



## **Notice of a public meeting of Health and Wellbeing Board**

**To:** Councillors Runciman (Chair), Cannon, Craghill and Rawlings  
Keith Ramsay (Vice Chair) Lay Chair NHS Vale of York Clinical Commissioning Group (CCG)  
Sharon Stoltz Director of Public Health, City of York Council  
Martin Farran Corporate Director-Health, Housing and Adult Social Care, City of York Council  
Jon Stonehouse Corporate Director Children, Education and Communities  
Lisa Winward Deputy Chief Constable- North Yorkshire Police  
Sarah Armstrong Chief Executive, York CVS  
Siân Balsom Manager, Healthwatch York  
Julie Warren Locality Manager (North), NHS England  
Colin Martin Chief Executive, Tees, Esk and Wear Valleys NHS Foundation Trust  
Patrick Crowley Chief Executive, York Hospital NHS Foundation Trust  
Phil Mettam Accountable Officer, NHS Vale of York Clinical Commissioning Group (CCG)  
Mike Padgham Chair, Independent Care Group

**Date:** Wednesday 12 July 2017

**Time:** 4.30 pm

**Venue:** The Thornton Room - Ground Floor, West Offices (G039)

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

### **1. Declarations of Interest** (Pages 3 - 4)

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

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

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

### **2. Minutes** (Pages 5 - 14)

To approve and sign the minutes of the last meeting of the Health and Wellbeing Board held on 17 May 2017.

### **3. Public Participation**

It is at this point in the meeting that members of the public who have registered their wish to speak can do so. The deadline for registering is by **Tuesday 4 July 2017 at 5.00 pm**

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

#### **Filming, Recording or Webcasting Meetings**

Please note this meeting will be filmed and webcast and that includes any registered public speakers, who have given their permission. This broadcast can be viewed at <http://www.york.gov.uk/webcasts>.

Residents are welcome to photograph, film or record Councillors and Officers at all meetings open to the press and public. This includes the use of social media reporting, i.e. tweeting. Anyone wishing to film, record or take photos at any public meeting should contact the Democracy Officer (whose contact details are at the foot of this agenda) in advance of the meeting.

The Council's protocol on Webcasting, Filming & Recording of Meetings ensures that these practices are carried out in a manner both respectful to the conduct of the meeting and all those present. It can be viewed at:  
[http://www.york.gov.uk/download/downloads/id/11406/protocol\\_for\\_webcasting\\_filming\\_and\\_recording\\_of\\_council\\_meetings\\_2016\\_0809.pdf](http://www.york.gov.uk/download/downloads/id/11406/protocol_for_webcasting_filming_and_recording_of_council_meetings_2016_0809.pdf)

## **GOVERNANCE**

4. **Appointments to the Health and Wellbeing Board**  
(Pages 15 - 18)  
This report asks the Board to confirm new appointments to its membership.

## **THEMED MEETING: STARTING & GROWING WELL: THEME LEAD - CORPORATE DIRECTOR OF CHILDREN, EDUCATION & COMMUNITIES**

5. **Progress on the Starting & Growing Well Theme of the Joint Health and Wellbeing Strategy** (Pages 19 - 30)  
This report asks the Health and Wellbeing Board (HWBB) to note the update on progress made against delivery of the starting and growing well theme of the Joint Health and Wellbeing Strategy 2017-2022.
6. **Performance Management: Starting & Growing Well Theme of the Joint Health and Wellbeing Strategy** (Pages 31 - 38)  
The performance summary outlines the current position against a set of indicators in respect of the Starting and Growing Well theme within the Joint Health and Wellbeing Strategy 2017-2022.
7. **Student Health Needs Assessment** (Pages 39 - 64)  
This report asks the Health & Wellbeing Board (HWBB) to approve the publication and dissemination of the Student Health Needs Assessment (SHNA). Annex B is available online.

## **OTHER BUSINESS**

**8. Update from the JSNA/JHWBS Steering Group**

(Pages 65 - 92)

This report provides the Board with an update on the work that has been undertaken by the Joint Strategic Needs Assessment/Joint Health and Wellbeing Strategy Steering Group since it last reported to the Board in March 2017.

**9. Better Care Fund Update**

(Pages 93 - 98)

This report updates the Health and Wellbeing Board (HWBB) on progress in relation to the development of the BCF submission for 2017/19.

**10. Mental Health and Learning Disabilities Partnership Board**

(Pages 99 - 104)

This report sets out the proposed way forward for the Mental Health and Learning Disabilities Partnership Board in light of recent governance changes to the Health and Wellbeing Board (HWBB), the launch of the joint health and wellbeing strategy 2017-2022, the development of a new mental health strategy for York and the proposal to develop a learning disabilities strategy for York.

**11. All Age Autism Strategy**

(Pages 105 - 120)

This report asks the Health and Wellbeing Board to formally ratify the All Age Autism Strategy 2017-2021.

**12. Healthwatch York Annual Report; Stakeholder Evaluation; Awareness Survey**

(Pages 121 - 200)

This report presents the Healthwatch York Annual Report (Annex A) for consideration and discussion by the Health and Wellbeing Board, alongside two documents that contributed to the preparation of the Annual Report – the Healthwatch York Independent Evaluation (Annex B) and Healthwatch York Awareness Survey 2017 (Annex C).

## **FOR INFORMATION ONLY - NOT FOR DISCUSSION**

### **13. Director of Public Health's Annual Report**

(Pages 201 - 216)

The Board is asked to note the main issues that will be highlighted in the Annual Report of the Director of Public Health 2016/17.

### **14. York Skills Plan (Online Only)**

Health and Wellbeing Board members are encouraged to comment on the draft York Skills Plan during its consultation stage if they haven't already done so.

The documentation for this item is available online.

### **15. Work Programme**

(Pages 217 - 226)

To note the Board's Forward Plan.

### **16. Urgent Business**

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

### **Democracy Officer:**

Name – Angela Bielby

Telephone No. – 01904 551078

E-mail – a.bielby@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 and
- For receiving reports in other formats

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 (Polish)  
własnym języku.

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

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

 (01904) 551550

***Extract from the***  
**Terms of Reference of the Health and Wellbeing Board**

**Remit**

**York Health and Wellbeing Board will:**

- Provide joint leadership across the city to create a more effective and efficient health and wellbeing system through integrated working and joint commissioning;
- Take responsibility for the quality of all commissioning arrangements;
- Work effectively with and through partnership bodies, with clear lines of accountability and communication;
- Share expertise and intelligence and use this synergy to provide creative solutions to complex issues;
- Agree the strategic health and wellbeing priorities for the city, as a Board and with NHS Vale of York Clinical Commissioning Group, respecting the fact that this Group covers a wider geographic area;
- Collaborate as appropriate with the Health and Wellbeing Boards for North Yorkshire and the East Riding;
- Make a positive difference, improving the outcomes for all our communities and those who use our services.

**York Health and Wellbeing Board will not:**

- Manage work programmes or oversee specific pieces of work – acknowledging that operational management needs to be given the freedom to manage.
- Be focused on the delivery of specific health and wellbeing services – the Board will concentrate on the “big picture”.
- Scrutinise the detailed performance of services or working groups – respecting the distinct role of the Health, Housing and Adult Social Care Policy and Scrutiny Committee.
- Take responsibility for the outputs and outcomes of specific services – these are best monitored at the level of the specific organisations responsible for them.
- Be the main vehicle for patient voice – this will be the responsibility of Health Watch. The Board will however regularly listen to and respect the views of residents, both individuals and communities.

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## Health & Wellbeing Board Declarations of Interest

### **Patrick Crowley, Chief Executive of York Hospital**

None to declare

### **Mike Padgham, Chair Council of Independent Care Group**

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

### **Keren Wilson, Chief Executive Independent Care Group**

- Independent Care Group receives funding from City of York Council

### **Siân Balsom, Manager Healthwatch York**

- Chair of Scarborough and Ryedale Carer's Resource
- Shareholder in the Golden Ball Community Co-operative Pub

### **Councillor Douglas**

- Governor of Tees, Esk and Wear Valleys NHS Foundation Trust

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City of York Council

Committee Minutes

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Meeting	Health and Wellbeing Board
Date	17 May 2017
Present	<p>Councillors Runciman (Chair), Cannon, Craghill, Rawlings</p> <p>Keith Ramsay (Vice Chair, Lay Chair NHS Vale of York Clinical Commissioning Group (CCG) [not present for minute 71]</p> <p>Sharon Stoltz (Director of Public Health, City of York Council)</p> <p>Martin Farran (Corporate Director-Health, Housing and Adult Social Care, City of York Council)</p> <p>Phil Mettam (Accountable Officer, NHS Vale of York Clinical Commissioning Group (CCG) [not present for minutes 67, part of 68, 70 and 71]</p> <p>Lisa Winward (Deputy Chief Constable, North Yorkshire Police)</p> <p>Sarah Armstrong (Chief Executive, York CVS)</p> <p>Mike Padgham (Chair, Independent Care Group)</p> <p>Siân Balsom (Manager, Healthwatch York)</p> <p>Eoin Rush (Assistant Director, Assistant Director Children's Specialist Services, City of York Council) - substitute for Jon Stonehouse</p> <p>Mike Proctor (Deputy Chief Executive York Teaching Hospital NHS Foundation Trust) - substitute for Patrick Crowley</p>

Ruth Hill (Director of Operations for York and Selby, Tees, Esk and Wear Valleys NHS Foundation Trust) - substitute for Colin Martin

Shaun Jones (Head of Assurance and Delivery, NHS England) - substitute for Julie Warren

Apologies  
Jon Stonehouse, Julie Warren, Colin Martin, Patrick Crowley

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### **63. Declarations of Interest**

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

There were no further declarations.

### **64. Minutes**

Resolved: That the minutes of the meeting of the Health and Wellbeing Board held on 8 March 2017 be approved as a correct record and signed by the Chair.

### **65. Public Participation**

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

Councillor Chris Cullwick spoke in respect of agenda item 7 - NHS Vale of York Clinical Commissioning (CCG) Group's Medium Term Financial Strategy. He stated that at the CCG's last Governing Body meeting a risk was noted and he quoted from the associated meeting papers: 'on 7<sup>th</sup> April the CCG was informed by both NHS England and NHS Investment that the York, Scarborough and Ryedale health economy was being formally placed into the capped expenditure process'. Firstly,

he asked whether the CCG could provide a copy of the letter received from NHS England and NHS Investment informing them of the capped expenditure. Secondly he asked what being subject to capped expenditure actually meant and thirdly what the total funding available was for the financial year and how it differed from current expenditure levels.

Councillor Cullwick continued by saying that the CCG's Governing Body papers stated that following the original submission, which has not been accepted by NHS England: 'financial plans will be revised in line with capped expenditure requirements.' He asked a further three questions: Can the CCG confirm what the precise impact of the revision will be? Can the CCG outline which services currently provided will no longer be, or are in danger of not being available under the revised financial plan? Can you tell us how the public will be informed and consulted about any new proposals there may be to cut services?

He also asked for assurance that the commitments in the NHS constitution would be met in full.

Responses to Councillor Cullwick's questions were made under Item 7 (NHS Vale of York Clinical Commissioning Group: Medium Term Financial Strategy).

## **66. Appointment to Health and Wellbeing Board**

Board members received a report which asked them to confirm a new appointment to its membership.

Resolved: That Phil Cain, Assistant Chief Constable for Local Policing, be appointed as the second substitute for the Deputy Chief Constable, North Yorkshire Police.

Reason: In order to make this appointment to the Health and Wellbeing Board.

## **67. Initial Draft Mental Health Strategy for York 2017-2022**

Members received a report that presented them with an initial draft of a mental health strategy for York; they were asked to

consider this draft, recommend amendments and agree to further public and stakeholder consultation.

The draft mental health strategy was based on the joint health and wellbeing strategy and the themes and priorities for mental health contained within that document. Learning disabilities was not included in the draft mental health strategy as there was likely to be a separate strategy developed around this.

Board members welcomed the draft strategy and made the following comments:

- the role of children isn't strong enough yet and needs to link with other strategies
- it needs to be clear how action plans will be developed and prioritised
- welcome the references to the promotion of good mental health and wellbeing and intervening early
- good to see the emphasis on young mothers and children
- clarity on whether service users had been involved at this first stage of producing the strategy – it was confirmed that due to timing this hadn't happened but it certainly needed to happen
- emphasis should be on need rather than targets
- children should be referenced in the strategy as a whole rather than in a separate section
- more should be made of the fact that beds are required to back up the community provision
- would like to see more on community capacity, adding, for example, some of the things that can add to the support people with mental health problems need, such as advocacy
- right that this is an all age strategy

The Corporate Director for Health, Housing and Adult Social Care explained some of the background to the development of the draft mental health strategy. Both he and the Accountable Officer at the CCG had recently met with the Mental Health and Learning Disabilities Partnership Board who welcomed the work that had happened on this to date. A formal consultation on this will take place early in the summer post election and the Mental Health and Learning Disabilities Partnership Board has been asked to lead on this; they have also been asked to lead on the

development of action plans. The importance of co-production and less reliance on the statutory sector leading pieces of work like this was discussed and it was agreed that the Mental Health and Learning Disabilities Partnership Board would review its terms of reference and look to split mental health and learning disability creating two groups with a stronger focus on delivery.

