



**Notice of a public meeting of
Health and Adult Social Care Policy and Scrutiny Committee**

To: Councillors Doughty (Chair), Cuthbertson (Vice-Chair),
S Barnes, Cannon, Craghill and Richardson

Date: Wednesday, 23 March 2016

Time: 5.30 pm

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

AGENDA

1. Declarations of Interest (Pages 1 - 2)

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.

2. Minutes (Pages 3 - 8)

To approve and sign the minutes of the meeting of the Health and Adult Social Care Policy and Scrutiny Committee held on 23 February 2016.

3. Public Participation

At this point in the meeting, members of the public who have registered their wish to speak regarding an item on the agenda or an issue within the Committee's remit can do so. The deadline for registering is **Tuesday 22 March 2016 at 5:00 pm.**

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4. Annual Report 2015/16 of the York Health and Wellbeing Board (Pages 9 - 30)

This report presents the Health and Adult Social Care Policy and Scrutiny Committee with the 2015/16 Annual Report of the Health and Wellbeing Board. The Annual Report is at Annex A to this report and hard copies will be available at the meeting.

5. Work Plan 2015/16 (Pages 31 - 34)

Members are asked to consider the Committee's work plan for the municipal year.

6. Urgent Business

Any other business which the Chair considers urgent.

Democracy Officer:

Name- Judith Betts

Telephone – 01904 551078

E-mail- judith.betts@york.gov.uk

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

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

Contact details are set out above

This information can be provided in your own language.

我們也用您們的語言提供這個信息 (Cantonese)

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

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

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

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

☎ (01904) 551550

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Health and Adult Social Care Policy and Scrutiny Committee**Agenda item 1: Declarations of interest.**

Please state any amendments you have to your declarations of interest:

Councillor S Barnes Works for Leeds North Clinical Commissioning Group

Councillor Cannon Member of Health and Wellbeing Board
Husband is a trustee of IDAS

Councillor Craghill Member of Health and Wellbeing Board

Councillor Doughty Member of York NHS Foundation Teaching Trust.

Councillor Douglas (Substitute) Council appointee to Leeds and York NHS Partnership Trust.

Councillor Richardson Niece is a district nurse.

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City of York Council

Committee Minutes

Meeting	Health and Adult Social Care Policy and Scrutiny Committee
Date	23 February 2016
Present	Councillors Doughty (Chair), Cuthbertson (Vice-Chair), Cannon, Craghill, Richardson and Looker (Substitute for Councillor S Barnes)
Apologies	Councillor S Barnes

68. Declarations of Interest

At this point in the meeting, Members were asked to declare any personal, prejudicial or disclosable pecuniary interests that they might have had in the business on the agenda.

Councillor Doughty declared a personal interest in agenda item 5 (Practice Mergers: Clifton Medical Practice, Petergate and York Medical Group) as he was registered with York Medical Group.

Councillor Richardson updated his standing declaration of interest, in that he had recently had an operation on his knee.

No other interests were declared.

69. Minutes

Resolved: That the minutes of the Health and Adult Social Care Policy and Scrutiny Committee be signed and approved by the Chair as a correct record subject to the following correction;

Minute Item 64- Implementation of CQC Action Plan by York Teaching Hospital NHS Foundation Trust

- The Hospital had spent **£19 million** on agency staff nurses this year.

70. Public Participation

It was reported that there had been no registered speakers under the Council's Public Participation Scheme.

71. 2015/16 Third Quarter Finance and Performance Monitoring Report- Health & Adult Social Care

Members received a report which analysed the latest performance for 2015/16 and forecasted the financial outturn position by reference to the service plans and budgets for all of the services falling under the services falling under the responsibility of the Director of Adult Social Care and the Interim Director of Public Health.

Questions were raised about the following issues;

- The current financial situation in light of recent developments at the CCG.
- Changes to Elderly People's Homes provision. Due to government changes, housing associations had stated that they would not be able to provide supported housing. Had any analysis been done about the affect of this?
- Could money that was being paid for the care of customers at one residential home in York be recovered, now that it had been judged inadequate by the CQC?

It was reported that conversations were currently being held with the CCG in regards to the spending of the Better Care Fund, to ensure that the money to keep people out of hospital was protected. Officers informed Members that there would be a new set of guidelines for the Better Care Fund on how it would be governed, which would be received by the Health and Wellbeing Board at its next meeting.

Officers stated that they would investigate the question about Changes to Elderly People's Homes provision further.

The Committee were informed that Officers did not ask for care costs to be returned as the residents had been at significant risk of harm due to the closure and because the Council had worked with another provider to take over the business. They deemed this to be a financial risk worth taking.

Resolved: That the report be noted.

Reason: So that the Committee is updated on the financial and performance position at Quarter 3 for 2015/16.

72. Practice Mergers: Clifton Medical Practice, Petergate and York Medical Group

Members received a report which provided them with a briefing on the engagement process undertaken by three GP practices on their proposals to merge into one Medical Group.

