Notice of a public meeting of

Health and Wellbeing Board

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

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

Dr Kevin Smith	Executive Director for Primary Care and Population Health, NHS Vale of York Clinical Commissioning Group
Mike Padgham	Chair, Independent Care Group

Date: Wednesday, 9 May 2018

Time: 4.30pm

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

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;
- any disclosable pecuniary interests

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

2. Minutes (Pages 5 - 12)

To approve and sign the minutes of the last meeting of the Health and Wellbeing Board held on 7 March 2018.

3. Public Participation

It is at this point in the meeting that members of the public who have registered their wish to speak can do so. The deadline for registering is **Tuesday 8 May** at **5.00pm.**

To register, please contact the Democracy Officer whose details are at the foot of this agenda.

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

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 e.g. 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

GOVERNANCE

4. Appointments to York's Health and Wellbeing Board (Pages 13 - 16)
This report asks the Board to confirm new appointments to its membership.

5. Amended working arrangements for the Health and Wellbeing Board (HWBB) (Pages 17 - 32)
This report asks the Health and Wellbeing Board to consider its statutory functions as well as its ambition in the joint health and wellbeing strategy 'for every single resident of York to enjoy the best possible health and wellbeing throughout the course of their life'.

OTHER BUSINESS

6. Performance Report (Pages 33 - 54)
This performance report is designed to provide an overview of the suite of performance indicators that accompany the Joint Health and Wellbeing Strategy 2017 – 2022. Annexes A and B outline the summarise the current position and outline it against a set of indicators in respect of the Joint Health and Wellbeing Strategy 2017-2022.

7. Suicide Prevention Strategy (Pages 55 - 86)
This report presents the draft suicide prevention strategy that has been prepared by the City of York Public Health Team. The Board are asked to provide comment on the draft strategy and to give approval for a 12 week public consultation on the draft to commence.

8. Update on progress of the York Health and Care Place Based Improvement Board (PBIB) (Pages 87 - 94)
This report requests that the Health and Wellbeing Board notes that the first meeting of the PBIB took place on 4 April 2018.

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

Democracy Officer:

Bartek Wytrzyszczewski
Tel: 01904 552514
Email: bartek.wytrzyszczewski@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
- Receiving reports in other formats

Contact details are set out above.

This information can be provided in your own language.

我們也用您們的語言提供這個信息 **(Cantonese)**

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

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

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

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

☎ **(01904) 551550**

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Agenda Annex

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

Remit

York Health and Wellbeing Board will:

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

York Health and Wellbeing Board will not:

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

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Health & Wellbeing Board
Declarations of Interest

Mike Padgham, Chair Council of Independent Care Group
- Managing Director of St Cecilia's Care Services Ltd.
- Chair of Independent Care Group

Sarah Armstrong, Chief Executive, York CVS
- Governor at Leeds and York NHS Partnership Trust

Siân Balsom, Manager, Healthwatch York
- Shareholder in the Golden Ball Community Co-operative Pub

Gillian Laurence, Head of Clinical Strategy – North Region (Yorkshire and the Humber), NHS England
- Employed by NHS England (Yorkshire & the Humber)
- Current registration as a pharmacist with the General Pharmaceutical Council
- Member of the Royal Pharmaceutical Society
- Steering group member of the West Yorkshire Local Practice Forum of the Royal Pharmaceutical Society (voluntary role)

Councillor Cannon
- Patient at York Hospital

Keren Wilson, Chief Executive, Independent Care Group (Substitute Member)
- Independent Care Group receives funding from the City of York Council

Councillor Douglas (Substitute Member)
- Governor of Tees, Esk and Wear Valleys, NHS Foundation Trust

Sheenagh Powell (Substitute Member)
- Vice-Chair and Chair of Audit at Harrogate and Rural District Clinical Commissioning Group

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City of York Council	Committee Minutes
Meeting	Health and Wellbeing Board
Date	7 March 2018
Present	Councillors Runciman (Chair), Cannon and Craghill Sharon Stoltz (Director of Public Health, City of York Council) Martin Farran (Corporate Director of Health, Housing and Adult Social Care, City of York Council) Jon Stonehouse (Corporate Director of Children, Education and Communities, City of York Council) Sarah Armstrong (Chief Executive, York CVS) Sian Balsom (Manager, Healthwatch York) Gillian Laurence (Head of Clinical Strategy, NHS England (North Yorkshire & the Humber) Phil Mettam (Accountable Officer, NHS Vale of York Clinical Commissioning Group) Mike Padgham (Chair, Independent Care Group) Sheenagh Powell (Lay Member, Audit Committee, NHS Vale of York Clinical Commissioning Group) - Substitute for Keith Ramsay Richard Anderson (Superintendent, North Yorkshire Police) - Substitute for Lisa Winward

	Ruth Hill (Director of Operations (York and Selby), Tees, Esk and Wear Valleys NHS Foundation Trust) - Substitute for Colin Martin
Apologies	Keith Ramsay, Lisa Winward, Colin Martin, Patrick Crowley, Shaun O'Connell

127. 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.

Sarah Armstrong declared an interest in the remit of the Board as she was a Governor at Leeds and York NHS Partnership Trust.

Sian Balsom reported that she had stepped down from her role as Chair of Scarborough and Ryedale Carer's Resource but was still on the Trustee Board.

Sheenagh Powell declared an interest in the remit of the Board as she was Vice-Chair and Chair of Audit at Harrogate and Rural District Clinical Commissioning Group.

Councillor Cannon declared a personal interest in the remit of the Board as she was a current patient at York Hospital.

128. Minutes

Resolved: That the minutes of the meeting of the Health and Wellbeing Board held on 24 January 2018 be approved and signed by the Chair as a correct record.

129. Public Participation

It was reported that there had been one registration to speak at the meeting in relation to the Pharmaceutical Needs Assessment (item 6) under the Council's Public Participation Scheme.

Gwen Vardigans spoke in relation to Item 6: *Pharmaceutical Needs Assessment (PNA)*. She noted the findings of a recent survey on rural health and noted that the PNA was timely following the winter pressures and flu outbreak. She expressed disappointment at the York public response rate and suggested that this small sample was a difficult basis on which to form recommendations. She drew attention to question 9 of the public engagement survey and made a number of comments concerning barriers to accessing pharmacies.

130. Reducing Health Inequalities Through Cultural Commissioning

The Head of Museum Development at York Museums Trust, supported by the Cultural Consortium for Wellbeing York's Culture and Wellbeing Co-ordinator, gave a presentation on the work of the Consortium to the Board. The report presented to the Board included details on how the Consortium was using culture to reduce health and wellbeing inequalities in York. Annex A outlined how the Cultural Consortium could help reduce inequalities in York and Annex B contained the PowerPoint slides from the presentation.

The Cultural Consortium for Wellbeing York was a partnership between York Museums Trust, National Centre for Early Music, York Theatre Royal, Pilot Theatre, Accessible Arts & Media, Converge (University of York St John), York Explore and York@Large. The partnership sought to encourage participation in those who may not have assessed arts and culture due to perceptions that it is not for them or due to health, social or financial barriers to participation.

The Chair invited questions following the presentation. In response to questions raised by the Board, the Head of Museum Development and Culture and Wellbeing Co-ordinator explained that:

- In order to demonstrate the impact of the work being undertaken by the Consortium, it would be working with York CVS to look at what activities were working and it was trying to use industry recognised outcomes. It was highlighted that the Consortium was a pilot programme and that all partners were community based. Those partners would examine barriers to access to the activities and were looking at opportunities to work with people in their own homes. It was

noted that the Consortium would be using the tools from the Warwick-Edinburgh Mental Well-being scale.

- To enable the further development of volunteering, all members in the partnership worked with volunteers and a number of organisations were looking at how to increase the involvement of non-traditional volunteers.
- The ambitions of the Consortium included looking at the reasons for non engagement, finding out what need there was (for example what activities were needed), and co-creation, collaboration and conversation between social prescribing and local area teams.
- The Health and Wellbeing Board could help the Consortium by providing advice and guidance on how to produce data to meet the needs of health and care organisations.
- As part of future development, the Consortium would like to increase the number of organisations in the partnership, and continue conversations with external organisations on what the partnership could deliver.

The Board thanked the Head of Museum Development and Culture and Wellbeing Co-ordinator for their presentation and welcomed the progress made by the pilot project.

Resolved: That

i. The Health and Wellbeing Board considered and discussed the presentation and report from the Consortium including the following recommendations contained within Annex A:

1. Cultural Wellbeing is integrated in policy making, written into council strategies and seen as a partner in the referral and delivery of wellbeing services in the city.
2. For Arts organisations to become more integrated into Public Health and Voluntary Sector strategic frameworks for Mental Health, helping to alleviate NHS winter pressures through increased health and wellbeing and to deliver some of the relevant findings from the York Older People's Survey.
3. To build on the foundation of the pilot programme into a longer-term approach with Arts Council support.

4. For Culture and Wellbeing York to be a partner in service design to ensure that arts and culture play their role in the health and wellbeing agenda.
5. As arts and cultural specialists, we would be able to help align the sector to Health and Wellbeing strategies. We offer the board support through the procurement process to ensure that any arts and culture commissions are of the highest quality (from a cultural perspective).

ii. In relation to the five recommendations above the Health and Wellbeing Board receive a report prepared by Council officers detailing work already happening that links to the recommendations the Cultural Consortium make; particularly around some of the corporate issues such as commissioning.

iii. The report be referred to the Cultural Leaders' Group for consideration and also to the new group being led by Cllr Hayes.

iv. The Health and Wellbeing Board receive a written report back from the Consortium outlining the work being undertaken, how this work fits in with work being undertaken by City of York Council officers and identifies gaps and areas that need strengthening; to be presented at a future meeting.

Reason: To explore how cultural commissioning can help reduce inequalities within the city.

131. Report from North Yorkshire Fire and Rescue Service

The Assistant Chief Fire Officer, North Yorkshire Fire and Rescue Service, presented a report that related to the prevention and early intervention elements of the joint health and wellbeing strategy 2017-2022. North Yorkshire Fire and Rescue Service published a health engagement strategy in 2017, the key principles of which were in Annex A of the report. During the presentation, the Assistant Chief Fire Officer highlighted the work being undertaken in relation to fire prevention, which included work in rural communities and safe

and well visits. The impact of social prescribing interventions was noted. It was reported that the North Yorkshire Fire and Rescue Service signposted people to a number of services and had some capacity to generate their own referrals.

Board Members welcomed the report and made a number of points:

- It was suggested that the Board could support the small working group set up to consider how to take the work forward. It was noted that other organisations could learn from the outreach work undertaken by the service, particularly with people not accessing other services.
- It was suggested that links could be made with the Falls Prevention Scheme pilot in terms of meeting people in their own homes.

Resolved: That the Board note the key principles of the North Yorkshire Fire and Rescue Service health engagement strategy in relation to the prevention and early intervention elements of the joint health and wellbeing strategy 2017-2022.

