



## Notice of meeting of

### Health and Wellbeing Board

**Date:** Wednesday, 17 April 2013

**Time:** 4.30 pm

**Venue:** Snow Room, West Offices, York

Councillor Tracey Simpson-Laing  
(Chair)

Councillor Janet Looker  
Councillor Sian Wiseman  
Chris Long

Patrick Crowley  
Mark Hayes

Rachel Potts

Chris Butler

Tim Madgwick

Angela Portz

Kersten England

Paul Edmondson-Jones

Mike Padgham

Local Area Team Director for North  
Yorkshire and the Humber, NHS  
England

Chief Executive, York Hospital  
Chair, Vale of York Clinical  
Commissioning Group

Chief Operating Officer, Vale of  
York Clinical Commissioning  
Group

Chief Executive, Leeds and York  
Partnership NHS Foundation Trust  
Temporary Chief Constable, North  
Yorkshire Police

Chief Executive, York Council for  
Voluntary Service

Chief Executive, City of York  
Council

Director of Public Health, City of  
York Council

Chair, Independent Care Group

York Health Watch Representative

## **A G E N D A**

**1. Introductions**

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

At this point in the meeting, 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 27 February 2013.

**4. Public Participation**

It is at this point in the meeting that members of the public who have registered their wish to speak can do so. The deadline for registering is by **Tuesday 16 April 2013**.

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

**5. Health and Wellbeing Strategy** (Pages 17 - 64)

Members of the Health and Wellbeing Board are aware that work to develop York's first Health and Wellbeing Strategy has been underway over recent months. This report asks them to formally approve the strategy.

**6. Health and Wellbeing Strategy- Performance Framework** (Pages 65 - 72)

This report to updates members of the Health and Wellbeing Board on the performance framework following feedback received at the last meeting on 27th February.

**7. Health and Wellbeing Partnership Boards** (Pages 73 - 100)

This report provides the Health and Wellbeing Board with an update on the development of the three new Health and Wellbeing partnership boards:

- 1) Mental Health and Learning Disabilities
- 2) Older People and People with Long Term Conditions
- 3) Health Inequalities

These partnership boards are responsible for delivering the priorities and actions within the Health and Wellbeing Strategy.

**8. Verbal Update- Place of Safety**

Doctor Cath Snape from the Vale of York Clinical Commissioning Group (VOYCCG) will update the Board on the commissioning of a Section 136-Place of Safety within North Yorkshire and York.

**9. Public Speaker-Andrew Cozens** (Pages 101 - 118)

Andrew Cozens will give a presentation to the Board on options for integrating Social Care and Health across North Yorkshire and York.

**10. Public Speaker-Professor Chris Bentley**

Professor Chris Bentley will speak to the Board about Health and Wellbeing Boards and their role in tackling Health Inequalities in York.

**11. Any Other 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](mailto:judith.betts@york.gov.uk)

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

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

Contact details are set out above.

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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.

**A leaflet on public participation is available on the Council's website or from Democratic Services by telephoning York (01904) 551088**

### 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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### **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

### **Who Gets Agenda and Reports for our Meetings?**

- Councillors get copies of all agenda and reports for the committees to which they are appointed by the Council;
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- 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**

- Governor Canon Lee School

### **Cllr. Sian Wiseman, City of York Council**

- 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

### **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



City of York Council

Committee Minutes

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|         |   |
|---------|---|
| MEETING | SHADOW HEALTH AND WELLBEING BOARD   |
| DATE    | 27 FEBRUARY 2013  |
| PRESENT | COUNCILLORS SIMPSON-LAING (CHAIR),<br>LOOKER, WISEMAN,<br><br>KERSTEN ENGLAND (CHIEF EXECUTIVE,<br>CITY OF YORK COUNCIL)<br><br>DR PAUL EDMONDSON JONES<br>(DIRECTOR OF PUBLIC HEALTH, CITY OF<br>YORK COUNCIL)<br><br>PETE DWYER (DIRECTOR OF ADULTS,<br>CHILDREN & EDUCATION, CITY OF YORK<br>COUNCIL)<br><br>PATRICK CROWLEY (CHIEF EXECUTIVE,<br>YORK TEACHING HOSPITAL NHS<br>FOUNDATION TRUST)<br><br>CHRIS LONG (LOCAL AREA TEAM<br>DIRECTOR FOR NORTH YORKSHIRE AND<br>THE HUMBER, NHS COMMISSIONING<br>BOARD)<br><br>RACHEL POTTS (CHIEF OPERATING<br>OFFICER, VALE OF YORK CLINICAL<br>COMMISSIONING GROUP)<br><br>CHRIS BUTLER (CHIEF EXECUTIVE,<br>LEEDS AND YORK PARTNERSHIP NHS<br>FOUNDATION TRUST)<br><br>TIM MADGWICK (CHIEF CONSTABLE,<br>NORTH YORKSHIRE POLICE)<br><br>JANE PERGER (YORK LOCAL<br>INVOLVEMENT NETWORK (LINK)) |

CATHERINE SURTEES (YORK COUNCIL FOR VOLUNTARY SERVICE (SUBSTITUTE FOR ANGELA PORTZ))

MIKE PADGHAM (CHAIR, INDEPENDENT CARE GROUP)

IN ATTENDANCE

JULIA MULLIGAN (POLICE AND CRIME COMMISSIONER FOR NORTH YORKSHIRE)

PROFESSOR DIANNE WILLCOCKS CBE DL

APOLOGIES

DR MARK HAYES (CHAIR, VALE OF YORK CLINICAL COMMISSIONING GROUP), ANGELA PORTZ (CHIEF EXECUTIVE, YORK COUNCIL FOR VOLUNTARY SERVICE)

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**29. 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.

None were declared.

**30. MINUTES**

RESOLVED: That the minutes of the meetings of the Shadow Health and Wellbeing Board held on 5 December 2012 and 30 January 2013 be signed and approved by the Chair as a correct record.

**31. PUBLIC PARTICIPATION**

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

John Yates spoke about the challenge of “working together for and engaging with older people” which was included in Annex B of Agenda Item 7 (Performance Framework for the Health and Wellbeing Strategy). In relation to the challenge, he felt that it was often difficult to convince Older People, particularly once they had retired that they still had value in society and were not just dependent on it. He added that many voluntary services would not exist in their current form without the freely given efforts and time of Older People. He asked the Board what positive and tangible steps they could take to promote, acknowledge and encourage Older People to pass on their knowledge and expertise. He felt this could then add value to the general wellbeing of society.

**32. APPOINTMENTS TO LONG TERM CONDITIONS AND OLDER PERSONS BOARD**

Board Members considered a report which asked them to nominate two Councillors to the membership of the Long Term Conditions and Older Persons Programme Board.

The Chair suggested that nominations be sought from each of the party groups outside of the Committee meeting.

RESOLVED: That approval be given to the appointment of two Councillors to the Long Term Conditions and Older Persons Programme Board subject to coordination of the appointments by Democratic Services. <sup>1</sup>

REASON: In order to respond to the request of the Long Term Conditions and Older Persons Programme Board.

Action Required

1. To seek nominations from Party Groups.

JP

**33. POLICE AND CRIME PLAN**

Board Members received the Consultation Draft Police and Crime Plan 2013-17 for North Yorkshire.

The Police and Crime Commissioner for North Yorkshire, Julia Mulligan attended the meeting and presented the plan along with Tim Madgwick, the Temporary Chief Constable for North Yorkshire Police.

Julia Mulligan outlined that the Plan hoped to strike a balance between how to keep safe and how to make communities feel safe. She stated that all partners needed to be involved in both the formulation and delivery of the Plan, and that she would be receiving funding next year to commission victim services. She hoped that health partners could provide support in this area and provide their expertise around areas of alcohol and substance misuse. She highlighted the importance of early intervention in keeping vulnerable people feel safe.

She requested that Board Members and their organisations sent their responses to the Plan, as she was willing to fund additional work that they might propose. The Board were informed about a new one off Community Fund, from which voluntary organisations could obtain funds. She also spoke about how she was keen to develop Community Budgets between the Police and Health and Voluntary Sector partners, as it was evident that all partners would deal with similar groups in the community but each in a different capacity.

Discussion took place between Board Members and the Police and Crime Commissioner. Issues raised included;

- The desire to bring together the JSIA and JSNA.
- The need for greater alignment between the Police and the Board.
- Joint commissioning of services and sharing of expertise and capacity related to alcohol misuse, domestic violence and mental health.
- The importance of a “place of safety” to inform all processes carried out by partners represented on the Board for those in the community with mental health issues.
- The importance of tackling the ‘perception’ of crime, particularly in relation to Anti Social Behaviour.

In relation to the provision of a “place of safety” for those in the community with mental health issues it was reported that a recommendation to the Vale of York Clinical Commissioning Group (VOYCCG) on what they could do to provide this would be discussed the following week on from the meeting. Board Members requested that they be updated on the outcome from this at their next meeting in April.

Julia Mulligan urged Board Members to send her their comments on the Draft Police and Crime Plan and issues surrounding this before the end of the official consultation period on the 18<sup>th</sup> March. She also thanked the Board for inviting her to present the Draft Plan at the meeting.

RESOLVED: That the Draft Police and Crime Plan be noted.

REASON: In order to inform and update the Board on the Police and Crime Commissioner’s priorities for North Yorkshire.

**34. DRAFT HEALTH AND WELLBEING STRATEGY-  
PERFORMANCE FRAMEWORK**

Board Members received a report which updated them of the performance framework for the Draft Health and Wellbeing Strategy and asked them for their input into the further development of the framework.

Some Board Members felt that it was important to not compartmentalise challenges to specific Health and Wellbeing Partnership Boards. For example children and young people’s challenges to the YorOK Board, as these would affect other areas of the Health and Wellbeing Strategy. For instance, there was a correlation between the quality of parenting in the first two years of a person’s life and life expectancy.

Rachel Potts informed the Board that the one of the performance measures set out in the framework would align with what the VOYCCG (Vale of York Clinical Commissioning Group) would be included in their reports to the NHS Commissioning Board.

Further discussion ensued on how to measure and assess areas of transition, in areas such as;

- Serious Case Reviews
- From the Criminal Justice System back in to the community
- From the Military Life back into Civilian Life

Some Board Members felt that the idea of peer challenge should be added into the framework, so that it would not just be the Shadow Health and Wellbeing Board examining levels of performance. Others felt that there should be greater clarification that the framework would measure outcomes rather than which processes were used. For example they felt that Health Watch's reports, should be included in the framework, so that people's experiences could be reported back to the Board.

The Chair requested that if Board Members felt that certain areas had been missed out from the Performance Framework that they sent their comments to Dr Paul Edmondson-Jones and Helen Sikora.

- RESOLVED:
- (i) That the report be noted.
  - (ii) That the approach to performance outlined in the report be approved.
  - (iii) That further work to develop the framework along this direction of travel be supported by Board Members.

REASON: To ensure the performance framework will be sufficient to monitor the impact of the Health and Wellbeing Strategy.

### **35. HEALTH AND WELLBEING STRATEGY- FEEDBACK FROM THE CONSULTATION**

Board Members received a report which updated them on a number of themes that had emerged as a result of feedback from the consultation on the draft Health and Wellbeing Strategy.

In relation to more emphasis on the relationship between housing and health as set out in the report, it was felt that the viability of design of staircases in housing should be included within this area of strategy.

- RESOLVED:
- (i) That the report be noted.
  - (ii) That the current feedback as set out in the report be acknowledged.
  - (iii) That the feedback will be considered through the ongoing development of the strategy and the partnership boards.
  - (iv) That Board Members discuss the draft strategy with their management teams (if not already done so) to ensure their organisation an commit to its implementation once approved by the Board on 17 April 2013.

REASON: To ensure that feedback from the consultation will influence the Health and Wellbeing Strategy and the work of the partnership boards.

**36. REPORT ON THE DRAFT VOLUNTARY, COMMUNITY AND SOCIAL ENTERPRISE STRATEGY**

Board Members received a report which informed them of York Council for Voluntary Service's (CVS) three year Voluntary, Community and Social Enterprise Strategy.