Doctors from the three practices, Clifton Medical Practice, Petergate and York Medical Group, informed the Committee how they felt a merger would benefit patients of the three practices in the long run.

In response to Members questions it was noted that;

- Patients did not have to be seen at the practice at which they were registered at if they wished to be seen at another within the merged group.
- A larger group of practices created a larger training base and group of skilled doctors and nurses across all sites.
- They had not focused on specialisms whilst looking at integration, as they looked at focusing on the needs of the patients.
- It was easier to integrate alongside voluntary services such as Age Concern when the practice was a larger size.

The Chair stated that if the merger reduced overheads without compromising care then he felt it was a good idea.

Resolved: That the report be noted.

Reason: So that the Committee is kept informed of the practice merger.

73. Update report on Vale of York Clinical Commissioning Group (CCG) Turnaround Plans

Members received a report on the Vale of York CCG's action plan to address the deteriorating financial position and recent classification as an organisation in turnaround.

The Chief Operating Officer and Chief Finance Officer from the CCG and a GP were in attendance to answer Members questions.

In introducing the report the Chief Operating Officer gave some context to the action plan.

It was reported that in terms of finance, some of the focus of the action plan was;

- The long term financial plan for five years.
- Looking internally at finance teams
- How they reported internally and externally
- Control and governance

Questions and comments from Members included;

- How were the organisation planning on bringing down its deficit? What were its annual targets for savings?
- Partners needed to be involved in joint governance, therefore how would this be monitored?
- What were the causes of the deficit?
- In order to achieve savings there needed to be a period of double funding, otherwise services would stop.

It was reported that the CCG had been given savings targets each year, which would mean that their deficit position would worsen in the first year. However to get to a balanced situation, recover or to get to a surplus, they had agreed with NHS England a multi year timeframe of 3 or 4 years, subject to approval.

The Committee were informed that an Integrated Finances and Transformation Board was being developed with a membership formed from the CCG, City of York Council and the NHS Foundation Trust, which would performance manage the delivery of targets.

In relation to the causes of the deficit, some reasons given were; significant spending in unplanned care such as in Accident and Emergency and other unplanned activity in hospital, out of area placements in mental health and primary care prescribing.

One Member requested that CCG brought a Year 1 plan about how integration work would reach the 3.1% target, as set out in the action plan.

The Chief Operating Officer stated that she would be happy to bring this along in May.

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

- (ii) That the Vale of York CCG be invited to a future meeting to update Members on the progress of the action plan.

Reason: To keep Members informed of the progress of the action plan.

74. Co-Commissioning of Primary Care Services

Members received a report which provided them with a briefing on the establishment and working of the Clinical Commissioning Group's Primary Care Commissioning Committee.

Questions from Members included;

- Did co-commissioning introduce financial risks to services?
- Membership of the Committee-outside bodies such as Healthwatch were 'invited' to the meeting and did not have a vote, to what extent were they involved?
- What work was being undertaken with charities?

In response it was felt that core GP services should not be affected and had historically low funding risks.

All of the Primary Care Commissioning Committee meetings would be held in public, the decisions being made would be very small. In regards to the process of the meeting, non voting members from outside bodies would take an active part in the discussion. However, the vote would only be taken at the end of the meeting.

In regards to the work with charities, it was reported that the CCG was currently undertaking work in regards to winter resilience and they saw it as key to integration work.

Resolved: That the report be noted.

Reason: So that the Committee is kept informed of the Co-Commissioning of Primary Care Services in the city.

75. Work Plan including verbal updates on agreed scrutiny reviews

Consideration was given to the Committee's work plan for the municipal year.

Confirmation of the date of the next Bootham Park Hospital Scrutiny Review Task Group were shared amongst Members along with the dates of visits to Roseberry Park and Bootham Park Hospital.

The Scrutiny Officer reported that there would now be an additional report from Healthwatch at the March meeting in relation to the Bootham Park Hospital scrutiny review report. This meant that the Healthwatch six monthly performance update report could be moved from the April meeting to May.

Councillor Cannon requested that an item be added on to the work plan on the Better Care Fund.

The Assistant Director for Adult Social Care stated that he would be able to give an update on this at the financial year end 2015/16.

Resolved: That the work plan be noted and the following amendments be made;

- That a Healthwatch Report on the Bootham Park Hospital Scrutiny Review be added to the March meeting work plan.
- That an item on the Better Care Fund be scheduled for the April meeting.
- That the Vale of York CCG present a plan to the Committee in May on how integration work would reach the 1st year target, as set out in their action plan.
- That the Healthwatch six monthly performance update report be rescheduled.

Reason: To ensure that the Committee have a planned programme of work in place.

Councillor P Doughty, Chair

[The meeting started at 5.30 pm and finished at 7.50 pm].



Health and Adult Social Care Policy & Scrutiny Committee23rd March 2016

Report of the Chair of the Health and Wellbeing Board

Annual Report 2015/16 of the York Health and Wellbeing Board**Summary**

1. This report presents the Health and Adult Social Care Policy and Scrutiny Committee with the 2015/16 Annual Report of the Health and Wellbeing Board. The Annual Report is at **Annex A** to this report and hard copies will be available at the meeting.
2. Councillor Runciman, the Chair of the Health and Wellbeing Board will be in attendance at the meeting to present the report.

