



Improving Health & Wellbeing in York

Our strategy 2013-16

Contents

Foreword	3
Introduction and context	4
Our vision	8

Our priorities

Cross-cutting themes, principles and actions	9
Making York a great place for older people to live	13
Reducing health inequalities	18
Improving mental health and intervening early	23
Enabling all children and young people to have the best start in life	27
Creating a financially sustainable local health and wellbeing system	30

Links to city wide plans	33
Delivering and monitoring	34

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



On behalf of York's Health and Wellbeing Board, I welcome the opportunity to present our joint health and wellbeing strategy for the period to 2016. The time is right to approach the issue of wellbeing in a holistic sense, making our focus the wellbeing of every person in the city. This is about creating the conditions for people to live better lives, not just in terms of health but taking in such issues as inequalities, strengthening communities and tackling social isolation, and promoting the ability for service users to exercise choice and control.

These are challenging times, and the pressures on public sector organisations are intense. However, here in York we have a committed and proactive partnership dedicated to achieving the highest standards and I am confident that we will do everything in our power to rise to the challenges we collectively face.

In the past year we have seen the inception of the Health and Social Care Act 2012 – the biggest change to the National Health Service since it came into being in 1948. This places new responsibilities on local authorities to fund care, and to assess eligibility for care.

The drive towards integration of health and social care is continuing at pace, with this September seeing the submission of our plans to the Better Care Fund outlining our work towards integrating care at a neighbourhood level and reducing avoidable stays in hospital.

I am pleased that the Board has formalised its relationship with the two safeguarding boards, since safeguarding is a key element of health and wellbeing. In making life better for children and young people, it is important to acknowledge the role of Early Help assessments and the work we are carrying out to meet the demands of the Working Together agenda, which sets out the statutory objectives of Local Child Safeguarding Boards.

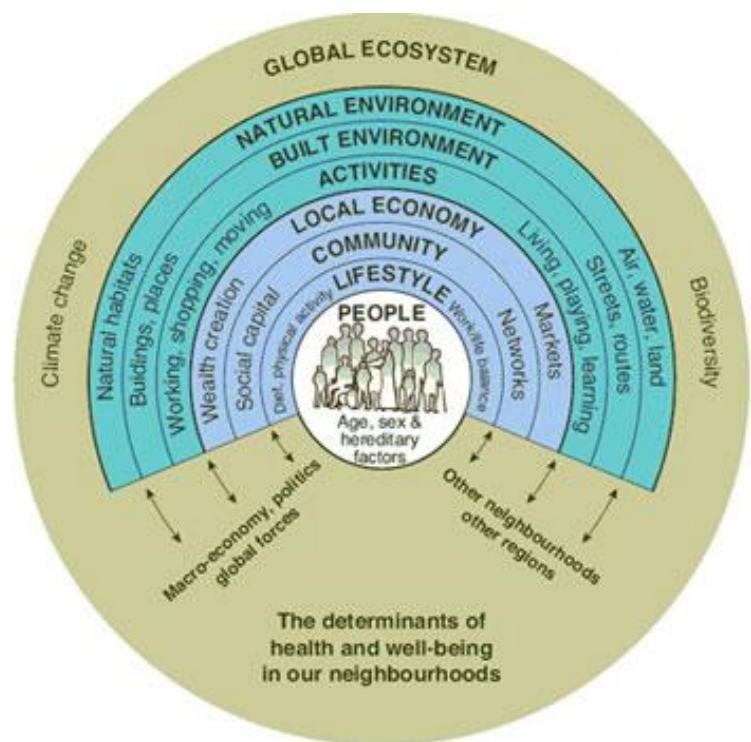
In short, in an environment in which ever-tightening finances are a reality, we are maintaining our drive towards making a real difference to the health, wellbeing and life chances of the people of York.

Councillor Linsay Cunningham-Cross
Chair, York Health and Wellbeing Board
October 2014

Introduction and context

On the whole, people in York have a good standard of life. As residents, most of us can expect to be well educated, have access to good quality employment and, for the most part, live long, healthy and happy lives. However, this is not true for everyone, and there are still significant health and wellbeing challenges for the city including the differences in life expectancy between some areas of the city and others, the growing needs of our ageing population and particular challenges around mental health and emotional wellbeing. Based on our understanding of the needs in York¹, this strategy sets out our priorities for improving residents' health and wellbeing, and together, as key organisations and as a whole city, what we will do to deliver these priorities.

Health and wellbeing is about more than illness and treatment. It is about being well physically, mentally and socially, feeling good and being able to do the things we need to do to live a healthy and fulfilled life². Many factors affect our health and wellbeing, these include: where we live, our housing, the local economy, our income, the environment, our relationship with the local community and the lifestyle choices we make. These determinants of health and wellbeing are shown in the diagram on the right. It is therefore vital that we not only tackle the effects of ill-health but we also address the wider factors and causes. We will champion good health and wellbeing, identify and harness the determinants that contribute to positive health, building on our strength as a successful and ambitious city.



¹ See the Joint Strategic Needs Assessment at <http://www.healthyyork.org>

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

How we have developed our priorities and actions

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



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

The four key points that emerged from the original JSNA report in 2012 were:

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

These four areas formed the initial set of priorities for the Health and Wellbeing Board. We are now engaged in a series of “deep dives”, researching further into areas where clear evidence is needed to provide a rounded picture of health and wellbeing in York. Recent subjects covered in depth have been poverty, mental health and older people, with future investigations into alcohol, early years, falls and learning disabilities planned for the year ahead.

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

Finance and resource

The current financial climate is one that presents a number of challenges.

The CCG inherited a deficit from its predecessor PCT, and in its first year of operation managed to repay the historic deficit of £3.5m and carry forward an operating surplus of £2m. However, within the NHS there are continuing efficiency savings targets against a background of demographic growth and health cost inflation, leading to the potential for a £44m funding gap in York by 2021. Equally, in local government there is a continued downward pressure on funding from central government.

