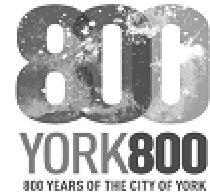

Notice of a public meeting of

Shadow Health and Wellbeing Board

To:	Councillors Simpson-Laing (Chair), Looker, Wiseman, Kersten England (Chief Executive, City of York Council), Christopher Long (Chief Executive, NHS North Yorkshire and York), Dr Mark Hayes (Chair, Vale of York Clinical Commissioning Group), Rachel Potts (Chief Operating Officer, Vale of York Clinical Commissioning Group), Jane Perger (York Local Involvement Network (LINk), Pete Dwyer (Director of Adults, Children & Education), Angela Portz (Chief Executive, York Council for Voluntary Service),Patrick Crowley (Chief Executive, York Teaching Hospital Foundation Trust), Chris Butler (Chief Executive, Leeds and York Partnership NHS Foundation Trust), Dr Paul Edmondson-Jones (Director of Public Health, City of York Council) and Mike Padgham (Chair, Independent Care Group).
Date:	Wednesday, 5 December 2012
Time:	4.30 pm
Venue:	The Guildhall, York

AGENDA

1. Introductions

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

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

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

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

3. **Minutes** (Pages 5 - 16)

To approve and sign the minutes of the last meeting of the Shadow Health and Wellbeing Board held on 3 October 2012.

4. **Public Participation**

It is at this point in the meeting that members of the public who have registered their wish to speak can do so. The deadline for registering is by **5pm** on **Tuesday 4 December 2012**.

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

5. **Change in Board Membership** (Pages 17 - 20)

This report asks Board Members to formally confirm the appointment of the Chief Constable of North Yorkshire Police to the membership of the Shadow Health and Wellbeing Board.

6. Responding to the final report of the York Fairness Commission: A better York for everyone (Pages 21 - 42)

This report highlights a number of recommendations from the final report of the York Fairness Commission and asks Board Members to;

- Review the Fairness Commission principles and recommendations
- Confirm that they, via the four health and wellbeing partnership boards will be the delivery vehicle for Recommendations E and F
- Agree that they will work alongside other partnerships, including Without Walls, to support the implementation of other recommendations relevant to their remit.

7. The Draft Health and Wellbeing Strategy and its deliverability (Pages 43 - 90)

This report provides an overview of York's draft health and wellbeing strategy.

8. Establishing Health and Wellbeing Partnership Boards (Pages 91 - 98)

This report provides an update of for the Shadow Health and Wellbeing Board on progress made and future plans to establish the new partnership boards sitting directly below the Health and Wellbeing Board.

9. An Overview of the NHS Mandate (Pages 99 - 136)

A representative from the NHS Commissioning Board will lead a discussion about the report 'A mandate from the Government to the NHS Commissioning Board: April 2013 to March 2015' which sets out the objectives of the new NHS Commissioning Board.

10. Implementing the Health and Wellbeing Passport (Pages 137 - 160)

This report informs the Board about the introduction of Health and Wellbeing Passports.

11. Roundtable Update

This item will allow for the Board to receive verbal updates on changes to Health and Wellbeing including;

- Finance (Feedback from the PCT Board Meeting, financial position of the PCT, North Yorkshire and York Review and KPMG report, current pressures and budget management.)

- Establishment of the Vale of York Clinical Commissioning Group

- National/Regional NHS Bodies

- Transfer of Public Health

- Commissioning of Health Watch

12. Urgent Business

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

Democracy Officer:

Name- Judith Betts
Telephone No. – 01904 551078
E-mail- judith.betts@york.gov.uk

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

- Registering to speak
- Business on the agenda
- Any special arrangements
- Copies of reports

Contact details are set out above.

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Would you like to speak at this meeting?
If you would, you will need to:
- register by contacting the Democracy Officer (whose name and contact details can be found on the agenda for the meeting) **no later than** 5.00 pm on the last working day before the meeting;
- ensure that what you want to say speak relates to an item of business on the agenda or an issue which the committee has power to consider (speak to the Democracy Officer for advice on this);
- find out about the rules for public speaking from the Democracy Officer.

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Further information about what's being discussed at this meeting
All the reports which Members will be considering are available for viewing online on the Council's website. Alternatively, copies of individual reports or the full agenda are available from Democratic Services. Contact the Democracy Officer whose name and contact details are given on the agenda for the meeting. **Please note a small charge may be made for full copies of the agenda requested to cover administration costs.**

Access Arrangements
We will make every effort to make the meeting accessible to you. The meeting will usually be held in a wheelchair accessible venue with an induction hearing loop. We can provide the agenda or reports in large print, electronically (computer disk or by email), in Braille or on audio tape. Some formats will take longer than others so please give as much notice as possible (at least 48 hours for Braille or audio tape).

If you have any further access requirements such as parking close-by or a sign language interpreter then please let us know. Contact the Democracy Officer whose name and contact details are given on the order of business for the meeting.

Every effort will also be made to make information available in another language, either by providing translated information or an

interpreter providing sufficient advance notice is given. Telephone York (01904) 551550 for this service.

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اگر مناسب وقت سے اطلاع دی جاتی ہے تو ہم معلومات کا ترجمہ مہیا کرنے کی پوری کوشش کریں گے۔ ٹیلی فون 550 551 (01904)

Informacja może być dostępna w tłumaczeniu, jeśli dostaniemy zapotrzebowanie z wystarczającym wyprzedzeniem. Tel: (01904) 551 550

Holding the Cabinet to Account

The majority of councillors are not appointed to the Cabinet (39 out of 47). Any 3 non-Cabinet councillors can ‘call-in’ an item of business following a Cabinet meeting or publication of a Cabinet Member decision. A specially convened Corporate and Scrutiny Management Committee (CSMC) will then make its recommendations to the next scheduled Cabinet meeting, where a final decision on the ‘called-in’ business will be made.

Scrutiny Committees

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

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

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- Relevant Council Officers get copies of relevant agenda and reports for the committees which they report to;
- York Explore Library and the Press receive copies of **all** public agenda/reports;
- All public agenda/reports can also be accessed online at other public libraries using this link http://democracy.york.gov.uk/ieDocHome.aspx?bcr=1

Shadow Health & Wellbeing Board
Declarations of Interest

Cllr. Tracey Simpson-Laing, Deputy Leader of City of York Council

- Member of Unison
- Safeguarding Adult Board, CYC – Member
- Peaseholme Board – Member
- Governor of Carr Infant School

Cllr. Janet Looker, Cabinet Member for Education, Children and Young People's Services, City of York Council

- Director of North Yorkshire Credit Union
- Governor Canon Lee School

Cllr. Sian Wiseman, City of York Council

- Member of the Council of Governors (Public York) York Teaching Hospitals NHS Foundation Trust
- Strensall Community, Youth & Sports Association Company Limited by Guarantee 7809552 – Director / Trustee

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

Patrick Crowley, Chief Executive of York Hospital
None to declare

Pete Dwyer, Director Adults, Children & Education, City of York Council
None to declare

Jane Perger, York Local Involvement Network (LINk) Representative
None to declare

Dr. Mark Hayes, (Chair, Vale of York Clinical Commissioning Group)
GP for one day a week in Tadcaster.

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

Angela Portz, Chief Executive of York Council for Voluntary Services

- Trustee of York Disaster Relief Fund
- York CVS has various funding and contractual arrangements with CYC and NHS NY&Y.
- York CVS has connections with many voluntary organisations in the city and runs a number of health and social care related forums.

Chris Butler, Chief Executive of Leeds and York Partnership NHS Foundation Trust
None to declare

Mike Padgham, Chair Council of Independent Care Group

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

Agenda Item 3

City of York Council | Committee Minutes

MEETING	SHADOW HEALTH AND WELLBEING BOARD
DATE	3 OCTOBER 2012
PRESENT	COUNCILLORS SIMPSON-LAING (CHAIR), LOOKER, WISEMAN, KERSTEN ENGLAND (CHIEF EXECUTIVE, CITY OF YORK COUNCIL), PETE DWYER(DIRECTOR OF ADULTS, CHILDREN & EDUCATION, CITY OF YORK COUNCIL), PAUL EDMONDSON-JONES (DIRECTOR OF PUBLIC HEALTH AND WELLBEING, CITY OF YORK COUNCIL),SALLY BURNS (DIRECTOR OF COMMUNITIES & NEIGHBOURHOODS, CITY OF YORK COUNCIL)DOCTOR MARK HAYES (CHAIR,VALE OF YORK CLINICAL COMMISSIONING GROUP) RACHEL POTTS (CHIEF OPERATING OFFICER, VALE OF YORK CLINICAL COMMISSIONING GROUP), JANE PERGER (YORK LOCAL INVOLVEMENT NETWORK), CHRIS BUTLER(CHIEF EXECUTIVE, LEEDS AND YORK MENTAL HEALTH TRUST), ,MIKE PADGHAM (CHAIR, INDEPENDENT CARE GROUP),MICHAEL PROCTOR (DEPUTY CHIEF EXECUTIVE OFFICER, YORK TEACHING HOSPITAL NHS FOUNDATION TRUST) (SUBSTITUTE FOR PATRICK CROWLEY),CATHERINE SURTEES (YORK COUNCIL FOR VOLUNTARY SERVICE (CVS)) (SUBSTITUTE FOR ANGELA PORTZ)
IN ATTENDANCE	PROFESSOR STEPHEN HORSLEY (DIRECTOR OF PUBLIC HEALTH, NORTHAMPTONSHIRE) COUNCILLOR ROBIN BROWN (NORTHAMPTONSHIRE COUNTY COUNCIL)

	JOHN YATES (YORK OLDER PEOPLE'S ASSEMBLY)
	JOHN BURGESS (YORK MENTAL HEALTH FORUM AND OCAY)
	GRAHAM PURDEY (PUBLIC GOVERNOR, LEEDS AND YORK NHS FOUNDATION TRUST)
	PROFESSOR PAUL KIND
APOLOGIES	CHRIS LONG (TEAM DIRECTOR, NORTH YORKSHIRE AND HUMBER, NHS COMMISSIONING BOARD)
	PATRICK CROWLEY (CHIEF EXECUTIVE, YORK HOSPITAL)

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9. DECLARATIONS OF INTEREST

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

Catherine Surtees from York Council for Voluntary Service declared a personal interest

Councillor Looker declared a personal interest in the general remit of the committee as a member of the Corporate Parenting Board.

Councillor Simpson-Laing asked that her standing declaration of interests be amended, as she was no longer an employee of Relate.

Councillor Wiseman also asked that her standing declaration of interests be amended as she was no longer a governor of York NHS Trust.

No other interests were declared.

10. MINUTES

RESOLVED: That the minutes of the Shadow Health and Wellbeing Board held on 4 July 2012 be signed and approved by the Chair as a correct record subject to the following amendment;

Minute Item 7: Vale of York Clinical Commissioning Group Overview of Strategy

"It was reported that *Neighbourhood Care Teams* had been introduced."

Deletion: *"which would bring together expertise from GPs surgery such as Priory Medical Group and Haxby Medical Centre"*

11. PUBLIC PARTICIPATION

It was reported that there had been one registration to speak under the Council's Public Participation Scheme.

Paul Kind spoke regarding the item on Implementing the Health and Wellbeing Strategy, in particular about the new partnership structure. He made reference to the YorOK Board (a partnership highlighted in Annex A), and questioned why its meetings would not be held in public. He felt concerned that any aspect of decision making about Health and Wellbeing in the city would be taken in private. He urged the Board to not adopt Appendix B to the report or to defer a decision on the report to allow for wider discussion to take place.

12. DRAFT HEALTH AND WELLBEING STRATEGY

Board Members received a report which provided them with an overview of York's Draft Health and Wellbeing Strategy. It asked them to review the strategy and consider questions such as;

- If the scope was right
- If it included the right principles and actions
- If the principles and actions included would help achieve the Board's priorities
- If the actions reflected the Board's principles

- If there was anything missing, any comments or suggested improvements

Board Members were given a brief background in to the work that had taken place on the strategy, and it was highlighted that it sought to prioritise actions needed to carry out the strategy rather than covering each aspect involved in Health and Wellbeing in the city. It was also reported that the draft strategy, following comments made by the Board, would then be subject to further consultation and results from this would be examined by the Board at their December meeting.

Several comments from Board Members were raised about the draft strategy including;

- That one extent to which the strategy would be successful would be in how it would create jobs in the city. It was felt that this needed to be covered in the final document.

- That a scorecard needed to be included to show how the actions and principles outlined in the strategy had made an impact, and how they would be likely to in the next three years.

- That the wording around the aim of shifting the model of care away from hospital, residential or nursing care to support at home, needed to be clarified. This was because the emphasis of changing the model of care needed not only to be financial but about improving services.

- That there could be difficulties in sharing the document, as it would be constantly changing due to its nature as an ongoing dialogue.

- That a report by the York Fairness Commission needed to be incorporated in to the final strategy document.

In relation to the York Fairness Commission report, it was suggested that a presentation on this report and its effect on the Health and Wellbeing Strategy should be put on the agenda for the Board’s December meeting.

The Board agreed to take more time over the strategy’s development and it was hoped that the strategy would then be signed off in April 2013.

It was also noted that an updated draft of the strategy would also be returning for consideration by the Board in December.

RESOLVED: (i) That the report be noted.

(ii) That the scope of the draft strategy is correct.

(iii) That the strategy includes the right principles and actions.

(iv) That the principles and actions will achieve the Board's priorities.

(v) That the actions in the strategy reflect the principles of the Board.

REASON: To ensure that the strategy reflects the future direction of health and wellbeing priorities in the city.

13. IMPLEMENTING THE HEALTH AND WELLBEING STRATEGY

Board Members received a report which provided them with an update of the some of the work that was progressing and was relevant to the Health and Wellbeing Strategy.

Discussion took place which related to the infrastructure, in particular the partnership bodies beneath the Board, which would carry out the implementation of the Health and Wellbeing Strategy in the city.

It was noted that recent government legislation had stated that all decisions must be made in public, unless there was special reason for it to be made in private. It was also noted that there would be occasions for when confidential matters needed to be discussed.

Some Board Members suggested that a decision on the implementation of the infrastructure should be deferred to a future meeting until further clarification was obtained on how the various boards would meet in public and how they would consider confidential items.

They added that they felt that the Terms of Reference for each of the partnership boards in the structure would need to be re-examined in light of a review. They suggested that the Terms of Reference as outlined in Annex B to the Officer's report, be withdrawn.

The Chair of the YorOK Children's Trust Board confirmed that she was happy for the meeting to take place in public. Other Board Members felt that there should be a presumption for all boards underneath the Shadow Health and Wellbeing Board to take place in public.

The Chair of the Board felt that the level of transparency and public involvement in development of the Health and Wellbeing Strategy, through partnership boards, should be reviewed at the Board's December meeting.

Some Board Members highlighted that the Children and Young People's Plan, that the YorOK Board had developed, did not include a section on finance. They were also informed that a work plan was being drafted which would allow for YorOK to monitor successful outcomes that came from their work.

In relation to Annex C to the report, which informed Board members about statistics relating to living and working in York, some Members questioned why the average earning figures were not the same as those presented in the Council's Local Plan. In response, Officers suggested that the Council's Business Intelligence Unit could investigate this.

In relation to Annex D to the report, the Vale of York Clinical Commissioning Group Integrated Plan 2012/13-2015/16, it was noted that there was a more up to date version than the one attached to the agenda. Discussion relating to the Plan took place which highlighted that it might be more helpful to include 2 year budget figures, and that census figures relating to the city's older population needed to be taken in to account.

The Chair of the Vale of York Clinical Commissioning Group spoke in relation to a comment raised about a 2 year budget, and stated that it was still unclear what funding the Group would receive given from the NHS Commissioning Group who would have responsibility for the budget.

It was suggested that Finance Officers from both the Council and the NHS should meet and bring further joint information to a future Board meeting.

Some Board Members also commented that it would be beneficial for the Plan to be produced in an easy read format, and that all documents which contributed to the Strategy should also be in that format to be consistent.

RESOLVED:

(i) That the report be noted.

(ii) That the Board confirm their support for the implementation of the partnership boards beneath them and the nominated Chairs of these boards.

(iii) That the terms of reference to be used by the partnership boards be reviewed and confirmed by the Board at their December meeting.

(iv) That the draft 'Dream Again' York's Strategic Plan for Children Young People and their Families 2013-2016 be noted.

(v) That the Vale of York Clinical Commissioning Group Integrated Plan be noted

(vi) That a joint approach to budget consultation be agreed.

(v) That a meeting between Finance Officers from both the Local Authority and the NHS be arranged in order to share information on upcoming budget or commissioning decisions which will impact across and could benefit from input across the Shadow Health and Wellbeing Board.

(vi) That Finance Officers bring this information back to the Shadow Health and Wellbeing Board at an additional meeting to be arranged in January 2013.

REASON: To implement the Health and Wellbeing Strategy.

14. A JOINT APPROACH TO COMMUNITY ENGAGEMENT AND CONSULTATION

Board Members received a report which asked them to agree to a method of engagement and consultation to develop the Joint Health and Wellbeing Strategy.

The Director of Public Health explained that work had been carried out in the Council's Neighbourhood Management team on consultation on the Joint Health and Wellbeing Strategy. He urged the Board to approve Option A in the Officer's report, so as not to duplicate consultation that had already been carried out by Officers.

Discussion on how consultation would take place focused around points such as;

- That the public should not be overburdened by questions on what the Board think they want.

- There was a need to have a set of principles that informs and influences the strategy.

- That the language used needed to be altered to mention, co production rather than consultation. This was because it might feel as if the community were not finding solutions together.

- That the use of the word engagement rather consultation should also be used in associated documents as it was more open ended.

RESOLVED: (i) That the report be noted.

(ii) That Option A to support a joint approach to engagement and co-production and commit to continuing to consult in the long term be agreed.

(iii) That working towards on an overarching framework for engagement to agree what we will and won't work on together be agreed.

(iv) That the Board jointly plan via the Health and Wellbeing Board Secretariat, a number of events relevant to the work of the Board.

(v) That a mechanism for sharing feedback between partners from events or exercises, such as an engagement calendar be agreed.

REASON: In order to involve all residents of York in the production of the Joint Health and Wellbeing Strategy.

15. ROUNDTABLE UPDATE ON HEALTH AND WELLBEING REFORMS

The Board received verbal updates from various partners on a number of issues.

Vale of York Clinical Commissioning Group

Discussion between Board Members focused on the current general financial situation in the NHS.

It was reported that operation hours of minor injury units in Selby and Malton would be reduced. Additionally, out of area placements for Mental Health and Continuing Care had been eliminated and that these services would be redesigned with the intention of providing them locally.

It was reported that several challenges existed and that several principles needed to remain whilst examining cuts in funding such as;

- That developments should not take place this year which would and could not be continued in the next year.

- That all commissioned services should above all focus on patient safety

- That commissioners needed to make sure that they did not disengage clinicians.

Some Board Members felt that cuts in funding to some services could be used as an opportunity to reinvest in others. Other Members raised particular concerns about stopping prescribing Emergency Hormonal Protection for teenagers for a three month period, because it would remove the choice from young people to be able to access it and use it.

Further discussion took place on cost pressures in Adult and Social Care, how winter would affect this and how to make sure that costs were not being transferred into 2013.

National and Regional NHS Bodies

Discussion between Board Members took place on the NHS Commissioning Board.
It was reported that the Directors on the Commissioning Board who had been appointed had originated from the Humber region, but that further appointments were still to be made.
Some Members felt that it was important to have a representative from the NHS Commissioning Board in attendance at Shadow Health and Wellbeing Board meetings.

Public Health

It was noted that Doctor Paul Edmondson-Jones, the Director of Public Health, had taken up his position at the Council along with a few staff from the Primary Care Trust (PCT). These people and the Director would form a team to deal with Public Health in the city over the next few months. It was also noted that a number of contracts from the PCT for which they had the responsibility for, still needed to be transferred over to Council control.

Local Health Watch

It was reported that the tender to run Local Health Watch had been put out the week previously and that this would be open for six weeks. It would be hoped that after this period had ended that the contract to run Health Watch would be awarded to the successful organisation within a month.

North Yorkshire and York Review

The Board were given an update as to the progress of a financial review into health services which had started in the year previously. It was reported that the consultants' report in to finances in Acute and Secondary Care had not yet been received.

RESOLVED: That the updates be noted.

REASON: In order to keep the Board up to date with how Health and Wellbeing reforms are being carried in the city.

16. ANY OTHER BUSINESS

The Chair requested that Board Members should appoint one or two named substitutes to attend meetings in their absence. She also suggested that the Chief Constable of North Yorkshire Police be co-opted on to the Board as a Member. She added that this would be consistent, given that the Chief Constable was already a member on the Safeguarding Adults Board.

Councillor Tracey Simpson-Laing, Chair
[The meeting started at 4.35 pm and finished at 6.25 pm].

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 Agenda Item 5

Shadow Health and Wellbeing Board **5 December 2012**

Report of the Director of Customer and Business Support Services

Change in Board Membership

Summary

1. This report asks Board Members to formally confirm the appointment of the Chief Constable of North Yorkshire Police to the membership of the Shadow Health and Wellbeing Board.

Background

2. During the meeting of the Shadow Health and Wellbeing Board held on 3 October 2012, it was suggested that the Chief Constable be co-opted on to the Board as a full member.

Options

3. The Committee can decide whether or not to confirm the appointment to the Board.

Council Plan

4. The recommendation presented in this report has relevance to the 'Protecting Vulnerable People' strand of the Council Plan 2011-15.

Implications

5. There are no known implications in relation to the following in terms of dealing with the specific matter before Board Members, namely to confirm the appointment of the Chief Constable to the membership of the Board.

- **Financial**
- **Human Resources (HR)**
- **Equalities**
- **Crime and Disorder**

- **Information Technology (IT)**
- **Property**
- **Other**

Legal Implications

There are no direct legal implications with this report but it should be noted that the Board's own terms of reference give it the authority to set up Sub-Groups and agree the membership of those Sub-Groups. By comparison, therefore, it is reasonable for the Board to co-opt to its own membership, as appropriate.

