Notice of a public meeting of

Health and Wellbeing Board

To: Councillors Simpson-Laing (Chair), Looker and Healey

Kersten England (Chief Executive, City of York Council), Dr Paul Edmondson-Jones (Director of Public Health, City of York Council), Kevin Hall (Director of Adults, Children & Education, City of York Council),Dave Jones (Chief Constable, North Yorkshire Police), Garry Jones (Chief Executive, York Council for Voluntary Service),Siân Balsom (Manager, York HealthWatch), Chris Long (Local Area Team Director for North Yorkshire and the Humber, NHS Commissioning Board), Patrick Crowley (Chief Executive, York Teaching Hospital NHS Foundation Trust), Mark Hayes (Chair, Vale of York Clinical Commissioning Group),Rachel Potts (Chief Operating Officer, Vale of York Clinical Commissioning Group), Chris Butler (Chief Executive, Leeds and York Partnership NHS Foundation Trust) and Mike Padgham (Chair, Independent Care Group)

Date: Wednesday, 10 July 2013

Time: 4.30 pm

Venue: The Hudson Board Room, West Offices, York

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 - 14)

To approve and sign the minutes of the last meeting of the Health and Wellbeing Board held on 17 April 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 **Tuesday 9 July 2013** at **5.00pm**.

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

5. The Voice and Influence of Carers (Pages 15 - 20)

This report highlights the need for carers to have a voice and influence within the new Health and Wellbeing structure and asks the Health and Wellbeing Board to sign a Carers' Charter.

6. Disabled Children's Charter (Pages 21 - 50)

This report introduces the health and wellbeing challenges that disabled children experience and asks the Health and Wellbeing Board to sign a national and York Charter for Disabled Children.

7. Refreshing York's Joint Strategic Needs Assessment (JSNA) (Pages 51 - 56)

The Health and Wellbeing Board are asked to review the proposals for refreshing the current Joint Strategic Needs Assessment and carrying out a number of more detailed needs assessments to increase our understanding of the local population's health and wellbeing.

8. Place of Safety Verbal Update

A verbal update will be provided by the Vale of York Clinical Commissioning Group (VOYCCG) on providing a Place of Safety for York.

9. Integrating Health and Social Care (Pages 57 - 70)

This report sets out the clear directive for integrating health and social care and updates the Health and Wellbeing Board on work that is being carried out to achieve this.

10. Anti Poverty Work-Update (Pages 71 - 86)

The report asks the Health and Wellbeing Board to support the vision and proposals for becoming a poverty-free city. It also provides information about the leadership support that we have recently bid successfully for- the Systems Leadership Programme.

11. Joint Response to the Francis Report (Pages 87 - 104)

This report sets out the joint local response to the Report of The Mid Staffordshire NHS Foundation Trust Public Inquiry (the Francis Report). The response has been jointly prepared by Leeds York Partnership NHS Foundation Trust, York Teaching Hospitals NHS Foundation Trust and the NHS Vale of York Clinical Commissioning Group. A copy of their presentation is at **Annex A** to this report and representatives from these organisations will be in attendance at the meeting to present this.

12. 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

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

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

Agenda Annex

About City of York Council Meetings

Would you like to speak at this meeting?
If you would, you will need to:

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

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

Agenda Item 2

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

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

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

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

None to declare

Mike Padgham, Chair Council of Independent Care Group

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

Siân Balsom, Manager Health Watch York

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

Agenda Item 3

City of York Council | Committee Minutes

MEETING	HEALTH AND WELLBEING BOARD
DATE	17 APRIL 2013
PRESENT	COUNCILLORS SIMPSON-LAING (CHAIR), LOOKER & WISEMAN, KERSTEN ENGLAND (CHIEF EXECUTIVE, CITY OF YORK COUNCIL) DR PAUL EDMONSON-JONES (DIRECTOR OF PUBLIC HEALTH, CITY OF YORK COUNCIL) KEVIN HALL (INTERIM DIRECTOR OF ADULTS, CHILDREN & EDUCATION, CITY OF YORK COUNCIL) PATRICK CROWLEY (CHIEF EXECUTIVE, YORK TEACHING HOSPITAL NHS FOUNDATION TRUST), RACHEL POTTS (CHIEF OPERATING OFFICER, VALE OF YORK CLINICAL COMMISSIONING GROUP), CHRIS BUTLER (CHIEF EXECUTIVE, LEEDS & YORK PARTNERSHIP NHS FOUNDATION TRUST), TIM MADGWICK (TEMPORARY CHIEF CONSTABLE, NORTH YORKSHIRE POLICE), ANGELA PORTZ (CHIEF EXECUTIVE, YORK COUNCIL FOR VOLUNTARY SERVICE (CVS)), MIKE PADGHAM (CHAIR, INDEPENDENT CARE GROUP) SIAN BALSOM (MANAGER, HEALTHWATCH YORK)

IN ATTENDANCE	PROFESSOR CHRIS BENTLEY, ANDREW COZENS, DR CATH SNAPE (VALE OF YORK CLINICAL COMMISSIONING GROUP), JULIA MULLIGAN (POLICE & CRIME COMMISSIONER FOR NORTH YORKSHIRE) JOHN BURGESS (YORK MENTAL HEALTH FORUM), MATT NELLIGAN (NHS ENGLAND), GEORGE WOOD (YORK OLDER PEOPLE'S ASSEMBLY), LESLEY PRATT (HEALTHWATCH YORK)
APOLOGIES	DR MARK HAYES (CHAIR, VALE OF YORK CLINICAL COMMISSIONING GROUP), CHRIS LONG (AREA DIRECTOR, YORKSHIRE & HUMBER AREA TEAM, NHS ENGLAND)

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39. INTRODUCTIONS

The Chair welcomed new Board Members, Sian Balsom who represented York Health Watch and Kevin Hall who had recently been appointed as Interim Director of Adults, Children & Education for City of York Council.

She also underlined the significance of the meeting, as from 1 April, the responsibility for Public Health in England had been transferred to Local Authorities. This meant that the Board's title would change to Health and Wellbeing Board rather than Shadow Health and Wellbeing Board.

40. DECLARATIONS OF INTEREST

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

Sian Balsom declared two personal interests in the general remit of the Committee as the Vice Chair of Scarborough and Ryedale Carers Resource and as a shareholder in the Golden Ball Community Co-operative Pub.

No interests were declared.

41. MINUTES

RESOLVED: That the minutes of the meeting of the Shadow Health and Wellbeing Board held on 27 February 2013 be signed and approved by the Chair as a correct record.

42. PUBLIC PARTICIPATION

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

43. HEALTH AND WELLBEING STRATEGY

Board Members received a report which asked them to formally approve York's Health and Wellbeing Strategy.

Discussion took place around the strategy in which the following points were raised;

- That the effectiveness of the Strategy would be shown in how often it was used in day to day discussions between all partners on the Board.
- That all Board Members and their organisations needed to take responsibility for it, and if amendments needed to be made to suggest these to the Board.

- The timescale for refreshing the Joint Strategic Needs Assessment (JSNA), which would then feed into the Strategy.

Dr Paul Edmondson Jones outlined his wish for the JSNA to used by all partners, and for it to be fed into the Health and Wellbeing Strategy to become a 'living' resource for all people in York.

Board Members were also informed about the work of the Academic Health Sciences Network, and how they were developing a mechanism around innovation, health and wealth. Some Board Members suggested that these studies could be worth examining in relation to developing the JSNA and the Strategy.

RESOLVED: (i) That the report be noted.

(ii) That the Health and Wellbeing Strategy be approved.

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.

44. HEALTH AND WELLBEING STRATEGY-PERFORMANCE FRAMEWORK

Board Members considered a report which updated them on the performance framework for the Health and Wellbeing strategy following feedback of received at the Board's last meeting on 27 February.

Some Board Members made reference to an Exception Report which would be presented at every Health and Wellbeing Board meeting, which would identify data or trends that were not expected from across Health, Social Care and Public Health to notify Board Members of issues that required further investigation and action. They asked that the report also include positive data and trends alongside negative ones.

Other Board Members suggested that the performance framework be used as a tool between partners to hold one another to account for their performance.

The Chair urged the Board to contact Officers if they had any further suggestions for how the scorecard could be used and developed.

RESOLVED: (i) That the report be noted.

(ii) That support be given to ongoing work to progress the development of the performance framework.

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.

45. HEALTH AND WELLBEING PARTNERSHIP BOARDS

Board Members received a report which updated them on the development of the three new Health and Wellbeing Partnership Boards; the Mental Health and Learning Disabilities Partnership Board, the Older People and People with Long Term Conditions Partnership Board and the Health Inequalities Partnership Board.

It was reported that the Mental Health and Learning Disability Partnership Board had recently met, and had considered issues around user voice.

Regarding the Older People and People with Long Term Conditions Partnership Board, Rachel Potts reported that the Chairmanship of this Board needed to be reviewed as Dr Tim Hughes (the current Chair) was reducing his commitments at the Vale of York Clinical Commissioning Group.

Some Board Members questioned whether the Chairs of the Partnership Boards would produce written reports of the work of their Board for the Members to consider. Other questions related to whether the Chairs of the Partnership Boards would meet up together and if certain issues could be examined across a number of different Board (such as Carers issues).

RESOLVED: That the Health and Wellbeing Board be updated on the work of the three health and wellbeing partnerships that sit below the Board.

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 three partnership boards.

46. VERBAL UPDATE- PLACE OF SAFETY

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

Board Members were informed that the only facility in North Yorkshire to house people who had been detained as part of Section 136 of the Mental Health Act was in Scarborough. This was deemed to not be sufficient, and a project lead, the Police and Crime Commissioner and a newly established working group would seek for a longer term solution. The Board were told that Accident and Emergency departments, the Police and Mental Health providers would be updated on this.

Tim Madgwick felt that the current interim arrangements needed to be strengthened, as Police staff were often taking on responsibility for detainees. He felt that a police custody block or cell was not suitable. The Board were informed that Police work hours had increased as a result of not having suitable accommodation. He also felt that admitting people to Hospital Accident and Emergency departments was not a viable solution, as it was very expensive.

In response Cath Snape informed the Board that Mental Health providers in North Yorkshire did not have appropriate facilities or funding to provide appropriate care for those with mental health issues who had been detained under a Section 136. Board Members were informed that the CCG was seeking legal advice on this.

Other Board Members felt that the interim arrangements at Scarborough were not sustainable due to the geography and population of the area. They suggested that the Police be supported more, particularly by NHS partners, and requested that monthly reports be circulated to the Board to show what actions were being taken to provide a more suitable Place of Safety.

Some Board Members suggested that all partner organisations should share the risks associated with commissioning, as the Vale of York CCG felt that they could not be the sole commissioners.

RESOLVED: (i) That the update be noted.

(ii) That updates be circulated to the Board in regards to action taken to commission a Section 136-Place of Safety in North Yorkshire and York.

REASON: In order to keep the Board informed of the commissioning of a Section 136.

47. PUBLIC SPEAKER-ANDREW COZENS

Board Members received a Powerpoint presentation from Andrew Cozens on options for integrating Social Care and Health across North Yorkshire and York.

Andrew Cozens shared a number of his thoughts with the Board which included;

- Longer term structural solutions would not work, but a framework solution around patients and service users would assist in integration.
- Confusion existed between integration of the National Health Service with itself and the Health Service with Social Care.
- That he felt existing providers of health care should not extend themselves into commissioning care due to complex regional boundaries.

- That Health and Wellbeing Boards should strive to produce an overall framework to encourage individual approaches to the provision and commissioning of Social Care and Health.

Some Board Members felt that further integration was difficult as more tended to recognise older county borders rather than regional boundaries, and so would expect their services to continue to be provided on this basis.

Board Members suggested that they meet with both the North Yorkshire and East Riding of Yorkshire Health and Wellbeing Boards to discuss this issue, and possibly have joint meetings.

RESOLVED: (i) That the presentation be noted.

(ii) That investigations take place into the possibility of holding joint meetings with North Yorkshire and East Riding of Yorkshire Health and Wellbeing Boards.

REASON: To keep the Board updated on Social Care and Health across North Yorkshire and York.

48. PUBLIC SPEAKER-PROFESSOR CHRIS BENTLEY

Board Members received a presentation from Professor Chris Bentley about Health and Wellbeing Boards and their role in tackling Health Inequalities in York.

During his presentation Professor Bentley raised the following points;

- That the previous Government's targets to narrow the gap in health inequalities had been successful in some areas, such as in the North West who had continued to measure and highlight areas where there were higher rates of inequality in health outcomes.
- York had a good position in regards to mortality rates, but pockets of deprivation still existed in the city. Due to this it was crucial to tackle the inequalities that did exist in the city.

Discussion around the presentation took place and the following points were raised;

- That any Health Inequalities Strategy needed to be stratified to examine all levels of the population.
- Licensing and bylaws could assist in reducing health inequalities.
- Actions to reduce inequalities needed to be done a larger scale and systematic method.
- By the measurement and identification of wider health concerns in the population, solutions could not be reached.
- The population areas of most concern, was not in clearly defined social groups but in individuals who did not fall into this classification.

RESOLVED: (i) That the presentation and Professor Bentley's research and recommendations into reducing health inequalities in York be noted.