The £3.8 billion national Better Care Fund that comes into operation in 2015-16 is aimed at supporting the integration of health and social care. The fund pools existing resources in health and social care and is an opportunity for local services to transform and improve the lives of the people that need it most, as well as being a key driver for long term financial sustainability.

The Better Care Fund in the Vale of York will be managed through 3 distinct pooled budgets for each local authority and will be governed by the Health and Wellbeing Boards. Formal agreements will enable the creation of the pooled budgets and transfer of funds between social care and health to contract for agreed services. A proportion of the fund will be performance related with payments linked to progress against a national metric on reducing avoidable emergency admissions. Hospital emergency activity is expected to fall by around 15% to generate the savings required in health to resource the Better Care Fund.

The ‘Local Account for Social Care’³ highlights the growing numbers of older people accessing social care in the population, together with more people with complex needs and learning disabilities living longer are increasing the strain on social care budgets across the country.

³ Local Account for City of York Adults Social Care Services for 2013

Our long term commitment to engagement

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

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

We want to emphasise that our engagement with staff, residents and people who use our services is not a one-off event. We are committed to involving people in planning and designing health and wellbeing services and provision in the long term. Our aim is to ‘co-produce’ more health and wellbeing services and pathways to care and support. By co-production we mean we want to work with people as equal partners to improve services and respond to challenges, making decisions together. We believe that the people most affected by a service are best placed to help design it. We also recognise that residents and communities already have a range of resources available, both intellectual and physical, and that bringing our resources together we can deliver services *with* rather than *for* people and their families. Early evidence suggests this approach is a more effective way to delivering better outcomes and more sustainable services, often for less money⁴.

We must acknowledge that co-producing health and wellbeing services is challenging, but it is not impossible. We want to learn from others who have achieved this for example the improvements to health care and patient experience in Jonkoping, Sweden⁵. In delivering this strategy we will take every opportunity to co-produce health and wellbeing services, enabling our residents and people who use our services to identify problems and propose solutions, rather than being passive recipients of services. We believe that programmes such as ‘Think Local Act Personal’ will help us achieve this by focusing on the way communities can help support each other and by increasing the uptake of personalisation, which is central to communities and their health and wellbeing.

We will take steps to improve engagement with residents, people who use our services, staff and partner organisations in planning and delivering services. We are currently exploring how community health champions can help us achieve more effective engagement.

⁴ Based on Nesta Lab and the New Economics Foundation co-production research

⁵ See ‘Charting the Way to Greater Success: Pursuing Perfection in Sweden’

Our vision

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

What we will do to achieve our vision

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

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

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

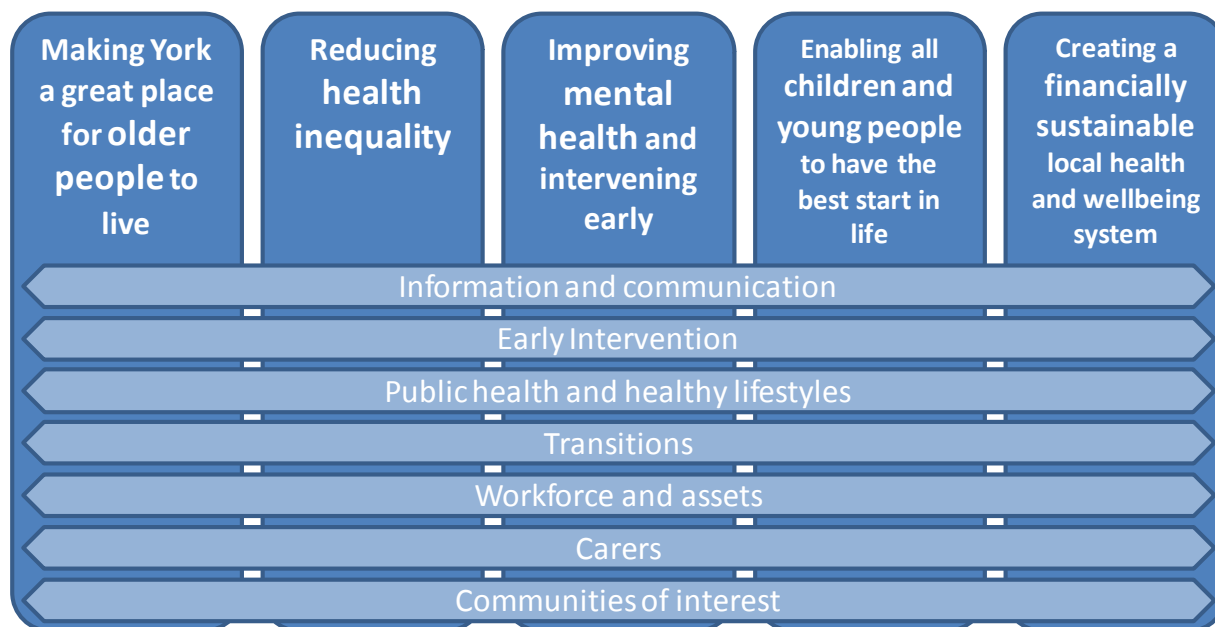
- 1. Making York a great place for older people to live**
- 2. Reducing health inequalities**
- 3. Improving mental health and intervening early**
- 4. Enabling all children and young people to have the best start in life and keep them safe**
- 5. Creating a financially sustainable local health and wellbeing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

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

Cross-cutting themes, principles and actions

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

Cross-cutting themes and our priorities



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

We will:

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

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

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

- 1. Through our ongoing JSNA undertake further research and share intelligence to get more of an insight into the health and wellbeing of those with the poorest health outcomes, using the analysis to drive delivery to priority areas.**

The JSNA recommends that we increase our understanding of the following groups and issues: the frail elderly, including those suffering falls, alcohol, early years, self-harm, learning disabilities, and people with autism. Partners will work jointly on the analysis of research to present a coherent picture of needs and priorities. The services we commission and provide will have an increased impact. They will be provided to the right people from the right place and will better meet people's needs.