Resolved: That the initial draft mental health strategy be noted and the comments made by the Health and Wellbeing Board be incorporated into it.

Reason: To provide the Health and Wellbeing Board with input to and oversight of the development of a mental health strategy for York.

## **68. Status report on the Better Care Fund Programme**

Board members received a report on the current position in relation to the Better Care Fund Programme (BCF) programme 2016/17 and progress towards developing plans for 2017/19.

The Accountable Officer, NHS Vale of York CCG stated that national guidance for 2017/19 had not yet been received. The, as yet, unresolved financial context for the local NHS was also a factor in reaching a resolution to some of the issues in relation to the BCF.

The CCG' Strategic Programme Consultant gave the board assurance that despite not having yet received the guidance conversations were ongoing with partners about the 2017/19 BCF.

A number of performance issues were highlighted including non-elective admissions; the ambulatory care activity element of this was positive and was below the national average. The delayed transfer of care element has settled down and admissions to residential care and other elements of people living at home are positive. Injuries due to falls are on track and consideration will be given to an increased focus on this during 2017/19, including consideration of whether to expand a pilot scheme in Clifton to other areas.

Governance arrangements for the BCF had recently changed and these were highlighted in the report. The Health and Wellbeing Board were asked to approve the Accountable Officer

at the CCG and the Council's Corporate Director of Health, Housing and Adult Social Care act as a direct link between the HWBB and the BCF Task Group.

As the guidance for 2017/19 had not yet been received it is unknown as to when BCF plans need to be submitted. This may mean that submission of plans may not coincide with when the HWBB meets. If possible it was agreed the plan would come back to HWBB before submission, however the HWBB were also therefore asked to approve delegated authority to the Chair and Vice-Chair in conjunction with senior officers at the CCG and City of York Council to sign plans if necessary.

The Corporate Director Health, Housing and Corporate Services confirmed that performance was positive and that partnership working had been exemplary. In relation to Delayed Transfers of Care York had gone from relatively poor performance to being recognised as one of the best in the country and delivering better outcomes for people.

The trajectory has been to reduce the number of people needing long term care and this has been successful and has been a partnership effort.

A question was asked around what work the Council were doing to engage housing associations and it was confirmed that the Council's housing team had taken the lead on a falls service. Additionally the recent symposium around the Trieste Model was cited as were York's gold standard for dealing with homelessness and ongoing conversations with TEWV around mental health and housing.

In response to a question about performance it was clarified that the performance dashboard reports on both local and national metrics. The draft guidance for 2017/19 indicates that there will be no requirement to report on local metrics in the future. However the BCF Task Group agreed they should continue to monitor on a local level, with one of the focuses being falls.

Resolved:

1. That the revised reporting arrangements set out in paragraph 14 of the report be agreed



2. That delegated authority be given to the Chair and Vice Chair of the Health and Wellbeing Board to sign off the final BCF plans if required
3. That the reporting frequency for 2017/19 be quarterly and in line with national reporting requirements

Reason: To ensure that Health and Wellbeing Board have oversight of the BCF programme

**69. NHS Vale of York Clinical Commissioning Group: Medium Term Financial Strategy**

Board members received a report on the CCG's Medium Term Financial Strategy (MTFS) which sought to outline a plan for how the CCG could reach a balanced and sustainable financial position as well as deliver operational and constitutional targets.

The Chief Financial Officer from the CCG presented the MTFS which covered the period through to 2021. She stated that the strategy sought to articulate the financial plan over the medium term including how to take cost out of the system; address the underlying causes of the CCG's deficit and identify a path to sustainability.

An evidence based exercise was undertaken that looked at the health needs of the population and a range of benchmarking information including from the Humber, Coast and Vale Sustainability Plan, the NHS England RightCare Programme and local benchmarking.

This resulted in the identification of 6 key opportunities for financial savings that wouldn't be to the detriment of quality of service or patient safety; these were detailed in section 4 of the MTFS.

The Chair invited the Accountable Officer, NHS Vale of York Clinical Commissioning Group to respond to the questions that had been asked during the public participation section of the meeting. For context around funding and cost of services for 2016/17 he confirmed that the allocation for the 350,000 population of the Vale of York was just less than £450 million allocation. In 2016/17 the cost of care and treatment for this population exceeded this allocation by £28 million. Broadly two thirds of this increase was attributable to the cost of acute care;

approximately 20% was attributable to an increase in the cost of Continuing Health Care and the remainder to the cost of mental health services which were either out of the contract held with the provider and/or out of the area.

NHS financial planning cycles are annual and the work NHS Val of York CCG did in preparing for 2017/18 projected an increase in the cost of care and treatment that would exceed the allocation by £44 million; the reasons for this are largely the same as those in 2016/17. GP referrals and attendances at Accident and Emergency are fairly stable however what has been seen is an increase in the complexity and acuity of the patients that present to the hospital. It is therefore far more difficult for the hospital to care for and treat those patients in a way that enables us to stay within our financial allocation.

The commissioner's role is to deploy resources based on need; however there are contracts and financial rules in place that mean we are unable to deploy those resources in a way that meets need. They are now deployed on the basis of contractual structure and activity volumes and this is what is leading to the differential between the allocation and the cost.

The CCG prepared its plans for 2017/18 and 2018/19 and the regulators (NHS England) have not accepted the plans because of the increase in cost. The regulators also found that it had similar concerns with the plans that had been developed by Scarborough and Ryedale CCG. Additionally the regulator of the providers (NHS Improvement) has started to work with NHS England to see whether or not they shared a concern about any potential increases in cost in the provider area. The regulators worked together and were concerned about the potential increased risk of cost that they have asked the three organisations to work together to one financial envelope. The Vale of York CCG, Scarborough and Ryedale CCG and York Hospital were now working together to align their financial plans for 2017/18. The regulators have asked the three organisations to submit one plan rather than three plans that contains cost and gives consideration to cost reduction.

It was suggested that the request from Councillor Cullwick for the letter should be made to the regulators as the originators of that.

Councillor Craghill mentioned that there had been a previous commitment from the CCG to engage with the public. She flagged the 6 key areas for cost reduction (section 4 of the MTFS) as well as the CCG's financial position and asked what the plans were to engage with the public and what the terms of the engagement would be. It was confirmed that there would be a number of events in the summer covering all of the Vale of York population and the CCG wanted to hear about what works well in the different localities and how they could do more of this. The CCG would also talk about the financial context and wanted people to tell them what was most important to them and their families. The information received would help the CCG think about how they moved forward. It was confirmed that stakeholders would be invited to these events.

The Chair highlighted the need for strong partnership working between all organisations to address the financial situation and acknowledged that the CCG could not do this alone.

Resolved: That the contents of the report and Medium Term Financial Strategy be noted.

Reason: To ensure the Health and Wellbeing Board are aware of the CCG's financial situation and consider the risk / impact this creates on the health and social care provision.

## **70. Healthwatch York Reports**

The Health and Wellbeing Board received a report from Healthwatch York in relation to appointment changes at Unity Health. The report looked at the experiences of people using a changed appointment system at Unity Health.

Resolved: That the report be received

Reason: To keep members of the Health and Wellbeing Board up to date regarding the work of Healthwatch York

## **71. Urgent Business: NHS Cyber Attack**

In light of the recent cyber attack affecting NHS computer systems, the Chair agreed to an item of urgent business under Section 100B (4)(b) of the Local Government Act 1972, in

relation to the above to enable the Deputy Chief Executive from York Teaching Hospitals NHS Foundation Trust to give an update on the recent cyber attack and how this had affected the hospital.

It was confirmed that the hospital did not use Windows XP but Windows 7 and this was fully supported. The hospital had demonstrated vulnerability in its IT systems and lessons had been learned and staff had worked round the clock to maintain services to patients.

Councillor C Runciman, Chair

[The meeting started at 4.30 pm and finished at 6.30 pm].



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**Health and Wellbeing Board****12 July 2017**

Report of the Assistant Director, Legal and Governance

**Appointments to York's Health and Wellbeing Board****Summary**

1. This report asks the Board to confirm new appointments to its membership.

**Background**

2. The Council makes appointments at its Annual Meeting, to Committees for the coming year. However, the Health and Wellbeing Board is able to appoint to or update its membership separate of Full Council. Therefore the following changes are put forward for the Board's endorsement:
3. To appoint Dr Shaun O'Connell, Medical Director at NHS Vale of York Clinical Commissioning Group as the clinical representative for the CCG. This appointment has been brought to the Board to allow for its confirmation.
4. To appoint Dr Andrew Phillips, Medical Director at NHS Vale of York Clinical Commissioning Group as the first substitute for Dr Shaun O'Connell. This appointment has been brought to the Board to allow for its confirmation.

**Consultation**

5. The clinical representative for the CCG is new to the Health and Wellbeing Board. It was included within the Health and Wellbeing Board's revised Terms of Reference which were agreed by the Board at their March 2017 meeting. No further consultation has been necessary in respect of this appointment.

**Options**

6. There is no alternative nomination for the appointment.

## **Council Plan 2015-19**

7. Maintaining an appropriate decision making structure, together with appropriate nominees to that, contributes to the Council delivering its core priorities set out in the current Council Plan, effectively. In particular, appointments to the Health and Wellbeing Board ensure that partnership working is central to the Council working to improve the overall wellbeing of the city.

### **Implications**

8. There are no known implications in relation to the following in terms of dealing with the specific matters before Board Members:
  - Financial
  - Human Resources (HR)
  - Equalities
  - Crime and Disorder
  - Property
  - Other

### **Legal Implications**

9. The Council is statutorily obliged to make appointments to Committees, Advisory Committees, Sub-Committees and certain other prescribed bodies. The Board's terms of reference also make provision for substitutes.

### **Risk Management**

10. In compliance with the Council's risk management strategy, the only risk associated with the recommendation in this report is that an appropriate replacement would fail to be made should the Board not agree to this appointment.

### **Recommendations**

11. The Health and Wellbeing Board are asked to endorse the appointment as set out in Paragraph 3.

Reason: In order to make these appointments to the Health and Wellbeing Board.

**Author:**

Angela Bielby  
Democracy Officer  
Telephone: 01904 552599

**Chief Officer Responsible for the report:**

Andy Docherty  
Assistant Director, Legal and Governance

**Report  
Approved**



**Date** 29.06.2017

**Specialist Implications Officers**

Not applicable

**Wards Affected:**

All



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

**Background Papers**

None

**Annexes**

None

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**Health and Wellbeing Board**

12 July 2017

Report of the (Corporate Director of Children's Services, Education and Communities (Starting & Growing Well Health and Wellbeing Board Theme Lead)

**Progress on the Starting & Growing Well Theme of the Joint Health and Wellbeing Strategy 2017-2022****Summary**

1. This report asks the Health and Wellbeing Board (HWBB) to note the update on progress made against delivery of the starting and growing well theme of the joint health and wellbeing strategy 2017-2022.

**Background**

2. At their meeting in March 2017 Health and Wellbeing Board (HWBB) launched the new Joint Health and Wellbeing Strategy 2017-2022. The strategy is based around a life course approach with starting and growing well as one of the key priorities.

**Context**

3. There are approximately 200,000 residents in York of which just over 36,500 are aged between 0-17 (inclusive); just over 10,500 of these are aged 0-4. There are 200 children in care and 133 children on protection plans.
4. 21.7% of York's population is aged 0-19 and there are over 22,000 full time students in the city.
5. The areas where York has worse health outcomes than the England average are:
  - More women smoking at the time of delivery
  - More hospital admissions for self harm (10-24 years)

- More hospital admissions for dental caries (1-4 years)
  - Lower breastfeeding rates at 6-8 weeks
  - Hospital admissions for mental health conditions
6. Alongside this when asking residents of all ages what the most important health and wellbeing issues were for them they said that they valued the services provided in children's centres and by school nurses; there could be more support for young mothers including parenting skills and healthy eating. Additionally there were comments around play spaces, pollution, teaching life skills in schools and the impact of domestic abuse.
7. The priorities in both the joint health and wellbeing strategy 2017-2022 and the children and young people's plan 2016-2020 aim to reflect this.