Background

3. It was agreed as part of the working protocol between Health and Adult Social Care Policy and Scrutiny Committee, the Health and Wellbeing Board and Healthwatch York that the Chair of the Health and Wellbeing Board would bring reports to this Committee. This protocol was recently reviewed and it was agreed that the Chair would provide two reports per year (usually March and September), with the March report being the Annual Report of the Health and Wellbeing Board.

Consultation

4. Not applicable to this report.

Options

5. This report is for information, there are no specific options associated with the recommendations in this report.

Analysis

6. This report is for information only.

Council Plan

7. The Annual Report has links to all three elements of the Council Plan 2015-19 – a prosperous city for all; a focus on frontline services and a council that listens to residents.

Implications

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

Risk Management

9. There are no known risks associated with the recommendations within this report.

Recommendations

10. The Health and Adult Social Care Policy and Scrutiny Committee are asked to note the contents of the Health and Wellbeing Board's 2015/16 Annual Report.

Reason: To keep members of the Committee up to date with the work of the Health and Wellbeing Board.

Contact Details

Author:

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Health and Wellbeing
Partnerships Co-ordinator
Tel: 01904 551714

Chief Officer Responsible for the report:

Sharon Stoltz
Interim Director of Public Health

**Report
Approved**



09.03.2016

Specialist Implications Officer(s) None

Wards Affected:

All

For further information please contact the author of the report

Background Papers:

None

Annexes

Annex A – Annual Report 2015/16 of the York Health and Wellbeing Board

York Health and Wellbeing Board

Annual Report 2015/16



York Teaching Hospital **NHS**



Vale of York
Clinical Commissioning Group

Tees, Esk and
Wear Valleys **NHS**

yorkcvs

healthwatch

NHS
England





York Health and Wellbeing Board Annual Report 2015/16

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Foreword from the Chair of the York Health and Wellbeing Board



Welcome to the first Annual Report of the York Health and Wellbeing Board. The report covers the period from January 2015 to February 2016.

During this time the Board has been chaired by different Executive portfolio holders who have all worked towards achieving the best health and wellbeing outcomes for the residents of York. I would like to thank all board members both past and present for their commitment to moving the health and wellbeing agenda forward.

Looking towards the next municipal year the Board will continue to be developed to ensure it is as strategic and effective as possible.

The issues of health and wellbeing affecting residents in the city are many and varied, however to ensure the Board meets its aim it is important there is a clear focus with defined objectives. This agreed direction of travel will see a renewed focus on the Board's statutory functions; in particular the development of a new Joint Health and Wellbeing Strategy for the city which is scheduled to be in place by the end of 2016 along with a refreshed Joint Strategic Needs Assessment.

I look forward to working with colleagues and partners on this challenging agenda over the coming months.

A handwritten signature in cursive script that reads 'Carol Runciman'.

Councillor Carol Runciman

Chair of the York Health and Wellbeing Board

City of York Council's Executive Member for Health and Adult Social Care

Introduction

Purpose of the Health and Wellbeing Board

The Health and Wellbeing Board was formally established as a statutory committee of the council in April 2013; in accordance with the legislation passed in the Health and Social Care Act 2012.

The purpose of the Health and Wellbeing Board is to:

- Improve the health and wellbeing of the locality via strategic influence over commissioning decisions across health, public health and social care
- Ensure stronger democratic legitimacy and involvement
- Strengthen working relationships between health and social care
- Encourage the development of more integrated commissioning of service.

The principal statutory duties of the Health and Wellbeing Board are:

- To assess the needs of their local population through a **Joint Strategic Needs Assessment (JSNA)**
- To set out how these needs will be addressed through a **Joint Health and Wellbeing Strategy (JHWS)** that offers a strategic framework in which Clinical Commissioning Groups, local authorities and NHS England can make their commissioning decisions
- To promote greater **integration and partnership**, including joint commissioning, integrated provision and pooled budgets
- To produce a Pharmaceutical Needs Assessment.

More detailed updates on these individual duties are contained within this report.



Membership

The York Health and Wellbeing Board is comprised of statutory members and co-opted members. The current membership (as of May 2015) is as follows:

- Four elected Members of City of York Council representing the main four political parties
 - The Executive Member for Health and Adult Social Care (Liberal Democrat)
 - The Executive Member for Education, Children and Young People (Conservative)
 - Elected Member Representative (Labour)
 - Elected Member Representative (Green)
- Two senior representatives of NHS Vale of York Clinical Commissioning Group
- A senior representative of Healthwatch York
- The city's Director of Public Health
- The council's Director of Children's Services, Skills and Education
- The council's Director of Adult Social Care
- A senior representative of the York Voluntary and Community Sector
- A senior representative of the York Teaching Hospital NHS Foundation Trust
- A senior representative of Tees, Esk and Wear Valleys NHS Foundation Trust
- A senior representative of the Independent Care Sector
- A senior representative of NHS England
- A senior representative of North Yorkshire Police

The Health and Wellbeing Context

According to the Public Health England Health Profile for York published in June 2015 the health of people in York is varied compared with the England average.