- 2. Work to co-ordinate existing health and wellbeing information, to join up directories for activities, services, or organisations in York, and design appropriate ways of using this which is fit for purpose and user-friendly.**

The content of the various health and wellbeing websites from a number of health and wellbeing agencies and organisations will be better coordinated and consistent. Information will be easier to understand and easier to access. The Care Act has placed a new duty on local authorities to provide information on social care, and partners will work together to link up available information sources.

- 3. Develop a joint approach to data sharing across organisations to improve service user experience.**

The message from service users and patients is that they would like to "Tell Us Once", rather than repeat their information to multiple agencies. As part of the Better Care Fund programme, work is ongoing to develop methods of sharing personal information while maintaining appropriate levels of security for sensitive data.

- 4. Deliver a workforce development programme to empower and equip staff across health and wellbeing organisations to implement this strategy.**

This programme will, for example aim to: improve engagement with our residents and people who use our services, helping us co-design and co-produce more services; Make Every Contact Count, by encouraging frontline staff to 'ask the next question'. Looking wider than single issues, staff will use every opportunity to talk to people about improving their health and wellbeing. This will help tackle the causes of poor health and

wellbeing as well as the symptoms, for example through the use of messages around reducing sugar intake.

5. 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.

6. Create a joint communications and engagement plan, to engage and work together on citywide health and wellbeing campaigns which often occur separately through individual organisations.

Individuals and communities will be better informed about how they can improve their own health and wellbeing. Messages will be more coherent and consistent across a number of health and wellbeing organisations.

7. Encourage health and wellbeing organisations and agencies to explore the adoption of the living wage and encourage commissioners to include this in contract specifications.

Families will be lifted out of poverty and staff will be more motivated to deliver higher quality care and support. Organisations will see an improvement in staff recruitment and retention.

8. Support the city's housing strategy which cuts across a number of principles and actions within this document. The recommendations include:

Housing provision –

- Ensure a ready supply of good quality affordable family homes to meet the needs of overcrowded or inappropriately accommodated families;
- Provide dedicated housing provision and support for homeless young people providing clear resettlement routes to independent living;
- Continue to address fuel poverty and financial exclusion through a variety of measures including energy switching and improving council housing ;
- Develop a supported housing model for those with multiple needs or high risk behaviour (including substance misuse, and high risk offending behaviour);
- Develop and fully embed a hospital homeless discharge protocol;
- Widen the housing choices of older people through better provision, information and advice, enabling people to make timely and informed decisions and to plan ahead to avoid a housing crisis.

9. Work jointly to identify those least able to access current services, and develop joint approaches towards meeting the needs of the most vulnerable.

In particular there may be people with multiple issues, such as mental illness, substance abuse, poor physical health and who are also homeless, who find access to services particularly difficult. Work in the community to identify and engage with the most vulnerable will be valuable in terms of prevention, intervening before a crisis point is reached.

Delivering our cross-cutting actions:

The Health and Wellbeing Board will delegate the responsibility to deliver these actions to the three strategic partnership boards that sit below it, together with associated boards (see pp37-39 for further details).

Actions delivered during 2013-14 include; the opening of the Section 136 (under the Mental Health Act) “Place of Safety” at Bootham Hospital; the JSNA “deep dive” on mental health has been published; carers attended the meeting in July 2013 to address the Board and we hope to have future updates from carers.

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

Please see the ‘Delivery and Monitoring’ section on page 34 for more information.

Making York a great place for older people to live

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

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



Older people already form a significant part of our community in York. A growing number of older people will also be living alone.

- By 2020, the over 65 population in York is expected to increase by 5,300 (15%) including an additional 1,200 people aged over 85 (a 24% increase)
- By 2030, the over 65 population in York is expected to increase by 13,700 (40%) including an additional 3,600 people aged over 85 (a 72% increase)
- By 2037, the over 65 population in York is expected to increase by 19,400 (55%) including an additional 6,600 people aged over 85 (a 132% increase)

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

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

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

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

We:

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

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

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

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

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

Prevent admissions to hospital

Support people with long term conditions to live independently

1. **Set up Care Hubs across the City and explore other options which support people in their transition from hospital to home.**
 - Care Hubs bring together health and social care practitioners working together from different organisations and disciplines. The Care Hub team could include a nurse, social care worker, GP, occupational therapist, pharmacist, and a Counsellor from a local provider. Care Hubs will be based in a community setting, such as a local GP surgery.
 - Care Hubs will work with individuals to identify their health and care needs and work to ensure that people are supported in their own homes to manage their condition. This will help prevent hospital admissions for people with long term conditions and aid the transition back home when discharged from hospital. A multi-disciplinary team will be able to provide more person-centred, coordinated care and support.
2. **Develop an end of life policy across health and wellbeing partners, mapping current processes and re-commissioning.**

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

3. Work with partners to ensure the implementation of the new integrated diabetes service model is delivering improved outcomes for residents with diabetes.

In particular there will be a focus on prevention of diabetes and early intervention and management in line with NICE guidelines. Partners will work together locally to raise awareness of the risk factors surrounding diabetes, focusing on groups at high risk of diabetes, and will engage with local diabetes groups, in order to ensure better outcomes.

4. Monitor the targets for the programme of work set out in the Better Care Fund submission.

The Better Care Fund, a government-sponsored mechanism for sharing funding between health and social care, has set a national target of reducing avoidable hospital admissions by 3.5% on the 2010 level. In York, this will amount to a reduction of 14%, which represents a considerable challenge, and a programme of work is under way to improve community-based working and preventative initiatives.

5. Work jointly to implement the Care Act 2014.

The Care Act set out a major change in social care legislation, with local authorities providing a cap on the amounts people will have to spend on social care. In addition, there are greater rights for carers, a duty to provide information on how to access social care, and greater safeguarding protections for vulnerable adults. To deliver these, we will in work in partnership to ensure readiness for new ways of working.