### **Main/Key Issues to be Considered**

8. The table at **Annex A** sets out the priorities within the starting and growing well theme of the joint health and wellbeing strategy 2017-2022 and gives examples of some of the ongoing work and the progress made to date in delivering against this theme.
9. The children and young people's plan 2016-2020 has a vision that children and young people are at the heart of our city and everything we do. It has four priorities namely; early help; emotional and mental health; narrowing gaps in outcomes and priority groups. The YorOK Board leads on delivering against these and reports back to the Health and Wellbeing Board on progress.
10. The priorities for children and young people in both the joint health and wellbeing strategy and the children and young people's plan are very similar. Taking this into account it is suggested that a range of partnership mechanisms across the city (including but not restricted to the YorOK Board and the safeguarding children board) be used to deliver against the starting and growing well theme of the joint health and wellbeing strategy (2017-22). There are already multi-agency plans in existence that cover many of the key areas within the starting and growing well strategy theme; it would seem pertinent to use these rather than producing one single action plan.
11. Additionally, at the time the new joint health and wellbeing strategy was launched it was agreed that the Corporate Director for

Children's Services, Education and Communities would be the lead Health and Wellbeing Board member for the starting and growing well theme. The lead board member is responsible for assuring the board that the priorities within the starting and growing well theme of the strategy are being delivered.

### **Consultation**

12. Extensive engagement and consultation took place with residents and stakeholders when the joint health and wellbeing strategy 2017-2022 was being developed.

### **Options**

13. There are no specific options for the Health and Wellbeing Board; they are asked to note and comment on this report.

### **Analysis**

14. Not applicable

### **Strategic/Operational Plans**

15. This report has direct links to the starting and growing well element of the joint health and wellbeing strategy 2017-2022 and the children and young people's plan 2016-2020.

### **Implications**

16. There are no implications associated with the recommendations in this report.

### **Risk Management**

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

### **Recommendations**

18. The Health and Wellbeing Board are asked to note and comment on the report.

Reason: to keep the Health and Wellbeing Board informed as to progress on delivery against the starting and growing well theme of the joint health and wellbeing strategy 2017-2022

## Contact Details

### Author:

Tracy Wallis  
Health and Wellbeing  
Partnerships Coordinator  
City of York Council  
Tel: 01904 551714

### Chief Officer Responsible for the report:

Jon Stonehouse  
Corporate Director Children's Services,  
Education and Communities

Report  
Approved

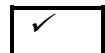


Date 28.06.2017

**Specialist Implications Officer(s)** None

**Wards Affected:**

All



**For further information please contact the author of the report**  
**Background Papers:**

[Joint Health and Wellbeing Strategy 2017-2022](#)  
[Children and Young People's Plan 2016-2020](#)

## Annexes

**Annex A** – Table of Ongoing Work: Starting and Growing Well Theme  
of the Joint Health and Wellbeing Strategy 2017-2022

## Glossary

**HWBB** – Health and Wellbeing Board

Table of Ongoing Work: Starting and Growing Well Theme of the Joint Health and Wellbeing Strategy 2017-2022

Priority	Progress/Action Planning already underway
<b>Top Priority</b>	
Support for the first 1001 days, especially for vulnerable communities	<ul style="list-style-type: none"> <li>• Review and refresh of the Healthy Child Service, including integration into the Local Area Teams so that we have a comprehensive early help and prevention offer across the city of York, focussing on providing levels of intervention based on need.</li> <li>• Mandated review points within the Healthy Child Service from the ante-natal period, through to 2.5 years of age means that the Healthy Child Service are able to provide support and signposting in the crucial period of the first 1001 days, leading to better outcomes across the life-course.</li> </ul>
<b>Other Priorities</b>	
Reduce inequalities in outcomes for particular groups of children	<ul style="list-style-type: none"> <li>• The profile of educational performance across the City remains inconsistent with some schools successfully narrowing the gap and it widening in other schools. Analysis of the data shows that this pattern shifts year on year at school level, indicating that the results achieved at individual school level tend to be cohort dependent. During 2016-17 a headteacher led project has been commissioned to improve the use of in-year data to build an accurate achievement profile for disadvantaged children. The project has focused on using a process of focused peer review to identify the most significant barriers to learning for each child and will help in the design of targeted interventions to address:               <ol style="list-style-type: none"> <li>1. Poor attendance</li> </ol> </li> </ul>

Table of Ongoing Work: Starting and Growing Well Theme of the Joint Health and Wellbeing Strategy 2017-2022

Priority	Progress/Action Planning already underway
	<p>2. Low attainment in English (particularly writing) and mathematics</p> <p>Following evaluation, the findings of the project will be shared with all schools in September 2017 and a toolkit of resources will be developed to support sustainable improvement.</p> <ul style="list-style-type: none"> <li>• The Joint Strategic Needs Assessment/Joint Health and Wellbeing Strategy Steering Group are currently considering information compiled by Public Health England in relation to children’s dental health with a view to assessing whether a topic specific needs assessment needs to be carried out in relation to children’s oral health</li> </ul>
<p>Ensure children and young people are free from all forms of neglect and abuse</p>	<ul style="list-style-type: none"> <li>• A new citywide multi-agency neglect strategy was developed through the Safeguarding Children Board (December 2016). Development of a multi-agency delivery plan and outcomes framework in relation to the Neglect Strategy is ongoing</li> <li>• Delivery of multi-agency training by Safeguarding Children Board including: neglect; domestic abuse; working together to safeguard children; child sexual abuse &amp; exploitation; safeguarding children with disabilities</li> <li>• Safeguarding Children Board has heard directly from children and young people in the care of the local authority about what the experience is like for them</li> </ul>

Table of Ongoing Work: Starting and Growing Well Theme of the Joint Health and Wellbeing Strategy 2017-2022

Priority	Progress/Action Planning already underway
	<ul style="list-style-type: none"> <li>• Reviewed child deaths across York and North Yorkshire via the Child Death Overview Panel (CDOP) to ascertain if there are multi-agency lessons to be learnt or potential modifiable factors</li> <li>• Safeguarding Children Board organised Safeguarding Week 2016 jointly with Safeguarding Adults Board and Safer York Partnership (plus counterparts in North Yorkshire) to raise public awareness of Domestic Abuse – resulting in increased enquiries to Children’s Social care and to Independent Domestic Abuse Services.</li> <li>• A report from a 12 month Domestic Abuse Task and Finish Group looking at the impact of Domestic Abuse on children and young people will be presented to the Safeguarding Children Board in June, and then to the Safer York Partnership, with actions recommended on the sustaining of funding for services for children and young people and suggestions of where services could be provided or enhanced</li> <li>• Strengthened response from CYC Safeguarding team through the appointment of a Lead Nurse for Safeguarding sitting within the Children’s Front Door service. Multi-agency working has led to sharing of information on children, young people and their families (where appropriate) and contributing to better informed responses.</li> <li>• Safeguarding is an integral part of the Healthy Child Service and all staff have enhanced training to respond to this. Working with social care colleagues, the Lead Nurse for Safeguarding has rolled out the NSPCC ‘Graded Care Profile’ training, which helps professionals work</li> </ul>

Table of Ongoing Work: Starting and Growing Well Theme of the Joint Health and Wellbeing Strategy 2017-2022

Priority	Progress/Action Planning already underway
	with families to identify areas within their lives where more support may be required and enables professionals to provide an appropriate response.
Improve services for students	<ul style="list-style-type: none"> <li>• A student health needs assessment has recently been completed and will be presented to the Health and Wellbeing Board in July 2017.</li> <li>• Health and Wellbeing Board will be asked to support the formation of a multi-agency partnership to lead the ongoing work around improving health and wellbeing for York students</li> </ul>
Improve services for vulnerable mothers	<ul style="list-style-type: none"> <li>• The introduction of Local Area Teams supports the improvement of outcomes for vulnerable mothers in a number of ways. Although we can demonstrate a number of individual examples of how this has improved outcomes it will take time for this to be fully reflected within performance data:</li> <li>• The creation of multi-agency teams based within localities improves our ability to identify vulnerable mothers and understand their needs.</li> <li>• Local Area Outcome Plans reflect on the needs identified in localities by reviewing data and by drawing upon the “on the ground” intelligence held by communities. This allows Local Area Teams to work collaboratively with any relevant partner to address identified needs, including those of vulnerable mothers.</li> <li>• By bringing together the local authority (including healthy child service), police and the voluntary and community sector we have created a forum to share information and take an outcomes focussed approach to</li> </ul>



Table of Ongoing Work: Starting and Growing Well Theme of the Joint Health and Wellbeing Strategy 2017-2022

Priority	Progress/Action Planning already underway
	<p>problem solving.</p> <ul style="list-style-type: none"> <li>• The development of the children’s centre offer represents a blended approach of encouraging communities and community partners to make use of children’s centre assets to meet local need. Underpinning this are clear group and individual interventions in response to needs identified within families.</li> <li>• A new approach to parenting support in development is currently underway. This will be rolled out later in the year. In the meantime families can still access existing evidence based parenting programmes that are commissioned by Local Area Teams.</li> <li>• Key to the approach of Local Area Teams is work to build capacity within communities themselves and in partners. Examples of this following the launch of Local Area Teams are: <ul style="list-style-type: none"> <li>• The creation of volunteer parent mentors that are recruited and trained by Local Area Teams. Parent mentors come alongside parents to provide them with meaningful support often as part of a broader plan of support.</li> <li>• The commissioning of voluntary and community sector partners to engage and support families that may otherwise face isolation and lack readily accessible services.</li> <li>• Link work with schools has proved to be exceptionally productive. Schools play a key and valued role in supporting families at an early help level. The link work model means that Local Area Teams come</li> </ul> </li> </ul>

Table of Ongoing Work: Starting and Growing Well Theme of the Joint Health and Wellbeing Strategy 2017-2022

Priority	Progress/Action Planning already underway
	<p>alongside schools in this work. This can take the form of providing assurance, coaching and advice on how to support families. It can also take the form of drawing in other partners that may have already positive established relationships with families to help improve engagement. Although it is too early to judge the outcomes impact of this work the feedback provided by schools and practitioners has been very positive.</p> <ul style="list-style-type: none"> <li>• Work is being done regionally to establish robust clinical pathways for women identified as having mental health problems during pregnancy or within the first year of the baby being born. This is being done in a collaborative way, working with partners across the region and from relevant organisations. This group is keen to bid for central funding (from the NHS) to enhance the perinatal mental health secondary care services across the region, which would include training for professionals such as health visitors, midwives etc, to be better able to support women with these problems.</li> </ul>
Ensure that York becomes a breastfeeding friendly city	<ul style="list-style-type: none"> <li>• Work is ongoing with North Yorkshire County Council and other partners to create an Infant Feeding Strategy to promote and support breastfeeding and other aspects of infant nutrition across the City of York and North Yorkshire.</li> <li>• Breastfeeding support and wider feeding support is a corner stone of the work carried out by the Healthy Child Service, ensuring that families</li> </ul>

Table of Ongoing Work: Starting and Growing Well Theme of the Joint Health and Wellbeing Strategy 2017-2022

Priority	Progress/Action Planning already underway
	are supported to feed their infants and give them the best start in life.
Make sustained progress towards a smoke free generation	<ul style="list-style-type: none"> <li>An audit is currently being undertaken to better understand ‘smoking in pregnancy’. The smoking cessation service in York is now provided by CYC’s Wellbeing Team and work is ongoing to understand how to better engage with pregnant women who smoke and to support them to quit smoking. This work is also being picked up through the North Yorkshire and York Maternity Network, where partners are involved to ensure that every contact with a pregnant woman who smokes is an opportunity to support them to quit.</li> </ul>

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**Health and Wellbeing Board**

12 July 2017

Report of the Corporate Director of Children, Education and Communities

**Starting and Growing Well Performance Report****Summary**

1. The attached performance summary outlines the current position against a set of indicators in respect of the Starting and Growing Well theme within the Joint Health and Wellbeing Strategy 2017-2022.

**Background**

2. The performance report is designed to provide a simple view of indicators related to the Starting and Growing Well theme. These indicators relate to the key ambitions and objectives. The narrative provides an update on the context of the indicator and the key activities to deliver change in these areas.
3. As a summary of activity, it does not seek to present every indicator or price of data, but rather provide an accessible starting point to facilitate discussion.

**Main/Key Issues to be Considered**

4. The key updates are included within Annex A.

**Consultation**

5. Consultation has not been undertaken on this paper.

**Options**

6. This paper does not ask the Health and Wellbeing Board for a decision, so no options are included.

**Analysis**

7. The analysis of performance and the supporting activity is included in Annex A.

### **Strategic/Operational Plans**

8. This report forms part of the performance management arrangements for the Joint Health and Wellbeing Strategy. Reports in respect of the other key themes will come to future meetings.

