facing and easy to understand e.g.		and social care consumers. Utilise available expertise to support a webchat function.		

	easy read. Establish an infrastructure to support using feedback from all sources, social media and organisational. Consider the use of Apps, Webchat, Community Messaging and other technologies to enhance the user experience.				

Solution	Actions	Improvement Outcomes	Opportunities	Risks	Resources
7. Develop Connect to Support as a shared platform: in order to provide an integrated approach to information and support to stay healthy , safe, well and connected.	Determine interface between CYC website and structures and Connect to Support. Maximise the opportunity of the City of York new care management system to embed Connect to Support within its processes. Develop a co-production group focussed on working with the council and PCG Solutions to develop the best	Information is easily available and trusted. Information is dynamic, responsive, evidence based and current. Information is accessible and inclusive. Websites are customer facing.	The existence of the website. Changes to the care management system create opportunities to integrate Connect to Support into the local authority customer journey. Learn from Kirklees experience. Opportunity to integrate at no charge PCG Solutions. Use social media and community	No other joint platform across health and social care and lack of CCG funding (this makes developing an alternative unlikely).	Staff time. Resources to support effective co-production. Marketing resource.

	approach to information provision. Determine the functionality required from Connect to Support, e.g. include micro commissioning and social prescribing modules. Implement changes and evaluate impact. Build the performance framework. Market the finished website extensively.		messaging to promote Connect to Support to people across York.		

Solution	Actions	Improvement Outcomes	Opportunities	Risks	Resources
8. Provide comprehensive accessible information: to ensure that those people who are not able to hear, see or read the written word have access to good quality information.	**Strategic:** Develop a strategic partnership agreement to show a consistent approach to accessibility. Agree city wide standards for accessible support during face to face consultations /interactions.	Information is accessible and inclusive. People searching for information are provided with the same information irrespective of where they start their enquiry. Websites are customer facing.	Utilse existing skills in Easy Read, BSL etc. that exist within the city.	People remain excluded from online information and this may drive them to access inappropriate solutions. Missed opportunities for keeping people healthy, safe and well in their own communities. Aspiration for channel shift will be compromised.	Funding for production of information in different formats Staff time. Cost of implementing NHS Accessibility Standard. Staff time to review current offer around accessibility. Staff time to integrate Accessible Information Standard with Information

	Operational: Review existing policies and procedures that support the introduction of accessible information and the accessibility standard. Co-produce the approach to accessibility used by LA and CCG to ensure useability for people who have a visual impairment, are deaf and those that do not use the written word.				Standard.

	Ensure web based information can be provided in a print friendly format. Implement the NHS Accessible Information Standard across contracted providers. Ensure all web pages are presented in easy read with more complex information embedded within the web page.				

	Establish a ‘readers group’ as part of the approach to co-producing information. Develop effective monitoring and evaluation methodology that places customers central to the process.				

Solution	Actions	Improvement Outcomes	Opportunities	Risks	Resources
9. Develop and implement a local information standard: to ensure information provided to the people of York is provided to locally agreed standards and supports the delivery of a trusted online resource.	Establish momentum. Develop the standard. Set up the system. Get organisations signed up to the standard. Develop an accreditation and feedback mechanism.	Information is easily available and trusted. Information is dynamic, responsive, evidence based and current.	Utilise the experience of other local authorities who have developed a local information standard/accessible standard. Integrate the NHS Accessible Standard requirements into the local information standard therefore minimising cost and avoiding duplication.	Channel shift will not be achieved. Information across the city will be of variable quality and currency.	Communication experts time. Staff time for buddying and validation processes. Host organisation resource to service accreditation panel and the overall accreditation process.

			Ensure that the Accessible Information Standard and any local information standard requirements are included in relevant contracts with external providers.		

Solution	Actions	Improvement Outcomes	Opportunities	Risks	Resources
10. Implement a curated knowledge approach: to ensure the information provided to people is understandable, supports them to make good decisions about their health and wellbeing and supports the delivery of a trusted online resource.	**Strategic:** Establish strategic sign up. Identify the approach to be used to curation, including reviewing automated curations system and resources required to implement and maintain the system. **Operational:** Develop the skill set to produce curated knowledge.	Information is easily available and trusted. Information is dynamic, responsive, evidence based and current.	Utilise the professions who already search and analyse information as part of their role to provide curated knowledge. Utilise existing directories and databases to provide information to organisations and the public. Utilise librarians and information professionals to provide training to key staff.	The solutions that people access may not be the most effective option and potentially lead to increased cost in the future. Professionals will continue to spend time searching for the same information.	Funding to identify and deliver a training programme to support curating knowledge. Staff time for curating relevant information. Digital team capacity for uploading and maintaining the website and social media content.

	Identify the key points in the system where people have to search for information and build information curation roles with this group. Identify a performance review/supervision approach. Develop a dissemination process that interfaces with online and social media. Identify and implement a monitoring and				

	review process.				
Solution	**Actions**	**Improvement Outcomes**	**Opportunities**	**Risks**	**Resources**
11. Integrate the work of asset based workers: to ensure the small resource available to the city to focus on asset development is used to best effect.	Determine which of the following roles can contribute to the virtual asset team; • community connectors • social prescribers • local area co-ordinators • health champions. Be clear about the difference and overlaps in each role.	Information is dynamic, responsive, evidence based and current. Partners involved in delivering information and advice know and understand the local provision.	Each of the roles already exist or are in the planning/pilot stage.	Individual teams will remain separate and will continue to work in such a way that they do not maximise their impact.	Management time to establish team and provide leadership.

	Agree the interface between the different roles across the different organisations, including managing approaches to conflict and difference. Establish a virtual team. Determine the connected roles of the team. Identify the geographical area each will work within.				

	Identify an evaluation strategy and performance measures. Establish a reporting and knowledge sharing structure.				

Solution	Actions	Improvement Outcomes	Opportunities	Risks	Resources
12. Develop and implement a co-production framework: to ensure that all new developments have the customer voice central to their outcomes.	Strategic sign up to co-production as the way of operating in York. Establish a city wide co-production group. Develop local co-production standards. Comprehensive training for all professionals and people involved in co-producing materials and services.	Information is easily available and trusted. Information is dynamic, responsive, evidence based and current. Information is accessible and inclusive. Websites are customer facing. People searching for information are provided with the same information irrespective of	Utilise local and national co-production expertise to support the delivery of solutions to ensure effective information and advice systems.	Solutions are not accessible, customer friendly or useable.	Staff time to train in co-production approaches. Resource to make information accessible Resource to reward and recognise contributions of people with lived experience. Access to accessible venues.

	Develop and maintain a bank of co-production literature and tools. Ensure co-production exists in any project team. Ensure sufficient time and resources are available to support good levels of preparation and full involvement. Identify key individuals who use services to work with web designers.	where they start their enquiry.			

Solution	Actions	Improvement Outcomes	Opportunities	Risks	Resources
13. Develop and implement a social media function: to support the delivery of effective messages to the people of York.	Develop the strategy and relevant policies to support the development of social media. Ensure this is included within responsibilities outlined in the strategic partnership agreement. Identify whether Hootesuite can be used across the partnership to support social media listening.	Information is dynamic, responsive, evidence based and current. Websites are customer facing. Information is accessible and inclusive. Partners who are involved in delivering information and advice know all the local provision.	Identify and utilise current local facebook pages and twitter accounts to push out relevant message – co-ordinated across the partnership. Maximise the use of Hootesuite across York. Maximise the use of the community messaging service to deliver targeted messages.	Messages will be inconsistent and result in mixed outcomes for the public. Messages will not be the right messages to help the people of York stay healthy, safe and well Information is not available in a timely manner to inform effective decisions by people.	Staff time to; • Implement a shared data approach • Analyse relevant data • Quality assure data and information. Potential cost of the Hootesuite licences if it's use is extended to other partners.

	Develop feedback loops with contracted providers to understand the issues people are experiencing and develop an online response mechanism Establish a protocol to support communication teams working together to share and disseminate messages.			People will not know about available information to keep them healthy, safe and well.	

	Commission the Research and Business Intelligence team to provide a regular analysis of relevant data and intelligence to inform online content. Establish a systematic process for analysing data and informing the content of online resources. Push out co-ordinated and consistent messages to target audiences.				

	Pull in data and information to inform activity across the partnership and improve online resources. Develop and implement a social media marketing approach.				

Solution	Actions	Improvement Outcomes	Opportunities	Risks	Resources
14. Develop and implement a social marketing approach: to increase the understanding of the people of York about how to stay healthy, safe, well and connected.	Collect information from those who will both benefit from and contribute to the social marketing campaign. State the goals and objectives of the campaign. Define the audience or specific groups to be reached. Engage potential partners and change agents in the campaign.	More people in York are capable and confident to use online resources.	Partnership with public health to utilise their expertise in behaviour change and public health messages. Utilise current newzines, newsletters and regular communication briefings to raise awareness of local websites, social media and services that provide information and advice.	People will not have access to the best information to keep themselves healthy, safe and well. Local people are not aware of the information and advice provision that is available to them. Channel shift is not achieved.	Communication resources Public health support. Campaign resources

	Analyse the key behaviours and environments relating to the problem or goal. Identify core components or strategies of the campaign. Select campaign components based on their importance, feasibility, and fit with different groups. Pre test and revise campaign components before full implementation.		Utilise information structures across schools, colleges and training providers to get messages to young people and their parent/carers. Utilise current IT and technical infrastructure to share important messages.		

	Implement and evaluate the effects of the campaign. Celebrate success as a means of generating further publicity for the message.				

Solution	Actions	Improvement Outcomes	Opportunities	Risks	Resources
15. Establish peer to peer networks and support structures: to ensure people are supported to connect with people with lived experience and those people providing information are supported to do so.	Identify the resources available to support peer networks. Identify places to nurture peer networks e.g. Lives Unlimited. Identify and provide the support and resource that each network requires.	Information is easily available and trusted.	Graduate partners. Lives Unlimited. York Independent Living Network. Carers Hubs.	People will not have access to peers to support them when it is most crucial. Community assets will not be strengthened.	Finances to develop and support the peer networks. Community Connectors time to support networks and network leaders.

	Provide the networks with a key contact to ensure that they understand any changes or developments in information provision. Include the contacts of key networks on the lead website. Ensure Libraries, Hubs and community venues are aware of the peer networks and the key contacts.				

	Link peer networks to co-production initiatives.				

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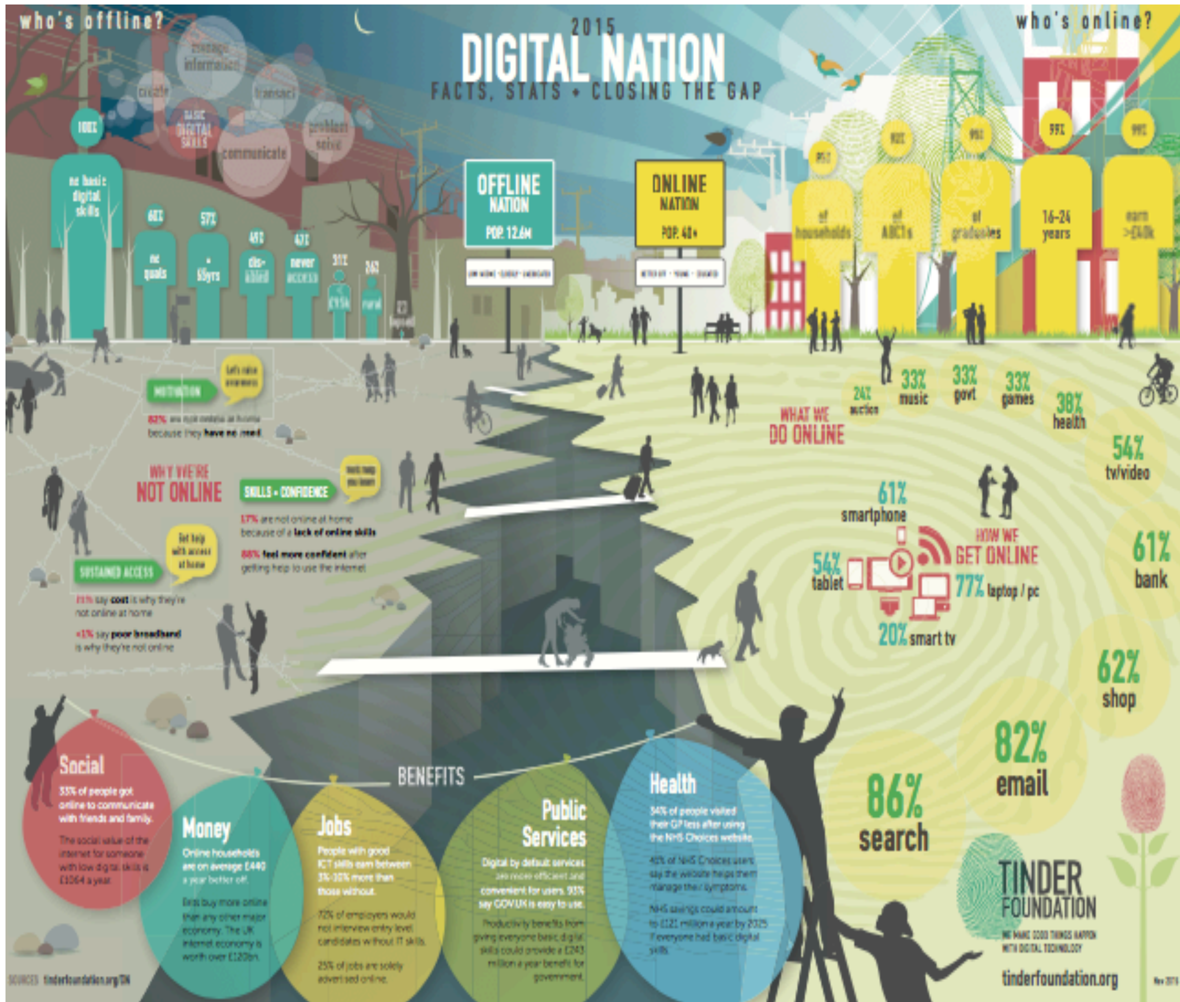
York Information and Advice Strategy



Source: Tinder Foundation, www.tinderfoundation.org

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"While we have seen a notable increase in Internet usage across all groups in recent years, many older and disabled people are still not online, with two-thirds of women over 75 having never used the Internet."

Pete Lee, Surveys and Economic Indicators Division, Office for National Statistics, 2016

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Context

Introduction

The Care Act (2014) definitions were used to inform this work;

- ***Information*** *is defined as the communication of knowledge and facts regarding care and support.*

- ***Advice*** *is helping a person to identify choices and / or providing opinions or recommendations regarding a course of action in relation to care and support.*

In addition, **Assisted Information** is defined as *'help to find information, to understand it and then to use it'.* **Assisted Digital** is defined as 'support for people who cannot use online government services on their own', these definitions were also used within this report (West 2015).

The focus of this work is Care and Support, not the wider agenda for the local authority or the Clinical Commissioning Group (CCG), such as planning, waste recycling or acute hospital admissions. Information and advice has been a key consideration in social care since Putting People First was published in 2007. This policy established information and advice as an important pre requisite to help people make real choices, control the decisions they need to make and access the support they require. The focus on information and advice has continued to increase in prominence with a growing emphasis from government on its role in prevention and therefore helping to manage the impact of ever increasing budget constraints. Think Local Act Personal (TLAP) also reinforced the fundamental importance of good quality information for people, particularly in enabling them to lead better lives for longer (TLAP, 2011). More recently the Care Act (2014) has embedded the information and advice role of local authorities in statute to ensure the provision of effective support.

Legislation and Policy

The Care Act (2014), states that councils' should provide information to the entire population, not just those using social care. It also noted the need to provide information on the customer journey and additional knowledge as required by different customer groups. The Care Act (2014) is therefore clear that local authorities must "establish and maintain a service that provides people in its area with information and advice relating to care and support for adults, and support for carers". This includes ensuring coherence, sufficiency and availability of information and advice. This information should also address areas such as; prevention, finances, health, housing, employment

and safeguarding. In addition, local authorities must consider the need to provide access to independent financial information and advice to support people when making key financial decisions such as deferred payments.

As well as the responsibilities relating to information and advice, local authorities must also provide independent advocacy in situations where individuals experience difficulty in understanding retaining or using the information given to them regarding the support they receive. The interface between information and advice and advocacy is important, therefore information about what advocacy is and how to access it is critical.

The Care Act (2014) further identifies the crucial nature of information and advice relating to the following areas;

- Promoting individual wellbeing.
- Preventing the need for care and support.
- Integration of care and support with health and housing related service.
- Promoting diverse and high quality services.
- Assessment and eligibility.
- Personal budgets, personal care, support planning and direct payments.
- Deferred payment agreements.
- Continuity of care.
- Safeguarding.
- Transition to adult care and support.
- Independent advocacy.

Key features of the Care Act for councils are;

- A duty to promote people's wellbeing and to prevent needs for care and support.
- A duty to provide an information and advice service about care and support.
- A requirement to carry out an assessment of both individuals and carers wherever they have needs, including people who will be "self-funders", meeting their own care costs.
- A duty to facilitate a vibrant, diverse and sustainable market of care and support provision and to meet people's needs if a provider fails.
- A national minimum eligibility threshold for support – a minimum level of need that will always be met in every council area.
- A requirement to offer a universal "deferred payment" scheme, where people can defer the costs of care and support set against the value of a home they own.
- A duty, in some cases, to arrange "independent advocacy" to facilitate the involvement of an adult or carer in assessing needs and planning for care.

LGA (2014)

The NHS direction of travel is outlined in the Five Year Forward View and the work of the National Information Board (NIB). The NHS acknowledges the need to support people, particularly those with long term conditions to manage their health and lifestyle for themselves. This agenda is key within the direction of travel and their approach to demand management, alongside managing the anticipated £30 billion funding gap. As a first step towards this ambition the NHS recognises the need to improve the information people are able to access, this includes both clinical advice and information about their condition and history. In addition, all local NHS and other statutory organisations now have a requirement to implement the NHS England Accessible Information Standard.

For both health and social care, the Care Act (2014) is an attempt to drive the necessary changes to the health and social care system by changing the emphasis of care delivery and rebalancing the relationships between organisations such as local authorities and the NHS, professionals/staff and the public.

Changes to structures and systems within health and social care, has seen local authorities gain more responsibility for the health and wellbeing of their local population. In addition, working in partnership with the NHS and other organisations is also increasing in importance. Health and Wellbeing strategies aim to improve the health of the areas population and change how people who need support engage with services by encouraging better self-management through the use of different self-care techniques (DH 2014, LGA 2014). An example of this, can be seen in the City of Manchester who have developed the Living Longer, Living Better strategy (2014) and have invested in staff development in order to improve both the communication and coaching skills of the health and social care workforce.

Healthwatch England is a body established under the Health and Social Care Act (2012). The Healthwatch network is made up of local Healthwatch organisations across each of the 152 local authority areas and Healthwatch England. The purpose of each Healthwatch is to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf. In addition to ensuring that the voices of people are heard and acted upon, the Health and Social Care Act (2012) also included the responsibility to provide an information and advice service to the public. Later policy also established a signposting role for Healthwatch (LGA, 2013).

Review of the Literature

Information and advice is a key building block for the future that aims to provide increased choice and control for the citizens of York. As such, it is fundamental in helping people to stay healthy, safe, well and connected within their community. Information and advice is also critical in supporting the

prevention agenda and demand management, particularly in the context of the ever reducing amount of money available to local authorities and their partners.

This literature review covers a wide range of information impacting on this goal. It will consider the case for change, particularly the demographics, the demand for change, the relevance of information to people who fund their own support and financial pressures. When exploring the future requirements for information and advice across York it is important to understand what the literature tells us about the provision of information. This section will explore the places people go for information, the impact positive messages can have and the challenges across health and social care. Within this it will also consider health literacy as a fundamental aspect of ensuring people understand the messages provided by organisations.

It also explores the concept of digitalisation and the importance of media literacy if people are to access the internet safely and effectively alongside device ownership and the challenges of reduced device ownership with increasing age. In addition, this section will explore how people use the internet, their confidence in doing so and their perception of how much they trust information. Finally, the section on digitalisation will look at the digital picture in York including some data relating to the social care population.
Finally, the literature review will explore delivery models, quality assurance and what constitutes a good information and advice system.

The Case for Change

The case for change therefore considers the impact of demography, the demand for services, support for people funding themselves and financial pressures on service delivery. This is addressed in the context of changing resources and the need to increase the self sufficiency of the population of York.

Demographics

The population of England has increased from 41 million in 1951 (Hawe Yuen and Baillie, 2011) to 53 million in 2012, and on current projections will reach 61 million by 2032 (ONS, 2011a). This increase has been accompanied by a rise in the number of people aged 65 and over, resulting in a change in the balance between this age group and those of working age.

While increased life expectancy is a cause for celebration, it’s implications for health and social care services are significant. The main users of hospitals and care homes today are older people. For example, people over 65 account for 62 % of total bed days in hospitals in England, and 68% of emergency bed days (Imison, Poteliakhoff and Thompson, 2012). More than three-quarters of people receiving care in registered residential and nursing accommodation in

England, funded by councils, are over 65 (with 43% over 85). In addition, 81% of people receiving community-based home-care services are aged 65 or over (NHS Information Centre 2012).

Demand for Services

Alongside increased demand for services more people are living longer with one or more long term conditions (multi-morbidity). An estimated 15 million people in England have at least one long-term condition (Department of Health, 2011). The prevalence of long-term conditions increases with age, it is predicted that the number of people with long-term conditions will remain relatively stable over the next six years. However, the number of people with multiple long-term conditions is set to rise from 1.9 million in 2008 to 2.9 million in 2018 (Department of Health, 2012a).

People diagnosed with multiple long-term conditions are the most intensive users of health and social care services because their needs are often more complex. Most people aged 65 plus have multi-morbidity, this increases with deprivation (Barnett, Mercer, Norbury, Watt, Wyke and Guthrie, 2012). The likelihood of having a mental health problem increases as the number of physical morbidities a person has increases. It is therefore important to ensure that information about different health conditions and strategies for staying well are available to people.

With the recent changes in the economy of the UK, income and income poverty has come to the fore. Whilst the overall proportion is similar to a decade ago the mix of people experiencing poverty has changed. Whilst the average household has seen their income increase by 2% over the last decade, around 21% of households remain in poverty when measured after housing costs. In addition, over 50% of all people in poverty are either in work or living with a working adult, this has increased from 40% ten years ago.

Currently, a third of people in poverty live in private rented accommodation, up from a fifth a decade ago. While in 2003/04, there were more people in poverty aged over 65 than the 16–25 age group, the opposite is now true (Joseph Rowntree Foundation, 2015).

Increases in the cost of food, fuel and rent have also hit lower-income families harder than average families, as these items make up a greater share of expenditure for people further down the income spectrum. Around a quarter of people in poverty are behind with at least one bill, and the proportion of families in the poorest fifth with no savings stands at 69%, up from 57% a decade ago.

In addition, the expectations of younger people are often much higher and quite different than previous generations. These expectations reflect the transformation in standards of service in industries such as banking and retailing, and the revolution brought about through the use of technology and

social media. It is important that any approach to information and advice acknowledges all these different market segments, their financial capability and its potential impact on both device ownership, access to broadband and their preferred methods of communicating with statutory services.

Financial Pressures

Public services in the United Kingdom face an unprecedented period of financial constraint as a consequence of the economic crisis that began in 2008. The effects of this recession have been felt most strongly by local authorities, including social care, whilst the NHS has been relatively protected until recently. The long-term economic outlook for the country suggests that public spending will remain constrained for the foreseeable future (Ham, Dixon and Brooke (2012), Stevens, (2016)).

Spending constraints on public health and social care have led local authorities to find new ways of reaching those individuals who live within their boundaries to support them to access information and advice. This includes using digital solutions such as web based approaches and social media to help people stay healthy, safe, and well for longer. The success of these approaches varies with the age profile of customers.

Information and Advice Provision

It can be assumed that all patients, carers and people using services require information about the availability of and access to health and social care services in their local area. However, as a large body of existing research demonstrates, both service and information needs can vary considerably from person to person. An understanding of the variation and complexity of these needs is essential for effective signposting to relevant information sources and local service providers. It is equally important to recognise and address the barriers that people face in trying to find appropriate information and services (Swain, Ellins, Coulter, Heron, Howell, Magee, Cairncross, Chisholm and Rasul 2007). Williams, Harris, Hind, Uppal, (2009, pg. 3) state that 'Information, advice and advocacy are essential for all adults and their relatives and carers who need, or may need, services and support in order to lead their lives. This includes people with the full range of needs and financial means'.

Swain et al (2007) identified that everybody requires information about the availability of and access to the health and social care services in their area. However, information needs do vary considerably depending on who needs to know about what. A study of people who used social care found that 4.5% said that it was difficult to find information and advice and that their quality of life 'was bad' or 'so bad it couldn't get any worse' (NHS Information Centre 2011).

Bottery and Holloway (2013, pg. 15) identified eight problems with the accessibility of information and advice. These are;

- The social care system is too complex and localised to comprehend.
- Decisions are typically taken in a crisis.
- There are problems with the quality and availability of information, advice and referral.
- The availability and quality of council information services and assessments is patchy.
- There is a lack of independent support for the assessment process.
- There is a lack of joined-up advice covering care and housing/benefits options.
- There is a lack of information about service availability and quality.
- There is a lack of signposting to financial advice.

The government's Impact Assessment (White Paper) recognises both a shortage and the implications of high quality, reliable information about organisations and individuals offering care and support and the quality of that care (DH 2012b). This paper continues to state that;

> "High quality information and advice is essential to ensure that the care market functions effectively, not least because users and potential users cannot assess the quality of care and support services without experiencing them. Historically, the private sector has not provided the necessary information, probably because of relatively high costs and low demand, possibly driven by the fact that these are often distressed purchases", (DH 2012b, pg. 15 - 18).

In support of this, Williams et al (2009, pg.7) state that 'information, advice [and advocacy] are critical building blocks for good outcomes'. Swain et al (2007) explored how people who accessed services actually found out about them. This study identified that there was not necessarily a lack of information, but it was difficult to find it when people didn't know it was there. As Swain et al (2007) points out, the respondents in their study were 'expert information seekers' and were on the whole 'highly motivated, articulate and assertive individuals. People without these characteristics are much less likely to fare well in the quest for information' (Pg.62).

The use of a mystery shopper approach by Swain et al (2007) uncovered a number of issues that include;

- The diversity of information needs
- The characteristics, personalities and skills of individuals
- A lack of co-ordination between those who provided information across geographical, sectoral and organisational boundaries
- A reliance on local 'knowledge managers' who know what is available
- Websites that are not publicised or are out of date and unreliable

Bottery and Holloway (2013) also identified a number of issues with current systems. These included;

- Lack of or misinformation.
- Fragmentation of information. Information is not in one place, relates to different groups, is about different departments or services.
- A lack of signposting between services.
- Information is overwhelming and not personalised, with an over use of jargon or non accessible language.
- Inadequate provision for certain groups, e.g. people with physical, sensory communication (both profound and multiple) impairments.
- A lack of evidence around 'what works' in Information and Advice services.

As can be seen from this, there are a number of similarities with regard to the issues across these two studies. It is important that local authorities know their populations and how information flows within and across local geographies and groups. This is considered further elsewhere in this report.

Sources of Information

Coulter, Ellins and Swain (2006) identified that for most people the first and most trusted information source is their doctor, although many also seek out supplementary information from a variety of sources. A telephone survey carried out with a random sample of the UK population in 2005 asked respondents if, and where they looked for health information. The majority (80%) said whilst they were likely or very likely to seek out information to learn about how to cope with health problems (Ellins and Coulter 2005), nearly three-quarters said they would expect their doctor to provide it. A wide variety of other sources were also mentioned (See below).

Source	Percentage
Doctor	73%
Internet/website	30%
Leaflets or books	23%
Nurse/other health professional	22%
Family and friends	19%
Newspapers or magazines	18%
Pharmacist	6%
Patient organisations	4%
Television or radio	4%
Advertisements	1%
Other	12%

Fig 1: Where people go for information

Source (Coulter et al 2006)

Coulter et al (2006) found that whilst there was a great deal of information on local services available to people, they struggled to find out about relevant

support. This study identified that knowing what information to look for is key to accessing the necessary help and once a person discovered how to navigate the system there are plenty of individuals willing to help, but making the initial contact was difficult. In addition, Coulter et al (2006) reported that participants stated that information had not been offered to them routinely and it was left to them to specifically request it. Participants described how difficult it can be to advocate for yourself, especially when you are trying to build relationships with the people you depend on for services and support.

Younger people see themselves as far more informed than the previous generation and younger middle-class people, in particular, no longer regard professionals as the font of all knowledge (MORI 2001). Many are active information-seekers, not because they naturally distrust the professional, but because they have a greater awareness of the variety of treatments and interventions and are used to seeking information from a variety of sources before making major decisions of any sort. There are exceptions to this trend, for example, some people with severe conditions may be fearful of finding additional sources of information in case it contains bad news (Leydon, Boulton, Moynihan, Jones, Mossman, Boudioni and McPherson 2000).

Women tend to be more active information-seekers than men and people with chronic illnesses and parents with children at home often go to considerable lengths to obtain health information (Ofcom, 2016). Many people find that exchange of experiences with other people is the most reassuring and efficient way to get information. The Internet is used as a source of health and social care information, particularly by younger people and professional groups. People welcome the opportunity it gives for quick access to information from anywhere in the world, but many find the quantity of health and social care websites and 'Apps' overwhelming and finding reliable information takes considerable time and effort (Bessell, McDonald, Silagy, Anderson, Hiller, and Sansom, 2002, Coulter & Magee 2003, Thompson and Pickering, 2016a).

The extent to which people are motivated to understand their health and well being is an even more important predictor of Internet use than demographic factors (Mead, Varnam, Rogers and Roland, 2003). People who believe that access to information will enable them to deal better with their health and care needs will go to considerable lengths to obtain relevant information (Thompson and Pickering, 2016b).

A high value was placed on information, both as a means to better understand how to manage health and social care problems, but also to guide people in accessing an appropriate mix of support and services. Participants in the study by Coulter et al (2006) and Thompson & Pickering (2016b) identified the importance of obtaining information soon after people receive a diagnosis or assume a caring role. This is precisely the stage when the health and social care system can seem most complex and confusing. However, many were also keen to point out that the need for information is ongoing, and that

staying well informed and up-to-date about relevant services is a long term process. This is especially so when the individual is dealing with a chronic health problem, where service requirements may change as the condition alters or worsens over time. It is also an issue for children with learning disabilities given that service needs and eligibilities change as they become young adults.