Address loneliness and social isolation

6. Explore ways of preventing loneliness and isolation through community development.

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

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

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

Recruitment and retention of staff will be improved as well as their quality of work. A number of families will be lifted out of poverty⁶.

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

⁶ Taken from learning from the London Living Wage.

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

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

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

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

The Health and Wellbeing Board will delegate the responsibility to deliver these actions to the Collaborative Transformation Partnership Board which is one of the partnership boards that report to it. This board will work to achieve more joined-up pathways, particularly for people who are living with multiple conditions simultaneously, in order that pathways into health and social care are better integrated.

The actions delivered during 2013-14 by this and its predecessor board for Older People and People with Long-Term Conditions include undertaking case reviews for people who have been in hospital for more than 100 days and a review of the use of medication and how it is assessed in residential and nursing care, especially psychotropic drugs and medication for people with dementia.

The Health and Wellbeing Board has also delegated responsibility for delivery of the cross-cutting theme of financial sustainability to the Collaborative Transformation Board. Please see the 'Creating a financially sustainable local health and wellbeing system' section on page 30 for more information.

Reducing health inequalities

Why 'reducing health inequalities' is important

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

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



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

People living in some areas of York can expect to live on average 7.2 years less than other York residents if they are male or 5.9 years less if they are female. We believe this is deeply unfair, and jars against our vision for *all* York residents to be able to enjoy long, healthy and independent lives.

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

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

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

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

We will:

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

We recognise that traditional methods of communication are not appropriate for some people and we need to explore new, innovative methods that better convey health and wellbeing information to our residents, people who use services and their families.
- We acknowledge and value the difference that schools and children's centres can make in tackling inequalities, for example - their engagement with children and parents, educational attainment, and healthy food initiatives.

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

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

Target resource where it is needed most

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

Tackle deprivation and address complex issues

- 2. Champion a joint approach to addressing complex, interlinked issues that a number of families experience in our city, through our work with troubled families.**
 - This work has been extremely successful in supporting families through complex issues, which no one agency or discipline can resolve. We would like more health professional resource allocated to these programmes to support more families with health specific issues.
- 3. Adopt a joint approach to community development in deprived areas of York, where communities define their own issues and how they can address them.**
 - Stronger communities can offer more supportive environments, where more people care for each other. Giving communities more control over their lives and their wellbeing can be improved, for example, confidence and skills.
- 4. All organisations on the Health & Wellbeing Board will commit to exploring the implementation of the Living Wage, and encourage others in the city to do so.**
 - The Living Wage could lift a number of families in York out of poverty. Recruitment and retention of staff is improved and quality of work increased.
- 5. Organisations on the Health and Wellbeing Board commit to running supported employment programmes within their organisations and if successful, encourage other organisations or businesses to follow.**
 - We will also support volunteering programmes which offer that step up to employment and work which helps sustain people in employment or training. We absolutely recognise the benefits of employment and training on health and wellbeing.

Improve access to services and support community-based initiatives

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

- 7. Explore and identify opportunities where we can take a range of services to residents who would benefit most from this. This includes:**
 - The use of the Community Stadium as a hub for health and wellbeing and a base for outreach services, ensuring we reach people who experience lower health outcomes.
 - The use of existing buildings within communities to join up, co-locate or extend services to increase flexibility and accessibility, for example, extending the range of support available from GP surgeries or using pharmacies to provide basic health checks and signposting.

- 8. Recruit, train and support health and wellbeing champions from within those communities experiencing poorer health outcomes. They will signpost and provide health and wellbeing information and peer-led support. We will learn from recent research on this subject area in York and put these findings into practice. We acknowledge the role of 'HealthWatchers' who are already working in some areas of the city.**
 - Health and wellbeing messages are often more effective when they are heard from people already known or from people within that community. Signposting is one method of early intervention, helping people access the right support at the right time, preventing their health from worsening. It is a great way to promote the support that is already available in communities.

Promote healthy lifestyles and behaviours

- 9. Undertake targeted work to investigate and address health behaviours and lifestyles in York, focused on smoking, alcohol use and obesity.**
 - Behaviours and lifestyles have a significant impact on health. We want to work with people in our communities to encourage healthier lifestyles and make healthier choices.

- 10. Establish an effective York model for tobacco control.**
 - This includes establishing a York Tobacco Alliance and implementing the NICE guidance 'Quitting smoking in pregnancy and following childbirth'.
 - Smoking is a major contributor to ill health. A more joined-up approach to tackling smoking in York can lead to improved health outcomes.

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

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

Delivering the actions for the priority ‘Reducing Health Inequalities’:

The Health and Wellbeing Board will delegate the responsibility to deliver these actions to an appropriate partnership board.

During 2013, City of York Council has signed up to the Local Government Declaration on Tobacco Control; developed a number of healthy eating initiatives within schools; delivered against the government’s Troubled Families programme; and continued to encourage the adoption of a living wage amongst employers.

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

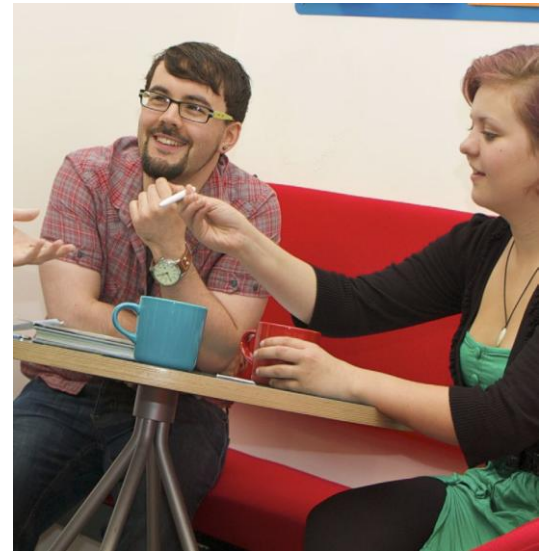
Please see the ‘Delivery and Monitoring’ section on page 34 for more information.