Reason: To explore how North Yorkshire Fire and Rescue Service can help with the delivery of the joint health and wellbeing strategy 2017-2022; in particular the focus on early intervention and prevention and reducing demand on statutory services.

132. Pharmaceutical Needs Assessment

The report updated the Board on the PNA (2018-2021) for the City of York and was presented by the Assistant Director of Public Health and the Public Health Practitioner. It was reported that there was no statutory duty to consult with the public and it was explained who had been consulted. Concerning the low response rate, although there was a reasonable spread of the population in the respondents, they would have liked an improved response rate. It was noted that pharmacies offered a wide range of services within communities and the new pharmacy contract offered the scope to examine this.

In response to Board Members' questions, it was clarified:

- How pharmacies were funded, including how the Heslington East pharmacy was funded.
- With reference to access and pharmacy opening hours, pharmacies were available in outlying areas. The PNA looked at bus routes and found little gaps between bus routes and access to pharmacies. It was noted that some pharmacies offered a repeat prescription delivery service.

The Assistant Director of Public Health and the Public Health Practitioner were thanked for their report and it was

Resolved: That the Health and Wellbeing Board approve the PNA report for publication and dissemination.

Reason: To fulfil their mandatory duty to have an up to date assessment of pharmaceutical need for the population of the City of York.

133. Healthwatch York Report: Access to Dental Services

The Board received a report from Healthwatch York entitled 'Filled to Capacity: NHS Dentistry in York'. The report was based on patients' experiences and was attached at Annex A to the report. The Healthwatch York Manager presented the report, drawing Board Members' attention to pages 3 to 5 of the report.

It was reported that NHS England commissioned dental services, and the Head of Clinical Strategy, NHS England (North Yorkshire & the Humber) explained that there were limited opportunities for points of negotiation on dental contracts, with negotiation on an uplift currently taking place to ensure the delivery of Units of Dental Activity (UDAs) by dentists. The Director of Public Health made the Board aware that an oral health strategy would look at a whole system approach to this. She reported that an Oral Health Action Group had been developed and she introduced Martin Ramsdale (Public Health Registrar – Dental) to the Board.

A Board Member asked if there was an opportunity for NHS England to meet the recommendations detailed in the report. The Head of Clinical Strategy, NHS England (North Yorkshire & the Humber) undertook to approach her team to see if up to date responses to the recommendations could be provided.

Discussion took place regarding access to dentistry. Following discussion it was:

Resolved: That

i. The Health and Wellbeing Board received and commented on the report.
ii. The Health and Wellbeing Board will receive an Oral Health Improvement Strategy and action plan at a future meeting.
iii. Those Health and Wellbeing Board organisations with recommendations against their organisation's name are asked to formally respond to Healthwatch York by no later than the end of August 2018.
iv. That the report be considered by the Health, Housing and Adult Social Care Policy and Scrutiny Committee.

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

134. Work Programme

Board members were asked to consider the Board's proposed work programme up to May 2018.

The Chair advised Members that there was the potential for a new way of working and further information about development sessions would be forwarded to Board Members.

Resolved: That the current 2017/18 work programme be noted.

Reason: To ensure that the Board has a planned programme of work in place.

Cllr C Runciman, Chair
[The meeting started at 4.30pm and finished at 6.25pm].

Health and Wellbeing Board **9 May 2018**

Report of the Assistant Director, Legal and Governance

Appointment to York's Health and Wellbeing Board

Summary

1. This report asks the Board to confirm new 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. Therefore, the following changes are put forward for the Board's endorsement:

   a. To note the change of the NHS Vale of York Clinical Commissioning Group's (CCG) appointed representative from the Accountable Officer (Phil Mettam) to the Executive Director for Primary Care and Population Health (Dr Kevin Smith). The Terms of Reference (ToR) will be changed to reflect this.

   b. To note that Dr Nigel Wells has now become the Chair of NHS Vale of York CCG. He has replaced Keith Ramsay in this post on the basis of direct swap as per the Board's Terms of Reference (ToR). As per the ToR, Dr Wells will also be the Vice-Chair of the Health and Wellbeing Board.

   c. To note that the post of Joint Medical Director at the NHS Vale of York CCG no longer exists; the ToR, including membership, will be amended to reflect this. Discussions in relation to potential replacements are ongoing.

Consultation

3. As these are appointments to the existing Health and Wellbeing Board membership, no consultation has been necessary.

Options

4. There are no alternative nominations for the appointments.

Council Plan 2015-19

5. 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

6. 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

7. 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

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

Recommendations

9. The Health and Wellbeing Board are asked to endorse the appointments as set out in Paragraph 2.

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

Author:

Bartek Wytrzyszczewski
Democracy Officer
Telephone: 01904 552514

Chief Officer Responsible for the report:

Dawn Steel
Head of Civic & Democratic Services

Report Approved ✔ **Date** 30/04/2018

Specialist Implications Officers
Not applicable

Wards Affected: **All** ✔

For further information, please contact the author of the report.

Background Papers
None

Annexes
None

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Health and Wellbeing Board **9 May 2018**
Report of the Chair of the Health and Wellbeing Board

Amended Working Arrangements for the Health and Wellbeing Board (HWBB)

Summary

1. This report asks the Health and Wellbeing Board to consider:

   - its statutory functions;

   - its ambition in the joint health and wellbeing strategy 'for every single resident of York to enjoy the best possible health and wellbeing throughout the course of their life.

2. Recognising the above, the board is asked to consider a proposal to revise the number of meetings and workshops it holds in order to better achieve its ambition.

3. Additionally the board are asked to agree their work plan for the period June 2018 to May 2019 and a schedule of workshops for the same period.

Background

4. The Health and Wellbeing Board is the system leader for health and social care in the city and is there to set strategic vision and direction in that area. The board has a number of statutory functions:

   - to assess the needs of their local population through a Joint Strategic Needs Assessment

   - to set out how these needs will be addressed through a Joint Health and Wellbeing Strategy that offers a strategic framework in which Clinical Commissioning Groups, Local Authorities and NHS England can make their commissioning decisions

- to produce a Pharmaceutical Needs Assessment
- to promote greater integration and partnership working, including joint commissioning, integrated provision and pooled budgets.

5. Up until now Health and Wellbeing Board has fulfilled these functions through:

- sub groups and delivery groups
- five or six formal meetings per year which are webcast and open to the public to attend
- five or six informal development sessions which are not open to the public to attend .

A proposal for future working arrangements

6. In order to increase flexibility for the Health and Wellbeing Board it is proposed that the board now meets as follows:

- 4 times a year in public
- 6 times a year for themed workshops

7. In the past HWBB development sessions have focused on how the board works rather than on key strategic issues across the health and social care system. The progression from development sessions to themed workshops shows a new stage in the life of the HWBB and a commitment to focus on both the key priorities in the Joint Health and Wellbeing Strategy and some of the bigger system wide issues. A draft work plan for the meetings June 2018 to May 2019 is at **Annex A** to this report and a schedule of workshops for the same period is at **Annex B**.

8. It is also proposed that there is a renewed focus on transparency and sending out communication after each workshop; this will be in addition to the current HWBB newsletter which is produced on a seasonal basis. These communications will highlight key activities and actions related to the specific themes discussed at the workshops rather than trying to report everything that is happening within the health and social care system.

Consultation

9. At a development session held in March 2017 the Health and Wellbeing Board discussed its purpose; ambitions and ways of working to achieve those ambitions. This has resulted in the proposal outlined in this report being put forward.

Options

10. The HWBB are asked to consider the proposal at paragraphs **6 to 8** of this report. They can agree to:

    - trial the new proposal and review after one year;

      or

    - retain the current way of working.

Analysis

11. If the Health and Wellbeing Board chose to reduce the number of meetings they hold in public and increase the number of workshops they hold there will need to be an increased commitment from HWBB members to prioritise attendance at these. It is therefore proposed that an attendance list is kept and the information published in the HWBB's annual report.

12. Additionally the workshops should become more structured with a potential approach as follows:

    - what is the issue?
    - is it an issue in York?
    - is the health and social care system as a whole genuinely addressing the issue and if so how?
    - if not; why not and what needs to be done?
    - what are the board going to do about it?
    - communicating the discussion.

13. Workshops may be opened up to non-board members who can advise and assist the board with their discussions.

14. Concerns have been raised in the past that development sessions/workshops are not held in public. Meeting in public can paradoxically reduce open discussion leading to conversations happening outside of the Health and Wellbeing Board meetings or not at all. Additionally, both agenda space and time are limited at formal Health and Wellbeing Board meetings meaning there is little time to comprehensively debate complex issues. Structured workshops do allow for this and with a new commitment to release regular communications detailing the outcomes of each workshop it is hoped that these concerns can be addressed.

Strategic/Operational Plans

15. This report and its associated annexes relate to the vision in the Board's joint health and wellbeing strategy 2017-2022 *'for every single resident of York to enjoy the best possible health and wellbeing throughout the course of their life'*.

Implications

16. This approach fully fulfils the statutory requirement of the HWBB.

Risk Management

17. There are no risks identified in relation to the recommendations below.

Recommendations

18. Health and Wellbeing Board are asked to consider the proposal at paragraphs 6 to 8 of this report along with the information contained in **Annexes A** and **B** to this report.

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

Contact Details

Author:	**Chief Officer Responsible for the report:**
Tracy Wallis Health and Wellbeing Partnerships Co-ordinator 01904 551714	Councillor Carol Runciman Chair of the Health and Wellbeing Board Executive Member for Adult Social Care and Health
	Report Approved ✓ **Date** 25/04/2018

Wards Affected: **All** ✓

For further information please contact the author of the report

Background Papers: Joint health and wellbeing strategy 2017-2022

Annexes
Annex A – Draft Work Plan for Health and Wellbeing Board 2018/19
Annex B – Schedule of Health and Wellbeing Board Workshops

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Annex A – Draft Health and Wellbeing Board – Meeting Work Programme 2018/19

July 2018 - West Offices			
Item/Topic	**Lead Organisation & Officer**	**Other Contributing Organisations & Participants**	**Scope**
Governance			
TBC			
Theme: Starting & Growing Well (lead HWBB Member: Jon Stonehouse)			
Progress against the Starting & Growing Well theme of the Joint Health and Wellbeing Strategy (including performance)	City of York Council Jon Stonehouse		• To receive a progress update on the starting & growing well theme of the joint health and wellbeing strategy • To receive a performance and monitoring update in relation to the starting and growing well theme of the joint health and wellbeing strategy
Report from the YorOK Board	TBC		• To receive an annual report on the work of the YorOK Board including: **a.** an update on activities for young people
Student Health Needs	TBC		• Multi-agency partnership to present an update report on student health needs including progress made since the student health needs assessment took place