Information needs change over time and are very diverse. Participants in the Coulter et al study (2006) had sought information on a wide variety of general and specialist services. However, some common themes emerged. Information most commonly requested included the following;

- local voluntary and support groups
- nursing or respite care
- specialist healthcare facilities and/or professionals
- medicines
- financial benefits and allowances.

These areas reflect a number of priorities in the Care Act (2014). Coulter et al (2006) identified that everybody they contacted had, at some point, tried to find out about services available in their local area, be it their GP, dentist, specialist health, social care or voluntary sector services. Most wanted at least basic details in the form of contact names, addresses and telephone numbers, and opening times. Information about eligibility and application processes (where appropriate) were also mentioned, particularly in relation to benefits and allowances. Some people also wanted to prepare for eventualities by finding out about services that they or the person they were caring for might need in the future.

Impact of Information

People often misunderstand or do not remember things that they are told during consultations or visits by professionals. Providing people with information is intended to enhance their understanding of care, health and treatment issues and their retention of information over time. The extent to which information achieves these goals is an important question, and impact on knowledge and recall has been examined in the majority of evaluation studies.

Research has generally demonstrated the effectiveness of health and social care information in improving knowledge and recall (Coulter and Ellins 2006). This includes studies of written materials (McPherson, Higginson and Hearn 2001); audiotape, videotape and interactive media (Luck, Pearson, Madden and Hewett, 1999, Murray, Burns, See, Lai and Nazareth, 2005, Santo, Laizner, Shohet, L. 2005, Scott, Entwhistle, Sowden, and Watt, 2001); and patient decision aids (Edwards et al 2000, Estabrooks, Goel, Thiel, Pinfold, Sawka and Williams, 2001, O'Connor, Stacey, Rovner, Holmes-Rovner, Llewellyn-Thomas, Entwhistle, Rostrom, Fiset, Barry, and Jones, 2003). The additional value of providing written information was evaluated in a Cochrane

systematic review, which identified trials that compared verbal information only with combined verbal and written information (Johnson, Sandford and Tyndall, 2003). This found that the combined method was significantly more effective at improving patients' knowledge and satisfaction. A study by Jones, Pearson, McGregor, Cawsey, Barrett, Craig, Atkinson, Harper Gilmour and McEwen (1999) compared general and personalised computer-based information for people with cancer. People offered personalised materials were more likely to use them, find them relevant, show them to others and feel that they had learnt something new. Information is also more effective either when used as an adjunct to the professional consultation or delivered as part of an educational intervention.

The information presented in decision aids focuses on treatment options and their possible outcomes, and is specifically intended to inform and support peoples' involvement in decision-making. There is strong evidence for the effectiveness of decision aids, which improve both knowledge and the expectations of the benefits and harms of interventions (O'Connor et al 2003). Impact appears to be greatest when risk information is presented in a way that is relevant to an individual person or group of people (Edwards, Elwyn, Kinnersley and Grohl 2000).

Providing Information and Advice in Health and Social Care

Much of the literature relating to universal information and advice provision comes from either a health or education perspective. However, Williams et al (2009) documented problems that people using social care (or more widely members of the public) face when trying to access universal information and advice services. These included;

- Lack of, or misinformation.
- Fragmentation of information. Information is rarely held in one place, pertains to different groups of people, is about different departments or service types.
- Information sources can be overwhelming and non-personalised, with an over-use of jargon or non-accessible language.
- Inadequate service provision for certain groups.
- Specific gaps in relation to evidence on universal information and advice provision for;
    - ethnic minority communities
    - those with chaotic lifestyles
    - people with fluctuating support needs
    - visually impaired
    - multiple impairments
    - private purchasers of social care services

A number of sources (HM Government, 2007a, a, 2007) cite the inability of users from different groups to easily access services due to a lack of information or awareness of what is out there, or more worrying still, that the

information they receive is inaccurate or inconsistent. Given that information is one of the key drivers for satisfaction when people experience different responses from within the same organisation they are likely to feel dissatisfied (Social Exclusion Unit, 2005, taken from ODI, 2005). Dunning (2005) suggests that older people from ethnic minority communities find that information and advice is often characterised by 'inaccuracy, inappropriateness and absence of information that was needed or requested' (Margiotta et al, 2003 pg. 33).

Work by the Office of Fair Trading (OFT, 2005) found that many older people were poorly served by the care home market, and concluded that a lack of information was one of the key reasons why older people were unable to exercise their rights as consumers. The Commission for Social Care Inspection (CSCI) conducted a study (CSCI, 2008) which emphasised the importance of information given face to face, and found that written information about choosing a care home was generally poor.

Traditional services in the social care sector are organised around professional boundaries that are often not easy to navigate for those who are not already familiar with such structures and their respective remits. In its annual review of the 'State of Social Care in England in 2006-07', the CSCI concluded that local authorities and care services were not performing well against national standards relating to information (CSCI, 2007a). The report noted the growth of 'signposting' as a strategy to deal with people who are not eligible for council-funded services, but noted that the quality of such services was variable. Typically, local authorities relied on the third sector to provide information, but there was little or no follow up for people who had been signposted elsewhere.

As voluntary sector organisations tend to be structured around particular groups of people or conditions, it can be difficult to foster cross-organisational/ departmental links to tie into other relevant information sources. However, voluntary or non-statutory organisations also tend to be more trusted by people than government departments, partly because of the perception that they have 'less of an agenda' (Mori & DWP, 2005 taken from ODI, 2005; Robson and Ali, 2006). This, therefore, presents the issue about how best to harness the trust of people and ensure that independent organisations have all the information at their disposal to offer members of the public at the point of enquiry.

Feedback on the DirectGov website from disabled users (Corr Willbourn Research & Development, 2004, taken from ODI, 2005) highlighted that people want active delivery of personally relevant information rather than information which is passive and often hypothetical. Overall these views sum up their preference for an interface rather than a simple website. This approach would ideally place people in a stronger and better informed position when dealing with local bureaucracy.

This is supported by Hayden and Boaz (2000) who found that older people wanted coordinated person-based information delivered by either telephone or face to face. This has implications for ensuring information is available in a variety of formats, but also that it extends beyond a passive catch-all model.

A mystery shopping exercise (CSCI, 2007a) found that written information from local authorities was at times inaccessible, contained too much jargon and poorly designed. Others have also documented poor design, layout or visibility in relation to written information or materials (for example Margiotta, Raynes, Pagidas, Lawson and Temple 2003).

The 2015 ADASS mystery shop across Yorkshire and Humber tested a number of areas including;

- face to face interaction, information and advice
- reception facilities and information
- telephone interaction, information and advice
- website access, information, advice and signposting
- 'out of hours' access and advice
- safeguarding access, response, information and advice

Across the region the 'Excellent' ratings increased, with particular improvements in website and out of hours' results. However, there was a drop in overall ratings for face to face interaction. The City of York Council improved in 4 out of 6 areas with reception moving from unsatisfactory to good and telephone service moving from fair to excellent. York was one of the councils reported as good for the face to face interaction (ADASS, 2016).

Sykes, Hedges, Groom and Coleman (2008) found that the model of developing 'banks' of information by local authorities and other agencies that are accessible to members of the public are rarely used. People access information when faced with a particular problem or question, and usually only from formal sources of information when they have exhausted all informal mechanisms (which are considered more trustworthy and more understandable). Formal information is often seen as overwhelming, full of jargon and too general.

Lewington and Clipson (2004) also report that there is inadequate independent information, advice and advocacy provision for people with physical, sensory, and profound multiple impairments. This may entail providing additional support mechanisms to facilitate effective access. The RNID (2004) carried out research into deaf people's experiences of accessing services and found that nearly a fifth of those consulted received the wrong form of communication support when accessing public services. A further quarter reported no support was provided to enable them to access services.

This highlights the importance of considering accessibility in universal information and advice provision. As many as 46% of respondents reported that they were unable to interact with public services 'all of the time' or 'often'

due to a lack of communication support. The most robust universal information and advice services will be ineffective if accessibility issues are not fully considered from the outset. This research also raises issues about the extent to which current universal information provision adheres to the Equalities Act.

Healthwatch York (2013) carried out a research project identifying some of the challenges experienced by the deaf community. These included;

- A lack of understanding that British Sign Language (BSL) is often a deaf person's first language, not English.
- Lack of awareness of the difference between those people who are profoundly deaf and those with partial hearing loss.
- Less access to face to face interpreters and an increasing reliance on technology. For example, GP services refusing requests for BSL interpreters and telling people it is too expensive.
- Use of auditory systems to gain peoples attention with no visual support for it e.g. in waiting areas.
- York is reported as no longer having a social worker able to use BSL.

The value of information for carers (and the consequences of not receiving it in a timely fashion) often results in the difference between being able to access the full range of benefits that they (and the person they care for) are entitled to and not doing (Carers UK, 2006). Information providers need to distinguish between different types and stages of caring (such as along the life course – entering/leaving caring or those that do not recognise themselves formally as carers, thereby unaware of the support they are entitled to) as the information needs of this group of people will vary accordingly.

People who fund their own support

The local authority also has a specific statutory duty to provide information and advice to people who fund their own support. This can be a significant number of people. Estimates across the country suggest 20 - 25%; for York, this figure is likely to be much higher. Estimates suggest that for residential care, somewhere in the region of 20 - 30% will be people who fund themselves, again York is likely to be higher than this due to the affluence in some parts of the city. LaingBuisson (2015) calculated that 177,000 people funded their own care home places, this equates to 44% of people who fund their own support. In 2011, people funding themselves were also thought to be 25% of the home care market (IPC OBU and Melanie Henwood Associates 2011).

Miller, Bunning & Rayner (2013) suggests that 53% of local authorities did not know how many people funded their own support in 2011. As the Care Act (2014) has increased the focus on people funding their own support this should now mean more local authorities have this data. Understanding this market is important as once this group of people have spent their available savings they become the responsibility of the local authority or continuing

health care to fund. The effect of this on local authorities' budgets has been estimated at 3.5% of their care home budgets, though again this may be more for York.

Bottery and Holloway (2013) identified that people funding their own support experience;

- A lack of information.
- A belief that because they are not eligible for funding they are not eligible for an assessment.
- Exhaustion and frustration due to the effort of getting through to the right person to help, whilst also managing their crisis.
- Unhelpful signposting with no follow up.
- Information and Advice is not personalised.

Consequently, families are easily put off even starting the journey to talk to statutory services. In addition, local authorities often organise their information and advice structure based on the customer journey and the functions that they have to carry out. People who fund their own care do not necessarily follow the customer journey of assessment, commissioning and procurement in the same way as social care staff. They are more intuitive in their approach and are not bound by organisational boundaries or constraints. In this context, they require information to be provided in a way that is less compartmentalised.

Despite the many challenges good quality information is highly valued by some people, however their ability to understand it is variable. An understanding of health literacy across the UK can help with both the presentation and provision of information.

Health Literacy

Health literacy can be defined as 'the personal characteristics and social resources needed for individuals and communities to access, understand, appraise and use information and services to make decisions about health (WHO, 2015).

It is known that the levels of functional health literacy are low in England. Health information in current circulation is written at too complex a level for 43% of working age adults (16-65 years); this figure rises to 61% if interpretation requires numeracy skills.

Evidence also suggests that low health literacy has real effects on health and illness. In England, older people with low health literacy have higher mortality. Research from the US and Europe shows people with low health literacy are more likely to have a long-term health condition and this is more likely to limit their activities (Pelikan, Röthlin and Ganahl, 2014). People with low health literacy rate their health as lower than people with higher levels of health

literacy, people with low health literacy and lower educational levels are also more likely to have unhealthy lifestyles.

Health literacy is a social determinant of health and is strongly linked with other social determinants such as poverty, unemployment and membership of a minority ethnic group. Where health literacy differs from these other social factors is its potential to change through improving health systems and building patient & public awareness and skills. Health literacy affects people's ability to;

- Navigate the health care system, including complex forms and locating providers and services.
- Share personal information, such as health history with providers.
- Engage in self care and chronic disease management.
- Understand mathematical concepts such as probability and risk.

US Department of Health and Human Services (Undated)

People with low health literacy often struggle to make sense of and use standard health and social care information (Ad Hoc Committee on Health Literacy 1999), and could benefit from specifically designed Easy Read materials. The availability of such materials is particularly important given that limited literacy is more prevalent among disadvantaged groups including older people, ethnic minorities and those individuals that are socially deprived (Institute of Medicine 2004).

Most studies involving people with limited health literacy have tested interventions that are designed to improve communication through the use of a variety of interactive formats or simplified written materials. While improvements in knowledge have been shown, this has often occurred in people irrespective of their health status or in all except those with the very lowest literacy levels (Berkman, DeWalt, Pignone, Sheridan, Lohr, Lux, Sutton, Swinson and Bonito 2004, Eakin, Bull, Glasgow and Mason 2002, Moudgil, Marshal and Honeybourne 2000). Other studies have found that the comprehension of health and social care related information by people with low health literacy is substantially improved by the use of pictograms in addition to text (Berkman et al, Mansoor & Dowse 2003).

Often a central aim of information is to influence peoples' health and self-care behaviours', and in doing so improve their health and wellbeing outcomes. Findings on the impact of general information leaflets and decision aids on health behaviours/status are mixed, with studies reporting both positive and neutral effects (Coulter and Ellins 2006).

Behavioural improvements have also been observed in studies involving people with low health literacy, although these have often evaluated multifaceted interventions of which information is only a part. For example, Moudgil et al (2000) reported a significantly reduced number of asthma events or episodes following a package including health information, tailored self-management plans and an educational programme. The participants in this

study were white and South Asian residents of economic deprived areas in Birmingham and materials were developed in appropriate ethnic dialects. However, only in the white group were clinical improvements reported. The authors speculate that a more culturally sensitive approach, directed towards health attitudes and beliefs as well as the clinical aspects of the condition, might have been more successful. For online responses digital skills and access to the Internet are also important considerations.

Digitalisation

Socitm (2015) when discussing digital public services provision, identified the need for a fundamental shift in the way that services are designed and developed. The Better Connected report (2015) states this must start with people, their needs and delivering better outcomes at lower overall cost to the public purse. Change at this level requires a focus on people, processes, technology and organisation.

The word ‘digital’- as in ‘digital age’ and ‘digital government’ - has become a widely used shorthand description to summarise the improved use of technology, digital resources and better information management. The potential benefits for local government of greater use of technology and digital information are enormously persuasive. These technologies have the potential to reduce costs, increase efficiency and deliver better outcomes for people. They can also stimulate innovation, enable new ways of working, and help to re-shape relationships between citizens, communities and local government (Thornton, 2014). In addition, evidence from Ofcom (2016), identifies that using online approaches to paying bills, for example, can also save money for individuals and families.

In order to increase the use of online approaches, websites must be as accessible as possible for all users, including people with disabilities. Badly designed and implemented websites can make it difficult or impossible for disabled people to use the Internet. This includes those using assistive technologies, for example, text-to-speech screenreaders. Accessibility should be 'built in' rather than be regarded as an extra layer of usability for a minority of users, not least because accessible websites are easier for everyone to use.

The Better Connected report (Socitm, 2015) compared the 43% of local government sites that are rated as satisfactory for disabled accessibility with the remainder. It found that performance on a number of tasks was 41% better for the accessible sites than the rest. This report suggests that there is a definite relationship between the accessibility of the websites for people with disabilities and the more general usability of the websites for the general public when this functionality is 'built in'. Alongside a focus on the design of a website in delivering a successful information and advice strategy, it is important to also consider broadband coverage, media literacy and device ownership.

Whilst York currently has 95% broadband coverage across the City Centre with an aim to achieve 98% by 2018, there are some notable black spots in the outlying villages and rural farms and communities. Media literacy and device ownership are addressed in the sections below.

Media Literacy

Media literacy is when people have the skills, knowledge and understanding they need to make full use of the opportunities presented by communications services. It also helps people to manage content and communications, and to protect themselves and their families from the potential risks associated with using the Internet. Ofcom (2015) defines media literacy as the ability to use, understand and create media and communications in a variety of contexts.

Media literacy is therefore a pre requisite for people using online information and advice provision across the City of York. Much information exists nationally to describe the level of literacy or digital skill set of the population across the UK. This information is not currently available for York however, this report extrapolates some estimated data from the national statistics and the known statistics for the social care population in order to provide some insights into the digital capabilities of the social care population.

Many people are familiar with the concept of IQ, Intelligence Quotient, Ofcom measures confidence and knowledge of communications technology to calculate an individual's 'Digital Quotient' score, or 'DQ' (Ofcom, 2016). This study, of nearly 2,000 adults and 800 children, found that six year olds claim to have the same understanding of communications technology as 45 year olds. Also, more than 60% of people aged 55 and over have a below average 'DQ' score. For York this means upwards of 5,818 people that are currently using adult social care may have poor DQ levels.

Consequently, young people in their mid teens are at the peak of their confidence and understanding of technology. This reduces gradually up to the late 50s and then more rapidly from 60 and beyond. In reality older generations still find it ‘good to talk’ with 20% of UK adults' communications time on average is spent on the phone. While adults also embrace digital text-based communications, the traditional email is the most popular used for 33% of their time communicating, compared to just 2% among 12-15s.

Device Ownership

However, the media literacy level of a population is not the only prerequisite to the numbers of people able to utilise online approaches to finding information, access to a device is also critical. Internet and mobile phone access are known to be improving across the income distribution spectrum, however there are still large and notable differences from the richest households to the poorest. As a consequence of this, the lack of skills is now known to be a

more significant barrier to domestic Internet use than equipment or access costs as was previously the case. For a small, but significant group of people, this also includes a lack of interest in what the Internet can offer them.

In 2015 Ofcom identified that Smartphones have become the most popular Internet enabled device in households across the UK;

- Two thirds of households in the UK have a smartphone.
- Nearly two-thirds (65%) of households own a laptop.
- Over half of UK households (54%) now have a tablet.
- Only 3% of UK households own a smartwatch.

On the surface these are encouraging figures for the City of York Council who, alongside other local authorities, is seeking to increase the use of online sources to communicate and support citizens. A note of caution needs to be acknowledged in the immediate time frame however as this picture varies with both age and socio-economic status with greater usage by the younger age groups and those in socio economic groups ABC1;

- 66% of AB and 58% of C1 households now own a tablet computer (average 54%).
- 72% of AB and 71% of C1 socio-economic groups own a smartphone (average 66%).
- 90% of 16-24 year olds, 87% of 25-34 year olds and 80% of 35-54 year olds own a smartphone (average 66%).
- 60% of 16-24 year olds, 61% of 25-34 year olds and 64% of 35-54 year olds own a tablet computer (average 54%).
- The average UK household owns four different types of Internet-enabled device.

More than three-quarters (77%) of UK adults aged 16+ say they have broadband Internet access at home and 84% of UK adults aged 16+ say they use the Internet either at home or in other locations. This equates to almost eight in ten households that now have fixed broadband access at home, however this falls to 50% among those aged 65+. For York, this means that 4,849 people over the age of 65 and using adult social care may not have the pre requisite broadband coverage required to access information on line.

In 2016, 25% of disabled adults had not used the Internet, a decrease on the 27.4% figure for 2015 (ONS 2016). There were 500,000 disabled adults who had last used the Internet over 3 months ago. This group of disabled adults constitutes 45% of the 900,000 lapsed Internet users (not used the web in the previous 3 months) for 2016 (ONS 2016).

In 2016, 97.3% of disabled adults aged 16 to 24 years were recent Internet users, compared with 99.4% who were not disabled. Of disabled adults aged 75 years and over, 30.8% were recent Internet users, compared with 48.1% who were not disabled. Across all age groups, the proportion of adults who were recent Internet users was lower for those that were disabled, compared with those that were not.

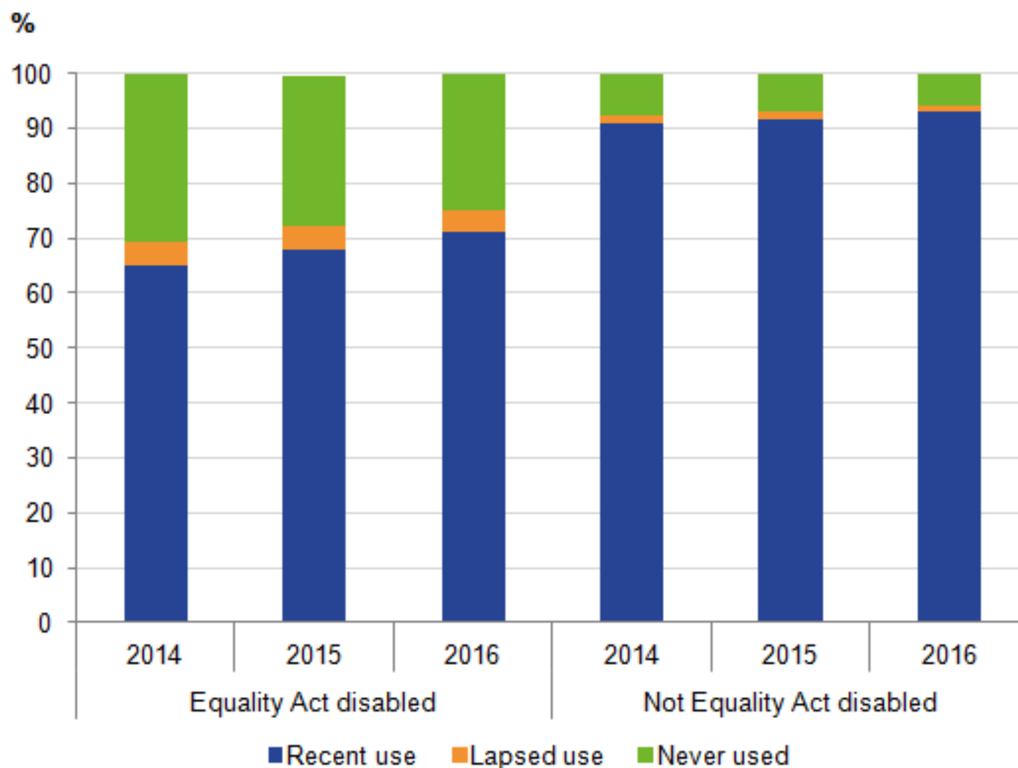

Fig 2: Internet use and non use by disability status, 2014 – 2016, UK
Source: ONS, 2016

In addition to differences based on socio economic household groupings, there are also considerable differences based on age bandings. At the lower end of the age range 98% of 16-24year olds say they use the Internet, compared to 30% of those aged over 75. In York, this would equate to 2,087 people over the age of 75 out of a total of 6,957 social care customers. In addition, 66% of those in ABC1 households say they go online via their mobile, compared to 41% of those in DE households. Essentially device ownership and Internet usage is higher within the wealthier populations (A, B and C1) and those under the age of 54. This is significant for the City of York council as 63% of the active adult social care population, July 2016, is over the age of 65.

The table below also shows that people aged over 65 constitute 58% of the population of non users of the Internet.

Demographic	All UK adults	Internet users	Non-users of the internet
Base	1841	1458	383
Aged 16-24	14%	15%	3%
Aged 25-34	18%	20%	3%
Aged 35-44	20%	20%	8%
Aged 45-54	14%	17%	6%
Aged 55-64	16%	16%	21%
Aged 65+	17%	12%	58%
AB	25%	29%	10%
C1	29%	28%	15%
C2	18%	20%	33%
DE	27%	22%	42%
Male	48%	49%	50%
Female	52%	51%	50%

Fig 3: Demographic Profile of all UK Adults: Users and Non Users of the Internet

Where computer use was once dependent on desktop computers, tablet and smartphone devices are now starting to dominate how we both work and play. 2014 saw an increase in the number of adults connecting to the Internet using their mobile devices; 15% of adults accessed the Internet on tablets (a 7% increase), and 23% of adults accessed the Internet on smartphones (an increase of 8%). The ease of use and portability of this technology means that it appeals to people across all generations with more than a quarter (28%) of those over 55 now owning a tablet, with many using it as their main computing device.

While tablet use is spread across generations, smartphone ownership differs by age. Almost nine in ten (88%) of 16-24s own a smartphone, compared to 14% among those aged 65+. For York, this means that only 1,358 people who are over the age of 65 and using adult social care may own a smartphone (Ofcom, 2014).

According to Ofcom, the 'millennium generation' of 14 and 15 year olds are now the most technology-savvy in the UK, which shows that after our teens our digital confidence begins a long decline. Teens born at the turn of the millennium are unlikely to have known 'dial-up' Internet and are the first generation to benefit from broadband and digital communications whilst growing up. As a result of growing up in the digital age, 12-15 year olds are developing different communication habits than older generations, such as 16-24 year olds. This will mean that overtime the most effective approach to communication will change and local authorities will need to be ready for this. As such investment in all approaches to information and advice is necessary.

How People use the Internet

Google is still the most visited search engine for UK Internet users with a digital audience in March 2015 of 39.6 m. This underlines the importance for City of York Council and its partners, of ensuring a presence on any Google search results. Typical online activities of the general pubic include;

- General browsing (85%), this is the most popular online activity followed by sending and receiving email (83%).
- Accessing social media (56%) and watching TV or video online (54%) were also popular activities.
- Just over a third of users (37%) spent their time watching short video clips.
- A third of Internet users play games online and 24% to spending time uploading content.
- UK Internet users spent most time using Facebook apps and websites, in March 2015 this amounted to 51 billion minutes.
- Four in ten adults (39%) said that they got news from a website or app (in 2015), although TV remains the most popular medium (85% of UK adults).
- Only one in four Internet users (24%) say they have used a website or an app related to their local area.

(Ofcom, 2016)

Around one in five (21%) of those who use the Internet are classed as broad users and use it for a wide range of activities, typically 11 or more of the tasks identified in Appendix 1. One quarter (25%) of those in ABC1 households are broad users, compared to 16% of those in DE households. The graphic below shows usage by age, the numbers refer to percentages and each column will total more than 100% due to multiple activity.

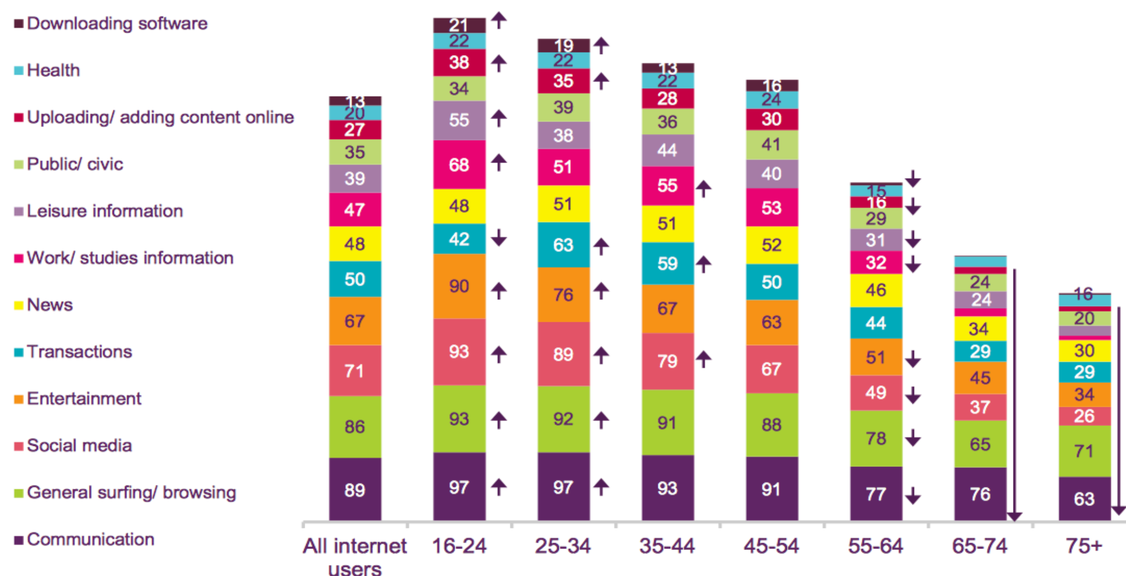

Fig 4: Categories of weekly Internet activity by age

Source: Ofcom (2016)

Half (50%) of those who use the Internet are narrow users (less than 6 activities) on the Internet. Two in three (66%) of those aged 55 and over are narrow users, compared to around four in ten (38%) aged 16-24. Those in C2DE households are more likely than those in ABC1 households to be narrow users (55% vs. 46%) (Ofcom, 2016).

Approximately 64% of those who use the Internet buy things online. A similar proportion of adults bank online (57%) or use social networking sites (54%), while over one third (39%) watch TV content online. Adults aged 65 and over continue to be less likely to use the Internet at home for these activities, and adults in the DE socio-economic group are less likely to buy things online, bank or watch TV content online. Men are more likely than women to bank online and to watch TV content online, while women are more likely to use social networking sites (Ofcom, 2016).

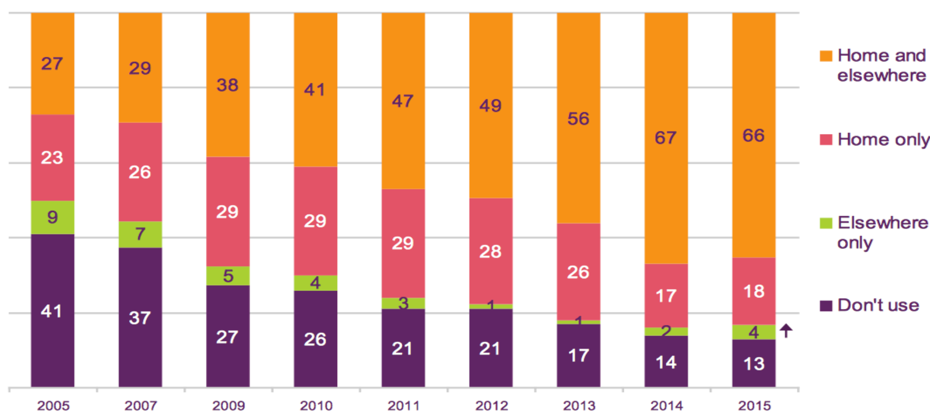

Fig 5: Where the Internet is used by UK Adults 2005 - 2015

Source: Ofcom (2016)

Among those accessing the Internet at home through a PC, laptop or netbook, 48% say they use email filters to block unwanted or spam emails. This is less likely among those aged 65+ (34%) and among DE households (36%). Men are more likely than women to use email filters (53% vs. 43%).