Improving mental health and intervening early

Why 'improving mental health and intervening early' is important

It is estimated that at any one time there are just under 26,000 York residents experiencing common mental health problems such as anxiety and depression.

In addition to this, there are a range of other specific mental health conditions for which prevalence estimates show that in York there are expected to be approximately: between 720 – 1,480 adults and 120 children (aged 0-18) who experience psychosis or schizophrenia; 800 people who might have a learning disability, of which 170 have a severe learning disability; 850 people in York could experience eating disorders like Anorexia Nervosa or Bulimia Nervosa; 930 people could be expected to suffer from Attention Deficit and Hyperactivity Disorder; 1,280 adults might have either Antisocial Personality or Borderline Personality Disorders; 1 in 10 mothers are predicted to suffer from post-natal depression within a year of giving birth; 120 people might be expected to have Down's Syndrome; and 2,450 people could develop dementia. It should be noted that these are only estimates but these local figures have been based on national prevalence figures and calculated on local population information. Prevalence estimates were obtained from sources such as National Institute for Health Care Excellence, the Health and Social Care Information Centre, Public Health England and the Projecting Older People Population Information System evidence.⁷



Where possible, we want to be able to intervene early to address or prevent mental health problems and not just treat more severe conditions. We know this is better for the wellbeing of people in York and their families and is more cost-effective. At the same time, we wish to support physical health needs as well as mental health, and provide access to services which enable both mental and physical wellbeing to be maintained, ensuring that services assess and treat mental health disorders or conditions on a par with physical health illnesses. A mental health problem increases the risk of physical ill health - currently, men with a severe mental illness die on average 20 years earlier than other people; women five years earlier.

The JSNA recommends that active consideration is given to joining up more closely the children's and adults' mental health agendas and work streams in order to support a closer focus on **early intervention, prevention and transition**. It is estimated that between the ages of 5-16 years old, 2,160 children in the city might experience any kind of mental health problem.

⁷ See the JSNA for further detail: <http://www.healthyyork.org/health-ill-health-in-york/mental-health.aspx>

The Children and Young People's Mental Health strategy (CAMHS) is a key local policy driver for this priority. The JSNA also highlights the need to provide a range of comprehensive **community based support**, early intervention and services for individuals with mental health problems.

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

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

- Recognise the work that the workforce, the voluntary sector, communities and carers make to 'improving mental health and intervening early', especially for the following key issues:
 - **Increasing understanding of mental health needs** across the city
 - **Raising awareness** of mental health and **reducing stigma**
 - **Intervening earlier** and supporting **community-based initiatives**
 - Ensuring service planning and provision promotes **choice and control**
- Seek to gain a better understanding of mental health needs in York, and the services that are currently available. We will make sure our services are fit for purpose and if necessary redesign them to better meet mental health needs locally.
- Look to raise the profile of mental health and remove the stigma attached to it, working towards parity of esteem for users of mental health services.
- Ensure that when we plan services, this takes account of the mental health needs of the ageing population, with particular reference to social isolation, loneliness and the growing number of people with dementia.
- Endeavour to create supportive communities which enable good mental health; where people have regular contact with one another, friendships can be developed and people are there to support each other. This will help prevent people from developing mental health conditions or requiring services in the first place.
- Improve coordination between the broad range of mental health support available in York across sectors, and which draw from both medical and social models of health and wellbeing. Since we know that mental health conditions are often complex, long term and related to a range of factors, we will support the development of longer term support programmes and more joined-up working between services.

- Work together to join up children’s and adult’s mental health agendas to better support early intervention work and the transition between services.
- Support a model of early intervention and prevention where possible, providing and effectively referring to a range of alternative support (instead of medication or intensive interventions) for people with low-level mental health conditions.
We acknowledge that there are different levels of mental health needs, and that different support and models of care should be used appropriately.
- Recognise that although the ‘recovery model’ can benefit those with mild or moderate mental health issues, there are approximately 400 people in the city with severe or enduring mental health conditions who need more intensive support.

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

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

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

Raise awareness of mental health and reduce stigma

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

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

3. Work with partners across the city on the development of ‘well at work’ training for managers.

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

Intervene earlier and support community-based initiatives

4. Work jointly to promote the delivery of more mental health first aid training in York – either from the existing national programme or develop a local model.

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

- 5. Across sectors, we will jointly map the support and pathways available for people with mental health conditions, including thresholds and eligibility criteria for services.**
 - This will identify opportunities where we can, across the system, intervene earlier. Following this work we anticipate re-commissioning support to ensure we are providing the right pathways of care and support for mental health services.

- 6. Support the commissioning of more community based support and services for individuals, especially early intervention and prevention work⁸.**
 - This includes: commissioning more counselling services and additional services to support 16-25 year olds. This will enable earlier intervention, and allow us to explore and address specific issues relating to young people moving into adulthood.

- 7. Develop and implement plans for dementia, psychiatric liaison and primary care counselling.**
 - Again, this will enable earlier intervention, co-ordination of service delivery and services delivered closer to the service user.

Ensure service planning and provision promotes choice and control

- 8. Review our housing policy for people with a mental health condition, to ensure the policy promotes choice and control.**
 - Housing has a significant impact on health. It is vital therefore that we promote a range of housing options, appropriate for a range of needs to provide safe and secure living environments to aid recovery.

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

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

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

Please see the ‘Delivery and Monitoring’ section on page 34 for more information.

⁸ The London School of Economics and Kings College report ‘Economic Evaluation of Early Intervention (EI) Services’ shows the significant savings that early intervention approaches can make for the NHS.

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

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



In York, the number of children subject to a formal child protection plan remained stable over 2013/14. Neglect is the largest single category of child protection plans, often alongside other forms of maltreatment including domestic abuse, physical abuse and sexual abuse. Many children who experience maltreatment are more likely to be disadvantaged from early life and encounter social, emotional, behavioural and educational difficulties as they grow older.