### **Implications**

- **Financial** – There are no specific impacts in relation to this report.
- **Human Resources (HR)** - There are no specific impacts in relation to this report.
- **Equalities** - There are no specific impacts in relation to this report.
- **Legal** - There are no specific impacts in relation to this report.
- **Crime and Disorder** - There are no specific impacts in relation to this report.
- **Information Technology (IT)** - There are no specific impacts in relation to this report.
- **Property** - There are no specific impacts in relation to this report.

### **Risk Management**

9. There are no risks identified beyond the performance narrative within the Annex.

### **Recommendations**

The Health and Wellbeing Board are asked to:

- i. Note the content of the performance report

Reason: to ensure understanding of the progress made against the Health and Wellbeing Strategy.

- ii. Request any further information on specific areas of work

Reason: to ensure board members have the required level of detail.

### Contact Details

<b>Author:</b>	<b>Chief Officer Responsible for the report:</b>
Will Boardman Strategy and Policy Group Manager City of York Council Tel No: 01604 553412	Jon Stonehouse Corporate Director of Children, Education and Communities City of York Council Tel No: 01604 554200

**Report Approved**  **Date** 27/06/17

**Wards Affected:** *List wards affected or tick box to indicate all [most reports presented to the Health and Wellbeing Board will affect all wards in the city – however there may be times that only a specific area is affected and this should be made clear]* **All**

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

### Annexes

Annex A – Starting and Growing Well Performance Report – June 2017

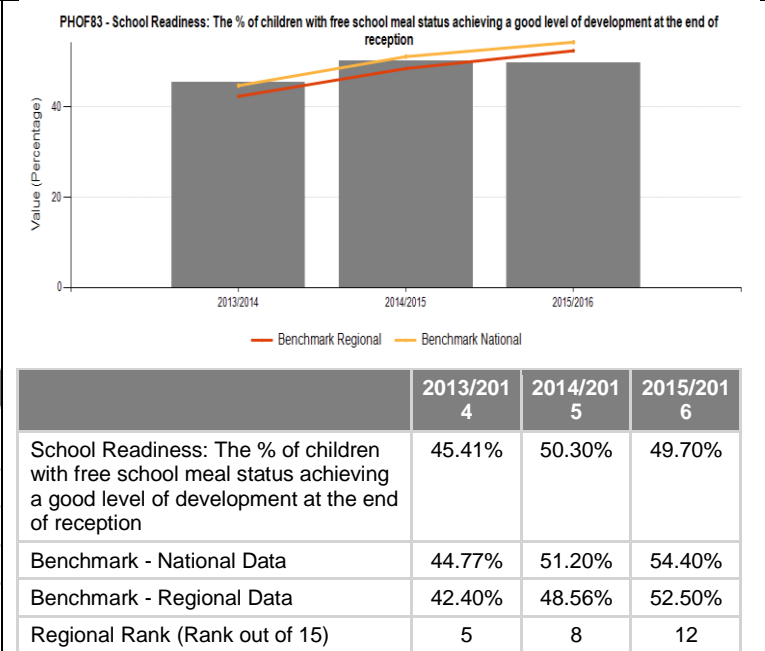
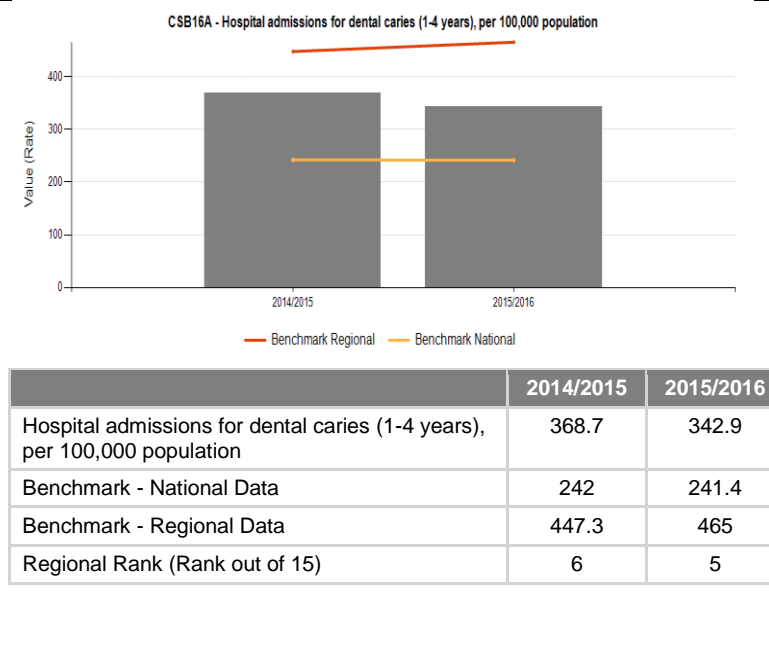
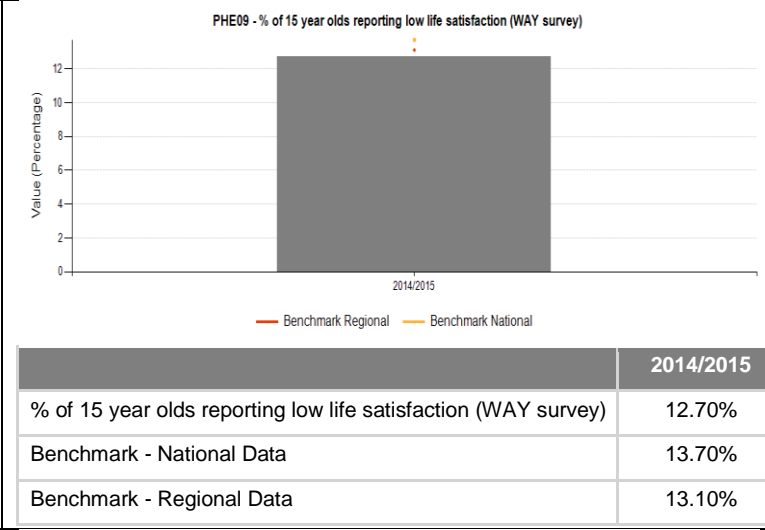
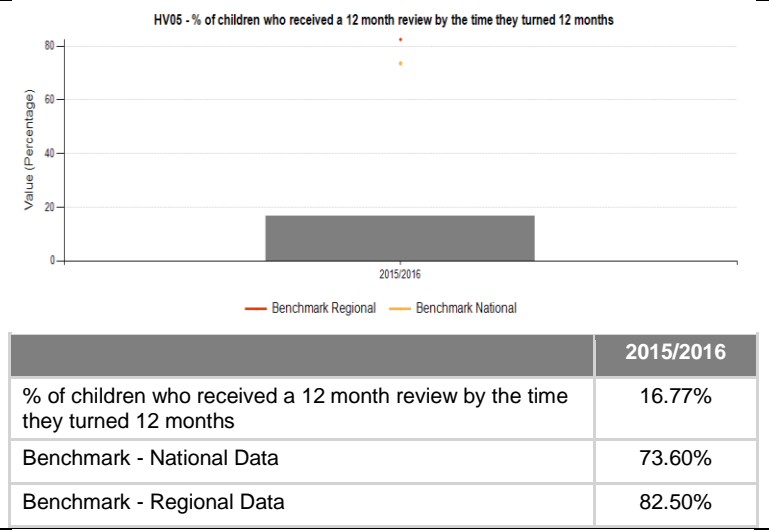
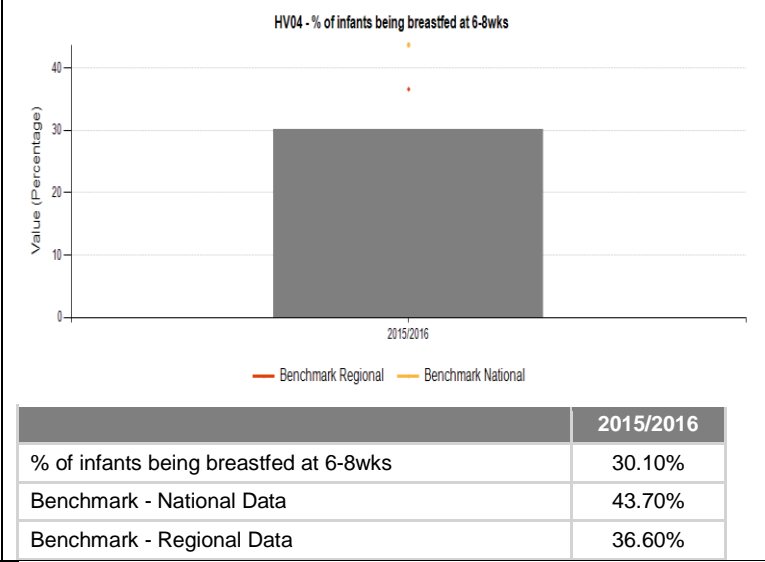
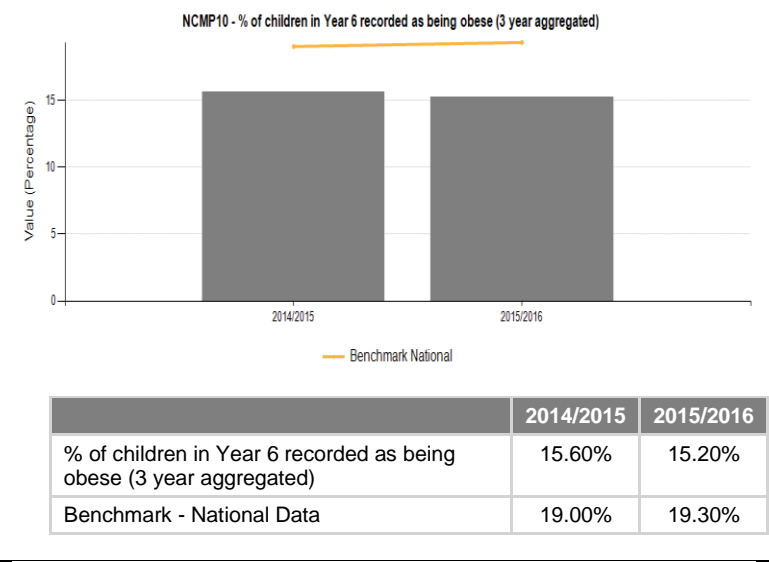
### Glossary

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We are monitoring progress on:

- The increase in the percentage of mothers in York who are breastfeeding;
- Improvements in the timeliness of visits and reviews in the first year of life to at least the national average;
- Reducing the variation in obesity levels between different wards in York;
- Improved school readiness for the most vulnerable groups, e.g. Those on free school meals;
- Reducing hospital admissions for tooth decay in children (working with the Safeguarding Board);
- More young people in York telling us they feel safe, happy and able to cope with things.



**Performance narrative and update on actions**

- **The increase in the percentage of mothers in York who are breastfeeding;**

This continues to be a priority for the Healthy Child Service (HCS). Improving the timeliness of the ‘New Birth Visit’ and the ‘6-8 week review’ for new parents will address any feeding issues and provide early support with these.

The appointment of the new Healthy Child Service Managers will be crucial in taking this work forward further. Public Health at CYC are working collaboratively with North Yorkshire County Council and other key stakeholders to create an Infant Feeding Strategy, which will look at how we can increase rates of breastfeeding across the city.

The HCS will launch on 1<sup>st</sup> August. There will be a renewed emphasis on the importance of breastfeeding through a collaborative approach to partnership working. We commenced parent education classes in January 2017, working with YHT to provide a targeted service; infant feeding is the focus of one of these sessions. We will continue to work to increase duration of breastfeeding by increasing the delivery of the 10-14 day birth visit. This visit can be undertaken earlier than 10 days, and in some cases this may add benefit and enable increase in breast feeding duration. There will be a renewed focus on the mandated contact at 6-8 weeks to ensure we begin to reach the 95% coverage expected. Monitoring and accountability will be a focus for the Team Managers to ensure teams and individual practitioners are working towards these goals.

- **Improvements in the timeliness of visits and reviews in the first year of life to at least the national average;**

The appointment of the new Healthy Child Service Managers will be crucial in taking this work forward through understanding what barriers exist in the service currently to the Health Visiting teams achieving timely visits. The recently released 2016/17 data for ‘% of children who received a 12 month review by the time they turned 12 months’ has shown an increase in timeliness of visits. Quarter 1 saw 24% of children by 12 months (69% by 15 months); Quarter 2 saw 22% by 12 months (75% by 15 months); and Quarter 3 saw 25% by 12 months (75% by 15 months). Work continues to visit more families by the 12 month mark.

Improvements in the timeliness of visits and reviews in the first year of life to at least the national average; A structured approach including sharing of data with teams and performance monitoring will be built upon through the work of the Team Managers. This will be monitored quarterly with the aim to moving to a monthly reporting framework, holding teams and individuals to account for performance.

- **Reducing the variation in obesity levels between different wards in York;**

Within Public Health there are a couple of workstreams currently being started to help address obesity in the most deprived wards.