(ii) That his work inform the role and work of the Board to influence York's approach to tackling health inequalities.

(iii) That it is also used to inform the work of the Health Inequalities Partnership Board.

REASON: In order to inform and provide the Board with an update into work to reduce health inequalities in York.

Councillor T Simpson-Laing, Chair
[The meeting started at 4.35 pm and finished at 7.05 pm].

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Health and Wellbeing Board **10th July 2013**

The Voice and Influence of Carers

Background

1. Carers make a huge contribution to the health and wellbeing of our residents. The Health and Wellbeing Strategy outlines a clear commitment to understanding the needs of carers and ensuring that they have a voice within the new health and wellbeing structure.

2. The following is a cross-cutting action within York's Health and Wellbeing Strategy:

   > "We will 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."

3. It is important that carers are involved in a meaningful way within the Health and Wellbeing Board and the family of health and wellbeing partnerships. This does not necessarily mean having a carer on every partnership board, but having someone who can represent their agenda.

An Introduction to a presentation by Carers

4. In order to progress our commitment to carers and young carers, the Health and Wellbeing Board will be given a presentation by carers and young carers. The presentation will cover the following:

   - Why carers are important: who they are and what they do.
   - What carers do and what they have to offer: how they contribute to the 'health and wellbeing' of the citizens of York and the strengths and benefits of supporting them.

- Information and case studies about carers: including health and employment issues.
- What carers would like from the Health and Wellbeing Board and some questions for Board members.

Recommendations for the Health and Wellbeing Board

5. The Health and Wellbeing Board are asked to:

- Endorse and sign up to the Carers Charter –
  The Carers Charter is attached as Annex A
- Agree that the voice of carers should be represented on the Health and Wellbeing Board and the sub groups that sit below it, for example, by having Carers Champions, rather than additional Board members.
- Collectively agree how they will make sure that supporting carers, a 'cross cutting theme', will be embedded across the work of the Health and Wellbeing Board.

Reason: To ensure that carers, who make such a valuable contribution in the city, have meaningful voice and influence within the local health and wellbeing system.

Council Plan

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

Implications

Financial

7. No financial implications

Human Resources (HR)

8. No HR implications

Equalities

9. Supporting carers is a cross-cutting theme throughout the Health and Wellbeing Strategy. Ensuring they are supported and they have voice and influence will improve their access to information and health and wellbeing services.

However, it should also have wider benefits in tackling some of the issues they face and the health inequalities they experience. Addressing health inequalities is an overarching aim of the Health and Wellbeing Board and a key priority within the Health and Wellbeing Strategy.

Legal

10. No legal implications

Crime and Disorder

11. No crime and disorder implications

Information Technology (IT)

12. No IT implications

Property

13. No Property implications

Other

14. No other implications

Risk Management

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

Contact Details

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

Report Approved	x	**Date**	2 July 2013

Wards Affected: **All** x

For further information please contact the author of the report

Annexes

Annex A – The Carers Charter

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York Carers Charter

'Our vision in York is to work towards developing a local community where carers' needs are identified and supported by all public services and other organisations.' York Carers Strategy 2011 - 2015

A carer is someone who unpaid, looks after or supports someone in their family, a friend or neighbour who has an illness, is disabled, or is affected by mental ill-health or substance misuse. Carers can be any age, including young carers (8-18yrs) children and young adults (18 – 25yrs) whose quality of life and future can be affected significantly by their caring role.

Organisations signed up to this charter are committed to:

- **Supporting you in your caring role**
- **Enabling you to access an age appropriate service**
- **Recognising and respecting your unique perspective and skills**
- **Providing you with up to date information about sources of support, including opportunities to take a break from your caring role**
- **Informing you about your right to a carers' assessment and referral processes**
- **Supporting your choice about the level and extent of care you offer**
- **Recognising your health needs in order to support your physical and emotional well-being**
- **Providing you with opportunity to engage and comment on service planning and evaluation at a strategic level**

If you need more information about this charter please contact: Frances Perry, Carers and Strategic Policy Manager, City of York Council frances.perry@york.gov.uk **01904 554188**

Include details of organisations who have signed up to the charter

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Health and Wellbeing Board **10th July 2013**

Committing to the Disabled Children's Charter

Background

1. The Joint Strategic Needs Assessment 2012 highlights a number of concerns about the quality of life and disadvantage that many disabled children experience. The prospect of disadvantage unfortunately continues through into adult life for people with disabilities.

   - Four in ten disabled children live in poverty nationally, and put the other way, approximately two thirds of children living in poverty will have special educational needs.
   - Thomas Coram Research estimates that between approx 1,000 and 2,000 children experience some form of disability in York
   - There are nearly 4,000 children and young people in mainstream schools in York who have some form of special educational need
   - The percentage of children with statements of special educational needs, indicating higher levels of need has risen in York for the first time since 2008.
   - The percentage of children in special school in York has gone up for the first time this year
   - We are also seeing a steady rise in the numbers of children with a physical and sensory disability in York schools, an increase in the number of children with a hearing loss as their primary need and a significant rise in the numbers of pupils with speech, language and communications needs.
   - 32 % of young people in York who are not in education, employment or training (NEET) are young disabled people, compared to 22% nationally.

An Introduction to the Disabled Children's Charter

2. The national charity The Children's Trust Tadworth has developed a Disabled Children's Charter to support Health and Wellbeing Boards to meet the needs of all children and young people who have disabilities, special educational needs (SEN), health conditions, and their families.

3. The Charter includes 7 commitments focused on improving health outcomes for disabled children, young people and their families and providing evidence after 1 year on how they have met each one.

4. The National Disabled Children's Charter is attached as Annex A

The benefits of signing the Charter

5. To accompany the Charter, The Children's Trust Tadworth has developed the document 'Why sign the Disabled Children's Charter for Health and Wellbeing Boards'. This explains:

   - The overarching benefits to Health and Wellbeing Boards for signing the Charter
   - The value of each Charter commitment with reference to Health and Wellbeing Board statutory functions
   - How to demonstrate the commitments have been met
   - Resources for Health and Wellbeing Boards

'Why sign the Disabled Children's Charter for Health and Wellbeing Boards' is attached as Annex B.

6. A presentation will be given to the Health and Wellbeing Board to provide further evidence of health and wellbeing issues disabled children experience and why it is recommended that York's Health and Wellbeing Board sign the national Charter and a City of York Charter.

The City of York Charter is attached as Annex C.

Recommendations for the Health and Wellbeing Board

7. The Health and Wellbeing Board are asked to:

- Review the Disabled Children's Charter for Health and Wellbeing Boards and the accompanying document 'Why sign the Disabled Children's Charter for Health and Wellbeing Boards'
- Sign up to the national Charter and agree to achieving its 7 commitments
- Sign up to the local Charter, for the City of York.

Reason: That the Health and Wellbeing Board demonstrate a commitment to improving the lives of disabled children, young people and their families.

Council Plan

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

Implications

Financial

9. No financial implications

Human Resources (HR)

10. No HR implications

Equalities

11. The Joint Strategic Needs Assessment 2012 highlights the need to improving the lives of the disabled children, young people and their families. Unfortunately the disadvantage that many disabled children experience is continued into adulthood. Addressing health inequalities is an overarching aim of the Health and Wellbeing Board and a key priority within the Health and Wellbeing Strategy.

Legal

12. No legal implications

Crime and Disorder

13. No crime and disorder implications

Information Technology (IT)

14. No IT implications

Property

15. No Property implications

Other

16. No other implications

Risk Management

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

Contact Details

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

Report Approved	x	**Date**	2 July 2013

Wards Affected: **All** x

For further information please contact the author of the report

Annexes

Annex A – The Disabled Children's Charter for Health and Wellbeing Boards

Annex B – Why Sign the Disabled Children's Charter for Health and Wellbeing Boards

Annex C- City of York Charter for Disabled Children 2013-16

Disabled Children's Charter for Health and Wellbeing Boards

The ..... **Health and Wellbeing Board** is committed to improving the quality of life and outcomes experienced by disabled children, young people and their families, including children and young people with special educational needs and health conditions. We will work together in partnership with disabled children and young people, and their families to improve universal and specialised services, and ensure they receive the support they need, when they need it. Disabled children and young people will be supported to fulfil their potential and achieve their aspirations and the needs of the family will be met so that they can lead ordinary lives.

By [date within 1 year of signing the Charter] our Health and Wellbeing Board will provide evidence that:

1. We have **detailed and accurate information** on the disabled children and young people living in our area, and provide public information on how we plan to meet their needs
2. We **engage directly with disabled children and young people** and their participation is embedded in the work of our Health and Wellbeing Board
3. We **engage directly with parent carers** of disabled children and young people and their participation is embedded in the work of our Health and Wellbeing Board
4. We set **clear strategic outcomes** for our partners to meet in relation to disabled children, young people and their families, monitor progress towards achieving them and hold each other to account
5. We **promote early intervention** and support for smooth transitions between children and adult services for disabled children and young people
6. We work with key partners to **strengthen integration** between health, social care and education services, and with services provided by wider partners
7. We provide **cohesive governance** and leadership across the disabled children and young people's agenda by linking effectively with key partners

Signed by ..... **Date** ..... .
Position: Chair of Health and Wellbeing Board.

For guidance on meeting these commitments, please read the accompanying document: Why sign the Charter?

every disabled child matters

Every Disabled Child Matters (EDCM) is the campaign to get rights and justice for every disabled child. It has been set up by four leading organisations working with disabled children and their families – Contact a Family, the Council for Disabled Children, Mencap and the Special Educational Consortium. EDCM is hosted by the National Children's Bureau, Charity registration number: 258825.

The Children's Trust, Tadworth is a national charity providing specialist services to disabled children and young people across the UK. These services include rehabilitation and support for children with acquired brain injury, expert nursing care for children with complex health needs, and residential education for pupils with profound and multiple learning difficulties at The School for Profound Education. Charity registration number: 288018. Find out more about the work of The Children's Trust, Tadworth at www.thechildrenstrust.org.uk

The Children's Trust Tadworth
For children with multiple disabilities

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Why sign the Disabled Children's Charter for Health and Wellbeing Boards?

Benefits to Health and Wellbeing Boards of signing the Charter and meeting its commitments:

- Publicly articulate a vision for improving the quality of life and outcomes for disabled children, young people and their families
- Understand the true needs of disabled children, young people and their families in your local area and how to meet them
- Have greater confidence in targeting integrated commissioning on the needs of disabled children, young people and their families
- Support a local focus on cost-effective and child-centred interventions to deliver long-term impacts
- Build on local partnerships to deliver improvements to the quality of life and outcomes for disabled children, young people and their families
- Develop a shared local focus on measuring and improving the outcomes experienced by disabled children, young people and their families
- Demonstrate how your area will deliver the shared ambitions of the health system set out by the Government in 'Better Health Outcomes For Children and Young People: Our Pledge' for a key group of children and young people[1]

Who are we talking about?

The Disabled Children's Charter for Health and Wellbeing Boards and this accompanying document have been developed to support Health and Wellbeing Boards (HWBs) meet the needs of all children and young people who have disabilities, special educational needs (SEN), health conditions, and their families. In this document, when we talk about disabled children and young people we are referring to all the children and young people in this group.

1 Department of Health (2013), Better Health Outcomes for Children and Young People: Our Pledge

Commitment 1: We have detailed and accurate information on the disabled children, young people and their families living in our area, and provide public information on how we plan to meet their needs

Statutory drivers

Health and Social Care Act 2012

Duty to prepare assessment of needs (JSNA) in relation to local authority area and have regard to guidance from Secretary of State

Information

The quality of data and information used to underpin the planning, commissioning and delivery of services for children and young people with very complex needs is often poor. The difficulty of developing accurate, robust data in a standard format about disabled children and young people is an enduring issue for local areas and for national agencies. Reliable performance information about the use and value of services is critical to commissioning decisions. The Children and Young People's Health Outcomes Forum identified the lack of accurate data as the single biggest challenge in relation to the development of outcomes for children with long-term health conditions, disabilities and life limiting conditions[2].

In March 2012, the CQC released a report entitled 'Healthcare for disabled children and young people'[3]. This report gave details of primary care trust (PCT) replies to a self assessment questionnaire on services for disabled children.

PCTs demonstrated an extremely worrying lack of awareness of the needs of local disabled children:

- **Five PCTs** claimed that **no disabled children and young people lived in their area**
- **Fifty five** PCTs **did not monitor whether services allocated as a result of Common Assessment Framework were delivered**
- **Sixty three** PCTs **didn't know how many children were referred for manual wheelchairs** and **nine said children were waiting over 51 weeks for wheelchairs**
- **Fifteen** PCTs said they **didn't provide short breaks services**

Due to the lack of reliable data on disabled children and young people, their strategic involvement and that of their parents is essential to gain a good understanding of the profile of this group

2 Children and Young People's Health Outcomes Forum (2012), Report of the long term conditions, disability and palliative care subgroup p.2

3 Care Quality Commission (2012), Healthcare for Disabled Children and Young People

and the particular challenges and experience. Their views remain underrepresented in surveys and public and patient involvement in the health service.