- Deprivation is lower than average
- Life expectancy for men is significantly higher than the England average and for women it is similar to the England average
- There are less children under 16 in York in poverty compared with the England average
- Obesity in children in Reception and Year 6 is lower in York than both the regional and national average
- Levels of GCSE attainment are better than the England average.
- There is a higher percentage of physically active adults in York than the England average

In comparison to similar local authorities York has the top rank for:

- Having the lowest rate of pupil absence
- Having the highest utilisation of outdoor space for exercise/health reasons
- Having the highest breast cancer screening coverage
- Having the lowest 80+ hip fracture rate
- Having the lowest rate of recorded diabetes

However, there are areas where we need to improve:

- Whilst we have less children in poverty compared with the England average there are still about 11.2 (3435) per cent of children in York living in poverty

Life expectancy is 6.5 years lower for men and 5.1 years lower for women in the most deprived areas of York than in the least deprived areas. The inequality in life expectancy is reducing for both men and women (Public Health Outcomes Framework February 2016).

There are also areas where York does not perform so well and where it performs worse than the England average and these are:

- A lower rate of screening offers for abdominal aortic aneurysm
- A lower uptake of NHS Health Check
- A lower flu vaccine coverage rate for “at risk” individuals
- A lower rate of Chlamydia detection in 15 to 24 year olds
- A lower percentage of breastfeeding initiation.

When compared against comparator local authorities York also ranks worse against:

- Premature and preventable mortality (including overall mortality from preventable causes and under 75 mortality rates for specific conditions including those considered preventable.
- Life expectancy for males (including life expectancy at birth and at 65 and healthy life expectancy at birth)
- Alcohol related hospital admissions
- Re-offending levels.



Highlights

Between January 2015 and February 2016 the Board met six times in public and the meetings were webcast and uploaded to the Council's website; each meeting was viewed approximately 100 times. Highlights of the work undertaken are split into the themes set out in the Joint Health and Wellbeing Strategy; their statutory responsibilities and other key priorities for the city.

Joint Strategic Needs Assessment (JSNA)

Over the course of the past two years work has been ongoing to refresh York's JSNA; this included a light refresh of key data and in the document being brought online. An easy read version of the JSNA is also available.

Work has also taken place on a number of more in depth needs assessments around a variety of topics including poverty, mental health and frail/elderly; with work continuing on learning disabilities and on self harm. The findings of these will be taken into consideration when the Board develops its next Joint Health and Wellbeing Strategy.

A new Steering Group is currently being established to lead the work around both the JSNA and the renewal of the Joint Health and Wellbeing Strategy. This will lead to better coordination between these two statutory responsibilities of the Health and Wellbeing Board.

The Steering Group will adopt a JSNA prioritisation scoring tool and an application form for future in depth work allowing for a more controlled and partnership approach to future needs assessments. The group will also be responsible for establishing the collective view of where the focus of both the JSNA and Joint Health and Wellbeing Strategy should be.

Ultimately this will lead to a robust JSNA which can be used as a key reference document by commissioners and for the development of a renewed Joint Health and Wellbeing Strategy for the city.

Joint Health and Wellbeing Strategy

The current Joint Health and Wellbeing Strategy runs from 2013-2016. It has a number of cross cutting themes as well as the following five priorities:

Making York a great place for older people to live

Key achievements to help support older people are:

- 60per cent of residents using the specialist reablement service to help them regain the independence to live in their own homes, need less care and support by the end of the programme
- City of York Council has commissioned a new social prescribing service which is being run by York Centre for Voluntary Service (CVS). It is a year long pilot and is available to anyone over the age of 18 who is registered with the Priory Medical Group. This means that people attending their GP surgery can be referred for non-medical interventions that can support their health and wellbeing needs. These could be mentoring and befriending, skills and confidence building, volunteering opportunities, healthy lifestyle programmes and welfare benefits/budgeting advice
- Work continues between adult social care and health partners across the city to reduce the number of delayed discharges from hospital into the community
- Work is ongoing to raise awareness of dementia and to make York a Dementia Friendly city. York Railway Station, Fleetways Taxis, Energise and City of York Council have trained staff in dementia awareness; Joseph Rowntree School is raising awareness by bringing together students and local residents with dementia; the council's Sporting Memories initiative has been promoted along with the national Dementia Friends Campaign and York Hospital has refurbished some wards using colour and lighting to create a space which is stimulating and calm
- Work around care hubs continues to develop with Priory Medical Group leading on this work in York. By installing a network of Care Hubs providing integrated care services for the local areas, NHS Vale of York Clinical Commissioning Group aim to help individuals stay out of acute care settings – either remaining at home or returning home as soon as possible. In York the top two percent of local adults most at risk of hospital admission (with a focus on those with common complaints such as chest infections and urinary tract infections) are the target population for this initiative. The York pilot has an integrated team made up of doctors, nurses, social workers, occupational and physiotherapists, generic and specialist reablement support workers among others. Each team meets face to face on a regular basis to share, discuss and plan care for patients and service users – each of whom has a single, named point of contact for all their care needs.
- The Care Act 2014 has been implemented.