Annex A – Draft Health and Wellbeing Board – Meeting Work Programme 2018/19

July 2018 - West Offices			
Item/Topic	**Lead Organisation & Officer**	**Other Contributing Organisations & Participants**	**Scope**
Other Business			
Better Care Fund Update	NHS Vale of York Clinical Commissioning Group Phil Mettam City of York Council Martin Farran		• To receive an update on the Better Care Fund
Report from the HWBB Steering Group	City of York Council Sharon Stoltz		• To receive an update report from the HWBB Steering Group
Report from the Place Based Improvement Board	City of York Council Martin Farran NHS Vale of York Clinical Commissioning Group Phil Mettam		• To receive an update report from the Place Based Improvement Board

Annex A – Draft Health and Wellbeing Board – Meeting Work Programme 2018/19

July 2018 - West Offices			
Item/Topic	**Lead Organisation & Officer**	**Other Contributing Organisations & Participants**	**Scope**
Health Protection	City of York Council Sharon Stoltz	City of York Council Fiona Phillips	• To update the HWBB on the key health protection issues for the city 2017/18

Annex A – Draft Health and Wellbeing Board – Meeting Work Programme 2018/19

October 2018 - West Offices			
Item/Topic	**Lead Organisation & Officer**	**Other Contributing Organisations & Participants**	**Scope**
Theme: Ageing Well (lead HWBB Member: Sarah Armstrong)			
Safeguarding Adults Annual Report	Independent Chair Kevin McAleese		• To receive the Annual Report of the Safeguarding Adults Board
Progress against the Ageing Well theme of the Joint Health and Wellbeing Strategy (including performance)	York CVS Sarah Armstrong		• To receive a progress update on the ageing well theme of the joint health and wellbeing strategy • To receive a performance and monitoring update in relation to the ageing well theme of the joint health and wellbeing strategy
Other Business			
Update from the HWBB Steering Group	City of York Council Sharon Stoltz		• Update from the HWBB Steering Group • Launch of the new JSNA *[TBC]*
Better Care Fund Update (tbc)	NHS Vale of York Clinical Commissioning Group Phil Mettam City of York Council Martin Farran		• To receive an update on the Better Care Fund

Annex A – Draft Health and Wellbeing Board – Meeting Work Programme 2018/19

October 2018 - West Offices			
Item/Topic	**Lead Organisation & Officer**	**Other Contributing Organisations & Participants**	**Scope**
Report from the Place Based Improvement Board	City of York Council Martin Farran NHS Vale of York Clinical Commissioning Group Phil Mettam		• To receive an update report from the Place Based Improvement Board
Annual Report from Children's Safeguarding Board	Independent Chair Simon Westwood		• To receive the Annual Report of the Children's Safeguarding Board

Annex A – Draft Health and Wellbeing Board – Meeting Work Programme 2018/19

February 2019 - West Offices			
Item/Topic	**Lead Organisation & Officer**	**Other Contributing Organisations & Participants**	**Scope**
Theme: Mental Health (lead HWBB Members: Martin Farran and Phil Mettam)			
Progress against the Mental Health and Wellbeing theme of the Joint Health and Wellbeing Strategy (including Performance Management)	City of York Council Martin Farran NHS Vale of York Clinical Commissioning Group Phil Mettam		• To receive a progress update on the mental health and wellbeing theme of the joint health and wellbeing strategy • To receive a performance and monitoring update in relation to the mental health and wellbeing theme of the joint health and wellbeing strategy
Report from the Mental Health Partnership	Independent Chair TBC		• To receive a report on the delivery of the all age mental health strategy
Progress: Delivering the All Age Autism Strategy	City of York Council Katie Brown		• To receive an update on the all age autism strategy

Annex A – Draft Health and Wellbeing Board – Meeting Work Programme 2018/19

February 2019 - West Offices			
Item/Topic	**Lead Organisation & Officer**	**Other Contributing Organisations & Participants**	**Scope**
Other Business			
Better Care Fund Update (tbc)	NHS Vale of York Clinical Commissioning Group Phil Mettam City of York Council Martin Farran		• To receive an update on the Better Care Fund
Update from the HWBB Steering Group	City of York Council Sharon Stoltz		• Update from the HWBB Steering Group
Report from the Place Based Improvement Board	City of York Council Martin Farran NHS Vale of York Clinical Commissioning Group Phil Mettam		• To receive an update report from the Place Based Improvement Board

Annex A – Draft Health and Wellbeing Board – Meeting Work Programme 2018/19

May 2019 - West Offices			
Item/Topic	**Lead Organisation & Officer**	**Other Contributing Organisations & Participants**	**Scope**
Theme: Living & Working Well (lead HWBB Member: Sharon Stoltz)			
Progress against the Living & Working Well theme of the Joint Health and Wellbeing Strategy (including performance)	City of York Council Sharon Stoltz		• To receive a progress update on the living and working well theme of the joint health and wellbeing strategy • To receive a performance and monitoring update in relation to the living and working well theme of the joint health and wellbeing strategy
Other Business			
Update from the HWBB Steering Group	City of York Council Sharon Stoltz		• Update from the HWBB Steering Group
Report from the Place Based Improvement Board	City of York Council Martin Farran NHS Vale of York Clinical Commissioning Group Phil Mettam		• To receive an update report from the Place Based Improvement Board

Annex B – DRAFT Schedule of Health and Wellbeing Board Workshops

Date	Theme	Lead Officer
15 June 2018	Starting and Growing Well	Jon Stonehouse
3 August 2018*	Ageing Well	Sarah Armstrong
12 October 2018**	Mental Health and Wellbeing	Martin Farran/Phil Mettam
7 December 2018	Living and Working Well	Sharon Stoltz
January 2019 (date tbc)	System Issues/Performance	TBC
March 2019 (date tbc)	Starting and Growing Well	Jon Stonehouse

As there is a proposal to change the working pattern of the Health and Wellbeing then there may be a need to move the dates of the development sessions as well so that we can spread the work load

*suggestion that this should be moved to a date in early September

** suggestion that this should be moved to a date in November

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Health and Wellbeing Board **9 May 2018**

Report of the Health and Wellbeing Board Theme Leads

Performance Report

Summary

1. The attached performance summary outlines the current position against a set of indicators in respect of the Joint Health and Wellbeing Strategy 2017-2022.

Background

2. This performance report is designed to provide an overview of the suite of performance indicators that accompany the Joint Health and Wellbeing Strategy 2017-2022. These indicators relate to the key ambitions and objectives within the strategy. The narrative provides an update on the context of each indicator and some of the key activities to deliver change in these areas.

Main/Key Issues to be Considered

3. The key updates are attached at **Annexes A** and **B** to this report.

4. In addition board members are asked to focus one of their forthcoming workshops around further development of a performance framework. This is to allow for alignment of performance indicators across other strategies in addition to the Joint Health and Wellbeing Strategy.

Consultation

5. Consultation has not been undertaken on this paper.

Options

6. There are no specific options associated with this report but board members are asked to consider focusing one of their forthcoming

workshops around further development of a performance framework.

Analysis

7. The analysis of performance and the supporting activity is included within the annexes.

Strategic/Operational Plans

8. This report forms part of the performance management arrangements for the Joint Health and Wellbeing Strategy.

Implications

- **Financial** – There are no specific impacts in relation to this report.
- **Human Resources (HR) -** There are no specific impacts in relation to this report.
- **Equalities** - There are no specific impacts in relation to this report.
- **Legal -** There are no specific impacts in relation to this report.
- **Crime and Disorder -** There are no specific impacts in relation to this report.
- **Information Technology (IT) -** There are no specific impacts in relation to this report.
- **Property -** There are no specific impacts in relation to this report.

Risk Management

9. There are no risks identified beyond the performance narrative within the Annex.

Recommendations

10. The Health and Wellbeing Board are asked to:

    i. Note the content of the performance report

Reason: to ensure understanding of the progress made against the Health and Wellbeing Strategy.

ii. Request any further information on specific areas of work

iii. Focus a forthcoming workshop around further development of a performance framework.

Reason: to ensure board members have the required level of detail.

Contact Details

Author:	**Chief Officer Responsible for the report:**
Michael Wimmer Senior Business Intelligence Officer City of York Council	Sharon Stoltz Director of Public Health City of York
Terry Rudden Strategic Support Manager City of York Council	**Report Approved** ✓ **Date** 30/04/2018
Will Boardman Strategy and Policy Group Manager City of York Council	

Wards Affected: **All** ✓

For further information, please contact the author of the report.

Annexes

Annex A: Health and Wellbeing Board Performance
Annex B: Health and Wellbeing Board Scorecard