Meeting Needs

One of the primary tools Health and Wellbeing Boards have to drive strategic commissioning in their areas is the Joint Strategic Needs Assessment (JSNA). The JSNA will assess the current and future health and care needs and assets of a local population and will underpin a Joint Health and Wellbeing Strategy (JHWS). It will interpret available data to develop an understanding of the causes of health inequalities and a narrative of the evidence.

The JSNA can only be an effective tool for evidence-based decision making if it is based on accurate and meaningful data. The bodies Health and Wellbeing Boards delegate collecting data to as part of the JSNA process, must focus on improving the quality and scope of information on disabled children and young people which they use, including: available national data sets; local information sources such as data from Common Assessment Frameworks; qualitative information from direct engagement with service users.

The JSNA process must develop an understanding of the local population which is sufficiently differentiated to understand the needs of all groups of children, particularly those who face the greatest inequalities or experience multiple disadvantages.

How to meet your Charter commitments

In order to fulfil this commitment, we would expect a HWB to be able to provide the following evidence:

- The full range of sources of information collected on disabled children, young people and their families which will be used to inform the JSNA process
- The quality assurance process used to ensure that information and data on disabled children, young people and their families used to inform commissioning is sufficiently detailed and accurate
- The way in which the JSNA will be used to assess the needs of local disabled children, young people and their families
- The way in which information on any hard to reach groups is sourced, and action taken to address any gaps of information with regard to local disabled children, young people and their families
- The way in which disabled children, young people and their families are strategically involved in identifying need, and evidence and feedback on their experiences is used to inform the JSNA process
- Public information on how the HWB will support partners to commission appropriately to meet the needs of local disabled children, young people and their families

Key resources for meeting this Charter commitment

Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies

Statutory guidance to support Health and Wellbeing Boards and their partners in understanding the duties and powers in relation to Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies.

NHS Confederation, Operating principles for Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies

Paper designed to support areas to develop successful Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies.

Child and Maternity Health Observatory: support for commissioners

Help to find the right tools, data and evidence to review, plan and improve services in your local area.

Child and Maternity Health Observatory: tools and data

ChiMat provides easy access to a wealth of data, information and intelligence through a range of online tools designed to support decision-making.

Rightcare (2012), NHS Atlas of Variation in Healthcare for Children and Young Adults

Variations across the breadth of child health services provided by NHS England are presented together to allow clinicians, commissioners and service users to identify priority areas for improving outcome, quality and productivity.

LGA (2011), Joint Strategic Needs Assessment: Data Inventory

Offers practical help to councils, clinical commissioning groups and other members of health and wellbeing boards.

Children and Young People's Health Outcomes Forum (2012), Making data and information work for children and young people

Factsheet on making data and information work for children and young people, including resources.

Contact A Family (2012), Health and Wellbeing Boards: making the case to target disabled children services

Briefing for Parent Carer Forums on the reasons why the Health and Wellbeing board in their area should target disabled children in their Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing strategy (JHWS).

Commitment 2: We engage directly with disabled children and young people and their participation is embedded in the work of our Health and Wellbeing Board

Statutory drivers

Health and Social Care Act 2012

Duty to involve third parties in preparation of the JSNA:

- Local Healthwatch
- people living or working in the area
- for County Councils – each relevant DC

Duty to involve third parties in preparation of the JHWS:

- Local Healthwatch
- people living or working in the area

Article 12 of the United Nations Convention on the Rights of the Child (UNCRC)

- The child has the right to express his or her opinion freely and to have that opinion taken into account in any matter or procedure affecting the child.

Article 7 of the UN Convention on the Rights of Persons with Disabilities (UNCRPD)

- Children with disabilities have the right to express their views freely on all matters affecting them, their views being given due weight in accordance with their age and maturity, on an equal basis with other children, and to be provided with disability and age-appropriate assistance to realise that right.

Health and Wellbeing Boards should ensure that the voice of disabled children and young people is always heard when decisions are being made that affect them. Health and Wellbeing Board members should use their influence to embed engagement with disabled children and young people throughout the health and care system and in the context of a continuous and current partnership.

The benefits of embedding participation of disabled children and young people are huge: better services will be developed driven by feedback from the people who know and use them; resources are not wasted on services that are not taken up or valued; services will be more child and young person friendly and accessible; disabled children and young people will have insight into the diverse needs and barriers faced by marginalised and vulnerable groups; improved accountability to children and young people as stakeholders; and direct benefits to disabled children and young people themselves such as increased knowledge of services,

confidence, and skills[4].

It should be recognised that many disabled children and young people may face significant barriers to their involvement, particularly in mainstream settings. Recent research from the VIPER project found that young disabled people's participation is still not embedded at a strategic, service level or individual decision-making. It found barriers to participation including a lack of understanding of what participation is and how you make it happen, lack of funding, inclusive practice, resources, time and training, and lack of consistent systems and structures[5].

All disabled children and young people communicate and have a right to have their views heard and this may require targeted approaches and the involvement of Voluntary Sector Organisations (VSOs).

How to meet your Charter commitments

In order to fulfil this commitment, we would expect a HWB to be able to provide the following evidence:

- Evidence of the way in which the HWB or its sub groups have worked with disabled children and young people in the JSNA process, and next steps for JSNA engagement
- Evidence of the way in which the HWB or its sub groups have worked with disabled children and young people in the preparation and delivery of the Joint Health and Wellbeing Strategy (JHWS), and next steps for JHWS engagement
- Evidence of partnership working with any local groups of disabled children and young people

Key resources for meeting this Charter commitment

The NHS Confederation, Royal College of Paediatrics and Child Health and Office for Public Management (2011), Involving children and young people in health services

This report highlights the key findings and recommendations from an event held in September 2011 to discuss the key priorities for child health.

VIPER (Voice.Inclusion.Participation.Empowerment.Research)

VIPER is a three-year project funded by the Big Lottery Fund, to research young disabled people's participation in decisions about services. It began in Summer 2010.

VIPER (2012), The Viper project: what we found

Findings and key messages arising from the research activities of the VIPER project.

VIPER (2012), The Viper project: what we found from the survey

Summary of the findings and key messages from the research activities. The research summarised in this report was carried out between 2010 and 2012.

4 Participation Works (2008), How to involve children and young people in commissioning, p.6.

5 VIPER (Voice, Inclusion, Participation, Empowerment and Research) (2013), Hear Us Out, p.23.

Participation Works

Enables organisations to effectively involve children and young people in the development, delivery and evaluation of services that affect their lives.

Participation Works (2008), How to involve children and young people in commissioning

An introduction to commissioning from a variety of perspectives. It describes the different parts of the process and ways to support children and young people to participate in all aspects of commissioning.

Participation Works (2008), How to build a culture of participation

Information and practical ideas about how to embed participation throughout your organisation in a way that brings about change.

Participation Works (2010), Listen and Change - a guide to children and young people's participation rights

Aims to increase understanding of children and young people's participation rights and how they can be realised in local authority and third sector settings.

Making Ourselves Heard (MOH)

MOH is a national project to ensure disabled children's right to be heard becomes a reality.

Council for Disabled Children (2009), Making Ourselves Heard

Based on a series of eight seminars with local authorities this book sets out the current policy context for disabled children and young people's participation, outlines the barriers and challenges to effective participation and highlights what is working well.

Franklin, A. and Sloper, P. (2009) Supporting the participation of disabled children and young people in decision-making

Presents research exploring factors to support good practice in participation and discusses policy and practice implications.

DfEs (2003), Building a culture of participation: research report

Many of the case studies in this research are attempting to make participation more integral to their organisation.

Commitment 3: We engage directly with parent carers and their participation is embedded in the work of our Health and Wellbeing Board

Statutory drivers

Health and Social Care Act 2012

Duty to involve third parties in preparation of the JSNA:

- Local Healthwatch
- people living or working in the area
- for County Councils – each relevant DC

Duty to involve third parties in preparation of the JHWS:

- Local Healthwatch
- people living or working in the area

The purpose of parent participation is to ensure that parents can influence service planning and decision making so that services meet the needs of families with disabled children. Effective parent participation happens when parents have conversations with and work alongside professionals, in order to design, develop and improve services[6].

The benefits of effective parent participation are well established: resources are not wasted on services that are not taken up or valued; parent carers' insight can help develop cost-effective solutions to local problems; a shared view can be developed between parents and professionals of how to support families within funding limitations; more costly interventions can be avoided in the future; and complaints can be reduced by Parent Carer Forums monitoring services and alerting commissioners and managers if problems occur. The Contact A Family resources below contain a wealth of evidence and case studies into how effective parent participation has benefited the local areas where it has been implemented.

Health and Wellbeing Boards should ensure that parent carers are involved in decisions that affect them at a strategic and service level. Health and Wellbeing Board members should use their influence to embed engagement with parent carers throughout the health and care system and in the context of a continuous and current partnership.

It should be recognised that parent carers may face significant barriers to their participation in mainstream settings but that this should not prevent their involvement in decision-making.

6 Definition from Together for Disabled Children (2010), How to guide to parent carer participation: Section 1 – parent participation as a process, p.2.

How to meet your Charter commitments

In order to fulfil this commitment, we would expect a HWB to be able to provide the following evidence:

- Evidence of the way in which the HWB or its sub groups have worked with parent carers of disabled children in the JSNA process, and next steps for JSNA engagement
- Evidence of the way in which the HWB or its sub groups have worked with parent carers of disabled children in the preparation and delivery of the JHWS, and next steps for JHWS engagement
- Evidence of partnership working with local parent groups, including the local Parent Carer Forum(s)

Key resources for meeting this Charter commitment

Together for Disabled Children (v2.0 2010), Parent carer participation: How to guide.

A guide to support parent carer forums, commissioners and managers to develop parent carer participation. It can be downloaded in the following separate sections:

Section 1 - The Process

Section 2 - producing information

Section 3 - consultation

Section 5a - successful meetings Together for Disabled Children

Section 5b - how to reach and engage parents

Section 5c - supporting parent representatives

Section 6b- for strategic leaders

How parent participation and parent carer forums leads to better outcomes for disabled children, young people and their families 2011

Contact A Family (2012), Parent Carer Participation: An overview

This short guide provides examples of successful parent carer participation

Contact A Family, Improving Health Services

Resources to support the commissioning and management of health services.

Contact A Family, Resources

Resources, case studies and information for professionals to help them improve how services are delivered, so they better meet families' needs.

Contact A Family (2013), Parent carer forum involvement in shaping health services - second report

Report into Parent Carer Forum involvement with the health service in the lead up to the new health system coming into effect.

Commitment 4: We set clear strategic outcomes for our partners to meet in relation to disabled children, young people and their families, monitor progress towards achieving them and hold each other to account

Statutory drivers

Health and Social Care Act 2012

Duty to prepare a JHWS for meeting needs included in JSNA in relation to LA area and to have regard to guidance from Secretary of State

Power of the HWB to give its opinion to the local authority which established it on whether the authority is discharging its duty to have regard to relevant JSNA and JHWS

CCG is under a duty to involve HWB in preparing or significantly revising the commissioning plan – including consulting it on whether the plan has taken proper account of the relevant JHWS

Duty to provide opinion on whether the CCG commissioning plan has taken proper account of the JHWS. Power to also write to NHS England (formerly the NHS Commissioning Board) with that opinion on the commissioning plan (copy must also be supplied to the relevant CCG). Duty to review how far the CCG has contributed to the delivery of any JHWS to which it was required to have regard and to consult HWB on this

Duty in conducting the performance assessment, to assess how well CCG has discharged duty to have regard to JSNA and JHWS and to consult HWB on its view on CCGs' contribution to delivery of any JHWS to which it was required to have regard (when conducting its annual performance assessment of the CCG)

In response to the report of the Children and Young People's Health Outcomes Forum, the Government set out its ambitions for improving health outcomes for children and young people by launching 'Better Health Outcomes For Children And Young People: Our Pledge'[7]. Health and Wellbeing Boards will play a key role in delivering on these ambitions.

Disabled children and young people will provide a crucial test of the effectiveness of the new health system and improving the outcomes they experience, including those in the NHS and Public Health Outcomes frameworks, will require concerted strategic leadership. However, if a Health and Wellbeing Board can improve integration for local disabled children and young people, who frequently test the interface between multiple services and agencies, it can deliver for all children and young people.

For the JSNA and JHWS process to make a positive impact on the outcomes faced by disabled children, young people and their families, it is essential that the evidence collected through the JSNA process reflects the outcomes that are most meaningful to them. Health and Wellbeing Boards should use the JSNA process to develop a shared understanding of the needs of disabled children, young people and their families, and the causes of the poor outcomes and inequalities

7 Department of Health (2013), Better Health Outcomes for Children and Young People: Our Pledge

they experience. They should set clear [illegible]nes for partners to meet and ensure that mechanisms are in place to measure and monitor progress towards achieving them.

The JHWS should address how the needs of disabled children, young people and their families should be met and make recommendations on cost-effective approaches to reducing the health inequalities they experience. However, if this group is not identified as a priority in the JHWS, the Health and Wellbeing Board should demonstrate how it is providing strategic direction for partners to meet the needs of disabled children and young people.