Education is essential to improving life chances and opportunities. Around 10% of York pupils are eligible for free school meals each year. Pupils eligible to receive free school meals in York have a higher absence rate than those pupils who are not eligible. Additionally, there is a considerable attainment gap between pupils who are in receipt of free school meals and their peers. The Key Stage 2 and Key Stage 4 pupil premium groups remain a priority, particularly in relation to 'narrowing the gap' between vulnerable pupils and their peers.

(Information relating to Free School Meal Status is obtained from the Pupil Level Annual School Census – PLASC).

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

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

- **Striving for the highest standards**

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

- **Creating truly equal opportunities**

We will work relentlessly to ensure that no child, young person or community is at a relative disadvantage, removing all traces of discrimination from our systems and our interactions – with a particular focus on the rising numbers of children from a black and ethnic minority (BEM) background, and on those questioning their sexuality. This principle is as much about celebrating the positive as it is about eliminating the negative.

- **Ensuring children and young people always feel safe**

Safeguarding lies at the heart of all our work, and we will work closely with the Safeguarding Children Board. We will continue to make our procedures for raising concerns about a child as straightforward and as effective as possible. We will be sensitive to the possibilities of exploitation or extremism, and will continue to adopt a “zero tolerance” policy for bullying in any form.

- **Intervening early and effectively**

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

- **Working together creatively**

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

- **Treating children as our partners: mutual respect and celebration**

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

- **Connecting to communities and to the rich culture of our great city**

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

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

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

In addition, there are a number of specific actions based on current evidence of need:

- Monitor and evaluate the effectiveness of local arrangements to safeguard children, with particular emphasis on the following areas of priority: the provision of early help to prevent problems from escalating; child sexual abuse and exploitation; neglect; domestic abuse and children who go missing from home, care and education.
- Promoting a 'whole family' approach to assessment, planning and signposting across all services.
- Improving our understanding of, and responses to, the impact of parental (adult) need on children, especially in the areas of domestic violence, mental health and substance misuse.
- Understanding the full range of child and parental mental health issues and needs, including those 'under the radar', and the extent to which these needs are being met.
- Develop a more detailed understanding of young people at risk of self-harming.
- Improving the interface between child and adult mental health.
- Promoting the Troubled Families programme as 'everybody's business', including specific health involvement, responding holistically in establishing health pathways and interventions in the context of complex health and wellbeing needs.
- Undertaking targeted work in relation to tackling childhood obesity, for example around Breastfeeding Support Programmes, UNICEF accreditation initiative, targeted sport and active leisure programmes, access to active sport and leisure programmes, and dietary advice and support.
- Improving the integration of our multi agency commissioning strategy and activity. We note the opportunities presented in respect of children aged 0-5 years and the transfer of responsibility to the local authority in 2015.
- Develop a more detailed understanding of the profile of young people who are not in education, employment or training and those at risk of not being in education, employment or training.
- The City of York Safeguarding Children Board has established a task group to develop a strategy which will look at sexual abuse within families, peers and child sexual exploitation to improve the prevention, identification and response to child sexual abuse.

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

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

Please see the 'Delivery and Monitoring' section on page 34 for more information.

Creating a financially sustainable local health and wellbeing system

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

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

Significantly reduced and further reducing public sector budgets, financially challenging times for individuals and increasing demands for a range of health and wellbeing services create a perfect storm for the health and wellbeing system in York to contend with. The continuing pressure on health services has led to forecasts of an increasing funding gap for all NHS Trusts, and local government has faced a reduction in funding of 30% in real terms over the past four years. To simply continue what we are doing, let alone additionally investing in our priorities or to make long-term savings, would be a major challenge.



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

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

Principles which will guide our work to deliver this priority

We will:

- Through the Collaborative Transformation Board, take ownership of the financial position of the whole health and wellbeing system in York, rather than focus on the performance of individual organisations.
We will ensure we are investing in services that we know will have the biggest impact on improving health and wellbeing. We need to be aware of both the intended and unintended consequences of funding decisions we make and the impact of any subsequent service change. To help us make these decisions we will take a joint approach to budget consultation with residents and endeavour to communicate consistently about the overall financial position.
- Maximise efficiencies between adult social care and health through jointly planning care pathways across sectors and integrating commissioning decisions more closely.
Where appropriate, we will explore opportunities for joint commissioning posts, pooled budgets or lead commissioning arrangements between City of York Council and Vale of York Clinical Commissioning Group to support this more integrated approach.
- We will prioritise system change around care pathways for older people which are the most significant cost pressures and opportunities.
This will address a major strain and will release pressure on services so they are able to function better across the board, benefitting all our residents.
- Support community-based models of care to allow more people to benefit from being supported in their own homes and within their own communities.
We know people prefer to be supported at home, or near home and the significant health and wellbeing benefits this offers – reduced transitions and increased independence. Providing more support at home may lead to a reduction in the number of beds that are needed in hospitals and a change in staffing and equipment provision. We must sensitively reassure and remind people of the benefits of this approach and the need for change. In order to make this system change, we will need to:
 - Create performance frameworks and contracts which reward this more financially sustainable model of care, and share risk appropriately
 - Commission primary, community and social care so that there is sufficient capacity to effectively support people closer to home who would have traditionally required hospital services. We will commission the best services possible, with openness to the possibility that this may not be from statutory providers.
 - Encourage the reduction of hospital referrals through GPs and nursing homes, highlighting other, more fit for purpose services, to refer on to.
 - Promote and encourage self-care where appropriate.

- Be open with the public about the need for change, educating them in dilemmas we face together and trust them to make decisions which benefit the whole population. We will work closely with local media, encouraging them to act with social responsibility, to avoid publicity which could derail this collaborative approach.
- Urge Central Government to adopt its plans for a financially sustainable model for paying for adult social care without delay.
- Allocate our resources to where they are needed most, particularly those areas or groups of people who suffer poorer health outcomes.
- Have a two-pronged approach to reviewing finance and resources – a whole system view but also assessing the effectiveness of our services on a case by case basis. This will give us more flexibility in allocating resource where it is needed and resolving cases where people are ‘stuck in the system’.
- Maximise internal efficiencies through vacancy management and efficiency programmes across the Council and NHS.
- Take a shared approach to assets such as buildings and vehicles, maximising their use between partners, and selling or putting to other use assets we don’t need as a result.
- Maximise the use of voluntary sector services where they provide excellent value for money and results.
We will stimulate a stronger market by supporting voluntary sectors organisations to work together or scale up to bid for larger contracts. We will tender contracts to enable voluntary sector organisations to be competitive against larger statutory or independent providers.
- Trust patients and residents to understand the complex dilemmas we face and allow them to shape solutions, for example, through the increased co-production of services.