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Annex A

Business Intelligence Hub

Health and Wellbeing Board 2017/18 Performance Report

Author: Mike Wimmer / Terry Rudden
Date: 23/04/2018

Contents

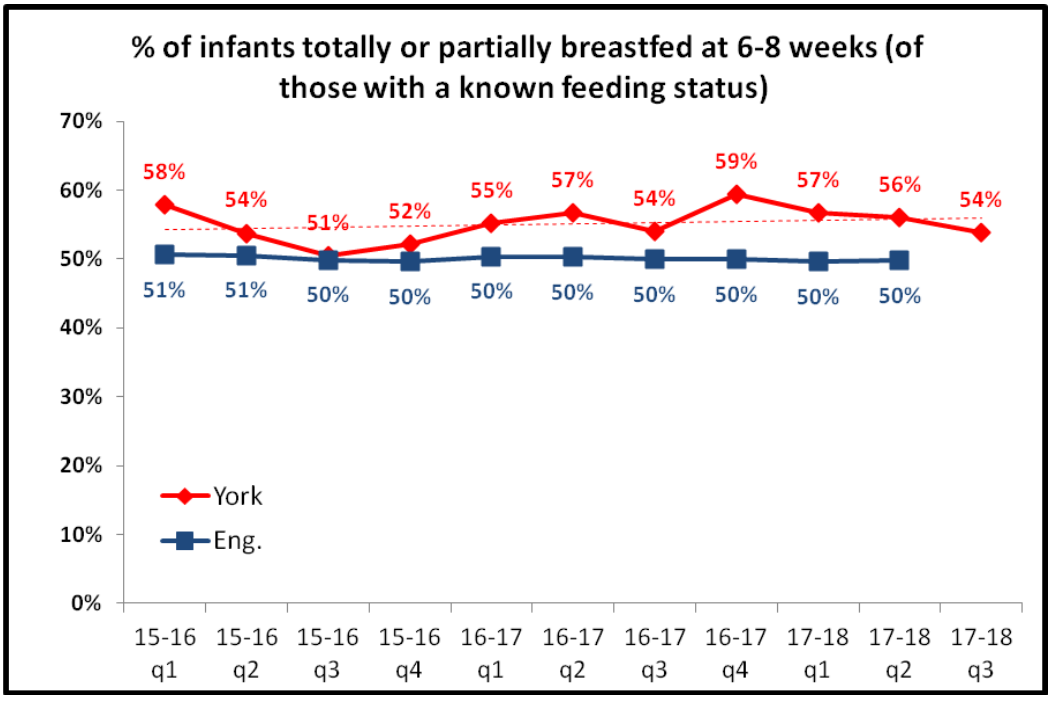
Annex A

Annex A

1. Starting and Growing Well

Breastfeeding at 6-8 weeks

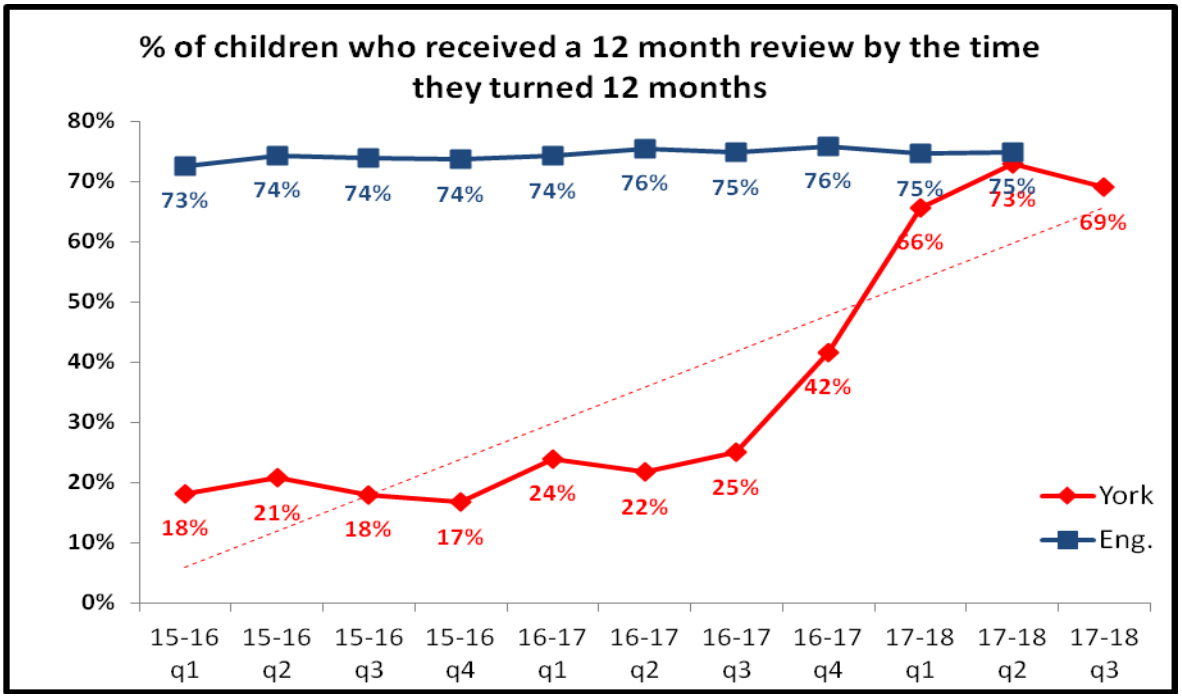
The percentage of children who are breastfed at 6-8 weeks is 54% which is above the last reported national average of 50%.



Health Visitor 12 month review

The percentage of children who receive their 12 month visit by the time they are 12 months old is currently 69%. This has improved considerably since the health visitor service came in-house in April 2016. For those families who fall outside of 12 months, we are looking to see what the themes are in order to increase this rate further.

Annex A



Obesity in Year 6

In York, 15.2% of Year 6 children are recorded as obese, which is lower than the national average of 19.3%. Although overall obesity rates in York are relatively low, there are inequalities across the City. The obesity rate in the most deprived ward is 13 percentage points higher in the most deprived ward compared with the least deprived ward. A healthy weight steering group was established in York in April 2018. One of the priorities in the York Joint Health and Wellbeing Strategy is to support people to achieve and maintain a healthy weight. The key aim of the Steering Group is to bring together partners who are working on this agenda and have a more co-ordinated approach so better outcomes are achieved.

Hospital admissions for Dental Decay

The rate of hospital admissions for dental decay for 0-4 year olds in York is higher than the national average. Data from oral health surveys for three and five year olds, however, show that dental decay is lower in York compared with regional and national averages. An oral health needs assessment is being carried out at present and the rate of admissions to hospital for 0-4 year olds is being examined as part of this. An Oral Health Improvement Action Group has also been established to bring relevant partners together, across the City, to take forward any actions arising as part of the needs assessment.

Level of Development for children with free school meal status

Of children with free school meal status, 46% (73/159) of them achieved a good level of development at the end of reception year in 2016/17. This is lower than national and regional averages (56% and 53.2% respectively).

This indicator, however, is becoming a less reliable / comprehensive measure as fewer children are identified as having free school meal status as fewer parents apply for it following the introduction of Universal Infant Free School Meals (UIFSM).

Children's levels of development are measured at the 2.5 year review carried out by the Health Visitor working as part of the Healthy Child Service. Depending on the issue and level of delay identified a number of actions may be taken including short interventions using the WellComm (speech and language tool) or referral to SALT, audiology, ophthalmology, GP or Paediatrician. Home visits are carried out to identify if parenting capacity is an issue and/or if parents require support to provide opportunities to aid development. Ongoing work is provided around parenting/play/ developmental needs as indicated by the Health Visitor or Child Development worker. If the child is attending an early years setting, with parental consent we will link in with providers to ensure all interventions are appropriate and effective.

It is an aspiration for CYC to introduce a 3 to 3.5 year check as a way of identifying children locally who are not in pre-school education and may need additional support prior to starting mainstream school.

Life satisfaction (age 15).

A slightly lower percentage (12.7%) of 15-year old children in York reported a low level of life satisfaction compared with regional and national averages (13.1% and 13.7% respectively).

2. Living and Working Well

Excess Weight in Adults.

In York, 56.4% of adults are classified as overweight or obese in York. This is significantly lower than the rates reported regionally (67.4%) and nationally (64.8%). Clients attending face-to-face health checks with the YorWellbeing team have their BMI calculated and are given appropriate advice regarding diet and physical activity levels.

Alcohol Admissions

Alcohol Admissions in York (687 people per 100,000 of population) remain lower than the regional average (701/100,000) but slightly higher than the national average (636/100,000). Support and treatment for those dependent on alcohol in York is provided by Changing Lives.

Inequality in Life Expectancy

Inequality in Life Expectancy across the city is measured by the 'slope index'. A higher figure means a greater disparity in life expectancy between more deprived and less deprived areas of the city.

The index in York is 4.3 years for women and 7.9 years for men. The figures in York are lower (better) than the national averages (7.3 years and 9.3 years respectively). The trend in York for females is an improving one.

Circulatory conditions and cancer account for around 60% of the difference in male life expectancy between the most and least deprived quintiles in York. For women, respiratory conditions are the largest single factor (24.6%).

The Yorwellbeing service will promote healthier lifestyle choices via the provision of targeted health checks in deprived areas of York.

Workplace Wellbeing

It was originally intended that we would monitor the number of major employers signed up to the Workplace Wellbeing Charter. This has subsequently been amended to monitoring the number of employers in York who have engaged with the workplace health element of the Yorwellbeing service.

More than 20 employers have participated so far, and approximately over 500 employees in these organisations have received a mini health check and a number have gone on to do online and face-to-face health checks. Anonymous and aggregated feedback on the results of the mini health checks is provided to the employers so they can better understand the health profile of their workforce.

Cancer Screening Coverage.

The screening rate for bowel cancer in York has increased for the second consecutive year. The rate is now 58.8%, which is in line with national and regional averages (58.8% and 59.5% respectively).

The screening rates for breast and cervical cancer in York are significantly higher than the national average. The screening rate for abdominal aortic aneurysm is similar to the national average.

Employment for people with learning disabilities.

This has remained pretty stable during 2017-18, with around 8.3-8.4% of adults with learning disabilities being in employment. We have recently been successful in a bid to the DWP to develop a local supported initiative which commenced in November 2017, targeted at those who are traditionally the hardest to reach in terms of successful employment outcomes, such as those with learning disabilities.

Self Reported Wellbeing

A lower percentage of adults in York report a low level of life satisfaction (3.4%) compared with regional and national averages (5.1% and 4.5% respectively).

3. Ageing Well

Proportion of people who use services who reported that they had as much social contact as they would like - ASCOF1I1

Provisional results from the 2017-18 Adult Social Care Survey show that performance in this indicator has deteriorated, with 44.5% of adults reporting they had as much social contact as they would like, compared with 49.5% in 2016-17. One of the main reasons for this was older people in the community being more likely to answer that they had "adequate" contact with others this year, rather than that they had as "much contact as they would like".

Emergency admissions for acute conditions that should not usually require hospital admission, per 100,000 registered patients - CCGOIS301

The indicator measures the number of emergency admissions to hospital in England for acute conditions such as ear/nose/throat infections, kidney/urinary tract infections and angina, among others, that could potentially have been avoided if the patient had been better managed in primary care.

This indicator aims to measure the reduction in emergency admissions for conditions that should usually be managed outside hospital. Where an individual has been admitted for one of these conditions, it may indicate that they have deteriorated more than should have been allowed by the adequate provision of healthcare in primary care or as a hospital outpatient.

There has been a rise in the rate of emergency admissions for acute conditions that should not usually require hospital admission both regionally and nationally over the last two years. York's rate is currently lower than the regional average but above the national average.

Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services - ASCOF2B

Unpublished, and unverified, data for 2017-18 suggests that there has been an improvement in the performance, with 92% of older people receiving a reablement or rehabilitation service recorded as being at home 91 days after discharge. This compares with a corresponding rate of 80% in 2016-17. Recently-introduced initiatives such as the Integrated Complex Discharge Hub have led to improvements in identifying more appropriate pathways for older people leaving hospital.

Overall satisfaction of people who use services with their care and support: ASCOF3A:

Provisional results from the 2017-18 Adult Social Care Survey indicate a minor improvement in this indicator, with 62.9% of those surveyed reporting that they were “extremely” or “very” satisfied with the services they receive, compared with 62.4% in 2016-17. This halts the decline in satisfaction seen over the previous two years. It is likely that the satisfaction level will be in line with regional and national averages once those results are published later in the year.

4. Mental Health and Wellbeing

IAPT Referrals (18+), per 100,000 population - CMHD02

A total of 1,085 people were referred to psychological therapies services in Q2 of 2017/18 in the Vale of York CCG area. This is a rate of 372 per 100,000 of population. The referral rate is low compared with national (801 / 100,000) and regional (807 / 100,000) averages.

When expressed as percentage of those people estimated to have anxiety or depression, the referral rates in the Vale of York (10.4%) are still lower than regional and national averages (15.6% and 15.8%) respectively.

Recorded dementia prevalence (%) for people aged 65+ as recorded on practice disease registers - PHE10

There are 1,618 people aged 65+ in York who are recorded on a GP register as having dementia.

This represents a prevalence rate of 3.96% of all people aged 65+ registered with GP practices. This rate is lower than regional (4.47%) and national (4.33%) averages.