How to meet your Charter commitments

In order to fulfil this commitment, we would expect a HWB to be able to provide the following evidence:

- Public information on the status of outcomes for local disabled children and young people based on indicators such as the NHS Outcomes Framework, the Public Health Outcomes Framework, etc.
- Public information on the strategic direction the HWB has set to support key partners to improve outcomes for disabled children and young people. This may be encompassed by the JHWS, but would need to be sufficiently delineated to demonstrate specific objectives and action for disabled children and young people.

Key resources for meeting this Charter commitment

NHS Confederation (2012), Children and young people's health and wellbeing in changing times

> The purpose of this report is to support implementation of the health reforms to improve children and young people's health and wellbeing.

Report of the Children and Young People's Health Outcomes Forum (2012)

> The Children and Young People's Health Outcomes Forum was established by the Secretary of State for Health and tasked with responding to the challenges set out in Sir Ian Kennedy's report published in 2010 'Getting it right for children and young people'.

Report of the Children and Young People's Health Outcomes Forum - report of the long-term conditions, disability and palliative care sub-group (2012)

> Report discussing the challenges around improving outcomes for this group of children.

Report of the Children and Young People's Health Outcomes Forum - inequalities in health outcomes and how they might be addressed (2012)

> Report commissioned by the co-chairs of the Children and Young People's Health Outcomes Forum from Maggie Atkinson, Children's Commissioner for England.

Children and Young People's Health Outcomes Forum (2012), Health and wellbeing boards and children, young people and families

> Poster produced in June 2012 by the health and wellbeing board learning set for children and young people.

Children and Young People's Health Outcomes Forum (2012), Commissioning in the new NHS for children, young people and their families

Poster setting out the Children and Young People's Health Outcomes Forum's vision for successful commissioning for children, young people and their families in the new NHS.

Department of Health (2013), Improving Children and Young People's Health Outcomes: a system wide response

The Children and Young People's Health Outcomes Forum report made recommendations, aimed at DH, DfE and a wide range of health system organisations, to improve health outcomes for children and young people. This document contains the system-wide response setting out the action already undertaken, in progress and planned in response to the recommendations.

Department of Health (2013), Better health outcomes for children and young people: Our Pledge

Government response to the report of the Children and Young People's Health Outcomes Forum, setting out shared ambitions across the NHS to improve outcomes and services for children and young people.

Contact A family and Strategic Network for Child Health and Wellbeing in the East of England (2012), Principles for commissioning and delivering better health outcomes and experiences for children and young people so that they are comparable with the best in the world

Poster showing 6 principles for commissioning and delivering better health outcomes and experiences for children and young people, developed by the Strategic Network for Child Health and Wellbeing in the East of England.

Department of Health (2010), The NHS Outcomes Framework 2011/12

The outcomes and indicators which make up the first NHS Outcomes Framework, following the consultation Transparency in outcomes – a framework for the NHS.

Commitment 5: We promote early intervention and support smooth transitions between children and adult services for disabled children and young people

The report of the Children and Young People's Health Outcomes Forum emphasised the importance of early intervention and transitions within a life-course approach to reducing health inequalities[8]. This is particularly significant for disabled children and young people and their families, who often struggle to obtain a diagnosis and access appropriate support at an early age and when transitioning to adult services, which affects their outcomes throughout their lives.

It should be emphasised that disabled children and young people may transition to adult services up to the age of 25. Health and Wellbeing Boards should consider the needs of disabled children and young people from 0-25 as well as ensuring smooth transitions to adult services.

How to meet your Charter commitments

In order to fulfil this commitment, we would expect a HWB to be able to provide the following evidence:

- The way in which the activities of the HWB help local partners to understand the value of early intervention
- The way in which the activities of the HWB ensure integration between children and adult services, and prioritise ensuring a positive experience of transition for disabled young people

Key resources for meeting this Charter commitment

Graham Allen MP (2011), Early Intervention: The Next Steps

An independent report to Government, which argues that many of the costly and damaging social problems for individuals can be eliminated or reduced by giving children and parents the right type of evidence based programmes between 0-18 and especially in their earliest years.

Graham Allen MP (2011), Early Intervention: Smart Investment, Massive Savings

Graham Allen MP's second independent report to the Government sets out how early intervention programmes can be paid for within existing resources and by attracting new non-government money.

Child and Maternity Health Observatory, Knowledge Hub: Transitions

The transitions to adulthood hub brings together a range of resources and evidence relating to young people's transition process into the adult world. It is constantly updated with new resources.

8 Report of the Children and Young People's Health Outcomes Forum (2012), p.38

Early Support

A way of working, underpinned by 10 principles that aim to improve the delivery ofservices for disabled children, young people and their families. It enables services to coordinate their activity better and provide families with a single point of contact and continuity through key working.

Early Support (2012), Key working: improving outcomes for all - Evidence, provision, systems and structures

A summary of the key evidence and consistent elements of a key working approach. It presents an analysis of the implications of key working that cuts across health, social care and education.

Ofsted (2013), Good practice resource - Early intervention through a multi-agency approach: Sheffield City Council

Sheffield City Council has developed a creative and innovative approach across the children's workforce by introducing a multi-agency perspective in providing preventative services to children and families.

C4E0, Improving the wellbeing of disabled children through early years interventions (age 0–8)

This section contains the following resources in support of improving the wellbeing of disabled children through early years interventions (age 0–8) priority: links to online tools; key online publications from C4EO partners and other organisations.

Institute of Public Care (2012), Early Intervention and Prevention with Children and Families: Getting the Most from Team around the Family Systems

Briefing paper arguing that effective local systems to identify families who would benefit from additional support and to coordinate support from a range of agencies is as important as delivering effective services.

Transition Information Network (TIN)

An alliance of organisations and individuals who come together to improve the experience of disabled young people's transition to adulthood. TIN is a source of information and good practice standards for disabled young people, families and professionals.

TIN Resource Library

You can use the search form to find a range of resources that can help you to improve your provision for disabled young people in transition to adulthood.

Preparing for Adulthood (PfA)

A 2 year programme funded by the Department for Education as part of the delivery support for 'Support and aspiration: A new approach to special educational needs and disability' green paper. It provides knowledge and support to all local authorities and their partners, including families and young people, so they can ensure young people with SEN and disabilities achieve paid work, independent living, good health and community inclusion as they move into adulthood.

Preparing for Adulthood (2012), PfA resource list

Created for the PfA 'How are you doing?' events which took place in June and July, 2012. Resources are listed under: Paid employment; Independent living; Good health; Community inclusion.

Sloper, P., Beecham, J., Clarke, S., Franklin, A., Moran, N. and Cusworth, L. (2011) Transition to adult services for disabled young people and those with complex health needs, Research Works, 2011-02, Social Policy Research Unit, University of York, York

This research aimed to provide evidence of what works well in developing and implementing multi-agency coordinated transition services for disabled children and those with complex health needs and their families. It also assessed the costs of the services.

Commitment 6: We work with key partners to strengthen integration between health, social care and education services, and with services provided by wider partners

Statutory drivers

Health and Social Care Act 2012

Duty to encourage integrated working:

- between commissioners of health services and commissioners of social care services
- in particular to provide advice, assistance or other support for the purpose of encouraging use of flexibilities under NHS Act 2006

Power to include in the JHWS a statement of views on how the commissioning of health and social care services, and wider health-related services, could be more closely integrated – i.e. the ability for the JHWS to look more broadly than health and social care in relation to closer integration of commissioning

Disabled children and young people access services across multiple agencies, and therefore are disproportionately affected by poor integration between health and social care services and a lack of coordinated commissioning. Health and Wellbeing Boards must work with key partners to meet the needs of disabled children and young people, including: education providers and schools; safeguarding boards, local children's trust arrangements; learning disability partnership boards; and others. Health and Wellbeing Boards should make recommendations to ensure that disabled children and young people experience seamless integration between the services they access.

In particular, Health and Wellbeing Boards should consider how they engage with education services, including schools and colleges, because of the significance of joined up-working between health, education and social care to disabled children and young people's outcomes.

To promote integrated commissioning Health and Wellbeing Boards will also need to consider how specialised health services commissioned by NHS England are joined up with locally commissioned services and ensure they are taken into account by their JSNA and JHWS.

How to meet your Charter commitments

In order to fulfil this commitment, we would expect a HWB to be able to provide the following evidence:

- Details of the way in which the HWB is informed by those with expertise in education, and children's health and social care
- Details of the way the HWB engages with wider partners such as housing, transport, safeguarding and the youth justice system
- Details of steps taken to encourage integrated working between health, social care, education and wider partners in order to improve the services accessed by disabled children, young people and their families

Key resources for meeting this Charter commitment

Together for disabled children (2009), Facilitating integrated practice between children's services and health

> This report contains examples of innovative working practice where services are integrated with health.

Council for Disabled Children (2006), Pathways to success: Good practice guide for children's services in the development of services for disabled children - evidence from the pathfinder children's trusts

> This project ran from April 2004 to March 2006 and set out to work alongside the pathfinder children's trusts in developing new ways of working and to capture the learning from their work. The work covered: stratgeic planning; commissioning services, pooling budgets; joint working and co-location; assessment process and information sharing.

East Midlands, Everybody's learning (2012), Assured safeguarding: GP and Health Leader edition

> Resource to help commissioners and health providers reassure themselves they are doing everything possible to ensure that children within the services for which they are responsible are as safe as possible.

Ofsted (2012), Improving outcomes for disabled children by integrating early support and prevention services: Luton Borough Council

> Luton's services for disabled children and their families bring together practice across health, social care and education services, alongside innovative short break and early support provision. The development of an extensive range of integrated early support and prevention services is improving outcomes for disabled children and preventing situations deteriorating so that child protection or looked after services become necessary.

Commitment 7: We provide cohesive governance and leadership across the disabled children and young people's agenda by linking effectively with key partners

Statutory drivers

Health and Social Care Act 2012

Power to encourage close working (in relation to wider determinants of health):

- between itself and commissioners of health-related services
- between commissioners of health services or social care services and commissioners of health-related services

Power to appoint additional members to the board as deemed appropriate

Power for HWB to request information for the purposes of enabling or assisting its performance of functions from:

- the local authority
- certain members or those they represent with a duty to provide

Children Act 2004

Requirement for each local authority to have a children's trust board which must include representatives of the local authority and each of the children's trust 'relevant partners'

Local safeguarding children's boards put on statutory footing

Children and Families Bill 2012-13 (currently in Parliament)

(Clause 25) Local authorities must promote the integration of special education, health and care provision.

(Clause 26) Local authorities and their partner CCGs must make arrangements for the joint commissioning of education, health and care provision for children and young people with SEN.

(Clause 27) Local authorities must keep under review special education provision and social care provision for children and young people with SEN and consider the extent that it is sufficient to meet their needs.

(Clause 30) Local authorities must publish a Local Offer containing information about services available for children and young people with SEN, including education, health and care provision.

The role of the Health and Wellbeing Board must be understood in relation to new and existing partnerships, including: local children's trust arrangements; local safeguarding children's boards; learning disability partnership boards; and others. A clear local framework on how these partnerships interact needs to be established to avoid the duplication of effort or even

competing for resources.

The JSNAs and JHWS need to be aligned with other arrangements, such as: reviewing and commissioning of SEN services via the High Needs Block[9]; safeguarding arrangements; child poverty strategies; and children and young people's plans if they are still used.

Additionally, the Children and Families Bill currently in Parliament contains clauses for promoting integration between special educational provision, health and social care provision (25), making joint-commissioning arrangements (26), keeping education and care provision under review (27), and producing a local offer (30), for children and young people with SEN. These new duties on local authorities all have a clear relevance to the functions of the Health and Wellbeing Board to encourage integrated working, promote close working and undertake a JSNA and JHWS. This is particularly important as CCGs will be under a new duty to secure specific services in education, health and care plans for children and young people with SEN[10]. Indicative regulations also make clear that local authorities must consult Health and Wellbeing Boards when preparing and reviewing its Local Offer[11].

How to meet your Charter commitments

In order to fulfil this commitment, we would expect a HWB to be able to provide the following evidence:

- Information on links to other local integration forums which set strategic direction for disabled children's services, e.g. the local children's trust arrangements, the local safeguarding board, the learning disability partnership board, the school forum, etc.
- Evidence of how the JSNA and JHWS is aligned with other arrangements, such as: reviewing and commissioning of SEN services via the High Needs Block; safeguarding arrangements; child poverty strategies, etc.

Key resources for meeting this Charter commitment

NHS Confederation (2012), Children and young people and health and wellbeing boards: putting policies into practice

Developed by the health and wellbeing board learning set for children and young people, part of the National Learning Network for health and wellbeing boards, to give HWB members some ideas of how other boards are organising themselves to deliver coordinated services for children and young people.

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9 See Department for Education (2012), School funding reform 2013-14, pp. 16-20

10 See Department for Education website (2013), Children and young people with special educational needs to benefit from new legal health duty

11 The Special Educational Needs (Local Offer) (England) Regulations 2014: http://media.education.gov.uk/assets/files/pdf/c/clause%2030%20draft%20regulations%20sen%20local%20offer.pdf

Children and Young People's Health Outcomes Forum (2012), Health and wellbeing boards and children, young people and families

Poster produced in June 2012 by the health and wellbeing board learning set for children and young people.