Catherine Surtees York CVS's Partnerships Manager presented the report and informed the Board that the strategy was currently in draft form because of an issue related to commissioning need to be resolved. It was reported that the CVS had to meet with City of York Council (CYC) to ensure that the proposals within the strategy followed procurement legislation correctly. It was also reported that the Living Wage needed to be inserted into the strategy's procurement practices.

In relation to commissioning, some Board Members suggested that a single commissioning hub approach amongst all voluntary organisations could be helpful to measure the outcomes of the strategy against the performance of the commissioned services.

Some Board Members felt that the draft strategy relied too much on other sectors, and that it should be more vibrant and independent. This would then allow for the Voluntary Sector to make a powerful statement about its work and ambition.

- RESOLVED
- (i) That the report and strategy be noted.
  - (ii) That Board Members support the actions contained in the strategy.
  - (iii) That Board Members and their organisations sign up to the York Compact.

REASON: To inform Board Members on the Draft Voluntary, Community and Social Enterprise Strategy.

### **37. REPORT ON STAFFORD HOSPITAL**

Board Members received a briefing paper from the Foundation Trust Network regarding the Final Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (often referred to as “The Francis Report”).

Patrick Crowley, the Chief Executive of York Hospital, who presented the paper, also circulated paper copies of slides from a PowerPoint presentation on York Hospital’s early response to the recommendations in the report. A copy of these slides was attached to the agenda, which was subsequently republished after the meeting.

He felt that the issue of resources or the system in which the Trust in Mid Staffordshire were working with had not been fully highlighted in the Francis Report, or in public debate following its publication. It was also emphasised that most of the symptoms displayed in the report, had to viewed as part of a wider context of events at the time.



In response to the Final Report Board Members were informed that;

- York Teaching Hospital NHS Foundation Trust had been one of the first Foundation Trusts in the UK to broaden out consultant recruitment and that a new process of Value Based Recruitment had been implemented to identify whether possible consultants would fit with the values of the hospital and the organisation.
- That the hospital always respected the needs of its staff as well as its patients.
- That whilst the Francis Report focused on acute care, hospitals were now working within a wider context.

Rachel Potts reported that the Vale of York Clinical Commissioning Group (VOYCCG) Governing Body would also be looking at the recommendations from the Francis Report. She informed the Board Members, that she could bring back conclusions from discussion at the Governing Body Board to a future Shadow Health and Wellbeing Board meeting. Patrick Crowley also said that he could bring a report, which he would presenting to the Health Overview and Scrutiny Committee in April, to a future meeting.

Further discussion took place around the briefing paper and the Francis Report. Board Members felt that it was incumbent on all partners to look at good practice as a result of the issues raised in the report. They added that they felt that the need and design of systems of care had changed rapidly, and that it was clear that the system needed to be re-designed. Further to this, ways of moving forward and changing the system would be found through co-operation with all the health care community.

Other Members felt that there was a need for wider co-ordinated leadership in public health. They added that it would be beneficial to develop a mechanism for all partners to bring their thoughts on systems of care together in order to create a local leadership model.

- RESOLVED:
- (i) That the briefing paper be noted.
  - (ii) That conclusions from the VOYCCG Governing Board's discussions be shared with the Board at a future meeting.

- (iii) That a report on the implications from the Francis Report which would be considered by the Health Overview and Scrutiny Committee be received by the Board at a future meeting.<sup>1</sup>

REASON: To ensure that the Board is updated on issues discussed by all partners in relation to the Final Report of the Mid Staffordshire NHS Foundation Trust Public Enquiry.

Action Required

1. To update the Board's work plan.

HS

**38. PUBLIC SPEAKER-PROFESSOR DIANNE WILLCOCKS**

Professor Dianne Willcocks gave a presentation to the Board on ageing and inclusivity issues. Slides from her presentation were scanned and attached to the agenda, which was republished after the meeting.

Points raised from her presentation included;

- Britain's older population had greater challenges in today's society, because they had never been more healthy and economically independent than before.
- That talking about loneliness, particularly for older people could be liberating in that it could allow for issues such as supportive housing to be discussed more freely.
- That there were people suffering disproportionately at the moment from issues such as food poverty and pensions crises.
- There was a need to challenge gaps in data within all organisations, such as faith and sexuality and whether indeed this information mattered.
- That co-operation between partners in the community had in the past been too narrow, for example work carried out by the Dementia Society with the Police and British Transport Police to ensure the safety of dementia sufferers, showed how wider co-operation worked.

- The language of co-production needed to be shared within the community to allow for the liberation of all sections of society.

Some Board Members commented that co-production and co-operation needed to be highlighted. For instance it was noted that a lot of issues that the York Older People's Assembly (YOPA) were allied with the York Youth Council, and that if these two organisations communicated with one another that this would strengthen their voices.

The Chair, on behalf of the Board, thanked Professor Willcocks for her presentation and attendance at the meeting.

RESOLVED: That the presentation from Professor Willcocks be noted.

REASON: To inform the Board of current ageing and inclusivity issues.

Councillor T Simpson-Laing, Chair

[The meeting started at 4.30 pm and finished at 6.35 pm].

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**Health and Wellbeing Board****17<sup>th</sup> April 2013****York's Health and Wellbeing Strategy 2013 – 2016****Background**

Members of the Health and Wellbeing Board are aware that work to develop York's first Health and Wellbeing Strategy has been underway over recent months.

**The Health and Wellbeing Board is asked to:**

To formally approve the Health and Wellbeing Strategy at today's Board meeting.

The Health and Wellbeing Strategy is attached as Annex A.

**An overview of the strategy**

The Health and Wellbeing Strategy relates to and draws upon a wide evidence base including national and local research, existing strategies and frameworks. The 2012 Joint Strategic Needs Assessment (JSNA), a comprehensive assessment of the health and wellbeing needs in the City, has been a principal piece of evidence, and references to it can be seen throughout the strategy.

The strategy aims to address the recommendations in the JSNA and the health and wellbeing issues that have been identified by stakeholders, throughout the extensive consultation.

**Strategic priorities**

The Health and Wellbeing Strategy focuses on the following five priorities:

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

In order to deliver these priorities, the strategy also contains a number of principles and actions which will deliver the five priorities above. The four health and wellbeing partnerships below will be responsible for delivering these actions over the next three years and will report to the Health and Wellbeing Board regularly with their progress.

In order to monitor the impact that the Health and Wellbeing Strategy will have, a performance framework is being developed. This will bring together a range of measures from across the local health and wellbeing system – a joint approach to monitoring and evaluating health and wellbeing outcomes.

### **Contributions**

The Health and Wellbeing Board would like to thank everyone who has contributed to the development of this strategy. It has been encouraging to see such a high levels of engagement and willingness to collaborate from a range of stakeholders (staff, volunteers, community and voluntary sector representatives). York CVS and York LINK have been particularly instrumental in gathering valuable feedback from people who use services and their families via their networks and forums. We hope that you can see these views reflected in the strategy.

The consultation does not stop here. The strategy is a living document and will continue to be adapted as needs change and issues arise. We want to build on this dialogue with stakeholders to ensure that they can influence the work of the Health and Wellbeing Board and the planning and provision of future health and wellbeing services.

### **Council Plan**

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

## **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. The difference in life expectancy between communities in York is an overarching aim of the Health and Wellbeing Board and its partnership boards. The impact of the strategy's priorities was assessed under a community impact assessment (CIA) prior to its sign 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**

No other implications

## **Risk Management**

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

## Recommendation

To formally approve the Health and Wellbeing Strategy at today's Board meeting.

**Reason:** To fulfil its duty to lead the improvement of health and wellbeing outcomes for people in York and so we can move towards its implementation.

## Contact Details

### Author:

Helen Sikora  
Strategy and Development  
Officer  
Public Health Team  
Communities and  
Neighbourhoods  
01904 551134

### Chief Officer Responsible for the report:

Paul Edmondson-Jones  
Director of Public Health and Wellbeing  
Communities and Neighbourhoods  
01904 551993

**Report  
Approved**



**Date** 5 April 2013

**A. Wards Affected:**

**All**

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

## Annexes

Annex A – York's Health and Wellbeing Strategy



**DRAFT**



# 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 Health 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.

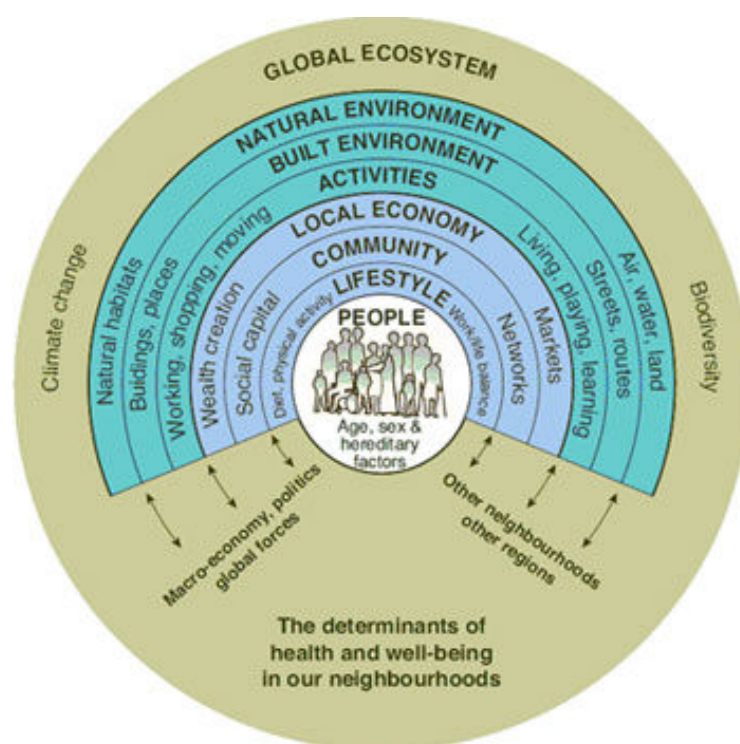
Finally, but most importantly, I would like to thank residents, staff and our partner organisations who have worked with us to develop this strategy. You have given us valuable ideas and suggestions about how we can improve health and wellbeing in the city. We have made every effort to listen to what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