Risk Management

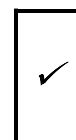
6. In compliance with the Council's risk management strategy there are no known risks associated with the recommendation of this report.

Recommendation

7. Board Members are asked to confirm the appointment of the Chief Constable of North Yorkshire Police to the Board

   Reason: In order to update the Board's membership.

Contact Details

Author:	**Chief Officer Responsible for the report:**
Dawn Steel Head of Civic & Democratic Services Democratic and Scrutiny Services 01904 551030	Andy Docherty Assistant Director, Governance and ICT **Report Approved**  **Date** *26 November 2012*

Specialist Implications Officer(s)
Not applicable

Wards Affected: Not applicable **None**

For further information please contact the author of the report

Background Papers:

Minute Item 16 (Any Other Business) from 3 October 2012 meeting:

http://democracy.york.gov.uk/ieListDocuments.aspx?CId=763&MId=7262&Ver=4

Establishment of Health & Wellbeing Board Report presented to Cabinet- 4 October 2011

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Shadow Health and Wellbeing Board **5 December 2012**

Responding to the final report of York Fairness Commission: A better York for everyone

1. Introduction

The independent body, York Fairness Commission was set up in July 2011 as part of Cabinet's commitment to tackle poverty and inequality in York.

The York Fairness Commission published their final report *A better York for everyone on* September 27th. The report proposes 10 Fairness Principles, makes 7 headline recommendations and commends more than 100 Ideas for Action to be assessed and progressed.

Poverty and health inequalities have significant impacts on health and wellbeing. Reducing health inequalities is one of the five priorities in the Health and Wellbeing Strategy and is particularly relevant to the work of the Shadow Health and Wellbeing Board.

Annex A is a report taken to the Cabinet on 6 November entitled "Responding to the Final Report of the Fairness Commission". It summarises the key findings from the commission's final report. The following Fairness Commission reports can be found on the Fairness Commission website, www.yorkfairnesscommission.org.uk

- A better York for everyone: Findings and Recommendations
- A better York for everyone: Ideas for Action
- A better York for everyone: Report Summary

2. Implementing the Fairness Commission Principles and Recommendations

The Fairness Commission recommendations include a number of principles which impact on a number of decisions relating to health and wellbeing provision and commissioning (see Annex A). A number of these principles are already embedded in the draft Health and Wellbeing Strategy and the Shadow Health and Wellbeing Board have already signalled their commitment to several. These include:

- Exploring the adoption of the living wage
- An increased focus on prevention
- Targeting investment and resource to where they are most needed
- Supporting the financial inclusion strategy, volunteering and supported employment programmes.

The health and wellbeing partnerships reporting to the Shadow Health and Wellbeing Board will also be expected to embed these principles within their delivery plans and decision making.

The headline recommendations which are most relevant to the Shadow Health and Wellbeing Board are:

Recommendation E: Make far greater use of early intervention, preventative measures and community based care to support and promote health, independent living and inclusion.

This recommendation is central to the Health and Wellbeing Strategy and is reflected in its priorities, principles and actions. Recommendation E is also aligned with the key issues identified in the Joint Strategic Needs Assessment 2012 (JSNA). It is therefore proposed that the Health and Wellbeing Board will be the main vehicle to deliver Recommendation E, via the Health and Wellbeing Strategy and the health and wellbeing partnership boards sitting below it. The Without Walls partnership will hold overall responsibility for the delivery of the Fairness Commission principles and recommendations.

Recommendation F: Ensure childcare, the learning environment and education help to tackle inequalities.

‘Enabling all children and young people to have the best start in life’ is one of the five priorities within the Health and Wellbeing Strategy. The YorOK Board which reports to the Health and Wellbeing Board is responsible for delivering this priority. The new Children and Young People’s Plan, ‘Dream Again’, was launched in October. Dream Again aims to build on work over the past three years to provide early preventative services and build resilience for children and young people and, crucially, details how we will achieve these ambitions and measure its success. Its principles and priorities are featured within the draft Health and Wellbeing Strategy.

The Shadow Health and Wellbeing Board will also be interested in a number of other Fairness Commission recommendations, such as:

Recommendation A: Make York a Living Wage City and inspire Yorkshire to become a Living Wage Region.
Exploring the adoption of the living wage is an action in the draft Health and Wellbeing Strategy, to help alleviate poverty and reduce health inequalities.

Recommendation D: Urgently address the city's housing and accommodation needs to improve availability and affordability for all, and to support sustainable economic growth, backed by a long term strategic framework.
The draft Health and Wellbeing Strategy recognises the significant impact housing has on health and wellbeing, and one of its actions is to support the housing strategy to living standards across the city.

3. Council Plan

The proposals in this paper have particular relevance to the 'Building Strong Communities' and 'Protecting Vulnerable People' strands of the council plan.

4. Implications

- **Financial**

The implementation of the health and wellbeing strategy will impact on service planning, budgets and commissioning decisions. The health and wellbeing board will not take specific decisions on services or commissioning, however they will set the strategic direction for health and wellbeing services over the next three years.

- **Human Resources (HR)**

No HR implications

- **Equalities**

The implementation of the health and wellbeing strategy may well affect access to service provision. Decisions about accessing specific services will not be taken at the board. Addressing health inequality and targeting more resource towards the greatest need should positively impact on equalities. To ensure that York's Health and Wellbeing Strategy does not have a negative effect on equalities a community impact assessment will be carried out before the strategy is signed off in April 2013.

- **Legal**

No legal implications

- **Crime and Disorder**

No crime and disorder implications

- **Information Technology (IT)**

No IT implications

- **Property**

No Property implications

- **Other**

5. Risk Management

There are no significant risks associated with the recommendations in this paper.

6. Recommendations

The Shadow Health and Wellbeing Board is asked to:

A. Review the Fairness Commission principles and recommendations.

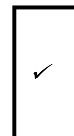
B. Confirm they, via the four health and wellbeing partnership boards, will be the delivery vehicle for Recommendations E and F.

C. Agree that they will work alongside other partnerships across the city, including Without Walls, to support the implementation of other recommendations relevant to their remit.

Reason: To ensure that the findings from the Fairness Commission final report are delivered and influence local policy and practice.

7. Contact Details

Author:	**Chief Officer Responsible for the report:**
Helen Sikora ***Strategy and Development Officer*** ***Office of the Chief Executive*** ***01904 551134***	***Paul Edmondson-Jones*** ***Director of Public Health and Wellbeing*** ***Communities and Neighbourhoods*** ***01904 551993***

Report Approved		**Date**	*23 November 2012*

8. **Wards Affected:** **All** *x*

For further information please contact the author of the report

9. Attachments

Annex A - Report for Council Cabinet on 6 November 'Responding to the Final Report of the Fairness Commission'

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CITY OF YORK COUNCIL

Annex A

Cabinet **6th November 2012**

Report of the Council Leader

Responding to the final report of York Fairness Commission:

A better York for everyone

Summary

1. This report contains the proposed response of CYC to the Fairness Commission's final report published on 27th September 2012: *A better York for everyone* (Annex A). The report proposes 10 Fairness Principles, makes 7 headline recommendations and commends more than 100 *Ideas for Action* (Annex B) to be assessed and actioned.

2. Cabinet is asked to approve the proposed response to each of the Headline Recommendations noting how they contribute to the delivery of the Council Plan priorities.

3. Cabinet is also asked to approve the proposals for the ongoing ownership and monitoring of the Fairness Principles and Recommendations.

4. Any financial implications of recommendations which are proposed for implementation action in 2013/2014 will be formally proposed for Cabinet decision in the forthcoming 2013/14 Capital and Revenue Budget Reports.

Background

5. York is currently considered one of the most fair and equitable cities in the UK (ranked 6th out of 64 cities by the Centre for Cities Outlook 2012). However the Council is also aware that a significant number of people across the city live in challenging financial circumstances: 10,200 households are workless; 12,210 people are dependent on benefits; more than 4,500 York children are living in poverty and roughly 13,000 residents live in the 20% most deprived areas in the country. Impending changes to welfare benefits and ongoing

reductions in public spending are likely to increase this number and make households more vulnerable to income deprivation.

6. Recognising this challenge and in line with the Council's commitment to protect vulnerable people, the Council set up the independent York Fairness Commission in July 2011 as part of a Cabinet commitment to tackle poverty and inequality in York. Following public consultation in September and October 2011 the Commission published its Interim Report in November 2011 with 30 recommendations to the council focusing on specific advice on the difficult decisions the Council was tackling in setting its budget for 2012/13 and 2013/14. Cabinet approved a response to these recommendations in February 2012, supporting the proposed Fairness Principles; adopting the majority of the recommendations that aligned with existing strategic priorities; and reflecting these in the 2012/14 budget.

7. The Commission's second phase of engagement with practitioners and experts in March and April of this year focused on inequality issues by six themes: Health and Wellbeing; Income, Economy and Jobs; Education and Training; Housing and Homelessness; Communities of Identity; Communities and Volunteering.

8. Their final report *A better York for everyone* was published and formally presented to the Leader on September 27th. It proposes 10 Fairness Principles, makes 7 headline recommendations and commends more than 100 Ideas for Action to be assessed and actioned.

Consultation

9. In both phases of their work, the Fairness Commission has engaged extensively with the people who live in York and the organisations who work in the city. Through public meetings, online and postal consultation and focused topic-based meetings to review evidence and debate solutions, there has been an opportunity for everyone to contribute.

10. CYC officers and members of the Without Walls (WOW) strategic partnership have also been involved throughout in providing evidence of the issues, information about existing plans and considering what this means for the city.

Progress since the Interim Report

11. Since the interim report was published the Council has already made significant progress in adopting both the principles and delivering on specific recommendations.

12. An Economic Infrastructure Fund of £28m has been set up as an innovative single pot of funding to support the delivery of the Council Plan priority of creating jobs and growing the economy.

13. The Council has maintained its commitment to provide work and training opportunities for young people in the city by recruiting a further 35 apprentices this year.

14. The All York single ticket has been launched – making bus travel across the city more streamlined and less costly in a bid to reduce barriers to work and training opportunities and promote sustainable travel options.

15. The Council's 2012/14 Procurement and Commissioning Strategy has been adopted with a new emphasis on collaborative effort and the delivery of social, economic and environmental benefits as well as overall cost and quality.

16. A new Workforce Strategy, the embedding of the eXtra factor staff recognition scheme and an Employee of the Month award all demonstrate the Council's commitment to become an organisation where staff are engaged, valued and respected.

17. To generate new ideas and implement creative approaches, the Council has provided a £1m fund to facilitate delivery of priorities and support innovation. For example, this has funded a programme in partnership with Science City York to embed the skills and knowledge within the council to continue to harness and develop new ideas capable of saving money and delivering better services.

18. A reduction in the educational 'attainment gap' at Key stages 2 and 4 has been achieved. This means that children who are potentially more vulnerable to low achievement are now attaining results closer to the average for the city.

19. The first Big York survey was designed to help the Council understand the views and needs of all of York's communities of identity and for the

first time measures to reflect the unique perspective of carers were included in the consultation.

20. Recognising the vital role of the voluntary sector, the Council has been working together with York Council for Voluntary Service (CVS) to produce the city's first Voluntary Sector Strategy setting out our shared priorities and ambitions for the city. An example of this in action is the Council's support to a group of voluntary organisations, led by York CVS, to develop a viable business plan for the creation of a Health and Social Care information and support hub in Oliver House.

21. As agreed in February 2012, further work has begun to assess the full implications and possible alternative approaches to a York 'Tourist Tax'. It remains the case that, without a change in legislation, York could not levy a tourist or bed tax and also would not want to implement a charge or tax that could deter visitors, impose an administrative burden on local businesses and potentially undermine the profitability of this sector of the local economy.

22. Instead, alternative options are being pursued. Visit York has joined an early adopters group facilitated by Visit England to evaluate the benefits and options for creating a York Tourism Business Improvement District (BID). This could allow for a levy on tourism businesses to be reinvested in infrastructure and other improvements designed to benefit those businesses. Tourism businesses in York will be fully consulted on any proposals and would be able to vote on the issue. Proposals are at an early stage of development with a view to a potential launch in summer 2014.

23. Work has also been continuing to assess the options for and financial implications of implementing extensions to the travel concessions currently offered to young and disabled people. Officers and the Cabinet Member for Transport have met with First Group to explore alternatives and will bring forward proposals for consideration in the 2013/14 budget review.

Response to the final Report

24. As highlighted above, the Council is already fully engaged in the work to deliver a fairer York and it is proposed that Cabinet welcomes the findings of the Fairness Commission Final Report. It is expected that the independent review by the Commission will provide further stimulus for all partners in the city to work together to tackle inequality.

25. Each recommendation has been given careful consideration. In many areas the Commission's recommendations reinforce a commitment to the existing priorities and initiatives that the Council has already started work on and that form part of the Council Plan 2011-2015. Equally many of the themes and actions are reflected in the WOW partnership's City Action Plan 2011- 20115.

26. In other areas the Commission has highlighted gaps in those priorities or in our plans to deliver them and challenged us to do more and to take a different approach. The work of the Commission is thought-provoking. It has brought together well-researched data and the voice of the people of York to give extensive insight into the effects of the real deprivation that exists in some parts of the city.

The 10 Fairness Principles

27. The draft principles from the interim report that were addressed specifically to the Council have been updated to be of relevance to all organisations in the city. They are intended to help inform, steer and 'fairness proof' all decision making in the city, be that in the public, private or voluntary sectors. Their application will guide long term progress towards a fairer, poverty free York. The principles are:

1 Make reducing income inequalities a core value in decision making, for example by paying a living wage.
2 Build social factors into procurement and contracting to promote good employment practice, enhance local supply chains, reduce inequalities and heighten opportunities for unemployed people in York.
3 Strive for excellence in York's organisations and the way they work together so that corporate social responsibility is the norm, services are delivered efficiently and effectively, and the city builds a reputation as a leader in tackling inequalities.
4 Empower and extend opportunities for disadvantaged groups and individuals.
5 Adopt a long term view and a preventative approach that acts now to prevent bigger problems in the future.
6 Take decisions and run services in an open and transparent manner, listening to and engaging with communities and customers, including the most disadvantaged.
7 Embed a creative and 'can do' culture that strives for new solutions and opportunities, even when there are difficult challenges and limited resources.

8 Exert influence outside York to address external factors that drive inequalities or restrict local action within the city.
9 Target investments and services to reduce inequalities and improve life chances in the most disadvantaged areas.
10 Promote and prioritise sustainable economic growth that maximises opportunities and benefits to all people, including the most disadvantaged (e.g. jobs, wages and wellbeing)

28. In the context of the Council Plan, the above Fairness Principles are compelling. They reinforce the key priorities and core competencies and have already been adopted by the Council and many of its partners. The council is embedding the approach and values expressed in the Fairness Principles in the way it makes decisions and designs and delivers services; and in all its strategies and action plans.

29. This approach is reflected in a refreshed approach to equalities and diversity described in the Single Equality Scheme. It addresses in its objectives and action plans all of the inequality themes identified by the Commission. Its purpose is to deliver greater equality in outcomes across all Council services. Its adoption will go a long way towards ensuring that the required values, governance and monitoring mechanisms are in place to ensure that the Fairness Commission's recommendations are embedded and delivered within the Council.

30. The Commission charges the Council specifically with the responsibility on behalf of the city for ensuring that their recommendations are acted upon and progress is monitored. The best way to ensure that this is achieved and all partners can contribute to reducing inequality in the city is to seek to embed the principles in all strategies and the recommended actions in all delivery plans city-wide. It is proposed therefore that the Council through its leadership of the WOW partnership promotes the adoption of the Principles by all organisations in the city. It is also proposed that the re-constituted Inclusive York Board takes a lead role on fairness and monitoring of progress (through the governance structure proposed in the Single Equality Scheme report).

The Headline Recommendations

31. In line with the approach of embedding within existing strategies, each of the recommendations and *Ideas for Action* has been carefully

considered and reviewed against a number of pre-existing key strategies and delivery plans including:

- The Council Plan Council Plan 2011-15 (2.05MB)
- The City Action Plan City Action Plan 2011-2015
- The Housing Strategy **Housing strategy**
- The Child Poverty Strategy Child Poverty Strategy

32. Other strategies published more recently have been developed taking into account the Fairness Principles, the Commission's interim recommendations and emerging findings. These include the York Economic Strategy and The Children and Young Person's Plan.

33. The Fairness Commission's findings and recommendations have also provided valuable input into the formulation of the Financial Inclusion Strategy and the Single Equality Scheme; and will continue to inform the Health and Wellbeing Strategy which is under development and due to be formally adopted in April 2013.

34. Below is a response to each of the report's Headline Recommendations outlining how it aligns with the Council's priorities and illustrating progress already made and planned.

Headline Recommendations Analysis/Response

A Make York a Living Wage City and inspire Yorkshire to become a Living Wage Region

35. The Council has already publicly pledged to work towards all council – employed staff receiving a Living Wage. This is set at a level allowing a "minimum socially acceptable standard of living" with the current rate of £7.20 per hour due to be up-rated in line with increased living costs on 5th November.

36. Detailed proposals which could benefit more than 500 staff will be put before Cabinet in December in a report entitled *Working towards a Living Wage*. The financial decisions to enable this to be fully implemented in 2014/15 will form part of the 2013/15 budget decisions.

37. The commitment to pay the Living Wage means that the Council will be leading the way in York and in the region in tackling in-work poverty. Through its membership of the Association of West Yorkshire

Authorities and the Leeds City Region LEP the Council has been campaigning for other councils to follow its lead. The Council will continue to promote the Living Wage to all employers in the city.

38. The Council's key anti-poverty strategies (the Child Poverty strategy and the Financial Inclusion strategy) reference the Living Wage as a key enabler to reducing poverty and promoting financial inclusion.

B Deliver an inclusive approach to economic development that creates jobs, tackles worklessness, and ensures all of York's citizens can contribute and prosper.

39. The Council's top priority is to create jobs and grow the economy and one of the core principles underpinning the delivery of the York Economic Strategy is the aim of ensuring that all York residents have the opportunity to contribute and benefit from its success.

40. The Council has been working strenuously with business leaders to attract businesses to York and develop a range of job opportunities that match the skills profile of the city.

41. The success of these efforts is demonstrated by the decisions of Hiscox Ltd, the John Lewis Partnership and Marks and Spencer to locate and further invest in York bringing 800 new jobs to the city. The Council will be continuing to work with these businesses as they develop their relocation and recruitment plans to ensure that these opportunities are made accessible to those who most often encounter barriers to work. For example the John Lewis Partnership is already making plans to develop and recruit its workforce in some of the more deprived areas of the city.

42. A recent Jobs Fair organised in partnership with Future Prospects, Job Centre Plus and Learning City is another example of our efforts to bring together employers in the city with job-seekers. 3,500 unemployed job-seekers received a personal invitation from the Leader and more than 1500 residents attended the free event where they were able to talk to many of York's major employers and education providers all under one roof. More than 200 job applications were made on the day with many more to follow online.

C Create a simple and shared system to get help and advice to the people, including an easy to access central information hub, outreach centres and promotional activity.

43. The Council's Customer Strategy aims to meet the needs of customers in the 21st Century. This ranges from providing traditional face-to-face assistance for those in greatest need of support to making use of the newest technology so people can access services, make enquiries, get information and advice or pay their bills in a way and at a time to suit them. The strategy is also designed to make sure that the council continues to protect the most vulnerable people and remains completely in touch with our communities.

44. A key strand in the delivery of the strategy will be the co-location of council and other partner organisations (including the CAB) in a single Customer Centre at West Offices from April 2013. By sharing this advice and information hub with our partners the Council will be extending the range of information and advice available to people in one place and developing stronger working links that will benefit our customers.

45. The Council's Financial Inclusion Strategy also proposes investment in more co-ordination of advice and support in the city and maps out the many sources of advice and information available to help people access work, claim benefits, manage their money and tackle their debts.

46. It also recognises that in addition to centrally-located advice and information it is vital to have advice available for people near where they live and in places they regularly visit and highlights the benefits of targeted outreach campaigns. This mix of access points does effectively complement more specialist/central provision.

47. From the base of an existing well-developed network across the city we can continue to work with our partners towards the achievement of a more comprehensive central information hub, looking at the future role for a combined web portal bringing all sources of information and advice together.

D Urgently address the city's housing and accommodation needs to improve availability and affordability for all, and to support sustainable economic growth, backed by a long term strategic framework.

48. The Commission is right to identify that there is an urgent need to address the shortage of housing supply in York – both for the economic benefits that it will bring and because of the pressing social need of the many households who cannot access affordable housing.

49. The Council has already recognised this need and it is a key priority. It has developed a Get York Building programme to understand and tackle the current barriers to residential development. A Project Board has been set up to drive this work forward. A range of possible interventions is being considered and will be reported to Cabinet in the New Year.

50. To kick-start the programme York's Strategic Housing Forum will be launched in Housing Week (commencing 5th November) to enlist the support and involvement of partners across the city.

51. Activity to review and help restart stalled developments is already bearing fruit with the recent success in securing Get Britain Building funding to support a stalled development.

52. Also, the Council has submitted a bid to the Government's Traveller Pitch Fund as part of its long-held commitment to provide sites for gipsy and traveller communities who want to preserve their traditional way of life.

E Make far greater use of early intervention, preventative measures and community based care to support and promote health, independent living and inclusion.

53. This recommendation is at the heart of the strategy being developed by York's shadow Health and Wellbeing Board. This powerful coalition of senior public and voluntary sector health and social care commissioning and delivery partners is working together to make improvements to the health and wellbeing of York residents. Its remit is to: know and understand the health and wellbeing needs of York; agree the priorities for the city; and translate this into action through all commissioning decisions, services planning and delivery.

54. A comprehensive Joint Strategic Needs Assessment has been developed to inform the Board's decision about priorities. Work is currently underway to develop a Health and Wellbeing Strategy which will set out what key organisations will do over the next 3 years to address these priorities. This will be approved in April 2013.