Among non-users, 'proxy' use of the Internet by someone else on their behalf stands at 27%, which has increased since 2012 by nine percentage points. About 15% of those not intending to use the Internet cite cost as their main reason, while a majority (57%) cite lack of interest (Media Consumption UK 2014).

Digital Confidence

Ofcom (2016) identified that 59% of all UK adults who go online describe themselves as being 'very confident' as an internet user, which is similar to the 2014 figure (56%). Almost nine in ten users are either 'very' or 'fairly' confident (88%) and this is also unchanged since 2014 (87%). Internet users

aged 16-34 are more likely to say they are 'very confident' than the average adult Internet user (82% of 16-24s, 71% of 25-34s compared to 59% of all users), as are AB adults (71%).

People over 55 are more likely than all Internet users to describe themselves as 'not confident' (16% for 55-64s, 21% for 65-74s and 30% for over-75s, compared to 8% for all adults), as are DEs (13% compared to 8%). Of the number of people aged 65 – 74 (total 2,741) living in York and using adult social care 576 people would be described as 'not confident'. For the 75+ age group (total population 6,957) the respective figure is 2,087 people. This means that at least 2,500 people over 65 that are customers of adult social care are not confident enough to go online.

Once online, two in three Internet users say they are 'very confident' that they can find the information they want (66%), with only 4% saying they are 'not confident'. Those aged 16-24 (78%), 25-34 (75%) and in AB socio-economic group (75%) are more likely to be 'very confident' in this respect. In contrast, those aged 55-64 (11%) or over 75 (18%), and DEs (7%), are more likely to say they are 'not confident' that they can find the information they want online, compared to all users (4%) (Ofcom 2016).

A majority (83%) of Internet users are either very or fairly confident that they know what is advertising and what isn't, online. However, less than half (47%) are 'very confident', whilst around 8% say they are 'not confident'. Each of these measures remain unchanged since the 2014 survey. Adults aged 16-24 (60%) and 25-34 (54%) are more likely to be 'very confident' in knowing what is online advertising. Internet users in DE households (12%) and those aged 55-64 (14%) or 75+ (21%) are more likely to say they are 'not confident' in this respect (Ofcom 2016).

Understanding the lack of confidence of some over 75 year olds in accessing the Internet alongside the difficulties they may experience in ascertaining which information is of value and can be trusted is important to the City of York Council and its partners. This is particularly crucial as people utilising unreliable, inaccurate and potentially unsafe information can prove costly for statutory organisations as those using it may find themselves physically worse off and with increasingly compounding multi morbidities.

According to Nielsen (cited by Digital Keys, 2014), between March to April 2014, 21% of the top 100 sites visited in the UK were search engines, 21% were news and information and 16% were entertainment. Younger people use the Internet for a wider range of activities than their older counterparts. For instance, three-quarters of 16-24s who have access to the Internet use it to access social media as compared to a quarter of 65-74s and one-fifth of those aged 75+. On average 82% of UK adults use social media during the week. However, a significant number of people continue to remain uninterested in completing government processes online. Worryingly, this figure has

increased from 16% in 2014 to 22% in 2015 (Ofcom 2016). The graph below describes the reasons for this.

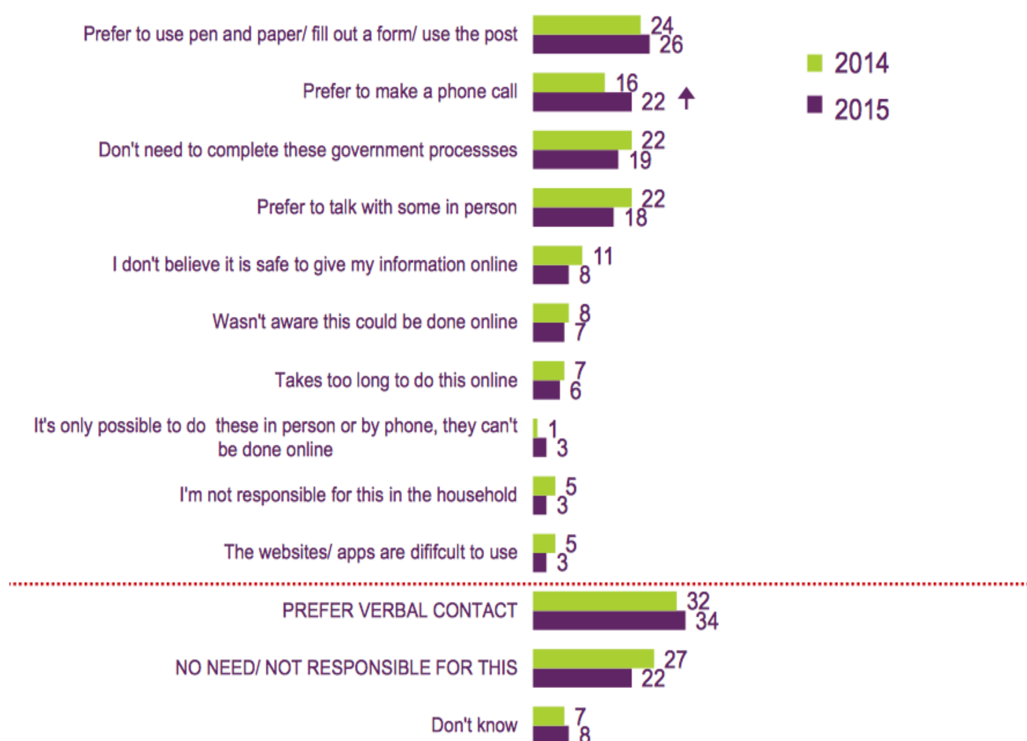

Fig 6: Reasons for not completing government processes online

Source: Ofcom 2016

Greatest technical confidence and knowledge is found among the 14-15 year olds. Males demonstrate a greater confidence with technology, especially those in the ABC1 socio-economic group. However six in ten adults admit to sometimes being confused by new technology. Whereas children aged between 6-15 demonstrate greater confidence in new technologies with only a third admitting it confuses them. Within this youth audience, those aged 12-15 displayed greater interest and confidence than the younger 6-11 age group. Younger people tend to be faster to adopt new technology with 88% of 16-24 year olds claiming to have a smartphone, whereas only 14% of 65-74s and 4% of those over 75 own a smartphone.

Almost half of (47%) UK adults and three quarters (75%) of 16-24s are aware of and use smartphone and tablet apps.

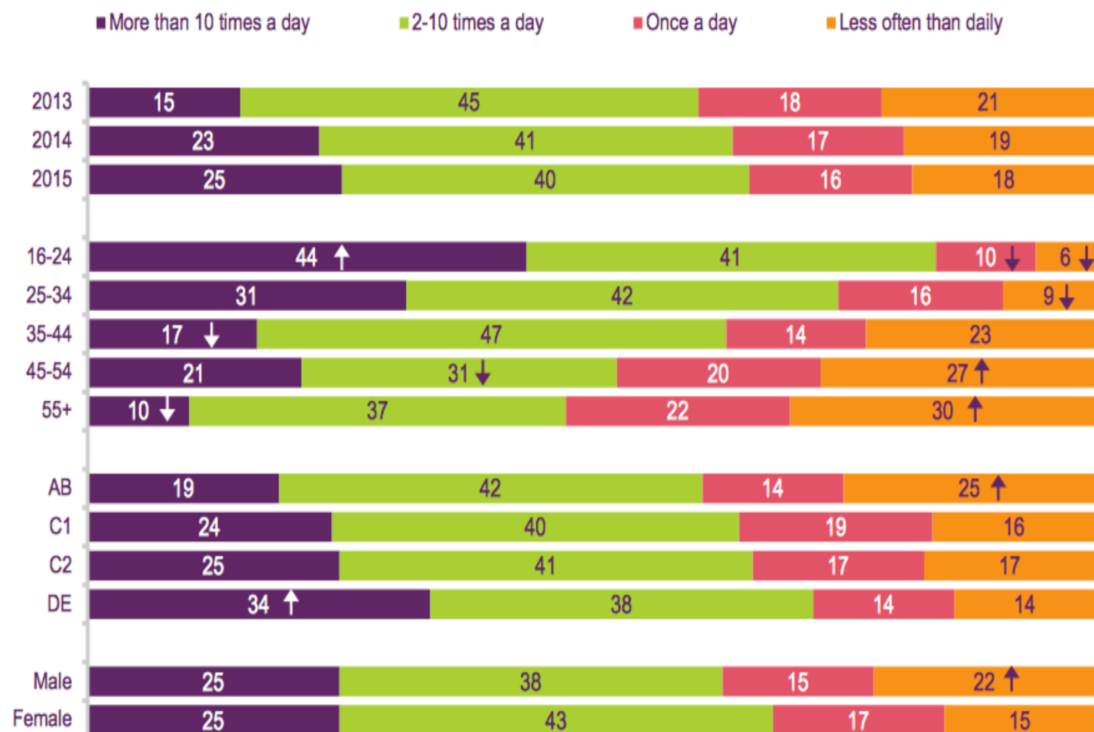

Fig 7: Frequency of visiting any Social Media sites or Apps by year and demographic group

Source: Ofcom (2016)

As can be seen in the graph above, the trend in using social media and Apps is increasing year on year, though the frequency of use by the over 55's is decreasing, with most people using them less than once a day. The list below identifies the most used Social Media sites and Apps;

- Facebook published the three most downloaded apps in March 2015; WhatsApp Messenger, Facebook app and the Facebook Messenger apps.
- Of the top ten most downloaded apps in March 2015, only two were games, two were video and/or music, the rest were for social media and messaging.
- Four in ten online adults (38%) have played a game on a mobile and/or tablet in the past week.
- Video-sharing services i.e. Youtube or Vimeo are more likely to be accessed via smartphone or tablet.
- More than seven in ten (72%) of online adults have a social networking profile. Within this 93% percent of 16-24 year olds, 90% of 25-34 year olds and 80% of 35-44 year olds have a social media profile, whereas just over a quarter (28%) of the 65+ age group are registered.

Caution therefore needs to be exercised as the frequent users tend to be the younger age groups.

Trustworthiness of Online Content

Users accessing online content felt that familiarity was the key characteristic of ‘trustworthy content’, for example;

- Familiarity was perceived through a known company name or logo and an intuitive judgement of the website’s features such as layout.
- Users looked for cues such as geographic location, professional presentation, up-to-date information but not URLs when assessing trustworthiness.
- Popularity i.e. rating on search engines, number of users or recommendation from friends and family was another indicator of dependability.
- The desirability of the content overrides the assessment of trust.

Essentially, a significant percentage of the population is not competent in determining the trustworthy nature of information they retrieve from the Internet with all the inherent risks this includes.

The Digital Picture in York

Harris and Gilchrest (2015) conducted a survey in Derwenthorpe, Tang Hall and Osbaldwick that aimed to explore the use of social technologies and its role in contributing to and increasing community involvement, positive community relations and a sense of identity. A digital inclusion strategy was developed as part of this work with the aim of supporting community development through social media and digital inclusion. The results of this study suggests a sharp contrast between those who recognise and appreciate the contribution of digital media to local life and those who do not. The authors found that for almost half of those who have been involved in a local community issue, this has come about as a direct result of online contact ('once', 'a few times', or 'often'). But at the same time, 40% of respondents did not see any potential in local community uses of the Internet, either through connecting with active local groups, or as a way of raising and influencing local issues.

Harris and Gilchrest (2015) found that approximately 20% of respondents seem to experience digital exclusion. For example,

- 18% say they are ‘not very’ or ‘not at all’ comfortable trying out new digital technologies.
- 22% say they lack confidence in their online digital skills.
- 1 person in 5 do not expect that the Internet could help them to keep in touch with friends or social contacts locally.

The proportion of households in the localities studied, that had access to a mobile phone, increased consistently across the income spectrum over the five years to 2013. The proportion of the poorest households without a mobile

phone has fallen by more than half, from 35% to 14% in 2013 (Harris and Gilchrest, 2015).

Similarly, the proportion of households in this study lacking access to the Internet has also fallen across the income spectrum in the same period. The greatest percentage point fall was again among the poorest households, reducing from 64 % in 2008 to 37 % in 2013.

Despite this improvement, there are still considerable gaps between the richest and poorest in terms of Internet access. Households in the poorest quintile are more than ten times as likely to lack Internet access than the richest quintile and more than twice as likely as households with average incomes.

What is critical for The City of York Council and its partners are the implications for the social care population. Within the City Council there is no available data about digital skills and device ownership in the social care population. However, it is possible to make some assumptions based on the breakdown of the population currently using social care, alongside national predications.

In order to provide an understanding of the digital picture of adult social care customers in York, this report has utilised Experian data supplied by the City of York Council to provide this information. Experian categorises the population differently than the Ofcom reports that produce the national statistics. The A – E classifications used by Ofcom has formed the basis of the national data presented in this report, however Experian use A – O categories (see Appendix 2). These classifications are similar, but not the same and in order to build a broad understanding of the digital capability in the York social care population the researchers have broadly aligned the two classification systems. Therefore, for the purposes of this report A – F Experian categories are broadly aligned with socio-economic classifications ABC1 and the socio-economic groups C2, D and E equate to the Experian categories L – O. The C2, D, E socio-economic categories are known for having less access to the Internet and Internet ready devices than other groups.

Notably the alignment described above does not include Experian G – K classifications as their descriptors are less clear where they would sit within the socio economic categories. There are, however, a number of people falling within these classifications as can be seen in the table below. Subsequent data presented in this report needs to be interpreted in the context of this wider picture.

Active Clients									
MostCommon Experian Group	Block payment	Carers	Disability	Learning Disability	Mental Health	Other Vulnerable People	Physical disability, frailty and sensory impairment	Substance Misuse	Supporting People
A Country Living	4%	8%	0%	3%	3%	9%	9%	0%	2%
B Prestige Positions	16%	19%	0%	22%	19%	17%	18%	14%	2%
C City Prosperity	0%	0%	0%	0%	0%	0%	0%	0%	0%
D Domestic Success	16%	6%	0%	15%	12%	8%	10%	14%	9%
E Suburban Stability	0%	17%	50%	6%	8%	10%	11%	0%	2%
F Senior Security	28%	27%	50%	21%	14%	32%	29%	0%	18%
G Rural Reality	0%	4%	0%	3%	8%	4%	3%	29%	7%
H Aspiring Homemakers	8%	6%	0%	5%	14%	5%	6%	14%	7%
I Urban Cohesion	0%	0%	0%	0%	3%	3%	1%	0%	0%
J Rental Hubs	0%	1%	0%	5%	7%	2%	1%	0%	0%
K Modest Traditions	4%	2%	0%	2%	1%	1%	1%	0%	7%
L Transient Renters	0%	0%	0%	0%	0%	0%	0%	0%	0%
M Family Basics	16%	4%	0%	7%	4%	1%	2%	0%	5%
N Vintage Value	8%	4%	0%	11%	6%	9%	8%	29%	41%
O Municipal Challenge	0%	0%	0%	0%	1%	0%	0%	0%	0%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Fig 8: York social care clients by Experian Classification

Using the York Experian data 77% (7,618 people) of the physical disability, frail and sensory impairment group are within the A – F categories. The people in these categories generally have good access to the Internet and are able to use it. However, those in the F category, whilst still a relatively affluent group, are reported as not using the Internet. For York, this equates to approximately 2,869 individuals. In addition, 10% (989) of physically disabled people are within the L – O categories and are less likely to have access to the internet.

For the learning disability population in York, 67% (378) are within the A – F categories, those not favouring technological approaches (F category) is 31% (118) of this subset. 18% (101) of this group of people fall within the L – O categories. This is 39% of the active learning disability population unlikely to access the internet using Experian and Ofcom data. However, it is likely that this group of people have been categorised based on their family home address and therefore the affluence of their parents or the organisations providing their support. Additional data from Ofcom and ONS indicate much lower prevalence of Internet use in the disability population, as do the findings in this study.

With regard to Mental Health, 56% of people (474) fall into the categories A – F, 14% are within F. This is 118 people or 24% of the A – F categories. For people with a mental health need 11% (93 people) are within the L – O categories. When applying this approach to the carers population, 76% (1516 people) are in the A – F categories. For the F category specifically, this is 638 people which equates to 27% of the total population of carers and 42% of the A – F carers population. There is 8% (157) of the carers population in categories L – O. In the 'Other Vulnerable people' group 76% (475) are in A –

F categories, 32% are in the F only which is 200 people. This equates to 42% of the A – F population. With regard to the L – O categories there is 10% or 62 vulnerable people. The table below summarises this data.

Group	**A - F**	**L - O**	**% of social care group**	**Totals**
Carers	638	157	40%	795
Frail, disabled etc.	2869	989	38%	3858
Learning Disability	118	101	39%	219
Mental Health	118	93	25%	211
Other Vulnerable Group	200	62	42%	262
Total			**38%**	**5345**

Fig 9: Social care users who are unlikely to use the Internet based on Experian categories and Frameworki data.

As can be seen from this table a significant percentage of people using social care are not yet able to use the Internet to source information and advice. This does however mean that potentially two thirds of the population are able to, assuming that all people in the categories not included in this calculation are willing and skilled at using the Internet.

Quality Assurance

Arguably there is a plethora of information available for people in relation to health, wellbeing, social care and welfare rights. Currently, very little of this information has any form of accreditation to allow the general user to understand how accurate, up to date and valid the information they are reading actually is. Gunter (2011) in the research underpinning the Department of Health business case for the development of the NHS information standard indicated that;

- 77% of people had looked up some form of health and social care information in the previous 12 months.
- 75% of people had found it hard to understand what information they could trust.

This lack of trust in the information available to people, particularly online, is challenging both for the person and for organisations'. The number of people requiring and searching for information is also an indication that a real need exists to ensure that information is reliable, accurate and balanced. Gunter (2011) demonstrated the importance of this;

- 88% of people felt a certification scheme was a good idea.
- 87% said it would make them trust information more.

- 78% said they would only use or would show a preference for information from organisations certified by a scheme.

The benefits of an Information Standard include a clear focus on improving the accredited organisations internal processes and overall practice as well as providing opportunities for people to share best practice. It can also help develop partnership working across organisations as good practice is shared and the sense of joint responsibility for quality information grows through the process of accreditation.

Signing up to an information standard is seen as an overt demonstration of commitment to quality and when successful is a mark of a trusted, credible and reliable organisation whose information can be depended upon. Successful accreditation of any organisation can also be useful in marketing and promoting the organisation. NHS England Information Standard identifies the following advantages of becoming accredited;

- Enhanced credibility and reputation.
- Increased access by the public as their demand for reliable information grows – 72% of the public stated that they think they would be better able to self manage their health and their family's health if they had quick and easy access to health information that they could trust.
- Real clarity around information production costs across the organization.
- Cost savings – improved internal processes leading to more efficient ways of working.
- Reduced risk of successful litigation due to a clearly defined information audit trail.
- A framework for continual improvement.
- Increased competitive advantage and more funding opportunities.

Delivery Models

This section will focus on two distinct areas, people to people versus web based approaches and the developments in asset based approaches.

People Versus The Web

Information and advice models exist in almost all areas of the public sector, most notably in education and skills, health and wellbeing, finance and debt support, housing etc. In addition, the move to a more market driven economy has opened up other types of information and advice within the private sector, for example, insurance, energy and communications industries. To simplify this, information is available in all sorts of forms and formats but there are two main delivery approaches, people to people (including telephone systems) and web based or digital.

Public sector models have, in the past, relied heavily on people to people approaches, perhaps the best known being the Connexions service with young people. Despite, the sizeable investment of the Labour government in this service, a longitudinal study by Nicoletti and Berthoud (DfE 2010) concluded that there were no observable effects of the investment in the face-to-face model on Post 16 decisions.

Information and advice services, in particular those with face-to-face advice, outreach and personal information models, find it difficult to obtain secure funding (Williams et al 2009). In part, this is associated with the difficulty of demonstrating the value of such interventions when competing for scarce resources. Few interventions are able to capture and disseminate the necessary information that can demonstrate individual or community change and impact. Similarly, there is a lack of outcome tools that commissioners can use to inform decision-making around funding (Windle, Netten, Caiels, Masrani, Welch & Forder, 2010).

With regard to the effectiveness of the web there is much to learn from the experiences of people using price comparison websites (PCWs). Research funded by the Financial Conduct Authority (2014) found that many participants were quick to identify significant benefits from using a PCW and they were perceived to allow consumers to achieve in minutes what would otherwise take hours, and make a potentially boring and difficult job, relatively painless by presenting complex information in a simple and accessible way.

Participants took the view that using a PCW would deliver a number of significant outcomes and save money by enabling them to find the cheapest quote. In addition, people find them helpful in identifying the right product and cover for their needs and comparing insurance products as well as raising awareness of new brands or providers.

However, once respondents had completed their research and purchase process within the depth interviews, these outcomes were not always achieved and many reflected that their initial views and expectations might have been misplaced. Despite this, many felt PCWs felt more impartial and put the consumer in control of the research and purchase process, allowing them to be self-directed without having to become an expert. Such an approach could be explored within York in relation to the care sector as the Connect to Support micro-commissioning module goes someway towards facilitating this approach.

The above analysis of available evidence does not cover all the possible approaches and in reality there are a myriad of other methodologies that enable the delivery of effective information and advice. Essentially however, it is clear from the literature and from the respondents that the solution is neither web or people to people but a mixture or blend of both approaches.

Asset Based Approaches

This section will explore the concept of an 'Asset Based Council' and an 'Enabling State'. Whilst neither concepts focus overtly on information it is crucial in achieving such a vision. The following reasons are of particular relevance;

- It provides a key part of the infrastructure to make the power shift required possible.
- It can help to build peoples' resilience.
- It contributes to people knowing about community activities and therefore a communities' assets.

Fox (2016) described an 'Asset Based Council' in a recent blog, he identified 10 key steps to achieving this. These include;

- A living map of the area's resources and a council that works with the whole range of assets across the community: state & private money, social action, community groups & charities, services, private sector & enterprise and buildings & land.
- A local authority that actively relocates authority to its citizens, seeing its role as an enabler and facilitator: equal partnership is the default working mode and all of its staff and those of its partners are trained in asset-based thinking.
- All service interventions build people's resilience and social connections. The authority invests in models that demonstrate added value through building communities and their assets. Fox calls this the 'connectivity' test.
- Makes best use of the Social Value Act principles in all contracting and grant making.
- Builds and sustains social and community enterprise as part of ensuring that it has a wide range of asset-based support models, also builds partnerships with local business.
- Builds mutualism and shared ownership, including through use of the Localism Act, and increases year on year the proportion of the public service workforce who have current and recent lived experience of using those services.
- Thinks in terms of neighbourhoods (not statutory boundaries) and invests in connecting people within and between those neighbourhoods, through models such as Asset-Based Community Development, Local Area Coordination, Circles of Support, Shared Lives, Homeshare and time-banking.
- Increases the proportion of its resources invested in prevention and early intervention year on year, whilst insisting that every service intervention is 'future focused'
- Measures all forms of social action including volunteering and seeks an increase year on year, investing adequately in this rather than seeing volunteering as 'free'.
- Has a unified set of outcomes measures for all services, which

measure wellbeing, resilience, independence, peer support and self-care for people using services and their families and carers.

This approach has resonance with the 'Enabling State' as described by Elvidge (2014). This included 8 key steps to enabling wellbeing which include;

- **Getting out of the way:** this is regarded as the obvious first step, though also a challenging stage, but government must stop doing those things that prevent individuals, families and communities from exercising control over their lives.
- **Giving permission:** this means creating a stronger presumption in favour of the benefits of control and engagement. This creates a strong message to people that their efforts are recognised and valued and supports people continuing to extend responsibility across more aspect of their lives.
- **Helping people to help each other:** the local authority should facilitate mutual support within and between communities. This might be as simple as bringing people together to share experiences or supporting locally based voluntary organisations.
- **Giving people help to do more:** This is about facilitating mutual support and building capacity in individuals, families and communities.
- **Giving people rights:** Legislative or financial frameworks that give communities the ability to acquire assets.
- **Making sense of the new normal:** by building the assumption of engagement and contribution into how the organisation functions
- **Invest in disadvantaged communities:** inequalities exist within and between communities, both financial, educational and social. To give everyone a fair chance to engage with a more enabling state additional support will be required by disadvantaged communities.
- **A focus on wellbeing:** a strategic focus on the things that matter that creates a more holistic, flexible and preventative approach that supports the wellbeing of individuals, families and communities.

Essentially therefore the key elements of a good information and advice system include;

- Web based
- People who use services as awareness raisers
- People who use services as deliverers
- Communities and neighbourhood networks as delivery organisations
- Telephone contact centres
- Combinations of the above/blended approach

Williams et al (2009)

In addition, there are a number of structures, systems and services that are helpful in signposting people to appropriate and reliable information. These include libraries, community venues, charity shops and health centres.

Finally, there is a need to increase awareness of the public about the information that is available, as well as the services that exist. This is important for those who access services, the staff who work with them and the general public. This is particularly important in the context of the current Care Act (2014) responsibility for local authorities to provide information to the whole population.

In summary therefore, what we know and understand from the literature is that legislation, demography, financial pressures and expectation are increasing the need for services and information therefore creating a real case for change. The research also suggests many people actively search for information, both online, hard copy and people to people. This includes particular groups of people such as those with long term conditions who are active seekers of information in many instances. The literature pertaining to digitalisation however identifies how challenging this is in the context of online information and the social care population. In this instance older people are less able to access online information, less likely to want to and when they do are less confident in the information they find. The picture is similar for disabled people. It is therefore important to carefully consider the delivery models and the quality systems that support the delivery of an effective information and advice system. In order to understand this better it is important to further consider the context across York.

York Context

Population data

The population of the United Kingdom is growing. At the time of the 2001 Census it was 58.8 million, increasing to 63.7 million in 2012 (mid year estimate), an increase of 8.3%. According to the 2011 Census, York's population was 198,051 persons, made up of 83,552 households. More recent data from the Office for National Statistics (ONS, 2014) has estimated York's mid year population in 2012 to be 200,018, an increase of 1% (1,967 people) since the 2011 Census. This compares to increases of 0.6% in the Yorkshire and Humber region (made up of 24 local authorities) and 0.8% in England and Wales (made up of 348 authorities) over the same period.

York's population has increased by 10.4% since the 2001 Census, compared to increases of 6.8% regionally and 8.3% nationally over the same time period. York has a higher percentage of females (51.4%) than regionally or nationally (50.8% for both). The city has become more culturally and religiously diverse with a Black and Minority Ethnic (BME) population of 9.8% (non White British) compared to 4.9% in 2001. York's population is on the whole healthy (83.9% stated that they are in good or very good health compared to 80% regionally and 81.2% nationally).

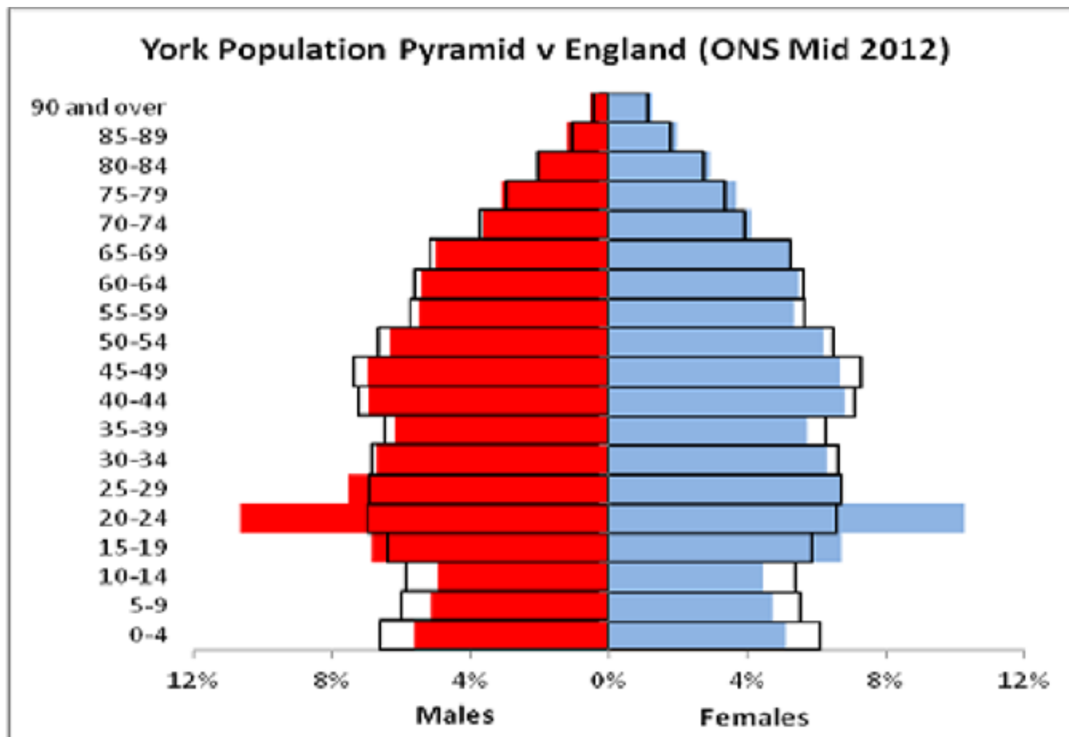

Fig 10: York Population Pyramid

Source: ONS (2011a)

The ONS mid 2012 population estimates show population figures by age banding. The figure above shows that York has more 15-24 year olds and more 70-85+ year olds than the England profile.

Age band	2012 population estimate all population	2012 estimate male	2012 estimate female
0-18	38,760	19,737	19,023
19 - 64	126,453	62,667	63,786
65 - 84	29,797	13,394	16,403
85+	5,008	1,685	3,323

Fig 11: Population by broad age category

Source: York JSNA (2015)

The 85+ age group has grown by 38% which is more than the regional figure of 20% and nationally, 23%. The increased number of 85+ year olds in York may be due in part to increased longevity but also to the very elderly in rural areas moving into the city. The following table identifies the demographics with regard to the 85+ population.

Age	Population by Gender		
	Males	Females	TOTAL
85	314	510	824
86	283	451	734
87	210	369	579
88	191	346	537
89	176	359	535
90+	511	1,288	1,799

Fig 12: Population by gender: ages 85-90+

Source: York JSNA (2015)

Deprivation

The map below shows the levels of deprivation in the York local authority boundary and is based on Index of Multiple Deprivation 2010 scores (IMD 2010). It shows some detailed information about the levels of deprivation in York. In this map, the blue shading shows the areas within each ward that have the highest levels of deprivation. The blue areas represent the most deprived communities in York.