## Introduction and context

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

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



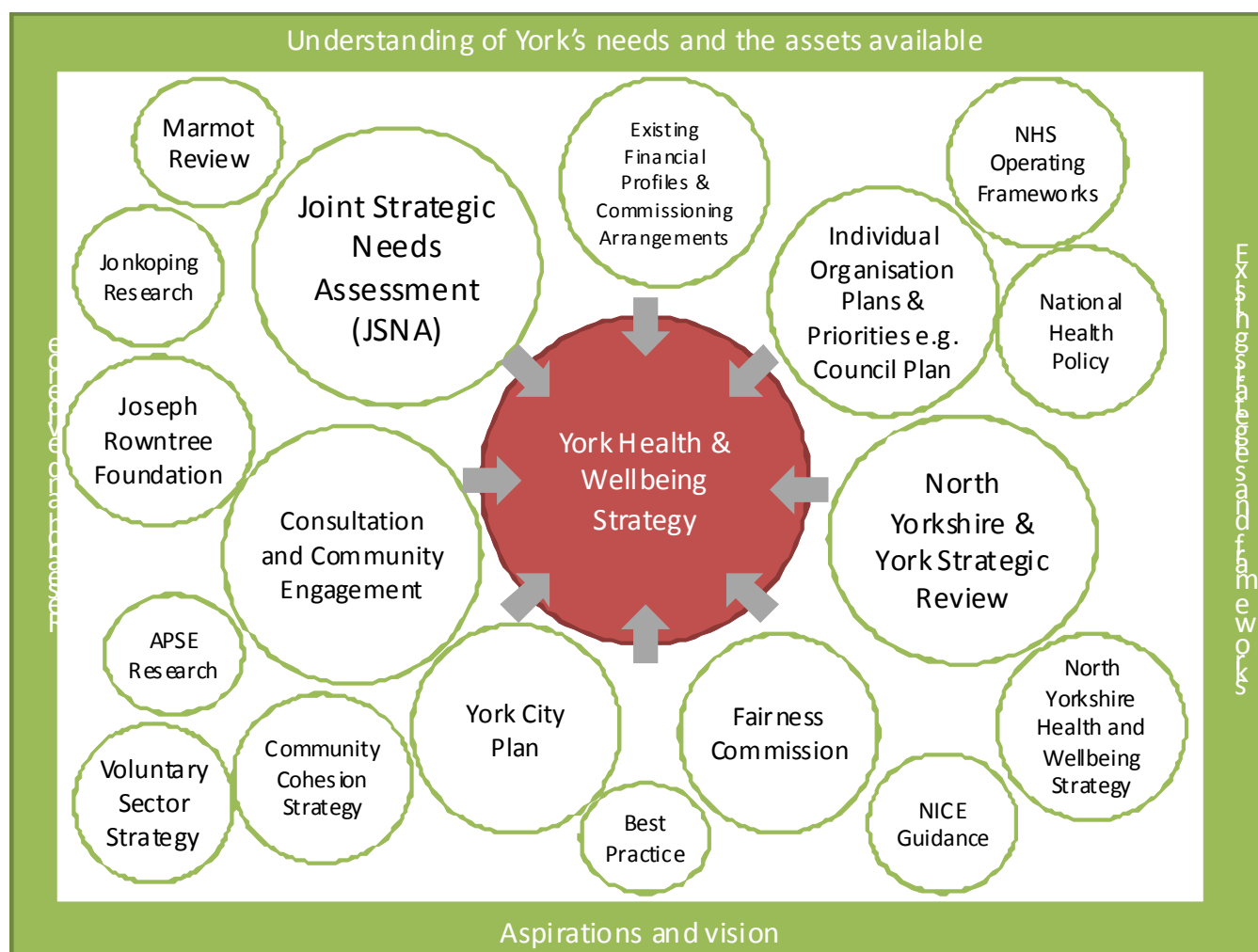
Local authorities throughout the country are developing Health and Wellbeing Strategies this year. In York we want to seize this opportunity and collaborate to develop a strategy that is ambitious and meaningful. A strategy that is honest about the challenges we face and affirms our commitment to pursuing 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.

<sup>1</sup> See Health & Wellbeing Needs in York: A Joint Strategic Needs Assessment

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

## How we have developed our priorities and actions

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



Our 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<sup>3</sup> 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'<sup>4</sup> highlights the growing numbers of older people accessing social care in the population, together with more people with complex needs and learning disabilities living longer are increasing the strain on social care budgets across the country. 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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<sup>3</sup> A proportion of this overspend will be transferred to the Vale of York Clinical Commissioning Group

<sup>4</sup> 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<sup>5</sup>.

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

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.

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<sup>5</sup> Based on Nesta Lab and the New Economics Foundation co-production research

<sup>6</sup> See ‘Charting the Way to Greater Success: Pursuing Perfection in Sweden’

## Our vision

*Our vision is for York to be a community where all residents enjoy long, healthy 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**

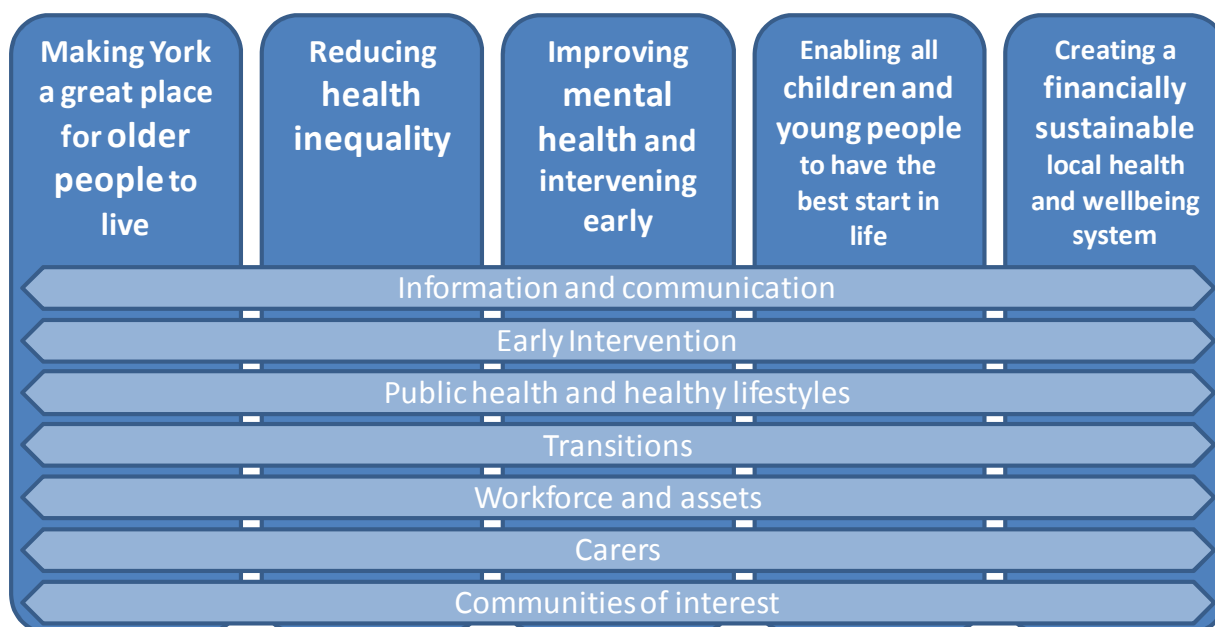
This strategy will explain the priority areas in more detail – why they are important, what our principles are for each and what we will do to achieve them. But first, we will start by introducing a number of cross-cutting themes, principles and actions that will guide all of our work.



## Cross-cutting themes, principles and actions

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

### Cross-cutting themes and our priorities



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

We will:

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

- Increase the choice for people who use our services and the control they have over them. For example, how they want their care or support delivered, from where and by whom.
- Recognise and promote the vital role of unpaid carers who contribute so much to health and wellbeing in York.
- Champion the role of the voluntary sector and the value its strength, diversity and knowledge brings in improving the health and wellbeing of our residents.

### **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.

**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. Ensure that the voice of carers and young carers is heard and listened to by the Health and Wellbeing Board.** We want to encourage a better understanding of carers needs and how organisations across the city can support them, so they are able to continue their vital contribution to improving health and wellbeing.

**7. 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.

**8. 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.

**9. 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.

**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.

## 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 are embedded in community life. They 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. We need to celebrate this contribution to community life. We also need to emphasise that older people as a group are diverse, spanning across four decades and experiencing the same issues that we all do.



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.

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

We:

- Value the positive contribution that older people make to living in our city and the importance of prevention work to sustain and improve their health and wellbeing. We want to ensure the needs of older people are central to our strategies, plans and commissioning decisions.
- Recognise the contribution of the voluntary sector, older people and carers in ‘making York a great place for older people to live’, especially for the following key issues:
  - Supporting people with **long term conditions to live independently**
  - **Preventing admissions to hospital**
  - Encouraging **physical activity**
  - Addressing **loneliness** and social isolation
  - Preparing for an increase in **dementia**
- Support a shift towards community-based care, so people can access treatment or support within their own community or at home, rather than having to be admitted to hospital, residential or nursing care.

We know people prefer to be treated this way, and the health benefits of doing so, however we do not underestimate the challenge of changing the system. A consequence of providing more treatment and care at home will be to reduce the number of beds that are needed in hospitals. We want to reassure and remind people of the benefits of providing care closer to home.
- Support approaches that facilitate communities to develop their capacity, to design and develop their ideas and solutions to reduce the loneliness and isolation of older people. We understand that strong communities can help alleviate the loneliness and isolation experienced by some of our older residents.
- Advocate more choice and control for people over their care and support, particularly at the end of their lives about where they wish to die.
- Value the knowledge, strength and diversity of our voluntary sector and recognise the extent to which their support and services contribute to improving the health and wellbeing of our older residents.
- Will ensure that the needs of older people are considered in our decisions about planning and improving the city’s infrastructure so that older people have better access to social support through transport and technology.

- Encourage a creative approach to deal with dementia that challenges standard practice and routine pathways. This will help ensure that assessments and care are based on individual need and tailored appropriately.
- Commit to becoming a Dementia Friendly City and learn from valuable research and evidence, for example, the Joseph Rowntree Foundation projects 'Dementia Without Walls' and 'Neighbourhood Approaches to Addressing Loneliness'. We will ensure that our policies, strategies and decisions are influenced and informed by this learning.
- Embrace the development of new technologies and the benefits that these innovations can bring to responding to a number of health and wellbeing issues, sustaining and improving health and wellbeing, for example creative solutions to addressing loneliness and social isolation.

A significant amount of health and wellbeing work is already underway. For example, the Council is working with Health, Housing, and Voluntary Sector partners on a care home modernisation programme that will deliver state-of-the-art specialist residential care homes focused on providing dementia care and high dependency care – in the East (Burnholme) and West (Lowfield, Acomb) of the city. The Lowfield care home will be part of a wider Community Village for Older People that will also provide a range of housing accommodation specifically for older people and a Community Hub. We will ensure that all the experience and learning from these developments will continue to help to inform our future 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-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 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<sup>7</sup>.

### *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<sup>8</sup>.
- 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**

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<sup>7</sup> Based on evidence from the HEAL programme in York and the HALE project in Bradford.

<sup>8</sup> Taken from learning from the London Living Wage.



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

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

The Health and Wellbeing Board will delegate the responsibility to deliver these actions to the Older People and Long Term Conditions Partnership Board which will sit below. This Partnership Board's remit will also cover people with long term conditions, not just for older people, but people of any age. The Board will work to achieve more joined up pathways, particularly for people who are living with multiple conditions simultaneously. We want pathways to health and social care to be better understood and integrated.

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.

## 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<sup>9</sup> 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.

<sup>9</sup> 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.

- 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, care leavers and people with learning disabilities.

### ***Tackle deprivation and address complex issues***

#### **2. Champion a joint approach to addressing complex, interlinked issues that a number of families experience in our city, through our work with troubled families.**

- This work has been extremely successful in supporting families through complex issues, which no one agency or discipline can resolve. We would like more health professional resource allocated to these programmes to support more families with health specific issues.

#### **3. Adopt a joint approach to community development in deprived areas of York, where communities define their own issues and how they can address them.**

- Stronger communities can offer more supportive environments, where more people care for each other. Giving communities more control over their lives and their wellbeing can be improved, for example, confidence and skills.

#### **4. All organisations on the Health & Wellbeing Board will commit to exploring the implementation of the Living Wage, and encourage others in the city to do so.**

- The Living Wage could lift a number of families in York out of poverty. Recruitment and retention of staff is improved and quality of work increased.

#### **5. Organisations on the Health and Wellbeing Board commit to running supported employment programmes within their organisations and if successful, encourage other organisations or businesses to follow.**

- We will also support volunteering programmes which offer that step up to employment and work which helps sustain people in employment or training. We absolutely recognise the benefits of employment and training on health and wellbeing.

### *Improve access to services and support community-based initiatives*

**6. Encourage investment in community based programmes which increase residents' income and/or reduce their expenditure, such as debt, benefits or employment advice. We support the recommendations in the Financial Inclusion Strategy and acknowledge that this work is continuing.**

- These programmes can lift a number of children and families out of poverty; they can be a stepping stone to employment. Additional income is often spent on heating, care and food. Not only does this prevent ill-health, and benefit the local economy, it also reduces demand on pressurised health services.

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

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

**8. Recruit, train and support health and wellbeing champions from within those communities experiencing poorer health outcomes. They will signpost and provide health and wellbeing information. 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'.
- 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.

## 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.

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



**Actions - over the next three years the Health and Wellbeing Board will:**  
***Increase understanding of mental health needs across the city***

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

- 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<sup>10</sup>.

**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<sup>11</sup>.**

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

***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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<sup>10</sup> Based on evidence from the HEAL programme in York and the HALE project in Bradford.

<sup>11</sup> The London School of Economics and Kings College report 'Economic Evaluation of Early Intervention (EI) Services' shows the significant savings that early intervention approaches can make for the NHS.