Reducing health inequalities

In July 2015 the Health and Wellbeing Board received an update from the Public Health team on progress made against reducing health inequalities in the city. This paper demonstrated the breadth of work taking place across York. However it was acknowledged that it was important that organisations worked together to lead this work holistically. Some examples of the work taking place include:

- The council's Sport and Active Leisure team, which is part of the Public Health team, has continued to develop the Inclusive York Programme with two distinct pieces of work: Health, Exercise, Activity and Lifestyle (HEAL) and Disability Sport and Physical Activity. The HEAL Programme has focussed on developing the programme on offer for individuals with a long term limiting medical conditions through an Exercise Referral programme. The Disability Sport and Physical Activity Team have extended their remit into working with individuals with a physical (profound disability), sensory (Deaf and hearing impaired) and those with a learning disability (particularly Autism Spectrum Condition - ASC) to encourage them to become more physically active.
- The Family Focus Programme aims to support families in York. From January 2015 the programme is expanding to support families with a wider range of needs. These include: those involved in anti social behaviour, school attendance, those at risk of financial exclusion, those affected by domestic violence and families who are experiencing health problems. Health problems can include both mental and physical health, substance misuse, poor parenting and unhealthy behaviours resulting in malnutrition or diabetes.
- NHS Vale of York Clinical Commissioning Group (CCG) is also embracing the opportunities for 'place-based commissioning' through the delegation and co-commissioning of primary care and specialised services with NHS England. This will enable the CCG to align investment, whole system strategies and the needs of local populations so it can further target local health inequalities.
- Work is ongoing around developing an Integrated Wellness Service (IWS). The IWS will provide advice, guidance and interventions to improve lifestyle factors including: diet and nutrition, physical activity, smoking cessation, NHS Health Check, reduce alcohol consumption and improve mental wellbeing. The IWS will enable residents to access services and intervention suited to their health and wellbeing needs.

Improving mental health and intervening early

Mental health (for both adults and children) has been a key priority for the Health and Wellbeing Board, the Mental Health and Learning Disabilities Partnership Board and the city as a whole over the last 18 months.

In May 2015 the contract for mental health and learning disability services for the city was awarded to a new provider (Tees, Esk and Wear Valleys NHS Foundation Trust) with the contract starting on 1 October 2015.

The local system was placed under great pressure when Bootham Park Hospital closed for both inpatient and outpatient services following a Care Quality Commission (CQC) inspection. The Health and Wellbeing Board has worked with partners to minimise the impact to the city's residents and can report that:

- The Section 136 suite at Bootham Park Hospital was reopened in December 2015
- Outpatients returned to the site from 8 February 2016
- Work is ongoing at Peppermill Court with a view to this being ready to receive in-patients from July 2016.
- Dementia beds for men will be provided at Acomb Gables instead of Worsley Court in Selby
- A number of sites in York are being considered for a new mental health facility for the city.

The Mental Health and Learning Disabilities Partnership Board has been working to progress the mental health and learning disability elements of the Joint Health and Wellbeing Strategy and on work within their wider remit. Over the past 18 months highlights of their work include:

- Giving a commitment that two of the six meetings they hold in a year are focussed around learning disabilities and involve service users and their carers. To date these have taken place in March and September 2015 with the first having a focus on access to primary care services, including annual health checks (which has led to an easy read invitation to annual health checks being produced) and the second on some wider needs assessment work on learning disabilities
- Overseeing the JSNA work around learning disabilities
- The Mental Health and Learning Disabilities Partnership Board is also overseeing the work on the Self Harm Needs Assessment. Self-harm is a largely-unseen and significantly misunderstood issue. However, there are clear indications that its prevalence is increasing, particularly amongst younger females. There are a number of potential sources of information and intelligence to quantify the scale of self-harm, but these are fragmented across agencies and situational awareness may not be effectively shared to promote more intelligent responses
- Establishing a housing and mental health support task and finish group to look at housing solutions for those with mental ill health and complex needs
- Creating improved links between mental health services for adults and children by inviting a member of the YorOK Board to also sit on the Mental Health and Learning Disabilities Partnership Board
- Beginning the process of producing a Mental Health Strategy for the city.

Other key areas of work in the city around mental health and wellbeing are:

- The introduction of a new street triage service run by the Crisis and Access Service, working alongside North Yorkshire Police to ensure that people in distress are directed to the most appropriate form of support
- York Pathways Project offers mental health support for vulnerable adults who come into frequent contact with police and emergency services
- The joint appointment of a Suicide Prevention Officer for York and North Yorkshire who is leading on developing a suicide prevention action plan. The plan will aim to identify opportunities and priorities for communication around mental health and wellbeing, prevention of suicide and prevention of self harm.