Estimated dementia diagnosis rate (%) for people aged 65+ as recorded on practice disease registers - PHE11

The estimated dementia diagnosis rate in York is 60.4%. This means that only 60.4% of the estimated number of people *expected* to have dementia (based on local demographics) have actually been diagnosed. This rate is lower in York compared with regional (71.3%) and national 67.9%) averages.

The two dementia indicators taken together suggest that although York has a relatively low dementia prevalence rate there may be an issue with diagnosing and recording dementia cases in the City.

Excess under 75 mortality rate in adults with serious mental illness - PHOF75

This indicator looks at the observed number of deaths in adults in contact with secondary mental health services an compared this to the expected number of deaths in the City based on age-specific mortality rates in the general population. York has a slightly lower (better) rate compared with regional and averages.

However the indicator has not been updated since 2014/15 so we do not have an up to date picture.

Hospital stays for self harm, per 100,000 population - PHE02

There were 535 emergency hospital admissions for self harm in York in 2016/17. This is a fall from 570 the previous year. The rate (230 per 100,000), however, is above regional and national averages. The admission rate for self harm for young people 10-24 is also higher in York showing that this is a significant issue for the City for all age ranges.

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Health and Wellbeing Board 2017/2018

No of Indicators = 22 | Direction of Travel (DoT) shows the trend of how an indicator is performing against its Polarity over time.

Produced by the Business Intelligence Hub April 2018

Annex B

			Collection Frequency	Previous Years			2017/2018				Target	Polarity	DOT
				2015/2016	2016/2017	2017/2018	Q1	Q2	Q3	Q4			
Ageing Well	ASCOF1I 1	Proportion of people who use services who reported that they had as much social contact as they would like	Annual	45.80%	49.50%	-	-	-	-	-	54%	Up is Good	◀ ▶ Neutral
		Benchmark - National Data	Annual	45.40%	45.40%	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	46.00%	45.60%	-	-	-	-	-	-		
		National Rank (Rank out of 152)	Annual	70	28	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	9	6	-	-	-	-	-	-		
		Comparator Rank (Rank out of 16)	Annual	10	2	-	-	-	-	-	-		
	CCGOIS 301a	Emergency admissions for acute conditions that should not usually require hospital admission, per 100,000 registered patients - (York LA)	Annual	1,362	1,520.6	-	-	-	-	-	-	Up is Bad	▲ Red
		Benchmark - National Data	Annual	1,318.9	1,359.3	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	1,501.1	1,547.5	-	-	-	-	-	-		
	ASCOF2 B1	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Annual	75.70%	79.25%	-	-	-	-	-	-	Up is Good	◀ ▶ Neutral
		Benchmark - National Data	Annual	82.70%	82.47%	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	82.90%	83.41%	-	-	-	-	-	-		
		National Rank (Rank out of 152)	Annual	134	111	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	15	13	-	-	-	-	-	-		
		Comparator Rank (Rank out of 16)	Annual	16	14	-	-	-	-	-	-		

Health and Wellbeing Board 2017/2018

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Produced by the Business Intelligence Hub April 2018

			Collection Frequency	Previous Years			2017/2018				Target	Polarity	DOT
				2015/2016	2016/2017	2017/2018	Q1	Q2	Q3	Q4			
Ageing Well	ASCOF3A	Overall satisfaction of people who use services with their care and support	Annual	64.00%	62.40%	-	-	-	-	-	62%	Up is Good	▼ Red
		Benchmark - National Data	Annual	64.40%	64.70%	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	63.80%	64.60%	-	-	-	-	-	-		
		National Rank (Rank out of 152)	Annual	82	98	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	10	11	-	-	-	-	-	-		
		Comparator Rank (Rank out of 16)	Annual	13	13	-	-	-	-	-	-		
Living and Working Well	PHOF166	Cancer screening coverage - bowel cancer	Annual	51.52%	55.17%	58.80%	-	-	-	-	-	Up is Good	▲ Gree
		Benchmark - National Data	Annual	57.09%	57.89%	58.80%	-	-	-	-	-		
		Benchmark - Regional Data	Annual	57.45%	58.55%	59.70%	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	14	12	11	-	-	-	-	-		
	PHOF44a	% of adults (aged 18+) classified as overweight or obese (new definition)	Annual	59.40%	-	-	-	-	-	-	-	Up is Bad	◀ ▶ Neutral
		Benchmark - National Data	Annual	61.30%	-	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	64.20%	-	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	1.00%	-	-	-	-	-	-	-		
	LAPE17	Admitted to hospital episodes with alcohol-related conditions (Narrow): Persons, all ages (per 100,000 population)	Annual	658	687	-	-	-	-	-	-	Up is Bad	▲ Red
		Benchmark - National Data	Annual	647	636	636	-	-	-	-	-		
		Benchmark - Regional Data	Annual	701	701	701	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	5	8	8	-	-	-	-	-		

Health and Wellbeing Board 2017/2018

No of Indicators = 22 | Direction of Travel (DoT) shows the trend of how an indicator is performing against its Polarity over time.

Produced by the Business Intelligence Hub April 2018

				Previous Years			2017/2018						
			Collection Frequency	2015/2016	2016/2017	2017/2018	Q1	Q2	Q3	Q4	Target	Polarity	DOT
Living and Working Well	PHOF17	Slope index of inequality in life expectancy at birth - Female - (Three year period)	Annual	4.5	4.3	-	-	-	-	-	-	Up is Bad	▼ Green
		Regional Rank (Rank out of 15)	Annual	2	3	-	-	-	-	-	-		
	PHOF37	Slope index of inequality in life expectancy at birth - Male - (Three year period)	Annual	7.3	7.9	-	-	-	-	-	-	Up is Bad	◀ ▶ Neutral
		Regional Rank (Rank out of 15)	Annual	3	3	-	-	-	-	-	-		
	ASCOF1E	Proportion of adults with a learning disability in paid employment	Monthly	9.70%	8.33%	8.39%	8.38%	8.42%	8.44%	8.33%	9%	Up is Good	◀ ▶ Neutral
		Benchmark - National Data	Annual	5.80%	5.70%	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	6.30%	6.68%	-	-	-	-	-	-		
		National Rank (Rank out of 152)	Annual	30	40	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	4	5	-	-	-	-	-	-		
		Comparator Rank (Rank out of 16)	Annual	4	7	-	-	-	-	-	-		
	PHOF118	Self-reported wellbeing - people with a low satisfaction score (%)	Annual	3.30%	3.40%	-	-	-	-	-	-	Up is Bad	◀ ▶ Neutral
		Benchmark - National Data	Annual	4.55%	4.50%	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	4.77%	5.10%	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	2	2	-	-	-	-	-	-		
Mental Health and Welbeing	CMHD02	IAPT Referrals (18+), per 100,000 population - (VoY CCG)	Quarterly	468.52	538	-	373	372	-	-	-	Up is Good	▲ Green
		Benchmark - National Data	Quarterly	860.6	869	-	807	801	-	-	-		
		Benchmark - Regional Data	Quarterly	897.15	872	-	827	807	-	-	-		

Health and Wellbeing Board 2017/2018

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			Collection Frequency	Previous Years			2017/2018				Target	Polarity	DOT
				2015/2016	2016/2017	2017/2018	Q1	Q2	Q3	Q4			
Mental Health and Wellbeing	PHE10	Recorded dementia prevalence (%) for people aged 65+ as recorded on practice disease registers	Annual	3.89%	3.91%	-	-	3.96%	-	-	-	Up is Bad	◀ ▶ Neutral
		Benchmark - National Data	Annual	4.28%	4.29%	-	-	4.33%	-	-	-		
		Benchmark - Regional Data	Annual	4.38%	4.42%	-	-	4.47%	-	-	-		
		Regional Rank (1 is Bad) (Rank out of 15)	Annual	3	-	-	-	4	-	-	-		
	PHE11	Estimated dementia diagnosis rate (%) for people aged 65+ as recorded on practice disease registers	Annual	-	60.40%	-	-	-	-	-	-	Up is Good	◀ ▶ Neutral
		Benchmark - National Data	Annual	-	67.90%	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	-	71.30%	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	-	15.00%	-	-	-	-	-	-		
	PHOF75	Excess under 75 mortality rate in adults with serious mental illness	Annual	-	-	-	-	-	-	-	-	Up is Bad	◀ ▶ Neutral
		Benchmark - National Data	Annual	-	-	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	-	-	-	-	-	-	-	-		
	PHE02	Hospital stays for self harm, per 100,000 population	Annual	252.8	229.9	-	-	-	-	-	-	Up is Bad	◀ ▶ Neutral
		Benchmark - National Data	Annual	196.5	185.3	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	190.3	NA	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	14	11	-	-	-	-	-	-		

Health and Wellbeing Board 2017/2018

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Produced by the Business Intelligence Hub April 2018

				Previous Years			2017/2018						
			Collection Frequency	2015/2016	2016/2017	2017/2018	Q1	Q2	Q3	Q4	Target	Polarity	DOT
Starting and Growing Well	HV04	% of infants being breastfed at 6-8wks	Quarterly	30.10%	44.23%	-	44.50%	44.30%	42.30%	-	-	Up is Good	◀ ▶ Neutral
		Benchmark - National Data	Quarterly	43.70%	44.30%	-	41.70%	42.80%	-	-	-		
		Benchmark - Regional Data	Quarterly	36.60%	37.70%	-	-	-	-	-	-		
	HV10	% of infants totally or partially breastfed at 6-8 weeks (of those with a known feeding status)	Quarterly	52.20%	59.40%	-	56.80%	56.00%	53.80%	-	-	Up is Good	◀ ▶ Neutral
		Benchmark - National Data	Quarterly	49.70%	50.00%	-	49.60%	49.80%	-	-	-		
	NCMP10	% of children in Year 6 recorded as being obese (3 year aggregated)	Annual	15.20%	-	-	-	-	-	-	-	Up is Bad	◀ ▶ Neutral
		Benchmark - National Data	Annual	19.30%	-	-	-	-	-	-	-		
		Absolute gap in % of Year 6 recorded obesity between highest and lowest York ward (3 year aggregated)	Annual	13.10%	-	-	-	-	-	-	-	Up is Bad	◀ ▶ Neutr
	PHOF83	School Readiness: The % of children with free school meal status achieving a good level of development at the end of reception	Annual	49.75%	45.90%	-	-	-	-	-	-	Up is Good	◀ ▶ Neutral
		Benchmark - National Data	Annual	54.41%	56.00%	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	52.49%	53.20%	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	12	15	-	-	-	-	-	-		
	CSB16a	Hospital admissions for dental caries (0-4 years), per 100,000 population	Annual	342.9	-	-	-	-	-	-	-	Up is Bad	◀ ▶ Neutral
		Benchmark - National Data	Annual	241.4	-	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	465	-	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	5	-	-	-	-	-	-	-		

Health and Wellbeing Board 2017/2018

No of Indicators = 22 | Direction of Travel (DoT) shows the trend of how an indicator is performing against its Polarity over time.