55. The Health and Wellbeing Strategy will confirm the Board's aspiration for more early intervention and prevention measures, particularly shifting towards a model of community based care and support. This approach underpins all five priorities in the strategy – these are:

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

56. The Health and Wellbeing Board recognises the importance of the Fairness Commission's work to address inequality in our city. Inequality is complex and multifaceted – it relates to a wide range of disciplines and organisations across sectors. The Health and Wellbeing Board will be a vehicle for delivering a number of the health and wellbeing recommendations within the Fairness Commission 'Findings and Recommendations' report and the companion report 'Ideas for Action'.

F Ensure childcare, the learning environment and education help to tackle inequalities.

57. The new Children and Young People's Plan 2013-16 for the City of York was launched on 23rd October. The new Plan, 'Dream Again', reflects on the progress partners have made over the past three years to improve outcomes for children, young people and families, but does not shy away from naming the challenges ahead in striving to make York the best place in which to live and grow up. Neither does it deny the challenging financial climate within which the Council works. To turn the plan and its priorities into reality a separate and more detailed action plan is being produced. It shows what the Council will do, where responsibility for actions will rest and how progress will be monitored.

58. The Plan has drawn on the issues and ideas raised throughout the Fairness Commission's work as well as a wide range of other consultation and includes the following priorities of specific relevance to this recommendation:

- improving the educational attainment and outcomes for Looked After Children, and in particular the education of children placed outside of York;
- further narrowing the gap in educational outcomes for other vulnerable pupils in the city, including those who have special educational needs, those who are in receipt of free school meals and Traveller pupils;
- increasing the number of free child care places for vulnerable two-year olds from 50 to 350;
- keeping a sharper focus on the education and attainment of the 0-5s, children who are at risk of being excluded from school and pupils in mainstream schools who need specialist support;
- developing school-to-school support and improving arrangements to support leadership across the school community;
- introducing a pre-birth to 14 literacy policy to help drive up standards, outcomes and consistency through all early years settings;
- identifying, and further responding to the needs of, Young Carers.

G Further assess the full range of ideas and proposals for action made in our companion report ‘Ideas for Action’ and agree mechanisms for taking them forward.

59. The Ideas for Action report (Annex B) lists more than 100 ideas for new or further action across all of the Commission’s themes. In many instances they add further support to the headline recommendations. Along with the main recommendations these have been reviewed for relevance against existing strategies and plans and will be incorporated as appropriate.

60. The Council will also promote a similar approach by its partners through discussion in the WOW forums.

Implications

61. **Financial** – any financial implications of actions to further the Fairness Commission recommendations as described in this report will be

reflected in the forthcoming 2013/14 Capital and Revenue Budget Reports.

62. **Human Resources (HR)** – the potential HR implications of implementing a Living Wage will be brought to members when detailed proposals are formulated.

63. **Equalities** – the Fairness Commission's consultation and recommendations have directly informed the development of the Council's proposed new Single Equalities Scheme which represents a refreshed approach to equality and diversity.

64. **Legal** – Local authorities in the UK do not currently have the legal power to levy a bed tax or tourist tax. This would require legislation. Legal implications in relation to other ideas under consideration will need to be considered at part of the review of those ideas.

65. There are no **Crime and Disorder**, **Information Technology**, **Property**, or other implications arising from this report.

Corporate Priorities / Council Plan

66. The Fairness Commission recommendations and the Council's proposed responses are in line with key outcomes identified throughout the Council Plan with most emphasis on the Create Jobs and Grow the Economy, Build Strong Communities and Protect Vulnerable People priorities. It is proposed that the further work highlighted by the recommendations is identified and embedded into Directorate's Service Plans, and that overall progress towards outcomes is managed through the Council Plan Delivery Boards and monitored through the ongoing tracking of the Council Plan.

Risk Management

67. There are no known risks in adopting the Fairness Commission's recommendations.

Recommendations

68. Cabinet is asked to approve the proposed response to each of the Headline Recommendations noting how they will contribute to the delivery of the Council Plan priorities.

69. Cabinet is also asked to approve the proposals for the ongoing ownership and monitoring of the Fairness Principles and Recommendations as described in paragraph 30.

70. Cabinet is asked to note that the financial implications of implementing the Living Wage and extending concessionary fares will be brought forward in the 2013/15 budget papers for decision.

Contact Details

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Wards Affected: All

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Annexes

Annex A: The York Fairness Commission final report:
A better York for everyone – **Findings and Recommendations**
27.9.12 *http://www.yorkfairnesscommission.org.uk/*

Annex B: The York Fairness Commission final report:
A better York for everyone – **Ideas for Action**
27.9.12 *http://www.yorkfairnesscommission.org.uk/*

Background Papers:

The York Fairness Commission Interim Report: *A fairer York, a better York* 28.11.2011
http://www.yorkfairnesscommission.org.uk/

The Council Plan Council Plan 2011-15 (2.05MB)

http://www.york.gov.uk/council/plan/

The City Action Plan City Action Plan 2011-2015

http://www.yorkwow.org.uk/meetings/

The Housing Strategy **Housing strategy**

http://www.york.gov.uk/housing/Housing_plans_and_strategies/housin_strategy/

The Child Poverty Strategy Child Poverty Strategy

http://www.yor-ok.org.uk/Workforce/Training%20and%20Workforce%20Development/Child Poverty

Shadow Health and Wellbeing Board **5th December 2012**

The Draft Health and Wellbeing Strategy and its Deliverability

1. Summary

This report provides an overview of York's draft health and wellbeing strategy. The strategy continues to develop following its review at the Shadow Health and Wellbeing Board (SHWB) on 3rd October. The purpose of this paper is to request that:

1. The SHWB review the draft strategy, paying particular attention to the actions within it.
2. The SHWB consider each of these actions, ensuring that they are able to support their delivery in the next three years.
3. The SHWB understand and are aware of the impact of committing to these actions and the subsequent consequences, such as, redesigning pathways to care, the resources required and the need to re-prioritise or re-commission services.
4. Any challenges or barriers to delivering or supporting the actions within the strategy are identified and brought to the SHWB on 5th December for discussion.
5. Members of the SHWB take the draft health and wellbeing strategy to their management teams for review and comment before the next SHWB on 30th January 2013.

It is important to note that this strategy will not cover or impact on all health and social care services in York. The aim is that it prioritises the issues requiring the greatest attention. We realise we cannot take action on everything at once therefore we will not have a long list of everything that might be done. What our strategy will set out is what we will focus on and the key issues and actions that we think will make the biggest difference over the next three years.

2. Background

The draft health and wellbeing strategy draws on a variety of evidence and research and reflects a number of strategies and frameworks, both national and local. The most significant piece of evidence relevant to the strategy is 'Health and Wellbeing in York, Joint Strategic Needs Assessment 2012 '(JSNA). This provides a comprehensive assessment of the health and wellbeing needs in the city. The four themes identified in the JSNA that have set the direction for our strategy are:

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

3. An overview of the strategy

Directly responding to themes identified in the JSNA and following consultation at the health and wellbeing stakeholder event in May, the five priorities of York's health and wellbeing strategy are:

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

The following decisions and progress has been made to date:

- 29th May – Health and Wellbeing stakeholder event: consultation on draft priorities emerging from the JSNA

- 4th July – Confirmation of Health and Wellbeing Strategy priorities by the Shadow Health and Wellbeing Board

- July to September – Meetings with Shadow Health and Wellbeing Board Members to identify actions to achieve the priorities

- July to September – A series of meetings and workshops with community groups, community representatives and frontline staff to identify actions to achieve the priorities.

- 14th September – Shadow Health and Wellbeing attended a dedicated strategy session to consider and agree proposed actions to achieve the priorities.

- September – Outline health and wellbeing strategy drafted based on input from previous consultation and engagement.

- 3rd October – Outline draft reviewed by the Shadow Health and Wellbeing Board.

- October to November- Series of meetings with lead officers from the council and key partners to develop the strategy and gain their input.

- October-November – Re-drafting and editing the strategy to reflect this input.

The draft health and wellbeing strategy 'Improving Health and Wellbeing in York' is attached as Annex A.

4. Next steps

Now that a full draft of the strategy has been produced, we are in the process of consulting with community groups, community representatives, staff and partner organisations to ensure that we have taken account of people's views and suggestions, where possible and the strategy focuses on the right principles and actions. It is important that we get the support and commitment of our stakeholders so we know the strategy will be used in practice, it will be delivered and it will make a positive difference to health and wellbeing provision and services in York.

The following engagement is planned between November and January 2013:

- Meet with senior officers, who will disseminate the draft strategy within their teams and encourage input and feedback.

- Consult with the health and wellbeing workforce within the council, via an online survey.

- Health and wellbeing organisations will also be encouraged to post this online survey on their own internal websites.

- A series of consultation events via York CVS to engage community groups and community representatives in the voluntary sector.

- 18th January – Health and Wellbeing Stakeholder Event which will include a workshop on the draft strategy.

On 30th January the draft of the health and wellbeing strategy will be presented to the SHWB for final review. Approval and sign off of the strategy will be at the following SHWB in April 2013 (date to be confirmed).

5. **Council Plan**

The proposals in this paper have particular relevance to the 'Building Strong Communities' and 'Protecting Vulnerable People' strands of the Council plan.

6. **Implications**

- **Financial**

The health and wellbeing strategy will impact on service planning and commissioning decisions. The health and wellbeing board will not take specific decisions on services or commissioning, however they will set the strategic direction for health and wellbeing services over the next three years.

- **Human Resources (HR)**

No HR implications

- **Equalities**

The health and wellbeing strategy may well affect access to service provision. Decisions about accessing specific services will not be taken by the board. Addressing health inequality and targeting more resource towards the greatest need should positively impact on equalities. A community impact assessment (CIA) has been carried out on the strategy's priorities before it is signed off in April 2013.

- **Legal**

No legal implications

- **Crime and Disorder**

No crime and disorder implications

- **Information Technology (IT)**

No IT implications

- **Property**

No Property implications

- **Other**

7. Risk Management

There are no significant risks associated with the recommendations in this paper.

8. Recommendations

The Shadow Health and Wellbeing Board are asked to:

A. Review the draft strategy, paying particular attention to the actions within it.
B. Consider each of these actions, ensuring that they are able to support their delivery in the next three years.
C. Ensure they understand and are aware of the impact of committing to these actions and the subsequent consequences, such as, redesigning pathways to care, the resources required and the need to re-prioritise or re-commission services.
D. That any challenges or barriers to delivering or supporting the actions within the strategy are identified and brought to the SHWB on 5th December for discussion.
E. Members of the SHWB take the draft health and wellbeing strategy to their management teams for review and comment before the next SHWB on 30th January 2013.

Reason: to ensure that the Health and Wellbeing Strategy has the support of all the organisations represented on the Shadow Health and Wellbeing Board and that we have the collective commitment to deliver it.

9. Contact Details

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Report Approved	✓	**Date**	*23 November 2012*

10. Wards Affected: **All** *x*

For further information please contact the author of the report

11. Attachments

Annex A

Please see attached York's draft health and wellbeing strategy 'Improving Health and Wellbeing in York'

DRAFT

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Improving Health & Wellbeing in York

Our strategy 2013-16

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

On behalf of York's Heath and Wellbeing Board, I am delighted to introduce York's first Health and Wellbeing Strategy. I strongly believe this will pave the way for improving the health and wellbeing of the people of York, it will ensure we have the right services and provision in place to meet health and wellbeing needs. It is more important than ever that we overcome the challenges of reduced and limited public budgets and we work collaboratively across organisations and sectors to ensure health and wellbeing services are sustainable in the long term and fit for purpose.

In the past year we have seen the Royal Assent of the Health and Social Care Act 2012 – the biggest change to the National Health Service since it came into being in 1948. As part of this new legislation councils will take on more responsibility for public health, doctors will have increased control over health budgets and the new organisation 'HealthWatch' will give a voice and information to people who use health and wellbeing services. The introduction of the Health and Wellbeing Board gives us a unique opportunity to work together more closely towards more integrated, joined up services – which are needs led, not system led.

We are also seeing the biggest changes to the welfare system for over 60 years. The Government's introduction of Universal Credit, and changes to local housing allowance and housing benefit will have varied consequences for our residents, especially the most vulnerable – their levels of income and standards of housing. It is vital that we work to reduce health inequalities and we intervene early, looking 'upstream' to enable all children and young people to have the best start in health and prevent poor health outcomes later in life.

This Health and Wellbeing Strategy is the start of a new road along our journey to reducing health inequalities and achieving joined-up, holistic services. Changing our local health and wellbeing system is challenging and complex, but not impossible. The Health and Wellbeing Board has the authority and influence to lead cultural and behaviour change and has the overall stewardship of improving health and wellbeing outcomes for patients and residents.

Finally, but most importantly, I would like to thank residents, staff and our partner organisations who have worked with us to develop this strategy. You have given us valuable ideas and suggestions about how we can improve health and wellbeing in the city. We have made every effort to listen to what you have told us and I hope you can see this reflected throughout our priorities, principles and actions.

Councillor Tracey Simpson-Laing
Chair, York Health and Wellbeing Board

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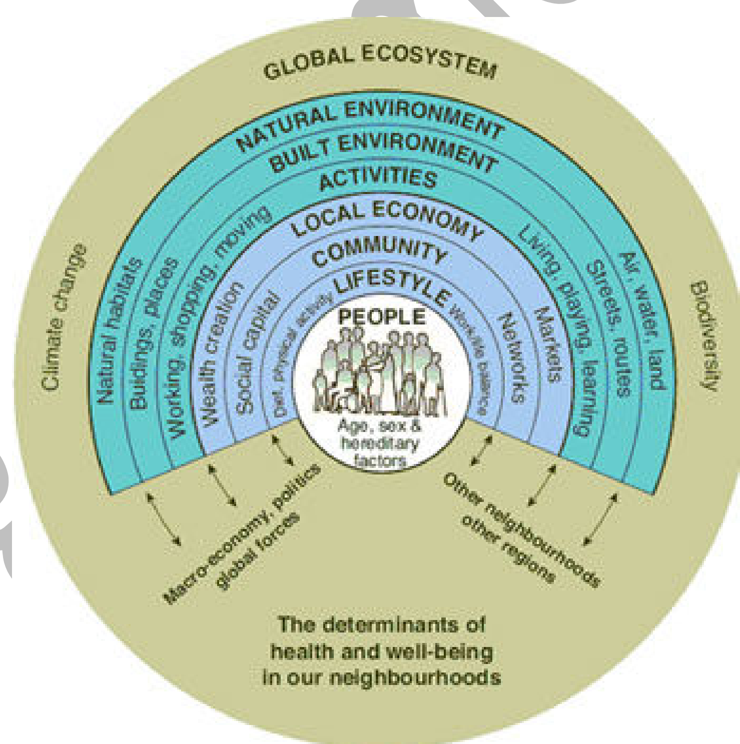
Introduction and context

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

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



Local authorities throughout the country are developing Health and Wellbeing Strategies this year. In York we want to seize this opportunity and collaborate to develop a strategy that is ambitious and meaningful. A strategy that is honest about the challenges we face and affirms our commitment to pursuing what we believe is most important at this point in time. It should resonate with residents, affect what we do as organisations and ultimately make a genuine difference to people in York.

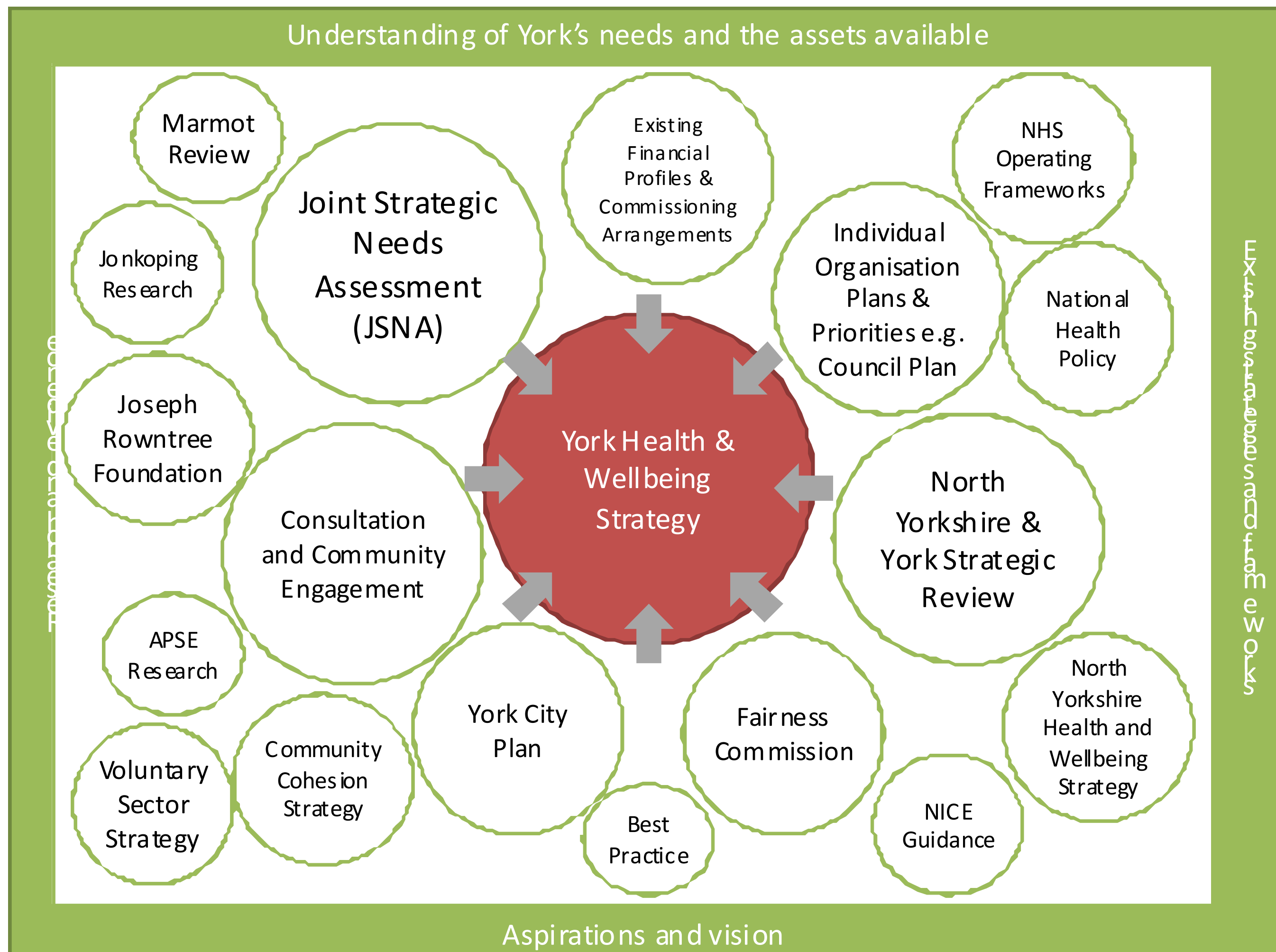
---

[1] See Health & Wellbeing Needs in York: A Joint Strategic Needs Assessment

[2] Based on the World Health Organisation's definition of health

How we have developed our priorities and actions

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



Our report, 'Health and Wellbeing in York, Joint Strategic Needs Assessment 2012' (JSNA) is a comprehensive assessment of the health and wellbeing needs in the City. Our understanding of need is a fundamental building block for deciding what we will do to improve health and wellbeing, so this assessment has played a large part in defining our principles and actions. You will see evidence from the JSNA referenced within each of the priority sections.

The four key points that emerged from the JSNA were:

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

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

Finance and resource

As we know, these are very difficult economic times. Councils, health services and the independent and voluntary sector are facing tough decisions about how best to use ever-decreasing funding and resources. An Independent Review of Health Services in North Yorkshire and York was published in 2011. It highlighted the precarious financial position of North Yorkshire & York Primary Care Trust which was overspending by several million pounds every year[3] and the additional efficiency savings required to meet the increased demand for services. The review made recommendations about how health services in North Yorkshire and York could manage this and operate within a sustainable financial framework while continuing to meet the health needs of the area. This strategy builds on the recommendations in the Review. The North Yorkshire Review 2 is being carried out to continue this work. Both reviews will have implications for our strategies and plans for the future.

The 'Local Account for Social Care'[4] highlights the growing numbers of older people accessing social care in the population, together with more people with complex needs and learning disabilities living longer are increasing the strain on social care budgets across the country. The Local Government Association conducted a modelling exercise that predicts a 29% shortfall between revenue and spending pressures by the end of the decade. More stringent financial times and our commitment to improving health and wellbeing outcomes for the residents of York, means our challenge for the coming years is clear: ensuring the availability of high quality care in financially challenging times.

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[3] A proportion of this overspend will be transferred to the Vale of York Clinical Commissioning Group

[4] Local Account for City of York Adults Social Care Services for 2012

Our long term commitment to engagement

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

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

We want to emphasise that our engagement with staff, residents and people who use our services is not a one-off event. We are committed to involving people in planning and designing health and wellbeing services and provision in the long term. Our aim is to 'co-produce' more health and wellbeing services and pathways to care and support. By co-production we mean we want to work with people as equal partners to improve services and respond to challenges, making decisions together. We believe that the people most affected by a service are best placed to help design it. We also recognise that residents and communities already have a range of resources available, both intellectual and physical, and that bringing our resources together we can deliver services *with* rather than *for* people and their families. Early evidence suggests this approach is a more effective way to delivering better outcomes and more sustainable services, often for less money[5].

We must acknowledge that co-producing health and wellbeing services is challenging, but it is not impossible. We want to learn from others who have achieved this for example the improvements to health care and patient experience in Jonkoping, Sweden[6]. In delivering this strategy we will take every opportunity to co-produce health and wellbeing services, enabling our residents and people who use our services to identify problems and propose solutions, rather than being passive recipients of services. We believe that programmes such as 'Think Local Act Personal' will help us achieve this by focusing on the way communities can help support each other and by increasing the uptake of personalisation, which is central to communities and their health and wellbeing.

During 2013 we will develop a health and wellbeing engagement strategy which will outline the steps we will take to improve engagement with residents, people who use our services, staff and partner organisations in planning and delivering services. Recent research in York carried out by De Montford University and the Association for Public Sector Excellence will inform this engagement strategy and will lead to new ways of working. We are currently exploring how community health champions can help us achieve more effective engagement.