One is the Daily Mile, which involves getting school children to walk/run a mile each day, with the aim of increasing childrens’ physical, emotional and social health and wellbeing. An audit of schools is currently being undertaken to see who/if any are already running the initiative. We would be looking to have a coordinated push on this going forward.

Also a pilot scheme is being finalised in Westfield around Healthy Lunchboxes. The school highlighted a need for more information around healthy eating for parents. Once implemented, we will look to track the impact of the guidance document before using this working model in other educational establishments.

- **Reducing hospital admissions for tooth decay in children (working with the Safeguarding Board);**

More work is required around this indicator. The data requires further unpicking. There has been a lot of information come out from Public Health England about how Local Authorities can improve the oral health of their populations and we need to benchmark ourselves against this to see where we can improve our oral health outcomes for children.

The vision is to establish a multi-agency oral health improvement group to take this work forward, as it requires many partners to have an impact on outcomes.

- **More young people in York telling us they feel safe, happy and able to cope with things.**

- The WAY survey uses [The Warwick-Edinburgh Mental Well-being Scale](#) (WEMWBS) to measure Emotional mental health and wellbeing. This is not a measurement tool we have used in the past in York to measure globally the SEMH of children
- In York we have recently completed a survey of all year 8 and 11 pupils using SDQ (Strengths and difficulties questionnaire) and a EQ5DY question (Health and Wellbeing measurement tool) the survey also includes 3 comparators schools outside of York
- This survey has been lead by Prof Barry Wright and John Tomsett with a view to evaluating the impact of the school wellbeing service and also giving us some baseline data across York of children’s SEMH. The plan is to repeat this survey each year.
- EQ5DY question should enable to us to compare results against previous EQ5DY surveys done in York and indentify any trends

Activity and outcome data spanning the first 1 ½ terms of delivery is attached below. This covers the 5 month period between 31 October 2016 to 7 April 2017.

- The service is working in all primary and secondary schools across the city (except one)
  - The service has had 604 consultations discussions with school staff about children and young people with emerging and developing mental health issues and concerns
  - The consultations discussions have resulted in 316 children and young people receiving direct 121 or group work evidence based interventions from the service
  - 50% of the direct work is being delivered in partnership with school staff
  - The presenting mental needs that are being brought to consultation discussions (in order of prevalence) are; anxiety, anger, self esteem, low mood, self regulation and behaviour in school
  - 82% of children and young people that received direct work shared that they had had a very positive experience
  - 59% of direct work has resulted in an improvement in children and young people's mental health according to the agreed measurement tool (SDQ)
- 
- Improved school readiness for the most vulnerable groups, e.g. Those on free school meals; Stephanie / Barbara

Outcomes for 2016 were 0.6% below 2015. The FSM numbers over the last three years have fluctuated with the numbers of actual children accessing FSM reducing over 3 years: 185 in 2015, 171 in 2016, 155 in 2017 (2017 cohort size 1,970). All visits undertaken by School Partnership Officers and Early Years Support Advisers to schools and settings continue to have a focus on the assessment, tracking and performance of vulnerable groups. Improved partnership working in the future, not only between schools and settings to support vulnerable children in their learning and development is key.

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**Health and Wellbeing Board**  
Report of the Assistant Director of Public Health

12<sup>th</sup> July 2017

**Report on York Student Health Needs Assessment**

**Summary**

1. This report asks the Health & Wellbeing Board (HWBB) to approve the publication and dissemination of the Student Health Needs Assessment (SHNA). The SHNA is presented in two forms: a short summary report at **Annex A**, intended as the main public-facing document and the longer full report at **Annex B** (online only) intended as a reference document.
2. This report also asks HWBB to support the main recommendation from the SHNA; namely the formation of a multi-agency partnership to continue to develop the student health agenda based on the SHNA findings.

**Background**

3. The SHNA was carried out between September 2016 and June 2017 by City of York Council's (CYC) public health team as part of the York Joint Strategic Needs Assessment (JSNA), on behalf of the HWBB. The SHNA forms part of the approved JSNA work programme.
4. The SHNA was commissioned following recognition that students form a significant proportion (around 15%) of the York population and have a specific set of health needs, with a particular recent focus on mental health concerns of York students.
5. The SHNA focuses on students studying at Higher York institutions (University of York, York St John University, York College and Askham Bryan College). It provides a summary of the health needs of these students as evidenced by local data, student consultation and stakeholder feedback. The SHNA also provides an overview of

existing services, current and forthcoming projects and recommendations for improving student health and wellbeing.

### **Main/Key Issues to be Considered**

6. The SHNA highlighted several areas of unmet need regarding student health. These have particularly focused on mental health support, although other issues such as high prevalence of domestic abuse among students, poor access to dental services and limited knowledge regarding smoking cessation have also been identified.
7. The main areas for improvement have been set out as 'challenges to the city', as these are concerns that spread beyond any individual agency. The five key challenges are: mental health, communication, access to services, providing an integrated approach to wellbeing, and local leadership & partnership working.
8. The SHNA has demonstrated that although there are many examples of good practice around student health in the city with continual improvements occurring (some in response to the SHNA work), there is a need for a co-ordinated effort to help support and propagate this work, as well as address the challenges highlighted by the SHNA.
9. This report recommends the formation of a multi-agency partnership to drive the student health agenda in York, with Higher York already agreeing to take the leadership role. Rather than setting up a wholly new body it is suggested that the existing York Student Mental Health Network (YSMHN) be re-purposed to address student health and wellbeing more broadly. This group already contains most of the key student health agencies in York.

### **Consultation**

10. The SHNA involved considerable consultation with the Higher York student population, plus relevant stakeholders in and around the city.
11. Student engagement was carried out through an online survey (1827 responses), focus groups and community café events at each institution between November 2016 and January 2017.
12. Stakeholders contacted included health service providers (e.g. Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV), NHS Vale of York Clinical Commissioning Group (CCG), York Teaching

Hospital NHS Foundation Trust), emergency services (police, fire & rescue, Yorkshire Ambulance Service), staff from City of York Council (CYC) and the Higher York institutions and voluntary sector representatives (e.g. Samaritans, Street Angels, Mind York Head York and Survive). Stakeholder engagement involved an online survey, one-to-one discussions and regular contact with the York Student Mental Health Network (YSMHN). Staff focus groups were also carried out with members of support staff at the two universities.

13. The steering group for the SHNA also involved relevant stakeholders, including representatives from all four institutions, Vale of York CCG, the student unions and CYC public health and business intelligence teams.

### **Options**

14. There are no specific options for the HWBB but they are asked to support the publication and dissemination of the SHNA report and the formation of a multi-agency partnership responsible for leading improvements to student health.
15. Health and Wellbeing are also asked if they wish to receive an annual update from the multi-agency partnership and if so whether they wish this to form part of the agenda for the next starting and growing well themed meeting in 2018.

### **Analysis**

16. The SHNA report is presented as a short (summary) and long (full) version. By publishing in this manner the SHNA should be a) accessible to a wide audience, including students themselves (summary report) whilst b) retaining the ability to act as an evidence-based guide to support future work around student health (full report).

### **Strategic/Operational Plans**

17. As discussed above, the SHNA forms part of the York Joint Strategic Needs Assessment, the production of which is a statutory responsibility for the HWBB.

**Implications**

- 18. There are no risks identified for any of the following categories: financial, human resources, equalities, legal, crime/disorder, information technology, property or other.

**Risk Management**

- 19. There are no risks identified regarding the recommendations below.

**Recommendations**

- 20. The Health and Wellbeing Board are asked to consider:
  - i. Approving the SHNA report for publication and dissemination
  - ii. Supporting the formation of a multi-agency partnership to lead the ongoing work around improving health and wellbeing for York students
  - iii. Agree to receive an annual report from the multi-agency partnership at the next starting and growing well themed meeting

Reason: To keep Health and Wellbeing Board up to date in relation to the work around student health needs

**Contact Details**

**Author:**

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Public Health Specialty  
Registrar  
City of York Council  
01904 551016

**Chief Officer Responsible for the report:**

Fiona Phillips on behalf of Sharon Stoltz, Director of Public Health  
City of York Council

**Report Approved**



**Date** 23/06/2017

**Wards Affected:**

**All**

**For further information please contact the author of the report  
Background Papers:**



None

**Annexes**

Annex A – York Student Health Needs Assessment Summary Report

Annex B – York Student Health Needs Assessment Report (Full)

(Available Online Only)

**Glossary**

CCG – Clinical Commissioning Group

CYC – City of York Council

HWBB – Health & Wellbeing Board

JSNA – Joint Strategic Needs Assessment

SHNA – Student Health Needs Assessment

TEWV – Tees, Esk and Wear Valley Mental Health Trust

YSMHN – York Student Mental Health Network

A glossary for the full SHNA report can also be found in Annex B.

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# York Student Health Needs Assessment Summary Report

June 2017



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## Overview

The health needs of students are changing. In York there has been a particular focus on student mental health over the last 18 months. This report identifies the health needs of York students, which will help guide commissioners and service providers to ensure that the appropriate services are provided to meet student need.

The report has involved students and staff from Higher York institutions, plus wider stakeholders from across the City. The main areas of need identified are around improving mental health and wellbeing and access to services. Although gaps in provision and concerns about existing services have been identified, there are also some clear examples of local good practice across the institutions. Findings from this assessment, alongside other student feedback, are already being used to improve student health and wellbeing provision.

This report recommends that a multi-agency partnership is established to drive the student health agenda in York. This partnership should focus on addressing the five key challenges outlined in the report: mental health, communication, access to services, integrated approach to wellbeing and local leadership & partnership working.

This is a summary of the information covered in the full York Student Health Needs Assessment (HNA) report, which is available on the York Joint Strategic Needs Assessment (JSNA) website: [www.healthyyork.org](http://www.healthyyork.org)

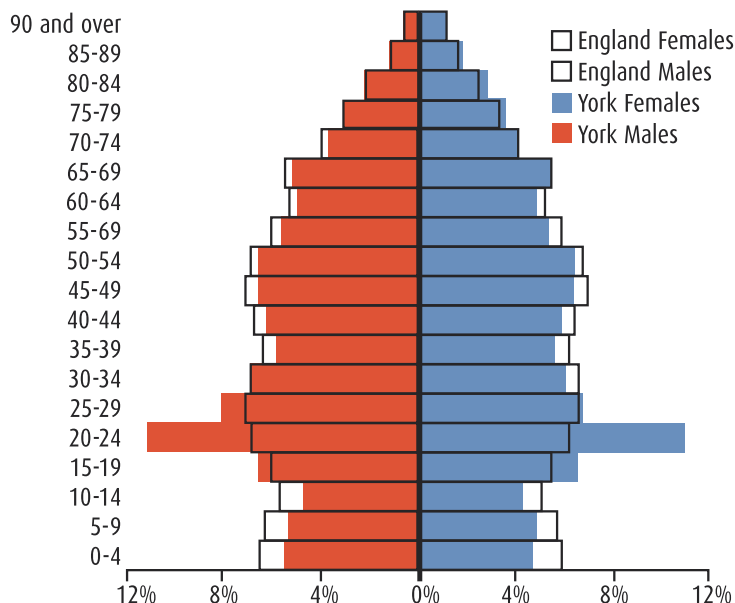
This report was produced by Dr Victoria Turner (Public Health Specialty Registrar, City of York Council) on behalf of York Health & Wellbeing Board. For more information please contact Nick Sinclair (JSNA lead) at: [nick.sinclair@york.gov.uk](mailto:nick.sinclair@york.gov.uk)

# What is the York student demographic?

Students make up a fluctuating but significant part of the York population. Students are known to have a specific health profile, with particular concerns locally and nationally around mental health. During the last decade the national student population has become younger and more cosmopolitan, with a higher proportion of full-time students.

Office of National Statistics (ONS) data shows that 15% of the York population is aged 18-24 (30,856 out of 206,856 people). This is higher than the England average of 9%.

York population pyramid v England (ONS mid 2015)

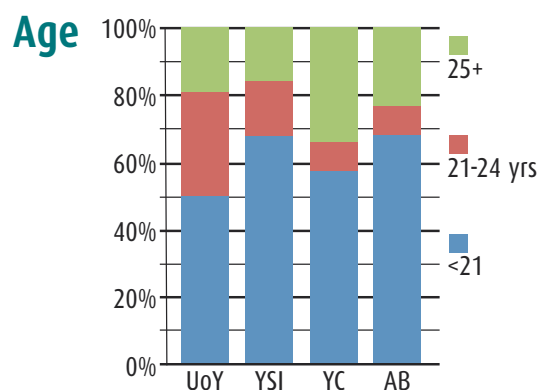
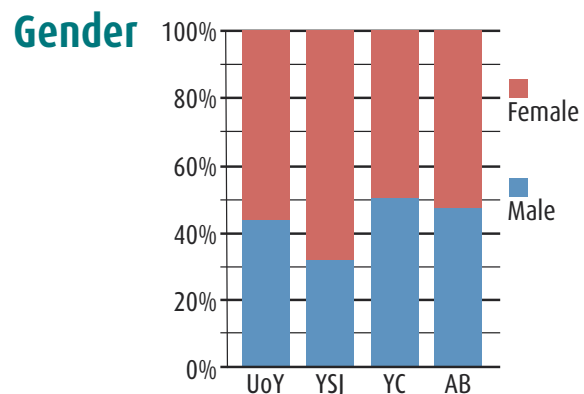


There were around 31,000 students attending the 4 Higher York institutions in 2016/17.