Produced by the Business Intelligence Hub April 2018

			Collection Frequency	Previous Years			2017/2018				Target	Polarity	DOT
				2015/2016	2016/2017	2017/2018	Q1	Q2	Q3	Q4			
Starting and Growing Well	PHE09	% of 15 year olds reporting low life satisfaction (WAY survey)	Annual	12.70%	12.70%	-	-	-	-	-	-	Up is Bad	◀ ▶ Neutral
		Benchmark - National Data	Annual	13.70%	13.70%	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	13.10%	13.10%	-	-	-	-	-	-		

Health and Wellbeing Board **9 May 2018**
Report of Sharon Stoltz, Director of Public Health, City of York Council

Suicide Prevention Strategy

Summary

1. This report presents the draft suicide prevention strategy that has been prepared by the City of York Public Health Team. The Board are asked to provide comment on the draft strategy and to give approval for a 12 week public consultation on the draft to commence.

Background

2. The Joint Health and Wellbeing Strategy (2017-2022) outlines the Board's ambitions for the mental health of the population of the City of York. Within this there is a priority to 'ensure that York becomes a Suicide Safer City'. The draft Suicide Prevention Strategy sets out how it is intended that we move towards this goal.

Main/Key Issues to be Considered

3. The central theme of the Strategy is to work towards becoming a suicide safer community in order to reduce the number of deaths by suicide in the City over a sustained period of time. This is a long term ambition which is about changing the culture, attitudes and awareness in our City so that we become a more compassionate, understanding, accepting, resilient and optimistic community where everyone's life matters. The draft strategy then has a further nine objectives, the first seven of which are based on the national suicide prevention plan, the last two are local priorities. These are:

    - Reducing the risk of suicide in high risk groups.
    - Tailoring approaches to improve mental health in specific groups.
    - Reducing access to means of suicide.

- Providing better information and support to those bereaved or affected by suicide.
- Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour.
- Supporting research, data collection and monitoring.
- Reducing rates of self-harm as a key indicator of suicide risk.
- Training and awareness raising.
- Preparedness and post incident management.

Consultation

4. The draft strategy summarised and attached as Annex A to this report has been subject to discussion and consultation involving the key partner organisations within York. The Board are asked to agree further public and stakeholder consultation as part of the recommendations within this report. If agreed the consultation questions will be drafted by the Suicide Safer Delivery Group.

Options

5. There are no options provided within this report.

Analysis

6. Not applicable.

Strategic/Operational Plans

7. Suicide prevention is embedded within the Joint Health and Wellbeing Strategy, the Mental Health Strategy and the Local Crisis Care Concordat action plans, which all explicitly reference working towards a suicide safer City. The draft Strategy is aligned with the Clinical Commissioning Group's Commissioning Intentions (2018-19) which prioritise working towards supporting more people in the community and building resilience around mental health.

Implications

8. The Board are advised that the proposal is to undertake a public consultation on the draft strategy following which a further report will be brought back to the Health and Wellbeing Board. We will work with the Mental Health Partnership, the Vulnerable People's Partnership Group, and the Safeguarding Adults Board to support the consultation. We will also work with the HealthWatch readability panel to ensure the Strategy is written in an accessible way. The

York Suicide Safer Community Delivery Group will develop an action plan to ensure delivery against the strategy. There are no financial, HR, equalities, legal, crime and disorder, IT or property implications to this report. An impact assessment will be carried out on the Strategy prior to the final draft being produced for the Board.

Risk Management

9. None identified.

Recommendations

10. The Health and Wellbeing Board are asked to consider the initial draft strategy for Suicide Prevention and agree to further public and stakeholder consultation before a final version is submitted to the Board for agreement.

Reason: Health and Wellbeing Board oversight of the Suicide Prevention Strategy.

Contact Details

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Report Approved ✓ **Date** 30/04/2018

Wards Affected: **All** ✓

For further information, please contact the author of the report.

Annexes
Annex A – Draft Suicide Prevention Strategy

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York Suicide Safer Community Strategy

Foreword

To be inserted

"The true measure of any society can be found in how it treats its most vulnerable members"

Mahatma Gandhi

Introduction

In York around twenty five people take their own life every year- a shocking, unnecessary and tragic loss of human life which has far reaching consequences for those affected and society in general. Suicide remains a relatively rare event in comparison with leading causes of death and yet, as one of the most preventable, unnatural causes, it is responsible for a significant number of lives lost prematurely and, as a consequence, a high number of 'years of life lost'. Each individual death has a huge, often devastating affect on loved ones, friends, colleagues and the wider community. Public Health England research shows that between six and twenty people are deeply affected by each suicide and that such loss can have a long term impact on their health and well-being, potentially placing them at heightened risk of later suicide themselves.

In November 2016 the York Health and Wellbeing Board considered the issue of suicide following the presentation of the York Five Year Suicide Audit report together with mortality data published by the Office for National Statistics for the years 2012-2015. The Yorkshire and Humber region currently has comparatively high rates of suicide and in recent years the City of York has experienced rates higher than most of its neighbouring local authorities and some of the highest in the country. Members expressed serious concern at the suicide rate in York and in particular over a series of deaths which had recently deeply affected the York student community.

The Board concluded that a strategic commitment and multi-agency response was needed in order to significantly reduce the incidence of suicide in York. Agreement was reached that the most effective way of achieving this would be through the Living Works' 'Suicide Safer Community' model.

The City of York Joint Health and Wellbeing Strategy 2017-2022 presents the Board's vision to improve the health of the population of York. A central theme of that strategy, 'Mental Health and Wellbeing,' contains the

objective to ‘Ensure that York becomes a Suicide Safer City’. This means that for the first time Suicide Prevention is a specific priority for the City of York.

Suicide and the causes of suicide are varied and complex and approaches to prevent it need to be multi-dimensional with links to many different agendas. These include mental and physical health, economic deprivation and debt, substance misuse, employment and retirement, education, media and social media, housing, criminal justice, social isolation, family and relationship break-down and bereavement. On a wider perspective there are clear associations with issues of human rights, equality and diversity, safeguarding and community cohesion. At a population level long term reduction in suicide rates is only achievable through proactive, co-ordinated and collaborative activities which are on-going year on year. Suicide prevention is not a project or campaign, it is work which must continue through-out the short, medium and long term.

Suicide Safer Community designation is an honour which must be earned, subject to independent scrutiny and verification rather than something which can be self proclaimed or declared by a locality, its leaders or partnerships. Few areas in the UK have this as a stated ambition and fewer still have plans which are so well developed to the point of seeking accreditation. In York, whilst there are many excellent services and initiatives which are directly and indirectly linked to suicide prevention- statutory, commissioned, private or voluntary- they are not currently linked or co-ordinated in ways which would clearly demonstrate ‘synergy’ or prioritisation of suicide prevention against other competing commitments across all sectors.

This strategy provides an overview of what a Suicide Safer Community is, what the work to achieve it involves and some of the challenges we face. It describes how York will develop the concept of Suicide Safer Communities whilst meeting the goals and objectives presented within the *national suicide prevention strategy* - to reduce suicide and improve support for people affected by suicide. The strategy will form the foundation of

an accompanying multi-agency framework which will be the operational plan for local delivery. That is how we propose to deliver the actions and initiatives necessary to make our Suicide Safer Community ambition a reality. The journey, it could be argued in view of the potential benefits and what's at stake, is even more important than the destination.

How has this strategy been informed?

In producing this strategy we have considered:

- National research and best practice, particularly that highlighted in the national suicide prevention strategy for England.
- The Five Year Future View for Mental Health
- No Health without Mental Health
- The Living Works Suicide Safer Community model and its ten 'pillars'.
- The National Confidential Enquiry into Homicide and Suicide by People with Mental Illness
- Guidance from Public Health England in relation to specific related topics such as local partnership arrangements, response to emerging suicide clusters and support for people who are bereaved.
- Findings from the York five year suicide audit (2010-14) and other relevant sources of national and local data.

- Comments, ideas and suggestions from people who attended the North Yorkshire Mental Health and Suicide Prevention Lived Experience event in October 2016 and the York Suicide Prevention Conference in September 2017.
- The views and expertise of a wide range of stakeholders including those who work within relevant fields and those who are themselves bereaved through suicide.

Suicide prevention is embedded within both the Joint Health and Wellbeing and Mental Health strategies for York and yet the complexity of suicide and broad scope of prevention activity necessitate strong links to various other strategies, partnerships and policies which relate to the general health and wellbeing of our residents and workforce. These include:

- Joint Strategic Needs Assessments
- Sustainability and Transformational Partnerships (NHS) action plans
- Local Crisis Care Concordat action plans
- Local Prevention Concordat action plans
- CCG Commissioning Intentions
- Local transformation plans for children and young people's mental health and wellbeing
- Commissioning of alcohol and substance misuse services

What is Suicide Safer Community designation?

The ‘Suicide Safer Community’ concept created by The LivingWorks Foundation in Canada is an internationally recognised model used by many localities across the world to structure, focus and drive suicide prevention activity.

Living Works says:

“The Suicide-Safer Communities designation honors communities that have implemented concerted, strategic approaches to suicide prevention. The ten pillars in this designation reflect the core elements of suicide prevention strategies around the world. The designation celebrates and acknowledges those communities who have made significant progress in reaching their suicide-safer goals, and helps others understand what strategic steps they can take to prevent suicide on a community level”.

At the heart of the Suicide Safer Communities concept are some fundamental principles which are the cornerstone of Living Works’ four suicide prevention workshops - Suicide Talk, safeTALK, ASIST, and Suicide to Hope. In order to embrace the Suicide Safer Communities idea it is important that we collectively endorse these assumptions and build our attitudes and activities around them:

- Suicide prevention is not the sole responsibility of mental health services, General Practice or other clinically trained professionals. Anyone can potentially encounter someone at risk of suicide and so everyone has a part to play in preventing it.
- Most people who take their own life do not actually want to die. Instead they wish to end the pain which they are experiencing at that particular moment in time. Whilst part of them sees dying as their only choice

there is also a part of them that wants to live. People who are close to suicide often seek reasons to go on living - sometimes a tiny glimpse of hope, even a kind word from a stranger can make all the difference.

- The majority of people who die by suicide give some kind of indication of their intent to someone in the days, weeks or months beforehand. Sometimes these are obvious - serious self harm or suicide attempts, talking about their intent or plan or uncharacteristic changes in behaviour or attitude. Often though these signs are subtle and easily missed or dismissed by family, friends and professionals.
- Talking about suicide and asking about suicidal thoughts in informed and compassionate ways can and does save lives if the person to whom a disclosure is made is vigilant and able to make or arrange a suicide intervention. Sometimes people reach a point of suicide only once in their lives. Others may have regular thoughts of ending their lives. If they are asked about their intention at the critical time and are supported to make the decision to live then suicide can be prevented or deferred indefinitely.