Fig 13: Indices of Multiple Deprivation

Source: IMD (2010).

Health and Wellbeing

The latest data on life expectancy in relation to deprivation is contained in the Public Health Outcomes Framework (PHOF). The provisional PHOF figures show that for males, life expectancy in York has increased slightly to 79.6 years and that for females' life expectancy has also increased slightly to 83.2 years. However, this gain is not shared across the social spectrum.

During 2009-2011, the England average variation in life expectancy between the most and least deprived deciles was 9.65 years for males and 7.18 years for females. York's life expectancy gap between most deprived and least deprived is better for both men and women when compared to the national average (7.2 years for males and 5.9 for females). This means that a York resident living in an area of relatively affluent area can expect to live between 5.9 – 7.2 years longer than a York resident living in the most deprived parts of the city. Nationally, the gap in life expectancy between richest and poorest is reducing for both males and females. In York, the gap is reducing for males but increasing for females.

For males, circulatory and respiratory diseases are the largest causes of the life expectancy differential between richest and poorest. For females, respiratory diseases and cancer are the main causes. The following section describes the current context for some of the social care customer groups in York

Mental Health in York

The NICE Guidelines on Core Interventions in the Treatment and Management of Schizophrenia in Adults in Primary and Secondary Care (2009) gives a lifetime prevalence figure for Psychosis and Schizophrenia of 5 in every 1,000 people aged between 18-74 years old. This means, 5 people in every 1,000 will at some point in their life have had a diagnosis of Psychosis or Schizophrenia. From this prevalence estimate, across the entire NHS Vale of York CCG this equates to approximately 1,331 people.

The Public Health England Spend and Outcome Tool (SPOT) (NHS, 2016) identifies where NHS Vale of York CCG is spending its money. The tool also identifies what the outcomes are for the various services that are funded.

The largest spend per person across the clinical commissioning group is on mental health. For NHS Vale of York CCG this equates to £190 per head of population, this is higher than the average spend of comparable CCG areas (£185 per head) but lower than the England average spend per head of population which is £212. The following chart shows where the Vale of York CCG spends its money compared to other CCGs in the Office for National Statistics' 'Prospering Smaller Towns' category.

Fig 14: CCG Spend per head, Vale of York
Source: Public Health England SPOT tool (2016)

The Community Mental Health Profile shows a range of performance indicators for mental health services in York. These show that York has;

- Higher rates of hospital admissions for mental health conditions and specifically for unipolar depression (that is, depression that is not bi-polar in diagnosis), Alzheimer's and Schizophrenia than the England average. For Alzheimer and Schizophrenia hospital admission rates, these are significantly worse than the England averages.
- A higher number of in-patient 'bed days' (that is, the amount of time a person will spend in hospital with a mental health problem) per head of population compared to the England average.
- A higher number of people using secondary care adult mental health services but a lower number of total contacts with mental health services compared to the England average. The number of contacts with mental health services is significantly lower.
- A significantly lower number of contacts with community psychiatric nurses than the England average.
- A lower percentage of referrals entering treatment from the Improving Access to Psychological Therapy (IAPT) programme.

The available data on service provision in the York area shows that there appears to be greater use and demand for secondary care services than in other parts of the UK. The JSNA for York states that there is insufficient early support for people seeking help and limited voluntary sector activity (York JSNA 2015). The view of local stakeholders is that this is one of the key issues with current service provision and there is not enough emphasis on preventing mental health problems. The provision of effective information could support positive progress in some of these measures.

Learning Disability

Applying the prevalence estimates provided in POPPI and PANSI to the local learning disability population means that there is an estimated 1,481 people with moderate or severe learning disabilities across the entire NHS Vale of York Clinical Commissioning Group population. Within this estimated population 303 people will have a severe learning disability and 217 will have Down's Syndrome. The active count of service users accessing social care in July 2016 was 564. These figures reflect the discrepancy identified within the JSNA between the number of people with a learning disability known to GP's compared to the number known to the local authority. It also creates a significant population who need tailored information to help them remain healthy, safe, well and connected in order to ensure they do not require social care support in the future.

Older People

In terms of population profile, York has a very similar proportion of people aged 65 or over compared to regional or national rates. 17% of the population of York is aged over 65. In 2020, 3.1% of York's population is predicted to be aged 85 or over compared to 2.8% of the English population and 2.7% of the Yorkshire & Humber regions population. The proportion of adult social service customers aged 85 or over taken from the snapshot below in August 2014 is just under 29%. Overall, a 66% majority of adult social services customers are older people aged 65 years or over at August 2014. Currently 3,417 people on the active count for July 2016 are over 85.

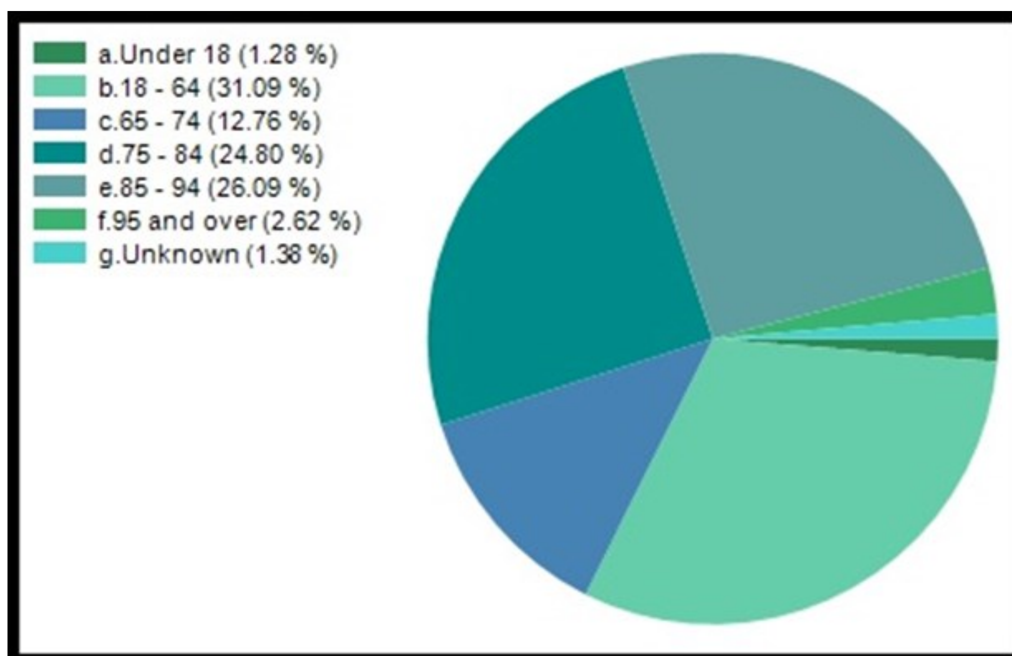

Fig 15: Proportion of Adult Social Service Customers by age band (August 2014)

Source: Frameworki, City of York Council.

The 2011 census shows that a number of outlying wards in York have higher proportions of the very old (people aged 85+), including Fulford, Derwent and Haxby and Wiggington:

Fig 16: Proportion of the Population Aged 85+
Source: York Fairness Commission 2012

Appropriate housing, supportive neighbourhoods and economic advantage, can help older people to remain healthy and well. York's Fairness Commission (2012) reported that two fifths of York's population live in places that are in the best 20% in the country and York fairs well on measures of neighbourhood satisfaction with 92% of residents surveyed being satisfied or very satisfied living in York (Big Survey, 2012).

However, The Fairness Commission highlighted that 7% of York's population live in areas that are in the 20% most deprived in England and noted that a rapidly ageing population is bringing challenges, particularly on health, social care and housing options.

Dementia

People are living longer and there will therefore be an associated rise in the numbers of people developing dementia. The risk increases with age with up to 30% of people aged 90+ having dementia.

People aged 65 and over predicted to have dementia, by age and gender, projected to 2030						
People predicted to have dementia	2014	2015	2020	2025	2030	
Aged 65-69	136	139	123	134	154	
Aged 70-74	220	229	286	260	282	
Aged 75-79	412	412	446	574	515	
Aged 80-84	613	637	707	764	989	
Aged 85-89	644	667	739	878	972	
Aged 90 and over	597	597	687	893	1130	
Total	2623	2680	2988	3503	4041	
Figures may not sum due to rounding. Crown copyright 2014						

Age range	% males	% females
65-69	1.5	1
70-74	3.1	2.4
75-79	5.1	6.5
80-85	10.2	13.3
85-89	16.7	22.2
90+	27.9	30.7

Fig 17: Dementia Prevalence Rates.
Source: Projecting Older People Population Information System

Carers

There are 18,224 carers recorded in the 2011 census in York making up 9.2% of the population. This is lower than regional (10.4%) or national (10.3%) figures. Of these carers, 19% (3,462) provide 50+ hours of care compared to over a third of carers nationally. Those over 16, 54% are juggling paid work with unpaid caring responsibilities. The proportion of carers aged 65 and over is increasing nationally with 40% of carers caring for their parents or parents-in-law, whilst 26% care for their spouse or partner (Carers UK, 2014). There were 2,000 carers registered with York Carers Centre in 2014 and during 2013-2014, 1,440 carers received an assessment through adult social services (RAP 2013/14). The active count for carers in July 2016 was 1,966.

Within York, the most notable increase was between 2001 and 2011 for those aged 80 and over, with an increase of 38% compared to a national rate of 23%. It is expected that there will be an increase in both the number of older people being supported by carers, as well as the number of older carers. It is likely that more people will become ‘mutual carers’, where two or more people, each experiencing ill health or disability, will care for each other (York JSNA 2015).

Some carers may be less likely to access appropriate information and support. The City of York Council's Equality Action Group provided feedback about the Carers Strategy, identifying carers who need specific support as:

- People with sensory impairments
- Carers with learning disabilities
- Carers from black and minority ethnic communities
- Lesbian, gay, bisexual and transgender (LGBT) carers
- Travellers
- Carers with mental health problems
- Older carers

Information and Advice in York

Information

The residents of York are potentially well served in terms of information as there are a myriad of face to face services provided by statutory organisations and the voluntary sector. In addition, there are a variety of local and national websites as well a number of online and paper based directories.

As part of this project a mapping exercise was carried out for a range of local websites. This analysis considered the route, page, webpage description and system connectivity particularly to local and national links. As a city the range of websites available to the population is extensive, the following list is a sample of these;

- City of York Council
- Vale of York CCG
- Connect to Support
- Healthwatch York
- York Independent Living Network
- Age UK
- Yor OK
- York CVS
- York Mind
- York Lesbian, Gay, Bi and Trans Communities Network
- Ableweb
- York People First
- York Older People's Assembly
- York Racial Equality Network
- Advice Partnership
- York CAB
- York Advocacy
- York Blind and Partially Sighted Society
- York Against Cancer
- Tees, Esk and Wear Valley NHS Foundation Trust
- York Carers Centre

In addition, there are a number of local directories which are available either online or are paper based. These include:

- Yor OK
- York Directory of Mental Health
- Connect to Support
- Able web
- York CVS Directory
- Healthwatch York Mental Health Directory
- Healthwatch York 'Find a Service'
- Healthwatch York Health and Social Care Support Directory
- York Age UK Home Service Directory
- Yor-Zone
- York and North Yorkshire Area Service Directory
- NHS Choices
- Vale of York CCG Care Home Directory

Whilst these demonstrate the many resources available to support people across the city, it is notable that they are not connected, nor signposted from one central resource for people to access. Whilst some of these usefully overlap, respondents were clear that it was difficult to navigate across these due to the lack of effective signposting. Many people were unaware of their existence.

In addition, a mystery shop was undertaken as part of this project, this included 10 scenarios intended to cover the breadth and complexity of the responsibilities of health and social care (Appendix 3). The searches took between 7 to 30 minutes with only one scenario being abandoned due to lack of progress. The majority of the remaining scenarios produced sufficient information to satisfy the independent mystery shopper. This indicates the availability of health and social care information for the citizens of York should they have the means, knowledge and skill to search for it.

Independent Age (2014) also conducted an assessment of local authority websites to test compliance with the Care Act (2014). This included a website review, web testing by older users and a mystery shop exercise. York scored 25 out of a possible 30, but was rated as not being Care Act compliant. The score for York indicated that it was easy to find information for adult social care on the website, easy to find information on the Care Act and the changed rules this introduced. It was also easy to find information for carers, how to get accessible information and advocacy as well as explanations about providers. Information on assessment and eligibility was present and accurate but not as extensive as the previously mentioned sections. Links to local groups and support networks as well as national websites such as the Department of Health and Think Local Act Personal were also present. The less effective areas include information on paying for care and independent financial advice and planning and paying for future care.

Advice

Advice York is the network of advice providers in York offering free, independent, impartial, confidential legal advice in areas of social welfare law, including welfare benefits, debt, housing and employment. During 2014-15 more than 20,000 enquiries were dealt with by the advice sector in York helping around 10,000 residents of the City. This represents around 5% of the population. The Advice Partnership priorities include;

- Developing modern, accessible, quality advice provision that achieves positive outcomes.
- Maintaining and extending specialist provision in the areas of advice with the most demand. This accounts for 85% of social welfare advice given in the City
- Targeting resources towards those in most need, including excluded groups and individuals who are most likely to have social welfare problems and who face the greatest barriers to advice.
- Develop a voice for those in the city who are more likely to be disadvantaged, vulnerable or marginalised to influence decision makers.

Advice York (2015)

There are 9 independent, not-for-profit advice agencies in York; 4 advice services provided by City of York Council and 1 private legal practice providing housing advice under the legal aid contract. (See Appendix 4 for a list of providers). Together they provide advice on a range of social, welfare and law issues. The areas with the most demand for advice are welfare benefits, debt and housing, with welfare benefits advice accounting for the highest need for advice in the city.

As well as welfare benefits advice for residents, York has a second tier advice agency, the Welfare Benefits Unit. This provides support, advice and training for any worker who may deliver welfare benefits advice as part of their work. The Welfare Benefits Unit services ensure staff in other professions/ organisations (e.g. social work, health professionals and support workers) can receive specialist benefits advice to assist clients. This enables York advice agencies to deliver high quality accurate benefits advice. This unit currently deals with around 300 second tier enquiries per year from support workers and provides a specialist appeals service giving in-depth support for over 100 clients going to tribunal. This is an extremely valued service in York that increases benefit advice capacity in other agencies (Advice York, 2015).

Advice and support agencies report that demand for welfare benefits advice in the City is beyond the current capacity of providers. With the continued programme of welfare reform and the current economic environment, demand for advice is likely to grow, rather than decrease. This will have a significant impact on the City's capacity to respond and support people in need.

Specialist debt advice is only available from two agencies in York, York Citizens Advice Bureau and Christians Against Poverty. The capacity of these services to meet demand means that access to advice is limited.

Two providers in the City, Pheby & Co solicitors and Keyhouse, deliver specialist housing advice funded trough Legal Aid contracts. The scope of advice that can be provided through Legal Aid has been much reduced in recent years. Advice from these providers is limited to specialist crisis advice for possession proceedings, anti-social behaviour, homelessness, unlawful eviction and serious disrepair cases.

The majority of advice is available face to face, either through drop in sessions or appointments. This can be difficult for a number of clients as they may have problems getting to services due to issues such as childcare, employment or transport. As a result, community outreach and alternative ways of seeking advice are becoming extremely important. A number of York advice agencies offer provision by phone and a limited number have moved to providing email advice (Advice York 2015).

Looking at the location of advice services in York, it is clear that a large amount of the provision exists within the city walls. The majority of this is based in one central hub around West Offices. There are also a number of outreach bases in those areas with particularly high deprivation, i.e. Tang Hall, Clifton and Acomb.

In addition to the advice services in the City, there are an extensive range of organisations and services providing information and support on social welfare issues, such as Homeless Prevention Scheme, York Housing Association, First Call 50+, York Travellers' Trust, IDAS, Ocay, Healthwatch, Mind, York Advocacy, York Foodbank, York Independent Living Network and York Racial Equalities Network. These services work in partnership with advice services to ensure clients are able to access the right level of support and advice to meet their needs.

The Project

What we did

To understand the effectiveness of the current approach to Information and Advice across the City of York and the future requirements, it was necessary to utilise a range of different methodologies. These included;

- A review of the literature focussed on;
    - Legislation and policy
    - Demography
    - Information and Advice provision
    - Health literacy
    - Information and Advice delivery models
    - Examples of Good Practice
    - Digitalisation
    - Challenges in providing effective Information and Advice
    - People who fund their own support
- A review of key local documents and data e.g. JSNA, 2011 Census, Libraries digital survey, Communities presentation, Social Media policy, People's Communities Trust Active Heath Programme report, York Learning for Life Prospectus, Healthwatch reports.
- Data collection included individuals and groups across the local authority, the Clinical Commissioning Group, Police, third sector, mental health, learning disabilities, older people, disabled people, blind and partially sighted people and carers. Techniques included;
    - A mystery shop using health and social care related scenarios (Appendix 4)
    - Mapping of key websites including;
        - City of York Council
        - Vale of York Clinical Commissioning Group
        - Connect to Support
        - Family Information Service
        - Yor-OK
        - York CVS
    - 4 focus groups with customers
    - 3 focus groups with third sector providers
    - 34 semi structured interviews
    - 9 semi structured telephone interviews
    - 5 online surveys to ascertain the views of people, providers, professionals and the public
    - Equivalent paper based surveys conducted by Healthwatch on behalf of the project
- Data validation was carried out with respondents from the local authority, third sector, mental health, learning disabilities, older people, blind and partially sighted people, carers, BAME, LGBT, travellers and

other groups that are part of the equalities network. The following approaches were used at this stage;
- 8 focus groups (1 professional, 1 equalities and 6 customer groups)
- Online survey sent through CVS and the 27 member organisations of the Equalities group, who were asked to circulate it to their various networks e.g. Carers Centre sent it to over a thousand members and Tweeted it, Healthwatch 'pinned' the survey on their website
- Steering group meeting

- Thematic analysis of all data collected to identify themes

The following shows the breakdown of the total (246) number of respondents;
- People – 143 responses
- Public – 2 responses
- Statutory organisations – 54 responses
- Third sector providers – 47 responses

What We Found

This section will provide an analysis of the key themes identified throughout the project. These are;
- What people want
- Effective delivery of Information and Advice across York
- Joined up approaches and products across York
- Finding Information and Advice in York
- Delivering Information and Advice to the people of York
- Quality and satisfaction

What People Want

The approach to data collection meant that the project collected a great deal of information, people who we talked to were forth coming in identifying rwhat they felt the universal information and advice system in York should look like. There are a number of particular areas that were prominent. These include;
- Comprehensive content.
- Personalised, bespoke and trusted.
- Signposting to local groups and peers, directories, national websites, care and support agencies, financial and legal advice, safeguarding and keeping safe.
- Information to be accessible and in a variety of formats.
- Gaps in the system included financial advice and information for people funding themselves.

Comprehensive Content

The demand for comprehensive information to be available was particularly a request from professionals, as can be seen in the quotes below. Effectively, staff wanted information that was easy to access and supported them in their role. This supports the findings reflecting the culture of face to face delivery of information that was predominant throughout the discussions with some social care staff.

> *Everything!! To help me make informed decisions.*
>
> *Comprehensive information about what services are available in the community that customers can access directly both across health and social care.*
>
> *We need to be able to access a very broad range of information as our role is to provide good quality information and advice to members of the public, colleagues, other professionals etc. We need access to information about up-to-date legislation- including the Care Act, Mental capacity Act etc. We also regularly need to access information about organisations that we signpost towards for example Age UK, Yorkshire Housing- this is often by on-line searches or direct phone calls to the different organisations.*
>
> *All types. My section still needs to know about any service in York to prevent having to transfer a call back to the switchboard.*

As can be seen fro this, professionals spend a significant part of their time searching for information to assist them with their jobs and in supporting customers with information. Providing a system that both supports professionals and makes searching for information easier could save significant time across the service.

People using support also had a view of the information they required. This included the sense of needing all information in the same way as other people as well as the additional information to support their particular circumstances;

> *I need all information the same as other people do, and which relates to taxes, benefits, transport, schools, bin collections etc.*
>
> *Information about all care and support agencies in one booklet.*

Personalised, Bespoke and Trusted

A number of people interviewed as part of this project were clear that information needed to be more personalised. This is supported by Bottery

(2013) who notes that personalised information is more likely to result in positive action by the person.

A bespoke service that is personalised would be much appreciated.

A further respondent noted the importance of timely information that can be trusted. A number of people commented on the plethora of information on the Internet and the difficulties in understanding what they can trust.

It depends on the kind of information which format is the most useful. It is important to have it timely, and that it is accurate and independent (e.g. I would trust financial advice more from an independent organisation than from a financial adviser with ties to particular trusts; similarly I would trust advice about care and support more from an independent adviser than from the Council.

Ofcom (2016) noted that not knowing which information to trust was more prevalent with the 65 and over population. Gunter (2011) also noted the importance to people of being able to trust information.

Signposting

People were clear they wanted to be able to find information about community groups, both online and in other ways, for example, newsletters. Providing information about community groups is important as it can help people to remain connected within their local communities. It is also central to the asset based approach currently popular within social care. Investing in up to date resources in this area, on a locality basis is of critical importance;

Local groups are the best for information, they know both their community and it's needs.

Information about community groups/resources that take place in York so customers are not as reliant on statutory services.

There was also a sense from people who use services that being able to talk with a person with lived experience was most useful;

I think the most relevant help comes from people who have been through it, community groups such as Lives Unlimited, or my friends and relations and online from groups such as Disability Rights UK.

For others, it was important to have up to date legal information in a way that they could easily use and was also relevant or understandable for people needing support and their families. This needs to include the rights of people in accessing social care support.

Up to date legislation, leaflets, information.

Mental Capacity and DoLS, the law as regards social work practice.

Up to date information on Care Act, policies and procedures. Information on any changes to the framework.

Other respondents wanted information about services and placements alongside information about staying safe, essentially the practical information that can help people across the City to be more in control of their lives and how they meet their needs.

Mental health services, health rehab services. Information about placements and costs.

Advice and information booklets about keeping safe, safeguarding adults etc. Multiagency and internal policy, procedures and protocols around safeguarding.

Details of partner agencies-staff directories of role, location, contact details-email/phone.

People were clear that this could not just be a web based set of information with no ability to contact a person to discuss further if the information provided was not sufficient.

Finally, people wanted information about how the council works, including access to forms that they may be expected to fill in e.g. assessment forms. Providing this would support the transparency of the local authority as well as aiding with the efficient use of time for both workers and customers.

We need a good overall knowledge of how the Council works as we get many unusual one off queries that we have to redirect, e.g. exercise facilities, access regulations around shops and businesses, blue badges, local bus services etc.

Information needs to be Accessible

A key theme throughout this study were requests from participants for all information to be accessible, for example the use of Easy Read across all written information. The NHS Accessible Information Standard identifies that all information provided should be accessible to people with disabilities. In addition, the Better Connected report (2015) found a definite relationship between accessibility for disabled people and the broader useability for the general public.

I prefer written information that isn't all jargon, written for me not a council worker and not too lengthy.

Written verbal, video, PECS Symbols.

Easy contact/ accessible, Plain English. Match what you're looking for/not overloaded.

Gaps in the System

People who are deaf can feel extremely isolated when the professionals in the system cannot communicate in BSL, currently there is limited interpreter support to ensure effective communication. The lack of BSL interpreters in York was an area that came up several times in this project and the impact on information and advice;

They don't realise that English is not my first language – even letters can be difficult to understand.

For blind and partially sighted people BrowseAloud is available but the functionality is slow and is therefore time consuming for anything more than a short email. Whilst some people are able to put more effective systems on their own device, not all disabled people own a tablet, smart phone or lap top. The ONS Statistical Bulletin (2016) identifies that a quarter of disabled people do not use the Internet.

In addition to this, respondents told us that there is a significant gap with regard to independent and impartial financial advice in the city. Although the Advice Partnership does provide some it was felt to be insufficient to meet the demand.

There is a high demand for financial advice – this has got worse because of changes in the welfare system.

This situation is also highlighted in the Advice York Strategy as an area that needs developing (Advice York, 2015). Alongside this, the issue of people who fund their own care and their access to independent financial advice is crucial for York. Good quality financial advice is important when people are making decisions about their care as poor decisions may eventually result in the local authority having to pay when the individual runs out of money. The Independent Age Survey (2016) clearly identifies that financial advice provided in the city is of mixed quality and potentially out dated.

Effective Delivery of Information and Advice across York

Throughout the data collected for this project two areas were identified by participants as crucial in ensuring an effective and efficient information and advice system is in place in York. These are;

- Digital skills and equipment

- Co-production with citizens

Digital skills are essential for people to both access online information and to do so knowledgeably and safely. Co-production is important in ensuring that once people access information it is what is needed and is provided in a way that is understandable.

Digital Skills and Equipment

It is clear from both the literature available and the information gathered from key individuals that York has good broadband coverage across the city centre, however there are areas that have limited coverage such as some villages and farms outside of the A64/A1237 ring. Good access to broadband is crucial in terms of business and the economy but it is also important for individuals.

Good broadband coverage is not the only consideration in the effective provision of online health and social care information. Broadband will only be able to deliver the maximum impact where people own a device and also have the skills to use the Internet safely and effectively. As noted in the earlier section on digitalisation, this is not an issue for the younger generations or for many of those people in the top socio economic groupings, however, it is a challenge for many older people, some disabled people and those in poorer households.

This digital divide is often at the heart of the debate about online approaches in social care. The argument focuses on the number of clients that are elderly and therefore unlikely to take to self-service, in addition people argue it is unrealistic to expect this to change. The counter position to this is the impact gradual changes in behaviour can achieve. At this simple level the argument sees the digital divide narrowing over time.

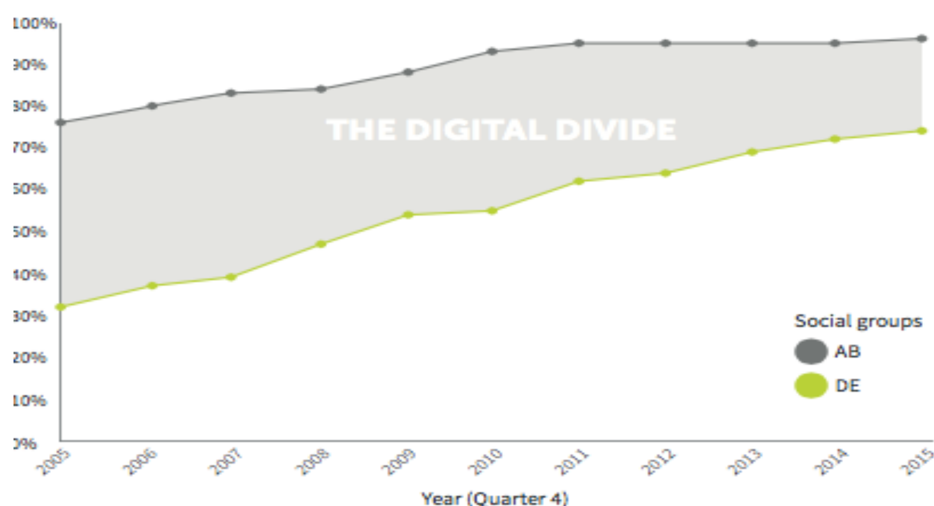

Fig 18: The Digital Divide 2005 – 2015

Source: Socitm (2016)

The above graph shows the gap narrowing between those in social groups AB (relatively high web usage) and those in groups D and E (relatively low web usage). In 2005 the gap was 44 percentage points; ten years later this is halved to 22 percentage points.

Although the literature identifies the increase in Internet usage and device ownership, it is not clear about the picture across those people using health and social care. The following quotes highlight the lack of equipment, experience and skills in this group of people and its impact on utilising online approaches to searching for information in York;

> *Lack of confidence/experience and skill and lack of facilities/equipment.*
>
> *Many carers we work with are elderly and do not have the equipment, or the ability to utilise online info.*
>
> *Not computer literate. People don't know what they are looking for.*

In addition, the mental capacity of customers as well as the lack of resilience of carers were both identified as barriers to people accessing information through online sources;

> *I have 3 groups of "customers". The person themselves who can lack mental capacity in relation to their care needs never mind using a computer or other devices. The persons' family, often these are spouses who may be failing and the Internet is not their preferred method of communication. Finally care homes and hospitals who often contact me for advice about whether or how to apply for DoLS - they often prefer to speak to a person when they have a query rather than search for an FAQ product.*
>
> *The majority of our customers are contacting us when they are already in crisis and they don't have the motivation or skill to navigate their way around the social care system and would much prefer to talk to someone else who can do this on their behalf. Also the majority of our customers are not routinely using the Internet.*
>
> *A large percentage of the people I work with are older people who do not have access to a computer or online information. Many have memory problems and are unable to look for this information independently. Families are often stressed and not in a position to find the information they need, particularly if they do not know where to start looking.*

In the quotes above, professionals clearly acknowledge the challenges customers have accessing online information. Alongside this many professionals identified information provision as a part of their role, however,

when asked the question about supporting people on their case load to access information, the responses suggested very few professionals help people to find online information. This has resonance with the overwhelming culture across York for providing face to face support whilst not particularly supporting the drive to maximise online approaches, make every contact count or help people to take more responsibility for their own health and well being.

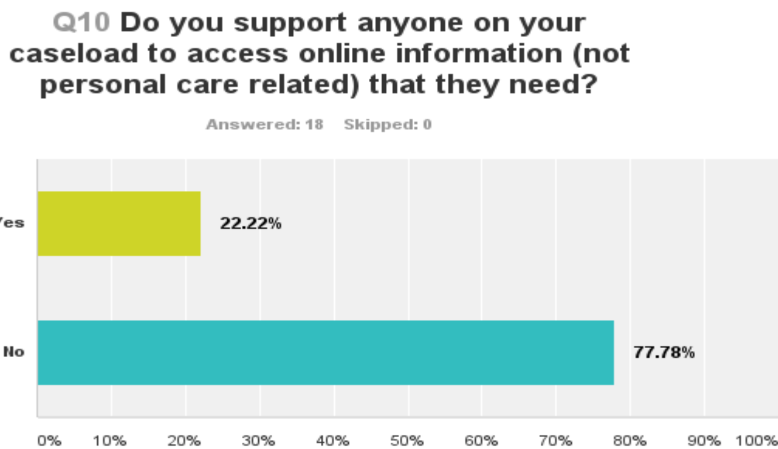

Fig 19: Q10 Do you support anyone on your caseload to access online information?