- University of York (UoY) = 16,665
- York St John University (YSJ) = 5585
- York College (YC) = 6508
- Askham Bryan (AB) = 5291

(N.B. Askham Bryan student numbers include those across all campuses. Around 2,000 of these students are based at the York campus.)

Some students live in York full time, some live in York during term-time only, and some commute on a daily basis. Many students living in York live in the more deprived City wards.



## Level of academic study

**University of York:** 12,300 undergraduates, 4,150 postgraduates, 205 pre-sessional students

**York College:** 6,147 students levels 1-4, 361 levels 5-7

**York St John:** 4,935 undergraduates, 650 postgraduates

**Askham Bryan:** data unavailable

## International students

**University of York** = 3,635 (945 EU, 2690 non-EU)

**York St John** = 456

**York College** = 147

**Askham Bryan** = 17 (full-time)

# How was the Student HNA conducted?

The HNA was carried out in 3 main phases: pre-consultation, consultation, and post-consultation. In addition, background data collection ran alongside the three phases.

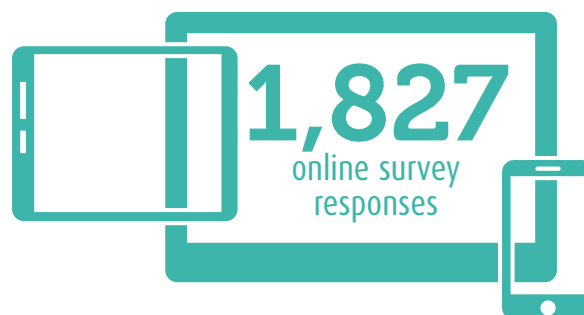
## Pre-consultation

A steering group was formed, involving public health staff and representatives from each institution, which met monthly throughout the HNA process. Initial stakeholder engagement was carried out to identify key local issues to explore during consultation, and an initial review of existing research and similar projects was undertaken to ensure key topics were included in survey and focus group questions.

## Consultation

Discussions were held with individual stakeholders, including local health service providers, commissioners and voluntary sector organisations. This involved staff focus groups, an online stakeholder survey, and one-to-one discussions.

Consultation with students was carried out in three main ways: an online survey (1,827 responses), small focus groups and broader café sessions (including cafés specifically with international students) at each institution. These methods provided both qualitative and quantitative data.



## Post-consultation

Data analysis was carried out by the public health team. Further discussions were held with individual services, wider institutional groups, council officers, and the York Student Mental Health Network, to discuss data and recommendations.

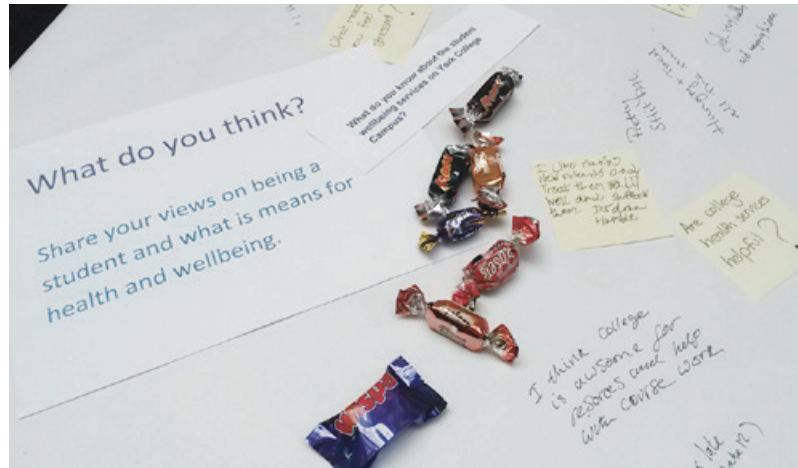
Additional consultations were held following completion of the draft report. The final version was reviewed by the JSNA working group and Health & Wellbeing Board prior to publication.

## Background data collection

A general review of student health research and national guidelines was carried out. Additional literature reviews were carried out on the most significant health topics.

Service mapping was carried out to identify local services. Health data were requested from institutions, local health services and other groups, including Vale of York CCG, Public Health England, Yorkshire Ambulance Service and North Yorkshire Police.

General demographic information was also collected from institutions, with additional information gathered from Experian.



## Limitations

Datasets collected were often not student-specific. Where student data was not available an 18-25 age range was used; however, this excluded some college students (aged 16-17yrs) and included other young people not in further education.

The data collection periods across the different datasets were also not the same, with some based on academic years and others based on calendar years.

There was limited uptake with some focus groups. However, qualitative evidence was sufficiently supplemented by the café events.

There were also difficulties obtaining data from some organisations, either for logistical or data protection reasons.

However, despite these limitations the report is based on the most comprehensive data set available, in order to give the most accurate picture possible.



# What services are available for students?

## York services

Each institution has its own health and wellbeing services for their students. Students also have access to wider health services across the City.

### York District Hospital

- Accident and Emergency
- Walk in centre/minor injuries unit

### Yorkshire Ambulance Service

- 999 – emergency number
- 111 – non-emergency number

### Other services

- Sexual health: YorSexualHealth
- Drugs & alcohol support: York Drug & Alcohol Service
- Smoking cessation: YorWellbeing

### York Student Health website

<http://yorkstudenthealth.org.uk/>

Provides information on health services, student health concerns, information for international students, tips on staying healthy, a how-to guide for UK health services and a list of key contacts/ phone numbers.

### Mental Health

York Healthwatch has produced a booklet summarising the many services available for York residents who need support with mental health and wellbeing. The booklet includes a section specifically for students.



## University/college services

Each institution has a range of services available for health and wellbeing. Further information on services can be found on institutional web pages.

### University of York

- University wellbeing homepage
- YUSU wellbeing page
- York GSA wellbeing page
- Open Door
- GP surgery on campus (Unity Health)
- Sexual health drop-in service
- Nightline

### York St John University

- University wellbeing page
- YJSU wellbeing page
- GP surgery on campus (York Medical Group)
- University counselling and mental health service (Wellbeing team)
- Nightline
- Wellbeing drop-in

### York College

- Health Hub webpage
- College counselling and mental health service
- Weekly drop-in sexual health clinic
- Monthly youth homeless drop-ins
- Monthly IDAS drop-ins

### Askham Bryan College

- Student Support webpage
- College counselling service
- Weekly drop-in sexual health clinic

# What are the key student health issues in York?

National literature shows what the most common health topics are. Discussions with students locally have highlighted what the most important areas are to them.

## Mental health

Mental health was the topic of most concern to both students and stakeholders. Mental health has been broken down into 3 main areas: mental wellbeing, mental ill health, and suicide/self-harm.

### Mental wellbeing

Mental wellbeing was recognised as an important concern by students, which influenced both mental and physical health. The most common concern reported around mental wellbeing was stress. However, loneliness and isolation were also reported by many students, particularly those living off campus or away on placements.

Many factors were found to influence mental wellbeing. These included physical health, diet, physical activity, social relationships (including social media), housing, academic issues, environment, and finance.

Students reported that their main causes of stress were managing time and deadlines, exams and assessments, career prospects and self-image. Other significant causes of concern were financial prospects, physical health, emotional health and diet.

Students were largely able to deal with one or two of these issues by themselves; however, accumulation of multiple stressors often led to more significant mental ill health.

Levels of resilience among students were found to be low, particularly at the University of York where reported levels of pressure on students were very high. Students felt unable to effectively regulate their own mental wellbeing, which led to development of more serious mental health issues.

Students wanted more information on health and wellbeing, particularly at the start of their course. Positive comments were made about available mindfulness sessions, although students often felt there was a lack of signposting to wellbeing events.

Students commonly found that the most useful wellbeing support came from support services such as college staff, tutors, student volunteers, chaplaincy and academic departments rather than counselling or primary care staff. The importance of peer support and having friends and family to talk to was also emphasised.

There were particular groups of people who had specific wellbeing needs/concerns, including international students, students with disabilities and LGBT students.

### **Mental ill health**

The prevalence and severity of mental ill health among university students in the UK is increasing. This is reflected in local data, with GP and counselling services showing a year on year increase in the number of students diagnosed and treated for mental illnesses.

The most commonly-reported conditions among students were anxiety and depression. However, eating disorders were also recognised as a significant concern among students and stakeholders.

24% of responders to the student survey had a diagnosed mental health condition. A further 21% reported they felt they had an undiagnosed mental health condition. Students who felt they had an undiagnosed mental health condition had a similar average wellbeing score (Short Warwick-Edinburgh Mental Well-Being Scale) to those with diagnosed conditions, which was significantly different to those who reported no mental health concerns. In total 31% of respondents (560 students) had sought support in York for mental health problems. Of these, 34% did not find the support they received helpful.

The most commonly reported concern by students was poor access to mental health services. University of York students reported difficulties accessing campus-based mental health and GP services, with students and stakeholders more widely expressing concerns about access to secondary mental health services. Knock-on effects of a lack of secondary mental health services were also noted, contributing to the pressures on GP and counselling services, with some students turning to A+E as a last resort and many students choosing to use services in their home locations (usually many hours away, but sometimes in other countries).

Concerns were also raised about transitions between services, including between child and adult services, between 'home' and York services, and between primary and secondary care.

Continuity of care in and out of term time was a challenge for those requiring ongoing mental health treatments.

Some students reported a lack of signposting to available mental health services. They also underlined how difficult many students found it to take the first step towards seeking help, often due to ongoing stigma.

## Suicide & self-harm

National rates of suicide among students have increased over the last decade. Locally, there was a recent high-profile increase in the number of deaths by suicide among York students. Analysis of the Coroner's case files has shown no 'cluster' link between the individuals, i.e. which may have led to contagion or copy-cat behaviour. However, there were some common lifestyle themes identified (e.g. alcohol use, academic stressors, pre-existing mental health issues, previous bereavement). Over half of the 24 ambulance call outs to the University of York between January and February 2016 were linked to self-harm or suicide attempts. However, across York as a whole rates of admission for self harm were greatest among people aged 18 and under.

Student awareness of issues around suicide and self-harm has increased following recent deaths. There was a desire for more open communication between institutions and students, with recognition that deaths had a ripple effect on the mental health of the wider community, not just close friends.

## Sexual health

Students appear knowledgeable and fairly confident in managing their sexual health. Students demonstrated a good awareness of local sexual health services. Campus drop-in sessions and free resources such as condoms and pregnancy tests are available at all institutions, as well as the sexual health clinic on Monkgate. Findings from focus groups suggest awareness of sexual health has improved in recent years as there is less stigma and better advertising of services.

Chlamydia remains the most common sexually transmitted infection among young people. In 2015 22.3% of 15-24 year olds in York were screened for Chlamydia. Local detection rates for 2015/16 show 7.5% of tests were positive in this age group. The low percentage of positive tests is thought to be a true reflection of low STI rates in York.

However, although physical aspects of sexual health were well-addressed, there were some concerns about the emotional aspects of sexual relationships, particularly around harassment and domestic abuse.

## Harassment and domestic abuse

Universities UK have reported an increasing level of violence against women, harassment and hate crime involving students nationally. Students, staff and other stakeholders have all reported that sexual offences, harassment and related issues are areas of concern for students in York.

Police data shows that students are over-represented in public safety and welfare incidents related to domestic incidents and domestic violence. Similarly, around 20% of people accessing Survive services in York are thought to be students. However, domestic abuse remains under-reported so these figures are not likely to show the true extent of domestic incidents in the student population.

## Disabilities

28% of students reported being disabled or living with a long-term health condition. Of these, 1 in 5 had not informed their university or college about their condition.

Students reported mixed findings around disability services, with some students struggling with bureaucratic systems and limited support. Many students were going to disability services as they were unable to access mental health services. Often students were filling in all the relevant forms to get assistance, but the recommendations from learning support plans were not always used by lecturers in practice.

## Meningitis

There has been a rapid increase in the number of meningitis W cases reported nationally since 2009. University students, particularly “freshers”, are a high-risk group as they come into close contact with large numbers of new people, some of whom may be carrying meningitis bacteria.