Easton, C.; Hetherington, M., Smith, R., Wade, P., Aston, H. and Gee, G. (2012). Local Authorities' Approaches to Children's Trust Arrangements (LGA Research Report)

The Local Government Association commissioned the National Foundation for Educational Research (NFER) to investigate local authorities' approaches to their children's trust arrangements and how they are fulfilling their duty to promote cooperation with partners to improve children and young people's health and wellbeing.

General resources

The Marmot Review (February 2010), Fair Society, Healthy Lives: A Strategic Review of Health Inequalities in England Post-2010

Professor Sir Michael Marmot was asked by the then Secretary of State for Health to chair an independent review to propose the most effective evidence-based strategies for reducing health inequalities in England.

Kennedy, Prof Sir Ian (September 2010) Getting it right for children and young people: Overcoming cultural barriers in the NHS so as to meet their needs

An independent review of services provided by the NHS to children and young people, concentrating on understanding the role of culture in the NHS. It focuses on areas where there are cultural barriers to change and improvement and makes recommendations.

NHS Confederation - Resources for Health and Wellbeing Boards

The NHS Confederation has been working with each health and wellbeing board learning set in collaboration with the NHS Institute for Innovation and Improvement, Department of Health and Local Government Association to produce publications which summarise their key points of learning and which will be shared with other shadow health and wellbeing boards.

NHS Confederation (2012), Children and young people's health and wellbeing review of documents

Briefing summarising the key policy documents on children and young people's health and wellbeing that have been published over the last two years."

NHS Confederation (2012), Support and resources for health and wellbeing boards

Summary of the support available to spread networking and learning opportunities for Health and Wellbeing Boards

NHS Confederation (2012), National learning network for health and wellbeing board publications 2012

A list of publications produced by The National Learning Network for health and wellbeing boards to share learning and support the establishment of well functioning boards.

Local Government Associaton - Resources for Health and Wellbeing Boards focusing on children, young people and family issues

The Health and Wellbeing Board learning set for children and young people looked at the issues important to the development of Health and Wellbeing Boards. The learning sets are a part of the Department of Health's development and support programme for Health and Wellbeing Boards which is supported by the LGA, NHS Confederation and NHS Institute. Nine learning sets focused on a number of themes including governance, resources and public engagement.

Getting the Best Out of Your Health and Wellbeing Board Leadership Development Offer - Health and Wellbeing Board Information Resource

This document brings together information about publications and websites which should be of value to Health and Wellbeing Boards.

Child and Maternity Health Observatory

ChiMat was established in 2008 as a national public health observatory to provide wide-ranging, authoritative data, evidence and practice related to children's, young people's and maternal health.

National Voices

The national coalition of health and social care charities in England. They work together to strengthen the voice of patients, service users, carers, their families and the voluntary organisations that work for them.

Regional Voices

Supports the voluntary sector to successfully influence local strategic decision making in health and social care. This group of pages links to a variety of resources to support you develop strategies to influence in your local area.

About Us

Every Disabled Child Matters is the national campaign to get rights and justice for every disabled child. It is run by four leading organisations working with disabled children and their families: Contact a Family, Council for Disabled Children, Mencap and the Special Educational Consortium.

The Children's Trust, Tadworth is the leading UK charity for children with acquired brain injury, multiple disabilities and complex health needs. The Trust's services include the UK's largest rehabilitation centre for children and young people with acquired brain injury, nursing care for technology-dependent children, and education for children and young people with profound and multiple learning difficulties and complex health needs.

City of York Charter for Disabled Children 2013 – 2016

In York, through our YorOK partnership, we promise to:

1. Listen carefully to you and create improved choice by engaging you in the design of great services.
2. Offer you access to personal budgets and direct payments.
3. Introduce single plans to coordinate the best support for you to meet your education, health and care needs.
4. Provide clear information to support your choice. Our Local Offer booklet explains how we provide specialist services and also make all universal services accessible.
5. Continue to work with your parent/carers in partnership with voluntary agencies including CANDI, York's parent carer forum. Together we will develop and review services and promote your choice and control.
6. Make sure all staff have access to disability equality training written and delivered by you, together with professionals. This will help staff to respond effectively to your needs.
7. Support you to access leisure and positive activities in York so you can contribute to your community.
8. Provide personalised short breaks for you, if you have complex needs. Our short break statement explains how to access these.
9. Provide you with a named member of staff to help coordinate the support you need.
10. Support you as you move into adult life by providing access to employment, volunteering and education or training.

In York, our partnership will work hard to make York a more inclusive city.

Signed:

Cllr Janet Looker

Cabinet Member for Education,
Children and Young People's Services
Chair of the YorOK Board

York!
Working together with Children, Young People and Families

For more information contact:
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Email: jessica.haslam@york.gov.uk

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Health and Wellbeing Board **10th July 2013**

Reviewing York's Joint Strategic Needs Assessment

Background

1. A Joint Strategic Needs Assessment (JSNA) is a comprehensive local picture of the health and wellbeing needs of a population; in this case it is for all the people who live in York. The JSNA informs the development of future strategies, helps decide local priorities, and influence how money allocated is spent.

2. Following the Health and Social Care Act 2012, Local Authorities and clinical commissioning groups (CCGs) have equal and joint duties to prepare JSNAs, through the health and wellbeing board. From 2015, Health and Wellbeing Boards are also required to prepare and publish a Pharmaceutical Needs Assessment (PNA) by 1st April 2015.

3. This report will focus on York's JSNA which should be regularly reviewed and updated. We will consider the arrangements for the PNA later in the year, as this is a longer term issue.

York's Current JSNA

4. York's current Joint Strategic Needs Assessment (JSNA) was published in March 2012. The JSNA gave a clear message that we need to:

   - Focus on reducing the impact of ill-health and falls in older people, providing system-wide and community-based responses to people long term conditions and in preventing admissions to hospital.
   - Undertake work to establish a full and holistic picture of mental health needs across the whole population.
   - Determine the health and wellbeing needs of the following groups of people: the Gypsy and Traveller community, looked after children, teenage mothers, people misusing substances, people who are unemployed, older adults including those with dementia

and carers) in order to inform future planning and commissioning activity.

5. Its overarching findings and recommendations form the basis of our Health and Wellbeing Strategy, the work of the Health and Wellbeing Board and its partnerships.

6. Since the JSNA was published in March 2012, a number of new information about our local population has been released, including statistics from the 2011 Census. Some of this information shows a significant change in our population. For example, York's Black and Minority Ethnic community has increased to 9.8%, from 4.9% in the 2001 Census. However, we expect only marginal changes for other data sets about the health and wellbeing of our local population. In this respect, the JSNA remains current and adequately highlights the major health and wellbeing challenges for York.

Refreshing the JSNA

7. The current JSNA remains relevant - it has supports a nationally recognised Health and Wellbeing Strategy, its delivery and informs the work of York's Health and Wellbeing Board. In the longer term we would like to see a further transformation of the JSNA to a living web based resource. In the short term, we recommend a light refresh of the current JSNA to update data sets, such as the 2011 Census, as well as addressing the priority issues highlighted above (see paragraph 4).

8. In order to develop our understanding of mental health and the health and wellbeing needs of specific groups, we recommend that five detailed needs assessments be carried out:

   a. **Mental Health**
      A comprehensive review of mental health needs in the city, including loneliness, is carried out, led by the Mental Health and Learning Disabilities Partnership Board. This is a large scale review that requires further scoping.

   b. **Young People**
      A review of the health and wellbeing of adolescent young people, aged between 13 and 25, led by YorOK (the children and young people's partnership board).

This review could be focused on vulnerable groups or specific issues, for example, young people who are homeless, substance misuse, teenage pregnancies, alcohol and transitions.

c. Frail elderly
A review of care pathways for the frail elderly, led by the Older People and People with Long Term Conditions Partnership Board. Mapping care pathways for the frail elderly is part of our ongoing work to integrate health and social care.

d. Gypsies and travellers
A review of the health and wellbeing needs of travellers in the city, led by the Health Inequalities Partnership Board. This work is already being progressed by York's Public Health Team.

e. People in poverty
A cross-cutting piece of work, which is being progressed through the Poverty Action Steering Group.

9. These five detailed needs assessments will sit under the updated JSNA and together they will form our continually developing suite of health and wellbeing population information, 'Health and Wellbeing in York'.

A summary of the proposed JSNA refresh and needs assessments:

Needs assessment	**Lead organisation/ partnership**	**Expected date of completion**
Light refresh of JSNA	Public Health Team, with input from all organisations on the Health and Wellbeing Board	September
Mental health review	Mental Health and Learning Disabilities Partnership Board	To be confirmed – a longer term review Further scoping required.
Young People (adolescents) needs assessment	YorOK	September
Frail elderly - pathways	Older People and People with Long Term Conditions Partnership Board	December

Gypsies and travellers	Health Inequalities Partnership Board	October
People in poverty	Poverty Action Steering Group	September

Options to consider

10. The Board may want to consider the following options:

    a. **Linking with the East Riding and North Yorkshire JSNAs.** Vale of York Clinical Commissioning Group (VOYCCG) covers a wider area than York. Their population includes people who live in the East Riding and North Yorkshire. It is recommended that to support the VOYCCG with their service planning, we should join up the three JSNAs from the three local authorities. Once each local authority has refreshed their JSNA, the common needs across the three areas and any specific needs for an area can be identified.

    b. **The presentation of needs assessments to the Health and Wellbeing Board**
    The light refresh of the current JSNA and the detailed needs assessments (with the exception of the mental health assessment) are expected to be completed by the end of 2013. These findings can be presented to the Health and Wellbeing Board together, as a suite of documents, or they could be presented at different Board meetings. Board meetings could be themed to allow more detailed discussion and debate around some of our most vulnerable populations and those who experience lower health outcomes.

Council Plan

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

Implications

Financial

12. The JSNA and detailed needs assessments will influence 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 in the future.

Human Resources (HR)

13. No HR implications

Equalities

14. The JSNA may well affect access to service provision. Decisions about accessing specific services will not be taken by the Board. Addressing health inequalities 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.

Legal

15. No legal implications

Crime and Disorder

16. No crime and disorder implications

Information Technology (IT)

17. No IT implications

Property

18. No Property implications

Other

19. No other implications

Risk Management

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

Recommendations

The Health and Wellbeing Board is asked to:

a. Confirm that a light refresh of the current JSNA be carried out as per the proposals set out in this report.
a. Agree that a more detailed needs assessment be carried out for the following:
    1. Mental health
    2. Young people
    3. Travellers
    4. Frail elderly
    5. Anti-poverty (cross-cutting)

Reason: To fulfil its duty to understand the health and wellbeing needs of the local population, by preparing and publishing a Joint Strategic Needs Assessment.

Contact Details

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

Report Approved [x] **Date** 2 July 2013

A. Wards Affected: **All** [x]

For further information please contact the author of the report

Annexes
None

Health and Wellbeing Board **10th July 2013**

Integrating Health and Social Care in North Yorkshire and York

Background

1. Both North Yorkshire and York's Health and Wellbeing Boards are fully committed to integrating care and this is a core aim running through both Health and Wellbeing Strategies. Earlier this year both Health and Wellbeing Boards authorised the establishment of the North Yorkshire and York Integrated Commissioning Board to take forward this work on their behalf.

2. On a national level, in May this year, the government further strengthened their vision of integration by announcing their ambition 'to make joined-up and coordinated health and care the norm by 2018 – with projects in every part of the country by 2015'.

3. This report will update the Health and Wellbeing Board on work that is being carried out in North Yorkshire and York to integrate health and social care to meet these ambitions.

4. The Health and Wellbeing Board are asked to:
   - Note the clear directive from government to integrate health and care by 2018.
   - Note the progress being made locally to achieve integration, notably the North Yorkshire and York Integrated Commissioning Board, the bid to become a Pioneer Site for integration and the York Collaborative Transformation Board.

Summary of progress towards integration

Integration Pioneer Bid

5. Along with the government's announcement in May, a programme of pioneer programmes was launched, inviting proposals from local areas to progress integration at pace and scale, becoming a 'pioneer site'.

A proposal has been submitted for North Yorkshire and York which will accelerate our plans to contribute to the national work and adopt a coordinated approach to:

- Reduce fragmentation
- Eradicate unnecessary repetition
- Improve efficiency
- Deliver a better service for patients and carers

6. The Pioneer Programme is highly competitive, but whatever the result of the bid North Yorkshire and York are fully committed to its implementation. The bid is attached as Annex A.

Towards a Framework for Integration

7. A Framework will underpin the work set out in the bid to become a Pioneer Site for Integration and will guide the work of the Integrated Commissioning Board. In April this year Andrew Cozens worked with York's Health and Wellbeing Board to progress this work. The Framework continues to be developed and will set out a consistent approach to the key issues of governance, accountability, leadership and resources. Within the Framework, models for integration of commissioning and services will be developed, appropriate to the group, activities and locality.

York Collaborative Transformation Board

8. The Collaborative Transformation Board has been established and is chaired by Paul Edmondson-Jones, Director of Public Health and Wellbeing, on behalf of the City of York Council and Vale of York Clinical Commissioning Group and it will have senior representation from lead providers of care and HealthWatch. This Board will coordinate and lead the integration work that is focused on the Vale of York geographic area and it will have a clear line of accountability to the wider North Yorkshire and York Integrated Commissioning Board.