## **12. Develop and implement plans for dementia, psychiatric liaison and primary care counselling.**

- This will improve the experiences and outcomes of people with a range of mental health issues who are staying in hospital or are referred to hospital for specialist services. This will help ensure that people receive well rounded support, taking into account their physical and mental health when accessing acute care.

### **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. This Partnership Board will not only look at mental health issues, but it will be responsible for improving the health and wellbeing of people with learning disabilities.

The Valuing People Partnership will report to this Partnership Board and will continue to play a key role in challenging and influencing health and wellbeing organisations, commissioning and provision.

The Health and Wellbeing Board will expect to see the principles and actions within the partnership board's delivery plan. 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 continue to influence our strategy to improve mental health and intervene early.

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

## 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.

### 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**

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, i.e., 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 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.

## 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.<sup>12</sup> 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 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.

<sup>12</sup> 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.

- 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.

## 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 of 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.

## Delivering and monitoring the strategy

### The resource to deliver the Health and Wellbeing Strategy

At the time of drafting this strategy it is still unclear how much resource health and wellbeing organisations will have to implement the actions over the next three years. As highlighted earlier in this document, we are in challenging financial times, with decreasing funding and resources along with increasing demand for services. However, not all of the actions within this strategy will require additional investment. Some actions will be implemented through the synergies of more joint working, finding new opportunities to jointly deliver and resource our priorities. It is especially important that we work across geographical boundaries, with the Vale of York Clinical Commissioning Group and the NHS Commissioning Yorkshire and Humber Team as they begin to commission health and wellbeing services. Through the Health and Wellbeing Board we are working key providers of services, such as York Hospital and Leeds and York Partnership and with York CVS and York LINK (until HealthWatch is established) who can represent patient and public voice.

Some actions will require health and wellbeing organisations to re-prioritise resource or funding, or re-allocate staff time so it is aligned with our priorities. Some actions will need new resources, and the Health and Wellbeing Board will work together to find the resource required to implement their commitments.

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

### An introduction to the Health and Wellbeing Partnerships

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

- 1. Older People and People with 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.

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 in a timely manner.

### **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.

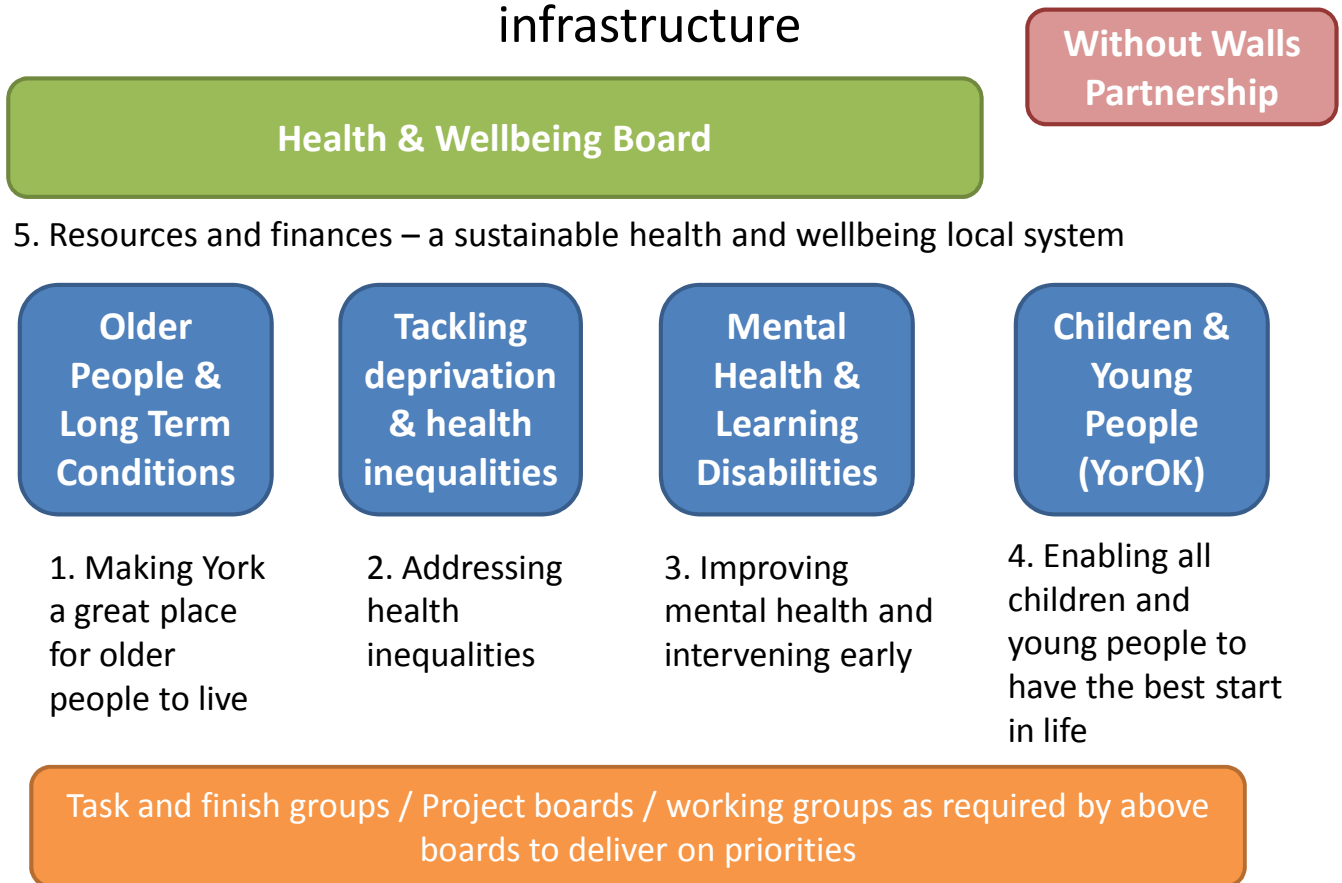
The partnership boards will follow the principles set out in this strategy and work to deliver the commitments and actions contained within it. Each partnership board will report to the Health and Wellbeing Board annually to update on progress towards and achievement of the actions and commitments. Many 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.

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



### The performance framework for the strategy

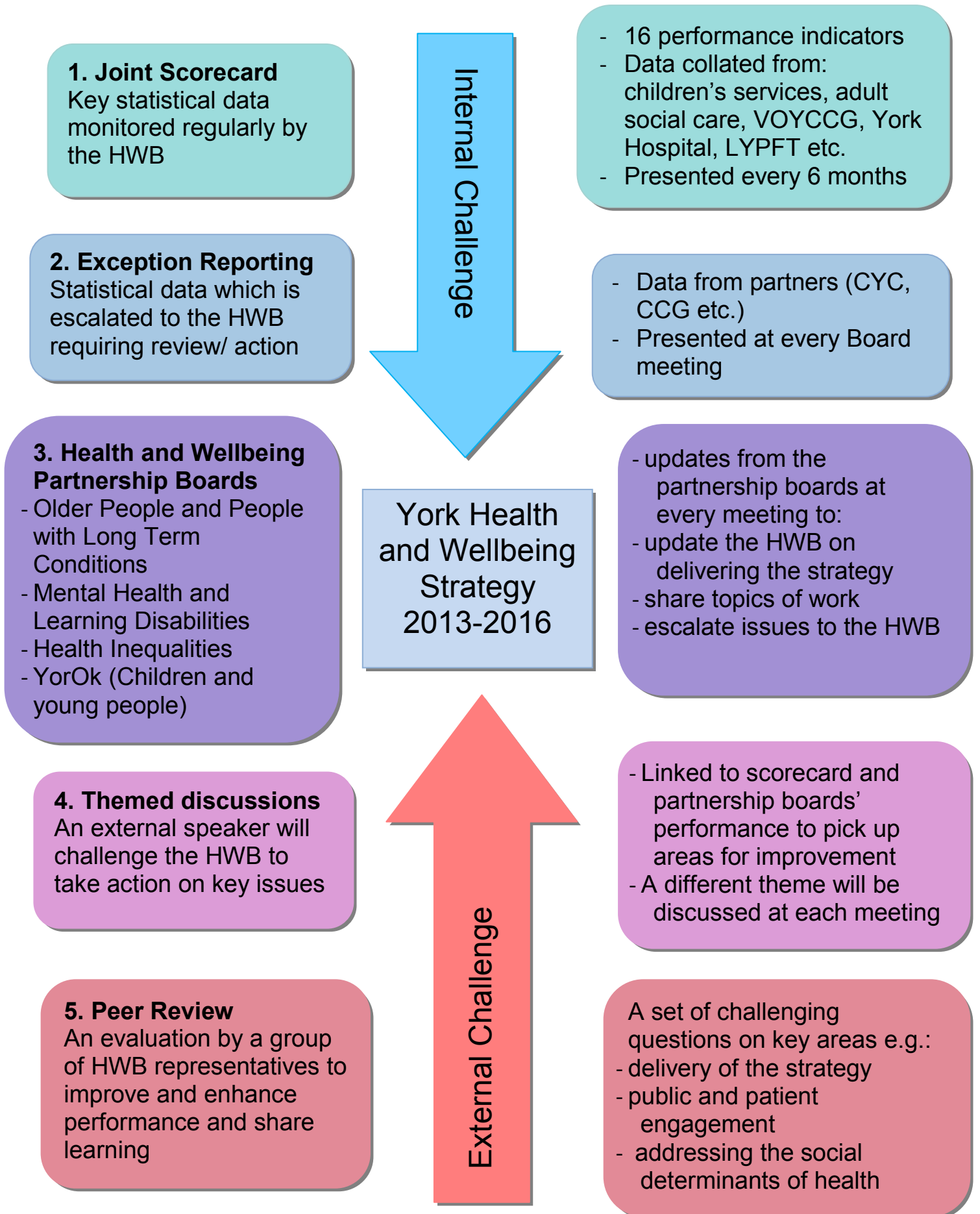
In order to assess the impact of the strategy and achievement of our outcomes and priorities, a performance framework for the strategy is being developed. The impact of the Health and Wellbeing Strategy will be monitored by the Health and Wellbeing Board on a regular basis.

The performance framework will comprise of the following five elements:

- Joint Scorecard
- Exception Reporting
- Health and Wellbeing Partnerships updates
- Themed discussions
- Peer review

The diagram below illustrates these five elements and a brief summary of each.

**The five elements of the performance framework:**





## **1. Joint Scorecard**

A joint scorecard is being developed to measure the impact of the Health and Wellbeing Strategy. The scorecard will include performance indicators from the following national outcomes frameworks: Public Health, Adult Social Care, and NHS. Existing performance frameworks, e.g. YorOK and the CCG dashboard are being used to identify performance measures, latest results, targets, the frequency of data collection and the source.

We are working with health partners, particularly the North Yorkshire and Humber Commissioning Support Unit to identify where and how we can access health data, post April 2013 and how we can establish protocols to share it.

We are keen to include quality measures within the scorecard too and look forward to working with HealthWatch and commissioning managers to identify measures for inclusion.

## **2. Exception Reporting**

An Exception Report will be presented at every Health and Wellbeing Board meeting. The report will bring together any data or trends that are not expected from across health, social care and public health to notify Board members of any issues requiring further investigation and action.

## **3. Health and Wellbeing Partnership Boards**

The four Health and Wellbeing Partnership Boards will regularly update the Health and Wellbeing Board including, their development, progress in delivering aspects of the Health and Wellbeing Strategy, topics they are working on and any issues they wish to escalate up to the Health and Wellbeing Board. A report will be presented at each Health and Wellbeing Board meeting bringing together updates from across the health and wellbeing partnerships.

## **4. Themed discussions**

To facilitate the Health and Wellbeing Board to continue to develop its strategy and address significant or complex issues, an external speaker with expertise in that area will be invited to each meeting. The work plan for the Health and Wellbeing Board has been drawn up and it includes the following topics for debate and action by the Board over the next year:

- Joint commissioning and shifting resource towards prevention, respecting the need for acute services and treatment
- Improving engagement in local health and wellbeing and championing the active involvement of older people.
- Carers – their voice, involvement and influence in the new health and wellbeing structure

- The influence of the Health and Wellbeing Board in commissioning and the use of public sector budgets
- Improving transitions from children's to adults services and between health and social care

## 5. Peer Review

The final element of the performance framework is a peer review, which will provide external challenge, opportunities to share learning and exchange ideas with other Health and Wellbeing Board representatives from across Yorkshire and the Humber. We will develop the peer review later in the year and are having initial discussions with the Local Government Association's sector-led peer challenge programme, to see how they might support this work.