[5] Based on Nesta Lab and the New Economics Foundation co-production research
[6] See 'Charting the Way to Greater Success: Pursuing Perfection in Sweden'

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Our vision

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

What we will do to achieve our vision

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

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

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

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

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

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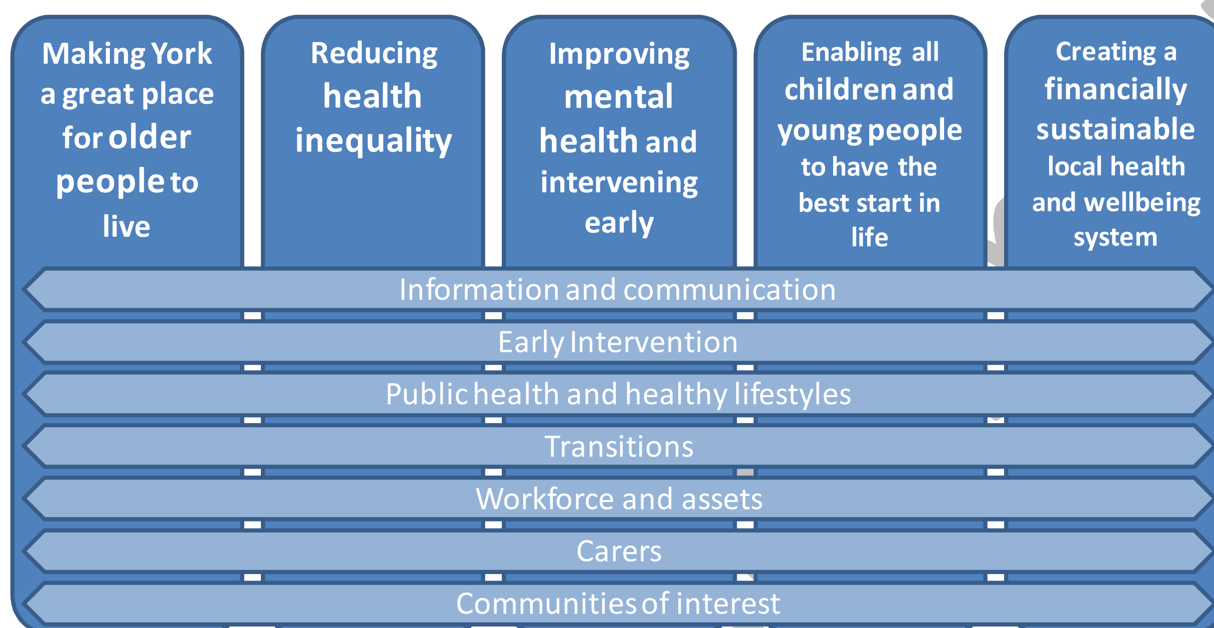
Cross-cutting themes, principles and actions

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



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

We will:

- Put partnership working across organisations, agencies and sectors at the heart of delivering this strategy. We will overcome barriers together, take bold decisions where needed, lead the improvement and integration of York's health and wellbeing system.

- Keep a relentless focus on reducing health inequalities, assessing the impact on health inequalities for every decision we make and every policy we introduce.

- Acknowledge the affect housing has on health and wellbeing. Fuel poverty, overcrowding, noise, fear of crime, can have adverse affects. Housing however can prevent ill-health and protect health, through adaptations, electrical safety, insulation, and by providing privacy and space.

- Trust residents and people who use our services to understand the challenges we face in providing and commissioning services in the current financial climate. We will encourage people to help design, plan and deliver better health and wellbeing services.

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- Increase the choice for people who use our services and the control they have over them. For example, how they want their care or support delivered, from where and by whom.

- Recognise and promote the vital role of unpaid carers who contribute so much to health and wellbeing in York.

- Champion the role of the voluntary sector and the value its strength, diversity and knowledge brings in improving the health and wellbeing of our residents.

Actions - over the next three years the Health and Wellbeing Board will:

1. **Through our ongoing JSNA undertake further research and share intelligence to get more of an insight into the health and wellbeing of those with the poorest health outcomes.**
   The JSNA recommends that we increase our understanding of the following groups: looked after children, young people who leave care, carers (including young carers), people who have disabilities, people with mental health needs, older people, offenders and people who misuse substances. The services we commission and provide will have an increased impact. They will be provided to the right people from the right place and will better meet people's needs.

2. **Create a shared resource collating existing health and wellbeing information, to join up directories for activities, services, or organisations in York, and design appropriate ways of using this which is fit for purpose and user-friendly.**
   The content of the various health and wellbeing websites from a number of health and wellbeing agencies and organisations will be better coordinated and consistent. Information will be easier to understand and easier to access.

3. **Create a health and wellbeing passport which is recognised by and used across all partners and sectors and we will join together existing health passports relevant to specific conditions.**
   The passport will provide a reliable picture of an individual's health needs. Held by individuals, the passport will allow information about their health needs to be better shared, communicated and understood when they are accessing health services.

4. **Deliver a workforce development programme to empower and equip staff across health and wellbeing organisations to implement this strategy.**
   This programme will, for example aim to: improve engagement with our residents and people who use our services, helping us co-design and co-produce more services; Make Every Contact Count, by encouraging frontline staff to 'ask the next question'. Looking wider than single issues, staff will use every opportunity to talk to people about improving their health and wellbeing. This will help tackle the causes of poor health and wellbeing as well as the symptoms.

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5. **Commission a joint engagement strategy across all health and wellbeing organisations and sectors represented on the Health and Wellbeing Board.**
   Residents and people who use health and wellbeing services will have increased influence over planning and designing health and wellbeing services and delivering this strategy.

6. **Create a joint communications plan, coordinating citywide health and wellbeing campaigns which often occur separately through individual organisations.**
   Individuals and communities will be better informed about how they can improve their own health and wellbeing. Messages will be more coherent and consistent across a number of health and wellbeing organisations.

7. **Encourage health and wellbeing organisations and agencies to explore the adoption of the living wage.**
   Families will be lifted out of poverty and staff will be more motivated to deliver higher quality care and support. Organisations will see an improvement in staff recruitment and retention.

8. **Support the city's housing strategy which cuts across a number of principles and actions within this document. Its recommendations include:**
   Housing provision - affordable homes and making best use of existing housing stock;
   Housing conditions- promoting 'healthy homes' which are safe and secure, improving standards, working with landlords, tackling fuel poverty and reducing carbon emissions;
   Older households- meeting the needs of an ageing population, adaptations, wrap-around services such as handyperson provision, warden call, and opportunities for volunteering;
   Homelessness - homelessness prevention, meeting the anticipated increase in the demand for advice and services following the welfare reforms, dedicated provision for homeless young people which combine secure housing with work related training and providing supported housing as a pathway to independence for people with mental health problems.

Delivering our cross-cutting actions:

The Health and Wellbeing Board will delegate the responsibility to deliver these actions to the four strategic partnership boards that sit below it.

As these principles and actions are cross-cutting the Health and Wellbeing Board will expect to see them reflected in the delivery plans for each of the strategic partnerships. To ensure this, the Health and Wellbeing Board will approve the delivery plans for the four strategy partnerships. Specific actions will also be delegated to particular working groups or task groups as appropriate.

Please see the 'Delivery and Monitoring' section on page 36 for more information.

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Making York a great place for older people to live

Why 'making York a great place for older people to live' is important

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

Older people already form a significant part of our community in York. By 2020, the over-65 population is expected to increase by 40% and the number of people aged over 85 years is expected to increase by 60%. A growing number of older people will also be living alone.

As we get older, we become increasingly vulnerable, more at risk of social isolation, and more likely to have complex health problems. The JSNA estimates that around 1 in 10 older people experience chronic **loneliness**. Adverse affects on health can include increased self destructive habits and an increased likelihood of not seeking emotional support. Loneliness can affect immune and cardiovascular systems cause sleeping difficulties and can severely affect people's mental health.

The JSNA estimates that **dementia** will affect an additional 700 people in York over the next 15 years. Given the population projections and the increased incidence of dementia with increasing age, we need to plan for this potential need.

With increasing demands on health and social care services in York and diminishing budgets the current system of support will soon become unaffordable. The JSNA specifically recommends a community-based approach in managing **long-term conditions** and **preventing admissions to hospital**. It recommends continuing support for **physical activity** initiatives across the whole population with priority given to vulnerable groups.

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Principles which will guide our work and resources to deliver this priority

We:

- Value the positive contribution that older people make to living in our city and the importance of prevention work to sustain and improve their health and wellbeing. We want to ensure the needs of older people are central to our strategies, plans and commissioning decisions.

- Recognise the contribution of the voluntary sector, older people and carers in 'making York a great place for older people to live', especially for the following key issues:
  - Supporting people with **long term conditions to live independently**
  - **Preventing admissions to hospital**
  - Encouraging **physical activity**
  - Addressing **loneliness** and social isolation
  - Preparing for an increase in **dementia**

- Support a shift towards community-based care, so people can access treatment or support within their own community or at home, rather than having to be admitted to hospital, residential or nursing care.
  We know people prefer to be treated this way, and the health benefits of doing so, however we do not underestimate the challenge of changing the system. A consequence of providing more treatment and care at home will be to reduce the number of beds that are needed in hospitals. We want to reassure and remind people of the benefits of providing care closer to home.

- Support approaches that facilitate communities to develop their capacity, to design and develop their ideas and solutions to reduce the loneliness and isolation of older people. We understand that strong communities can help alleviate the loneliness and isolation experienced by some of our older residents.

- Advocate more choice and control for people over their care and support, particularly at the end of their lives about where they wish to die.

- Value the knowledge, strength and diversity of our voluntary sector and recognise the extent to which their support and services contribute to improving the health and wellbeing of our older residents.

- Will ensure that the needs of older people are considered in our decisions about planning and improving the city's infrastructure so that older people have better access to social support through transport and technology.

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- Encourage a creative approach to deal with dementia that challenges standard practice and routine pathways. This will help ensure that assessments and care are based on individual need and tailored appropriately.

- Learn from valuable research and evidence, for example, the Joseph Rowntree Foundation projects 'Dementia Without Walls' and 'Neighbourhood Approaches to Addressing Loneliness' and ensure that our policies, strategies and decisions are influenced and informed by this learning.

- Embrace the development of new technologies and the benefits that these innovations can bring to responding to a number of health and wellbeing issues, sustaining and improving health and wellbeing, for example creative solutions to addressing loneliness and social isolation.

A significant amount of health and wellbeing work is already underway, for example, creating state of the art facilities and accommodation for older people and increasing the take up of personalisation. We will reference this work, ensuring the learning and recommendations effect our strategic direction.

Actions - over the next three years the Health and Wellbeing Board will:

Prevent admissions to hospital
Support people with long term conditions to live independently

1. **Set up Neighbourhood Care Teams across the City and explore other options which support people in their transition from hospital to home.**
   Neighbourhood Care Teams are teams which bring together NHS, local government, independent and voluntary sector providers around the 'neighbourhood' of a GP practice. The aim is to provide patient-centred, multi-disciplinary, integrated and streamlined care closer to a patient's home.

- Specific attention should be given to embedding independent and voluntary sector organisations into the working practices and ethos of these teams and ensuring there is coordination with neighbourhood working models in the City of York Council.
- They should be carefully evaluated as they are set up and if successful given long-term commitment, for example by pooling budgets across health and social care organisations.
- This may require de-commissioning acute provision and commissioning more community-based responses to respond to long term conditions and prevent admissions to hospital.
- To support this work, an Adult Commissioning Manager will be jointly appointed between Vale of York Clinical Commissioning Group and the City of York Council, with a formal link to York Council for Voluntary Services.
  The result of this work will mean that more people will be supported in their own homes to manage their condition. This will help prevent hospital admissions for people with long term conditions and aid the transition back home when discharged from hospital. A multi-

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disciplinary team will be able to provide more person-centred, coordinated care and support.

2. **Provide weekly cross-sector case reviews for patients who have been in hospital over 100 days** *(Or other appropriate threshold)*

- For this to be successful, staff attending case reviews will need to be given the autonomy to make decisions about resource allocation and establish pragmatic solutions that work for patients.
- This will help identify if more effective support can be provided for these people and avoid unnecessarily long stays in hospital.
  As well as using this process to provide more effective care and cheaper care for individuals, this should be a learning environment to inform wider system change.

Address loneliness and social isolation

3. **Work together to understand the factors that contribute to loneliness and what communities and organisations can do to alleviate this.**

- We will learn from the Joseph Rowntree Foundation research 'Neighbourhood Approaches to Loneliness'. Once we understand the issues and challenges and how they might we be addressed we will support the implementation of these initiatives.
- One approach could be an inter-generational volunteering programme, working with the 'Volunteering York' partnership. This helps tackle isolation and promotes inclusion within communities. It can increase understanding between generations, tackling stereotypes and it can lead to employment opportunities for some volunteers.
- Oliver House provides an opportunity to increase the coordination of the voluntary sector and provide community based solutions to loneliness and isolation.

4. **Encourage investment in services which support older people who are isolated to participate in the social groups or community activities that are available in York.**

- Older people could benefit from volunteers accompanying them to the first few sessions of a group/activity, building up confidence to participate longer term.
- Increased participation in groups or activities will support older people to feel less isolated, with the potential to improve their physical and mental health.

Encourage physical activity

5. **Explore how a single social prescribing programme which recommends exercise, social activity or volunteering can be established city-wide.**

- This builds on an existing programme which recommends exercise and is recognised by health professionals.
- Longer term this approach could be embedded within Choose and Book.
- Social prescribing helps tackle loneliness, depression and it improves mental wellbeing as well as reducing the demand for health services[7].

[7] Based on evidence from the HEAL programme in York and the HALE project in Bradford.

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Prepare for an increase in dementia

6. **Deliver a joint communication campaign across organisations on the Health and Wellbeing Board focused on how to spot the early signs of dementia, how to respond and what support is available and developing as part of becoming a 'Dementia Friendly City'.**

- This will be supported by dementia training and support for the health and wellbeing workforce as part of the Adult Care Workforce Strategy
- The workforce will feel more confident and supported in their work, which will improve the quality of care they deliver.

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

- This will help ensure that the use of medication is suitable and appropriate for individuals at that point in time and that a wider range of options are explored to manage long term conditions - medication can be very effective but it is not the only option.

Other actions to 'Make York a great place for older people to live'

8. **Develop an end of life policy across health and wellbeing partners, mapping current processes and re-commissioning.**

- We want to ensure that GPs are supported to offer patients and their families / carers the best end of life pathway, which may mean staying at home to die peacefully and not being admitted to hospital. People will have more control and choice about where they want to die.

9. **Encourage care sectors to adopt the living wage and set timescales to reflect this in how we commission contracts.**

- Recruitment and retention of staff will be improved as well as their quality of work. A number of families will be lifted out of poverty[8].

10. **Support the implementation of the Adult Care Workforce Strategy (2012-2015) across care sectors for paid staff which supports joint workforce development initiatives.**

We want to ensure staff are aware of the contribution they can make to:

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

We want to raise awareness of the care profession and celebrate achievements across the workforce and support the introduction of a paid carers network with opportunities for mentoring support.

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[8] Taken from learning from the London Living Wage.

Delivering the actions for the priority 'Making York a great place for older people to live':

The Health and Wellbeing Board will delegate the responsibility to deliver these actions to the Older People and Long Term Conditions Partnership Board which will sit below.

The Health and Wellbeing Board will expect to see the principles and actions within the partnership board's delivery plan before it is approved. The partnership board however will have some scope to further define these actions before their implementation. The partnership board will also make recommendations to the Health and Wellbeing Board to influence our strategy for older people and long term conditions.

Please see the 'Delivery and Monitoring' section on page 36 for more information.

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Reducing health inequalities

Why 'reducing health inequalities' is important

There is a growing evidence base surrounding health inequalities and the scale of impact that social issues have on our health outcomes.

The Marmot review 'Fair Society, Healthy Lives' evidenced how health inequalities can be reduced by addressing the social determinants of health – our environment and culture, our living and working conditions, our relationships and communities and our lifestyles.

The JSNA identifies that health inequalities are prevalent within York. The recent work of the Fairness Commission highlights the links between low income and poorer health outcomes. Economic growth and creating opportunities for employment increase income, improving health outcomes.

People living in some areas of York can expect to live on average 10[9] years less than other York residents if they are male or 3.5 years less if they are female. We believe this is deeply unfair, and jars against our vision for *all* York residents to be able to enjoy long, healthy and independent lives.

There are clear links between other types of **deprivation** and poor health outcomes, so it is the same areas and communities where there are more people experiencing a range of issues, from substance misuse and unemployment to mental health problems and long-term health conditions.

To reduce health inequalities therefore requires us to address both the causes and effects of these complex issues around deprivation in particular communities and areas of York. The JSNA recommends that we have a better understanding of how people **access services**, so we can ensure services are in the right place at the right time.

Smoking, alcohol use and obesity have a significant impact on the health of our residents. The JSNA recommends that established programmes aimed at **reducing the smoking prevalence** in York are maintained and built upon. Consideration should be given to **targeting specific groups**, such as young people, pregnant women and routine and manual occupational groups.

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[9] Figures rounded to nearest 0.5 years.

Principles which will guide our work and resources to deliver this priority

We will:

- Recognise and support the contribution of the workforce, voluntary sector, communities and partnerships in reducing health inequalities:
    - **Targeting resource** where it is needed most
    - Tackling **deprivation and addressing complex issues**
    - Improving **access to services** and supporting **community-based initiatives**
    - Promoting **healthy lifestyles** and behaviours
- Use the Marmot framework as a holistic approach to reducing health inequalities and promoting wellbeing across the life course.
- Consider the impact on health inequalities in every decision we make and every policy we develop, ensuring we do not widen the gap further.
- Encourage the allocation of resources to where they are needed most, particularly those areas or groups of people who suffer the poorest health outcomes.
- As organisations, work in an integrated way with individuals and communities who suffer poorer health outcomes, understanding the complex and cross-cutting nature of issues relating to health inequalities, many of which are rooted in wider social factors. We will endeavour to understand and address the key issue or issues which can act as a catalyst to improving broader outcomes, rather than trying to solve individual problems as separate organisations.
- Support a range of community based health and wellbeing approaches that work intensively with residents who experience poorer health outcomes, assessing their potential to improve health and wellbeing at community levels in the longer term.
- Work together to ensure services are being provided where they are needed most, using the assets we have more flexibly to better meet local need.
- We support a smarter approach to communicating with our residents and sharing health and wellbeing messages.
  We recognise that traditional methods of communication are not appropriate for some people and we need to explore new, innovative methods that better convey health and wellbeing information to our residents, people who use services and their families.
- We acknowledge and value the difference that schools and children's centres can make in tackling inequalities, for example - their engagement with children and parents, educational attainment, and healthy food initiatives.

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- Health and wellbeing are multi-faceted and complex concepts, therefore a range of approaches and interventions are required to address the determinants of health. This is reflected in our actions.

Actions - over the next three years the Health and Wellbeing Board will:

Target resource where it is needed most

1. **Steer investment in health improvement programmes that offer bespoke interventions that demonstrate an improved health outcomes.**
    - We want to ensure health improvement programmes are where they are needed most to improve the health and wellbeing of our residents who experience lower levels health and wellbeing, for example, lone parents, homeless young people and care leavers.

Tackle deprivation and address complex issues

2. **Champion a joint approach to addressing complex, interlinked issues that a number of families experience in our city, through our work with troubled families.**
    - This work has been extremely successful in supporting families through complex issues, which no one agency or discipline can resolve. We would like more health professional resource allocated to these programmes to support more families with health specific issues.

3. **Adopt a joint approach to community development in deprived areas of York, where communities define their own issues and how they can address them.**
    - Stronger communities can offer more supportive environments, where more people care for each other. Giving communities more control over their lives and their wellbeing can be improved, for example, confidence and skills.

4. **All organisations on the Health & Wellbeing Board will commit to exploring the implementation of the Living Wage, and encourage others in the city to do so.**
    - The Living Wage could lift a number of families in York out of poverty. Recruitment and retention of staff is improved and quality of work increased.

5. **Organisations on the Health and Wellbeing Board commit to running supported employment programmes within their organisations and if successful, encourage other organisations or businesses to follow.**
    - We will also support volunteering programmes which offer that step up to employment and work which helps sustain people in employment or training. We absolutely recognise the benefits of employment and training on health and wellbeing.

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Improve access to services and support community-based initiatives

6. **Encourage investment in community based programmes which increase residents' income and/or reduce their expenditure, such as debt, benefits or employment advice. We support the recommendations in the Financial Inclusion Strategy and acknowledge that this work is continuing.**
    - These programmes can lift a number of children and families out of poverty; they can be a stepping stone to employment. Additional income is often spent on heating, care and food. Not only does this prevent ill-health, and benefit the local economy, it also reduces demand on pressurised health services.

7. **Explore and identify opportunities where we can take a range of services to residents who would benefit most from this. This includes:**

- The use of the Community Stadium as a hub for health and wellbeing and a base for outreach services, ensuring we reach people who experience lower health outcomes.
- The use of existing buildings within communities to join up, co-locate or extend services to increase flexibility and accessibility, for example, extending the range of support available from GP surgeries or using pharmacies to provide basic health checks and signposting.

8. **Recruit, train and support health and wellbeing champions from within those communities experiencing poorer health outcomes. They will signpost and provide health and wellbeing information. We will learn from recent research on this subject area in York and put these findings into practice. We acknowledge the role of 'HealthWatchers' who are already working in some areas of the city.**

- Health and wellbeing messages are often more effective when they are heard from people already known or from people within that community. Signposting is one method of early intervention, helping people access the right support at the right time, preventing their health from worsening. It is a great way to promote the support that is already available in communities.

Promote healthy lifestyles and behaviours

9. **Undertake targeted work to investigate and address health behaviours and lifestyles in York, focused on smoking, alcohol use and obesity.**

- Behaviours and lifestyles have a significant impact on health. We want to work with people in our communities to encourage healthier lifestyles and make healthier choices. [Insert findings from 'intervening in the social determinants of health']

10. **Establish an effective York model for tobacco control** (it is currently across both York and North Yorkshire).

- This includes establishing a York Tobacco Alliance and implementing the NICE guidance 'Quitting smoking in pregnancy and following childbirth'.