The causes of suicide

Suicide is a very private, individual act usually associated with extreme and unbearable feelings of hopelessness, despair, loss, guilt or pain. Many people assume that only people who have a diagnosed mental illness die by suicide. Whilst there is a strong link to mental ill-health, short term or long term, many people who take their own life are not in touch with any services and are not known to mental health professionals. Mental illness, particularly depression and anxiety in their various forms can go unrecognised and undiagnosed, and such conditions which are untreated or under-treated are frequently connected with suicide. It is important to recognise that any one of us can experience mental ill-health and suicidal thoughts as we face various life events and stresses which are part of our ever more complicated and pressured lives and prompt, appropriate treatment and management can and does save lives.

Whilst the causes of suicide are wide-ranging and suicide is often a result of a combination of different issues rather than a single factor, there are some common themes. National and International research identifies which issues are most prevalent and which groups are most at risk. National data and research very much reflects the local picture of suicide captured in the York Suicide audit report which provides a clear indication of higher risk groups and which life-style factors were most common in respect of completed suicides in the city over the five year period 2010-14. This information is helpful when looking at reducing suicide on a population level but it is vitally important not to dismiss someone potentially at risk of suicide simply because they don't fit a particular profile.

Vision and Central Theme

Our vision is to develop a community which has sustainable, co-ordinated and collaborative approaches to suicide awareness, prevention, intervention, post-intervention and postvention. A supportive, connected and compassionate city where no one feels so distressed, so hopeless, so isolated or so trapped by events or circumstances that they believe suicide to be their only choice.

Our Central theme is to develop a 'Suicide Safer Community' to reduce suicide in the City of York. Reducing rates of suicide, initially to below national and regional average rates and then further reducing it year on year is a core aim of Suicide Safer Communities and of this strategy. By doing so we can avoid unnecessary loss of life and unimaginable distress being caused to those who would otherwise become bereaved. Preventing suicide however is not the only goal. By embracing this concept we have an opportunity for our city and our residents to benefit in so many other positive ways.

We know that incidents of suicide in York, despite comparatively high rates are, thankfully, rare. However the causes and catalysts for suicide are not rare and often result in immeasurable, enduring damage to the lives of individuals in ways which are not actually related to suicide. Those life events and stresses which lead some to suicide can for many other people lead instead to different harmful effects or behaviour, the consequences of which seriously undermine their health, quality of life and general contribution and, sometimes cause significant damage to others or to society. Examples of these include:

- long term deterioration of mental health
- reduced personal resilience and ability to contribute and thrive
- withdrawal from work, education or social networks

- drug and alcohol misuse
- self-harm
- Increased risk taking behaviour
- criminal activity including domestic violence and other forms of abuse
- intolerance, prejudice, discrimination, extremism

By tackling many of the issues that sometimes lead to suicide we can at the same time address the risks and triggers which lead to other harmful outcomes generally related to adversity and disadvantage. This will result in greater social cohesion, improved community links and availability of support, more open caring conversations and a collective desire for people to look after each other. We will seek to address these issues through collaborative, partnership working – sharing appropriate information between statutory agencies and other services and ensuring that there is effective, joined up working to identify and support people at risk.

We will identify gaps in services and work together with the voluntary sector, private industry, our communities and people who use services to cover those gaps through asset based and innovative approaches. We will raise awareness of the impact of suicide and of the prevalence of suicidal thoughts. We will endeavour to change attitudes and reduce stigma by talking more openly about suicide and about mental health so that more people are encouraged to seek help when they need it. We will do all we possibly can to reduce feelings of hopelessness, isolation and distress caused by adverse lifestyle factors and so called wider determinants of health such as poverty and deprivation, housing, debt, insecurity of employment and inequality of opportunity.

We will do what we can to support people during the most difficult, challenging times of their lives following bereavement, business failure, redundancy or loss of employment, family or relationship breakdown, release from prison or diagnosis of long-term, serious or terminal illness. We will be better at identifying who those people are by engaging specific groups, recognising differing risks and by putting people in touch with services which can offer expertise, advice and support.

We recognise that building a genuine Suicide Safer Community is a long term goal which requires wholesale culture change towards more caring, supportive approaches in every aspect of our day to day lives. Suicide Safer Communities are compassionate, understanding, accepting, resilient and optimistic communities where everyone's life matters. That is our ambition for the City of York.

Key Objectives and Outcomes

The following nine areas of action provide the foundation for how we will deliver the central theme of this strategy which is to make York a Suicide Safer Community. Numbers 1-7 are taken directly from the national suicide prevention strategy whilst 8 and 9 are considered necessary components of local delivery of this agenda. Each of these should be regarded as 'long term' objectives and therefore contain short and medium term priorities to demonstrate milestones and progress and on-going or recommended work-streams which need to synergise in order to make Suicide Safer Community status a reality in our city.

Area for action 1

Reducing the risk of suicide in high risk groups

Achieving a reduction in suicide at a population level involves reaching more people who are at raised risk of taking their own lives, be they members of a specific group within the community, people who have particular life-styles or who have experienced particular life stresses which reduce 'protective' factors and increase' risk factors'

What we know:

Based upon national evidence and local intelligence the groups identified as being at highest risk of suicide in York include men, particularly those aged between 40-55 years old. Our audit of suicides between 2010 and 2014 showed that 83% of suicides occurred in men. The average age of deaths of those men was 41.9 years. Other groups at recognised higher risk are many and varied and include people with untreated mental ill-health, people who have made a previous attempt on their life, people of all ages who self harm, people who have been recently discharged from mental health services and people who have drug and alcohol issues who are not in contact with substance misuse services. Whilst suicide by children and young people is very rare they are considered at higher risk as a result of vulnerability associated with their age and other adverse factors which may be prevalent in their lives such as abuse, bullying, academic pressure, social media and unsettling periods of transition. There is increasing concern at national level of the risk to higher education students and York has experienced higher numbers of student deaths in recent years than during any previous time period.

In order to reduce the risk of suicide within identified groups we will:

- Use information from the five year audit and more recent data to identify and engage those groups at recognised higher risk
- Explore innovative, non traditional ways of engaging such groups in settings where we are able to raise awareness, challenge unhelpful attitudes and culture and encourage seeking of support
- Make use of evidence based national guidance and best practice used successfully in other areas of the country
- Deliver suicide alert and suicide intervention training appropriate to the audience including clinical and non-clinical staff, the general workforce and across our communities
- Ensure that a more joined up approach is taken to tackling the wider determinants of health such as housing, employment, social isolation and deprivation whilst highlighting risks associated with bereavement, relationship breakdown, redundancy, trauma, physical and sexual abuse and the consequences of arrest, prosecution or imprisonment.

Our ongoing work will consider what we know about other groups at higher risk and develop a work plan to address this.

Area for action 2

Tailoring approaches to improve mental health in specific groups

What we know

Around 52% of suicides reviewed in the York audit were by people who had received some form of psychiatric treatment within the previous twelve months having been in touch with their GP or mental health services during that time. Many of those people though had withdrawn from treatment and of those people who had no contact with services it is evident that a large proportion had a current mental health condition which was undiagnosed and as a result were not receiving any treatment from health services.

National research suggests that as many as 90% of people who take their own life have, at the time, a mental health condition –albeit often undiagnosed and untreated.

Depression (including postnatal depression) is one of the most important risk factors for suicide and undiagnosed or untreated depression can heighten that risk. Primary care services have a key role in identifying and treating mental health problems as well as assessing an individual's suicide risk. People with severe mental illness are at higher risk of suicide, both while on inpatient units and in the community. The risk to inpatients is mitigated by close supervision and support from staff whilst those recently discharged from hospital and those who refuse treatment are at heightened risk.

To tailor approaches for specific groups we will:

- Review and develop pathways for Primary Care in relation to suicidal thoughts and serious self harm. Ensure that referrals to secondary care mental health services are appropriate to the need and that other referral options are explored Develop and influence partnership working around dual diagnosis issues
- Promote and support the principle of Mental Health Parity of Esteem
- Support and influence the work of the North Yorkshire Crisis Care Concordat to improve support for those in crisis
- Develop Prevention Concordat approaches to promote positive health and well-being and encourage self-help activities which reduce the likelihood of people developing more serious mental ill-health
- Encourage and ensure compliance with national best practice guidance around suicide prevention within mental health service provision

Area for action 3

Reducing access to means of suicide

What we know

One of the most effective ways to prevent suicide is to reduce access to high lethality means of suicide. This is because people sometimes take their own life on impulse and if the means are not readily available the suicidal impulse may pass. The suicide audit did not identify any locations or sites of high frequency and most suicides in York take place in the home or on other private premises. There are opportunities to reduce access to the means in relation to most common methods of suicide and we will work with relevant partners to highlight these and take appropriate action

To reduce access to the means of suicide we will:

- Further develop suicide surveillance processes to include suicide attempts to identify and respond to patterns and trends.
- Support the work of Network Rail, Samaritans and British Transport Police to reduce risks on the railway network and work with Highways England to extend best practice to our road network
- Identify opportunities for appropriate signage at emerging high frequency or risk locations to encourage help-seeking and 3rd party intervention.
- Explore opportunities to reduce and mitigate risks associated with access to, prescribing, storage and retention of medications.

- Ensure that suicide prevention work is linked to the alcohol strategy and embedded within the role and responsibilities of commissioned services.
- Ensure that conversations with people who have suicidal thoughts include discussions about intended plans and means. If such information is disclosed then agreement can then be sought to devise a co-produced safety plan with that person to reduce or restrict access to identified means.

Area for action 4

Providing better information and support to those bereaved or affected by suicide

What we know

Families and friends bereaved by suicide are at an increased risk of mental health and emotional problems and may be at higher risk of suicide themselves. There are many people in York who have been bereaved or deeply affected by suicide as a result of recent events or loss of someone close at some other time in their lives. We know that such people encounter stigma –ill-informed, judgmental attitudes which make it even more difficult for them to talk about their experiences. We also know that people bereaved through suicide often feel most understood, most supported by others who have had similar experiences, who are themselves bereaved through suicide.

To provide better information and support to those affected by suicide we will:

- Improve awareness of the impact of and risks associated with suicide bereavement within Primary Care
- Encourage outreach with people recently bereaved through suicide
- Raise awareness of the significance of anniversaries and birthdays and increased risks presented around those times
- Ensure that GP's are familiar with the Help is at Hand Booklet and the Major Incident Response Team (MIRT) postvention service

- Further develop and raise awareness of the suicide postvention services offered by the MIRT and by York Samaritans and the Facing the Future initiative offered by Cruse/Samaritans
- Develop a Survivors of Bereavement by Suicide (SOBS) peer support group in York
- Hold an annual suicide prevention conference and service of reflection for people bereaved by suicide

Area for action 5

Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour

What we know

The media has a significant influence on behaviour and attitudes. There is compelling evidence that media reporting and insensitive portrayal of suicide can lead to copycat behaviour, especially among young people and those already at risk. It can also cause additional distress to those people bereaved or deeply affected by suicide as a result of inappropriate use of language or speculative reporting. The media and social media can play a positive part in reducing suicide if messages are supportive and optimistic, raise awareness in positive ways and generally encourage conversations and help-seeking.