### **The ongoing development of the performance framework**

Work is continuing to develop this joint performance framework. We are working with performance and information officers across health and care organisations, including the NHS Commissioning Support Unit North Yorkshire and Humber and Public Health England, to ensure we can access and share information that will tell us whether we are achieving our priorities and what improvements we need to make.

As well as reporting on statistical data we would like to include quality measures within the scorecard. We would like to work with commissioning managers and HealthWatch to explore how they could include some of their valuable information within the scorecard and the wider performance framework in order to influence future planning. They may also have a role in helping to plug any gaps that exist in health and wellbeing data, for example, mental health needs, as identified in the 2012 Joint Strategic Needs Assessment.

## Reference list of relevant strategies and plans

1. Joint Strategic Needs Assessment 2012
2. Vale of York Clinical Commissioning Group Integrated Plan
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

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## Health and Wellbeing Board

17<sup>th</sup> April 2013

### Health and Wellbeing Strategy –an Update on the Performance Framework

#### Background

A Health and Wellbeing Strategy for York has been developed and will be formally approved at the Health and Wellbeing Board on 17th April 2013.

In order to assess the impact of the strategy and achievement of our outcomes and priorities, a performance framework for the strategy is being developed.

York's Health and Wellbeing Strategy has already received interest at a national level. It has been cited by the [Campaign to End Loneliness](#) as a good example of how Health and Wellbeing Boards can frame issues around loneliness within their strategies. The [National Council for Palliative Care](#) have rated York's strategy green for its inclusion of End of Life care and will be contacting us to offer support in progressing this.

The purpose of this report is to update members of the Health and Wellbeing Board on the performance framework following feedback received at the last meeting on 27th February.

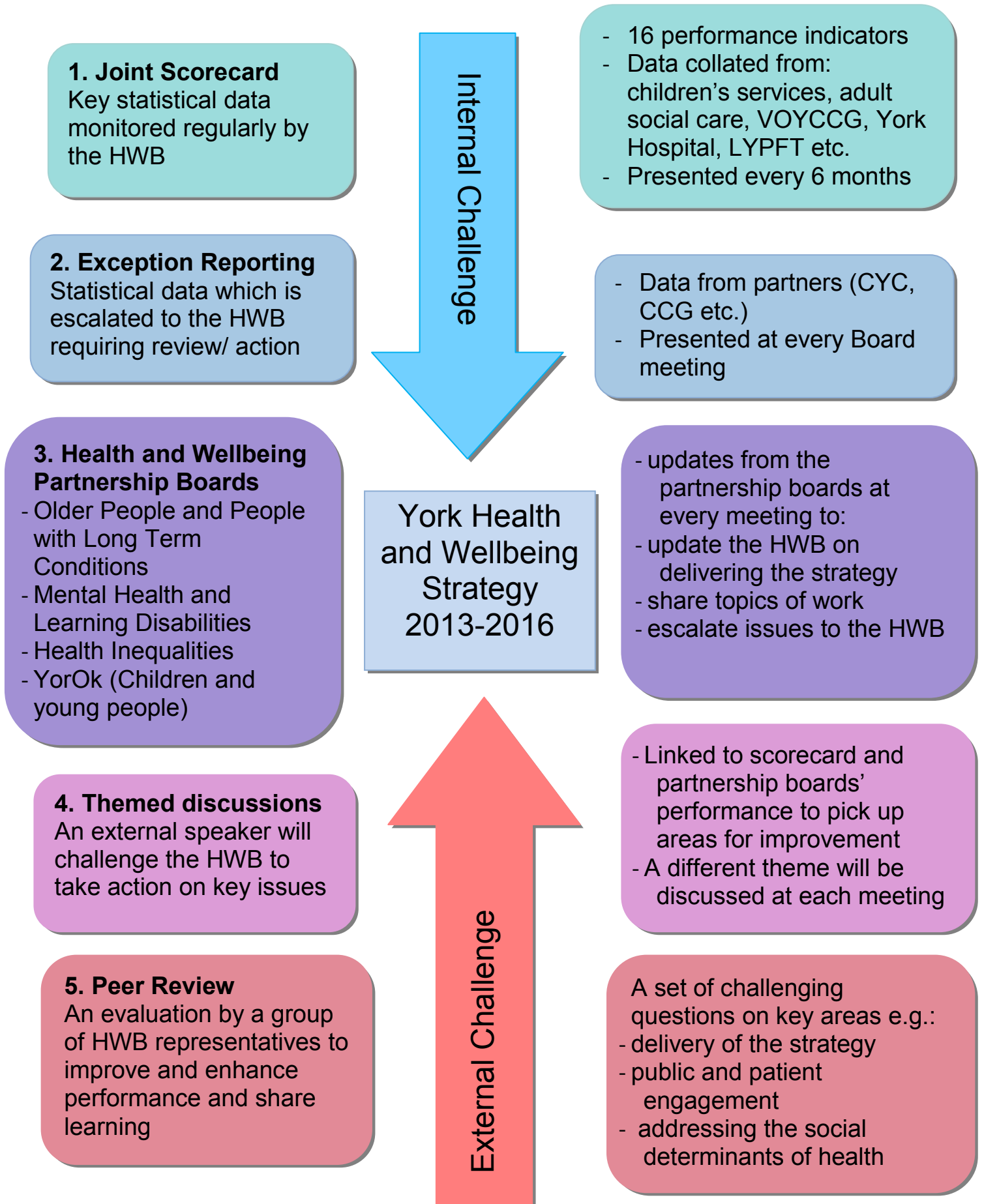
#### An overview of the framework

The performance framework now comprises of five elements.

- a. Joint Scorecard
- b. Exception Reporting
- c. Health and Wellbeing Partnerships updates
- d. Themed discussions
- e. Peer review

The diagram below illustrates these five elements and a brief summary of each.

The five elements of the performance framework:



### **a. Joint Scorecard**

A joint scorecard is being developed to measure the impact of the Health and Wellbeing Strategy. The scorecard will include performance indicators from the following national outcomes frameworks: Public Health, Adult Social Care, and NHS. Existing performance frameworks, e.g. YorOK and the CCG dashboard are being used to identify performance measures, latest results, targets, the frequency of data collection and the source.

We are working with health partners, particularly the North Yorkshire and Humber Commissioning Support Unit to identify where and how we can access health data, post April 2013 and how we can establish protocols to share it.

We are keen to include quality measures within the scorecard too and look forward to working with HealthWatch and commissioning managers to identify measures for inclusion.

### **b. Exception Reporting**

An Exception Report will be presented at every Health and Wellbeing Board meeting. The report will bring together any data or trends that are not expected from across health, social care and public health to notify Board members of any issues requiring further investigation and action.

### **c. Health and Wellbeing Partnership Boards**

The four Health and Wellbeing Partnership Boards will regularly update the Health and Wellbeing Board including, their development, progress in delivering aspects of the Health and Wellbeing Strategy, topics they are working on and any issues they wish to escalate up to the Health and Wellbeing Board. A report will be presented at each Health and Wellbeing Board meeting bringing together updates from across the health and wellbeing partnerships.

### **d. Themed discussions**

To facilitate the Health and Wellbeing Board to continue to develop its strategy and address significant or complex issues, an external speaker with expertise in that area will be invited to each meeting.

The work plan for the Health and Wellbeing Board has been drawn up and it includes the following topics for debate and action by the Board over the next year:

- Joint commissioning and shifting resource towards prevention, respecting the need for acute services and treatment
- Improving engagement in local health and wellbeing and championing the active involvement of older people.
- Carers – their voice, involvement and influence in the new health and wellbeing structure
- The influence of the Health and Wellbeing Board in commissioning and the use of public sector budgets
- Improving transitions from children's to adults services and between health and social care

#### **e. Peer Review**

The final element of the performance framework is a peer review, which will provide external challenge, opportunities to share learning and exchange ideas with other Health and Wellbeing Board representatives from across Yorkshire and the Humber. We will develop the peer review later in the year and are having initial discussions with the Local Government Association's sector-led peer challenge programme, to see how they might support this work.

#### **The interdependencies between the five elements:**

Although there are five elements within this framework, they do interlink and they complement each other. For example, any issues highlighted by the Exception Reports may be delegated to the health and wellbeing partnerships for further investigation and action, so they can update the Health and Wellbeing Board with further analysis at the next meeting. Similarly, through the updates from the health and wellbeing partnership boards, further complex or significant issues may be identified leading to a themed discussion with the Health and Wellbeing Board.



## **Ongoing work and next steps**

In order to have a joint performance framework we need to work with colleagues across the local health and care system. We have begun identifying which organisations collect and analyse health data, so post April 2013 we know we will have access to the right information and we are able to share this with the Board.

We have begun discussions with the North Yorkshire and Humber Commissioning Support Unit to achieve this and have had an initial meeting with the York Hospital Foundation Trust.

As mentioned above, we would like to include quality measures within the scorecard as well as hard, statistical data. We would like to work with commissioning managers and HealthWatch to explore how they could include some of their valuable information within the scorecard and the wider performance framework. They may also have a role in helping to plug any gaps that exist in our data, for example, mental health, as identified in the 2012 Joint Strategic Needs Assessment.

The Director of Public Health and Wellbeing is currently liaising with the Public Health Observatory to explore and confirm the support they can offer in collecting and analysing public health data and working with York's public health team.

## **Council Plan**

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

## **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. The impact of the strategy's priorities was assessed under a community impact assessment (CIA) prior to its sign 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**

No other implications

### **Risk Management**

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

### **Recommendations**

- (i) The purpose of this report is to update the Health and Wellbeing Board on the development of the performance framework for the health and wellbeing strategy.
- (ii) Board members are invited to comment on the approach outlined in this report and are asked to support the ongoing work to progress this.

**Reason:** To ensure that the Health and Wellbeing Board is updated on how we plan to monitor the impact and outcomes of the Health and Wellbeing Strategy.

**Contact Details**

**Author:**

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**Chief Officer Responsible for the  
report:**

Paul Edmondson-Jones  
Director of Public Health and Wellbeing  
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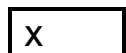
Report  
Approved



Date 5 April 2013

**Wards Affected:**

All



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

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## Health and Wellbeing Board

17<sup>th</sup> April 2013

### **An update on the establishment of the new Health and Wellbeing Partnership Boards**

#### **Background**

This report provides the Health and Wellbeing Board with an update on the development of the three new Health and Wellbeing partnership boards:

- 1) Mental Health and Learning Disabilities
- 2) Older People and People with Long Term Conditions
- 3) Health Inequalities

These partnership boards are responsible for delivering the priorities and actions within the Health and Wellbeing Strategy.

#### **1. Mental Health and Learning Disabilities Partnership Board**

Chair: Dr. Cath Snape, Vale of York Clinical Commissioning Group (VOYCCG)

This partnership is now meeting regularly, every two months. The partnership is developing its priorities, work plan and performance measures. This will ensure that the actions within the Health and Wellbeing Strategy, within the priority 'Improving mental health and intervening early', are being delivered. The partnership will also deliver and commission work to improve the health and wellbeing of people with learning disabilities.

The membership of this partnership is not yet confirmed, but as the work plan develops and priorities are identified, it will become clearer which representatives are required to deliver them and therefore who should sit on this group. At the last meeting, on 19th March, a draft work plan was presented and discussed in length to progress this work.

The draft work plan is attached as **Annex A** and includes:

- The actions that this partnership board will deliver over the next three years
- A number of performance measures to measure impact and monitor need/ issues.
- The relationships with other partnerships and sub-groups

The work plan will continue to be developed at future meetings, and work is ongoing to collate and coordinate the performance measures. The new Health and Wellbeing Partnerships Support post will have a key role in supporting this work – they are expected to be in post by mid May.