9. An initial piece of work that will be led by the York Collaborative Transformation Board is the mapping of care pathways for the frail elderly. A workshop is being held on 1st July which will help commissioners better understand these pathways and to inform their redesign to improve their coordination.

10. To summarise, our approach towards integration is not necessarily about merging and/or restructuring specific services, but rather is about ensuring that the care system as a whole is joined up and coordinated at the point of delivery and meets the needs of individuals and their carers.

Council Plan

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

Implications

12. There are no immediate implications associated with this report. However, as work towards implementing health and social care progresses, care pathways will be redesigned which may have an impact on health and wellbeing organisations, services and support in the city.

Risk Management

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

Recommendations

14. The Health and Wellbeing Board is asked to:
    - Note the clear directive from government to integrate health and care by 2018.
    - Note the progress being made locally to achieve integration, notably the North Yorkshire and York Integrated Commissioning Board, the bid to become a Pioneer Site for integration and the York Collaborative Transformation Board.

Reason: To fulfil their duty and commitment to integrating health and social care to achieve coordinated care and support at the point of delivery.

Contact Details

Author:

Helen Sikora
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01904 551134

Chief Officer Responsible for the report:

Paul Edmondson-Jones
Director of Health and Wellbeing
01904 551993

Report Approved [x] **Date 02/07/13**

A. Wards Affected: **All** [*x*]

For further information please contact the author of the report

Annexes

Annex A – North Yorkshire and York Integration Pioneer Bid

INTEGRATION PIONEER BID NORTH YORKSHIRE AND YORK

North Yorkshire and City of York Health and Wellbeing Boards

In parallel with City of Bradford and the cross border Airedale, Wharfedale and Craven CCG.

June 2013

Changing our care . e on a large scale

Our ambition

Together North Yorkshire and York serve the biggest area geographically in England. We are jointly committed to developing a person-centred and integrated approach to health and social care for the population we serve so that, irrespective of the complexity of our organisations and boundaries, their needs come first. By participating as a pioneer site we hope to accelerate our plans as well as contribute to the national work from our experience and learning. We believe if we can make it happen here, it can happen anywhere.

Introduction and vision

North Yorkshire and the City of York is a large geographical area, which presents significant challenges around bringing together numerous organisations across multiple boundaries and a mixture of urban and extremely rural communities. City of York is a unitary authority, and North Yorkshire is county council with seven district councils within its boundary. Historically this has resulted in fragmented services, with issues around access and service availability. There is a significant elderly population (above the national average), and recognition that social isolation and long term conditions including circulatory disease, dementia and diabetes present considerable challenges. There have been significant financial constraints across the locality for a number of years, which have resulted in disinvestment in community-based health services.

There is a need for all organisations to adopt a co-ordinated approach to these issues, to reduce fragmentation, eradicate unnecessary repetition, improve efficiency, but most crucially to deliver a better service for patients and carers.

Central to our vision is an acknowledgement that services must be co-ordinated around the needs of the individual and their carers, allowing them to shape and challenge their care. We propose to make the National Voices narrative - “I can plan my care with people who work together to understand me and my carer(s), allowing me control, and bringing together services to achieve the outcomes important to me” – central to delivering and commissioning care at all levels of our organisations.

In keeping with this we are developing Local Integrated Care Teams, focussed around the individual, and bringing together health and social care delivery. Our intention is that for every individual there is a named point of contact within the team, whose role would be to ensure delivery and review of the care plan co-authored by the individual and their carers. They would liaise with other members of the immediate team, but also the wider health, social care and voluntary sector community as required.

We recognise that different localities and integrated care teams will need to work together in a bottom-up way to develop local solutions and ways of working that address the practical differences in individual localities that come from geography, different providers and, in some cases, differing health needs. Empowered, enthused teams will drive forward change and build a culture of integrated working and coordinated care in each local area.

Whilst the primary aim of this work is to deliver better care and experience to users of the service, it is anticipated that there will be potential for financial efficiencies. This may be through a reduction in duplication of work (particularly valuable in rural areas), prevention of hospital admission, better self-care, more proactive interventions and expedited hospital discharge.

The teams will also be clearly focussed on delivering the key aims of the outcome frameworks for both the NHS, and Adult Social Care, as well as contributing to the wider delivery of Public Health Outcomes. Explicitly we

would expect that the described teams would enhance quality of life and experience of care for those with care and support needs, by delivering care which is designed and agreed with the individual and their carers and by delivering a defined single point of contact to monitor and respond to changes in those needs.

By proactively engaging with these individuals and their carers, and working with primary care to "predict" needs through risk profiling, we would anticipate earlier diagnosis, intervention and reablement, reducing the need for additional care and support, reducing the number of people who need to move to 24 hour care facilities and preventing premature death. Having a service designed around needs, with a clear network of support, and integrated approach with a sense of mutual ownership and responsibility will assist with safeguarding and prevention of harm.

All of these proposed outcomes will need to be measured and evaluated as the work progresses. Many areas within North Yorkshire and York are already monitoring many of these outcomes, from reduced hospital admissions, to patient/ carer satisfaction. However further high-level outcome measures will need to be developed across the region to ensure uniformity and consistency – preliminary work locally has identified some required information that is not routinely collected at present. We will measure user experience, and test innovative models of delivery, predicted financial benefits, and health outcomes.

Whole system integration

As described, the region crosses local authority, CCG and NHS provider boundaries. Whilst this presents challenges, it also represents an opportunity for real, large-scale, whole system integration. From a pioneer perspective it also allows testing of these principles in both rural and urban settings, and the development of a system robust enough to support innovation and flexibility in these areas.

Ultimately the system will need to encompass all aspects of health and social care, including mental health, public health, education, housing and community and voluntary sector organisations. The Health and Wellbeing Boards are crucial to this process having oversight, leadership and democratic legitimacy. However it is crucial that this plurality of approach filters all the way down to patient, user and carer level, so that care plans can be truly holistic and respond to all needs, not just those perceived as the preserve of the organisation with which they interface.

Whilst it will take significant time and changes to deliver full integration of systems, the first step is to remove this complexity at the point of delivery for patients and carers, so that it feels simple. Integrated Care Teams, and the individual's advocate within them, will represent the portal through which patients can access this complex system – the teams will need to be afforded the flexibility and authority to respond to this challenge. Care Teams will need to be able to interact with specialist nurses, mental health teams, and the wider community and voluntary sector on behalf of their users.

There should only be one patient record in the home, to which all are expected to contribute. Where organisations within the team hold their own records, there will need to be a clear rationale for this, and a governance framework to ensure sharing of this with other organisations when appropriate, in line with Caldicott principles. (Ultimately a single IT system, with a patient facing shared portal is the ideal, but is unlikely to emerge in the short term, and should not stand in the way of progress.) The degree to which patients are prepared to have their information shared will need to become part of their initial assessment process.

There is already an expectation for General Practice to liaise with integrated teams as part of the national risk profiling directed enhanced services. We will actively encourage this multi-disciplinary team as a natural interface to facilitate discussion around individual patient needs and care plans. This will also allow identification of users who might most benefit from an integrated approach, through both formal risk profiling, but also information sharing regarding vulnerable and isolated adults.

This approach, along with the personalisation of care, should facilitate the prevention of ill health (or deterioration) as well as helping patients to be managed in the most appropriate manner when prevention is no longer an option.

There has already been significant work within the region looking at how we address the needs of some of our more vulnerable citizens in a more joined up way. These include a series of Rapid Improvement Workshops, involving all partners, aiming to improve services for dementia patients at home, in primary, social, community and acute care: and work with CCGs, Local Authorities, Mental Health providers and public health looking to address issues around substance misuse.

From an organisational perspective we will work together to develop an approach to joint commissioning and pooling of budgets to deliver integrated working, and address concerns regarding financial risk.

We will explore with our district, town and parish council partners and local communities the potential for social capital in delivering services, and also how we can best support carers, families and the wider community in their substantial ongoing role. Here we plan to draw on the expertise of both HealthWatch organisations and other partners.

We would be keen to explore how the NHS and social care funding and payment systems can be adjusted to be an enabler of these developments.

We recognise the importance of finding ways of pooling resources and financial modelling that does not destabilise the health and social care economy in North Yorkshire and York.

Finally, whilst there is a framework for Integrated Care across the entire region, we will be keen to look for best practice both nationally and internationally that we can apply, as well as an understanding that there will be a need for flexibility and innovation within local regions. This will be actively encouraged, with sharing of experiences and lessons learnt.

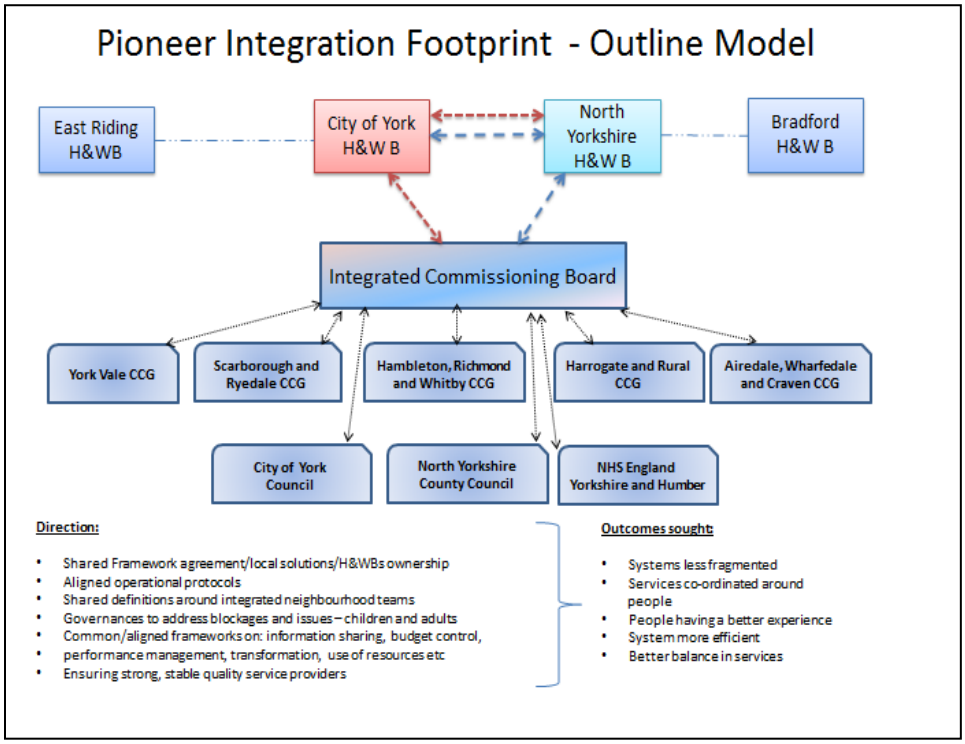
The framework for delivering our commitment to integration

Across our organisations and systems, we are seeking to have alignment and a clear line of sight between the front line staff and the two Health and Wellbeing Boards. While front line staff seek to ensure front line, person centred co-ordinated care, their senior managers will work to shape the care landscape and empower front line solution finders.

Senior Executives are working across organisations at Commissioning Board Level and are tasked with putting in place a permissions framework which will ensure consistency of access, ensure staff work

within statutory frameworks and have integrated approaches on such things as safeguarding, continuing health care, substance misuse and a range of cross agency inter-related commissioning functions. This will then allow for variation and local solution delivery at locality level.

Over-seeing all of this are our Health and Wellbeing Boards tasked with seeing beyond organisations to the needs of communities and who have mandated agencies with driving forward integration and reporting back on a regular basis on progress.



Our integration model is outlined in the diagram. The Integrated Commissioning Group has agreed terms of reference and begun the task of addressing barriers and challenges.

Not detailed in this overview is a subgroup of the Integrated Commissioning Group called the Writing Group. This Group is developing, with support from Andrew Cozens, an Integrated Framework Agreement.

This Agreement reflects the commitment of local government and NHS commissioners in North Yorkshire and the City of York to work together bring services together to significantly improve outcomes and eliminate the fragmentation of services across health, care and support for patients, service users and carers. We will also work with neighbouring councils who share a CCG population with us (principally City of Bradford and East Riding of Yorkshire).

The Framework sets out a consistent approach to the key issues of governance, accountability, leadership and resources. Within the Framework, models for integration of commissioning and services will be developed, appropriate to the group, activities and locality.

Parallel implementation plans are being developed for each main level of commissioning activity, namely at CCG level (the Vale of York, Craven, Hambleton, Richmondshire and Whitby, Scarborough and Ryedale, Harrogate and Rural), and where relevant local authority levels, setting out intentions and timescales. The Agreement commits partners to work together on practical solutions to issues that create fragmentation and hinder progress in integrating services. Wherever possible a single model will be adopted.

This Framework will shortly be adopted jointly by North Yorkshire Health and Wellbeing Board and the City of York Health and Wellbeing Board to reflect their commitment to better coordinated health, care and support, centred on the individual and their carers. By working within this Framework, they expect to be better able to deliver the outcomes described in their own Joint Strategic Plans.