Whilst this looks challenging this may be the consequence of lack of device ownership or that the professional doesn't have access to mobile technology. There were a number of respondents who stated that the technology that they have does not help them to help customers' access information online;

> *My work phone is so small I have stopped using it and use my own devices.*

> *Not actually attempted to do this as the work mobile phones we have to use are archaic.*

> *My mobile device isn't set up to do this.*

Milner (2016) identifies that currently there are 12.6 million people in the UK with no digital skills, she also notes the link between this and people experiencing poor health, social exclusion, unemployment and disability. This is a significant part of the group who consume large chunks of health and social care funding. The NHS Widening Digital Participation programme has tested whether changing someone's digital skills level can improve their life chances in other areas and prevent them becoming even more disadvantaged as both the NHS and Local Authorities move towards digital by default. This national programme has trained 221,941 people, within this 44% of people

had a disability and 19% were aged over 65. Outcomes from the programme are positive with people feeling they have increased confidence and ability to use the Internet. Importantly, the programme has also trained 8,138 volunteers to act as digital champions.

Co-production With Citizens

Co-production is now gaining momentum amongst health and social care providers and professionals across the UK. Think Local Act Personal (TLAP), defines co-production as;

> *Co-production is not just a word, it's not just a concept, it is a meeting of minds coming together to find a shared solution. In practice, it involves people who use services being consulted, included and working together from the start to the end of any project that affects them.*

(TLAP, 2011)

Co-production benefits the organisation, professionals, the individual and the wider community. More commonly understood within the health and social care sector are the benefits of a mutual and equal professional and personal relationship on a one to one level. The central idea underpinning co-production is that people who use services are a hidden resource rather than a drain on the system. This focus on valuing the assets, skills and abilities that can be contributed by everybody involved was described by the New Economics Foundation (NEF) and NESTA as;

- Recognising service users as valuable contributors
- Building on existing skills and capabilities
- Reciprocal relationships leading to mutual responsibility
- Engaging support networks
- Bridging the gap between providers and receivers of services
- Adapting service providers into facilitators of change

NESTA (2010)

Throughout the data collection there was a strong message from people that the City of York Council had failed to ask people what services should 'look like', involve people in the decisions they made about services and more importantly encourage people to participate in service redesign. One example, provided during this project was the decision to implement pre payment cards for people using Direct Payments. One respondent stated;

> *They changed the direct payments system to pre paid cards without talking to any of us. It makes some of the simple jobs more time consuming and costs more. It makes it all harder.*

This example shows the importance of listening to citizens and building a responsive system based on their knowledge and expertise. Whilst this

example does not focus specifically on information and advice it is still an important issue when developing information for the public. Respondents were clear that information needs to be what people find useful and provided in a way that is accessible to people, not what the local authority thinks people should know;

> *The Council needs to listen to what people are saying they need and provide information around that - not what they think people should have.*

In addition, when discussing the information needs of people with the voluntary sector a respondent clearly articulated that the City of York Council did not utilise its relationships with community groups and organisations as effectively as they could;

> *We (the third sector) have lots of experience and knowledge about what works – sometimes I think the Council forget that we are about making things work better for people.*

Co-production was also seen as important through a number of the interviews that took place throughout the project, particularly in the area of learning disabilities and mental health. Whilst these were the areas that identified this as a key way of working, co-producing information and advice systems is critical for all customer groups.

Joined up approaches and products across York

Throughout both the interviews, workshops, meetings and the surveys people described significant issues with the connectivity of the information that is available across the city. These particularly focussed upon the the lack of connection between the different elements of the information and advice provision and the connectivity between people and their community infrastructure.

Information and Advice in York

Advice York is a partnership of advice providers who have organised themselves to work collaboratively. They have a referral agreement and strategy in place. Together these form an effective basis from which Advice York operates and provides an opportunity to further grow and develop the partnership. Maximising the potential of this partnership requires the members to work differently, particularly around referrals. Partners who responded to this study identified that currently they do not always refer on to one another. This could be because people arrive at the right place first time, however it is important to understand if this is the case or not. This could be achieved through a 'No Wrong Door approach' something that was seen as a popular option when discussed with the York CVS forums. Delivering this approach

would create a high quality information and advice system able to meet the needs of the people of York.

Participants in this study also identified that there were many good quality resources available in York. The Family Information Service Website 'Yor-Ok' and the Mental Health Directory developed through Healthwatch were ones that were particularly noted as being helpful. However, the researchers identified at least 13 directories, either paper based or online. Of these, two were aimed at mental health, each of which contained some overlaps and some differences. Whilst those that knew about the mental health directories were very positive about them, other people were not aware of either directory. In addition, respondents stated that information was not necessarily in one place and that it often contradicted itself;

It's difficult to find what help is available as information is spread all over the place or is often difficult to understand. Different departments often contradict each other when giving information.

I can contact my social worker but she doesn't always know enough - perhaps this is because I am usually asking what is available in York for disabled people and there isn't much on offer.

Other respondents identified that often people were passed from one provider to another, this is indicative of the lack of understanding of the whole system by those who work in it. This situation is made worse as there is no overall blueprint of what information exists, where it is in the city and who provides what. This is not necessarily the same in relation to the provision of advice.

Carers have reported to us that they are very frustrated, passed from one department to another, one organisation/service to another and always having to repeat the same initial information and presenting problem!

People get passed from one service to another then get fed up and lose the will to live, then they often give up and head straight towards a crisis. It's daft because that then costs the local authority more.

People and community infrastructure and connectivity

Respondents were clear that the Community facilitation role was extremely valuable in connecting people to sources of information, advice and support within the community. Community venues also noted how valuable the role was in helping them to publicise activities across the locality. Survey respondents highlighted the value of this role in supporting community connections;

Local groups are the best for information they know both their community and its needs.

Information about community groups/resources that take place in York so customers are not as reliant on statutory services.

In addition, the work by the Leisure and Community Centres team identified a large range of venues and support structures that work within often very small localities. These venues, from libraries and leisure centres to small community venues have a range of facilities that are available to the public.

Within this project a small telephone survey of 11 of the community venues identified their readiness and willingness to support their community in accessing health and social care related information and advice. All but one of these organisations either already provide some activity in this area or were willing to do so on the proviso it was compatible with their remit.

A pilot social prescribing project is also taking place in York this creates an additional opportunity for working across organisations to support the effective delivery of a community infrastructure. PCG Care Solutions (Connect to Support) have developed a social prescribing end to end solution with the aim of supporting the NHS five year forward view. This module could also support social care Local Area Co-ordination approaches. PCG identify the health related benefits of this approach as;

- Integrating with GP records to provide a personalised automated ‘self serve’ social prescription to the individual based upon information from their own records.
- Provide a preventative solution reaching all those who are accessing patient facing services, therefore reducing GP referrals.
- Enable reporting and outcome measurement to be fed back to GP’s and CCG therefore showing impact of the intervention.
- Support all levels of intervention including those requiring high level support.
- Provide a web based portal that can be used to deliver social prescribing services, including an online referral system, an online community service directory and outcome reporting mechanisms.
- Show providers and commissioners what services and groups people are using and therefore what the gaps are.

Finding Information and Advice in York

Despite the plethora of information sources across York, many people found it difficult to know where to start. This was reported as being more challenging for those people new to statutory services or at a point of crisis. In addition, there were a number of groups of people who found it challenging throughout their journey, these included people who have a learning disability, people with mental health needs and both deaf and blind people. This section will cover the following elements of the information and advice infrastructure in York;

- The Enabling Infrastructure
- Connect to Support
- Looking for information and advice?
- Peer Networks

The Enabling Infrastructure

A key issue when accessing health and social care information is knowing where to find the information, effective signposting is therefore critical for statutory organisations. Failure to address this can leave even the best information provision underperforming.

Respondents were vocal about the complexities of knowing what you need to know about before you can find it. In addition, participants noted the challenges of some of the language used and how professionalised it is. This compounds the challenge for the public of knowing where to start.

This challenge is also a consequence of the fragmentation of the current system with too many people being unaware of the many directories that exist in York. There was also a lack of knowledge and understanding about the Connect to Support website and its role in information provision. A number of respondents articulated how difficult it was to find information;

> *You don't know what you need to know. So much stuff is wrapped up in systems and structures such as 'funding streams' and other such jargon that really is none of my business. I just want to know how I can get on and live my life.*
>
> *You have to know where to look to find the information you need or can waste a long time searching through different pages, this is why a lot of people end up ringing us instead.*
>
> *It's difficult to find what help is available as information is spread all over the place or is often difficult to understand.*
>
> *I am thinking of specific things like Personal Budgets, you need to know where to find things like this and what they are called before you can find them.*
>
> *At YBPSS we know that some people do not know what information is available and where to find it. Sight loss places particular difficulties in relation to accessing information. Information needs will vary according to a person's personal circumstances.*

This situation highlights the need for York to invest in an enabling infrastructure that can become the 'go to place' to identify where a persons' needs may best be met. As a consequence of the nature of the health and

social care population, this will need to be provided in a range of formats to ensure that no one customer group is disadvantaged and unable to access information that can keep them healthy, safe, well and connected.

A number of people articulated the need to provide a one stop shop facility to assist people with knowing where to go for help. Initially the sense was for a one stop shop in an accessible part of town. Further analysis led people to identify that this would be better provided within key localities around the city and based within communities. It was also stated to be important that these environments were accessible and welcoming on all levels to support these venues becoming the accepted place for people to go for information.

For some people the libraries were critically important in the infrastructure supporting the provision of information and advice to people. The libraries were also keen to become involved in the provision of safe and trusted information for people and noted that working across communities in ways that supported this was in fact part of their contract with the local authority.

Although the City of York website has undergone a significant amount of work with regard to accessibility and there is direct access to tools such as BrowseAloud, issues continue to exist. Respondents reported that the City of York website is:

- Challenging for deaf people
- Challenging for people with visual impairments
- Challenging for people who have a learning disability

Anything that provides a phone number only for further information is useless as I am deaf and voice telephony is not accessible.

For deaf people the main thing is, if there are any videos, then they must be captioned and there must be sign language translation; also Plain English is a must, and easy to navigate - and trustworthy.

An understanding that not everyone has the cognitive ability to process information in the same way.

I think the information for Adults Social Care should be more comprehensive and easier to find bearing in mind the customers using the web-site are usually in an emotional state and need the facts quickly.

Connect to Support

Throughout this study it also became apparent that Connect to Support was not well known about by many people and those who did know about it stated that it did not meet their needs. Respondents stated:

I find Connect to Support impossible to use, it's confusing and too complex.

Connect to Support is a very difficult website to access the information that you require. I tend not to use this website as a result.

I tend to avoid web sites which are difficult to navigate/find information on, I would include Connect to Support in that category.

Connect 2 Support facility needs to be developed to improve the search function.... The fact that there is no one site that people can access for all health and social care support is unhelpful.

This picture was supported throughout the interviews as people clearly stated they did not know where to go for information. This indicates a need to consider how the website is marketed.

Looking for information and advice?

The following table highlights where people in York go for information. From this it can be seen that people use a variety of places including the Internet. This preference was reflected in other surveys conducted as part of this study.

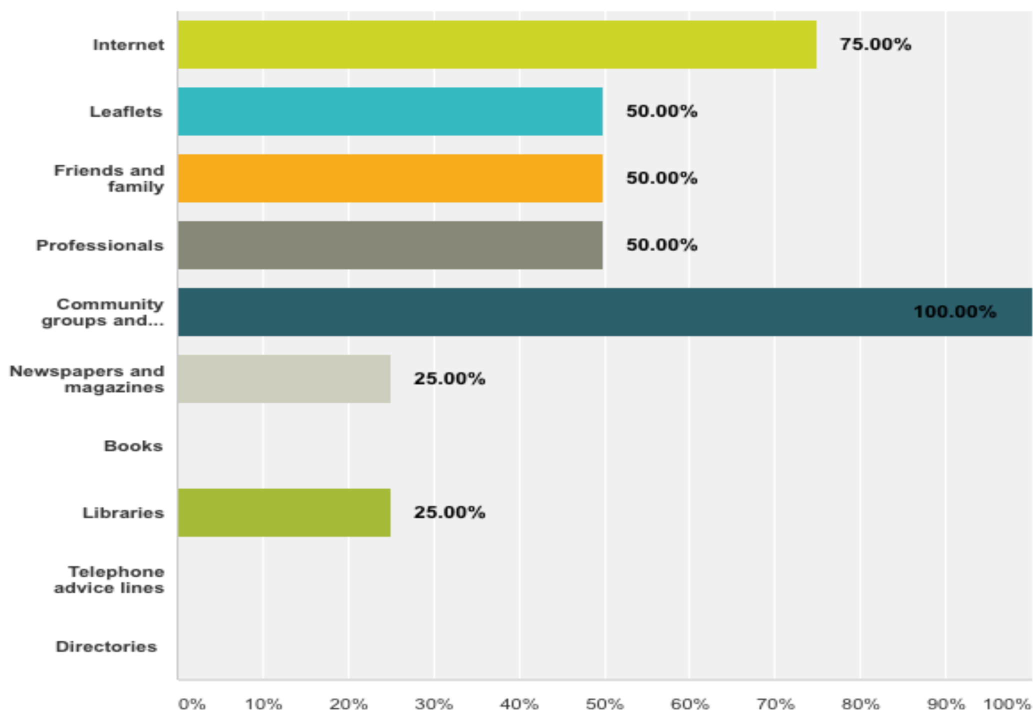

Fig 20: Q2: Which of the following do you use to get information?

Within the results the emphasis placed on community groups is notable. Once again, this was reflected in the other surveys, alongside a heavy preference for people to people options such as telephone and asking a person directly.

Importantly, there was limited focus on libraries, that may indicate that any role that libraries have in information provision will need to be marketed across the city.

In an additional survey carried out as part of this project, Newspapers presented as an important mechanism for respondents, as did social media, this was predominantly providers and professionals. Irrespective of this these are both areas that the local authority and its partners could readily exploit. Further results within the surveys indicated that people often search with terms that mean they access national websites as opposed to local ones; Ofcom (2016) noted only 24% of people search their local websites. Some respondents also indicated their preference for Google as a search tool rather than that of the local authority website, as the local website search tools were not as effective.

A recent example, presented by Socitm (2016) identified the variations in search results for one large county council when using different search methods. The table below indicates the position of the correct search result.

SEARCH TERM	GOOGLE	BING	COUNCIL SITE
Help for carers	Item 3	Item 9	Not found
Respite care	Item 2 and not same page as above	Item 19 (second page)	Found
Break for carers	Item 3	Item 9	Only for dementia carers

Fig 21: First time visitors using Search in one Local Authority Area
Source: Socitm (2016)

Peer Networks

A number of respondents, within both the surveys, focus groups and interviews identified that they not only preferred to speak to a person if they were looking for information but they also felt that they got better quality information from people with lived experiences;

> *I usually ask other people who have social care support in particular about personal budgets.*

York Parent Carer Forum or information from other parents is often helpful as they will point you in the right direction.

Usually it's much easier to talk to parents who have been through it, they can give advice on what worked for them or direct you to the relevant person/department.

I think the most relevant help comes from people who have been through it, community groups such as Lives Unlimited, or my friends and relations and online from groups such as Disability Rights UK.

Members of York People First, when asked where they went for information, said that they would phone each other. People who attended the focus group at York Blind and Partially Sighted Society also expressed a preference for people to people contact however, this was not necessarily from statutory services.

Delivering Information and Advice to the People of York

This section explores the approaches and challenges facing York with regard to developing their information and advice infrastructure. This includes the following areas;

- Current culture of delivery has a preference for face to face contact.
- Reliance on what people know in their heads.
- Blended approach.

The culture of delivery is face to face

Some professionals were clear that the people they work with either do not want to, or cannot use a computer or mobile device. Consequently, they believe this group of people need direct contact to meet their needs.

There is a mistaken belief that everyone is online which is not the case. 70% of the people I work with do not have access to the Internet at home because they cannot afford it. Others are not IT literate and have no interest in computers or accessing the Internet and others have problems with both reading and writing which makes using computers impossible.

Evidence from the interviews also supported this view, with members of York People First clearly stating their preference was to ring people and talk to them though they found the automated telephone systems difficult as people spoke too fast and they could not remember the options. One person gave an

example of not ringing their GP for this reason, they chose to attend the surgery to make an appointment instead.

People with a mental health need also stated they would not use online approaches, email or telephone, as they could not guarantee a timely response, a situation they reported as increasing their stress levels and impacting on their mental health. Their preferred method was to attend the Customer Service Centre in West Offices. Respondents articulated a range of other scenarios which resulted in the same response.

Throughout the interviews many staff also presented as preferring people to people contact with individuals. A variety of reasons were cited for this, these include the skills of the customer group, the complexity of the conversation required, the ability to signpost people to other places and the need to understand a persons needs fully to be able to signpost to other sources of support. Perceptions such as these are often central to discussions around social care and just how much provision can be carried out on line.

In November 2015 Socitm collated a profile of the number of visits to council websites (Socitm 2016). This showed 20,318 monthly visits for social care, this figure does not include standalone sites, third party or provider sites or the use of Apps to access local authority websites, therefore the figure may be higher. This compares to 661,748 visits to council websites in the same month, just over 3%.

	AVERAGE VISITS	% FOR SOCIAL CARE	AVERAGE SOCIAL CARE VISITS
COUNTY COUNCIL	155,769	5.01%	7,804
LONDON BOROUGH	183,606	2.12%	3,892
METROPOLITAN DISTRICT	207,050	2.80%	5,797
UNITARY	115,323	2.45%	2,825

Fig 22: Visits to council websites (November 2015)

Source; Socitm (2016)

Therefore, for York as a Unitary Authority it can be expected that 2.45% of the total visits to their website will be to the social care web pages. Using York's Google analytics data this is approximately 882 visits per month (average) for Quarter 4, 2015/16 or 2,210 visits to social care pages during the year. This equates to only 14.26% of the social care population in York currently using the Internet to search for information, assuming each visit was a new person.

This demonstrates that aspirations to move information and advice as well as social care functions on line needs to be supported by a range of activities and a clear strategy to support skill development, access, device ownership and motivation. Alongside this it will be necessary to win the hearts and

minds of staff in order to create champions able to increase the confidence of those people prepared to go online.

Reliance on what people know in their heads

Respondents were asked about how people accessed information, for many professionals they used the information that was in their own heads or that of colleagues. These were by far the greatest responses, whilst this demonstrates good knowledge of the area, it has some inherent risk. Primarily the potential to miss new developments and research. Imminently the risk for the local authority is the ageing workforce in social care as a significant number of social care staff are approaching retirement in the next 2-5 years. This will be challenging for the local authority without a comprehensive approach to providing information and advice. This was not seen to be an issue in the third sector.

Blended Approach

Throughout both the surveys and interviews people were asked what approaches regarding information and advice worked for them. Without exception people described the need for a mixed or blended approach to information provision to ensure no individual was left unable to access the information that they require, many of the customer focus groups were adamant, face to face was essential to them.

Respondents from the Advice Partnership also stated that there are specific challenges in moving to online systems for the delivery of advice to customers. This was seen as difficult due to the more personalised nature of advice provision. This often involves customers asking questions in order to facilitate decision making.

Many respondents stated that they either did not use websites or found online approaches difficult. In addition, some people felt that the online sources available were not personalised and therefore did not meet their needs. For example;

> *I tend not to use websites really. I prefer a more personalised service and to talk to human beings. Leaflets and websites are a starting point only and act as signposting to something or someone more specific.*
>
> *People want someone to ask about their problems, like a professional independent paid advocate to provide them with bespoke advice.*
>
> *Online information is not interactive, and therefore not responsive to my needs; I have to ask the right questions to find information I need - but I may not be able to ask the right questions to a computer.*

In addition, to the call for a more personalised approach, one respondent pointed out that the Council website gave information that was more about them as an organisation than about helping people to self care or find support for themselves.

> *It feels as though the information flow is all one way, i.e. from the council to the people instead of being about what people in the community want and need. They need information that is accessible to all, accurate and independent. How can you ask for something if you don't know it exists?????*

> *I think it might be helpful to reverse the language used, for example under health and social care 'who can get help' might be changed to 'I need help with care' so it shifts from what is offered (or not) from CYC to being what a person might be looking for. In this way people who may not be 'eligible' will still get information and advice and feel supported rather than rejected.*

In addition, there were some groups who felt online approaches were not suitable at all. York People First were clear that using the Internet to search for information about health and social care was difficult because they didn't understand it. Conversely, Ableweb members were becoming increasingly comfortable with searching for information on the Internet as a result of the support they experienced, however only a few members used the Internet for anything other than entertainment when out of the office. In addition, people who have a visual impairment also find it difficult despite the use of BrowseAloud.

> *I think that online you have to be pretty knowledgeable about what you are looking for and what you are reading, this cuts out a large group of the community who have a learning disability, visual impairment, mental health difficulties or are elderly etc.*

> *At YBPSS we provide information in a variety of ways that meets individual needs. The majority of people with whom we work are older people who sometimes face challenges in understanding and accessing information.*

The following table highlights that in addition to face to face contact, for some people online approaches are just as crucial. This illustrates the importance of utilising different approaches to meet the information of the health and social care population of York.

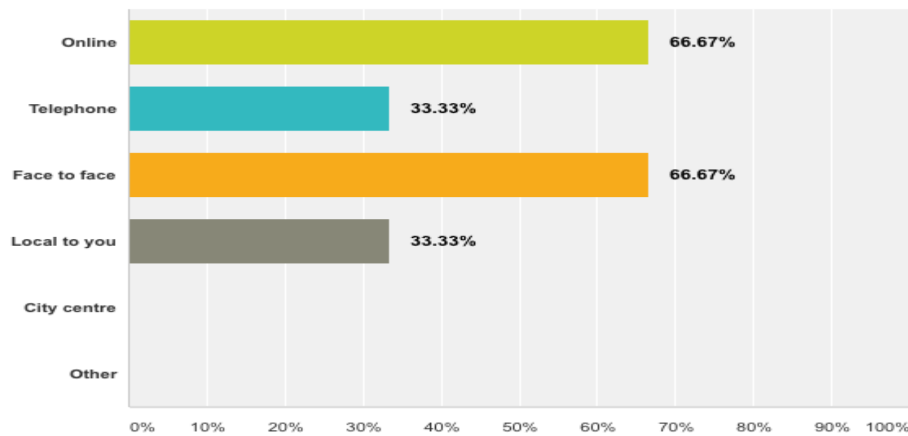

Fig 23: Q5: Which of the following approaches would you find the most helpful?

Some respondents provided explanations on their preferred approach to the delivery of information and advice. For example;

> *It would be helpful to have information from all provisions in a 'central hub'. An A to Z on the Yor-ok website.*
>
> *There needs to be multiple ways to get the information, not just online. There need to be knowledgeable and friendly staff available to talk to, the response times need to be good, the quality of the information needs to be high and needs to be delivered in a way that suits the customer, it needs to be comprehensive.*
>
> *Available in person, through telephone as well as online (chat facility and static) - independent - accessible (e.g. with sign language interpretation when I need the advice) - impartial - up to date and accurate.*
>
> *I think a designated centre that is not the council offices would be most helpful.*

Quality and satisfaction

The quality of a website directly correlates with the satisfaction levels that users experience (Bessell et al, 2002) It also affects how much trust people place in the information on a site.

Trusting Information

In the data collected for this project, some people stated that they did not feel able to trust all the information that they accessed, they felt the quality of much of the information produced for the public was not reliable;

All information retrieved from the Internet must have a health warning in terms of accuracy. Spurious websites, misinformation etc.

Can often be out of date so usually involves telephoning someone to check information is correct before passing to customers.

City of York Website

Despite recent work on transforming and updating the City of York (CYC) website people still found it difficult to use. In addition, a number of respondents stated that they used Google rather than the Council website as it was easier to find the information that they required. This is supported by the evidence from Socitm (2016) described earlier in this report.

The CYC website seems to send me round in circles, it is one of the worst local authority web sites I have come across. Usually I am trying to find a department's phone number for a customer, but this is not always prominent on the web site, you have to dig for it.

I find that CYC website can at times be a little difficult to navigate around, although there has been huge progress and it is more accessible than it was over a year ago.

I have found that the web site is divided into set questions with not enough free space to ask for the answers you require. I can never find the answer I need from the choices given. The web site does not flow, customers need talking through the process to get to the information they need and the lists for care and homes that they require.

Superficially it is user-friendly and easy to navigate but if you are trying to find detailed information or you don't know what information you are looking for it can be very difficult to find. It is often embedded, not easily recognisable and not written in common terminology.

It is this range of challenges experienced by users that has led to the ratings described in the graph below.

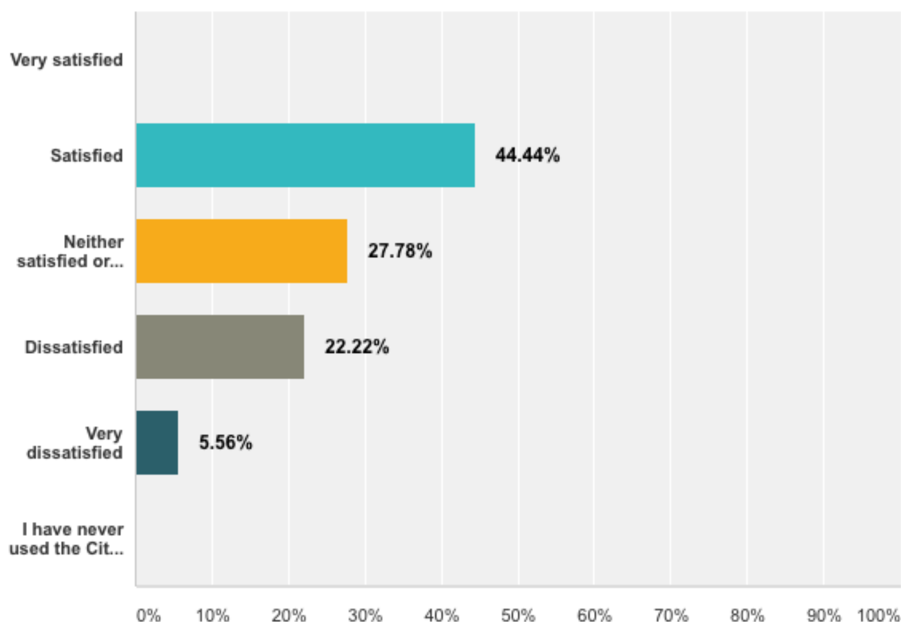

Fig 24: Q12: How satisfied are you with the City of York Council Website?

Independent Information

Alongside the lack of trust that some people had in online information, some respondents identified that information should be clear, concise and easy to access by everyone. Independent and impartial information was important to some people as can be seen in the quotes below;

> *Independent, impartial, person centred, relevant, accurate, up to date, accessible to all.*
>
> *Clear (accessible to everyone) up to date (accurate) relevant to me (person centred) honest (impartial) and connects with local people.*
>
> *Clear, concise, factual information. Easy to use contents page so that you can find exactly what you're looking for straight away. Clear contact details for the organisation. Ability to contact a human being if needed.*

Developing a good information system?

Within the data collection participants were asked what they thought a good information and advice system should look like. The following list of things were seen as important for any system, online or people to people;

> *A person answers the phone. The person who answers the phone is able to signpost correctly. The customer gets individualised information*

and advice, either on the phone or from a real person. Customers are able to contact a named person.

Known to the public, easily accessible, accurate, maintains good networks with voluntary and statutory organisations. Trusted.

Easy to navigate. Up to date information. Informative without being too basic or too complicated, person centred and friendly.

One that includes a feedback facility to inform future community development.

Meets website accessible standards. A variety of options to access the information - such as Internet, people to people, telephone.

That it is relevant to that person's needs that they can find it easily. That it is locally based that there are useful case studies/films of people out there in the City using the support.

Easy to read. Plain English. Where to go to find more information. The option to speak to someone if all else fails.

Being able to access the information without a long or delayed wait for a response/reply.

Clear facts, easy to contact, available any time.

Good search engine. Independent content Further links.

Ensure consistency so that you don't feel like you're jumping around and might have missed areas. Clear about the source of the information.

Giving confidence to people. Finding out exactly what you want to know and to be able to trust it is accurate.

Utilises the principles that are used by the tourist information system in York.

There need to be knowledgeable and friendly staff available to talk to, the response times need to be good, the quality of the information needs to be high and needs to be delivered in a way that suits the customer, needs to be comprehensive.

The Model

A Model for Information and Advice in York

The following design principles were agreed as the basis for the project;

- Being **personalised:** recognising that everyone's needs and assets are different, and that while many people are able to research things for themselves, others need more in-depth help including advocacy.
- Being **preventative**: giving people early advice about how to manage their own health, and help them plan ahead.
- Being **asset-based** and geared to **promoting people's independence,** building people's capacity to access and use information, and to manage their own care and support.
- Being **joined up**: so information and advice provision is coherent, and people can access support easily, without being passed from pillar to post.
- Ensuring **high quality**: so people have their queries resolved well, and experience information and advice as easy to understand, accessible, timely, comprehensive and accurate.
- Being **efficient**: maximising the potential of the Internet, streamlining the processes for producing information, reducing duplication, pooling resources, and making the most of informal assets.

Fundamental to achieving such a quantum shift for people and communities is an effective information and advice infrastructure. The current model operating in York has the following component parts;

- A website
- Statutory organisations i.e. The City of York Council, Vale of York Clinical Commissioning Group, North Yorkshire Police
- Community venues
- Peers offering support to one another e.g. Lives Unlimited

Fig 25: Representation of current information and advice system in York

Whilst these pieces of the infrastructure are in place they are not necessarily working together in a way that maximises the opportunities to provide locally based information. In addition, there is limited evidence that it either that builds assets and community infrastructure or meets the key elements of the design principles.

This report identifies ways in which to join together these structures to create a more robust information system across the city that is responsive to local needs. This section will describe what is required in each of these stages and how they can work together.

'The' Website

It is important to identify one website from the many that exist that will become the lead for signposting to information across the city. This website would be responsible for providing the route map to all other sources of information. This is crucial so people know the one place to go to in order to find what they are looking for.

The options for developing this platform are numerous, and include,

- Connect to Support
- Healthwatch
- City of York Council website
- Family Information Service

Each option has its own advantages and disadvantages the following section explores these.

Connect to Support

As a website this has significant advantages as it is already a site jointly subscribed to by both the council and the NHS. This platform would allow information from both parties to be provided in one place without the need to develop a further or new option. The challenges are however also significant. The website is not well known about across the city, e.g. when asking 40+ older people only 3 people had come across the website. Others noted they did not use it as it '*is still in development*'. Some respondents also discussed the fact that the website was '*clunky*' and '*not easy to use*'.