## **2. Older People and People with Long Term Conditions Partnership Board**

Chair: Dr. Tim Hughes, Vale of York Clinical Commissioning Group (VOYCCG)

This partnership is currently confirming membership, following responses to invitations to nominate representatives. The following organisations/ groups and sectors have been invited to become members:

- VOYCCG (Chief Operating Officer)
- City of York Council (Assistant Directors for Assessment and Safeguarding and Adult Commissioning, Modernisation and Provision)
- York CVS
- HealthWatch
- York Carers Forum
- York Teaching Hospital Foundation Trust
- Councillors x 2
- Independent Sector representative
- Service user representative
- Voluntary Sector representative x 2 (York Blind and Partially Sighted Society and Age UK)

A work plan has also been drafted as a tool for the partnership to determine priorities, actions, performance measures and relationships to other groups and partnerships. This will be used in the upcoming meetings and developed further with the support of the partnership support officers within the Public Health Team. The partnership will meet for the first time on 25<sup>th</sup> April.

The draft work plan is attached as **Annex B**.

### **3. Health Inequalities Partnership Board**

Chair: Dr Paul Edmondson-Jones, Director of Public Health and Wellbeing

Key drivers for the partnership include:

- The Health and Wellbeing Strategy, particularly the priority 'Reducing Health Inequalities'
- The Fairness Commission final report and recommendations
- Public Health Outcomes Framework
- Joint Strategic Needs Assessment – the local evidence base

The Health Inequalities Partnership will contribute to the following two overarching objectives:

1. An increase in healthy life expectancy
2. A reduction in the difference in life-expectancy at birth from the most to the least deprived

The partnership will be made up of two groups:

1. Health Inequalities Monitoring group
2. Four Public Health Working Groups

The scope and remit of this partnership is continuing to develop. The Director of Public Health and Wellbeing is liaising with partners and colleagues to consult them on the proposed structure, scope and remit.

As with the other new partnership boards that are being established, a draft work plan has also been developed as a tool to progress its development. **This is attached as Annex C.**

## **Council Plan**

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

## **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. The impact of the strategy's priorities was assessed under a community impact assessment (CIA) prior to its sign 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**

No other implications



### **Risk Management**

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

### **Recommendation**

To update the Health and Wellbeing Board on the development and work of the four health and wellbeing partnership that sit below.

**Reason:** To ensure that the Health and Wellbeing Board is assured that plans are in place to ensure the delivery of the Health and Wellbeing Strategy and they are updated on the work and progress of the four partnership boards.

### **Contact Details**

#### **Author:**

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#### **Chief Officer Responsible for the report:**

Paul Edmondson-Jones  
Director of Public Health and Wellbeing  
Communities and Neighbourhoods  
01904 551993

**Report  
Approved**



**Date** 5 April 2013

**A. Wards Affected:**

**All**

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

### **Annexes**

**Annex A** – Draft Mental Health and Learning Disabilities partnership plan

**Annex B** – Draft Older People and People with Long Term Conditions partnership plan

**Annex C** – Draft proposal for the Health Inequalities Partnership

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## Mental Health and Learning Disabilities Partnership Board – Draft Action Planning – ANNEX A

### 1. Actions for ‘Improving mental health and intervening early’ from the Health and Wellbeing Strategy:

| ID   | Action   | Target date           | Lead  | Progress/ update  |
|--|--|-----------------------|---|---|
| <b>Increase understanding of mental health needs across the city</b> |  |                       |   |   |
| 1  | Ensure that all agencies and practitioners record and provide accurate data about mental health and can share this across relevant partners (confidentially as appropriate). | 21/05/2013            | HS (Public Health team)<br><br>York Mind/<br>Leeds and<br>York<br>Partnership<br>NHS<br>Foundation<br>Trust (LYP) | HS to scope data available and draft initial project plan for next meeting.<br>York Mind/ LYP are investigating data at the Recovery Network and will update at next meeting. |
| <b>Raise awareness of mental health and reduce stigma</b>            |  |                       |   |   |
| 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.                               | 21/05/2013            | CYC/ LYP  | CYC commissioners, LYP to meet with York Mind to plan joint campaigns.  |
| 3  | Deliver a joint workforce programme for city employers for ‘well at work’ training for managers.   | 21/05/2013            | HS (Public Health)  | Determine what training already exists and feedback.  |
| <b>Intervene earlier and support community-based initiatives</b>     |  |                       |   |   |
| 4  | Commission more mental health first aid training in York – either from the existing national programme or develop a local model.   | Update for 21/05/2013 | HS and York Mind  | York Mind to liaise with public health re options/ costs.   |

|  |  |            |                                   |   |
|--|--|------------|-----------------------------------|---|
| 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. | 21/05/2013 | York Mind                         | This is the Recovery Network agenda. David/Lynn to update at next meeting.  |
| 6  | Explore how a single social prescribing programme which recommends exercise, social activity or volunteering can be established city-wide.                                   | 21/05/2013 | HS (public health)                | HS to provide an update on the HEAL programme, run by sports and active leisure.  |
| 7  | Support schools to raise awareness of mental health amongst young people and recognise the work that has already begun to achieve this.                                      | 21/05/2013 | YorOK                             | YorOK to formally confirm that they carrying out this action.   |
| 8  | Commission more community based support and services for individuals, especially early intervention and prevention work  |            |                                   | This needs to link with Actions 1 and 5 and include supporting people in work to stay in work.  |
| <b>Ensure service planning and provision promotes choice and control</b> |  |            |                                   |   |
| 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.   | 21/05/2013 | CYC Housing<br><br>Valuing People | CYC to provide information stock exists and what schemes we have for mental health housing. And consider views of people with LD and housing. |
| 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.   |            | LYP and York Mind                 | Lynne (LYP) liaise with David (York Mind) to discuss outcome tools and measures.  |

|    |   |                                      |  |   |
|----|---|--------------------------------------|--|---|
| 11 | Provide a more fit for purpose Place of Safety for York and North Yorkshire.            | To update at next meeting 21/05/2013 | Cath Snape                             | CCG are leading this work. An update is going to Health and Wellbeing Board on 17/04.   |
| 12 | Develop and implement plans for psychiatric liaison                                     |                                      | Cath Snape (Psychiatric Liaison Group) | Funds are available for additional staff in A&E to improve the service. A psychiatric liaison nurse pilot scheme is underway in York Hospital for patients with dementia. |
| 13 | Develop and implement plans for psychological therapies including IAPT and counselling. |                                      | Cath Snape                             | A meeting is planned for the 23rd April feedback will be presented at a future meeting.   |
| 14 | Develop and implement plans for dementia  |                                      | Cath Snape                             |   |

## 2. Other actions agreed by the Mental Health and Learning Disabilities Partnership Board:

| ID | Action  | Target date                             | Lead                  | Progress/ update  |
|----|---|---|-----------------------|---|
| 13 | Establish a 'Voice and Influence Group' to improve how we engage people with mental health conditions and people with learning disabilities in the planning and delivery of services and support. | To update at next meeting<br>21/05/2013 | David Smith/<br>Nigel | Will be on the agenda at next meeting.  |
| 14 | Liaise with the new Winterbourne Review group, which will work together with the Valuing People Partnership and address joint commissioning issues.   | Update at next meeting<br>21/05/2013    | Kathy Clark           | Sue Newton and Victoria Pilkington are scheduling reviews. Feedback will be provided at next meeting. |

### 3. Performance measures:

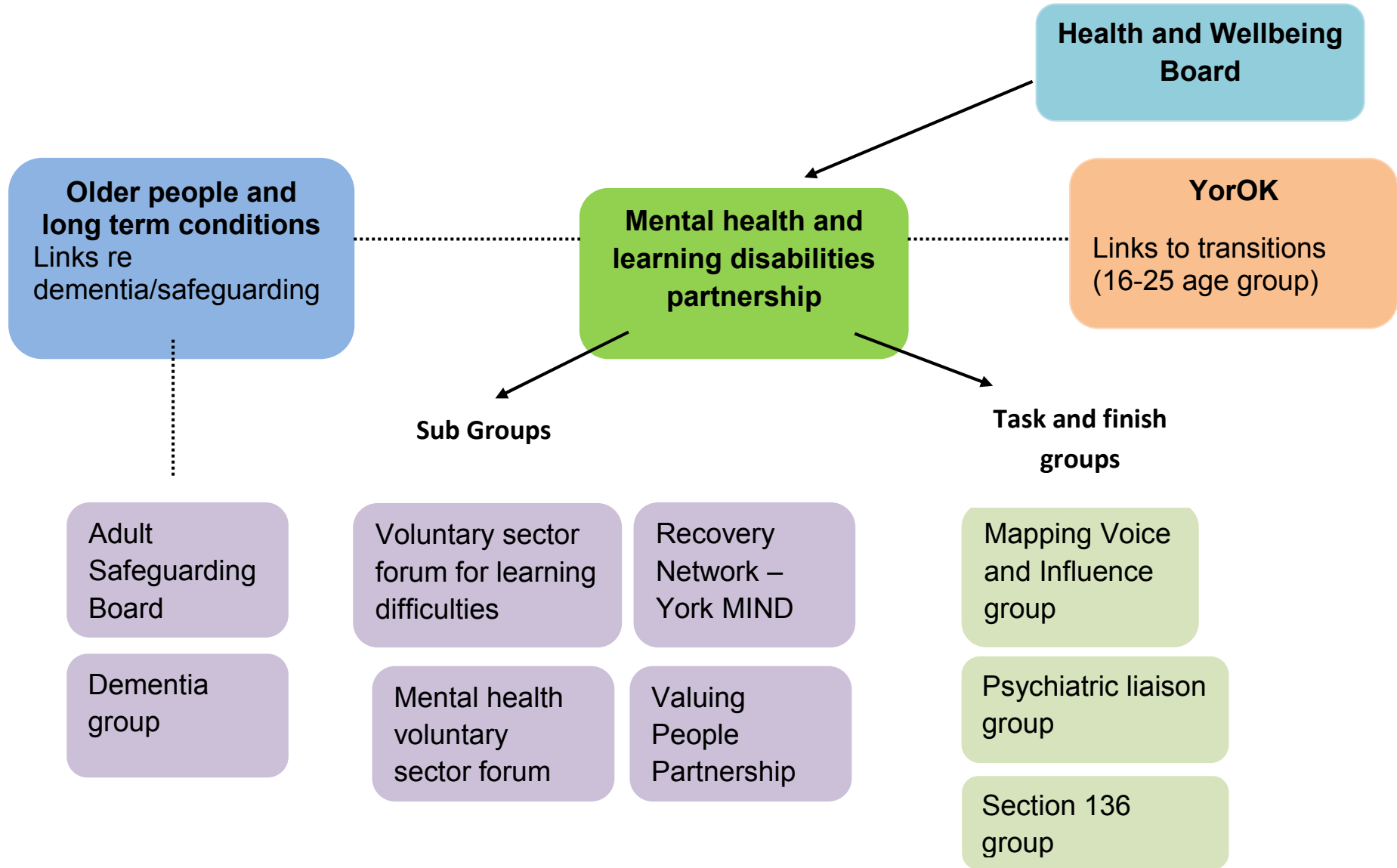
The Mental Health and Learning Disabilities Partnership Board will report to health and wellbeing board on the following measures, taken from the draft scorecard within the Health and Wellbeing Strategy.

| Performance measure  | Baseline | Target 13/14 | Lead | Comment |
|--|----------|--------------|------|---------|
| Access to psychological therapy services                         |          | 15% by 14/15 |      |         |
| Estimated diagnosis rate for people with dementia                |          |              |      |         |
| People with dementia prescribed anti-psychotic medication        |          |              |      |         |
| Patient experience of community mental health services           |          |              |      |         |
| Detentions under mental health act                               |          |              |      |         |
| Section 136 detentions   |          |              |      |         |
| Attendance at A&E for mental health problems                     |          |              |      |         |
| Attendance at A&E for MH problems by those already known to CMHT |          |              |      |         |
| Eating disorder pts  |          |              |      |         |
| Inpatient rates  |          |              |      |         |
| Inpatient CAMHS  |          |              |      |         |
| Out of Area placements   |          |              |      |         |

|   |  |  |  |  |
|---|--|--|--|--|
| Winterbourne view indicators                                |  |  |  |  |
| Transitions - % deemed safe and effective by users          |  |  |  |  |
| Waiting times for CMHT; IAPT:                               |  |  |  |  |
| Waiting times from 117 assessments                          |  |  |  |  |
| Number of people accessing intensive home treatment         |  |  |  |  |
| Include mind befrienders etc ?                              |  |  |  |  |
| Physical health checks for those with MH diagnosis          |  |  |  |  |
| Physical health checks for those with LD                    |  |  |  |  |
| Employment numbers for people with mental health issues     |  |  |  |  |
| Settled accommodation for people with learning disabilities |  |  |  |  |