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

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

Please see the ‘Delivery and Monitoring’ section on page 34 for more information.

Links to city wide plans

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

City Action Plan

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

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

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

York Fairness Commission

The York Fairness Commission is a non-political, independent, voluntary advisory body established in 2011 with the purpose of promoting greater fairness and reduced inequality in York. The Health and Wellbeing Board will support the Fairness Commission principles and will be a vehicle for delivering a number the health and wellbeing principles recommendations within the Commission's 'Findings and Recommendation' report and the companion report 'Ideas for Action'. Recommendations E and F are of particular relevance to the Health and Wellbeing Board and its partnership boards. Inequality is complex and multi-faceted, so the Board at times may work alongside other city partnerships to implement the recommendations and explore ideas for action.

Vale of York CCG Integrated Operational Plan 2014-19 "My Life, My Health, My Way"

This sets out the five-year plan for the way in which health care services are commissioned.

Delivering and monitoring the strategy

The resource to deliver the Health and Wellbeing Strategy

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

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

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

An introduction to the Health and Wellbeing Partnerships

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

1. Collaborative Transformation Board

Chair: [To be confirmed]

2. Mental Health and Learning Disabilities

Chair: Paul Howatson, Vale of York Clinical Commissioning Group

3. Children and Young People – The YorOK Board

Chair: Councillor Janet Looker

There are also working protocols in place with two independent safeguarding boards, the Safeguarding Adults Board (SAB) and the Child Safeguarding Board.

Health inequalities work falls within the remit of the wider equalities work currently carried out by the Fairness and Equalities Board, a sub-partnership of the WoW Board, the York local strategic partnership.

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

For example, the Collaborative Transformation Board will deliver the priority 'Making York a great place for older people to live', but it will also seek to further the integration of health and social care between the Vale of York Clinical Commissioning Group, the City of York Council and partners. Similarly, the Mental Health and Learning Disabilities partnership will deliver the priority 'Improving mental health and intervening early', and it will deliver a number of priorities and actions relating to the learning disabilities agenda.

In addition, there are two related safeguarding boards, the Child Safeguarding Board and the Safeguarding Adults Board, which are independent but have agreed joint working protocols with the Health and Wellbeing Board.

Safeguarding Adults Board

The Health and Wellbeing Board has agreed to formalise its working relationship with the independent Safeguarding Adults Board, which will become a statutory body under the provisions of the Care Act 2014, and at its meeting on 2 April 2014 received the annual report for 2013-14.

The Safeguarding Adults Board's membership includes representation from both York Teaching Hospital NHS Foundation Trust and Leeds and York Partnership NHS Foundation Trust, in addition to members from the Vale of York Clinical Commissioning Group (CCG), NHS England's Area Team for North Yorkshire and The Humber and also the Partnership Commissioning Unit operating across both the City of York and North Yorkshire County Council. Other partners include members of the private and voluntary sectors.

The Safeguarding Adults Board has published its Strategy and Action Plan for 2014-17, which is available from the website: www.safeguardingadultsyork.org.uk. Among the priorities for this period are the following:

- Ensure key strategic plans evidence that adult safeguarding is a priority and is being addressed
- Ensure that Adult Safeguarding Board members, and non-Executives, as well as Board Members and Councillors of partner organisations understand their role in safeguarding and have attended basic awareness training.
- Reduce risk of harm through effective and intelligent commissioning
- Share learning from practice, Lessons Learned and Serious Case Reviews
- Enhance and improve user 'voice' in all the Board does.

Safeguarding Children Board

The City of York Safeguarding Children Board (CYSCB) is a statutory partnership with responsibility for agreeing how relevant local organisations will co-operate to safeguard and

promote the welfare of children. The CYSCB's role is to monitor and evaluate the effectiveness of local arrangements to safeguard children.

The CYSCB has five main priorities for 2014-15:

- Early help: Ensuring children receive the right help at the right time is essential if problems are to be prevented from escalating
- Child sexual abuse: The CYSCB has established a task group to develop a strategy which will look at sexual abuse within families, peers and child sexual exploitation to improve the prevention, identification and response to child sexual abuse
- Neglect: The CYSCB is to establish a task group to improve the prevention of, identification of, and response to, child neglect
- Domestic abuse: A strategy group has been set up to improve the interagency response to domestic abuse, with particular concern for those children living with abuse which has been assessed as medium and high risk
- Children who go missing: Children who go missing from home, care and education are vulnerable to abuse and exploitation, and CYCSB has established a task group to look at prevention and response to children who go missing.