Working document

- Smoking is a major contributor to ill health. A more joined-up approach to tackling smoking in York can lead to improved health outcomes.

11. We will undertake joint campaigns across all partners and use our understanding of communities and individuals to target communication. We will adopt innovative approaches which actively engage more people in health and wellbeing issues.

- We want to increase the consistency of messages that go out from various health and wellbeing organisations to increase awareness and understanding of health issues. By actively engaging more people, our residents and people who use our services will be better informed and will be better equipped to maintain and improve their own health and wellbeing.

Delivering the actions for the priority 'Reducing Health Inequalities':

The Health and Wellbeing Board will delegate the responsibility to deliver these actions to the Tackling Deprivation and Health Inequalities Partnership Board which will sit below.

The Health and Wellbeing Board will expect to see the principles and actions within the partnership board's delivery plan before it is approved. The partnership board however will have some scope to further define these actions before their implementation. The partnership board will also make recommendations to the Health and Wellbeing Board to influence our strategy for reducing health inequalities in the city.

Please see the 'Delivery and Monitoring' section on page 36 for more information.

Working document

Improving mental health and intervening early

Why 'improving mental health and intervening early' is important

It is estimated that at any one time there are around 25,000 York residents experiencing various kinds of mental health problems, ranging from anxiety and depression to severe and enduring conditions including dementia and schizophrenia. Furthermore, 10% of 5 to 15 year olds in York are estimated to have a diagnosable mental health disorder and, with people living longer, an increase in dementia is forecast.

Much of this can go under the radar, and we need to **raise awareness and improve our understanding of the full range of mental health needs** in the City.

Where possible, we want to be able to intervene early to address or prevent mental health problems and not just treat more severe conditions. We know this is better for the wellbeing of people in York and their families and is more cost-effective.

The JSNA recommends that active consideration is given to joining up more closely the children's and adults' mental health agendas and work streams in order to support a closer focus on **early intervention, prevention and transition**. The Children and Young People's Mental Health strategy (CAMHS) is a key local policy driver for this priority. The JSNA also highlights the need to provide a range of comprehensive **community based support**, early intervention and services for individuals with mental health problems.

Housing has a significant impact on all our health and wellbeing. The JSNA specifically recommends that the housing needs of people with mental health conditions do need to be considered in the context of service planning and high quality provision. We need to ensure that health and wellbeing services, support and provision **promotes choice and control** embed for people who are have or are recovering from mental health conditions.

Working document

Principles which will guide our work and resources to deliver this priority

- Recognise the work that the workforce, the voluntary sector, communities and carers make to 'improving mental health and intervening early', especially for the following key issues:
  - **Increasing understanding of mental health needs** across the city
  - **Raising awareness** of mental health and **reducing stigma**
  - **Intervening earlier** and supporting **community-based initiatives**
  - Ensuring service planning and provision promotes **choice and control**

- Seek to gain a better understanding of mental health needs in York, and the services that are currently available. We will make sure our services are fit for purpose and if necessary redesign them to better meet mental health needs locally.

- Look to raise the profile of mental health and remove the stigma attached to it.

- Ensure that when we plan services, this takes account of the mental health needs of the ageing population, with particular reference to social isolation, loneliness and the growing number of people with dementia.

- Endeavour to create supportive communities which enable good mental health; where people have regular contact with one another, friendships can be developed and people are there to support each other. This will help prevent people from developing mental health conditions or requiring services in the first place.

- Improve coordination between the broad range of mental health support available in York across sectors, and which draw from both medical and social models of health and wellbeing. Since we know that mental health conditions are often complex, long term and related to a range of factors, we will support the development of longer term support programmes and more joined-up working between services.

- Work together to join up children's and adult's mental health agendas to better support early intervention work and the transition between services.

- Support a model of early intervention and prevention where possible, providing and effectively referring to a range of alternative support (instead of medication or intensive interventions) for people with low-level mental health conditions.
  We acknowledge that there are different levels of mental health needs, and that different support and models of care should be used appropriately.

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- Recognise that although the 'recovery model' can benefit those with mild or moderate mental health issues, there are approximately 400 people in the city with severe or enduring mental health conditions who need more intensive support.

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Actions - over the next three years the Health and Wellbeing Board will:

Increase understanding of mental health needs across the city

1. Ensure that all agencies and practitioners record and provide accurate data about mental health and can share this across relevant partners (on a confidential basis, as appropriate).

- We need to know more about mental health needs. Improving collection and recording of data will help increase our understanding of mental health, particularly lower level mental health, informing and improving mental health services.

Raise awareness of mental health and reduce stigma

2. Commit to a joint annual communication campaign for mental health: awareness of it, how to respond to it, and how to promote mental wellbeing.

- This will improve the consistency of information across the city. As our understanding of mental health in the city increases, we can target these campaigns so they reach the right people.

3. Deliver a joint workforce programme for city employers for 'well at work' training for managers.

- This will increase awareness of mental health and stress in the workplace - how to identify problems and signpost to the appropriate support. It will also focus on promoting wellbeing at work – how to manage stress positively and achieve good mental health.

Intervene earlier and support community-based initiatives

4. Commission more mental health first aid training in York – either from the existing national programme or develop a local model.

- Support will be offered earlier and at a lower level, preventing issues from worsening and avoiding higher level interventions further down the line.

5. Across sectors, we will jointly map the support and pathways available for people with mental health conditions, including thresholds and eligibility criteria for services.

- This will identify opportunities where we can, across the system, intervene earlier. Following this work we anticipate re-commissioning support to ensure we are providing the right pathways of care and support for mental health services.

6. Explore how a single social prescribing programme which recommends exercise, social activity or volunteering can be established city-wide.

- This builds on an existing programme which recommends physical activity and is recognised by health professionals.
- Longer term this approach could be embedded within Choose and Book.

Working document

- This community-based approach offer alternative support which increases confidences, self esteem, and inclusion. It helps tackle loneliness and depression and reduces the demand for health services[10.]

7. **Support schools to raise awareness of mental health amongst young people and recognise the work that has already begun to achieve this.**

- This includes bringing in mental health expertise to complement Personal, Health and Social Education within the curriculum and refining it so it is more relevant to young people's mental health issues, i.e. eating disorders and self-harm.
- Young people will have an increased awareness of mental health – reducing stigma, improving the response to mental health issues and promoting mental wellbeing.

8. **Commission more community based support and services for individuals, especially early intervention and prevention work[11].**

- This includes: commissioning more counselling services and additional services to support 16-25 year olds. This will enable earlier intervention, and allow us to explore and address specific issues relating to young people moving into adulthood.

Ensure service planning and provision promotes choice and control

9. **Review our housing policy for people with a mental health condition, this includes looking at our housing stock options and how we can offer more flexible tenure options.**

- Housing has a significant impact on health. It is vital therefore that we promote a range of housing options, appropriate for a range of needs to provide safe and secure living environments to aid recovery.

10. **Introduce a Standardised Approach to Assessment (SAA) for Mental Health. All partners on the Health and Wellbeing Board will agree to use the mental health recovery star.**

- This assessment could be a 'passport', following the service user to a range of services and reviews. This will avoid several different assessment tools being used every time someone uses a different service. It can be used by clinicians and non-clinicians.

11. **Provide a more fit for purpose Place of Safety for York and North Yorkshire.**

- We will increase multi-agency working to improve how agencies respond to those being detained under the Mental Health Act and agree a coordinated approach and policy for York. We want to ensure that people are treated with respect and dignity. Police custody is not an appropriate Place of Safety – it compounds distress and vulnerability.

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[10] Based on evidence from the HEAL programme in York and the HALE project in Bradford.
[11] The London School of Economics and Kings College report 'Economic Evaluation of Early Intervention (EI) Services' shows the significant savings that early intervention approaches can make for the NHS.

Delivering the actions for the priority 'Improving mental health and intervening early':

The Health and Wellbeing Board will delegate the responsibility to deliver these actions to the Mental Health and Learning Disabilities Partnership Board which will sit below.

The Health and Wellbeing Board will expect to see the principles and actions within the partnership board's delivery plan before it is approved. The partnership board however will have some scope to further define these actions before their implementation. The partnership board will also make recommendations to the Health and Wellbeing Board to influence our strategy to improve mental health and intervene early.

Please see the 'Delivery and Monitoring' section on page 36 for more information.

Working document

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

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

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

In 2010, there were an estimated 4,400 children living in **poverty** in the city. There is a considerable attainment gap between pupils who are in receipt of free school meals and other pupils. In 2011, 10% of York pupils were claiming free school meals, compared to a national average of 18%. The school absence rate amongst pupils eligible to receive free school meals in York was approximately double the rate of those pupils who were not. We know that **education is essential** in improving life chances and opportunity.

Working document

Principles which will guide our work and resources to deliver this priority

Eight ways in which we will work to help **all** children, young people and their families to live their dreams:

- **Striving for the highest standards**
  York already enjoys some of the highest educational and health outcomes of anywhere in the UK. But we are not complacent, and will continually strive for more. There should be no limits on the dreams and aspirations of any young person in York. This can only come about through positive partnerships with children, young people and their families; together with a skilled, confident and committed workforce.

- **Creating truly equal opportunities**
  We will work relentlessly to ensure that no child, young person or community is at a relative disadvantage, removing all traces of discrimination from our systems and our interactions –

with a particular focus on the rising numbers of children from a black and ethnic minority (BEM) background, and on those questioning their sexuality. This principle is as much about celebrating the positive as it is about eliminating the negative.

- **Ensuring children and young people always feel safe**
  Safeguarding lies at the heart of all our work, as does ensuring that there are "arenas of safety" at home, at school and in the community. We will continue to make our procedures for raising concerns about a child as straightforward and as effective as possible. We will be sensitive to the possibilities of exploitation or extremism, and will continue to adopt a "zero tolerance" policy for bullying in any form.

- **Intervening early and effectively**
  We firmly believe in the principle of investing in "upstream" interventions to prevent costly "downstream" problems. This includes developing responsive mechanisms for supporting particularly vulnerable children, young people and families. It is also about programmes of public health to promote breastfeeding, exercise, healthy eating and good sexual health, whilst also preventing unwanted conceptions, and problems with drugs or alcohol.

- **Working together creatively**
  This is about working within and beyond the YorOK partnership to ensure that organisational demarcation never gets in the way of the best interests of children and young people in York. It's about sharing information, and pooling budgets, so as to develop better services. It's also about making best use of the changing organisational landscape in both education and health to promote the interests of young people.

- **Treating children as our partners: mutual respect and celebration**
  York has always prided itself on its capacity to involve young people. We need to ensure that all services continue to be fully responsive, and that young people's views are built into the design and delivery of services from the outset. We should lose no opportunity to celebrate their achievements. This principle is founded on respect for children's rights as enshrined in the UN Convention and recognition that with these rights also come responsibilities. We will continue to work closely with the Youth Council and with School Councils in this area.

- **Connecting to communities and to the rich culture of our great city**
  We need to see children as people who live within their communities and as future responsible citizens. York has such a rich heritage, and varied cultural life, and we need to ensure children and young people have multiple opportunities to connect with it. We also need to be sensitive to the fact that different communities have very different needs and aspirations, and that for some people their "community" may be their local area, whereas for others, it may have more to do with cultural identity.

- **Remembering that laughter and happiness are also important**

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It would negate the purpose of this principle to expand upon it further!

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

- **Helping all York children enjoy a wonderful family life**
  We have always recognised that children are best brought up in their own family, however that is composed. Where that is not safely possible, we will seek always to ensure that high quality local alternative family settings are available. So we need to ensure we give extra help to any family experiencing particular difficulties, and to continue to support foster families, adoptive parents, and those parents who may be vulnerable in some way (including parents with learning difficulties).

- **Supporting those who need extra help**
  We already have evidence of differences in educational and health outcomes for looked after children compared with their peers and – despite some progress – in the attainment of pupils eligible for free school meals or the pupil premium. We also have concerns about the outcomes for young people from the traveller community and for young carers. Finally, we need to do more to help young people with a learning difficulty or disability to find employment after school or university. For all these groups, we need imaginative programmes of support and challenge.

- **Promoting good mental health**
  We need to do more work to understand the possible dimensions of the issue here, ie, what is actually needed, and to deliver a range of sensitive and professional services to support young people who have mental health issues. Young people are particularly keen for us to help to remove the stigma around poor mental health.

- **Reaching further: links to a strong economy**
  There are two particular areas where the needs of young people interact with the economic health of the city: child poverty, and young people not in education, training or employment (NEET). We need to expand our multi-agency, multi-faceted programme to tackle child poverty and to increase the number of apprenticeships across the city. The raising of the "participation age" during the lifetime of the plan will appear to have removed the problem of "NEET" young people under 18, but as a partnership, YorOK is just as concerned about young adults aged 18-25 who are without work or purposeful activity. We need to help all young people to be "work ready" and to encourage and support young entrepreneurs.

- **Planning well in a changing world**
  This priority recognises some particular uncertainties that we know we are going to have to face in the next plan period, for which we need to plan effectively. These include falling demand for secondary school places and, conversely, rising demand at primary level. We

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also face unprecedented pressures on our budgets, putting an added premium on ensuring that we spend every penny wisely and that we work together imaginatively to ensure that the total impact of our combined budgets is greater than the sum of the parts. But there are also positives – the health reforms, and the changes to the education system, represent opportunities we should seize.

Delivering the actions for the priority 'Enabling all children and young people to have the best start in life':

The YorOK Board has detailed how it will deliver the principles and actions for this priority in 'Dream Again', York's Strategic Plan for Children, Young People and their Families, 2013-2016.

Please see the 'Delivery and Monitoring' section on page 36 for more information.

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Creating a financially sustainable local health and wellbeing system

Why 'creating a financially sustainable local health and wellbeing system' is important

In order to deliver this strategy we need to have the right resources in place. Resources and commissioning decisions should be aligned with principles and actions set out in this strategy so we can achieve our priorities and support the health and wellbeing of residents in York both in the short and long term.

Significantly reduced and further reducing public sector budgets, financially challenging times for individuals and increasing demands for a range of health and wellbeing services create a perfect storm for the health and wellbeing system in York to contend with. Taking into account increased demand, it is estimated that budget savings of around 20% will be required across health and local government by 2020.[12] To simply continue what we are doing, let alone additionally investing in our priorities or to make long-term savings, would be a major challenge.

All this, coupled with the urgent need to re-balance the York & North Yorkshire health system which is spending more than is available year on year, make this is a pivotal time to create a system which costs less overall but continues to provide excellent care, treatment, support and opportunities for our residents.

Nevertheless, we must remind ourselves that despite the challenges, there are still hundreds of millions of pounds across sectors to support and improve the health and wellbeing of individuals and communities in York – it is our responsibility to maximise what we do with this and invest it wisely.

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[12] LGA Funding Outlook for Councils, 2012; King's Fund, 2011

Principles which will guide our work to deliver this priority

We will:

- Through the Health and Wellbeing Board, take ownership of the financial position of the whole health and wellbeing system in York, rather than focus on the performance of individual organisations.
  We will ensure we are investing in services that we know will have the biggest impact on improving health and wellbeing. We need to be aware of both the intended and unintended consequences of funding decisions we make and the impact of any subsequent service change. To help us make these decisions we will take a joint approach to budget consultation with residents and endeavour to communicate consistently about the overall financial position.

- Maximise efficiencies between adult social care and health through jointly planning care pathways across sectors and integrating commissioning decisions more closely.
  Where appropriate, we will explore opportunities for joint commissioning posts, pooled budgets or lead commissioning arrangements between City of York Council and Vale of York Clinical Commissioning Group to support this more integrated approach.

- We will prioritise system change around care pathways for older people which are the most significant cost pressures and opportunities.
  This will address a major strain and will release pressure on services so they are able to function better across the board, benefitting all our residents.

- Support community-based models of care to allow more people to benefit from being supported in their own homes and within their own communities.
  We know people prefer to be supported at home, or near home and the significant health and wellbeing benefits this offers – reduced transitions and increased independence. Providing more support at home may lead to a reduction in the number of beds that are needed in hospitals and a change in staffing and equipment provision. We must sensitively reassure and remind people of the benefits of this approach and the need for change. In order to make this system change, we will need to:
  - Create performance frameworks and contracts which reward this more financially sustainable model of care, and share risk appropriately
  - Commission primary, community and social care so that there is sufficient capacity to effectively support people closer to home who would have traditionally required hospital services. We will commission the best services possible, with openness to the possibility that this may not be from statutory providers.
  - Encourage the reduction of hospital referrals through GPs and nursing homes, highlighting other, more fit for purpose services, to refer on to.
  - Promote and encourage self-care where appropriate.

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- Be open with the public about the need for change, educating them in dilemmas we face together and trust them to make decisions which benefit the whole population. We will work closely with local media, encouraging them to act with social responsibility, to avoid publicity which could derail this collaborative approach.

- Urge Central Government to adopt its plans for a financially sustainable model for paying for adult social care without delay.

- Allocate our resources to where they are needed most, particularly those areas or groups of people who suffer poorer health outcomes.

- Have a two-pronged approach to reviewing finance and resources – a whole system view but also assessing the effectiveness of our services on a case by case basis. This will give us more flexibility in allocating resource where it is needed and resolving cases where people are 'stuck in the system'.

- Maximise internal efficiencies through vacancy management and efficiency programmes across the Council and NHS.

- Take a shared approach to assets such as buildings and vehicles, maximising their use between partners, and selling or putting to other use assets we don't need as a result.

- Maximise the use of voluntary sector services where they provide excellent value for money and results.
  We will stimulate a stronger market by supporting voluntary sectors organisations to work together or scale up to bid for larger contracts. We will tender contracts to enable voluntary sector organisations to be competitive against larger statutory or independent providers.

- Trust patients and residents to understand the complex dilemmas we face and allow them to shape solutions, for example, through the increased co-production of services.

Delivering the priority 'creating a financially sustainable local health and wellbeing system'

The Health and Wellbeing Board will deliver this priority as achieving this requires whole system change. The Health and Wellbeing Board will be supported by task groups, for example, finance officers who will support health and wellbeing organisations to understand each others' budgets, budget plans over the next 3 years and how this will affect the health and wellbeing system and individual organisations.

Please see the 'Delivery and Monitoring' section on page 36 for more information.

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Links to city wide plans

It is important to note the close links between the delivery of York's Health and Wellbeing Strategy and other significant city-wide plans that have a major impact on the health and wellbeing of our residents. These include the City Action Plan and the recommendations within the Fairness Commission final report.

City Action Plan

The City Action Plan sets out the aims and intentions of individuals and organisations dedicated to improving the quality of life in York and making our way of life more sustainable, between 2011-2025. Sharing Growth is one of the three priorities in the City Action Plan and one which the Health and Wellbeing Board will help deliver. Specifically, promoting the wellbeing of all of the city's residents recognising its changing demography and meeting the health and social care needs of the city's growing older population.

The Health and Wellbeing Board will also recognise and support the achievement of the key ambition 'strong neighbourhoods and communities throughout the city where people have an effective voice in local issues, are able to influence'. As stated earlier in this strategy, we have a commitment to engagement in the long term and extend the concept of co-production throughout more health and wellbeing services.

It is well documented that a thriving economy enhances the health and wellbeing of a population; therefore we need to acknowledge the other two priorities within the City Action Plan – Enabling Growth and Creating the Environment for Growth.

York Fairness Commission

The York Fairness Commission is a non-political, independent, voluntary advisory body established in 2011 with the purpose of promoting greater fairness and reduced inequality in York.

The Health and Wellbeing Board will support the Fairness Commission principles and will be a vehicle for delivering a number the health and wellbeing principles recommendations within the Commission's 'Findings and Recommendation 'report and the companion report 'Ideas for Action'. Recommendations E and F are of particular relevance to the Health and Wellbeing Board and its partnership boards. Inequality is complex and multi-faceted, so the Board at times may work alongside other city partnerships to implement the recommendations and explore ideas for action.

Working document

Delivering and monitoring the strategy

The resource to deliver the Health and Wellbeing Strategy

At the time of drafting this strategy it is still unclear how much resource health and wellbeing organisations will have to implement the actions over the next three years. As highlighted earlier in this document, we are in challenging financial times, with decreasing funding and resources along with increasing demand for services. However, not all of the actions within this strategy will require additional investment. Some actions will be implemented through the synergies of more joint working. As we work together more, we will find new opportunities to jointly deliver and resource our priorities. Some actions will require health and wellbeing organisations to re-prioritise resource or funding, or re-allocate staff time so it is aligned with our priorities. Some actions will need new resources, and the Health and Wellbeing Board will work together to find the resource required to implement their commitments.

An introduction to the Health and Wellbeing Partnerships

The Health and Wellbeing Board will have overall accountability for the delivery of this strategy. They will also be accountable for delivering a number of actions set out in the City Action Plan relating to Sharing Growth and will lead our response to the Fairness Commission recommendations related to health and wellbeing.

Below the Health and Wellbeing Board are four strategic partnership boards:

1. **Older People and Long Term Conditions**
   Chair: Dr. Tim Hughes, Vale of York Clinical Commissioning Group
2. **Tackling Deprivation and Health Inequalities**
   Chair: Dr. Paul Edmondson-Jones, York Director of Public Health and Wellbeing
3. **Mental Health and Learning Disabilities**
   Chair: Dr. Cath Snape, Vale of York Clinical Commissioning Group
4. **Children and Young People – The YorOK Board**
   Chair: Councillor Janet Looker

Although the health and wellbeing partnership boards will deliver the priorities within this strategy, it is not the totality of their remit.

For example, the Older People and Long term Conditions partnership will deliver the priority ‘Making York a great place for older people to live’, but it will also deliver a number of priorities and actions relating to long term conditions on behalf of the Vale of York Clinical Commissioning Group, the City of York Council and partners. Similarly, the Mental Health and Learning Disabilities partnership will deliver the priority ‘Improving mental health and intervening early’, and it will deliver a number of priorities and actions relating to the Valuing People Now agenda.