4. Sub groups, task and finish groups and relationships to other partnerships:



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## Older People and People with Long Term Conditions Partnership Board – Action Planning- ANNEX B

### Actions for ‘Making York a Great Place for Older to Live’ from the Health and Wellbeing Strategy:

| ID                                      | Action   | Target date | Lead | Progress/ update |
|---|--|-------------|------|------------------|
| Prevent admissions to hospital          |  |             |      |                  |
| Support people 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.                            |             |      |                  |
| 2                                       | Provide weekly cross-sector case reviews for patients who have been in hospital over 100 days ( <i>Or other appropriate threshold</i> )                              |             |      |                  |
| 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.                               |             |      |                  |
| 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. |             |      |                  |
| Encourage physical activity             |  |             |      |                  |
| 5                                       | Explore how a single social prescribing programme which recommends exercise, social activity or volunteering can be established city-wide.                           |             |      |                  |

| 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'. |  |  |  |
| 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.  |  |  |  |
| 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.   |  |  |  |
| 9   | Encourage care sectors to adopt the living wage and set timescales to reflect this in how we commission contracts.  |  |  |  |
| 10  | Support the implementation of the Adult Care Workforce Strategy (2012-2015) across care sectors for paid staff which supports joint workforce development initiatives.  |  |  |  |

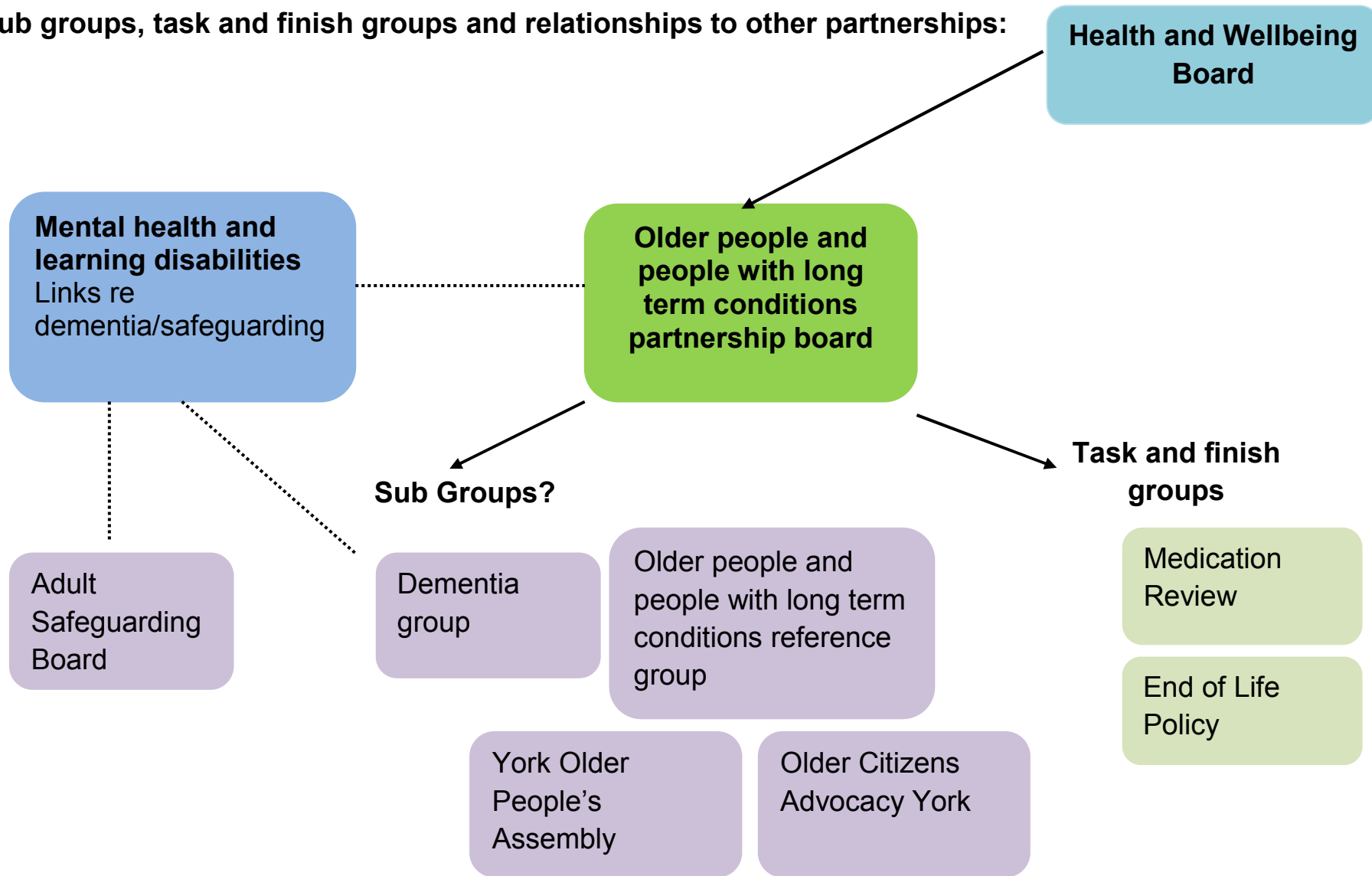
## 1. Performance measures:

The Older People and People with Long Term Conditions Partnership Board will report to health and wellbeing board on the following measures, taken from the draft scorecard within the Health and Wellbeing Strategy.

| Performance measures   | Baseline | Change -/+ | Comment |
|--|----------|------------|---------|
| Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)  |          |            |         |
| Emergency readmissions within 30 days of discharge from hospital   |          |            |         |
| Improving recovery from stroke<br>People who have had a stroke who: <ul style="list-style-type: none"><li>- are admitted to an acute stroke unit within four hours of arrival to hospital</li><li>- receive thrombolysis following an acute stroke</li><li>- are discharged from hospital with a joint health and social care plan</li></ul> receive a follow up assessment between 4-8 months after initial admission |          |            |         |

The Partnership Board may wish to develop their own performance framework, drawing on the national outcomes frameworks, which covers their wider remit.

2. Sub groups, task and finish groups and relationships to other partnerships:



## Health Inequalities Partnership Board- ANNEX C

### **Key drivers for the partnership will include:**

- The Health and Wellbeing Strategy, particularly the priority 'Reducing Health Inequalities'
- The Fairness Commission final report and recommendations
- Public Health Outcomes Framework
- Joint Strategic Needs Assessment – the local evidence base

### **The Partnership will contribute to the following two overarching objectives:**

1. An increase in healthy life expectancy
2. A reduction in the difference in life-expectancy at birth from the most to the least deprived

### **The Partnership will be made up of two groups:**

1. Health Inequalities Monitoring group
2. Public Health Working Groups

### **Health Inequalities Monitoring Group**

The aims of the group are to:

- Monitor the impact on health inequalities that projects and organisations are making on health inequalities.
- To bring together expertise and knowledge on health inequalities to identify best practice, successes, gaps, to challenge and improve the status-quo, so we can develop a robust health inequalities strategy for York.

A range of individuals will be invited by the City of York to become a member of the monitoring group. They will, as individuals, bring together their professional backgrounds, knowledge and expertise of health inequalities.

### **Public Health Working Groups**

The working groups will deliver the relevant priorities from the Health and Wellbeing Strategy and tasks as directed by the Health Inequalities Monitoring Group. A working group will be established for each of the following four themes:

- Healthy Lifestyles – Smoking, alcohol and risky behaviours
- Health resources – The people, such as volunteers, health champions and health trainers, or those giving advice to peers. The intellectual and physical assets we have available to deploy.
- Healthy settings – Schools, pharmacies, hospitals and other workplace and public settings, working towards a healthy culture and ethos.

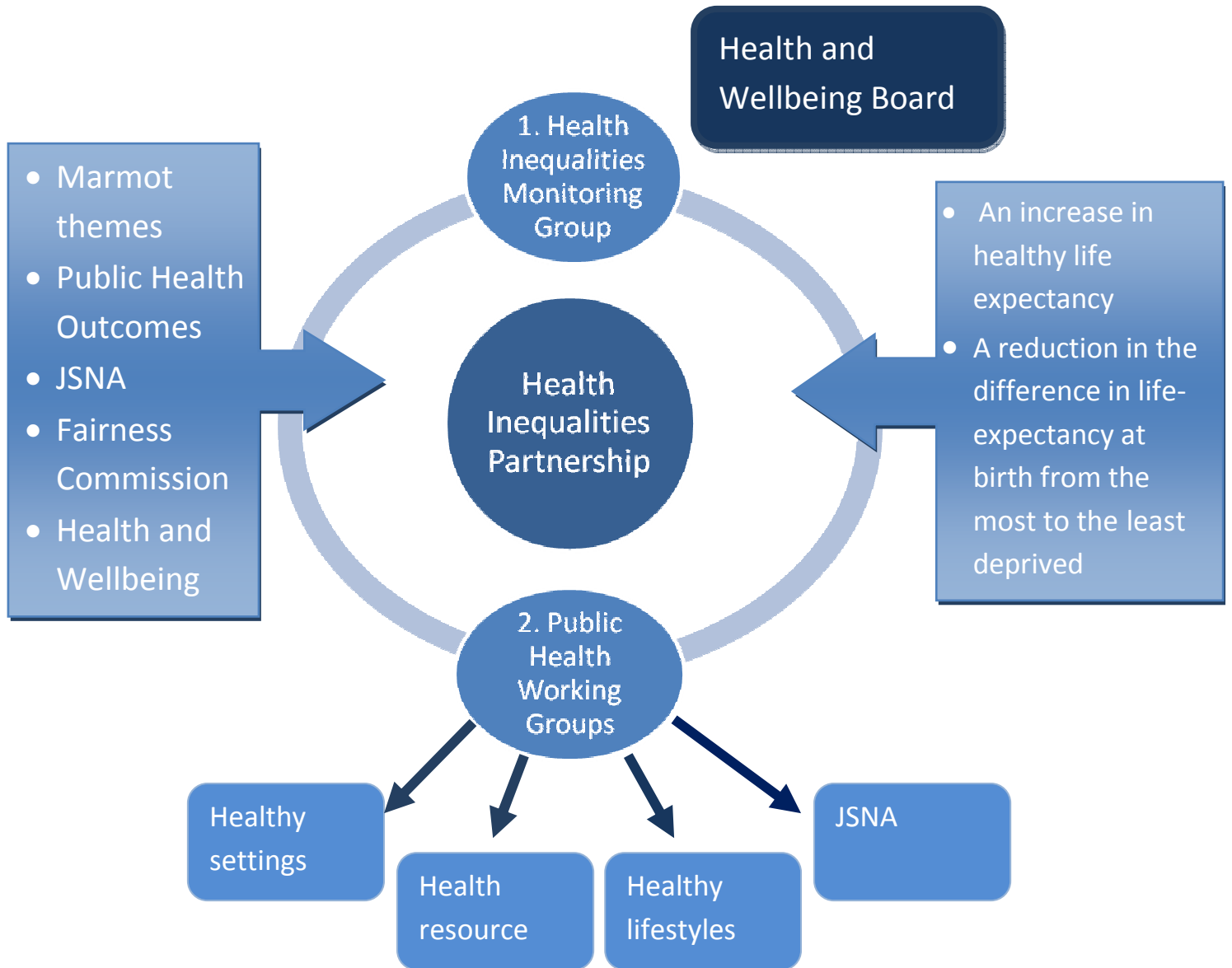
- The JSNA – Ensuring we have an up to date robust evidence base to direct our strategies and work.