The Integrated Commissioning Board will have responsibility from the two HWB Boards for turning this intent into reality through joint, aligned and individual commissioning plans and by endorsing practical solutions to key issues identified in this Framework.

Both Health and Wellbeing Boards have identified the main priorities for integrated approaches in their Joint Strategies.

These are personalised models of care for:

- Frail older people;
- Dementia;
- Long term care (including access to urgent social care and mental health and physical health interface with long term conditions);
- Mental health and dual diagnosis; learning disability;
- Child and adolescent mental health.

Improving our arrangements for:

- Continuing care;
- Transition between children's and adults services;
- Working with voluntary sector on prevention;
- Addressing health inequalities and poor outcomes.

Developing new approaches for:

- Getting the model of primary care right and its interface with hospitals and social care;
- Shifting spend from hospital to community;
- Advice and information;
- Aligning personal health budgets with personal social care budgets and direct payments

Our framework document identifies a number of local barriers and plans to address these, including:

- The need for more workforce flexibility
- The need for a review of IT and information sharing arrangements
- The requirement for, and plans to develop, a shared performance framework
- The need to develop the necessary legal agreements for resource transfer.

In addition, there are a number of additional barriers. Arguably most crucial amongst these is addressing the historical differences and some mistrust, between organisations. This will clearly require strong leadership, but in addition, we are working on a joint communications strategy. In some of the areas where preliminary work has been performed there has also been significant benefit from encouraging job shadowing and joint proposals, to address some of the myths and confusion about roles.

As mentioned previously there have also been discussions about how we might start to more firmly pool resources, and even some early work with providers looking at potential changes to the funding model. Should we become a pioneer site, we would appreciate support in addressing these questions.

All parties commit to developing practical and simple solutions (a single one wherever possible) to the issues that have caused fragmentation of services and hinder integrated approaches. We recognise this will take time so propose a two stage approach:

Stage 1: addressing fragmentation; clarifying how partners can speed up decisions; encouraging innovation;
Stage 2: steps toward fuller integration

We commit to develop a streamlined approach to securing agreeing to local developments within this framework.

Although too detailed for this bid, evaluators should be aware the system has already mapped out its neighbourhood team footprints. This saw in North Yorkshire for example tweaking of existing alignments and a range of workshops involving health, social care, primary care and Foundation Trusts community staff come together in a series of workshops. This is rolling out at this time.

Capability and expertise

As detailed, there is firmly established commitment to delivering integration (irrespective of Pioneer status) across all organisations. We have already begun to develop a single unified Integrated Framework Agreement. There is programme management support already established across the region for implementation, and a range of section 75 agreements in place.

A number of projects have already started to bloom across the area with sharing of experience, and lessons learnt. In addition to working on specific Local Integrated Teams, there has also been extensive evidence of co-operation and co-ordination across organisations to develop solutions for specific communities.

These include the previously detailed work around dementia and substance misuse, as well as work looking at one of our local community hospitals. This work in Ripon for example, has involved the public, schools, churches; city, district and county councils and councillors, leisure services, the local hospital and community health provider, mental health services and the CCG looking at how to work together to offer a variety of services to the community. It demonstrates a level of engagement with service users and carers, which will need to be carried across to all of our integration work, if it is to succeed.

We also have experience of the use of enabling technology (both telecare and telemedicine) to aid clinical decision making, support people with long term conditions, support carers, end of life care, advice and support into nursing homes, as well as primary/secondary care IT interface e.g. Systmone available in Airedale, Wharfedale and Craven.

Testing new approaches

Work is already underway at a local level in different parts of North Yorkshire and York to experiment and learn how integration can be developed and sustained within local teams. This includes local programmes of organisational development where staff from different organisations have been brought together to build a shared sense of identity and the agreement of common priorities and solutions. Taking forward and properly embedding such large-scale organisational development and change will require continued commitment and energy over an extended period and is one of the areas that would benefit from North Yorkshire and York being a pilot site.

New joint approaches to commissioning are being tested in the area of substance misuse where an outcome based model is been specified and consulted upon. An initial joint commissioning involving four of the CCGs, North Yorkshire Council and Public Health together with two Mental Health Trusts has initiated the process of agreeing a similar approach in mental health.

In some areas, we have operational integrated protocols with the plan to role these out further. We have a range of examples from each CCG area of success already being achieved.

We would like support understanding the framework of rules on choice, competition and procurement as a means of driving and embedding integration. There has been initial discussion on moving from Payment by Results to per capita funding model with one acute partner.

North Yorkshire County Council's finance officer, CCG and acute provider finance colleagues have begun to explore open book accounting as we consider a whole community funding approach in Craven.

Sharing

There is already an established history of sharing experience locally and nationally – most recently and relevantly with sharing of experiences to date in working towards integrated care teams, and the development of an Integrated Care Framework. We have established a Joint Integrated Commissioning Team to help facilitate the sharing of experience across our region, and to learn from those elsewhere.

We expect to utilise, and contribute to, the Integrated Care and Support Exchange. Meanwhile we will continue to share information across CCGs, the wider health community, local authorities, voluntary sector, Health and Wellbeing Boards, Commissioning Support Units and clinical networks.

Evidence

We have studied the substantial evidence available regarding integration. Andrew Cozens, an associate of the King's Fund, the LGA and the WLGA, has supported our recent work on an integration framework. Clearly, there are numerous models, from the work in Torbay, the Chronic Care Demonstrator sites in Wales, to examples internationally such as Kaiser Permanente and the Veterans Health Administration System in the US. We have close ties with systems exploring a similar journey in Scotland. Whilst some evidence is encouraging, not all has shown the results hoped for or anticipated, particularly with respect to patient satisfaction or outcomes.

Our aim then is to ensure that patients and carers are central to our integration plans. We need to establish clear outcome measures so that we can respond quickly and effectively when we are not delivering on those outcomes, and we will also commit to sharing these findings widely, so that we can contribute further to the growing evidence base.

We will work with partners locally and nationally to ensure an on-going process of refinement of measurements, and of the resulting service.

National interest

This bid is made by partners in North Yorkshire and York, in alignment with City of Bradford Council and East Riding of Yorkshire Council to support CCGs with populations that overlap (in Craven District and the area covered by Vale of York CCG respectively).

The bid has a number of elements of national interest:

- Strong commitment of all parties including NHS England
- Combination of urban and very rural
- Unitary and county/districts local government models
- Multiple councils and CCGs working within a framework of collaboration
- Financial imperatives to address

Delivering integrated care across North Yorkshire and York is a significant challenge. It is also no longer optional. There is a clear national requirement to ensure services delivered to patients and carers are developed around

their individual needs, and capable of anticipating and responding to, changes in those needs. North Yorkshire has an ageing population, challenging geography, and a severely restricted financial resource. As such addressing these needs will require a co-ordinated, integrated approach across all organisations. The over arching aim - to promote and contribute to the well being of the individual - are the same across all partners, but the historical differences in funding and culture have traditionally been barriers to joint working.

We propose to develop an integrated approach to care, focussed around the individual, and designed to ensure they experience a single cohesive package of care. This will require local flexibility, facilitated by an agreed framework across all organisations. In the longer term we plan to develop a financial model that facilitates appropriate transfer of resources, whilst addressing risks inherent in this.

It is anticipated that such work would result in financial benefits as we remove reproduction of work, facilitate better health and disease prevention, reduce hospital admissions and length of stay. The primary aim however must remain the improvement of outcomes and experience for the patient themselves.

We hope that these changes will benefit not just the local health economy, and our patients, but also contribute to the growing evidence base around integrated care. In our opinion there would be significant benefits to our becoming a pioneer site – it provides an opportunity to demonstrate integration across a large, complex region with varying health needs. It would lead the way in showing how integration might work across complex regional and organisational boundaries, on a background of financial deficit – perhaps even contributing to the resolution of these financial challenges.

Pioneer status would, in turn, be beneficial to ourselves in helping us to navigate some of the challenges in developing solutions around sharing financial risk and governance. It would also serve to underline our collective commitment to delivery and leadership.

Bid Partners

Parties to Application	Organisational lead
Health and Wellbeing Board – City of York	Chair: Councillor Tracey Simpson-Laing
Health and Wellbeing Board – North Yorkshire	Chair: Councillor Clare Wood
City of York Council	Dr Paul Edmondson-Jones
North Yorkshire County Council	Helen Taylor
NHS Vale of York Clinical Commissioning Group	Dr Mark Hayes
NHS Hambleton, Richmond and Whitby Commissioning Group	Dr Vicky Pleydell
NHS Airedale, Wharfedale and Craven Clinical Commissioning Group	Dr Colin Renwick
NHS Scarborough and Ryedale Clinical Commissioning Group	Simon Cox
NHS Harrogate and Rural District Clinical Commissioning Group	Amanda Bloor
Bradford District Care Trust	Simon Large
Airedale NHS Foundation Trust	Bridget Fletcher
Harrogate and District NHS Foundation Trust	Richard Ord
York Teaching Hospital Foundation Trust	Patrick Crowley
Tees, Esk and Wear Valleys NHS Foundation Trust	Martin Barkley
South Tees Hospitals NHS Foundation Trust	Professor Tricia Hart
Leeds and York Partnership NHS Trust	Chris Butler
Healthwatch North Yorkshire	Rob Salkeld
Healthwatch York	Sian Balsom
NHS England – North Yorkshire and Humber Area Team	Chris Long
NHS England – West Yorkshire Area Team	Andy Buck

Health and Wellbeing Board **10th July 2013**

York's anti-poverty programme

Background

1. In April Cabinet considered a report on facing the growing challenge of poverty in York. Cabinet agreed, with the support of its WOW strategic partners, to set work in train to develop a city-wide programme of measures and activities to reduce poverty with the emphasis in priority on those already in poverty.

2. Following the Cabinet decision, a task and finish Poverty Action Steering group (PASG) was set up, which included CYC, The Press, the faith sector, the NHS, the Citizens Advice Bureau, Joseph Rowntree Foundation, South Yorkshire Credit Union and the York Economic Partnership.

3. PASG has developed a Vision for a poverty-free York and proposals for an anti-poverty programme which includes a series of initiatives to address poverty in the city to implement over the next two years.

4. These proposals have been endorsed by the WOW partnership and are due to be considered by Cabinet on 16th July.

Vision and anti-poverty programme proposals

5. The Vision and proposals are outlined in the attached presentation (Annex A)

Systems Leadership- Local Vision Programme

6. In June the council was successful in gaining a place on the Systems Leadership – Local Vision Programme, a ground-breaking collaboration between Public Health England, National Skills Academy for Social Care, NHS Leadership Academy, Virtual Staff College, Local Government Association and the Leadership Centre, that enables areas to create system wide change through leadership collaboration and development.

7. The breakthrough health issue identified by York was our determination to tackle poverty as a key determinant of health as evidenced by our partnership working on the Health and Wellbeing Board and with PASG to create an anti-poverty programme.

8. York will receive a range of support for the remainder of the financial year to support the partnership leadership of this strategic programme of work. This will include:

   - an expert enabler providing on-site support one day a week
   - learning networks hosted by the King's Fund
   - participation in Future Vision – a national leadership development programme
   - access to the knowledge-hub where information from the across the places will be shared
   - a number of free consultancy days from a limited range of private sector partners
   - for all places, participation in the Commissioning Academy

Council Plan

9. The proposals in this paper have particular relevance to the 'Protecting Vulnerable People' strands of the council plan.

Implications

Financial

10. As the anti-poverty work progresses and proposals are implemented there will be financial implications. However, at this stage in the programme, there are no known financial implications associated with the recommendations of this report.

Human Resources (HR)

11. No HR implications

Equalities

12. The anti-poverty programme aims to make York a fairer, more equal city. Reducing inequalities, particularly health inequalities is a significant concern to the Health and Wellbeing Board and it is one of five health and wellbeing priorities set out in the Health and

Wellbeing Strategy. Poverty is a major non-medical cause of ill-health and it must be tackled to reduce health inequalities.

Legal

13. No legal implications

Crime and Disorder

14. No crime and disorder implications

Information Technology (IT)

15. No IT implications

Property

16. No Property implications

Other

17. No other implications

Risk Management

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

Recommendations

19. The Health and Wellbeing Board is asked to:

    a. Support the proposed Vision for a poverty-free York and the proposals for an anti-poverty programme

    b. Note the council's success in gaining a place on the Systems Leadership - Local Vision Programme

    c. Agree to work with the Leadership Programme to develop effective partnership leadership of initiatives to deliver the poverty-free Vision for the city

Reason: This work will support the delivery of one of the five priorities in York's Health and Wellbeing Strategy – Reducing Health Inequalities.