PCG Care solutions are aware of this feedback and are clear that it is possible to develop the website into whatever approach and style is appropriate for the City. Should Connect to Support be the choice for the future, the local authority will need to invest time and effort in working with both the Connect to Support team and the people of York to ensure the design and functionality makes sense to them. It will then also need to invest significant effort into marketing the site to ensure people are aware of the resource that is available to them. This marketing activity will need to be ongoing to ensure maximum coverage. Any marketing strategy will also need to include training for staff, engaging community venues and others to ensure people are able to use this as well as feedback mechanisms so people can help to continuously improve the site. Kirklees approach to marketing Connect to Support is described in Solution 9.

Healthwatch

Healthwatch has a role in the provision of information to the public within their local area. The advantage of using Healthwatch York to act as the key signposting website would be its perceived independence from statutory organisations such as the local authority and health. It would therefore have the advantage of quickly becoming the trusted source for information. The surveys conducted as part of this project indicated that most people knew about the existence of Healthwatch, far more than knew about Connect to Support. For many people it was also a 'go to' place when looking for information. Should this become the lead site however some marketing would still be needed to ensure people were aware of this additional functionality.

The key challenge is that the website is not particularly established to provide information at this level and in the way that would be needed, much of it's statutory duty for information provision is delivered by linking to NHS choices and providing a 'find your nearest service' option.

The Healthwatch widget does provide an additional level of information for the public. This can be placed on any website allowing individuals to either access information about the lived experience of people who have used a service or to make their own comments about their experience. The benefits of this have been identified as;

- Demonstrates a culture of encouraging and welcoming feedback.
- Is quick, easy and independent.
- Provides access to a database of CQC registered services, enabling people to find support.
- Allows those looking for services to see real life opinions from people using them.
- Can show positive feedback live on provider websites from an external source.
- Also links people through to the Healthwatch website, which gives access to information about navigating the health and care system.

A minimal investment of £5,000 per year would enable the Healthwatch York to embed the widget on their local website. The potential of this is that it could encourage more people to review services and therefore increase the amount of local data they could then have access to. This would allow commissioners also be able to respond to feedback about their own service as the feedback centre has a reply function.

City of York Council website

Adapting the council website to become the website that signposts to the information across the city may on first glance appear a positive option as it would give the council control over the nature and quality of the information, something that has been important to some of the people we have talked to during this project.

The challenges however would be significant, notably the fact this would sit as a competing priority with many other parts of the local authority website, both for development and maintaining of the information on the site. The responsiveness of the site to incorporating new data would be subject to the process and resources of the local authority. In addition, the impact of corporate images and presentation could be problematic. Lastly and very importantly it does not fit with the goal of growing the role and involvement of communities in keeping people healthy safe and well.

Family Information Service

This is a well developed, well used and well liked website that was highly praised by some respondents. One person suggested that a joined up adult's approach that formed part of the FIS would provide the city with an excellent resource. It is not difficult to see how well this could work, and children's services who own this resource are willing to work with the adult social care team to develop the resource in this way. Providing such a joined up approach to information would be an excellent development. The main challenge however is it is still a local authority owned website.

What do people want?

In reality the decision as to which website becomes the lead for signposting people to the available information will be dependent on a range of things. An important consideration would be the match of the host website to the purpose of the lead website and its ability to sustain itself into the future. These questions should form part of any options appraisal to identify the website of choice.

Whichever is the host for the lead website people were clear about some of the things they needed from it. These included;

- information about what services exist, this can be provided as an easy win by linking the range of directories that exist across York.
- People also wanted links to national websites, particularly those like AGE UK, Alzheimer's, MIND, British Heart Foundation and Diabetes UK etc. When providing information on national websites they need to be organised in a way that makes sense to people.

During the project people were also clear what they wanted from the City of York website, this included information about local processes and the customer journey, provided in a transparent way that enabled customers to access forms and information when they required. One respondent stated that it had taken them several months to be given access to an assessment form so that they could prepare for the assessment process. There would need to be a link between this and the signposting website.

People also wanted information to support them remaining healthy, safe, well and connected. This could be provided under those headings to assist with navigation, but also needs to ensure it covers a range of health and disability related issues as well as linking to the lead website.

'Apps' were not a specific focus of the project but the emphasis on these is growing nationally, with ADASS hosting its second event on 'The value of 'Apps' in social care'. Some Local Authorities and the NHS already understand the value of 'Apps', examples can be seen on the links below;

http://camdencarechoices.camden.gov.uk/media/101955/apps-for-ccc.pdf

http://www.nhs.uk/Tools/Pages/Toolslibrary.aspx

http://www.solihull.gov.uk/Portals/0/SocialServicesAndHealth/Telecare/Top_10_Social_Care_-_Health_Apps.pdf

Using and supporting the use of 'Apps' is a key part of helping people to stay healthy, safe, well and connected.

Statutory Organisations

Whilst the statutory organisations in York work collaboratively, there is more that can be gained by joining together to deliver the information and advice vision for the city. Key areas of potential further collaboration include;

- Sharing venues that provide information, to ensure a comprehensive approach to keeping people healthy, safe and well.
- Sharing of community based roles. This would include social prescribers, community health champions, community connectors and others.
- Employing a 'Make every contact count' approach with a digital focus.
- Maximising the social media approach of each organisation.
- Ensuring key messages are delivered effectively across the range of media available to both statutory and third sector organisations.

The City of York Council utilises Hootesuite to understand the effectiveness of its social media presence, this technology allows the organisation to publish and monitor its Facebook account along with Twitter, Instagram, LinkedIn and Google + Page profiles. In addition, it has the ability to monitor certain 'Apps' and include these within the overarching report structure. At the advanced level reports are able to provide deep social listening and analytics to support the organisation gain a detailed demographic analysis of the things people are discussing on social media. This in turn allows the local authority to plan its responses, in this context campaigns that are designed to keep the population healthy, safe, well and connected. For example, helping people to think about how to plan for the future, with information about financial planning, the costs of home care compared to residential care, how to stay healthy and well for longer. Essentially it is critical for statutory organisations to 'get people talking' particularly about staying healthy, safe and well, in order to understand the support they need to provide to communities.

Libraries and Community Hubs

Libraries and community hubs are key in the development of an effective model for information and advice. York has 12 public libraries placed across the different geographies of the city. Each library is expected to work with the wider community to help build the community infrastructure through appropriate and related activities. The libraries currently do this through community cafes and a wide range of activities for the general public. As such they provide some innovative and exciting opportunities, particularly with regard to the provision of information and advice.

As discussed elsewhere in this report, libraries are able to provide support in the development of trusted information through supporting the development of curated information across the city. More crucially in the context of the overall model they are key in providing the 'go to' place for information and advice within a given locality. They can offer places to provide information, free

access to WIFI and support to access and use the Internet safely where people lack this skill.

The Hub model currently being put in place for Burnholme also provides the basis for further opportunities to provide effective information and advice to the public. Flexible training and meeting spaces for health service and lifestyle information provision is already part of the specification for this hub. This has the potential to include the provision of health and social care related information, support to access information, digital training provision for people in the area, and a venue for key providers such as benefits advice to provide surgeries and work more closely with the citizens of Burnholme. The Hub could work on a similar basis to the South Ockendon Hub in Thurrock (http://www.southockendoncentre.org.uk), a venue that has a high level of usage and also works with a high level of volunteers as a consequence of its partnership with CVS. Building this level of infrastructure should not however compromise the use of community venues, many of which will be smaller and less engaged with statutory services.

Community Venues

Many people believe that community venues can deliver better results than central or local government, or than a private sector or voluntary organization working under contract to the government.

York has approximately 90 known community venues, each of these provides an opportunity to offer locally based support to local people. In order to understand if these venues were willing to take on the role of information provision a small sample were canvassed via telephone interviews. They were specifically asked whether they would be willing to provide information to local people alongside how they might be prepared to do this. All organisations were happy to provide low level information such as leaflets to people, though this has obvious cost and currency challenges. Where this is the only offer an organization can make and there is no alternative organisation that can take on this role within the vicinity this may be worth the initial investment.

Some organisations were prepared to consider, either now or in the future, the option of free WIFI for those unable to access this at home, some organisations were also prepared to provide devices for members of their community to use. For a small number of those venues interviewed they were also able to offer support to people to get online when they lacked the confidence or the skills to do this for themselves. For most this would need to be at set times that matched the time when they were not delivering their core business. These times would need to be widely communicated in the localities. For one organisation this was already part of their future plan and they were supportive of working in partnership with the local authority to continue to progress this. Some organisations were also happy to provide

space for people to deliver surgeries for local people although some would require paying for the space as their survival depended upon the income they could maximize from their building.

Organisations, when asked what they would need to be able to deliver this level of support to their community offered varied responses, with some needing some support, for example a few thousand pounds a year to others who felt they could deliver this within their current resource. Understanding what each organization needs would be down to the detailed negotiations with each one, and based on the picture of community venues the council wishes to develop as well as the level of support they were providing.

The Leisure and Community Centres team are currently talking with the full range of community venues and are endeavouring to identify a way to support those organisations. Working with this team would support effective utilisation of the community venues and provide a mechanism for social care to talk with many of them easily. Establishing the community venues as providers of information could be delivered through the LAC, community connectors and social prescribers with this group providing a named contact for the community venues and a drop in support when appropriate.

Marketing will be needed as each venue becomes established in order for local people to know and understand the information and support that is available. This could be provided through social media, local shops and pubs and the new community messaging service as well as local York radio and newsletters.

For those community venues with access to the Internet via both WIFI and an appropriate device an effective website that signposts to all the relevant and trusted information will be essential.

Making Every Contact Count

Statutory organisations are in an excellent position to build on the range of programmes that have existed to increase the digital capabilities of people across the city. In particular, through the contact the professionals have with a range of people and the contracts they hold with a range of providers.

Professionals invariably see the provision of information as one of the key roles they have with individuals. How professionals do this is critical, as part of this strategy it is proposed that they are equipped to provide immediate support to people to go online and to help people to search for the information they need. This should always start with the single ‘go to’ website to familiarise people across the city with its existence and usefulness. By having the equipment to help people go on line it is expected that this will encourage a percentage of those people who are thinking about using the Internet to engage with it.

The same principle should be included within all contracts for health and social care provision. That is, an expectation and added value to the contract that all staff engaging with customers will support them to find information that helps keep them healthy, safe, well and connected. In this way, York could increase the number of people accessing the Internet and finding or providing information to people. Once again an effective website is critical to the success of this approach.

Peer Support

A clear messages coming from the surveys, focus groups and interviews with people using support was the importance and value of talking with people who have lived experience. York has many people with lived experience who are both knowledgeable and willing to provide such support, some do this already. The key within this model is the ability to maximise the impact of this group of people whilst supporting them to both stay current and safe themselves. Support could come from the community venues or from the community connectors and social prescribers, or from the Community and Leisure team, or any combination of the above. The challenge will be to pull this group of people together and provide them with the correct level of support. Developing the group together could be done through identifying partners graduates, working with Lives Unlimited and the carers hubs and other similar structures. The use of social media and community messaging could also offer solutions.

Improvement Outcomes

In order to deliver an effective information and advice infrastructure it is important to establish the principles that will underpin any design activity. The following Improvement Outcomes are based on TLAPs Information and Advice Toolkit (Undated) and were agreed with the steering group. These are useful as they will enable the City of York to measure their progress to delivering information system that is Care Act compliant, meets the needs of citizens and helps them stay healthy, safe and well, supports channel shift and is an effective use of scarce resources. The Improvement Outcomes are;

- Information is easily available and trusted.
- Information is dynamic, responsive, evidence based and current.
- Information is accessible and inclusive e.g. Easy Read, BSL.
- People searching for information are provided with the same information irrespective of where they start their enquiry.
- Partners who are involved in delivering information and advice know and understand the local provision.
- Websites are customer facing.
- More people in York are capable and confident to use online resources.

TLAP (Undated).

Essentially therefore, what needs to exist is;

- An effective website that is current and trusted that delivers the information people require and signposts to other places where that exists, this can then become the 'go to' place for the people living in York.
- An effective local authority website that focuses on the information people need and want rather than what the authority believes it is important for people to know and understand.
- An effective joint health and social care site providing information designed to help people stay healthy, safe and well.
- Collaborative approach to providing information across the statutory organisations in the city, local authority health and the police where the resources that each organization has are able to focus on providing the wider links to other services.
- Joined up use of the community connectors, social prescribers, Local Area Co-ordinators and health champions.
- Better use of libraries and community hubs to provide information and advice and build community assets across the area, including volunteering.
- Effective use of the community venues to provide information on a local basis to the people of that area. Each organisation providing information and support in a way that works for them and the citizens of they support. Not one size fits all.
- Effective peer support structure to help those people who are happy to help others and be a point of contact as someone with lived experience.

The diagram below provides a visual representation of this approach.

Information and Advice – Future State

Fig 26: Representation of proposed information and advice system for York

Solutions

What York Needs to Do

In order to achieve this model, this report suggests a number of solutions that require the local authority and its partners to come together to complete a range of actions. These solutions and relevant actions are presented under the headings that created the key themes from this project, these include;

A. What People Want

Solution 1: Develop and implement a dynamic and responsive online presence
Solution 2: Provide comprehensive accessible information

B. Effective delivery of Information and Advice across York

Solution 3: Establish effective information partnership and governance arrangements
Solution 4: Develop and implement a coproduction framework
Solution 5: Develop and implement a social media function
Solution 6: Develop and implement a social marketing approach

C. Joined up approaches and products across York

Solution 7: Use Community Venues to provide information to local people
Solution 8: Develop and implement a Digital Inclusion Strategy
Solution 9: Develop Connect to Support as a shared platform

D. Where to go to find Information and Advice in York

Solution 10: Establish a lead website to signpost people to information

E. Approaches to delivering Information and Advice to the people of York

Solution 11: Establish peer to peer networks and support structures
Solution 12: Integrate the work of asset based workers

F. Quality and satisfaction

Solution 13: Develop and implement local Information Standard
Solution 14: Implement a curated knowledge approach

A. What People Want

Solution 1: Develop and Implement a Dynamic and Responsive Online Presence

What people told us

Some participants in this project felt that the local authority website was uninspiring and difficult to navigate. For example, some people stated that information on personal budgets included inaccuracies, leading to confusion about what a personal budget is and whether, as the reader, you were able to have one.

Other people referred to challenges navigating the system, particularly if you were not clear about what you were searching for. A further respondent suggested changing the wording from 'who can get help' to 'I need help with…' as this would help people funding their own support better and would also move from an approach that makes people feel they need to increase their difficulties to be take seriously to one that is more preventative.

People wanted a dynamic and responsive website that included;

- The provision of useful information for the customer, including;
    - Information to help people stay healthy, safe, well and connected (including links to national sites)
    - Effective customer journey, (including documents used in the customer journey)
    - Information about providers
    - The ability to search for community groups / support groups
    - Links and information about financial advice providers
    - Links to appropriate 'Apps'
    - Legal and policy information
    - Information about assistive technology and other technologies that help people to live independently and stay safe and well.
    - Information about peoples' rights, particularly in relation to the Care Act, for example, the right to support from an advocate.
- Information to be de professionalised and provided in easy to understand language.
- Personalised information, starting from what the person wants not what the local authority needs to tell them.
- Current, up to date and reliable information,
- Timely provision of information
- Understanding what is important to people on an on going basis and responding to this.
- The information must be accessible to people with a range of different needs

What the literature told us

Personalised Health and Care 2020 (NHS 2014) identifies the challenges of the lack of integration between services. This document acknowledges the growth of clinical technology but notes that there are not the same improvements with regard to data technology. The report highlights that this significantly impacts on the NHS's ability to use information and consequently it is having a detrimental impact on the health of individuals and potentially causing harm.

The landscape of care and support is changing, however the digital transformation that we see regarding accessing care and support have not been as radical or timely as they could be. In many ways it seems underdeveloped compared to mainstream and commercial counter parts. Whilst some believe 'Apps' have no place in care and support, it is arguable that access to the right ones' can support people to stay healthy, safe and well, support them to manage their needs, help people to live independently and provide more freedom and choice (Samuels, 2015).

Quantifying the contribution of information and advice to prevention is challenging. As such it makes it difficult to ascribe savings to this area and therefore to justify paying attention to it. In effect it is an area where common sense and logical thinking needs to predominate. By providing information to help people stay healthy, safe, well and connected and moving to an asset based approach (Fox 2016) can in the main only lead to positive outcomes and a reduction in demand.

Why is this important?

If local authorities and health care organisations are serious about focusing upon prevention rather than dealing with the consequences of poor lifestyle choices and health behaviours, then the information system available to citizens needs to be dynamic and responsive. It is only by providing people with useful, understandable, accessible and current information that peoples' health behaviours will alter. Socitm (2016) identify the comparative transaction costs between face to face, phone and web based interactions. They estimate that the cost of online sources (£0.09 approx. based on 2012/13 figures) is less than 5% of the cost of a phone interaction (£2.59 approx.), which is also less than one third of the cost of a face to face contact (£8.21 approx.). Online systems therefore are more efficient and cost effective in the context of adding new information and keeping people up to date. A dynamic responsive site is what will keep people returning.

Actions

In order to create a dynamic and responsive online presence that will encourage people to use the different websites, it is important to create a

method of understanding what is important to the people of York. This activity should be supported by a means of disseminating relevant information and includes creating a 'push:pull' dynamic around the online and social media presence of the organisation. This area is covered in more detail in the section relating to a social marketing approach.

Strategic:
- Strategic sign up to ensure oversight and resources to maintain and sustain
- Develop policies and procedures to support the proactive use of different technologies e.g. Apps, webchat.

Operational:
- Develop changes to CYC website to ensure it is customer facing and meets the expectation of consumers.
- Develop structures to support knowledge curators adding information to designated web pages.
- Develop and implement an approach to updating information that supports the wider web team to devote the necessary time to developing and uploading information.
- Ensure language is customer facing and easy to understand e.g. Easy Read. Staff are trained to deliver this.
- Establish an infrastructure to support using feedback from all sources.
- Consider the use of 'Apps', Webchat facility, Community Messaging service and other technologies and national websites to enhance the user experience.

'Apps'

'App' is short for 'application' - which is another name for a computer program. Normally, when people talk about apps they are almost always referring to programs that run on mobile devices, such as smartphones or tablet computers. These are particularly useful as they allow the phone or tablet to do almost anything that the programmers can imagine, within the technical limitations of the device. 'Apps' allow people to access information quickly and effectively on mobile devices.

In order that the York partnership is able to take advantage of the flexibility of 'Apps' to support the provision of a dynamic and responsive online presence, a number of actions will be required. Firstly, it is important that an agreed policy is in place to support the proactive and consistent use of 'Apps' in the city. This will need to cover the development of standards that all organisations use to measure the acceptability, effectiveness and useability of particular 'Apps'. It is important not to be overly precious about this as too rigorous an approach will stifle the advantages that can be gained. The following organisations have successfully addressed the issue of 'Apps' in their information and advice provision.

http://camdencarechoices.camden.gov.uk/media/101955/apps-for-ccc.pdf

http://www.nhs.uk/Tools/Pages/Toolslibrary.aspx

http://www.solihull.gov.uk/Portals/0/SocialServicesAndHealth/Telecare/Top_10_Social_Care_-_Health_Apps.pdf

In addition, in order to direct traffic to local sources of information there is a need to develop and share a local 'App' across York. Wakefield West CCG has developed an App to this end called Wakefield West Health Pod. This is essentially an App to support the people in the area staying healthy and well. It provides information about where to find a range of pop up clinics, including housing, a local health directory including social care, third sector and information about groups, this is gleaned from Facebook. In addition it includes health 'Apps', an A-Z and 'find your nearest'.

Webchat

Webchat is a system that allows users to communicate in real time using easily accessible web interfaces. It is a type of Internet online chat distinguished by its simplicity and accessibility to users who may not be able to find their way around the website and/or need to have more detail about the information provided.

As with the use of 'Apps', there is a need for a shared and agreed policy with regards to how Webchat approaches are developed and implemented across York. However, whereas 'Apps' can be used at any time of the day or night, as they do not rely on having people available, Webchat requires staff to execute the conversations. In this context, organisations may well find it easy to deliver this within the normal working week, but there are challenges with evenings, weekends and Bank Holidays. As such, there is potential for the key organisations to work together and develop a cross organisation approach to supporting individuals through Webchat by utilising staff that currently work in similar customer facing roles, for example the local authority Customer Access and Assessment, and Customer Services Teams.

The staff that will deliver the Webchat function will need to have the following;

- Significant knowledge of the health, social care and welfare rights system
- The ability to interpret, analyse and reflect questions back to the person.

Although, call centre staff generally work to scripts, this may not be so easy in the context of Webchat as the range of information required will be wide and varied. This will require the development of a workforce development plan with an associated training programme.

In order to support the delivery of a dynamic and responsive online system, the partnership needs to develop a way of collecting and collating information

and data from the Webchat functionality and feed that back into the wider information system. Essentially, key themes from the questions asked might necessitate a revisit to the information provided online to ensure that it is fit for purpose.

The use of 'Apps' and Webchat are some of the ways that online provision can be made more responsive to the needs of the customer, however, there are groups within the target populations that will not be able use this functionality. These include some people who have a learning disability, people with literacy problems, blind and deaf people. As technology develops there are other opportunities for these groups to access information and advice, these include the use of videos and communication methods such as Skype.

Community messaging

Community messaging is a two way community messaging system designed to put organisations in touch with the people and services that they need to communicate with. It is free to the public and simple to use, it is a means to receive information from public services in local areas. It can be tailored to individual preferences for content, priority and means of communication, for example phone, text, email or mobile 'App'. Currently this is being used by Police services specifically in North Yorkshire but can be used across a wide range of services. For example, the service is used in Cumbria across the Police, Fire and Rescue, Neighbourhood Watch and the local authority. This service could also be used to push messages aimed to prompt people to stay healthy, safe and well. City of York Council has signed up to use the community messaging service.

Other technologies and national websites

A range of other technologies exist that can help improve the responsiveness of the online presence. These technologies aim to do one or more of the following:

- Keep people safe
- Increase connections with family, communities or professionals
- Help people with long term conditions manage their health
- Make decisions about equipment

The partnership need to explore the usefulness of these approaches and make decisions about how the citizens of York understand what is available.

There are a number of national websites, e.g. Silverline and Ask Sara that can help people with their quality of life. The partners need to identify appropriate websites, explore their usefulness and promote them to appropriate groups. In addition, the partnership may wish to develop an approach to assess the quality and usefulness of these resources. Other technologies include options such as;

- Pulseguard; monitors vital signs to help predict epileptic seizures
- Equaleyes; replaces the standard Android screen with one that people with visual and sensory impairments can use
- Speakset; A remote care service that provides a video connection from a professional to a persons own television screen.
- Tyze is a platform that helps connect people around the individual needing support.

Making these and other technological approaches known across the city can contribute significantly to keeping people well and connected. However getting citizens to see the value of such technology and to invest in it will need significant marketing when considering the OFCOM data on device ownership for the over 70's.

In addition, it is important to develop standards to measure the acceptability and effectiveness of different technologies such as Apps and Webchat.

Improvement Outcomes

- Information is dynamic, responsive, evidence based and current.
- Information is accessible and inclusive.
- People searching for information are provided with the same information irrespective of where they start their enquiry.
- Websites are customer facing.

Opportunities

- Extend the current approach to Easy Read to cover more areas across the website.
- Utilise the Easy Read skill set that exists within Cloverleaf and Ableweb York.
- Maximise the current website re-shape to develop video communications and introduce other technologies.
- Utilise available expertise to support a web chat function.

Risks

- Target groups will be unable to access information without significant support.
- The aspiration for channel shift will be compromised, as groups who need to access information will be excluded from it.

Resources

- Staff time to support the web chat functionality
- Staff time for training

- Funding for training and development activity

Good Practice

- Top 10 Apps approach in Solihull
  http://www.solihull.gov.uk/Portals/0/SocialServicesAndHealth/Telecare/Top_10_Social_Care_-_Health_Apps.pdf
- The use of web chat by Suffolk County Council
- North Yorkshires Community messaging services
  https://www.northyorkshirecommunitymessaging.org
- Camden Care Choices
  http://camdencarechoices.camden.gov.uk/media/101955/apps-for-ccc.pdf
- NHS Choices Tools Page
  http://www.nhs.uk/Tools/Pages/Toolslibrary.aspx

Solution 2: Provide comprehensive accessible information

What people told us

Online information is not interactive, and therefore not responsive to my needs; I have to ask the right questions to find information I need - but I may not be able to ask the right questions to a computer. Anything that provides a phone number only for further information is useless as I am deaf and voice telephony is not accessible.

I think that online you have to be pretty knowledgeable about what you are looking for and what you are reading, this cuts out a large group of the community who have a learning disability, visual impairment, mental health difficulties or are elderly etc.

The workshops that included people who have a learning disability identified that some did not use the Internet to search for information because they find it too hard to understand, the way that information is presented is confusing to them. Some of the group did have access to smart phones but the majority stated that they only used these for entertainment purposes. In contrast, a small number stated that they did search for information on the web, but this was mostly with support through their work placement.

The Healthwatch report on the challenges faced by deaf people identified that accessing information online is problematic as the written word is not always the person's first language. Thompson & Pickering supported this in an earlier study in 2016. Other people stated that information is often too dense, too difficult to find and not accessible for people who have particular needs. In addition, respondents who have visual impairments also commented on the challenges of using speech technology to access online information, including the slowness of some speech recognition programmes and the complexities of navigating between pages and in and out of sites.

The mystery shop completed as part of this project identified that some online searches took people to the same pages repeatedly; this could prove confusing to someone who is not comfortable with web sites and how they work.

The following points were also raised:

- Disability access and compliance has emerged as a concern for participants.
- The accessibility of websites was a particular issue for people who have a learning disability. They stated the Internet was too complex for them to use and almost all those interviewed said they did not use the Internet to source information because of this. It was used by most of

the group for entertainment, as navigating this did not require the same level of digital and language skills.
- The language used on websites is not plain English and does not routinely include Easy Read or other approaches e.g. photosymbols or BSL.
- Information is not always presented from the customer perspective e.g. information on direct payments is about the relationship between the direct payment holder and the local authority, not about how to be a good employer and where to get support if things are difficult. In addition, it is presented in a leaflet that covers a range of issues about adult social care.

What the literature told us

The use of a mystery shopper approach by Swain et al (2007) uncovered a number of issues. These included:
- The diversity of information needs
- The characteristics, personalities and skills of individuals
- A lack of co-ordination between those who provided information across geographical, sectoral and organisational boundaries
- A reliance on local ‘knowledge managers’ who know what is available
- Websites that are not publicised or are out of date and unreliable

Swain et al (2007) explored how people who accessed services actually found out about them. The respondents in this study identified that there was not necessarily a lack of information, but it was difficult to find it if you didn’t know it was there. As Swain et al (2007) point out, the respondents in their study were ‘expert information seekers’ and were on the whole ‘highly motivated, articulate and assertive individuals. Those without these characteristics are much less likely to fare well in the quest for information.

Ofcom in their 2016 report made it clear the challenges of older people and people with disabilities using the Internet, either because of broadband coverage, device ownership or digital capability. In this report we have estimated that approximately 38% of people using adult social care will not have access to the Internet. While potentially only 14% of the social care population will be searching online for social care related information.

Where people do have access some groups continue to be challenged, people who have a learning disability stated they nearly always need someone to help them understand information and they often receive letters that they cannot understand.

When exploring solutions with people, several talked about blended approaches to providing information, with good reliable sources of on line resources, supported by appropriate people to people opportunities. Mobile technology was also seen as very useful, particularly in the context of assisted

information as a professional can sit with a person in any setting and support them in finding and understanding information.

Accessibility is defined by the industry standards of W3C and needs to be provided in a variety of different ways to meet the needs of all customer groups.

Accessibility is not always about a physical challenge with accessing the information. It can also be about whether the person owns a device or has digital skills to access information. This is dealt with in more detail by the section on solution 10. However it is important to ensure all information can be printed in a print friendly format to support providing information to those that are not able to access online resources.

Why is this Important?

In order to maximise the impact of people staying healthy and well for longer as well as remaining more connected to their families and communities it is critical that information is easy to understand for all citizens. Social care provides help to people who are blind, deaf and have a learning disability as well as those with dementia or mental health needs. It is accepted that each of these customer groups has particular challenges accessing information. For them to have the same opportunities as others it is essential that ***all*** information be provided in formats that they are able to access. In this way the organisation will both meet its equality duty and comply with the NHS Accessible Information Standard.

Actions

Strategic:

- Develop a strategic partnership agreement to ensure a consistent approach to accessibility
- Agree and implement city wide standards for accessible support during face to face consultations/interactions

Operational:

- Review existing policies and procedures that support the introduction of accessible information and the accessibility standard.
- Coproduce the approach to accessibility used by LA and CCG to ensure useability for people who have a visual impairment, are deaf and those who do not use written words.
- Ensure web based information can be provided in a print friendly format.
- Implement the NHS Accessible Information Standard across all contracted providers
- Ensure all web pages are presented in Easy Read with more complex information embedded within the webpage.

- Establish a 'readers group' as a part of the approach to co-producing information. This should not replace more extensive co-production approaches.
- Integrate the Accessible Standard requirements within the local Information Standard.
- Develop an effective monitoring and evaluation methodology that places customers central to the process.

Both the local authority and the CCG have contractual relationships with providers that support people and therefore have the skills to produce and deliver information in an accessible manner, this may or may not be in a written form.

Improvement Outcomes

- Information is accessible and inclusive.
- People searching for information are provided with the same information irrespective of where they start their enquiry.
- Websites are customer facing.

Opportunities

- Utilise existing skills in Easy Read, BSL etc.

Risks

- People remain excluded from online information and this may drive them to access inappropriate solutions.
- Missed opportunities for keeping people healthy, safe and well in their own communities.
- The aspiration for channel shift will be compromised.

Resources

- Funding for the production of information in different formats and associated training requirements.
- Staff time.
- Costs of implementing the NHS Accessibility Standard.
- Staff time to review current offer around accessibility.
- Staff time to integrate Accessible Information Standard with the Information Standard.