In addition to this there is a proposal in the council's budget to invest £100k in early intervention and prevention in mental health in 2016/17. A plan will be developed detailing how this will be spent.

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

Work has been ongoing around children and young people's emotional and mental health. The partnership of children's service providers through the multi agency CAMHS (Child and Adolescent Mental Health) Executive have developed a high level strategy with high level priorities for the city.

The impact of this can be seen through:

- The development of a 'Team around a School Cluster Model' to support children and young people with emotional and mental health issues
- A focussed review of self harm amongst children and young people
- A collaborative emotional and mental health conference across the Higher York community of Further Education providers
- The development of 'in school' resources to help teachers and school staff address issues of anxiety and low level emotional and mental health issues
- A Health and Happiness survey of over 6000 children in York to produce some comparative data for use in further planning and targeting of services.

This work is all taking place within the context of the national Futures in Mind Recommendations. In addition to this a new Healthy Child Service is being developed. On 27 August 2015, City of York Council's Executive made the decision that the new Healthy Child Service be developed as a council provided service from 1 April 2016. This involves the TUPE transfer of health visiting and school nursing staff from York Teaching Hospital NHS Foundation Trust, as the current provider, to the council.

The vision for the new service is to give every child in York the best start in life and enable young people to achieve their full potential through supporting them to make healthier life choices. A key priority is to tackle health inequalities and narrow the gap in health and wellbeing outcomes experienced by children and young people living in different areas of the city.

The new model for the service will include the provision of universal, targeted and specialist interventions, based on the model of progressive universalism in the Healthy Child Programme 0-5 and 5-19 and associated NICE guidelines.

In 2015 the YorOK Board, a sub board of the Health and Wellbeing Board, commissioned the production of a new Children and Young People's Plan that was launched at the No Wrong Door Conference on 27 January 2016. Consultation took place through a number of channels with children, young people, parents, carers, practitioners and Board members who gave their views about living, growing up and working in York.

The new Plan focuses on shared local aspirations and priorities and seeks to utilise our reducing and changing collective assets and resources in the most effective way. The heart of the new Plan is based around closing gaps in attainment, health and wellbeing; early help and mental and emotional health and wellbeing.

The priorities for the YorOK Board for the coming months will be the priorities outlined in the new Children and Young People's Plan.

Creating a financially sustainable local health and wellbeing system

All organisations across the health and social care sector are currently experiencing significant financial pressures, in what is nationally a very challenging time for health and social care commissioners and providers.

However a very significant amount of work has taken place over the last eighteen months, across the organisations who are leading the local health and social care system. Local organisations are working in partnership to tackle the collective challenges to commission and provide services that meet public expectations, deliver high quality care and support and represent value for money with effective use of public resources.

The challenges being faced now are unprecedented; teams and communities are dealing with ever-increasing pressure, both for the service delivery model for providers and the requirements for long term provider commitments. It is widely acknowledged that doing “more of the same” will not be enough, nor will it necessarily be financially possible to achieve recovery in the short term or to develop sustainable services in the longer term. More radical short term action is needed in order to recover our financial and performance position. Future service provision will need to be creatively and boldly redesigned to ensure sustainability and viability and to future proof against these pressures.

A newly established System Leaders Board aims to coordinate action against the above.

Renewing the Joint Health and Wellbeing Strategy

Delivering against the current Joint Health and Wellbeing Strategy has been challenging but there has been positive progress and development over all of the five priorities within the last 18 months. The Joint Health and Wellbeing Strategy will be renewed during the course of 2016 and engagement and consultation with key stakeholders and local residents will take place as part of this process.

Integration

Integrated Commissioning Executive

Supported by the System Leaders Group, the recently established Integrated Commissioning Executive (ICE) will co-ordinate a consistent approach to commissioning services and lead on work to establish joint commissioning priorities. Although the work programme for ICE is yet to be agreed, initial priorities have already been highlighted around the continued development of the integrated care pilots, rehabilitation, reablement and intermediate care services.

Provider Alliance Board

The Provider Alliance Board has been established to work across traditional health and social care boundaries as the most efficient way of delivering safe, seamless and cost effective out of hospital services for local residents. This allows for commissioners to move away from holding multiple contracts with many different providers with a move towards the goal of providers working together to provide a single, seamless pathway for local people.

Better Care Fund

The Better Care Fund (BCF) is a £12m pooled budget between CYC and NHS Vale of York Clinical Commissioning Group and is a government initiative to transform local health and social care services so that they work together to provide better joined up care and support. The aims and benefits of the Partners in entering in to this Agreement are to:

- improve the quality and efficiency of the Services; and
- meet the National Conditions and Local Objectives; and
- make more effective use of resources through the establishment and maintenance of a pooled fund for revenue expenditure on the Services; and
- reduce hospital admissions and delayed transfers of care; and
- protect social care services.