Contact Details

Author:	**Chief Officer Responsible for the report:**
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Report Approved [x] **Date** 27/06/13

A. Wards Affected: **All** [*x*]

For further information please contact the author of the report

Annexes

Annex A – Vision and anti-poverty programme proposals

York anti-poverty programme

Health and Wellbeing Board
10 July 2013

Delivering for the People of York

CITY OF YORK COUNCIL

Facing the Challenge of Poverty in York

- April Cabinet report highlighted the need for action on poverty in York
  - 13,795 York people live in the 20% most deprived areas in the country with 4,575 children in poverty
  - pay-gap increasing - trend towards poorly paid part-time work
  - increasing long-term and youth unemployment
  - least affordable city for housing in the region
  - disposable incomes are lower than UK and comparator cities and the gap is widening
  - wide gap in life expectancy between richest and poorest

Facing the Challenge of Poverty in York

- CYC and WOW partners committed to develop a city-wide response to:
  - How we become a more affordable city
  - How we eliminate the stigma attached to poverty
  - How we become a living wage city
  - How we address destitution

CITY OF YORK COUNCIL

Poverty Action Steering Group set up

JRF JOSEPH ROWNTREE FOUNDATION

STAMP OUT POVERTY
A campaign by THE PRESS

O.V.Y OneVoiceYork
It's All About Jesus

NHS
Vale of York
Clinical Commissioning Group

Churches Together York foodbank

SOUTH YORKSHIRE CREDIT UNION LTD
SAVINGS & LOANS CO-OPERATIVE

citizens advice bureau

York Economic Partnership

WITHOUT WALLS
building a future for york

CITY OF YORK COUNCIL

The PASG met 3 times to:

- articulate our vision for a poverty-free York
- define an initial 2 year programme of work aiming to ‘make York a poverty- free city’
- assess the activity that is already going on in the city
- identify priorities for new activity to address poverty
- develop a partnership approach to delivering the programme (e.g. York Press Leading on Stigma campaign, Credit Union supporting access to affordable credit).

Vision for a poverty-free York

- **a healthy city** where we break the cycle between poverty, ill-health and reduced life expectancy
- **a job-rich city** providing job opportunities for all with pay levels that tackle in-work poverty
- **a living wage city** of thriving businesses
- **a supporting city** where everyone knows where to go for support at anytime in their life
- **a money-wise city** with joined-up advice for all and financial awareness is part of education from an early age
- **an affordable city** with a city-wide offer, and an adequate supply of affordable housing and childcare
- **a giving city** where tackling poverty is everybody's business and poverty is not stigmatised
- **a pioneering city** at the forefront of anti-poverty work

CITY OF YORK COUNCIL

Outcomes for the next 2 years

Increase

- Free School Meal take-up
- Pension Credit take-up
- Access to advice & support
- People in work
- New private sector jobs
- Businesses paying Living Wage
- Affordable childcare places
- Giving to local charities

Reduce

- Living costs
- Children in poverty
- Attainment gap
- Personal indebtedness
- People out of work
- Rough sleepers
- Evictions/repossessions
- Health inequality
- Stigma of poverty

CITY OF YORK COUNCIL

Proposed projects will deliver ...

Objective	Outcomes	2 year Targets *
Healthy city	Reduced gap in life expectancy between richest and poorest	*Achievement of other poverty targets contributes to reduction in life expectancy gap*
Job-rich city	More people in work (3-year target) Less people unemployed (3-yr target) New private sector jobs	5% above national average 40% reduction 1,000 a year
Living Wage city	More businesses paying Living Wage Reduce the pay gap between median and bottom 25%	50 more businesses per year 1% reduction
Supporting city	More people accessing advice and support Fewer rough sleepers	Increase by 10% Reduce to 2 (by 2018)
Money-wise city	More financial education in schools Increased pension credit take-up Reduced personal debt	Increase by 50% 1500 more pensioners on PC 10% more money-advice
Affordable city	Increased take-up of free school meals Reduced cost of living	100% take-up Set for each project – fuel, food and white goods
Giving city	Increased giving to local charities	100 businesses taking part

COUNCIL

Proposals for action

Objective	Proposals for immediate action
Healthy city	Extend GP Advice Surgeries (being considered in the welfare advice review) Advisor on food Campaign on affordable eating
Job-rich city	Economic Inclusion work already cleared by CMT/ Cabinet and underway
Living Wage city	Campaign on Living wage
Supporting city	York Financial Assistance Scheme (already funded). Press campaign to reduce stigma.
Money-wise city	CAB work on money advice (already funded). Contact centre staff loan shark training (no additional cost); Support for SYCU (already funded through FI scheme); Increase pension credit ; financial education in schools
Affordable city	Increase free school meal take up, Reduction in energy costs – Energy Switch, ECO project manager, Support for White goods. Proposals for affordable childcare under development.
Giving city	Proposals for a York Giving scheme under development.

Systems Leadership – Local Vision Programme

- set up to develop outstanding systems leadership across public sector partners
- York was one of 30 successful places to bid
- York's breakthrough issue was tackling poverty as a key determinant of health
- York will get a package of support worth up to £30k during the next year
- including an expert enabler, free consultancy days and participation in a national leadership development programme

What we need from HWB

Support for :

- the Vision for a Poverty-free York
- Phase 1 of anti-poverty programme proposals

Commitment to:

- work with the Systems Leadership Local Vision Programme
- to develop further partnership initiatives to deliver the poverty-free Vision for the city

CITY OF YORK COUNCIL

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Health and Wellbeing Board **10th July 2013**

Report of the Director of Public Health

Joint Response to the Francis Report

Summary

1. This report sets out the joint local response to the Report of The Mid Staffordshire NHS Foundation Trust Public Inquiry (the Francis Report). The response has been jointly prepared by Leeds York Partnership NHS Foundation Trust, York Teaching Hospitals NHS Foundation Trust and the NHS Vale of York Clinical Commissioning Group. A copy of their presentation is at **Annex A** to this report and representatives from these organisations will be in attendance at today's meeting to present.

2. The Health and Wellbeing Board are asked to:

   - Note the report
   - Note the work undertaken to date towards implementing the recommendations in the Francis Report

Background

3. In brief, the Francis Report sets out the findings of a public enquiry into serious failings at the Mid Staffordshire NHS Foundation Trust along with 290 recommendations.

4. At their February 2013 meeting the Health and Wellbeing Board received a briefing paper from the Chief Executive at York Teaching Hospitals NHS Foundation Trust, setting out their initial thoughts/response to the Francis Report. It was subsequently agreed at that meeting that it would be useful for a joint response to be presented to this Board at a later date.

5. The attached presentation (**Annex A**) is that response and it provides a snapshot of the recommendations in the Francis Report and identifies some actions for both providers and commissioners around preventing problems, detecting problems quickly, taking action promptly, ensuring accountability and ensuring proper staff training and motivation.

Council Plan 2011/15

6. The contents of this report are relevant to the 'protecting vulnerable people' and the 'building stronger communities' elements of the Council Plan 2011-15.

Implications

7. There are no known implications associated with the recommendations in this report. However implications may arise for all partner organisations when implementing the recommendations from the Francis Report.

Risk Management

8. There is a risk that patient safety could be compromised should the recommendations in the Francis Report not be acted upon.

Recommendations

9. The Health and Wellbeing Board are asked to note the contents of the report and the progress made towards implementing the recommendations set out in the Francis Report.

   Reason: To keep the Board appraised of ongoing work in the city around implementing the recommendations contained in the Francis Report.

Contact Details

Author:	**Chief Officer Responsible for the report:**
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Report Approved ✓ **Date** *28/06/2013*

Specialist Implications Officer(s) None

Wards Affected: **All** ✓

For further information please contact the author of the report

Background Papers:

The Francis Report
http://www.midstaffspublicinquiry.com/report

Annexes

Annex A – Joint Response to the Francis Report

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Local Response to the Report of The Mid Staffordshire NHS Foundation Trust Public Inquiry

Leeds York Partnership NHS Foundation Trust
York Teaching Hospitals NHS Foundation Trust
NHS Vale of York Clinical Commissioning Group

York Health and Wellbeing Board
10 July 2013

Introduction

Francis recommendations

Implications for quality assurance

How and where will we work differently ?

A Snapshot of the Recommendations (1)

Overall our organisations need to consider how to bring about:

A fundamental change in culture that puts patients and their safety first

We need to think about:

What needs to be done differently in future, and how we can further develop safer, committed, compassionate and caring services

How we ensure individually and collectively that patients need to be the first and foremost consideration of the system and all those who work in it

How we work collaboratively across the whole system while maintaining clear accountability

A Snapshot of the Recommendations (2)

What does that mean for commissioner and providers?

A structure of fundamental standards and measures of compliance

Openness, transparency and candour is required throughout the system, underpinned by statute

Improved support for compassionate, caring and committed nursing

Stronger patient centred healthcare leadership

Accurate, useful and relevant information to allow effective comparison of performance by patients and the public

Patients First and Foremost – The Government Response

Preventing Problems

Detecting Problems Quickly

Taking Action Promptly

Ensuring Robust Accountability

Ensuring Staff are Trained and Motivated

Implications for quality assurance (1)

Applicable to commissioner and providers

Proactive - looking for early warnings and indications of concern

Testing self-declaration through triangulation of hard and soft intelligence

Evidence of patient experience and quality assurance taking precedence

Utilising range of levers and networks available to intervene and drive improvement

Implications for quality assurance (2)

CCGs and providers have an accountability to assure themselves that their services...

...are meeting the fundamental and enhanced standards of care

…providing care that is safe, effective, and provides a positive patient experience

…are working to standards that are measurable with redress for non-compliance clearly identified

Preventing Problems

COMMISSIONER ACTIONS	PROVIDER ACTIONS
• clinical quality site visits • joint PLACE visits • tighter monitor SI monitoring systems • local meetings with regulators • regular county wide CCG quality leads meeting • assurance on plans for strengthening nursing and clinical leadership • supporting quality improvement in Primary Care • develop role of GP in quality monitoring across whole pathway • strengthen clinical input to Contract Management Boards and Quality Sub Groups	• Task and Finish Group developed to establish action required to Francis • Review of key risk management processes • Review of SI process locally • Further development of compliance review systems • Changes to senior nursing structure • IMW programme (nursing leadership) • Senior Nurse walkabouts & peer review planned • Policy development and review processes' to be revised • Refinement of audit processes • Introduction of new roles to support clinical teams

Detecting problems quickly

COMMISSIONER ACTIONS	PROVIDER ACTIONS
• Real-time access to complaints with direct intervention • Develop systems to enable themes and trends to be Identified • Strengthening information and performance analyst team • Designated GP quality leads • Effective real-time information on performance – collective and individual • Quality metrics to identify outliers and deteriorating performance – monthly, and weekly by fast track • Quarterly monitoring at deeper level on areas such as mortality and agreeing with providers what data is telling us • Quality Surveillance Groups.	• EWTT under development for ward level assurance • PURP-weekly monitoring & monthly meetings with Chief Nurse and clinical team • Dashboard being developed to look at early detection of organisational risk • Refinement of NCI's • Embedded Safety Thermometer • Weekly review of complaint (CEO, CN) • Review of mechanisms for learning from SI's and complaints • FFT – patient feedback in Real Time • Review of PPI/ Communication strategy

Taking action promptly

COMMISSIONER ACTIONS	PROVIDER ACTIONS
• Systems for end to end complaints handling including - narrative and numbers - themes and trends • Triangulation of complaints data &quality data • Process for ensuring follow up to secure improvement and learning • Direct intervention in complaint and SI management if deemed necessary • Targeted clinical quality site visits • Systems in place to review all investigation reports through the county wide CCG SI review group • Further work on whole system approach to learning and review of Serious incidents	• Weekly review of areas, trends and themes • Local resolution training to commence • Board level review of triggers • Intervention and management of robust action plans at senior level if required • further work on organisational approach to learning and review of Serious incidents begun • Senior Nurse walkabout and peer review planned (triangulated with internal and external compliance visits)

Ensuring Accountability

COMMISSIONER ACTIONS	PROVIDER ACTIONS
• CCG SI Review Group (County wide) • Development of a Quality Strategy / Assurance Framework clear Governing Body leads for quality, and supporting structures with sufficient capacity • Regular reporting on quality, performance and safeguarding at Governing Body • Public board meetings and a recognisable local identity being developed • Philosophy to ensure that high quality evidenced based care is delivered, • Strong risk management systems and processes, particularly as the new system establishes itself.	• SI review group and sharing at Executive Board level of all SI's • Strong risk management system in place, review currently being undertaken • Review of Being Open policy & audit of implementation • Monthly quality and safety report to board (being revised to ensure robust and relevant data is being captured) • Public Board meetings introduced • Promotion of Governors' role across enlarged organisation, involvement in unannounced safety walkabouts & 15 Steps etc. • Changes in Nursing management structure to ensure clear lines of accountability

Ensuring proper staff training and motivation

COMMISSIONER ACTIONS	PROVIDER ACTIONS
• Development of a mature quality and safety culture within the CCG • CCGs gearing up strategic approach to quality and safety • Commitment to quality is evidenced • Patient stories to be incorporated into quality reports • Development of process to ensure all staff are exposed to clinical settings and are in touch with patients who use our commissioned services • Strengthened appraisal system to ensure clear focus on quality and putting patients first • Development of research and evidence based approach to all service development	• Patient stories included regularly in Board and Senior meetings • Action plan in response to Staff Survey – monitored at Board Level • It's My Ward programme & promotion of engagement of clinical staff • Robust training programme available for all staff at all level's • Exploration of how we can feedback to staff more quickly, incidents, complaints etc. • New Nursing strategy with focus on safety, patient experience, staff experience and improving clinical outcomes'

Next steps

- Build upon collaborative working relationships
- Increase visibility
- Use of soft intelligence to support data

Questions?