Good practice

- Hertfordshire County Council website
  http://www.hertfordshire.gov.uk/accessibility/bslvideos/

http://www.hertfordshire.gov.uk/services/healthsoc/supportforadults/learningdis/

- Calderdale Council website
  https://www.calderdale.gov.uk/socialcare/learning-disability/for-learning-disabilities/

B. Effective Delivery of Information and Advice across York

Solution 3: Establish Effective Information Partnership and Governance Arrangements

What people told us

It's difficult to find what help is available as information is spread all over the place or is often difficult to understand. Different departments often contradict each other when giving information.

Participants identified a myriad of information sources available in York, including leaflets, newsletters and websites. A number of participants identified issues with duplication and overlap that resulted in missed opportunities and confusion. This emerged through conversations which highlighted a lack of clarity over which sites did what and demonstrated a heavy emphasis on NHS Choices and GP's when looking for information.

The people of York have access to a number of online and paper based directories including two for Mental Health. Whilst some such as the Family Information Services web based directory are well liked and used, others such as Connect to Support are not known about or alternatively not well liked.

In addition, people told us that they did not know where to look for what information. Solutions for this were offered by participants. These included:

- Utilise the same approach as the tourist information points in the city, i.e. have 'information boards' at certain places in the city and in localities.
- Having a 'one door approach' such as a portal or web page that acts as a signpost to relevant information.
- Use 'community venues' and libraries.

Advice York have developed an approach to working together to provide a more coordinated approach to advice services and have developed a partnership agreement this will need to be factored into any developments in establishing an area wide governance and partnership arrangement.

Concerns were also raised about the size of the task ahead and how to ensure a coordinated approach across the different organisations on those subject areas that were necessary. Some people, particularly professionals, were also clear that without robust governance structures the tasks being identified as part of this work would not get appropriate energy, time and the resources required. This sat alongside comments expressing the need for shared ownership across the key organisations.

What the literature told us

The Care Act (2014) places important new duties on councils to ensure the coherence and availability of information and advice in each local area and encourages the development of integrated strategies with health. The Integrated Personal Commissioning Programme (IPC) (NHS England, 2016) is supporting health and social care to join funding together for people with complex needs so they are able to direct how the money is used to pay for their support. One aim of the programme is to improve outcomes for individuals through having robust information and advice in an area. In order to ensure that this model is embedded and delivers positive results a rigorous and effective partnership between health, social care and the third sector is essential.

Ensuring a reliable and comprehensive information and advice system, when and where people need it is challenging. Research, as described in the literature review, suggests that people find the health and care system difficult to understand and complicated to navigate. People struggle to know where to go for information, or find it difficult to get their questions answered in a straightforward way. People report that they are "passed from pillar to post" as the system struggles to identify the best way to respond. In this context, a partnership approach is fundamental to successful delivery of an effective local solution.

Leadership across health and social care is critical to deliver the changes required. This needs to be informed by an understanding of the needs of target populations, including how, what and when they need information. It is essential that this is done in a joined up and consistent way in order that individuals have access to clear, accurate and effective information and advice.

Directly supporting high quality partnership working and leadership is the need for a governance framework within which decisions about projects, service developments and delivery are made. Governance is a critical element of this project as while the accountabilities and responsibilities associated with an organisation's business as usual activities are laid down in their organisational governance arrangements, seldom does an equivalent framework exist to govern the development of partnership projects. In the context of delivery of a project or development across more than one organisation, this is of fundamental importance.

Therefore, the role of governance for this particular piece of work is to provide a decision-making framework that is logical, robust and repeatable to govern the partnerships investment. A number of key decisions will need to be made in the early stages of implementing these solutions. Examples include:

- Which solutions to progress.

- Whether to implement a shared platform for Information and Advice provision as in the Southend-On-Sea example http://www.southendinfopoint.org/kb5/southendonsea/fsd/landing.page
- Whether Co-production is a key expectation in all developments around information and advice provision.

Although the Vale of York Clinical Commissioning Group is supportive of working in partnership on this agenda the main challenge that they are currently experiencing is that there is currently no additional funding available to help deliver this work programme.

Why is this important?

Effective partnership and governance in information and advice is important in order to ensure that people are not faced with disjointed information, that repeats, contradicts or has gaps. This strategic approach is critical to ensuring that the information available is coordinated, accurate and high quality. Continuing with the current uncoordinated approach to provision will not ensure seamless and effective navigation between the different organisations and the information that they provide for citizens. The prevention agenda is important not just to social care but to all public facing services, including the police and the third sector. Therefore, working together to ensure that people can access the information that they need, when they need it and in a form that they can understand and use is a common goal.

An effective governance approach is also essential when new information is required or produced. With a governance infrastructure there is a systematic approach to how this is managed and factored into the wider information and advice approach. In addition, an established governance structure would help to manage the delivery of the model and the associated pieces of work that will be required to ensure that York's information system is Care Act compliant and meets the needs of its citizens.

Actions

The information and advice infrastructure may or may not need to be a new and may potentially be aligned to other structures. Fundamental to establishing a governance group, is the development of a clear partnership agreement and robust management structures. The agreement will ensure the partnership is established in a way that supports its success and will help it to manage any challenges it may face. The partnership management structure will ensure the success of the day to day functioning of the wider organisation.

This group therefore, needs to be representative of all the key organisations, including the Third Sector and Information Providers, as well as requiring significant representation from those people who are on the receiving end of services. This reflects the guidance on Learning Disability Partnership Boards

were expected to include a minimum of 5 people who had a learning disability (Valuing People 2001).

The operational delivery group also needs to be representative of all key organisations and partners as identified above, including those who access the services. It should also include people with appropriate expertise to deliver the actions required, an example being those people with communication and marketing skills. This group will require the mandate from key leaders to request active engagement from staff in other services and organisations as no one group will be able to deliver all these developments.

Information Partnership Arrangements

- Establish a robust information partnership agreement to support the delivery of effective information and advice. This partnership needs to be developed on both a strategic and operational level.
  - Leadership; The strategic leaders will have to identify roles and responsibilities.
  - Alignment of objectives; The Strategic Group will need to ensure that there is sufficient buy-in and sign up to the aims of the action plan across all key partners.
  - Align authority with responsibility; the key person in each organisation responsible for delivery will need to have appropriate levels of decision making and authority to ensure success.
  - Develop a communication strategy to support the delivery of the information and advice strategy.
  - Establish a risk management to ensure that each partner can manage risk effectively.
  - Develop a resilience strategy to ensure consistent approaches to dealing with unexpected events.
  - Develop a robust performance framework.

Once partnership and governance arrangements are established the group will be responsible for;

- Developing, implementing, marketing and sustaining a local Information Standard.
- Developing, implementing and maintaining a curated knowledge system.
- Develop or commission in partnership with the relevant head of service, accessible information, including the delivery of an accessibility standard.
- Map and understand the opportunities to deliver assisted information and utilise this to develop a comprehensive approach to information and advice.
- Receiving information from a range of sources that include; contracted information and advice providers, social media analysis, web chat analysis, Healthwatch York and Advocacy providers. On receipt of this

information the group will be responsible for determining any changes required to online sources.
- Develop and implement standards and an approach to reviewing and accrediting 'Apps' for inclusion online.
- Develop and implement a system that creates a dynamic approach to online sources, specifically in relation to the use of social media.
- Commission, in partnership with local learning providers, a digital inclusion strategy and approach and ensure actions are delivered in order to support channel shift.
- Commission, in partnership with relevant services, a social media marketing plan.
- Develop or commission in partnership with the relevant head of service, a social marketing approach.
- Develop an evaluation and review system that includes a mystery shop approach.

All of the above needs to be delivered through a co-production approach that reflects best practice. For a number of the actions identified above there is an on going maintenance and delivery function and therefore consideration needs to given to the most appropriate place for these roles to be held.

Improvement Outcomes

- Information is easily available and trusted.
- Information is dynamic, responsive, evidence based and current.
- Information is accessible and inclusive.
- People searching for information are provided with the same information irrespective of where they start their enquiry.
- Partners who are involved in delivering information and advice know all the local provision.
- More people in York are capable and confident to use online resources.

Opportunities

- Build on current community infrastructure developments including work within Children's services and the Leisure and Community Centres team.
- Utilise the strengths of the existing data and performance structures to support development of the performance measure to provide feedback to operational delivery group.
- Utilise the existing communications infrastructure across partners in the city to support the dissemination of information and advice.
- Utilise learning from Advice York's partnership agreement

Risks

- Continuation of an uncoordinated system with duplication and overlap
- Ineffective use and duplication of resources
- Universal information and advice remains challenging to deliver.
- People will continue to get contradicting messages or no information at all.
- The programme of work required to create an effective information and advice framework will not be completed

Resources

- Staff time to service the groups and implement identified solutions

Good Practice

- Suffolk Information Partnership; Strategic Board and Operational delivery group

Solution 4: Develop and Implement a Co-production Framework

What people told us

Some providers and individual respondents were clear that if York wanted to get the right solutions for people that were effective then the work relating to this strategy needed to be developed with people that would be using it. This project found no evidence of a co-production framework or a Readers Panel to ensure information was understandable to people.

What the literature told us

Co-production is now well established amongst health and social care providers across the UK. Think Local Act Personal (TLAP), defines co-production as:

> 'not just a word, not just a concept, it is a meeting of minds coming together to find a shared solution. In practice, it involves people who use services being consulted, included and working together from the start to the end of any project that affects them.' (TLAP, 2011).

This term means the full involvement of people who use services rather than the broader definition used by many organisations where the inclusion of professionals from a range of backgrounds is seen as co-production. Bettencourt et al (2002) argued that co-production is critical in any knowledge-intensive business such as health and social care.

Why is this important?

For many years statutory organisations have implemented solutions on the basis they believed them to be the appropriate way to deliver support to people. These solutions have been driven by legislation and include the perspective of a range of managers and professionals. Recently it has become increasingly apparent that the solutions professionals put in place are built around specific perspectives of the situations and needs of people when in reality the experience of people is significantly different. A good example of this is the creation of Assessment and Treatment Units (ATU) often to work with people who are particularly challenging at home. Many families are now going to great lengths to either get their child out of the ATU system or to prevent them ever entering as a consequence of some of the very difficult outcomes that many families have experienced (Justice Together 2016). Co-producing solutions means listening to families and understanding what will really make a difference to them. This does not always mean spending enormous amounts of money, more often it is just about doing things differently.

Actions

In order to ensure that an effective co-production approach exists there needs to be a shared understanding of the concept across organisations and the community. This includes a shared understanding of the principles, values and approaches as set out in the literature. In order to achieve this York need to;

- Ensure the strategic partnership endorses co-production as the way that things are done in York with specific reference to the information and advice work.
- Establish a City Wide Co-production Group that brings together local co-production expertise and that has 50% or more membership of people who use health and social care services.
- Develop local co-production standards that allow the different projects that form part of the information and advice journey to understand how they should work with people who access services. For example, involving people using services in project steering groups.
- Comprehensive training for all professionals and also people using services who are prepared to give their time and energy to coproduce materials.
- Develop and maintain a bank of literature and tools available for project teams to utilise to ensure effective co-production is as easy as possible for people to do.
- Ensure that there is co-production expertise in any project team.
- Ensure sufficient time and resources are available to support good levels of preparation and full involvement. This may mean more sessions/meetings are required in order to complete projects.
- Engage with Local Areas and other key partners to identify key individuals who use services to work with web designers etc.

Improvement Outcomes

- Information is easily available and trusted.
- Information is dynamic, responsive, evidence based and current.
- Information is accessible and inclusive.
- Websites are customer facing.
- People searching for information are provided with the same information irrespective of where they start their enquiry.

Opportunities

- Utilise local and national co-production expertise to support the delivery of solutions to ensure effective information and advice systems.

Risks

- Solutions are not accessible, customer friendly or useable.

Resources

- Staff time to train in co-production approaches.
- Resource to make information accessible.
- Resource to reward and recognise contributions of people with lived experience.
- Access to accessible venues.

Solution 5: Develop and Implement a Social Media Function

What people told us

Participants in the workshops were very clear that people don't know what information is currently available or for many people where to find it. In addition, there was a view expressed that there is too much information out there on the Internet and on paper. Many people identified that they found it difficult to understand what the information means for them personally. An issue, particularly with accessing online information is that people 'do not know' what they 'do not know' and therefore will often use lay terms to search for information. This is problematic when websites use professional language.

Alongside this, a number of respondents identified that the local authority is not equated with care delivery and therefore people do not search the local authority website for information about their care needs when they reach the point of needing additional support. There are exceptions to this, for example people who have relatives who have a learning disability, are often well informed about the role of social care from early on in the child's life.

In addition, many respondents identified that when they did search for information online it was staid, repetitive and didn't provide the information that they were looking for.

What the literature told us

In order to effectively manage information a system of gathering information in (pull), collating that information into an understandable form and then disseminating (push) it to appropriate groups is needed. This is described as a Pull:Push approach to information provision.

'Pull' Approach

This solution will require organisations in York to use data mining technology to understand what the key words and issues that the people of York are talking about. Although the Local Authority has invested in Hootesuite, it is unclear whether all the partner organisations have this or an equivalent facility. Where other organisations have an equivalent facility it is about sharing the data across these and with key third sector partners who may not have the resources to purchase such a system. In addition, there is a need to more effectively utilise JSNA, JSIA and population needs data to understand health and social care trends to inform key messages.

It will also be important to collect and collate performance data and other intelligence from contracted Information and Advice providers to better

understand the concerns of citizens and use this to inform the information requirements in relevant parts of the system.

'Push' Approach

This element is about 'Pushing out' messages based on the analysed information through the use of social media, e.g. Facebook and Twitter. In addition the community messaging service will provide a vehicle for pushing out targeted messages to members of the public. In this way the people of York will be able to access up to date information which will provide links to other online resources. This approach will increase the visibility of the local online resources, such as the local authority website.

This push-pull approach can support raising awareness of the local authority website along with other measures discussed in other parts of this document. However, this will need supporting through the development and delivery of a social media marketing strategy.

Why is this important?

York already has a social media presence, both the council and many of the community groups. The Vale of York CCG whilst having a Twitter account does not appear to have a Facebook account. The CCG Twitter account does provide information designed to help people stay healthy and well, whereas the City Council Facebook and Twitter account are dominated by information related to the wider functions of the council and to sharing the Councils' agenda and communicating their priorities.

In order to maximise the outcomes from a prevention agenda the council need to change their communications via social media to ones that support people staying healthy safe and well as well as connected in their communities. In order to achieve this, they need to understand the issues of people in the city. This will help develop an understanding of the issues that are important to people and subsequently shape the information that the council and its partners are able to share with their followers. In addition, this information can be used to inform changes to the website to ensure the currency of information being shared through this route.

Actions

- Develop the strategy and relevant policies to support the proactive use of social media.
- Ensure this is included within the responsibilities outlined in the Strategic Partnership agreement.
- Identify whether the local authority data mining resource, Hootesuite, can be used across the partnership to support social media listening.

- Develop feedback loops with contracted providers, including Healthwatch York to understand the issues people are experiencing and develop a online response mechanism.
- Establish a protocol to support communications teams working together to share and disseminate messages in order to maximise reach.
- Commission the Research and Business Intelligence team to provide a regular analysis of relevant data and intelligence to inform online content.
- Establish a systematic process for analysing data and informing the content of online resources.
- Push out coordinated and consistent messages that identify key or new information to target audiences.
- Pull in data and information from local sources to inform activity across the partnership and improve online resources.
- Develop and implement a social media marketing approach (including community messaging) to support raising awareness of local sources of information and advice, including the local authority website.

Improvement Outcomes

- Information is dynamic, responsive, evidence based and current
- Websites are customer facing
- Information is accessible and inclusive
- Partners who are involved in delivering information and advice know all the local provision

Opportunities

- Identify and utilise current local Facebook pages and Twitter accounts to push out relevant messages – coordinated across the partnership
- Maximise the use of Hootesuite across York
- Maximise the use of the community messaging service.

Risks

- Messages will be inconsistent and result in mixed outcomes for the public
- Messages wont be the right messages to help the people of York stay healthy, safe and well
- Information is not available in a timely manner to inform effective decisions by people
- People will not know about available information to keep them healthy, safe and well

Resources

- Staff time to;
  - Implement a shared approach
  - Analyse relevant data
  - Quality assure data and information
- Potential costs of Hootesuite licences if its use is extended to other partners

Solution 6: Develop and Implement a Social Marketing Approach

What the literature told us

Social marketing is an approach used to develop activities aimed at changing or maintaining people's behaviour for the benefit of individuals and society as a whole. It combines ideas from commercial marketing and the social sciences; social marketing is a proven tool for influencing behaviour in a sustainable and cost-effective way. It helps you to decide:

- Which people to work with,
- What behaviour to influence,
- How to go about it,
- How to measure it.

Social marketing is not the same as social media marketing. The goal of social marketing is always to change or maintain how people behave. The health communications field has changed rapidly over the past two decades. It has evolved from a one-dimensional reliance on public service announcements to a more sophisticated approach that draws from successful techniques used by commercial marketers. Rather than dictating the way that information is to be conveyed from the top-down, public health professionals are now listening to the needs and desires of the target audience, and building the program from there. This focus on the "consumer" involves in-depth research and constant re-evaluation of every aspect of the program. Research and evaluation together form the cornerstone of the social marketing process.

Like commercial marketing, the primary focus is on the consumer, understanding what people want and need rather than trying to persuade them to have what we happen to be providing.

Why is this important?

A key goal of the prevention agenda is the need for people to remain healthy, well, safe and connected for longer. With the current levels of ill health in the UK this means significant behaviour change. In order to achieve such levels of behaviour change then it is critical to work with experts in this area, namely public health.

Actions

The following list provides a series of steps to support using this approach;

- Collect information from those who would both benefit from and contribute to the social marketing campaign.
- State the goals and behavioural objectives of the campaign.
- Define the audience or specific groups to be reached.

- Engage potential partners and change agents in the campaign.
- Analyse the key behaviours and environments relating to the problem or goal.
- Identify core components or strategies of the campaign.
- Select and tailor campaign components based on their importance, feasibility, and fit with different target groups.
- Pre test and revise the campaign components before full implementation.
- Implement the social marketing campaign.
- Evaluate the effects of the campaign.
- Celebrate success and make on going adjustments.

http://ctb.ku.edu/en/implement-social-marketing-effort

Improvement Outcomes

- More people in York are capable and confident to use online resources

Opportunities

- Partnership with public health to utilise their expertise in behaviour change and public health messages.
- Utilise current Newzines, Newsletters and regular communication briefings to raise awareness of local websites, social media and services that provide information and advice.
- Utilise information structures across schools, colleges and training providers, to get messages to young people and their parents/carers.
- Utilise current IT and technical infrastructure to share important messages.

Risks

- Local people are not aware of the information and advice provision that is available to them
- Channel shift is not achieved.
- People will not have access to the best information to keep themselves healthy, safe and well.

Resources

- Communication resource
- Public health support
- Campaign resources

C. Joined up approaches and products in York

Solution 7: Use Community Venues to Deliver Information to Local People

What people told us

Local groups are the best for information that know both their community and its' needs.

Local groups like Lives Unlimited, York Independent Living Network, and local carers groups on York.

York Parent Carer Forum or information from other parents is often helpful, as they will point you in the right direction. The Autism drop-in run by the Specialist Teaching Team is a lifesaver!

Many people also told us that they would actively go to the GP or contact centre to ensure they had face to face contact. This was because it was both more responsive and personalised or was easier to navigate.

What the literature told us

Fox (2016) identified the importance of communities in the context of an asset based council. One of the key steps to achieving this is that the council should think in terms of neighbourhoods (not statutory boundaries) and invests in connecting people within and between those neighbourhoods, through models such as Asset-Based Community Development, Local Area Coordination, Circles of Support, Shared Lives, Homeshare and time-banking.

In addition, Elvidge (2014) described the concept of an 'Enabling State'. This includes 8 key steps to enabling the wellbeing of individuals through devolving responsibility for local development to local people. One of the key steps is to help people help each other. Within this step the role of the local authority is to facilitate mutual support within and between communities. Community venues and local groups have an important role in ensuring that local people are able to engage in decision making about their own health and that of the community.

Why is this important?

Throughout the project respondents have articulated how important face to face support is, when trying to access information. This is for a range of reasons, including;

- The inability to ask the right question to a computer that will then generate a useful answer.
- Lack of access to broadband or Internet ready devices.
- Low level of digital skill of the customer base.
- Lack of interest in using the Internet.
- Preference for face to face contact.

In addition, a number of respondents discussed the need for 'one stop shops' for people to access the information they required. Alongside this Socitm (2015) identified face to face as the most costly approach to delivering information. This is a challenge for statutory services where the available resource continues to reduce whilst demand increases. Community venues are a means of supporting this face to face support without increasing statutory face to face resources.

Actions

- Build links with the Communities team to understand the best way to engage with community venues.
- Identify community venues that the local authority has contracts with – look to which contracts include any information provision functions, establish their role in the bigger infrastructure and what support they need to provide to smaller community venues.
- Develop links with local libraries/community hubs and contracted providers able to support the information function within smaller venues.
- Identify venues willing to take on the information provision role.
- Map this against the social care population and community hubs/contracted information providers to ensure best fit.
- Prioritise list of venues to ensure task is manageable and able to succeed.
- Understand which venues need financial support to deliver this function and which are able to absorb this within their existing roles.
- Link community connectors etc. to individual community venues providing information support to people.
- Identify local community information needs to ascertain what needs to be in place in each venue.
- Community connectors etc. to establish the level of information to be provided at each venue and support them to put this in place to keep the information current and vibrant.
- Ensure the Communities team are informed about developments to enable them to provide support to venues.
- Develop future plans with each venue.

Improvement outcomes

- Information is easily available and trusted.

- Partners who are involved in delivering information and advice know and understand the local provision.
- More people in York are capable and confident to use online resources.

Opportunities

- The Communities team have employed a person with social care experience to work specifically with community venues to help develop an asset based approach.
- York has 87+ community venues; some are willing to support the information provision to their local population.
- York has a range of workers focussed on community connections and utilising the assets of the city.

Risks

- The York customer base will become increasingly dissatisfied as the local authority move more information to online channels.
- People will miss valuable information that helps keep them healthy, safe, well and connected.
- Statutory organisations costs will continue to increase, as people are not staying healthy, safe, well and connected.
- People will not have information provided locally that meets their needs.

Resources

- Staff time - Community connectors, social prescribers etc.
- Funding to support smaller venues to deliver information and advice

Good practice

South Ockenden Hub, Thurrock. http://www.southockendoncentre.org.uk

Solution 8: Develop and Implement a Digital Inclusion Strategy

What people told us

> *People are often vulnerable and may be at a point of crisis. During such points in their life people want to speak with a person to gather the information that they require, they often would not want to try and find this information independently using a computer. Some do not have access to the Internet or do not know how to use the Internet so would not be able to gather any information that they require in this way.*

What the literature told us

The digital divide is critical in the discussions about social care and channel shift. With many staff believing this is not a helpful approach. Understanding the local figures is critical in this and ensuring online approaches are as helpful and easy as possible to help people make the shift towards this way of searching for information. The current data is however very challenging;

- 50% of people aged 65+ do not have broadband access at home
- 25% of disabled people do not use the Internet (2016)
- Only 30% of adults 75+ use the Internet (2,087 people using social care in York)
- 63% of the active social care population is over the age of 65 (July 2016)
- 28% of those over 55 now own a tablet and use this as their main computing device
- Only 14% of 65+ age group own a smart phone (1358 people using social care)
- 60% of people aged 55 and over have a below average DQ (5818 people using social care in York)
- Only 24% of people search local websites
- Browsing is the most popular online activity (85%)
- Approximately 20% of people search for health related information
- 15% of the population have no intention of using the Internet
- 21% 65-74 year olds would describe themselves as not confident in using the Internet. This is 30% for over 75's.
- Only 14% of the social care population search for information related to their needs.

In order to deliver the channel shift from people to people approaches to more digital solutions, people who use health and social care will need to be more skilled and confident at using the Internet. This will need a targeted approach to digital training and as such will require that resources are focused on specific groups of people. Currently the digital team is focussed on young

people and developing their coding skills to increase employability. They could however provide support to assist the social care population improve their digital capabilities. It is also important to build on the legacy of the NHS widening digital participation programme (Tinder Foundation and NHS England, 2016).

Actions

In order to develop the confidence and skills levels needed by people to effectively utilise web based information sources the following needs to happen;

- Develop a targeted Digital Inclusion Strategy in partnership with the digital team and learning providers aimed specifically at those who access health and social care services and the staff that support them, including;
  - Develop an understanding of the digital capabilities of the social care population in York.
  - Identify the priority groups and the sequencing of how these groups will be engaged through the use of population data and management information.
  - Develop an engagement strategy with local areas and community venues.
  - Develop an understanding of places and times where individuals access services to support them to self serve.
  - Increase the availability of Internet ready devices through supporting grant applications in localities.
  - Endorse a 'Making Every Contact Counts' approach to digital skills development.
  - Develop an approach to 'Helping People to Help Themselves' i.e. Support localities to identify and train 'Digital Champions' from within the social care customer base.
- Commission community learning partners to develop bespoke education and training programmes;
  - Develop a strategic partnership with learning providers to facilitate a targeted approach to digital inclusion.
  - Evaluate the outcomes from Tang Hall digital inclusion approach and the NHS Widening Digital Participation programme and build on this in other areas where digital exclusion is a challenge.
  - Commission learning providers and other key parts of the skills system e.g. Cloverleaf, Ableweb and York Carers Centre to develop bespoke approaches to delivering provision.
  - Engage with local areas to ensure appropriate alignment with local community strategies.
  - Develop an operational delivery group to include all relevant partners, including, Library and Information Services and the Third Sector.

  - Engage with community groups and venues to market provision and incentivise individuals who would benefit from skill development.
- Utilise the concept of 'Making Every Contact Count' to increase the skill set of citizens through their involvement with professionals.
- Identify the resource to support the above actions.

Improvement Outcomes

- More people in York are capable and confident to use online resources
- Information is accessible and inclusive

Opportunities

- Community venues are willing to make WIFI and devices available for local people to use
- Burnholme Hub development
- Tang Hall Digital Inclusion Hub
- NHS Widening Digital Participation volunteers
- Internal IT experts could volunteer as 'Digital Champions' in localities
- Make IT facilities in Residential & Nursing Homes and Day Service a community resource

Risks

- Channel shift is not achieved
- Prevention agenda not delivered

Resources

- Digital champions' time from all organisations
- System to lease devices where appropriate
- Community learning funding
- Staff time

Solution 9: Develop Connect To Support as a Shared Platform

What people told us

The vast majority of people we talked with did not know of the existence of the Connect to Support website and its function in information provision. For those people who did know the feedback was not positive.

> *Usually the information is accurate, however Connect to Support for example can generate information that is not relevant.*
>
> *Don't really use any of these - I find Connect to Support impossible to use, it's confusing and too complex.*
>
> *Tend to avoid web sites which are difficult to navigate/find information on, I would include Connect to Support in that category.*

What the literature told us

Google analytics for Jan 2016 showed usage of the Connect to Support site that in some ways contradicted the verbal evidence in this study. Analytics for January 2016 showed the following data;

- Visits to the site – 171, unique visitors 157, average visit duration 0.05.41, pages visited 11.81
- Visit by visitor type, see diagram below

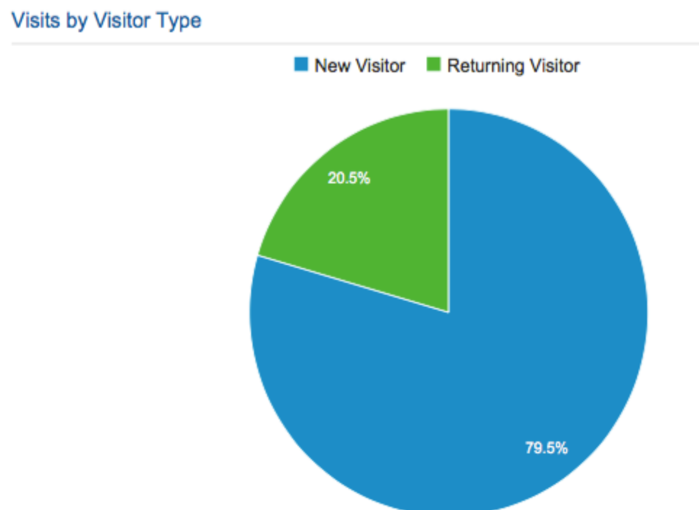

Fig 27: New and return to visits to Connect to Support (January 2016)
Source: PCG Care Solutions

- Visits by source (See below)

Visits By Source

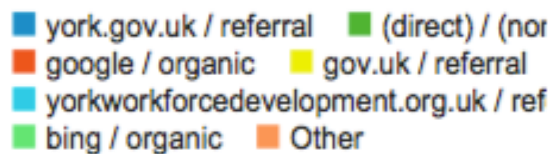

Fig 28: Visits to Connect to Support by Source (January 2016)
Source: PCG Care Solutions

- Visits by geography showed York had 50 new users, London 26, Birmingham 6, Scarborough 5 and Leeds 3.

In addition, PCG Solutions are a preferred partner of Corelogic.

Why is this important?

Connect to support is an important consideration for both the Local Authority and the CCG. Primarily as it is the only joint platform that exists for the provision of information across the city. Earlier in the report we also discussed whether this was able to be the front facing website providing the overarching navigation function for the city. Connect to support as it is currently structured in York is not functional based on the comments made by respondents to this study, however PCG Care Solutions would argue that York have not invested as much time and energy in developing the effectiveness of the solution and have not worked with customers to ensure it is fit for purpose from their perspective. In addition, it has been reported that the final solution was not effectively marketed to ensure currency with the citizens of York.

In addition, in discussion with PCG Solutions they have reported that they are able to undertake integration projects at no cost, other than the internal resource and any charges from the case management provider, presenting a potential saving for the city. The PCG team expressed the potential for the solution to build into a resource that enables anybody to ‘live well’ in their local community irrespective of whether they have health and social care needs.

This would build on an asset based approach. Final current developments include a mechanism for outsourcing contracts and for market shaping activity.