Whilst there has been some progress in terms of the schemes invested in delivering improvements, the desired reduction in demands has not been seen. Activity is being monitored in terms of performance and in those areas where there has not been the level of progress planned. Some elements of the plan are under-performing against what was expected and other areas are still in the implementation and delivery phase.

Pharmaceutical Needs Assessment

The Health and Wellbeing Board has responsibility for the production of a Pharmaceutical Needs Assessment (PNA).

A Pharmaceutical Needs Assessment sets out the needs for pharmaceutical services provided in the community by analysing health needs and current provision. The ultimate aim is to ensure that residents can access medicines, other products and services to help them live long and healthy lives. The current PNA was approved by the Health and Wellbeing Board in March 2015 and runs until March 2018.

Safeguarding

The Health and Wellbeing Board received annual reports from both the Safeguarding Adults Board and the Safeguarding Children's Board.

Healthwatch York Reports

The Board has received a number of reports from Healthwatch York since January 2015 namely:

- Who's Who in Health and Social Care
- Consistency and Confidence in Patient Led Assessments of the Care Environment (PLACE)
- Accident and Emergency Department and its Alternatives
- Discharge from York Hospital

The Board also received updates on progress against implementing the recommendations arising from the following reports:

- Loneliness – A Modern Epidemic and the Search for a Cure
- Discrimination Against Disabled People
- Access to Health and Social Care Services for Deaf People

Going forward it is proposed that the Health and Wellbeing Board continue to receive and discuss Healthwatch York reports with the recommendations and progress updates being considered by the JSNA/Joint Health and Wellbeing Strategy Steering Group. These recommendations and progress updates will be considered in the context of these two key pieces of work for the Health and Wellbeing Board.

Health and Wellbeing Board Sub-Boards

There are currently two partnership boards sitting beneath the Health and Wellbeing Board namely the Mental Health and Learning Disabilities Partnership Board and the YorOK Board which has a focus around children. Both of these Boards work towards delivery of their respective elements of the Joint Health and Wellbeing Strategy. Updates on their work have been included in the Joint Health and Wellbeing Strategy section of this report.

In addition to this, a number of other boards including both safeguarding boards and the Fairness and Equalities Board have links to the Health and Wellbeing Board.

The work on renewing the Joint Health and Wellbeing Strategy during the course of 2016 will include work around ensuring that we have the correct Partnership Boards in place along with robust and sustainable governance arrangements to ensure they are responsive to the health and wellbeing priorities set for the city.

Health

In October 2014 NHS England published the Five Year Forward View setting out an ambitious change agenda for the NHS to ensure sustainability for the future. The Five Year Forward View looks to address:

- The health and wellbeing gap: getting serious about prevention
- The care and quality gap: harnessing technology and reducing variation in the quality and safety of care
- The funding and efficiency gap: match reasonable funding levels with wide-ranging system efficiencies

The NHS planning guidance sets out the requirement for a five-year place based Sustainability and Transformation Plan (STP), supported by an annual operating plan for each CCG. The 'footprint' for the STP is to be determined by each local area in collaboration with local partners.

The STP is required to set the direction for the local area to achieve the ambitions of the Five Year Forward View, which are to close the health and wellbeing gap, the care and quality gap and the funding and efficiency gap. It is expected to provide a clear and powerful shared vision across the local NHS system, local government and local communities, underpinned by an open, engaging and iterative process of development and consultation.

The STP will be an overarching plan, supported by a number of more detailed plans on primary care sustainability, prevention, self-care and patient empowerment and a joint plan for the delivery of the Better Care Fund requirements. The STP needs to complement existing strategies and support the Health and Wellbeing Strategy for York.

The York Health and Wellbeing Board will be receiving updates on the development of the plan at future meetings.



Performance

In December 2014 Health and Wellbeing Board agreed a scorecard of representative indicators based around four of the key headings of the Joint Health and Wellbeing Strategy. The Board receive regular update reports on performance and some of the highlights from these are

- York continues to perform strongly on the overall satisfaction of people who used adult social care services for their care and support. There is some concern that a comparatively low proportion of clients using adult social care services say they feel safe
- The inequality in life expectancy relating to deprivation is improving in York for men and women based on the latest figures from February 2016
- Referral rates to IAPT services, while still comparatively low, are on the increase
- Obesity amongst children in Reception and Year 6 is lower in York than the regional and national average and the trend is improving particularly for children in Reception year
- Under 18 conceptions have halved in York since the peak in 2007 and the York rate is lower than regional and national averages.

Conclusion

The local health and social care economy is facing unprecedented challenges. Partners around the Health and Wellbeing Board table are committed to working together, including making strategic plans to face these challenges.

During the course of 2016 the Health and Wellbeing Board will renew the Joint Health and Wellbeing Strategy and would welcome input from residents and stakeholders at engagement events that will be held during 2016.