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These partnership boards are in their infancy and are not yet fully established, with the exception of the YorOk Board. In establishing these boards there is a lot of work to do to ensure we have the right membership, terms of reference and that other partnerships relating to their work know how they can be involved - the routes they can take to influence the Health and Wellbeing Board and our strategic priorities and how they contribute to delivering the strategy. The priorities for the health and Wellbeing Board will change over time, as do health and wellbeing needs. This strategy is focused on what the Health and Wellbeing Board believe they can make the biggest difference to health and wellbeing by working together at this point in time. We will ensure sufficient flexibility to enable us to address any significant health and wellbeing issues that arise so they are addressed it in a timely manner. What is a priority now may well change over the coming years.

The role of the Health and Wellbeing Partnerships

Once established, the first task that these partnership boards will undertake is to set out a delivery plan for the relevant priority and the implementation of the actions. Each partnership board will be responsible for delivering a priority area.

The partnership boards will follow the principles set out in this strategy and work to deliver the commitments and actions contained within it. Each partnership board will report to the Health and Wellbeing Board annually to update on progress towards and achievement of the actions and commitments. Many of the commitments and actions have considerable scope for the partnership boards to co-design responses and solutions with communities, individuals and organisations across all sectors.

Included within this strategy are a number of cross-cutting principles and actions. To ensure their delivery, the Health and Wellbeing Board will expect to see these included in the delivery plans of all four partnership boards, before their approval.

The Health and Wellbeing Board will deliver the fifth priority, ‘creating a financially sustainable local health and wellbeing system’ as this requires whole system change to achieve it. The Health and Wellbeing Board will delegate work to task groups to support the delivery of this, for example, to finance officers and commissioners across health and wellbeing organisations to increase understanding of commissioning arrangements and identify opportunities for joint commissioning. In April 2013 a detailed work plan to help the Health and Wellbeing achieve the principles within this priority will be prepared.

The diagram below illustrates the relationship between the Health and Wellbeing Board, the Without Walls partnership and the four strategic partnership boards.

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Delivery and monitoring – responsibility and accountability for each theme through partnership infrastructure

Without Walls Partnership

Health & Wellbeing Board

5. Resources and finances – a sustainable health and wellbeing local system

Older People & Long Term Conditions	Tackling deprivation & health inequalities	Mental Health & Learning Disabilities	Children & Young People (YorOK)
1. Making York a great place for older people to live	2. Addressing health inequalities	3. Improving mental health and intervening early	4. Enabling all children and young people to have the best start in life

Task and finish groups / Project boards / working groups as required by above boards to deliver on priorities

Monitoring the delivery and impact of the strategy

Working

The impact of the Health and Wellbeing Strategy will be monitored on a quarterly basis.

We are currently working with the council's Performance and Intelligence Team to create a joint scorecard to monitor the impact of the Health and Wellbeing Strategy. This will be used to provide the Board with an overview of progress and delivery of our actions. The joint scorecard will be in line with the national outcomes frameworks: – public health outcomes, adult social care outcomes and NHS outcomes.
[This scorecard will be inserted here when ready.]

As well as developing a joint scorecard to allow the Health and Wellbeing Board to monitor the delivery and performance of this strategy, we want to capture the real difference some of these changes make to the residents of York. We want to use qualitative methods to get an in-depth picture of how people's health and wellbeing is being affected, what is working at what isn't. To gain this insight we will work closely with HealthWatch, the voluntary sector and the engagement officers within the organisations who sit on the Health and Wellbeing Board. We would like to invite the four partnerships boards to share any qualitative feedback with the

Health and Wellbeing Board via an annual report at a thematic board meeting. As well as monitoring against the performance indicators, this report will be expected to include the wider picture of their remit of work, rather than a narrow view of their delivery plan, case studies summarising experiences of using or accessing health and wellbeing services and how people have been engaged and involved in the evaluation.

To summarise, it is expected that the four health and wellbeing partnership boards will:

- Produce a delivery plan which will be approved by the Health and Wellbeing Board
- Produce a performance framework, monitoring the totality of their work.
- Provide a quarterly report for the Health and Wellbeing, giving an overview of progress and performance.
- Provide an annual report to the Health and Wellbeing Board, providing a thematic and detailed report on their progress and performance over that year.

Once the partnership boards are established we will have more details about how their work and the delivery of the strategy will be monitored. This work is still ongoing, but we will be able to provide further clarity by March 2013.

Working document

A reference list of strategies and plans relevant to this strategy

1. Joint Strategic Needs Assessment 2012
2. Vale of York Clinical Commissioning Group Integrated Plan *(currently in draft)*
3. Children and Young People's Plan 2012 – Dream Again
4. York Adult Care Workforce Strategy
5. Fairness Commission final report
6. City Action Plan
7. Children and Young People's Mental Health (CAMHS) strategy
8. North Yorkshire and York Review
9. Housing strategy
10. Older People's Housing Strategy
11. Financial Inclusion Strategy

Working document

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Shadow Health and Wellbeing Board **5th December 2012**

Establishing Health and Wellbeing Partnerships

1. Summary

This report provides an update of for the Shadow Health and Wellbeing Board on progress made and future plans to establish the new partnership boards sitting directly below the Health and Wellbeing Board. These partnership boards are:

1. Older People and Long Term Conditions
2. Mental Health and Learning Disabilities
3. Tackling Deprivation and Health Inequalities

A fourth board, YorOK, focused on Children and Young People will also sit below the Health and Wellbeing Board, but this board already exists therefore it will not be covered in this report.

The Shadow Health and Wellbeing Board are asked to:

- Note the progress that has been made in implementing the new structure
- Confirm their support for the development of the partnership boards, recognising the significant role they will have in delivering the Health and Wellbeing Strategy.

2. Background

On 9th May, the Shadow Health and Wellbeing approved agreed that the following four partnership boards should sit below the Health and Wellbeing Board.

- Older People and Long Term Conditions
- Mental Health and Learning Disabilities
- Tackling Deprivation and Health Inequalities
- Children and Young People (YorOK)

On 4th July the Shadow Health and Wellbeing Board also confirmed that the priorities and actions within the Health and Wellbeing Strategy will be delivered by these four partnership boards.

The boards will also be expected to:

- Have senior representation from key providers and commissioners of services, including, City of York Council, Vale of York CCG, and York Hospital.
- Be accountable to the Health & Wellbeing Board for delivering the relevant priorities of the Health & Wellbeing Strategy – be guided by the strategy's principles and deliver specific actions.
- Take recommendations to the Health and Wellbeing board, to influence the strategic direction of the York's health and wellbeing system, based on their expertise and understanding of the issues within their remit.

For their particular area of focus they will:

- Have joint leadership and responsibility for their work across the city
- Set objectives for their relevant subject areas and any other associated areas that have an impact on it, such as education or employment
- Collate an understanding of need
- Investigate opportunities for joint commissioning and shared budget arrangements
- Oversee whole system pathway redesign where needed
- Ensure organisational plans and spend reflect strategic priorities
- Devise a performance framework and monitor the outcomes of their work
- Set up task and finish groups to where needed to undertake particular detailed work
- Ensure planning, commissioning and delivery is informed by community and patient voice

The diagram below shows the partnership boards as a vehicle for delivering the five Health and Wellbeing Strategy priorities.

Delivery and monitoring – responsibility and accountability for each theme through partnership infrastructure

Health & Wellbeing Board

5. Resources and finances – a sustainable health and wellbeing local system

Older People & Long Term Conditions	Tackling Deprivation & Health Inequalities	Mental Health & Learning Disabilities	Children & Young People (YorOK)
1. Making York a great place for older people to live	2. Addressing health inequalities	3. Improving mental health and intervening early	4. Enabling all children and young people to have the best start in life

Task and finish groups / Project boards / working groups as required by above boards to deliver on priorities

The Health and Wellbeing Strategy will not be totality of the partnership boards' remit. They may also report to other strategic, city partnerships, such as Without Walls and will carry out actions and work on their behalf. Approval for any changes to the structure of health and wellbeing partnerships will be sought by the relevant city partnerships before implementation.

3. Overview of progress in establishing the partnership boards

A. Older People and Long Term Conditions

The Older People's and Long Term Conditions partnership board will be chaired by Dr. Tim Hughes from the Vale of York Clinical Commissioning Group and the Lead Officer will be the council's Assistant Director for Adult Commissioning, Modernisation and Provision. Dr. Tim Hughes is currently liaising with partner organisations, including the Council and groups representing older people about the development of the partnership board.

The different ways of supporting people with long term conditions and the services that could be jointly procured to provide this is a major issue currently being explored. It is essential that the membership of this group is able to inform its principal objective of joint commissioning services for older people and people with long term conditions of all ages. The patient voice will be at the heart of this partnership, which is aiming to meet for the first time in January 2013.

B. Mental Health and Learning Disabilities

The Mental Health and Learning Disabilities partnership board is being chaired by Dr. Cath Snape from the Vale of York Clinical Commissioning Group and the Lead Officer is the council's Assistant Director for Assessment and Safeguarding. The board are meeting on 18th December to continue their development and explore their priorities and work plan. They will also begin to explore the relationships with other mental health and learning disabilities partnerships, groups and forums to clarify channels of engagement and influence.

C. Tackling Deprivation and Health Inequalities

The Director of Public Health and Wellbeing is currently exploring a number of options relating to the partnership's structure. There appears to be some overlap with the remit of this partnership and the Inclusive York Forum that already exists.

Options being explored include:

i. Establishing the Tackling Deprivation and Health Inequalities Partnership as well as maintaining the existing Inclusive York Forum
ii. Merging the Inclusive York Forum with the new Tackling Deprivation and Health Inequalities partnership.
iii. Establish a Tackling Deprivation and Health Inequalities partnership board, with a number of sub groups around it. Each sub group would have a specific focus on a particular issue. The Chairs of each sub group would come together, meeting as the partnership board to coordinate activity across the groups. The diagram below shows how this structure might look.

The Director of Public Health and Wellbeing is currently consulting with lead officers and community representatives with an interest in York Inclusive Forum and other partnerships relevant to health inequalities to work through these options. This will ensure we make wider use of the resource in the city and we have a model that is inclusive and flexible, able to adapt to changing needs and priorities.

4. Governance arrangements of the partnership boards

Following recent government guidance about the governance of partnerships in local government, a review is taking place of the terms of reference for partnerships within the council. The outcome of this review is likely to affect the governance arrangements of the four health and wellbeing partnership boards. The governance arrangements for the partnership boards will be confirmed once this review in completed, this is expected by the end of December 2012.

5. Supporting the health and wellbeing partnership boards

With support from the Vale of York Clinical Commissioning Group and existing budget from the council's Adults, Children and Education Directorate a new temporary post, 'Health and Wellbeing Partnerships Manager' is being introduced. This new post will support the development and work of three new partnership boards (the YorOK partnership already has support in place). The Health and Wellbeing Partnerships Manager will also work with the Chairs and Lead Officers of the three partnerships to confirm the links and relationships to other health and wellbeing groups, partnerships and forums that already exist across the city. This will clarify the relationships that these groups have to within the health and wellbeing partnership structure. They will know how they can contribute to the work of the Health and Wellbeing Board, the Health and Wellbeing Strategy and how they are able to influence strategic priorities.

The recruitment for this post is expected to begin in early December, with a view to start their role in February 2013. This post will report to the Director of Public Health and Wellbeing and will work with the current Health and Wellbeing Strategy Officer.

6. Council Plan

The proposals in this paper have particular relevance to the 'Building Strong Communities' and 'Protecting Vulnerable People' strands of the Council plan.

7. Implications

- **Financial**

The implementation of the health and wellbeing strategy will impact on service planning, budgets and commissioning decisions. The health and wellbeing board will not take specific decisions on services or commissioning, however they will set the strategic direction for health and wellbeing services over the next three years.

- **Human Resources (HR)**

No HR implications

- **Equalities**

The implementation of the health and wellbeing strategy may well affect access to service provision. Decisions about accessing specific services will not be taken at the board.

Addressing health inequality and targeting more resource towards the greatest need should positively impact on equalities. To ensure that York's Health and Wellbeing Strategy does not have a negative effect on equalities a community impact assessment will be carried out before the strategy is signed off in April 2013.

- **Legal**

No legal implications

- **Crime and Disorder**

No crime and disorder implications

- **Information Technology (IT)**

No IT implications

- **Property**

No Property implications

- **Other**

8. Risk Management

There are no significant risks associated with the recommendations in this paper.

9. Recommendations

The Shadow Health and Wellbeing Board is asked to:

A. Note the progress that has been made in implementing the new structure

Reason: to inform members of the Shadow Health and Wellbeing of the progress being made in developing the new health and partnership structure.

B. Confirm their support for the development of the partnership boards, recognising the significant role they will have in delivering the Health and Wellbeing Strategy.

Reason: to help ensure that the partnerships are fit for purpose and have the support of the Shadow Health and Wellbeing Board to deliver the priorities.

10. Contact Details

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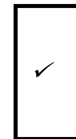
Report Approved		**Date**	*23 November 2012*

11. Wards Affected: **All** *x*

For further information please contact the author of the report

12. Attachments

No attachments

Shadow Health and Wellbeing Board **5th December 2012**

An overview of the NHS Mandate

1. Summary

A representative from the NHS Commissioning Board will lead a discussion about the report '**A mandate from the Government to the NHS Commissioning Board: April 2013 to March 2015'** which sets out the objectives of the new NHS Commissioning Board. This report is attached as **Annex A**.

Also attached is the Response to Consultation on the draft NHS Mandate held earlier in the year, see **Annex B**. City of York Council's comments are included in this response. The council commented on the importance that the objectives of the NHS Commissioning Board should be overarching so that they could be considered in a local context and be informed by local priorities. The Council stated that:

"It is essential the voice of the public is heard at a local level in order that the NHS can be shaped 'bottom up' as well as being moulded 'top down".

2. Council Plan

The proposals in this paper have particular relevance to the 'Building Strong Communities' and 'Protecting Vulnerable People' strands of the council plan.

3. Implications

- **Financial**

The health and wellbeing strategy will impact on service planning and commissioning decisions. The health and wellbeing board will not take specific decisions on services or commissioning, however they will set the strategic direction for health and wellbeing services over the next three years.

- **Human Resources (HR)**

No HR implications

- **Equalities**

The health and wellbeing strategy may well affect access to service provision. Decisions about accessing specific services will not be taken by the board. Addressing health inequality and targeting more resource towards the greatest need should positively impact on equalities. A community impact assessment (CIA) has been carried out on the strategy's priorities before it is signed off in April 2013.

- **Legal**

No legal implications

- **Crime and Disorder**

No crime and disorder implications

- **Information Technology (IT)**

No IT implications

- **Property**

No Property implications

- **Other**

4. Risk Management

There are no significant risks associated with the recommendations in this paper.

5. Recommendations

The Shadow Health and Wellbeing Board is asked to:

- Note the objectives of the NHS Commissioning Board set out in the mandate, their impact on the Health and Wellbeing Board and organisations represented on it.

Reason: to share information about the NHS Commissioning Board, their objectives and understand how it relates to the work of the Shadow Health and Wellbeing Board.

.

6. Contact Details

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Report Approved	✓	Date	23 November 2012

7. Wards Affected:

All | x

For further information please contact the author of the report

8. Attachments

Annex A – A mandate from the Government to the NHS Commissioning Board: April 2013 to March 2015
Annex B – The Government’s response to the consultation on the draft mandate to the NHS Commissioning Board

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DH Department of Health

The Mandate

A mandate from the Government to the NHS Commissioning Board: April 2013 to March 2015

November 2012

The Mandate

A mandate from the Government to the NHS Commissioning Board: April 2013 to March 2015

Presented to Parliament pursuant to Section 13A(1) of the National Health Service Act 2006

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Foreword

Now in its sixty-fifth year, the NHS remains as vital and as respected as ever.

Millions of us depend upon it every week, and through the dedication of thousands of professionals, we do so in confidence that it will be there for us, whatever our background or needs.

I am immensely proud of what the NHS has achieved, not only for the extraordinary things it does for us as individuals, but also for what it says about us as a nation.

This mandate – the first of its kind in the world – underlines my responsibility as Health Secretary to preserve and defend those principles to which we all remain indebted.

The most important of these is that the NHS remains comprehensive and universal, free at the point of delivery, and available to all based on clinical need. Under this Government, that will never change.

Yet the Mandate reflects a second responsibility – to ensure the NHS stays relevant and trusted in a rapidly changing world.

Never in its history has the NHS had to face such a profound shift in our needs and expectations.

An ageing population, rising costs of treatments, and a huge increase in the number of us with long-term, often multiple conditions are rewriting our relationship with health and care, all at a time of acute pressure on public finances.

These challenges go to the heart of the objectives I am setting the NHS Commissioning Board.

By offering health professionals more power and space, and by focusing on the things that people tell us matter most, we will make sure the NHS responds decisively and stays ahead of the game.

Similarly, whilst most people experience excellent care, nobody claims the NHS today is perfect.

I therefore want us to open every possible window into performance, so that we expose and prevent poor care, inspire the whole NHS to aim higher, and give everyone more confidence in the services they use.

Last century, the NHS set itself the highest ideals of compassion and dignity, carried by a commitment to the very best standards of treatment and support.

This mandate shows how we will honour that promise for the 21st century – and ensure our proudest creation continues to be our finest.

JEREMY HUNT
Secretary of State for Health

Introduction

The NHS belongs to the people. It is there to improve our health and wellbeing, supporting us to keep mentally and physically well, to get better when we are ill, and when we cannot fully recover, to stay as well as we can to the end of our lives. It works at the limits of science – bringing the highest levels of human knowledge and skill to save lives and improve health. It touches our lives at times of most basic human need, when care and compassion matter most. The NHS is founded on a set of common principles and values that bind together the communities and people it serves – patients and the public – and the staff who work for it.

The NHS Constitution

1. As a nation, we are proud of what the NHS has achieved and the values it stands for. But public expectations of good healthcare do not stand still. So on behalf of the people of England, patients and those who care for them, this first mandate to the NHS Commissioning Board sets out our ambitions for how the NHS needs to improve. It covers the period from April 2013 to the end of March 2015.

2. It is the Government's privilege to serve as guardian of the NHS and its founding values. We will safeguard, uphold and promote the NHS Constitution; and this is also required of the NHS Commissioning Board.

3. The NHS is there for everyone, irrespective of background. The Government will continue to promote the NHS as a comprehensive and universal service, free at the point of delivery and available to all based on clinical need, not ability to pay. We will increase health spending in real terms in each year of this Parliament. We will not introduce new patient charges.

4. The creation of an independent NHS Commissioning Board, and this mandate to the Board from the Government, mark a new model of leadership for the NHS in England, in which Ministers are more transparent about their objectives while giving local healthcare professionals independence over how to meet them.

5. The NHS budget is entrusted to the Board, which shares with the Secretary of State for Health the legal duty to promote a comprehensive health service. The Board oversees the delivery of NHS services, including continuous improvement of the quality of treatment and care, through healthcare professionals making decisions about services based on the needs of their communities. The Board is subject to a wide range of statutory duties, and is accountable to the Secretary of State and the public for how well it performs these.

6. This mandate plays a vital role in setting out the strategic direction for the Board and ensuring it is democratically accountable. It is the main basis of Ministerial instruction to the NHS, which must be operationally independent and clinically-led. Other than in exceptional circumstances, including a general election, it cannot be changed in the course of the year without the agreement of the Board. The Mandate is therefore intended to provide the NHS with much greater stability to plan ahead.

7. The Board is legally required to pursue the objectives in this document[1]. However it will only succeed through releasing the energy, ideas and enthusiasm of frontline staff and organisations. The importance of this principle is reflected in the legal duties on the Secretary of State and the NHS Commissioning Board as to promoting the autonomy of local clinical commissioners and others.

8. The scale of what we ask will take many years to achieve, but if the Board is successful, by March 2015 improvement across the NHS will be clear. By then, patients will see real and positive change in how they use health services, and how different organisations work together to support them.

9. The Government's ambition for excellent care is not just for those services or groups of patients mentioned in this document, but for everyone regardless of income, location, age, gender, ethnicity or any other characteristic. Yet across these groups there are still too many longstanding and unjustifiable inequalities in access to services, in the quality of care, and in health outcomes for patients. The NHS is a universal service for the people of England, and the NHS Commissioning Board is under specific legal duties in relation to tackling health inequalities and advancing equality. The Government will hold the Board to account for how well it discharges these duties.

10. The objectives in this mandate focus on those areas identified as being of greatest importance to people. They include transforming how well the NHS performs by:

- preventing ill-health, and providing better early diagnosis and treatment of conditions such as cancer and heart disease, so that more of us can enjoy the prospect of a long and healthy old age (*see section 1*);
- managing ongoing physical and mental health conditions such as dementia, diabetes and depression – so that we, our families and our carers can experience a better quality of life; and so that care feels much more joined up, right across GP surgeries, district nurses and midwives, care homes and hospitals (*see section 2*);
- helping us recover from episodes of ill health such as stroke or following injury (*see section 3*);

1 See section 13A(2) of the National Health Service Act 2006, as inserted by the Health and Social Care Act 2012

- making sure we experience better care, not just better treatment, so that we can expect to be treated with compassion, dignity and respect (*see section 4*);
- providing safe care – so that we are treated in a clean and safe environment and have a lower risk of the NHS giving us infections, blood clots or bed sores (*see section 5*).

11. These areas correspond to the five parts of the NHS Outcomes Framework, which are listed in this document and will be used to measure progress. The framework will be kept up to date to reflect changing public and professional priorities, and balanced to reduce distortion or perverse incentives from focusing inappropriately on some areas at the expense of others. In order to allow space for local innovation at the front line, both the Government and the NHS Commissioning Board will seek to ensure that local NHS organisations are held to account through outcome rather than process objectives. As one of its **objectives**, the Board will need to demonstrate progress against the five parts and all of the outcome indicators in the framework – including, where possible, by comparing our services and outcomes with the best in the world.

12. As part of this, the Government has identified the following priority areas where it is expecting particular progress to be made: (i) improving standards of care and not just treatment, especially for older people and at the end of people's lives; (ii) the diagnosis, treatment and care of people with dementia; (iii) supporting people with multiple long-term physical and mental health conditions, particularly by embracing opportunities created by technology, and delivering a service that values mental and physical health equally; (iv) preventing premature deaths from the biggest killers; (v) furthering economic growth, including supporting people with health conditions to remain in or find work. The Board is also expected to play a full role in supporting public service reform.