The Men ACWY vaccine is recommended to all school leavers and new university students up to 25yrs old as part of a catch-up programme. 95% coverage is needed for full vaccine effectiveness. Uptake of the Men ACWY vaccine in 18-20yr old students surveyed was 70% (78% in university students only). Students registered with a York GP were more likely to have been vaccinated. Lower vaccination rates were reported in international students (45% EU students, 29% non-EU students). In comparison to the 95% target this is low, but in comparison to other areas York appears to be doing well.

By 2020/2021 all UK students should have received Men ACWY at school. However, a continual programme will be needed for international students.

## Dental health

Students report very limited access to NHS dental services in York. This is of most concern regarding emergency dental treatment, with very poor access reported by students and stakeholders.

Dental problems are the most common cause of calls to NHS 111 by 18-25 year olds in York (12.1% of calls in 2015/16, 13.6% in 2014/15). This suggests that there is a need for better signposting to emergency dental care, as well as ensuring students take better care of their oral health to prevent the need for emergency treatment.

# What other factors do students report affect their health?

## Alcohol

Alcohol consumption has always been considered a health concern for students. However, national rates of binge drinking among young adults have fallen by more than a third since 2005, and many more young adults are reporting they do not drink at all. Excess alcohol consumption is linked to further risk-taking behaviour, affecting the physical, mental and sexual health of both individuals and others.

Survey responses suggested that most students were drinking within the 14 unit recommended limit for alcohol each week, although 50% of students scored positive on the AUDIT-C alcohol screening tool, indicating the potential of increasing or higher risk drinking. However, a significant minority of students reported experiencing some harmful effects of alcohol within the last 12 months. Most commonly reported were spending too much money, and feeling embarrassed about something they said or did whilst drunk. 5% of students reported needing to seek medical help for injury or illness as a result of their drinking.

Some stakeholders and parts of the wider community perceived student drinking to be a problem for the city, with issues including antisocial behaviour, the need for emergency medical care and river safety. However, students often reported using alcohol as a coping mechanism for high levels of stress rather than for social purposes.

## Drugs

10% students reported taking non-prescribed drugs, and 1.3% students reported taking performance-enhancing drugs (including smart drugs/learning aids).

Of the students who reported drug use, less than half reported experiencing any harms in the last 12 months. Most frequently reported harms were spending more money than they wanted to and feeling too ill the next day to do things they wanted to.

## Smoking

11% of survey respondents reported smoking, with just under half of these smoking both cigarettes and e-cigarettes. (Smoking rate for adults in England in 2015 = 16.9%). Knowledge of how to access smoking cessation was poor, with only one student aware that City of York Council is the provider of smoking cessation services in York. Whilst some students identified online or phone NHS resources, most were unaware of where to access help or would choose to visit their GP. Only 4 student smokers stated they did not want to quit.

## Sleep

Two thirds of students reported they did not get enough sleep to feel rested most nights of the week. The most commonly reported causes were studying, stress, noisy flatmates and existing mental health conditions. Students with poor mental and physical health were significantly less likely to report feeling well rested. Students who reported they did not get enough sleep also had significantly ( $p = <0.001$ ) lower wellbeing scores than those who did get enough sleep.

In the short term, poor sleep makes it harder for students to concentrate and less able to cope with stressful situations. In the long term, poor sleep can have a negative impact on mood, increasing the risk of anxiety and depression as well as physical disorders such as diabetes and heart disease.

An evidence review found that improving students' knowledge about sleep does not necessarily translate to improved sleep behaviours. It also found that interventions involving reducing caffeine or alcohol may not be suitable for students, whereas interventions focused around gentle forms of exercise appeared to be effective.

### Physical activity

National studies suggest that in the UK 73% of male and 79% of female university students do not meet physical activity guidelines.

Most students focused on lack of exercise, and tended to overlook physical activity in other parts of life (e.g. active transport).

Students were concerned they did not get enough exercise, which was recognised as beneficial to physical and mental wellbeing. Some students found it difficult to fit exercise around their existing timetable, whilst others found accessing gyms and societies difficult either due to cost or lack of information on how to join.

### Diet

More than half of students were worried about their diet. Students reported they were not able to afford healthy food, and that not enough healthy options were available on campus. There were also concerns about limited culinary skills, poor understanding of budgeting, and eating as a temporary solution to stress.

National data suggests more students are relying on food banks, with cost the biggest factor affecting dietary choices. Nearly 90% of students in a national study failed to consume the recommended intake of fruit and vegetables.

### Wider determinants

Other factors besides those directly associated with health were found to affect student health and wellbeing.

#### Academic issues

Pressures around higher/further education were significant causes of stress. University students are most worried about managing time and deadlines, whereas college students are most concerned about exams and assessments. Over 60% of students were worried about career prospects. Perfectionism and fear of failure were also common issues.

College students were very positive about their tutors and their role in welfare. However, at the universities it was not always clear about the boundaries for academic supervisors and the role they played in welfare support, with considerable individual variation in perceived approachability and training.

Students found applying for mitigating circumstances very difficult. Forms were found to be long and complex, with limited support available to navigate the system. In many cases this made existing physical and mental illnesses worse.

### Finance

National evidence shows the prevalence of debt among young people has increased in recent years. Debt has serious effects on health, including greater levels of suicidal ideation and depression, and worse health-related behaviours. Many students worried about financial problems on a regular basis. Particular issues related to course fees, living expenses (housing, food), travel, bursaries and part-time work.

As well as immediate financial concerns students also worried about future finance. Most students will never earn enough to pay off their student debt; however, many students still perceive the need to meet their full student loan repayment and the associated financial stress can be significant.

### Housing

Some issues including damp, temperature, and living in close proximity to others were reported to cause physical health problems. However, most reported issues were more psychological, with stress and more serious mental health problems arising from poor interactions with housemates. Sometimes bullied students were unable to move despite fears for their safety. Several students reported difficulties in leaving leases, leading to paying two sets of rent.

On average, students scored their term time accommodation as 7/10, indicating moderate satisfaction levels.

There were positive reports regarding 'find your housemate' matching services, housing fairs and Residential Support Assistants.

International students wished to be more integrated with non-international students in halls of residence.

### International students

International students face additional challenges as a result of lack of familiarity with services/systems and broader cultural differences, which can lead to them requiring a higher level of support. Students reported difficulties adapting to everyday issues such as the climate and food. Issues are understandable and usually transient, but should not be underestimated for their impact on the student's health and wellbeing.

Many international students were not registered with GPs in the UK. Several did not know whether or not they were entitled to free NHS treatment, and did not know how to access basic services such as primary care, pharmacy and opticians. Dealing with visas was another source of stress. This included the application, which often needed to be completed at very short notice, and the subsequent registration with the police on arrival. Other individuals reported difficulties when visas needed to be changed, for which they had received little support.

There are also concerns reflected in national literature around understanding of particular health issues, particularly mental health and sexual health. Some students arrive with limited knowledge around contraception. Additionally, in many countries mental health issues are heavily stigmatised or not recognised at all, leading to difficulties in students recognising symptoms or agreeing to seek help.



# What is already being done in York?

There are many schemes already in place to support student wellbeing, both at individual institutions and more widely across the City. Some of these are highlighted below:

## University of York

- Extra funding for mental health, including employing 2.5 additional posts at Open Door
- Mental Health First Aid training for front line staff, including college tutors
- Mind Your Head's Mental Illness Awareness Week
- Regular wellbeing workshops
- Revised student wellbeing website
- YUSU consent talks to new students at induction
- Healthy Mind Healthy Body scheme
- College wellbeing workshops
- Free weekly sports sessions for postgraduates
- Find a housemate events and support in sourcing accommodation

## York St John University

- 'Welcome Wobbles' drop-in during the first weeks of term
- Wellbeing Zone – includes 500 healthy recipes, sleep tracker, exercise advice
- SW5 – cheap access to sports sessions
- Aspire Card – financial assistance to support study
- A comprehensive training programme for residential support assistants (RSAs) including mental health
- 'Pay Safe 'n' Stay Safe' agreement with Streamline taxis
- Daily Learning Support drop-ins
- Daily Wellbeing drop-ins
- River safety talks at induction
- Sexual consent sessions for YSJSU students reps
- Mindfulness sessions
- Financial education training with Blackbullion
- Mental health training for front line staff

## York College

- Suicide prevention strategy
- Regular health and wellbeing days
- Infozone/Helpzone
- Intensive Personal Advisors
- ELSA training for college tutors
- Video recording of induction lectures
- Further Education Free Meals
- Traffic light system on food options

## Askham Bryan College

- Pastoral tutors
- Peer mentors
- Barclays Life Skills financial tutorials
- Further Education Free Meals
- 'Live Action' made-from-scratch meal options

## City-wide initiatives

- York Student Mental Health Network
- Suicide safer city partnership
- Suicide postvention service
- TEWV Transition Passports from CAMHS to adult mental health services
- Funding for Mental Health Champions
- New HEFCE-funded projects on preventing harassment:
  - York St John, York College, IDAS and Survive are running Building Healthy Relationships Project, which provides education and training around healthy relationships.
  - University of York are running a separate project to develop and implement research-informed training for student leaders on gender-based harassment and violence.

# What new changes are being made?

## “You said... We did...”

Changes are already being made based on findings from the Student HNA and other student feedback. Here are some examples:

### York St John:

International students said they were unsure how to access NHS healthcare

- York Medical Group to produce a leaflet on healthcare services targeted at international students

Students reported lecturers didn't always use student learning support plans (LSPs)

- LSPs are now under review to make them shorter and easier to put into practice

Campus not as accessible as it could be to visually impaired students

- Issue raised with estates team to put Braille on toilet doors

### York College

Student worried that information they share with counsellors will be shared with wider college staff

- Ensure communications with students are more upfront about confidentiality of services

Students want larger variety of cheaper meal options

- Free Meals System expanded to include student catering options

### University of York

International students struggle to understand UK culture when they first arrive

- GSA producing an induction booklet for international students as a guide to the basics of being a student in the UK

Students concerned about the waiting time to be seen by Open Door

- New online self-referral scheme to be piloted from May 2017

Students reported problems with the Unity Health appointment booking system

- Range of measures implemented – see Healthwatch report for more details

Students felt signposting to services could be improved

- Planned wellbeing communications campaign with targeted messages to run from September 2017

Students need more access to low-level mental health interventions

- University working with Student Minds to develop peer support

### Askham Bryan

More mental health support needed for students

- From September 2017 – group sessions for counselling, peer mentors for all students, FE and HE mental health co-ordinators

### Other

The extent of provision of dental health services for students in York is unclear

- Public Health team at CYC to undertake scoping work around the provision of dental health.

The pathways into and between mental health services for students are unclear

- YSMHN to undertake mapping of the student pathway through mental health services.

# What are the main challenges to improving student health?

## Challenge 1: Mental Health

The prevalence of mental ill health among students in York is high, and is increasing year on year. Students are not always able to differentiate between 'normal' or expected mood fluctuations, and more severe mental ill health. Mental health still attracts stigma, which prevents timely access to services.

There are opportunities to improve protective factors and reduce risk factors relating to mental wellbeing at a population level. There are also opportunities to engage further with providers of low-level mental health support such as Student Minds and Samaritans, as well as encourage more open discussions on mental health to improve student awareness.

## Challenge 2: Communication

Many services students would like to see already exist, but they are unaware of them. Students would like more information at specific times, such as welcome weeks. Regular reinforcement of key messages is needed.

There are opportunities to rapidly improve student concerns by better signposting existing services, as well as being clear about what those services are able to provide.

## Challenge 3: Accessing services

There are issues in some places with waiting times, with demand for services (particularly mental health services) exceeding availability. The SHNA has also highlighted that the pathways into and between services are often unclear.

There are opportunities to make accessing services easier by setting out clearer, more

streamlined pathways. There is an opportunity to use the results of the SHNA to make the case for further funding allocation for low-level mental health interventions for students.

## Challenge 4: Integrated approach to wellbeing

Wellbeing should be fully integrated into academic culture. Student wellbeing should also be seen as part of a broader life course approach to wellbeing. Student wellbeing should be integrated into that of the wider community.

Promoting wellbeing gives institutions the opportunity to increase the employability of their students, and their ability to thrive post-education. There is a potential opportunity for university and college students to play a role in helping prepare school students for higher education. There are opportunities for students to benefit themselves and the wider community through volunteering.

## Challenge 5: Local leadership and partnership working

There is a desire for more partnership working between organisations. There are many examples of good practice relating to student health, but limited opportunities to share. Leadership on student health issues is not always clear across the City. Beyond the city there are many national networks leading projects on student health.

There are opportunities to use the SHNA to support existing networks such as the YSMHN. There are opportunities to share local and national good practice between organisations. There is an opportunity for Higher York to provide leadership on student health issues.