York Teaching Hospital **NHS**



Vale of York
Clinical Commissioning Group

Tees, Esk and
Wear Valleys **NHS**

yorkcvs

healthwatch

NHS
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Health & Adult Social Care Policy & Scrutiny Committee Draft Work Plan 2015-16

Meeting Date	Work Programme
10 June 2015	<ol style="list-style-type: none"> 1. Introductory Report including ideas on Potential Topics for Review in this Municipal Year. 2. LYPFT Report on Progress of Action Plan in relation to CQC inspection 3. Update Report on Changes to Direct Payments 4. Draft Work Plan 2015/16
21 July 2015	<ol style="list-style-type: none"> 1. Attendance of the Executive Member for Health and Adult Social Care – Priorities and Challenges for 2015/16 2. Safeguarding Vulnerable Adults Annual Assurance Report 3. Healthwatch report on Wheelchair Services 4. Scoping report on public health grant spending and other potential scrutiny reviews 5. Verbal update on progress of changes to direct payments 6. Work Plan 2015-16
10 September 2015	<ol style="list-style-type: none"> 1. Update report on changes to direct payments 2. Be Independent Year End Position Statement and 1st Qtr Monitoring Report 3. End of year Finance & Performance Monitoring Report 4. 1st Quarter Finance and Performance Monitoring Report. 5. CCG update report on health systems resilience 6. Work Plan 2015-16 including proposed scrutiny reviews
16 September 2015	<ol style="list-style-type: none"> 1. Annual report from the Chief Executive of York Teaching Hospital NHS Foundation Trust.

	<ol style="list-style-type: none"> 2. CQC Inspection Report – York Teaching Hospitals NHS Foundation Trust 3. Annual Report from the Chief Executive of Yorkshire Ambulance Service. 4. CQC Inspection Report – Yorkshire Ambulance Service. 5. Tees, Esk & Wear Valley Foundation Trust and CCG re: managing the transition of Mental Health & learning disability services from LYPFT.
20 October 2015	<ol style="list-style-type: none"> 1. CQC inspection Quality Summit report on York Teaching Hospital NHS Foundation Trust. 2. Bootham Park Hospital Summit – NHS Property Services; Leeds & York Partnership; Tees, Esk & Wear Valleys; CQC; Vale of York CCG. 3. Work Plan 2015-16 including potential scrutiny reviews. Topic assessment for Bootham Park Hospital review at Annex 1.
24 November 2015	<ol style="list-style-type: none"> 1. CQC inspection Quality Summit report on York Teaching Hospital NHS Foundation Trust. 2. Health & Wellbeing six monthly update report (slipped from October). 3. Report on GP health checks for people with learning disabilities. 4. Work Plan 2015-16 including potential scrutiny reviews
1 December 2015	<ol style="list-style-type: none"> 1. Healthwatch six-monthly Performance Update Report 2. 2nd Quarter Finance and Performance Monitoring Report (Slipped from 24 November) 3. Six-monthly Quality Monitoring Report – Residential, Nursing and Homecare Services 4. Annual carers strategy update report 5. Update report on re-procurement of Musculoskeletal Services (Stacey Marriott, CCG). 6. Update report on Elderly People’s Homes 7. Work Plan 2015-16

22 December 2015	<ol style="list-style-type: none"> 1. Report on re-procurement of Community Equipment and Wheelchair Services 2. Update on interim solution to Bootham Park Hospital. 3. Work Plan 2015-16 4.
26 January 2016	<ol style="list-style-type: none"> 1. Update report on York Teaching Hospital NHS Foundation Trust Action Plan. 2. Healthy Child Service Project Board update report. 3. Safeguarding Vulnerable Adults Six-monthly Assurance Report. 4. Work Plan 2015-16 including verbal updates on agreed scrutiny reviews
23 February 2016	<ol style="list-style-type: none"> 1. 3rd Quarter Finance and Performance Monitoring Report 2. Practice mergers, Clifton Medical Practice, Petergate and York Medical Group 3. Update report on CCG turnaround plans 4. Report on Co-Commissioning of Primary Care Services 5. Work Plan 2015-16 including verbal updates on agreed scrutiny reviews
23 March 2016	<ol style="list-style-type: none"> 1. Health and Wellbeing Annual Update Report 2. Bootham Park Hospital review report (to be deferred) 3. Healthwatch report on Bootham patient/carer feedback (to be deferred) 4. Work Plan 2015-16 including verbal update on Bootham Park Hospital
26 April 2016	<ol style="list-style-type: none"> 1. Six-Monthly Quality Monitoring Report – Residential, Nursing and Homecare Services. (Gary Brittain) 2. Update report on York Wheelchair Services. (Robin Hull, confirmed) 3. Better Care Fund year end update and 2016/17 forecast 4. Update report on Elderly Persons' Homes (Roy Wallington) 5. Work Plan 2015-16

24 May 2016	<ol style="list-style-type: none">1. Update report on MSK services2. Healthwatch six-monthly performance update report3. Update report on CCG turnaround plans – year 1 plan to show how integration is making savings – with integration partners4. Draft work plan 2016/17
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TBC – Report on the roll out of the re-procurement of North Yorkshire community equipment and wheelchair services

June 2016: Further update of York Hospital Action Plan.

June 2016: Be Independent End of Year Position

July: Health Child Service Board update report