13. These priorities reflect the Government's absolute commitment to high quality healthcare for all, while highlighting the important additional role the NHS can play in supporting economic recovery.

14. The Mandate is not exhaustive. As part of the changes in the relationship between the Government and the NHS, the Board has agreed to play its full part in fulfilling pre-existing government commitments not specifically mentioned in the Mandate. For its part, the Government will exercise discipline by not seeking to introduce new objectives for the Board between one mandate and the next.

15. In all it does, whether in the Mandate or not, whether supporting local commissioners or commissioning services itself, the Commissioning Board is legally bound to pursue the goal of continuous improvement in the quality of health services.

1. Preventing people from dying prematurely

1.1 We want people to live longer, and with a better quality of life. Too many people die too soon from illnesses that can be prevented or treated. From cancer, liver and lung disease – and for babies and young children, England's rates of premature mortality are worse than those in many other European countries. There are also persistent inequalities in life expectancy and healthy life expectancy between communities and groups, which need to be urgently addressed by the NHS Commissioning Board.

1.2 About 20,000 lives a year would be saved if our mortality rates were reduced to the level of the best in Europe. We are under a moral imperative to act, so that more of us, our families, friends and neighbours, may enjoy the prospect of an independent and active old age. Our ambition is for England to become one of the most successful countries in Europe at preventing premature deaths, and our **objective** for the NHS Commissioning Board is to make measurable progress towards this outcome by 2016.

1.3 National and local government, the NHS Commissioning Board, Public Health England and others will all need to take action, with each organisation having the same goal. All will need to invest time now in developing strong partnerships, so that rapid progress can be made from April 2013.

1.4 Only after many years of sustained effort and innovation will this ambition be realised. Along the way, the NHS Commissioning Board's **objective** is to make significant progress:

- in supporting the earlier diagnosis of illness, particularly through appropriate use of primary care, and tackling risk factors such as high blood pressure and cholesterol. This includes working with Public Health England to support local government in the roll out of NHS Health Checks;
- in ensuring people have access to the right treatment when they need it, including drugs and treatments recommended by the National Institute for Health and Care Excellence (NICE), and services for children and adults with mental health problems;
- in reducing unjustified variation between hospitals in avoidable deaths, so that standards in all hospitals are closer to those of the best. The NHS should measure and publish outcome data for all major services by 2015, broken down by local clinical commissioning groups (CCGs) where patient numbers are adequate, as well as by those teams and organisations providing care. To support this, the Government will strengthen quality accounts, which all providers are legally required to publish to account for the quality of their services;

- in focusing the NHS on preventing illness, with staff using every contact they have with people as an opportunity to help people stay in good health – by not smoking, eating healthily, drinking less alcohol, and exercising more. As the country's largest employer, the NHS should also make an important contribution by promoting the mental and physical health and wellbeing of its own workforce.

Preventing people from dying prematurely: Key areas where progress will be expected *(Part one of the NHS Outcomes Framework)*
Overarching indicators
1a Potential Years of Life Lost (PYLL) from causes considered amenable to health care *(This is a measure of premature deaths that can be avoided through timely and effective healthcare.)* **i** Adults **ii** Children and young people
1b Life expectancy at 75, **i** males **ii** females
Improvement areas:
Reducing premature mortality from the major causes of death
1.1 Under 75 mortality rate from cardiovascular disease
1.2 Under 75 mortality rate from respiratory disease
1.3 Under 75 mortality rate from liver disease
1.4 Under 75 mortality from cancer **i** One- and **ii** Five-year survival from all cancers **iii** One- and **iv** Five-year survival from breast, lung and colorectal cancer
Reducing premature death in people with serious mental illness
1.5 Excess under 75 mortality rate in adults with serious mental illness
Reducing deaths in babies and young children
1.6.i Infant mortality
1.6.ii Neonatal mortality and stillbirths
1.6.iii Five-year survival from all cancers in children
Reducing premature death in people with learning disabilities
1.7 Excess under 60 mortality in adults with learning disabilities

2. Enhancing quality of life for people with long-term conditions

2.1 We want to empower and support the increasing number of people living with long-term conditions. One in three people are living with at least one chronic condition, such as hypertension, diabetes or depression. By 2018 nearly three million people, mainly older people, will have three or more conditions all at once.

2.2 Too many people with ongoing health problems are treated as a collection of symptoms not a person. Simple things like getting a repeat prescription or making an appointment need to be much easier. People should expect the right support to help them manage their long-term conditions so that they do not end up in hospital needlessly or find that they can no longer work because of mental or physical illness. We need the NHS to do much better for people with long-term conditions or disabilities in the future. To stay relevant to our changing needs, different parts of the NHS have to work more effectively with each other and with other organisations, such as social services, to drive joined-up care.

2.3 To address these challenges, the NHS Commissioning Board's **objective** is to make measurable progress towards making the NHS among the best in Europe at supporting people with ongoing health problems to live healthily and independently, with much better control over the care they receive.

2.4 By 2013, the new 111 phoneline will be up and running for non-emergency care. By March 2015, we expect the Board to have made particular progress in four key areas: (i) involving people in their own care; (ii) the use of technology; (iii) better integration of services; and (iv) the diagnosis, treatment and care of those with dementia.

2.5 The NHS Commissioning Board's **objective** is to ensure the NHS becomes dramatically better at involving patients and their carers, and empowering them to manage and make decisions about their own care and treatment. For all the hours that most people spend with a doctor or nurse, they spend thousands more looking after themselves or a loved one. Achieving this objective would mean that by 2015:

- far more people will have developed the knowledge, skills and confidence to manage their own health, so they can live their lives to the full;
- everyone with long-term conditions, including people with mental health problems, will be offered a personalised care plan that reflects their preferences and agreed decisions;

- patients who could benefit will have the option to hold their own personal health budget, subject to the evaluation of the pilot programme, as a way to have even more control over their care;
- the five million carers looking after friends and family members will routinely have access to information and advice about the support available – including respite care.

2.6 In a digital age, it is crucial that the NHS not only operates at the limits of medical science, but also increasingly at the forefront of new technologies. The Board's **objective** is to achieve a significant increase in the use of technology to help people manage their health and care. In particular, the Government expects that by March 2015:

- everyone who wishes will be able to get online access to their own health records held by their GP. The Board should promote the implementation of electronic records in all health and care settings and should work with relevant organisations to set national information standards to support integration;
- clear plans will be in place to enable secure linking of these electronic health and care records wherever they are held, so there is as complete a record as possible of the care someone receives;
- clear plans will be in place for those records to be able to follow individuals, with their consent, to any part of the NHS or social care system;
- everyone will be able to book GP appointments and order repeat prescriptions online;
- everyone will be able to have secure electronic communication with their GP practice, with the option of e-consultations becoming much more widely available;
- significant progress will be made towards three million people with long-term conditions being able to benefit from telehealth and telecare by 2017; supporting them to manage and monitor their condition at home, and reducing the need for avoidable visits to their GP practice and hospital.

2.7 As a leader of the health system, the NHS Commissioning Board is uniquely placed to coordinate a major drive for better integration of care across different services, to enable local implementation at scale and with pace from April 2013.

2.8 The focus should be on what we are achieving for individuals rather than for organisations – in other words care which feels more joined-up to the users of services, with the aim of maintaining their health and wellbeing and preventing their

condition deteriorating, so far as is possible. We want to see improvements in the way that care:

- is coordinated around the needs, convenience and choices of patients, their carers and families – rather than the interests of organisations that provide care;
- centres on the person as a whole, rather than on specific conditions;
- ensures people experience smooth transitions between care settings and organisations, including between primary and secondary care, mental and physical health services, children's and adult services, and health and social care – thereby helping to reduce health inequalities;
- empowers service users so that they are better equipped to manage their own care, as far as they want and are able to.

2.9 In taking forward this **objective**, we are asking the Board to drive and coordinate engagement with local councils, CCGs and providers; and at national level, to work with the Department of Health, Monitor, Health Education England, Public Health England, and the Local Government Association, as well as other organisations that want to contribute. The challenge is to tackle practical barriers that stop services working together effectively, and for national organisations to provide help and expertise where this will be needed, rather than to design and impose a blueprint. Local commissioners have the vital role of stimulating the development of innovative integrated provision – for example, across primary, secondary and social care, or for frail elderly patients. In responding to the barriers revealed by their work, further national action will be needed in a number of areas, including: better measurement of user experience of seamless care; better use of technology to share information; open and fair procurement practice; and new models of contracting and pricing which reward value-based, integrated care that keeps people as healthy and independent as possible.

2.10 Dementia is the illness most feared by people in England over the age of 55, yet in the past it has not received the attention it needs. This has inspired the Prime Minister's Challenge on Dementia, which was launched in March 2012. The Government's goal is that the diagnosis, treatment and care of people with dementia in England should be among the best in Europe.

2.11 The **objective** for the NHS Commissioning Board is to make measurable progress towards achieving this by March 2015, in particular ensuring timely diagnosis and the best available treatment for everyone who needs it, including support for their carers. We want the Board to work with CCGs, driving significant improvements in diagnosis of dementia, and capturing this in a national ambition for diagnosis rates built up from local plans.

2.12 The NHS Commissioning Board will publish the expected level of diagnosis across the country through to March 2015. And because people with dementia, their carers and professionals rightly need to feel confident that a diagnosis of dementia will improve the lives of people with the disease, the Board should work with CCGs to support local proposals for making the best treatment available across the country.

Enhancing quality of life for people with long-term conditions: Key areas where progress will be expected *(Part two of the NHS Outcomes Framework)*
Overarching indicator
2 Health related quality of life for people with long-term conditions
Improvement areas
Ensuring people feel supported to manage their condition
2.1 Proportion of people feeling supported to manage their condition
Improving functional ability in people with long-term conditions
2.2 Employment of people with long-term conditions
Reducing time spent hospital by people with long-term conditions
2.3.i Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) *(Chronic ambulatory care sensitive conditions are those where the right treatment and support in the community can help prevent people needing to be admitted to hospital.)*
2.3.ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s
Enhancing quality of life for carers
2.4 Health-related quality of life for carers
Enhancing quality of life for people with mental illness
2.5 Employment of people with mental illness
Enhancing quality of life for people with dementia
2.6.i Estimated diagnosis rate for people with dementia
2.6.ii A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life

3. Helping people to recover from episodes of ill health or following injury

3.1 Every year, millions of people rely on the NHS to help them recover after an illness or rehabilitate after injury. It does so not only through effective treatment but also through ongoing help in recovering quickly and regaining independence – whether from a planned operation such as a hip or knee replacement, an injury from a fall or other accident, a respiratory infection in a young child, or a major emergency like a stroke. Helping people get back as quickly or as much as possible to their everyday lives is not something the NHS can achieve alone, but requires better partnership with patients, families and carers, social services and other agencies.

3.2 Many parts of the NHS are world-leading in helping people to recover from ill health or injury. Because standards are high overall, most people assume all NHS services are equally good. Yet there are huge and unwarranted differences in quality and results between services across the country – even between different teams in the same hospital, or GP practices in the same vicinity.

3.3 An **objective** for the NHS Commissioning Board is to shine a light on variation and unacceptable practice, to inspire and help people to learn from the best. We want a revolution in transparency – so that the NHS leads the world in the availability of information about the quality of services. This means:

- reporting results at the level of local councils, clinical commissioning groups, providers of care and consultant-led teams;
- the systematic development of clinical audit and patient-reported outcome and experience measures;
- real consideration of how to make it easy for patients and carers to give feedback on their care and see reviews by other people, so that timely, easy-to-review feedback on NHS services becomes the norm.

3.4 Better information may expose the need for change. For example, stroke services in London have recently been brought together to provide rapid access to highly specialised emergency treatment, significantly reducing mortality rates. Priority should be given to changes to services which improve outcomes whilst also maintaining access. Where local clinicians are proposing significant change to services, we want to see better informed local decision-making about services, in which the public are fully

consulted and involved. The NHS Commissioning Board's **objective** is to ensure that proposed changes meet four tests: (i) strong public and patient engagement; ii) consistency with current and prospective need for patient choice; iii) a clear clinical evidence base; and iv) support for proposals from clinical commissioners.

3.5 Treating mental and physical health conditions in a coordinated way, and with equal priority, is essential to supporting recovery. Yet people with mental health problems have worse outcomes for their physical healthcare, and those with physical conditions often have mental health needs that go unrecognised. The NHS Commissioning Board's **objective** is to put mental health on a par with physical health, and close the health gap between people with mental health problems and the population as a whole.

3.6 By March 2015, we expect measurable progress towards achieving true parity of esteem, where everyone who needs it has timely access to evidence-based services. This will involve extending and ensuring more open access to the Improving Access to Psychological Therapies (IAPT) programme, in particular for children and young people, and for those out of work. The Board has agreed to play its full part in delivering the commitments that at least 15% of adults with relevant disorders will have timely access to services, with a recovery rate of 50%. The Board will work with stakeholders to ensure implementation is at all times in line with the best available evidence.

Helping people to recover from episodes of ill health or following injury: Key areas where progress will be expected *(Part three of the NHS Outcomes Framework)*
Overarching indicators
3a Emergency admissions for acute conditions that should not usually require hospital admission
3b Emergency readmissions within 30 days of discharge from hospital
Improvement areas
Improving outcomes from planned treatments
3.1 Total health gain as assessed by patients for elective procedures
3.1.i Hip **ii** Knee replacement **iii** Groin Hernia **iv** Varicose veins **v** Psychological therapies *(These indicators will measure the number of people accessing particular treatments and whether patients report that they are effective.)*
Preventing lower respiratory tract infections (LRTI) in children from becoming serious
3.2 Emergency admissions for children with lower respiratory tract infections (LRTI)

Helping people to recover from episodes of ill health or following injury: Key areas where progress will be expected *(Part three of the NHS Outcomes Framework)*
Improving recovery from injuries and trauma
3.3 Proportion of people who recover from major trauma
Improving recovery from stroke
3.4 Proportion of stroke patients reporting an improvement in activity/lifestyle on the Modified Rankin Scale at 6 months *(The Modified Rankin Scale is commonly used to measure the degree of disability or dependence following a stroke.)*
Improving recovery from fragility fractures
3.5 The proportion of patients with fragility fractures recovering to their previous levels of mobility/walking ability at **i** 30 days and **ii** 120 days
Helping older people to recover their independence after illness or injury
3.6.i Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services
3.6.ii Proportion offered rehabilitation following discharge from acute or community hospital.

4. Ensuring that people have a positive experience of care

4.1 The NHS is not there just to offer excellent treatment and support. It is there to care for us. Quality of care is as important as quality of treatment, but the public are less confident about consistency in care provision than they are about treatment.

4.2 No one going in to hospital should have to worry about being left in pain, unable to eat or drink, or go to the toilet. And those who have relatives or friends who need support should have peace of mind that they will be treated with compassion, respect and dignity – whether at home or in residential care.

4.3 While most people receive excellent care, we have all been shocked by incidents of major failings in care. It is frequently those who are very old or vulnerable who bear the brunt – those with complex conditions, who are unlikely or unable to complain, and who in some instances no longer have friends or family members who can fight for them. As a society, as a health and care system, and as a Government, we all find such failings abhorrent and intolerable. The Government is clear that, where serious failures of care and treatment have occurred, managers in both the NHS and social care sector will be better held to account.

4.4 In the early months of 2013, Robert Francis QC will publish the report of his independent Public Inquiry into the lessons from Mid-Staffordshire NHS Foundation Trust. Working in partnership with national agencies, including the Care Quality Commission and Healthwatch England, Monitor, the professional regulators and Royal Colleges, the NHS Commissioning Board and Health Education England, the Government will bring about a response that is comprehensive, effective and lasting. It will be important to ensure there is a credible, robust and independent inspection regime across the entire health and care system.

4.5 Later in the autumn of 2012, the Government will issue a full and detailed response to the appalling abuse that was witnessed at Winterbourne View private hospital. The NHS Commissioning Board's **objective** is to ensure that CCGs work with local authorities to ensure that vulnerable people, particularly those with learning disabilities and autism, receive safe, appropriate, high quality care. The presumption should always be that services are local and that people remain in their communities; we expect to see a substantial reduction in reliance on inpatient care for these groups of people.

4.6 Our ambition stretches beyond ensuring that all parts of the health and care system will satisfy minimum standards of care. The NHS Commissioning Board's **objective** is to pursue the long-term aim of the NHS being recognised globally as having the highest standards of caring, particularly for older people and at the end of people's lives.

4.7 The quality of care is closely related to how well organisations engage, manage and support their own staff. The NHS Constitution includes important pledges to staff who provide NHS care, and the NHS Commissioning Board is required to promote the NHS Constitution in carrying out its functions. The Board also has a statutory duty as to promoting education and training, to support an effective system for its planning and delivery. The Board should support Health Education England in ensuring that the health workforce has the right values, skills and training to enable excellent care.

4.8 The Government also expects to see the Board make significant progress by March 2015 in two principal areas. The first **objective** is to make rapid progress in measuring and understanding how people really feel about the care they receive and taking action to address poor performance. The NHS staff survey provides important information about organisations' health, and it already asks whether staff would recommend their place of work to a family member or friend as a high-quality place to receive treatment and care (the 'friends and family test'). However, staff are only asked this question annually, and the Board should ensure that much more regular feedback on the 'friends and family test' becomes the norm.

4.9 Part of this objective is for the NHS Commissioning Board to introduce the 'friends and family' test for patients across the country: for all acute hospital inpatients and Accident and Emergency patients from April 2013; for women who have used maternity services from October 2013; and as rapidly as possible thereafter for all those using NHS services. Hospitals with good scores on the 'friends and family' test will be financially rewarded.

4.10 We want to boost professional and public pride in all the caring professions, and to empower patients to demand improvements where care is not as good as it could be. By 2015, a further part of this objective is to increase the proportion of people, across all areas of care, who rate their experience as excellent or very good.

4.11 The second **objective** for the Board, which will require joined-up care between the NHS and local authorities across health, education and social services, is to improve the standards of care and experience for women and families during pregnancy and in the early years for their children. As part of this, we want the Board to work with partner organisations to ensure that the NHS:

- offers women the greatest possible choice of providers;

- ensures every woman has a named midwife who is responsible for ensuring she has personalised, one-to-one care throughout pregnancy, childbirth and during the postnatal period, including additional support for those who have a maternal health concern;
- reduces the incidence and impact of postnatal depression through earlier diagnosis, and better intervention and support.

4.12 Our ambition is to help give children the best start in life, and promote their health and resilience as they grow up; and the Government's commitment to an additional 4,200 health visitors by 2015 will help to ensure this vital support for new families. We expect to see the NHS, working together with schools and children's social services, supporting and safeguarding vulnerable, looked-after and adopted children, through a more joined-up approach to addressing their needs. We welcome the Board's commitment to its full participation in local safeguarding arrangements for vulnerable children and adults. We will work with the NHS Commissioning Board, and Healthwatch England, to consider how best to ensure that the views of children, especially those with specific healthcare needs, are listened to.

4.13 One area where there is a particular need for improvement, working in partnership across different services, is in supporting children and young people with special educational needs or disabilities. The Board's **objective** is to ensure that they have access to the services identified in their agreed care plan, and that parents of children who could benefit have the option of a personal budget based on a single assessment across health, social care and education.

4.14 Timely access to services is a critical part of our experience of care. The NHS should be there for people when they need it; this means providing equally good care seven days of the week, not just Monday to Friday. More generally, over the last decade, the NHS has made enormous improvements in reducing waiting times for services. The people of England expect all parts of the NHS to comply with the rights, and fulfil the commitments set down in the NHS Constitution, including to maintain high levels of performance in access to care. The Board's **objective** is to uphold these rights and commitments, and where possible to improve the levels of performance in access to care.

4.15 Too often, access to services for people with mental health problems is more restricted and waiting times are longer than for other services, with no robust system of measurement in place even to quantify the scale of the problem. As part of its objective to put mental health on a par with physical health, we expect the Board to be able to comprehensively identify levels of access to, and waiting times for, mental health services. We want the Board to work with CCGs to address unacceptable delays and significantly improve access and waiting times for all mental health

services, including IAPT. We will also work with the Board to consider new access standards, including waiting times, for mental health services, including the financial implications of any such standards.

Ensuring that people have a positive experience of care: Key areas where progress will be expected *(Part four of the NHS Outcomes Framework)*
Overarching indicators
4a Patient experience of primary care **i** GP services **ii** GP out-of-hours services **iii** NHS Dental Services
4b Patient experience of hospital care
4c Friends and Family test
Improvement areas
Improving people's experience of outpatient care
4.1 Patient experience of outpatient services
Improving hospitals' responsiveness to personal needs
4.2 Responsiveness to in-patients' personal needs
Improving people's experience of accident and emergency services
4.3 Patient experience of A&E services
Improving access to primary care services
4.4 Access to **i** GP services and **ii** NHS dental services
Improving women and their families' experience of maternity services
4.5 Women's experience of maternity services
Improving the experience of care for people at the end of their lives
4.6 Bereaved carers' views on the quality of care in the last 3 months of life
Improving the experience of healthcare for people with mental illness
4.7 Patient experience of community mental health services
Improving children and young people's experience of healthcare
4.8 An indicator is under development
Improving people's experience of integrated care
4.9 An indicator is under development

5. Treating and caring for people in a safe environment and protecting them from avoidable harm

5.1 As indicated in the NHS Constitution, patients should be able to expect to be treated in a safe and clean environment and to be protected from avoidable harm. In recent years the NHS has made progress in developing a culture of patient safety in the NHS, through the introduction of stronger clinical governance within organisations. But much remains to be done.

5.2 Improving patient safety involves many things: treating patients with dignity and respect; high quality nursing care; creating systems that prevent both error and harm; and creating a culture of learning from patient safety incidents, particularly events that should never happen, such as wrong site surgery, to prevent them from happening again.

5.3 The NHS Commissioning Board's **objective** is to continue to reduce avoidable harm and make measurable progress by 2015 to embed a culture of patient safety in the NHS including through improved reporting of incidents.