The role of the Health and Wellbeing Partnerships

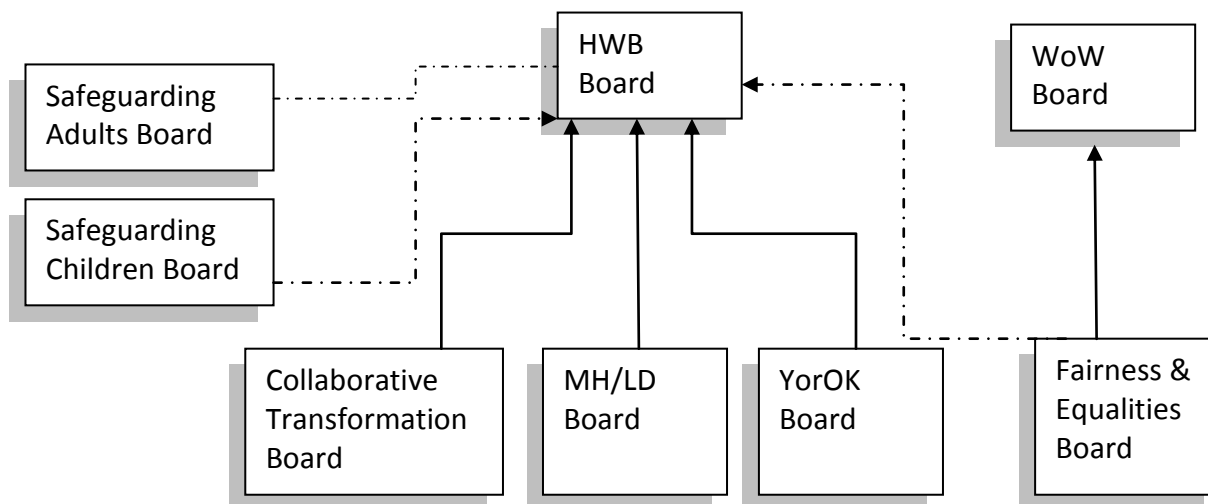
Each partnership board will be responsible for delivering a priority area.

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

The Health and Wellbeing Board will oversee the fifth priority, 'creating a financially sustainable local health and wellbeing system' as this requires whole system change to achieve it, but will delegate work to the Collaborative Transformation Board to support the delivery of this, for example, with regard to the objectives of the government's Better Care Fund.

The diagram below illustrates the relationship between the Health and Wellbeing Board, the Without Walls partnership and the strategic partnership boards, as well as the two safeguarding boards, for adults and children.

The HWB and associated boards



Monitoring the delivery and impact of the strategy

The impact of the Health and Wellbeing Strategy will be monitored by the Health and Wellbeing Board on a regular basis.

To enable the Health and Wellbeing Board to have an overview of the delivery and impact of this strategy, a number of methods will be used.

1. Joint scorecard

The scorecard is being developed with the three health and wellbeing partnership boards. Key performance measures will be identified for the strategic priorities the partnership boards will deliver, but the priority measures for the Board will include the undertakings to deliver against the Better Care Fund requirements. The performance measures have been taken from the national outcomes frameworks: Public Health, Adult Social Care, NHS and Clinical Commissioning Group outcomes frameworks. The measures are established measures; they are defined within national outcomes frameworks and have sets of supporting technical data behind them. It aims to give the Health and Wellbeing Board an overview of how, as a city, we are performing against the indicators which have the biggest impact on health and outcomes.

The partnership boards will provide data on the relevant performance measures on a regular basis. However, as well as reporting on the performance measures within the scorecard, the partnership boards will highlight any changes or issues from their wider performance framework to the Health and Wellbeing Board that show a significant change in health and wellbeing outcomes requiring a review of strategic priorities.

2. Thematic Health and Wellbeing Board meetings

As well as developing a joint scorecard to allow the Health and Wellbeing Board to monitor the delivery and performance of this strategy, we want to capture the real difference some of these changes make to the residents of York. We want to get a real picture of how people's health and wellbeing is being affected, what is working at what isn't. To gain this insight we will work closely with HealthWatch, the voluntary sector and the engagement officers within the organisations who sit on the Health and Wellbeing Board. We would like to invite the four partnerships boards to share any qualitative feedback with the Health and Wellbeing Board via an annual report at a thematic board meeting. This report will be expected to include the wider picture of their remit of work, rather than a narrow view of their delivery plan, case studies summarising experiences of using or accessing health and wellbeing services and how people have been engaged and involved in the evaluation.

3. Performance frameworks for each partnership board

We recognise that as the remit of the partnership boards' work is wider than the Health and Wellbeing Strategy, and so too will their performance frameworks. As the partnership boards develop, they will build up a delivery plan and their own performance framework to capture the impact they are making on a range of factors.

In summary, it is expected that the health and wellbeing partnership boards will:

- Produce a delivery plan to show how they will be working towards shared priorities
- Produce a performance framework, monitoring the totality of their work.
- Provide an annual report to the Health and Wellbeing Board, providing a thematic and detailed report on their progress and performance over that year. This will provide the Board with a broader view of particular themes and issues.

Reference list of relevant strategies and plans

1. Joint Strategic Needs Assessment 2012
2. Vale of York Clinical Commissioning Group Integrated Operational Plan
3. Children and Young People's Plan 2012-15 – Dream Again (or its successor)
4. York Adult Care Workforce Strategy
5. Fairness Commission final report
6. City Action Plan
7. Children and Young People's Mental Health (CAMHS) strategy
8. North Yorkshire and York Review
9. Housing Strategy
10. Older People's Housing Strategy
11. Financial Inclusion Strategy
12. Annual Report of the Safeguarding Children Board
13. Annual Report of the Safeguarding Adults Board

Performance Framework

1. Joint Scorecard

Key statistical data monitored regularly by the HWB

- Suite of performance indicators
- Data collated from: children's services, adult social care, VOYCCG, York Hospital, LYPFT etc.

2. Exception Reporting

Statistical data which is escalated to the HWB requiring review/ action

- Data from partners (CYC, CCG etc.)
- Presented to the Board at regular intervals

3. Health and Wellbeing Partnership Boards

- Collaborative Transformation Board
- Mental Health and Learning Disabilities
- YorOk (Children and young people)

York Health and Wellbeing Strategy 2013-2016

- Updates from the partnership boards to:
- update the HWB on delivering the strategy
- share topics of work
- escalate issues to the HWB

4. Themed discussions

An external speaker will challenge the HWB to take action on key issues

- Linked to scorecard and partnership boards' performance to pick up areas for improvement
- A different theme will be discussed at each meeting

5. Peer Review

An evaluation by neighbouring HWBs to improve and enhance performance and share learning

- A set of challenging questions on key areas:
- delivery of the strategy
 - public and patient engagement
 - addressing the social determinants of health

Internal Challenge

External Challenge