Actions

- Determine the interface between CYC website and Connect to Support.
- Maximise the opportunity of the City of York Council new care management system to embed Connect to Support within its processes.
- Develop a co-production group focussed on working with the Council and PCG Solutions to develop the best approach to delivering the information provision.
- Determine the functionality required from Connect to Support. This should include the decision as to whether this will be the lead website to provide navigation across all others.
- Implement changes and evaluate.
- Build the performance framework to understand success and development areas.
- Market the finished web site extensively. Kirklees Council used a range of approaches that York could also utilise These included;
    - Running well-attended free drop-in sessions at 13 libraries and customer service centres over the four weeks (no need to book) to learn what to do to go online.
    - Using 'floor walkers' at its two main customer service centres.
    - Contacting 4,200 carers by text about the new online service
    - Targeting people holding the Kirklees Passport, which is a council-run discount scheme for many different activities and services, available to residents.
    - Sending leaflets to people who need help with their wheelie bins every week (and so might need social care and support)
    - Using various Facebook groups and Twitter feeds to promote the service.
    - Providing articles in council-led newsletters (e.g. Neighbourhood Housing).

Socitm (2016)

Improvement outcomes

- Information is easily available and trusted
- Information is dynamic, responsive, evidence based and current
- Information is accessible and inclusive
- Websites are customer facing

Opportunities

- The existence of the website
- Changes to care management system creates the opportunity to integrate Connect to Support into the local authority customer journey
- Learn from Kirklees experience
- Opportunity to integrate at no charge from PCG Solutions
- Use social media and community messaging to promote Connect to Support to people across York

Risks

- There is no other joint platform across health and social care and lack of CCG funding makes developing an alternative unlikely

Resources

- Staff time
- Resources to support effective co-production
- Marketing resource

Good practice

- Bucks – in addition to the Care & Advice site, they have also developed a health and wellbeing microsite,
- See http://www.healthandwellbeingbucks.org/home
- Hampshire – at time of writing this site was in testing mode https://connectsupport.hants.gov.uk/s4s/WhereILive/Council?pageId=2383
- Somerset – an example of a task orientated site, with text taking dominance as with digital.gov.uk https://www.somersetchoices.org.uk/adult/
- Wakefield Local Offer – lots of pictures http://wakefield.mylocaloffer.org/Home
- Kirklees – extension of corporate website https://kirklees.connecttosupport.org/s4s/WhereILive/Council?pageId=1824&lockLA=True

D. Where to go to find information and advice in York

Solution 10: Establish a Lead Website to Signpost People to Information

What people told us

> *It's very hard to find information and if it's there it doesn't seem to be accurate.*
>
> *I am thinking of specific things like Personal Budgets, you need to know where to find things like this and what they are called before you can find them.*
>
> *If I don't know what I need then I don't know if relevant information is available!*
>
> *It's difficult to find what help is available as information is spread all over the place or is often difficult to understand.*

What the literature told us

Bottery and Holloway (2013, pg. 15) identified eight problems with the accessibility of information and advice. These are:

- The social care system is too complex and localised to comprehend
- Decisions are typically taken in a crisis
- There are problems with the quality and availability of information, advice and referral
- The availability and quality of council information services and assessments is patchy
- There is a lack of independent support for the assessment process
- There is a lack of joined-up advice covering care and housing/benefits options
- There is a lack of information about service availability and quality
- There is a lack of signposting to financial advice.

In addition, Williams et al (2009, pg.7) state that 'information, advice [and advocacy] are critical building blocks for good outcomes'. However, there are a number of key elements to this, which include:

- Information is necessary to enable control and to inform choice and personalised information and explanation is critical if the support services that the person chooses are to be personalised.
- Information is needed to support decision making in the context of availability, affordability, suitability, quality and finally, safety.

- The range of needs of those people, who access services, and the public generally, is very wide and therefore it is almost impossible to meet all those needs with one approach.

There is more information available than people are aware of and as such awareness raising and managing knowledge are key.

Why is this important?

Both the respondents in this study and the literature are clear about the challenges people experience in knowing where to search for information. York has a significant amount of information available to people, for example the number of directories that exist. However, people often did not have the information about these, or other sources of information. It is therefore important to provide a clear navigation aid for the public to ensure they have easy access to the information that exists across the city. The main report analyses the different options that can be considered for this role.

Actions

- Appraisal of the key options for the lead website.
- Identify and commission work from the chosen organisation to develop and deliver the lead signposting website.
- Establish a co-production group representing providers and customers to inform the website development.
- Test the website.
- Publicise the website using the full range of marketing methods and social media.

Improvement outcomes

- Information is easily available and trusted
- People searching for information are provided with the same information irrespective of where they start their enquiry
- Partners who are involved in delivering information and advice know and understand the local provision

Opportunities

- Potential for changes to Connect to Support website
- Role of Healthwatch York in information provision and signposting.
- The new Healthwatch York contract

Risks

- People will continue to struggle to find information

- The system will remain fragmented
- The prevention agenda will struggle to deliver positive outcomes.

Resources

- Funding to develop and maintain the signposting website
- Staff time and resource to support coproduction of the signposting website

E. Approaches to Delivering Information and Advice in York

Solution 11: Establish Peer to Peer Networks and Support Structures

What people told us

> *I think the most relevant help comes from people who have been through it, community groups such as Lives Unlimited, or my friends and relations and online from groups such as Disability Rights UK.*

This was repeated regularly in the focus groups where people felt very strongly that the best advice was from people in the same position as themselves, who had lived experience.

What the literature told us

The effectiveness of peer support is believed to derive from a variety of psychosocial processes described best by Salzer in 2002: social support, experiential knowledge, social learning theory, social comparison theory and the helper-therapy principle.

Social support is the existence of positive psychosocial interactions with others with whom there is mutual trust and concern. Positive relationships contribute to positive adjustment and buffer against stressors and adversities by offering;

- Emotional support (esteem, attachment, and reassurance)
- Instrumental support (material goods and services), companionship and
- Information support (advice, guidance, and feedback).

Experiential knowledge is specialized information and perspectives that people obtain from living through a particular experience such as a physical disability, chronic physical or mental illness, domestic violence, sexual abuse or imprisonment. Experiential knowledge tends to be unique and pragmatic and when shared contributes to solving problems and improving quality of life.

Social learning theory postulates that peers, because they have undergone and survived relevant experiences, are more credible role models for others. Interactions with peers who are successfully coping with their experiences or illness are more likely to result in positive behaviour change.

Social comparison means that individuals are more comfortable interacting with others who share common characteristics with themselves, such as a

psychiatric illness, in order to establish a sense of normalcy. By interacting with others who are perceived to be better than them, peers are given a sense of optimism and something to strive toward.

The helper therapy principle proposes that there are four significant benefits to those who provide peer support:

- Increased sense of interpersonal competence as a result of making an impact on another person's life.
- Development of a sense of equality in giving and taking between himself or herself and others.
- Helper gains new personally-relevant knowledge while helping.
- The helper receives social approval from the person they help, and others.

Why is this important?

The Internet has seen a growth in the connectivity between parents, families and people who use support. This group are now extremely well informed and highly proactive. Many are also prepared to provide support to each other. York already has a small number of 'Partners Graduates' and Lives Unlimited has been trying to grow a support structure for people who have a child with a learning disability. In addition, the carers' centre is working hard to develop local hubs that support family carers and York has the Independent Living Network. Each of these initiatives demonstrates the willingness of peers to provide support to one another. Supporting the growth of a peer network across York will further develop the assets within a given community, help with skill development and maintain community connectivity for the person.

Actions

- Identify the resources available to support peer networks.
- Identify places to nurture peer networks, for example Lives Unlimited.
- Identify and provide the support and resource that each network requires.
- Provide the networks with a key contact to ensure that they understand any changes or developments in information provision.
- Include the contacts of key networks on the lead website.
- Ensure libraries, hubs and community venues are aware of the peer networks and the key contacts.
- Link peer networks to co-production initiatives.

Improvement outcomes

- Information is easily available and trusted

Opportunities

- Graduate partners
- Lives Unlimited
- York Independent Living Network
- Carers Hubs

Risks

- People will not have access to peers to support them when it is most crucial.
- Community assets will not be strengthened

Resources

- Finances to develop and support the peer networks
- Community Connectors' time to support networks and network leaders

Good practice

- TLAP National co-production advisory group
- Manchester Co-production group
- Partners graduates
- Embrace – Leigh and Wigan
- People Hub
- Experts by Experience

Solution 12: Integrate the Work of Asset Based Workers

This group includes the following workers;

- Social Prescribers,
- Local Area Co-ordinators,
- Community Connectors and
- Health Champions

What people told us

Throughout this study people talked very positively about the community connectors that are employed by the Council as their role was seen as invaluable in keeping people informed and connected across communities.

What the literature told us

The literature all focuses on the individual roles and their effectiveness, it does not explore bringing the different roles together to maximise their effectiveness.

Why is this important?

York has a long history of community connectors and they are highly valued by many people. They are however small in number. Health Champions also currently exist and work in localities; these are trained to support local people to stay healthy safe and well. York is currently piloting social prescribing as a way of supporting GP surgeries and is intending to introduce Local Area Co-ordination as a way of working. Each of these roles has a similar focus, to help people stay healthy and be connected within their local community. Currently each of these roles works separately as they are managed from different organisational bases. Currently there is potential for different workers to be working with the same people and possibly giving different, conflicting information and advice. This report recommends pulling these disparate roles together into a virtual team in order to co-ordinate their impact, maximise their effectiveness and reduce duplication.

Actions

- Determine which of the following roles can contribute to the virtual asset team;
  - Social Prescribers,
  - Local Area Co-ordinators,
  - Community Connectors and
  - Health Champions
- Be clear about the differences and overlaps in each role.

- Agree the interface between the different roles, across the different organisations, including approaches to managing conflict and difference.
- Establish a virtual team.
- Determine the connected roles of the team.
- Identify the geographical area they will work within.
- Identify an evaluation strategy and performance measures.
- Establish a reporting and knowledge sharing structure.

Improvement outcomes

- Information is dynamic, responsive, evidence based and current
- Partners who are involved in delivering information and advice know and understand the local provision

Opportunities

- Each of the roles already exists or are in the planning or pilot stage

Risks

- The individual teams will remain separate and will continue to work in such a way that they do not maximise their impact.

Resources

- Management time to establish the team and provide leadership

F. Quality and Satisfaction

Solution 13: Develop and Implement a Local Information Standard

What people told us

A key theme coming through from the workshops interviews and from the surveys is that people do not know what information they are able to trust:

> *It's very hard to find information and if it's there it doesn't seem too accurate.*
>
> *You need to know where to find things like personal budgets and what they are called before you can find them.*
>
> *I think that online you have to be pretty knowledgeable about what you are looking for and what you are reading, this cuts out a large group of the community who have a learning disability, visual impairment, mental health difficulties or are elderly etc.*
>
> *So much information families struggle to know what to trust.*

What the literature told us

The quality of information on the web is important when considering the importance of the prevention agenda. Typically, organisations can only monitor the quality of their own provision. On this basis, the knowledge that there is limited quality assurance when it comes to information found on the Internet and that anyone can post anything can be disconcerting. Ofcom (2016) identified that older people do not understand how the Internet actually works and they may not realise that much of the Internet is not regulated. For example, 18% of people think that if a website is listed on a search engine's results page it must contain accurate and unbiased information. In addition, 50% of search engine users could not identify the difference between sponsored and unsponsored links.

The following bullet points highlight some of the major issues with web-based information available to the public:

- Not all web sites are created equal. They differ in quality, purpose, and bias.
- Some web sites;
  - Have sponsors who pay for specific content to promote their products or ideas. The information is not impartial but biased.
  - Voice opinions rather than make informed arguments.

- Are meant to be entertaining rather than informative.
- Are old and the information found there is out of date?

http://guides.lib.jjay.cuny.edu/c.php?g=288333&p=1922574

Dealing with accuracy of information is a challenge for all statutory services, specifically when considering the behaviour change required from citizens in order to keep them independent, healthy and well. Particularly, as Gunter, (2011) indicated that 77% of people had looked up some form of health and social care information in the previous 12 months and 75% of people found it hard to understand what information they could trust.

There is a plethora of information available for people in relation to health, wellbeing, welfare rights and social care. Currently, very little of this information has any form of accreditation to allow the general user to understand how accurate and valid the information they are reading actually is. As a result, Information Standards are becoming increasingly important.

An Information Standard specifies the rules for the collection, processing, management and sharing of information. These rules may include technical standards, data standards or information governance standards (http://systems.hscic.gov.uk/data/learn).

An information standard therefore defines the 'who, how, what, when and where' regarding the processing of information. It also defines how data is passed between systems, system users and business processes, ensuring the same message is sent and received. In this context, it can support the delivery of more integrated and personalised care and improve quality and productivity of service provision. The Department of Health (Gunter 2011) research demonstrated just how important this was:

- 88% of people felt a certification scheme was a good idea
- 87% said it would make them trust information more
- 78% said they would only use or would show a preference for information from organisations certified by a scheme.

Why is this important?

The implementation of an Information standard means that people can have confidence that information that is provided locally is up to date, relevant and accurate. This confidence can also help to ensure that the information is used and therefore will result in changes to the health behaviours of citizens. A locally developed standard means that local people can decide what elements are important for York to include. For example this can mean that coproduction is included as a principle within the standard, thus ensuring increasing amounts of information are produced with people using services.

It is also possible to integrate the NHS Accessible Information Standard within a locally developed standard. This has a potential to create an automatic feedback loop and support the delivery of a dynamic information system.

Developing a local standard is significantly less costly than purchasing a 'off the shelf' approach such as the one developed by the NHS. Although there are costs related to running and maintaining the standard these are minimal.

In addition, as the local standard is developed with people who use services and providers local ownership is increased and therefore it is more likely to engage all partners. The fact that the costs are minimal is also an attractive element.

Actions

Delivering a local information standard requires a systematic approach to development. The following stages and actions will support successful implementation.

Stage 1 - Gaining momentum

- Gather key partners together
- Understand national and local drivers
- Research the available options
- Identify the required resources to undertake the work

Stage 2 - Developing the standard

- Agree host organisation and who manages / holds the standard
- Developing the accreditation process
- Identify the local priorities you want to measure as part of the standard
- Develop the application process and questionnaire

Stage 3 - Set up

- Embed processes in organisational structures, test and review.
- Develop additional paperwork e.g. response letter, approval letters
- Establish bank of supportive materials to help applicants
- Develop database for organisations and people willing to provide support
- Establish accreditation team
- Host organisation reviewed and accredited jointly by the steering group /partners
- Members of partnership or partners individually reviewed and accredited

Stage 4 - Getting organisations signed up to the standard

- Place information on website
- Develop publicity materials

Stage 5 – Accreditation and feedback

- Agree re accreditation process for organisations
- Review of processes and paperwork
- Celebration / promotional event for accredited organisations to raise awareness?

(Thompson 2015)

Improvement Outcomes

- Information is easily available and trusted
- Information is dynamic, responsive, evidence based and current

Opportunities

- Utilise the experience of other local authorities who have developed a local Information Standards/ Accessible Standard
- Integrate the NHS Accessible Standard requirements into the local information standard, therefore minimising cost and avoiding duplication
- Ensure that the Accessible Information Standard and any local Information Standard requirements are included in relevant contracts with external providers

Risks

- Channel shift will not be achieved.
- Information across the city will be of variable quality and currency.

Resources

- Communication experts time
- Staff time for buddying and validation processes
- Host organisation resource to service the accreditation panel and the overall accreditation process

Good Practice

- Suffolk County Council Information Standard
- ADASS Eastern Region Information Standard Toolkit (Thompson 2015)

Solution 14: Implement a Curated Knowledge Approach

What people told us

A key theme coming through from both the workshops interviews and from the surveys is that people do not know what information that they are able to trust;

> *Important to have it timely, and that it is accurate and independent (e.g. I would trust financial advice more from an independent organisation than from a financial adviser with ties to particular trusts; similarly, I would trust advice about care and support more from an independent adviser.*

> *You don't know what you need to know. So much stuff is wrapped up in systems and structures such as 'funding streams' and other such jargon that really is none of my business. I just want to know how I can get on and live my life.*

What the literature told us

Content curation assembles, selects, categorizes, comments on, and presents the most relevant, highest quality information to meet the audience's needs on a specific subject. Curated content is more than an aggregation of existing content and references or links to supporting information. Whilst *content aggregation* often looks like *content curation*, this approach lacks the unique commentary that forms part of content curation. This approach includes an analysis and commentary of the information provided to the public therefore allowing people to make better judgments about the value and usefulness of the text. Critically content can be collated either manually, automatically or a combination of both.

Delivering an effective approach to curating knowledge will require resources, this particularly relates to the physical processes required to curate the information, i.e. the searching and analysing of information or articles, distilling this to the key points and then presenting this in a format that can be understood both by peers and the general public. An effective approach to dealing with this is to exploit the time professionals currently spend doing this activity and to subsequently present this as an 'invest to save' approach. By targeting the role with a few skilled professionals and making the information available to others it should save time for some people. It is thought that professionals spend approximately 4% of their time searching for information, for a professional earning £25,000 this equates to £1,000, multiply this across the workforce and this could provide sufficient resource / savings for this approach. A further approach to simplifying the process of curation is to invest in automated curation technology. It is possible to have the entire

curation process automatic, however this does pose some risks that may or may not be palatable to an organisation, including machine error.

Why is this important?

The curation of knowledge enables people to have access to information about their health and care that is easily understood, personal to them and that they can trust.

Actions

The first task is to understand the approach to curation that would be utilised across the city, machine, person or a combination of both. In the combined approach a person provides the final analysis to ensure accuracy. The local authority utilises Hootesuite, this product does support content curation, however, it may still need support from professionals to deliver this effectively.

Subsequent to the decision about the approach to curation, an options appraisal will be required to explore the resource requirements and to ensure an appropriate mandate for the work. This appraisal should explore the possibility of an invest to save approach regarding professional time as well as try and understand the possible savings through effectively supporting the prevention agenda. This support would particularly manifest itself in relation to aiding people to stay healthy and well for longer by providing targeted and curated knowledge that they would be able to utilise for this purpose. Curated content can be communicated online and supported by social media posts and community messaging.

In addition to the strategic actions outlined above, the operational delivery group would need to work with key people e.g. librarians in order to identify the skill set required to effectively curate knowledge. This would then extend into a process of identifying key people across the relevant services that could act as knowledge curators. The librarians would then provide the training for the identified team of people.

The programme informing the schedule for knowledge curation will be influenced by the;

- Timeframe for changes to the web site content, in order to prevent duplication of tasks,
- Target populations, e.g. those people who with the correct information in a way that they are able to understand and use can stay healthy and well for longer.
- Support to organisational plans and developments such as social prescribing.

There is a risk that this approach will generate more work than can be delivered by the small core website team that is currently being proposed.

For social care it would make sense to retain some of the existing web editors so they can continue to upload information on to the website. The relationship between this wider team and the core will need further consideration. Checks and balances will need to be in place, but if the website is to be more dynamic and peoples work is to be valued then a more responsive approach to uploading information will need to be developed. Finally, a monitoring and review process will need to be in place to ensure the products and processes are effective, accurate and deliver what people need.

In summary the key actions are;

Strategic:

- Strategic sign up.
- Identify the automated curation system and resources required to implement and maintain the system.

Operational:

- Develop the skill set to produce curated knowledge.
- Identify key points in the system where people have to search for information and build information curation roles around these people e.g. Nurse, Social Worker, Welfare Rights workers etc.
- Identify a performance review/ supervision approach.
- Develop a dissemination process that interfaces with online and social media.
- Identify and implement a monitoring and review process.

Improvement Outcomes

- Information is easily available and trusted
- Information is dynamic, responsive, evidence based and current

Opportunities

- Utilise the professionals who already search and analyse information as part of their role to provide curated knowledge
- Utilise existing directories and databases to provide coherent information to organisations and the public.
- Utilise Librarians and Information Professionals to provide training to key staff.

Risks

- The solutions that people access may not be the most effective option and potentially lead to increased costs in the future.
- Professionals will continue to spend time searching for the same information.

Resources

- Funding to identify and deliver a training programme to support curating knowledge.
- Staff time for analysing and curating relevant information.
- Digital team capacity for uploading and maintaining the website and social media content.

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Appendix 1
Ofcom Media Use and Attitudes Report 2016
Categories of Internet activity

Internet users have been categorised into Narrow, Medium and Broad users of the Internet depending on how many of these 18 types of use they ever make.

This division into narrow, medium and broad users is achieved by dividing equally the frequency counts for the 18 categories of use into the three 'breadth of use' groups. Narrow users were defined as those ever carrying out 1-7 of the 18 types of online use, medium users ever carry out 8-10 types, and broad users ever carrying out 11-18 types.

The 18 types of use are:

1. **Information (personal)** – find information for leisure time, look at news websites or apps or adult-only websites, look for news about, or events in your local area.
2. **Email** – send or receive emails.
3. **Buying and selling** – buy things online, sell things online.
4. **Government sites –** complete government processes online (e.g. tax credits, driving licence, car tax, passport, tax return), look for public services information on government sites such as gov.uk and HMRC, or look for information on public services provided by the local council.
5. **Information (work / college / school) –** find information for work/ job/ studies, do an online course to achieve a qualification, looking at job opportunities or fill in a job application online.
6. **Health** – find information about health related issues.
7. **Banking/ paying bills** – bank and pay bills online.
8. **Social media** – look at social media sites or apps or share links to websites or online articles- perhaps on Facebook, Twitter, LinkedIn, Instagram etc.
9. **Download software.**
10. **Communications -** use Instant Messaging or make or receive telephone or video calls over the internet (e.g. Skype)
11. **Watching video clips –** watch short video clips online (such as on YouTube).
12. **Music –** listen to streamed music online (such as Spotify or Apple Music).
13. **Watching TV content –** watch TV programmes or films online through broadcaster services
14. **Radio –** listen to radio stations online.
15. **Civic involvement –** look at political or campaigning websites, sign an online petition or contact a local councillor or your MP online.
16. **Games –** play games online.
17. **Uploading/ adding content to the internet –** set up or maintaining a website or blog, upload or share videos or photos online or contribute comments to a website or blog.
18. **Online gambling**.

Appendix 2
Experian Categories

	Category	Descriptor
A	Country Living	Rural locations, well-off homeowners, attractive detached homes, higher self-employment, high car ownership
B	Prestige Positions	High value detached homes, married couples, managerial and senior positions, supporting students and older children, high assets and investments
C	City Prosperity	High value properties, central city areas, high status jobs, low car ownership, high mobile phone spend
D	Domestic Success	Families with children, upmarket suburban homes, owned with a mortgage, 3 or 4 bedrooms, high Internet use
E	Suburban Stability	Older families, some adult children at home, suburban mid-range homes, 3 bedrooms, have lived at same address some years
F	Senior Security	Elderly singles and couples, homeowners, comfortable homes, additional pensions above state, don't like new technology
G	Rural Reality	Rural locations, village and outlying houses, agricultural employment, most are homeowners, affordable value homes
H	Aspiring Homemakers	Younger households, full-time employment, private suburbs, affordable housing costs, starter salaries
I	Urban Cohesion	Settled extended families, city suburbs, multicultural, own 3 bedroom homes, sense of community
J	Rental Hubs	Aged 18-35, private renting, singles and sharers, urban locations, young neighbourhoods
K	Modest Traditions	Mature age, homeowners, affordable housing, kids are grown up, suburban locations
L	Transient Renters	Private renters, low length of residence, low cost housing, singles and sharers, older terraces
M	Family Basics	Families with children, aged 25 to 40, limited resources, some own low cost homes, some rent from social landlords
N	Vintage Value	Elderly, living alone, low income, small houses and flats, need support
O	Municipal Challenge	Social renters, low cost housing, challenged neighbourhoods, few employment options, low income

Appendix 3
Mystery Shop Scenarios

Scenario	Description
Scenario one	Your mum lives with you and she is becoming increasingly frail, you have heard of personal budgets and want to know how to get them.
Scenario two	You have a long term health condition (diabetes) and have heard that there are some classes about self help that might be useful. How do you find out about that, any support group or any other classes in your area that will help you.
Scenario Three	You are considering moving to the York area (to privately rented property) and want some advice about what benefits you may get and how to claim for them.
Scenario four	You have ME and want to know what help exists in the area, you particularly want a supportive GP.
Scenario five	You are having a hip replacement and want to find out what equipment is available and how to purchase or borrow it
Scenario six	You are moving into the area with your family and you have a 16 year old with autism. You want to know about the services available including schools, therapy and counselling, transition processes, support for adults, respite, personal budgets and support for carers.
Scenario seven	Your mum has fallen and is in hospital with a fractured neck of femur, you want to know what help she can get when she is discharged from hospital.
Scenario eight	You are an older Asian woman in your 70s providing support to your husband who has dementia. You want to know about care homes in the area.
Scenario Nine	You have an elderly relative who is alone and is becoming increasingly confused. You are worried about him/her; you think she/she would benefit from either supported housing or a residential home placement. You would like to know how someone gets assessed for this/ who you can approach/ how they system works.
Scenario ten	I am an 18 year old and need someone to help me speak up in my social care assessment.

Appendix 4
Advice York Partners

Age UK York

Christians Against Poverty

City of York Council

CYC Benefits Advice Team

Keyhouse

University of York Law Clinic

Welfare Benefits Unit

York CAB

York Carers Centre

York Foodbank

York Housing Association

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Health and Wellbeing Board – Meeting Work Programme 2017

Wednesday 18 January 2017 - West Offices			
Item/Topic	**Lead Organisation & Officer**	**Other Contributing Organisations & Participants**	**Scope**
Appointments	City of York Council Judith Betts		• To appoint Sue Collins as second sub for CVS • To appoint Lisa Winward as the North Yorkshire Police Representative
Community Pharmacy	Community Pharmacy North Yorkshire Jack Davies Tracey Chambers		• Presentation from Community Pharmacy North Yorkshire to include: ○ Roles in primary care, responsibilities, contractual arrangements ○ Roles in early intervention and prevention and opportunities to work in partnership ○ How community pharmacy can help the HWBB deliver on their new Joint Health and Wellbeing Strategy
York Pathways Project	North Yorkshire Police Tim Madgwick	York Pathways Sarah Owen-Rafferty	• Presentation and report from the York Pathways project to include: ○ A strategic commitment to working with Pathways in supporting systems change over the next 5 years ○ HWBB members to engage with us on a regular basis and prioritise systems change ○ Support for Pathways to be embedded in York until we have resolved the system failures for individuals with multiple and

Health and Wellbeing Board – Meeting Work Programme 2017

Wednesday 18 January 2017 - West Offices			
Item/Topic	**Lead Organisation & Officer**	**Other Contributing Organisations & Participants**	**Scope**
			complex disadvantage ○ HWBB members to commit to co-commissioning solutions and practices
Future in Mind	Partnership Commissioning Unit Victoria Pilkington	City of York Council Jon Stonehouse Eoin Rush	• To provide a York focused update on Future in Mind and the Local Transformation Plan • To inform the HWBB of what this means for York
Integration and Transformation Board	City of York Council Martin Farran	City of York Council Tom Cray NHS Vale of York Clinical Commissioning Group Rachel Potts Phil Mettam	• To receive a progress report from the Integration and Transformation Board
Better Care Fund	NHS Vale of York Clinical Commissioning Group Phil Mettam	NHS Vale of York Clinical Commissioning Group Elaine Wyllie City of York Council Martin Farran Tom Cray	• To receive a progress report on the Better Care Fund

Health and Wellbeing Board – Meeting Work Programme 2017

Wednesday 18 January 2017 - West Offices			
Item/Topic	**Lead Organisation & Officer**	**Other Contributing Organisations & Participants**	**Scope**
Universal Information and Advice	City of York Council Joe Micheli		• The report and presentation will provide an overview of the review of Information and Advice services in York and development of a new Information and Advice Strategy, informed by the 'Just Works' consultants report. • The HWBB will be asked to consider the prioritised action plan and how it might be effectively delivered reflecting partnership governance arrangements

Health and Wellbeing Board – Meeting Work Programme 2017

Wednesday 8 March 2017 - West Offices			
Item/Topic	**Lead Organisation & Officer**	**Other Contributing Organisations & Participants**	**Scope**
Mental Health Focused Meeting			
Mental Health and Learning Disabilities Partnership Board	NHS Vale of York Clinical Commissioning Group Paul Howatson		• To receive the Annual Report of the Mental Health and Learning Disabilities Partnership Board
Other Business			
JSNA/JHWBS Steering Group	City of York Council Sharon Stoltz	All HWBB Partners	• To approve and launch the renewed Joint Health and Wellbeing Strategy for York • To receive the work programme and a progress report on the work of the JSNA/JHWBS Steering Group
Performance Management Framework	City of York Council Tom Cray		• To present a refreshed performance management framework to the HWBB
Director of Public Health's Report	City of York Council Sharon Stoltz		• To receive the annual report of the 2016 and approve the recommendations
Integration and Transformation Board	City of York Council	City of York Council Tom Cray	• To receive a progress report from the

Health and Wellbeing Board – Meeting Work Programme 2017

Wednesday 8 March 2017 - West Offices			
Item/Topic	**Lead Organisation & Officer**	**Other Contributing Organisations & Participants**	**Scope**
	Martin Farran	NHS Vale of York Clinical Commissioning Group Rachel Potts	Integration and Transformation Board
Healthwatch York	Healthwatch York Siân Balsom		• To receive recent Healthwatch York reports on: • Continuing Healthcare • Dementia
The Local Digital Agenda	NHS Vale of York Clinical Commissioning Group Phil Mettam Pennie Furneaux		• To pull together various themes around the local digital agenda ○ Local digital roadmaps ○ Primary care forward view ○ STP digital technologies ○ Enabling digital systems access ○ Enabling system integration
YorOK Board	City of York Council Jon Stonehouse	City of York Council Eoin Rush	• To receive the Annual Report of the YorOK Board
CCG 2 Year operational Plan	NHS VoY CCG Phil Mettam Rachel Potts Caroline Alexander		• To receive the CCG 2 Year Operational Plan

Health and Wellbeing Board – Meeting Work Programme 2017

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Wednesday 17 May - West Offices			
Item/Topic	**Lead Organisation & Officer**	**Other Contributing Organisations & Participants**	**Scope**
Focus tbc			
Other Business			
Healthwatch York (to be confirmed)			
Integration and Transformation Board	City of York Council Martin Farran	City of York Council Tom Cray NHS Vale of York Clinical Commissioning Group Rachel Potts	• To receive a progress report from the Integration and Transformation Board
Joint Strategic Needs Assessment/Joint Health and Wellbeing Strategy Steering Group	City of York Council Sharon Stoltz	All HWBB Partners	• To receive an update from the JSNA/JHWBS Steering Group
NHS Vale of York Clinical Commissioning Group's Annual Report & Accounts	NHS VoY CCG Phil Mettam Rachel Potts Caroline Alexander		• To receive the CCG's Annual Report and Accounts

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