5.4 It is also important for the NHS to take action to identify those groups known to be at higher risk of suicide than the general population, such as people in the care of mental health services and criminal justice services. The Board will need to work with clinical commissioning groups to ensure that providers of mental health services take all reasonable steps to reduce the number of suicides and incidents of serious self-harm or harm to others, including effective crisis response.

Treating and caring for people in a safe environment and protecting them from avoidable harm: Key areas where progress will be expected *(Part five of the NHS Outcomes Framework)*
Overarching indicators
5a Patient safety incident reporting
5b Safety incidents resulting in severe harm or death
5c Hospital deaths attributable to problems in care
Improvement areas
Reducing the incidence of avoidable harm
5.1 Incidence of hospital-related venous thromboembolism (VTE)
5.2 Incidence of healthcare assosiated infection (HCAI) **i** Incidence of MRSA **ii** Incidence of C. difficile
5.3 Incidence of newly-acquired category 2, 3 and 4 pressure ulcers
5.4 Incidence of medication errors causing serious harm
Improving the safety of maternity services
5.5 Admission of full-term babies to neonatal care
Delivering safe care to children in acute settings
5.6 Incidence of harm to children due to ‘failure to monitor’

6. Freeing the NHS to innovate

6.1 The Government and the NHS Commissioning Board are of one mind in recognising that the scale of the ambitions in this mandate cannot be achieved through a culture of command and control. Only by freeing up local organisations and professionals, and engaging the commitment of all staff to improve and innovate, can the NHS achieve the best health outcomes in the world. This mandate, together with new legal duties that relate to promoting autonomy, demands a new style of leadership from Ministers and from the Board which is about empowering individuals and organisations at the front line of the NHS. We welcome the Board's commitment to support improved outcomes, including by understanding and responding to the needs and preferences of patients and communities locally.

6.2 The Board's **objective** is to get the best health outcomes for patients by strengthening the local autonomy of clinical commissioning groups, health and wellbeing boards, and local providers of services. The Government will hold the Board to account for achieving this; and it will be supported by a process of comprehensive feedback for assessing the Board's performance.

6.3 The establishment of CCGs and health and wellbeing boards is a critical part of the process of decentralising power, as is the progression of NHS trusts through the pipeline to Foundation Trust status under the leadership of the NHS Trust Development Authority. The Board has a vital role in completing the safe transition to a system of fully authorised CCGs. By engaging and supporting emerging CCGs, the Board can ensure that as many CCGs as are willing and able can be authorised fully, without conditions, by April 2013. For each of those authorised with conditions, the Board intends to set out a clear timetable and path to full authorisation. CCGs will be in full control over where they source their commissioning support. A sign of the Board's success will be that it sets out and operates a transparent system for intervention in CCGs where this is needed.

6.4 The objectives in this mandate can only be realised through local empowerment. The Board's role in the new system will require it to consider how best to balance different ways of enabling local and national delivery. These may include:

- the power of its expertise and its professional leadership, working with partners such as the Royal Colleges;
- its ability to bring NHS organisations together across larger geographical areas, not as the manager of the system, but as its convener;

- its ability to work in partnership with local authorities and commissioners, particularly through health and wellbeing boards;
- its duties and capabilities for engaging and mobilising patients, professionals and communities in shaping local health services;
- its duties to promote research and innovation – the invention, diffusion and adoption of good practice;
- the transformative effect of information and transparency, enabling patients to make fully informed decisions, and encouraging competition between peers for better quality;
- its control over incentives such as improving the basis of payment by results, introducing the quality premium for CCGs, and the quality and outcomes framework in the GP contract;
- leading the continued drive for efficiency savings, while maintaining quality, through the Quality Innovation Productivity and Prevention (QIPP) programme;
- and by spreading better commissioning practice, including redesigning services, open procurement and contracting for outcomes, to ensure consistently high standards across all areas of commissioning.

6.5 To support the NHS to become more responsive and innovative, the NHS Commissioning Board's **objective** by 2015 is to have:

- fully embedded all patients' legal rights to make choices about their care, and extended choice in areas where no legal right yet exists. This includes offering the choice of any qualified provider in community and mental health services, in line with local circumstances. The Government will shortly publish a Choice Framework, following consultation, which will help patients understand the choices they can expect to have, and the Board is working further with Monitor on how choice can best be used to improve outcomes for patients;
- supported the creation of a fair playing field, so that care can be given by the best providers, whether from the public, independent or voluntary sector. This calls for the Board to lead major improvements in how the NHS undertakes procurement, so that it is more open and fair, and allows providers of all sizes and from all sectors to contribute, supporting innovation and the interests of patients;
- made significant improvements in extending and improving the system of prices paid to providers, so that it is transparent, and rewards people for doing the right thing.

6.6 The previous administration commissioned an independent evaluation of the impact of many of its policies on the NHS, and during 2013 the Department of Health will commission a similar evaluation programme.

7. The broader role of the NHS in society

7.1 The NHS is the biggest public service in the country, accounting for eight per cent of national income. It contributes to the growth of the economy: not only by addressing the health needs of the population, thereby enabling more people to be economically active; but also through supporting the life sciences industry, by adopting and spreading new technologies; and through exporting innovation and expertise internationally.

7.2 The NHS Commissioning Board's **objective** is to ensure that the new commissioning system promotes and supports participation by NHS organisations and NHS patients in research funded by both commercial and non-commercial organisations, most importantly to improve patient outcomes, but also to contribute to economic growth. This includes ensuring payment of treatment costs for NHS patients taking part in research funded by Government and Research Charity partner organisations.

7.3 The NHS and its public sector partners need to work together to help one another to achieve their objectives. This is a core part of what the NHS does and not an optional extra, whether it is working with local councils, schools, job centres, housing associations, universities, prisons, the police or criminal justice agencies such as Police and Crime Commissioners and Community Safety Partnerships. The NHS Commissioning Board's **objective** is to make partnership a success. This includes, in particular, demonstrating progress against the Government's priorities of:

- continuing to improve services for both disabled children and adults;
- continuing to improve safeguarding practice in the NHS;
- contributing to multi-agency family support services for vulnerable and troubled families;
- upholding the Government's obligations under the Armed Forces Covenant;
- contributing to reducing violence, in particular by improving the way the NHS shares information about violent assaults with partners, and supports victims of crime;
- improving services through the translation of scientific developments into benefits for patients;
- helping people experiencing ill health, whether mental or physical, to remain in or return to work, and avoid homelessness;

- developing better healthcare services for offenders and people in the criminal justice system which are integrated between custody and the community, including through development of liaison and diversion services;
- championing the Time to Change campaign to raise awareness of mental health issues and reduce stigma, including in the NHS workforce.

8. Finance

8.1 The NHS Commissioning Board's revenue budget for 2013–14 is £95,623 million (of which £1,843 million is for delivery of the section 7A agreement[2] with the Secretary of State) and its capital budget is £200 million[3]. At a time of great pressure on the public finances, it is vital to deliver this mandate within available resources, both in the current spending review period and beyond. Therefore, the Board's **objective** is to ensure good financial management and unprecedented improvements in value for money across the NHS, including ensuring the delivery of its contribution, and that of CCGs, to the QIPP programme. The Board will also need to comply with the financial directions made under the NHS Act 2006 and published alongside this mandate, which set out further technical limits, including spending on administration. Like any other public body it will be covered by all relevant government guidance on the management of public finances, which are summarised in the Framework Agreement between the Department of Health and the NHS Commissioning Board.

8.2 The Board will be responsible for allocating the budgets for commissioning NHS services. This will prevent any perception of political interference in the way that money is distributed between different parts of the country. The Government expects the principle of ensuring equal access for equal need to be at the heart of the Board's approach to allocating budgets. This process will also need to be transparent, and to ensure that changes in allocations do not result in the destabilising of local health economies.

2 The NHS Commissioning Board will be responsible for carrying out some specific public health functions on behalf of the Secretary of State for Health. These functions, and further details of the funding granted to support them, will be set out in an agreement made under section 7A of the NHS Act 2006.

3 See section 223D of the NHS Act 2006 (financial duties of the Board); the revenue and capital budgets are the amounts specified as the limits on total resource use under subsections (2) and (3).

9. Assessing progress and providing stability

9.1 The Government is formally setting the NHS Commissioning Board the objectives in this document under section 13A of the National Health Service Act 2006, as amended by the Health and Social Care Act 2012[4]. We will assess annually the success of the Board against the progress it makes against this mandate, and in carrying out other legal duties and functions.

9.2 The NHS Commissioning Board will be directly commissioning NHS services provided by GPs, dentists, community pharmacists and community opticians; specialised care; health services for people in custody; and military health. This offers a great opportunity to improve standards and national consistency, for example in services for people with rare conditions. The Board has an important responsibility to drive improvements in the quality of primary care, reflecting the vital role that stronger primary care will play in supporting delivery of objectives across this mandate.

9.3 The Department will hold the Board to account for the quality of its direct commissioning, and how well it is working with clinical commissioners, health and wellbeing boards, and local healthcare professionals. An **objective** is to ensure that, whether NHS care is commissioned nationally by the Board or locally by clinical commissioning groups, the results – the quality and value of the services – should be measured and published in a similar way, including against the relevant areas of the NHS Outcomes Framework. Success will be measured not only by the average level of improvement but also by progress in reducing health inequalities and unjustified variation.

9.4 Every year, the Board must report on its progress, and the Government will publish an annual assessment of the Board's performance. To ensure that our assessment is fair, the Government will invite feedback from CCGs, local councils, patients and any other people and organisations that have a view. This will mean successes can be recognised, and areas for improvement can be acted on.

4 The Secretary of State also has power to use the Mandate to set any "requirements" that he thinks are necessary for the purpose of achieving the objectives; these must be backed up by regulations. This mandate does not include any requirements.

9.5 This mandate provides democratic legitimacy for the work of the Board. It will be updated annually and laid before Parliament. The Government will maintain constancy of purpose, and strive to keep changes between mandates to the minimum necessary. In this way the Mandate will help provide greater stability for the NHS to plan ahead, innovate and excel to bring the greatest benefit to all those who use it.

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DH Department of Health

The Government's response to the consultation on the draft mandate to the NHS Commissioning Board

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Agenda Item 10

Shadow Health and Wellbeing Board *5th December 2012*

Implementing the Health and Wellbeing Passport

1. Summary

York Local Involvement Network (LINk) will introduce an example of a Health and Wellbeing Passport. Please see **Annex A**.

The aim of the Health and Wellbeing Passport is to help people involved in the care of someone with long term conditions, understand the impact the conditions has on that person and their resulting needs. The passport is held and owned by a person and it contains information about them and their carer, their condition, preferences and medication. It can be easily adapted to suit individuals.

The passport can be used when a person goes into respite care, or when they stay in hospital. It can also be shared with their GP, community nurses, therapists, ambulance staff, and anyone else involved in their care.

The Health and Wellbeing Passport has been developed by York LINk in association with a number of other health and wellbeing organisations in York.

2. Strategic links to the Health and Wellbeing Strategy

A cross-cutting principle within the draft Health and Wellbeing Strategy is to:

> *'Increase the choice and control of people who use our services- how they want their care or support delivered, from where and by whom, throughout the course of their life.'*

Creating a health and wellbeing passport is one of the seven cross-cutting actions for delivery over the next three years:

> *'Create a health and wellbeing passport which is recognised by and used across all partners and sectors and join together existing health passports relevant to specific conditions.'*

The introduction of health and wellbeing passports is also relevant to the following principle within the priority 'Making York a great place for older people to live'.

> *'Advocate more choice and control for people over their care and support, particularly at the end of their lives and where they wish to die.'*

The health and wellbeing passport will provide a reliable picture of an individual's health needs. Held by individuals, the passport will allow information about their health needs to be better shared, communicated and understood when they are accessing health services. It will increase a person's control over information relating to their health and wellbeing and help ensure that services respond to their preferences and choices they have made about their own health and wellbeing.

3. Council Plan

The proposals in this paper have particular relevance to the 'Building Strong Communities' and 'Protecting Vulnerable People' strands of the council plan.

4. Implications

- **Financial**

The health and wellbeing strategy will impact on service planning and commissioning decisions. The health and wellbeing board will not take specific decisions on services or commissioning, however they will set the strategic direction for health and wellbeing services over the next three years.

- **Human Resources (HR)**

No HR implications

- **Equalities**

The health and wellbeing strategy may well affect access to service provision. Decisions about accessing specific services will not be taken by the board. Addressing health inequality and targeting more resource towards the greatest need should positively impact on equalities. A community impact assessment (CIA) has been carried out on the strategy's priorities, before it is signed off in April 2013.

- **Legal**

No legal implications

- **Crime and Disorder**

No crime and disorder implications

- **Information Technology (IT)**

No IT implications

- **Property**

No Property implications

- **Other**

5. **Risk Management**

There are no significant risks associated with the recommendations in this paper.

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6. **Recommendations**

The Shadow Health and Wellbeing Board is asked to:

A. Agree to pilot the use of the Health and Wellbeing Passport within their own organisations within the next six months (by June 2013).
B. If the pilot is successful, commit in the longer term to use the passport across the whole organisation and services it provides/ commissions.

Reason: Health and Wellbeing Passports are a specific action within the draft Health and Wellbeing Strategy. They enable increased understanding of needs and are one way of increasing the control people have over their care and support.

7. Contact Details

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	Report Approved	✓	**Date**	*23 November 2012*

8. Wards Affected:

All *x*

For further information please contact the author of the report

9. Attachments

Annex A
Health and Wellbeing Passport

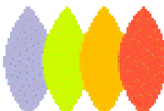
Health and Wellbeing Passport

Name: ....

Name you prefer to be known by: ....

I have (condition/s) ....

...



Introduction

The aim of the Health and Wellbeing Passport is to help people involved in the care of someone with long term conditions, understand the impact the conditions has on that person and their resulting needs. It gives important information about you and your carer. Fill in the passport with as much information as you wish.

The passport was originally developed for people going into hospital but you may also want to use it if you go into respite care, or with your GP, community nurses, therapists, ambulance staff and anyone else involved in your care.

Take it with you when you go into hospital and you or your carer can ask the clinical staff to read it and use the information.

The passport is yours, but you may want it to be kept in the nursing documentation so that everyone involved in providing care will be able to see what your needs are during the stay. When you come home your passport should be returned to you.

The passport can be adapted very easily to suit you. For example you can add pages, remove pages that are not relevant to you. Add a plastic folder to place in Appointment Cards, right hand side of prescriptions with the up to date medication on etc. You can even add a picture of yourself.

The Health and Wellbeing Passport was developed by York LINk in association with the organisations shown on the front cover.

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Please read the following pag[illegible]tant information on how to care for me.

My personal details

My full name is: ______________________

Please call me: ______________________

My address is: ______________________

____

My date of birth is: ______________________

Age: ______________________

Telephone no: ______________________

Mobile: ______________________

Email: ______________________

My occupation is: ______________________

My religion or belief is: ______________________

I live alone: ______________________

I live with: (relative, carer, alone, with other residents etc) ______________________

My NHS number is: ______________________

My hospital number is: ______________________

My GP practice is: ______________________

Tel no: ______________________

Other health information	Name	Tel no
Outpatient appointments		
Occupational Therapist		
Physiotherapist		
Speech Therapist		
Social Worker		
Consultants		
Specialist Nurse		

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Carer, Power of Attorney, N

My carer's name is: ________________________

Their address is: ________________________

Telephone no: ________________________

Mobile: ________________________

Email: ________________________

They are my next of kin (please circle): Yes No

If no, my next of kin is: ……………………………………………………………………

Name: …………………………………………………………………………………

Contact: ………………………………………………………………………………

My Advocate is (e.g. from OCAY, Care Manager, Minister)

…………………………………………………………………………………………

There is a financial Power of Attorney for me: Yes No (please circle)

There is a welfare Power of Attorney for me: Yes No (please circle)

Reference number: ……………………………………………………………

It/they are held by: ……………………………………………………………

Name: …………………………………………………………………………………

Phone no: ……………………………………………………………………………..

Mobile: ………………………………………………………………………………...

They also hold for me a (please circle)

Living Will or Advanced Decision or Donor Card

A copy of my Living Will or Advanced Decision is attached. (please circle) Yes No

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I want my carer to be involved i e):

Feeding me: Yes No

Washing me: Yes No

Dressing me: Yes No

Continence needs: Yes No

Mobility needs: Yes No

I also want my carer to be involved in my discharge from hospital (please circle):

Yes No

I give my consent to involve my carer in decisions for me if I am unable (please circle):

Yes No

Signature and date of carer and cared for person

Carer: ………………………………….. Date: …………………………………………

Cared for person: …………………….. Date: …………………………………………

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These are the people who s[illegible] on a regular basis

People who support could include family members, friends, neighbours, health and social care staff or professionals.

Name	Address	Tel No	Relationship

I give consent for the above named people to receive information about my (please circle)

Diagnosis Treatment Prognosis

I have made the above named people aware of this.

Signature: …………………………………. Date: ……………………………………

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My medications at the mom_______

Name	Dose	Times

Date: …………………………………………………………………………………….

I am allergic to: …………………………………………………………………………..

…………………………………………………………………………………………………….

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I have the following problems with ations:

	Yes	No	Sometimes
Difficulty swallowing			
I don’t want to take it			
I forget to take it			
I worry about the side effects			
I use a medidose system at home			
I need to eat with medication			

I use the following compliance aid: ……………………………………………………..

…………………………………………………………………………………………………….

I need the following assistance to take medications: ……………………………

…………………………………………………………………………………………………….

Important information about medication: ……………………………………………...

…………………………………………………………………………………………………….

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My pain management needs

When I am in pain I get: (please circle)

Upset	Withdrawn	Angry
Shout	Cry	Other

I usually manage pain by: (please circle)

Using a tens machine	Taking medication
Moving my limbs	Lying quietly

The best time of day for me is usually: (please circle)

Morning Afternoon Evening

Other important information about my pain management:

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My nutritional needs

	Yes	No	Sometimes
I am unable to eat and/ or drink			
I need assistance with eating			
I need assistance with drinking			
I prefer cold drinks			
I like tea coffee (please circle) milk yes no (please circle) and............sugars			

I need to use: (please circle)	Specialist cutlery	Beaker	Cup	Straw

I can eat a (please circle)

Normal Soft Pureed Liquid diet

I am allergic to/have intolerance to the following food or drink: ……………….

…………………………………………………………………………………………

I do not like the following foods: ………………………………………………..

……………………………………………………………………………………………

I need dentures to eat (please circle)

Yes No

Other important information about how I eat or drink: …………………………...

……………………………………………………………………………………………

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My communication needs (please circle)

I wear glasses	Yes	No
I wear contact lenses	Yes	No
I wear a hearing aid	Yes	No
My speech is always clear	Yes	No

I use the following equipment to help me speak: ……………………………….

……………………………………………………………………………………….

Things I like or which comfort or relax me are: ……………………………………

……………………………………………………………………………………….

Things I don't like or which upset me are: …………………………………………

……………………………………………………………………………………….

I am often better at communicating at the following time of day: ………………

……………………………………………………………………………………….

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My mobility needs

	Yes	No	Sometimes
I have no mobility			
I can walk unaided			
I need help with walking			
I use a walking stick			
In use a Zimmer frame			
I use a wheelchair			
I can tell you when I need help with mobility			
I need a hoist to help me move			

I wear the following equipment to help me mobilise: ……………………………..

………………………………………………………………………………………….

At home I have the following hoist and sling: ……………………………………..

………………………………………………………………………………………….

Important information about how I mobilise: ………………………………………

………………………………………………………………………………………….

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My toileting needs

	Yes	No	Sometimes
I am fully continent			
I have urinary incontinence			
I have faecal incontinence			
I need to be asked to go to the toilet			
I need to get to the toilet quickly when necessary			
I wear pads to help me with continence			
I suffer from constipation			
I suffer from diarrhoea			
I wear a urinary catheter			

I need the bag emptied approximately every.................hours

I self catheterise		
I wear a sheath and bag		

Important information about my toileting needs: ………………………………………

………………………………………………………………………………………………

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Other information about me

To help me with breathing I use a (please circle):

Nebuliser Inhaler Volumatic Other

I have a pet ……………………………at home

	Yes	**No**
I have difficulty sleeping		
I use .... pillows to help me sleep		
I need a bed cradle		
I need cot sides		
I get tired easily		
When I am at home, I usually need help with washing and dressing		
I prefer to have a (please circle)	bath	Shower

Other important information about me: ……………………………………………

……………………………………………………………………………………………

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	My daily routine is usually
Time:	Activity:

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This is a record of the people who have read this document

Date:	Name and designation e.g. nurse:

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My medications at the mom

Name	Dose	Times

Date: ……………………………………………………………………………………

I am allergic to: …………………………………………………………………………...

………………………………………………………………………………………………….

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My medications at the mom

Name	Dose	Times

Date: ……………………………………………………………………………….

I am allergic to: ……………………………………………………………………...

………………………………………………………………………………………….

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DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION

Adults aged 16 years and over

DNARadult.1(March 2009)

Name

Address

Date of birth

NHS or hospital number

Date of DNAR order:

/ /

PLEASE KEEP ORIGINAL IN COLOUR

In the event of cardiac or respiratory arrest no attempts at cardiopulmonary resuscitation (CPR) will be made. All other appropriate treatment and care will be provided.

1 Does the patient have capacity to make and communicate decisions about CPR? YES / NO

If "YES" go to box 2

If "NO", are you aware of a valid advance decision refusing CPR which is relevant to the current condition?" If "YES" go to box 6 YES / NO

If "NO", has the patient appointed a Welfare Attorney to make decisions on their behalf? If "YES" they must be consulted. YES / NO

All other decisions must be made in the patient's best interests and comply with current law. Go to box 2

2 Summary of the main clinical problems and reasons why CPR would be inappropriate, unsuccessful or not in the patient's best interests:

3 Summary of communication with patient (or Welfare Attorney). If this decision has not been discussed with the patient or Welfare Attorney state the reason why:

4 Summary of communication with patient's relatives or friends:

5 Names of members of multidisciplinary team contributing to this decision:

6 Healthcare professional completing this DNAR order and forwarding form to Ambulance Trust ☐

Name **Position**

Signature **Date** **Time**

7 Review and endorsement by most senior health professional:

Signature **Name** **Date**

Review date (if appropriate)

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