**Membership of working groups:**

Two or three officers will be nominated to lead each themed work stream and will meet with colleagues or partners monthly. The working groups will link closely with the monitoring group who will report to the Health and Wellbeing Board. The monitoring group will have a more strategic approach to health inequalities, whereas the working groups will have a commissioning or operational focus. However, it is key that the two groups must work together to sufficiently monitor progress and deliver our strategic objectives.



### Proposed structure of the Health Inequalities Partnership





## Actions for the Health Inequalities Partnership

The following actions for the Health Inequalities Partnership have been taken from the Health and Wellbeing Strategy. These actions are the responsibility of the Health Inequalities Partnership to deliver between 2013 and 2016.

| ID  | Action   | Target date | Lead                       | Progress/ update   |
|---|--|-------------|----------------------------|--|
| Target resource where it is needed most       |  |             |                            |  |
| 1   | Steer investment in health improvement programmes that offer bespoke interventions that demonstrate an improved health outcomes.   | Yr 2/3      | Public Health – PEJ and LW | Further scoping is required  |
| 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.   | ongoing     | YorOK                      | Troubled Families Programme is being led by Linda Murphy.  |
| 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.  | Yr 2/3      | Public Health – PEJ and LW | Further scoping required   |
| 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.   |             |                            | Recommendations from the Fairness Commission final report were supported at the HWB meeting on 5 <sup>th</sup> Dec. York CVS have already implemented it, York Hospital and CYC have pledged to. |
| 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. |             | Public Health – HS         | HS to liaise with skills and adult education officers and Future Prospects to further define this action.  |

| 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.   |  | PEJ poverty lead for CYC working with Financial Inclusion Strategy Group |   |
| 7  | Explore and identify opportunities where we can take a range of services to residents who would benefit most from this. This includes: <ul style="list-style-type: none"> <li>a. 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.</li> <li>b. 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.</li> </ul> |  | An action for the Health Resource working group                          | Rachael Kumar, Public Health has done some initial work identifying links between the health and wellbeing strategy and the community stadium |
| 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.   |  | An action for the Health Resource working group (links to HealthWatch)   |   |
| Promote healthy lifestyles and behaviours                          |  |  |  |   |
| 9  | Undertake targeted work to investigate and address health  |  | An action for  |   |

|    |  |          |   |   |
|----|--|----------|---|---|
|    | behaviours and lifestyles in York, focused on smoking, alcohol use and obesity.  |          | the Healthy Lifestyles working group, supported by Public Health Team |   |
| 10 | <p>Establish an effective York model for tobacco control (it is currently across both York and North Yorkshire).</p> <ul style="list-style-type: none"> <li>This includes establishing a York Tobacco Alliance and implementing the NICE guidance 'Quitting smoking in pregnancy and following childbirth'.</li> </ul> | Yr 1     | Helen Christmas (with Amanda Gains)                                   | <p>Health needs assessment has been completed.</p> <p>Links to environmental health and children's centres.</p> |
| 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.  | May 2013 | Alex Drinkhall  | To be discussed in more detail at team meetings in April/ May.  |

In addition to the actions and priorities above, the Health Inequalities Partnership may also wish to carry out additional programmes of work or research.

## Performance measures:

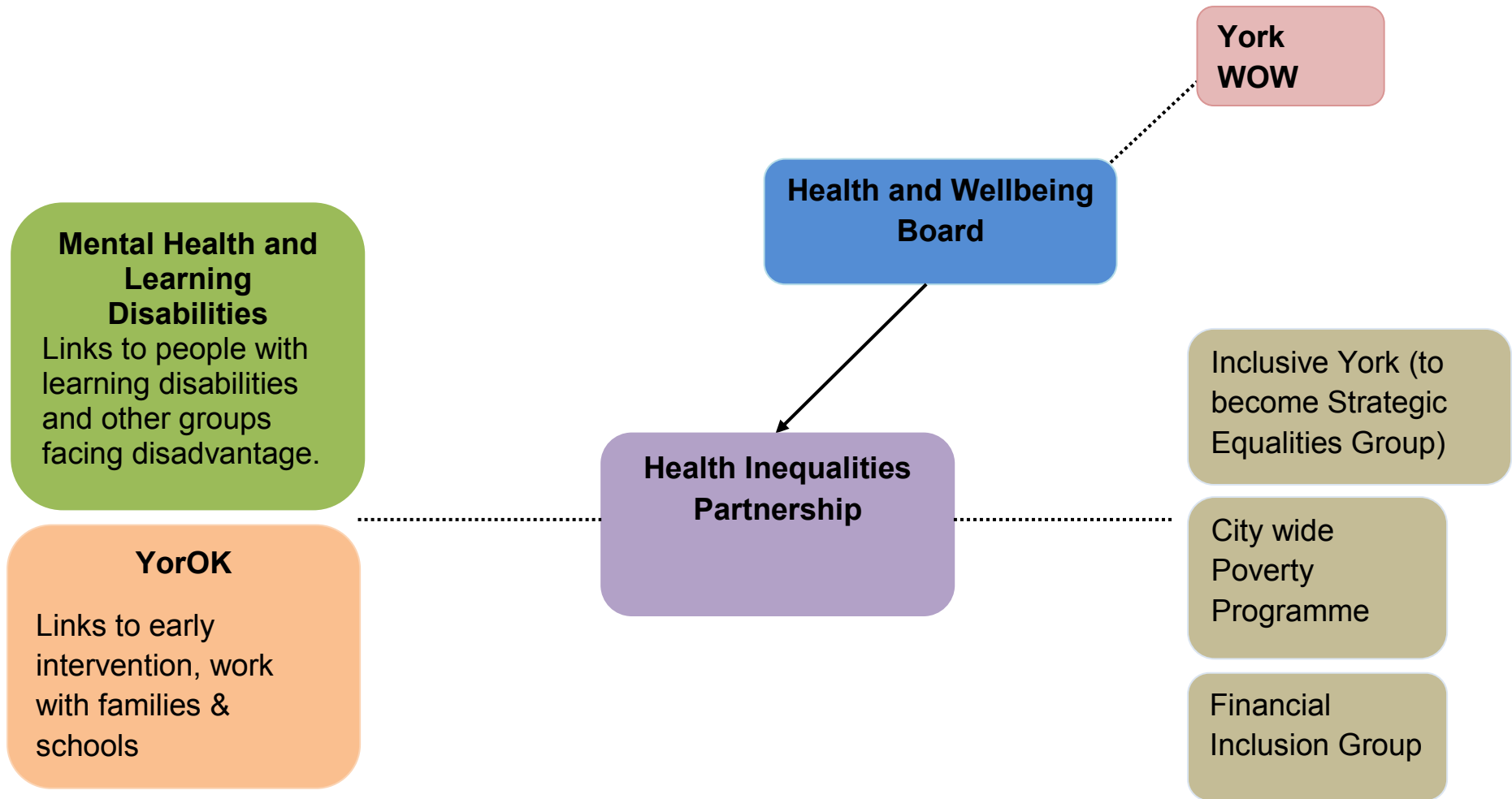
The Mental Health and Learning Disabilities Partnership Board will report to health and wellbeing board on the following measures, taken from the draft scorecard within the Health and Wellbeing Strategy.

| Performance measure  | Baseline | Lead Body                       |
|--|----------|---------------------------------|
| Healthy life expectancy  | TBC      | Health Inequalities Partnership |
| The difference in life-expectancy at birth from the most to the least deprived | TBC      | Health Inequalities Partnership |
| Smoking prevalence   | TBC      | Health Inequalities Partnership |
| Self reported wellbeing  | TBC      | Health Inequalities Partnership |

In addition to the performance measures above the Health Inequalities Partnership may also wish to include outcomes, measures indicators from the following frameworks:

- Public Health Outcomes Framework
- Adult Social Care Outcomes Framework
- NHS Outcomes Framework

**Relationships to other partnerships and working groups:**



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# OPTIONS FOR INTEGRATING SOCIAL CARE AND HEALTH

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Andrew Cozens

# Summary

- The case for integration, legal framework and landscape
- Pre-requisites for success
- Principles against which any approach can be judged
- Six possible models: three of which are the best fit for North Yorkshire and York
- Recommended: single, comprehensive integration framework based on 'warp and weft' vertical/horizontal approach that combines national must dos with local delivery approaches

# The case for integration of care & health

- The Health & Social Care Act 2012 and Care and Support White Paper both have the underlying assumption of closer integration
- NHS Mandate requires the NHSCB to ensure the new NHS commissioning system promotes and supports the integration of care
- Home should be the hub of care
- Reduce hospital inpatient activity
- Place patients at the centre of service design
- Encourage innovation by new and existing providers
- Your own recent reports reinforce this

# Legal framework

- Health Act 1999 and NHS Act 2006 (section 75 and 76) allows councils to transfer funding to health bodies
- NHS Act 2006 (section 256) allows PCTs to enter into activities with health benefits to support additional local authority activity
- NHS & Social Care Act 2012 gives councils an enhanced role in health commissioning through HWBs, joint strategies and new public health responsibilities

# NHS Commissioning Landscape

- Currently 3 organisations commission health and care
- After April 2013, 11 NHS organisations have some role in commissioning healthcare, alongside the two councils social care responsibilities
- The two Health & Wellbeing Boards have a duty to “encourage integrated working between commissioners of NHS, public health and social care services”

## Models for health and care integration (from most to least)

- Structural (single entity)
- Enhanced partnership (integration of commissioning functions)
- Joint appointments
- Coordination (reasonable level of formal commitment to joint working)
- Relative autonomy (meet minimal statutory requirements)

# Principles

- Clarify the question to which integration is the answer
- Focus on ends before means
- Integration must be multi-levelled
- NHS and local government operate from silos because they were explicitly designed to do so
- Weave together warp and weft of integration

## Principles (continued)

- Effective personal relationships are critical (but are undermined during restructuring)
- A place-making and convening role is necessary to animate integration through a single point for commissioning
- Establish a balance between vertical and horizontal accountabilities



# Options for integration

1. **Status quo continuation:** *maintain existing arrangements but in new NHS context*
2. **Vertical integration within the NHS:** *focus solely on vertical integration in NHS between hospital and community services, possibly drawing social care into NHS service*
3. **CCG led retendering exercises:** *each CCG works with relevant council to develop its own approach to integration*

# Options for integration

4. **Councils initiate:** *NYCC &/or CYC seeks agreement to lead the design and retender for a new integrated model at whole authority level*
5. **Patchwork model:** *integrated approach considered for priority patient groups with separate decisions on geography, approach, design and tendering.*

## Options for integration: recommended approach

**6. Framework model:** *overall framework for integrated health and social care is set by both HWBs (together, collaboratively, or separately) that sets priority groups, approach, area of benefit, timetable, and review*

# Local factors to consider

- Impact of resource pressures
- Pace and approach
- System leadership by HWBs developed and accepted
- Appetite: for cooperation and federation by CCGs; tolerance for difference by NYCC; shared model in Vale of York by both councils; Craven being different

# Developing the framework

- Consistent joint approaches to outcomes, access and assessment
- Risk stratification to determine priority groups and pace
- Principle of subsidiarity should be adopted
- Local models appropriate to patient groups and geography

# What might it look like?

- Integration team identified (full or part-time, actual and virtual)
- Senior integration executive report to HWB
- Agreed framework's priority areas and approaches
- Agree who does what
- Agree local priorities and timetable

# What might it look like?

- Practical manifestations:
  - Lead commissioner
  - Lead provider
  - Joint community teams
  - Measuring progress on outcomes
  - Peer challenge
  - Better information to support how outcomes and inequalities are being addressed
  - Better use of resources

# Next steps

- Secure agreement that integrated care initiatives have the potential to save money, improve efficiency, and improve quality by joining up services around the patient/service user
- Initiate discussions through HWBs about the development of a framework for integration
- Agree scope: North Yorkshire with York?
- Resource the development of the framework and implementation support
- Consider pace and approach
- Investigate scope to be a large scale initiative and draw down national support/engagement



# Further information

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