To support the media in delivering a sensitive approach to suicide and suicidal behaviour we will:

- Engage with local media to ensure adherence to Samaritans guidance and delivery of positive help-seeking and health and well-being messages
- Monitor and review media reporting in relation to specific incidents of suspected suicide and more general commentary around suicide, mental health and crisis care

- Develop a communications plan for the delivery of reports, messages, updates and appeals to ensure that the Suicide Safer Community brand is recognised and visible
- Ensure that stakeholders' press departments are aware of best practice guidance and that press releases following suspected suicides or coroners conclusions are jointly agreed between partners
- Use media opportunities to raise awareness of and contribution to York's ambition to be a Suicide Safer Community

Area for action 6

Supporting research, data collection and monitoring

What we know

Reliable, timely and accurate suicide statistics and the analysis of the circumstances surrounding each suicide in York can highlight trends, identify key risk factors for suicide and inform future partnership activity. Research and evaluation enhance our understanding of what works in suicide prevention locally. Mechanisms for monitoring progress are essential for the successful delivery of this strategy.

In order to support research, data collection and monitoring we will:

- Conduct a bi-annual suicide audit including consideration of deaths through undetermined intent
- Conduct post inquest reviews of student deaths determined as suicide or of undetermined intent
- Further develop an early alert process to prompt sharing of appropriate information by the police and coroner's service, referral to support services and multi-agency response
- Maintain and support the Real-time Surveillance spread-sheet and protocol ensuring timely response to emerging trends and extend this to include incidents of attempted suicide
- Encourage a multi-agency approach to serious incident reviews and lessons learned procedures, ensuring that resulting information is disseminated appropriately

Area for action 7

Reducing rates of self-harm as a key indicator of suicide risk

What we know

Self harm and self-injury can take many different forms, usually unrelated to suicide, and can in fact be a way for people to alleviate feelings of severe emotional distress. It's not possible to know the full extent of self-harm in society because much of it is hidden and a relatively small proportion of episodes result in hospital treatment or contact with other medical services. Whilst self-harm can form part of coping mechanisms, it can for some people become more and more severe and sometimes people die as a result of self harm episodes when it is evident that there was no intent take their life. Research shows that people who self-harm are at much greater risk of suicide, particularly within the following twelve months and it is now widely recognised as the biggest indicator of suicide risk. The underlying causes of emotional distress which lead to self-harm can lead to or aggravate other life-stresses and result in suicide. We know that there is a general lack of understanding of self harm and some unhelpful myths and attitudes which only serve to increase the stigma faced by people who self-harm, discouraging them from disclosing their distress or seeking help.

Around 40% of people who died by suicide in York between 2010-14 had a history of self-harm.

To reduce the rates of self harm we will:

- Encourage a culture where self harm is more openly discussed in non-judgmental, helpful ways to encourage help seeking and reduce stigma

- Ensure that self harm is recognised as a likely symptom of emotional distress and for some may be the only effective coping mechanism
- Ensure that Health professionals and other front line services recognise self harm as a key indicator of future suicide risk in all ages
- Progress training and awareness raising in relation to self harm and referral options and responsibilities. Ensure advice and guidance is available for non-clinical, front-line personnel who are in contact with people who may be self harming
- Ensure that NICE guidance general principles on self-harm are embedded within procedures of Primary Care, Emergency Department, Mental Health Services and Yorkshire Ambulance Service
- Develop clear pathways in relation to self-harm and make sure they are embedded and universally recognised by relevant services
- Ensure that psycho-social assessments are offered to anyone who presents in relation to self-harm and that co-produced safety plans are considered where ever possible

Area for Action 8

Training and awareness raising

What we know

Dedicated suicide prevention training, particularly that associated with Living Works ASIST and safeTALK programmes, encourage more open and informed conversations about suicide and give people the confidence to ask someone if they have suicidal thoughts and to intervene where appropriate. These workshops are suitable for people who may have suicidal thoughts themselves, serving to increase self-awareness and encourage them to tell someone or to seek help when they need it.

In order to develop the training offer and raise awareness we will:

- Continue to deliver Applied Suicide Intervention Skills Training (ASIST) and safeTALK training to the workforce and communities prioritising those roles likely to include contact with people at raised risk of suicide

- Deliver self –harm training bespoke to the needs of services/organizations

- Encourage delivery Mental Health First Aid training as part of workforce development and staff health and well-being policies

- Offer suicide bereavement training (PABBS) for appropriate services

- Explore funding sources across statutory, private and voluntary sectors to encourage relevant training programmes within all organisations to promote well-being and raise awareness of suicide risk

- Support Lived Experience events and presentations to ensure the voices of those who have experienced mental ill-health, suicidal thoughts or bereavement are heard and influence decision makers and commissioners

- Evaluate training programmes to measure learning outcomes and impact

- Develop a network/community of ASIST trained people to ensure that perishable skills are retained and refreshed

- Link to and influence other training and agendas for example The Armed Forces Covenant and York Human Rights City Declaration

Area for action 9

Preparedness and post incident management

What we know

Many organisations that have not experienced or been touched by suicide are not inclined to consider the possibility of one of their staff or clients taking their own life or the impact on their workforce. When it does happen suicide devastates communities and organisations and leaders and managers typically find themselves wholly unprepared, having to respond to the needs of a wide range of people whilst under extreme emotional and logistical pressure. We believe that it's important for organisations and institutions to prepare for an eventuality - one which they hope will never happen- which will help to mitigate the impact and further risk if an incident of suspected suicide does occur.

Priorities within this area

- Develop and share a local suicide cluster response protocol informed by national guidance and experience from the series of student deaths in York
- Ensure that suicide prevention and support information is available, accessible, credible and marketed
- Develop multi-agency post incident, pre-inquest investigation and post inquest lessons learned arrangements
- Monitor and respond to national guidance and updates from bodies such as National Institute of Clinical and Care Excellence (NICE) , Samaritans and The National Suicide Prevention Alliance

- Encourage the inclusion of suicide prevention within organisations' health and well-being plans and mental health strategies

- Encourage preparation of response plans for use in the event of a suspected suicide within schools and colleagues, based on guidance and support from Samaritans and Papyrus

" Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliment, or the smallest act of caring, all of which have the potential to turn a life around

Leo Buscaglia

Health and Wellbeing Board **9 May 2018**

Report of the York Health and Care Place Based Improvement Board

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

Summary

1. This report requests that the Health and Wellbeing Board notes that the first meeting of the PBIB took place on 4 April 2018.

Background

2. Between 30 October 2017 and 3 November 2017, the Care Quality Commission (CQC) undertook a Local System Review of York. The review made thirteen recommendations to improve service provision in the city.

3. In response to the CQC recommendations, a York Improvement Plan was developed. This included proposals for the establishment of a PBIB.

4. In January 2018, the Health and Wellbeing Board (HWBB) approved the establishment of the PBIB.

5. The meeting on 4 April 2018 enacted the decision of the HWBB to establish the PBIB.

Main/Key Issues to be Considered

6. The PBIB is comprised of senior York-based representatives from:

   a. City of York Council

   b. NHS England

   c. North Yorkshire Police

   d. Tees, Esk and Wear Valleys NHS Trust

e. Vale of York CCG

f. York CVS

g. York Teaching Hospital NHS Foundation Trust

h. GP representatives are also included on the Board.

7. The Board unanimously agreed that the Chief Executive of City of York Council will chair the PBIB.

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

9. The Board will function as a Programme Board, reporting in to the Health and Wellbeing Board. This will ensure clear ownership taken by Board Members in delivering the activity supporting the strategic direction for the city's health and care provision set by the Health and Wellbeing Board.

10. The initial priority will be the delivery of the CQC recommendations via the implementation of the York Improvement Plan although the work of the PBIB will be developed as a broader whole system programme board supporting a wider single plan.

11. At the first meeting, the PBIB discussed and agreed an outline terms of reference and governance structures including workstreams which will align with the priorities of the STP – Capital and Estates, Digital, and Workplace. Other workstreams and sub-groups eg Better Care Funding, Performance Framework, Finance will be considered as necessary to delivery the required actions.

12. Members of the PBIB welcomed the opportunity to drive accelerated improvement and change at a strategic level and committed to developing and delivering a single plan that will support a whole system approach to health and social care.

13. Following the meeting a message was issued to organisations represented on the PBIB. This is attached as Annex A. This can be used by any organisation to provide a consistent update to staff and stakeholders. The intention is to ensure a key message on what was agreed is to be issued after each meeting.

14. It was agreed to meet more regularly in the first period to establish the Board and the associated programme. A calendar for future meetings is also being developed.

Key Deliverables

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

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

Core Proposals

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

18. It is recommended that the HWBB note the establishment of the PBIB and request that Officers report back progress made by the PBIB in addressing health and care issues in York.

19. To ensure that members of the HWBB have sight on the work of the PBIB.

Analysis

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

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

Strategic/Operational Plans

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

Implications

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

Risk Management

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

Recommendations

25. The Health and Wellbeing Board are asked to:

i. Note that the first meeting of the PBIB has taken place.

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

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

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

Contact Details

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Wards Affected: **All** ✓

For further information, please contact the author of the report.

Background Papers:
None

Annexes

Annex A – Message regarding the inaugural meeting of the York Health and Care Place Based Improvement Board

Glossary

CQC – Care Quality Commission
HWBB – Health and Wellbeing Board
PBIB – York Health and Care Place Based Improvement Board
STP – Humber, Coast and Vale Sustainability and Transformation Plan Partnership

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Annex A

Message regarding the inaugural meeting of the York Health and Care Place Based Improvement Board

The first York Health and Care Place Based Improvement Board was held on Wednesday 4 April 2018.

Bringing together health and social care partners including City of York Council, NHS England, Vale of York Clinical Commissioning Group, York Hospital Trust, Tees Esk and Wear Valley mental health provider, York Council for Voluntary Service, North Yorkshire Police and local Primary care / GP representatives, the Board will work in partnership to deliver a 'single system' vision for York, supporting more people to live independent lives.

The Board will be chaired by Mary Weastell, Chief Executive of City of York Council and the Board members are at Chief Officer level across the different organisations.

At the first meeting, board members welcomed the opportunity to drive accelerated improvement and change at a strategic level and committed to deliver a one plan that will embed a single system approach to health and social care.

Working together, the board agreed we will be better placed to make the most out of our considerable strengths and assets, improving efficiency for York and better outcomes for people and communities. Together we will take a single system approach, implementing cross-organisational change and collectively and proactively working together to address delivery of longer term improvements across the city's health and social care services, benefitting York residents, communities and health and social care staff.

The Board will over see the delivery of the recommendations set out in the recent Care Quality Commission report, and build upon it as a "single plan".

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