# How can these findings be used in practice?

The SHNA has demonstrated more work needs to be done on student health in York. The following actions are recommended to implement and monitor improvements:

## 1. Establish a multi-agency partnership to drive the student health agenda in York

- This should include Higher York (who have agreed to provide leadership), each academic institution (including student representatives), CYC, TEWV, Vale of York CCG and relevant health and voluntary sector partners.
- There is an opportunity to repurpose the existing YSMHN to tackle student health more broadly.
- Ensure the partnership has clear governance arrangements and links to existing committees.

## 2. Continue to build on the work started through the SHNA

- Disseminate the findings of the SHNA to students, local stakeholders and national organisations.
- Develop a student health charter through which stakeholders can demonstrate commitment to improving student health.
- Hold a conference in 12 months' time to demonstrate progress made.
- Repeat the student survey annually to measure progress.

## 3. Base future areas of work on needs identified as part of the SHNA

- e.g. transition from school to further education/higher education, workforce health

## What other work exists on related topics?

### Strategies

- The Children and Young People's Plan, 2016-2020
- CYC Mental Health Strategy
- CYC Autism Strategy
- York Joint Strategic Needs Assessment
- Joint Health & Wellbeing Strategy

### Services

- YorWellbeing Service

### Groups

- York Student Mental Health Network
- York Student Community Partnership
- Learning City Partnership Board
- Strategic Partnership Emotional and Mental Health (transitions subgroup)

### Projects

- Mental Health Youth Champions
- Time to Change hub (with York CVS)
- HEFCE-funded projects to tackle sexual harassment at UoY and YSJ/YC

## Where can I find more information?

The full version of the SHNA report is available online at: [www.healthyyork.org](http://www.healthyyork.org).

For more information about the project please contact:

Nick Sinclair (JSNA lead) at:  
[nick.sinclair@york.gov.uk](mailto:nick.sinclair@york.gov.uk)

### Other useful resources on student health include:

- AMOSSHE  
[www.amosshe.org.uk](http://www.amosshe.org.uk)
- Healthy Universities  
[www.healthyuniversities.ac.uk/](http://www.healthyuniversities.ac.uk/)
- Higher York  
[www.higheryork.org/](http://www.higheryork.org/)
- Mental Wellbeing in Higher Education Working Group (MWBHE)  
[www.universitiesuk.ac.uk/about/Pages/mwbhe.aspx](http://www.universitiesuk.ac.uk/about/Pages/mwbhe.aspx)
- NUS (National Union of Students)  
[www.nus.org.uk/](http://www.nus.org.uk/)
- Student Health Association  
[www.studenthealthassociation.co.uk/](http://www.studenthealthassociation.co.uk/)
- Universities UK  
[www.universitiesuk.ac.uk/](http://www.universitiesuk.ac.uk/)
- York Student Health website  
[www.yorkstudenthealth.org.uk](http://www.yorkstudenthealth.org.uk)
- Healthwatch York  
[www.healthwatchyork.co.uk/](http://www.healthwatchyork.co.uk/)



If you would like this information in an accessible format (for example in large print, in Braille, on CD or by email) please call (01904) 551550

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Informacje te mogą być przekazywane w języku ojczystym.

Polish

Bu bilgi kendi dilinizde almanız mümkündür.

Turkish

此信息可以在您自己的语言。

Chinese (Simplified)

此資訊可以提供您自己的語言。

Chinese (Traditional)

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**Health and Wellbeing Board**

12 July 2017

Report of the Deputy Chair of the Joint Strategic Needs Assessment/Joint Health and Wellbeing Strategy Steering Group

**Update on the work of the Joint Strategic Needs Assessment/Joint Health and Wellbeing Strategy Steering Group****Summary**

1. This report provides the Board with an update on the work that has been undertaken by the Joint Strategic Needs Assessment/Joint Health and Wellbeing Strategy Steering Group since it last reported to the Board in March 2017.
2. The Board are asked to note the update and agree the recommendations at paragraph 24 of this report.

**Background**

3. Under the Health and Social Care Act 2012, all Health and Wellbeing Boards are under a duty to prepare a Joint Strategic Needs Assessment and from this a Joint Health and Wellbeing Strategy.
4. Under their Terms of Reference the current Steering Group is responsible for developing the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWBS). The Steering Group are also responsible for assuring the Health and Wellbeing Board that the JHWBS is being implemented and delivering improvements in the health and wellbeing of the residents of York.
5. The current Steering Group is accountable for the management of the JHWBS and JSNA process ensuring that both these products meet the needs of the Health and Wellbeing Board (HWBB) and that their use is embedded in strategic commissioning for health and social care.

## **Main/Key Issues to be Considered**

### **Future of the JSNA/JHWBS Steering Group**

6. At their meeting in March 2017 Health and Wellbeing Board agreed their new governance arrangements which included changing the remit and name of the current JSNA/JHWBS Steering Group.
7. Terms of Reference for the new HWBB Steering Group are attached at **Annex A** to this report along with those for a JSNA working group at **Annex B**.
8. Both of these documents set out key responsibilities and proposed membership for consideration.

### **Joint Health and Wellbeing Strategy 2017-2022**

9. The current Joint Health and Wellbeing Strategy was approved by Health and Wellbeing Board in March 2017. Since then the Steering Group have drafted an Integrated Impact Assessment (**Annex C** refers) as part of their work programme. The purpose of this assessment is to embed equality, health benefits and sustainability into decision making. It aims to record both positive and negative impacts that a policy might have.

### **Performance Management Framework**

10. The Steering Group have spent some time considering a new performance management framework to monitor progress on delivering against the joint health and wellbeing strategy. A suite of indicators has been developed and these mirror the themes in the new strategy. Additionally HWBB will be provided with a themed narrative update at each of their themed meetings; the first of these is included as a separate report on today's agenda.

### **The Joint Strategic Needs Assessment (JSNA)**

11. The current York JSNA is a web based document that contains a wealth of information covering a wide range of health and wellbeing areas. Discussion about the JSNA takes place at every Steering Group meeting.
12. As reported at the March meeting of HWBB a project to review the content of the JSNA website is now underway. Life course summaries, with the addition of a place based summary to encompass the wider determinants of health that effect residents



across the whole life course, have been drafted. The next stage is to agree these with the strategy theme leads prior to formally presenting them at the Health and Wellbeing Board. The Assistant Director of Public Health will consider the place based summary.

### **Topic Specific Needs Assessments**

13. The Student Health Needs Assessment has recently been completed and will be presented to the Health and Wellbeing Board as a separate report on today's agenda.

### **Consultation**

14. Consultation and engagement around specific projects and topics is ongoing. The current JSNA/JHWBS Steering Group is a multi-agency group and has the ability to co-produce, engage and consult on specific areas of work.

### **Options**

15. The Board are asked to note the contents of this report and its annexes. They are also asked to:
  - i. Approve the final drafts of the Terms of Reference for the HWBB Steering Group and the JSNA Working Group at **Annexes A and B** to this report;
  - ii. Note the draft Integrated Impact Assessment at **Annex C** and consider whether any further amendment is required and what the next steps (if any) might be;
  - iii. Note the updates in relation to the Performance Management Framework the JSNA and topic specific needs assessments

### **Analysis**

16. **Future of the JSNA/JHWBS Steering Group** - The Board are recommended to approve the draft Terms of Reference for a new HWBB Steering Group and a JSNA Working Group. The new Steering Group has a revised membership which the HWBB are asked to approve as well as some additional responsibilities including managing agendas for formal HWBB meetings.
17. The establishment of a specific JSNA Working Group (sitting beneath the HWBB Steering Group) allows for a more operational

group to progress this work stream. The JSNA Working Group will report back to every HWBB Steering Group meeting.

18. The HWBB Steering Group will report back on progress to the HWBB on a regular basis.
19. **Draft Integrated Impact Assessment** – HWBB are asked to consider the draft integrated impact assessment and consider whether further amendment is needed. The assessment should provide HWBB with assurance that the evidence used to develop the joint health and wellbeing strategy was robust, inclusive and fair. It should also clearly highlight areas where there are gaps and/or where improvement could be made and these should be addressed as part of the action planning process.
20. HWBB are also asked to consider what the next steps are for the draft integrated impact assessment and this may include presenting this to senior management team meetings and/or the Council's Executive.

### **Strategic/Operational Plans**

21. The Health and Wellbeing Board have a statutory duty to produce both a Joint Strategic Needs Assessment and a Joint Health and Wellbeing Strategy.

### **Implications**

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

### **Risk Management**

23. The production of a JSNA and a Joint Health and Wellbeing Strategy are statutory responsibilities for the HWBB. Delivering against both is resource intensive and needs to be managed to ensure a fit for purpose JSNA and Joint Health and Wellbeing Strategy are produced and subsequently delivered.

### **Recommendations**

24. The Health and Wellbeing Board are asked to note this update and are recommended to:
  - i. Approve the Terms of Reference for the HWBB Steering Group and the JSNA Working Group at Annexes A and B

- ii. Approve the draft integrated impact assessment and indicate if there are any further steps needed

Reason: To update the Board in relation to the work of the JSNA/JHWBS Steering Group

**Contact Details**

**Author:**

Tracy Wallis  
Health and Wellbeing  
Partnerships Co-ordinator  
City of York Council/NHS  
Vale of York Clinical  
Commissioning Group

**Chief Officer Responsible for the report:**

Fiona Phillips  
Assistant Director of Public Health  
City of York Council

**Report  
Approved**



**Date** 03.07.2017

Tel: 01904 551714

**Specialist Implications Officer(s)** None

**Wards Affected:**

**All**

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

**Background Papers:**

Joint Strategic Needs Assessment

**Annexes**

**Annex A** – Draft Terms of Reference – Health and Wellbeing Board Steering Group

**Annex B** – Draft Terms of Reference JSNA Working Group

**Annex C** – Draft Integrated Impact Assessment

**Glossary**

HWBB – Health and Wellbeing Board

JHWBS – Joint Health and Wellbeing Strategy

JSNA – Joint Strategic Needs Assessment

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## Health and Wellbeing Board (HWBB) Steering Group

### Terms of Reference

#### **Context:**

The Health and Wellbeing Board and associated legislation provides new and exciting opportunities to join up local services, create new partnerships and provide local systems leadership across health, social care and community development reflecting genuine health and social care integration and place based health.

We are fortunate and well placed in the City. York is recognised for its amazing assets and has embraced an opportunity to actively explore asset based working across the city. Where through the Joint Health and Wellbeing Strategy we can encourage new conversations and explore how we might mobilise citizens and partners to respond more directly to health and wellbeing challenges together and build community resilience.

Building on the recent first UK City of Human Rights declaration we should aim to inspire and enable citizens, civil society, public services and the business sector to adopt a celebratory can do attitude reflecting co-production and scaling social action. The Board must model co-production principles in our practice and encourage others to do so. At times this may involve stepping back and creating space for new models of community leadership, unlocking the capacity, gifts and talents of our citizens and communities.

The Board is uniquely placed to champion the 'Working Together for York' and Joint Health and Wellbeing Strategy vision and enable strong, resilient and healthy communities to flourish.

**Purpose:**

The HWBB Steering Group is responsible for the day to day business management of the Health and Wellbeing Board. This includes supporting the Health and Wellbeing Board to deliver its statutory functions and managing the business on Health and Wellbeing Board agendas.

As part of this the Steering Group will take into consideration key strategic documents within the city including the Joint Strategic Intelligence Assessment (JSIA), partner strategies and operational plans.

**Key Responsibilities:****1. Health and Wellbeing Board Agenda Management**

- Managing requests for items to appear on the Health and Wellbeing Board's agendas

**2. Joint Health and Wellbeing Strategy (JHWBS)**

- Developing a Joint Health and Wellbeing Strategy for York
- Ensuring that the JHWBS is developed to support the Health and Wellbeing Board's responsibilities around health and social care integration
- Monitoring the implementation of the JHWBS by:
  - seeking assurance from the HWBB lead members for each of the JHWBS themes that the strategy is being implemented and delivering improvements to the health and wellbeing of the residents of York
  - Measuring progress against the key outcomes identified in the JHWBS through a specifically designed and theme related performance management framework
- Being accountable for the management of the JHWBS (including any sub-groups or working groups established) to ensure that it meets the needs of the Health and Wellbeing Board
- Ensuring the JHWBS is driven by the Health and Wellbeing Board and it encompasses the wider transformation and integration agenda
- Ensuring that the JHWBS reflects the needs identified in the JSNA
- Ensuring that the JHWBS enables and empowers residents to make good choices about their health and wellbeing and reflects wider system change ambitions

### 3. Joint Strategic Needs Assessment (JSNA)

- Ensuring the JSNA Working Group develops a Joint Strategic Needs Assessment for York
- Ensuring that the JSNA is developed to support the Health and Wellbeing Board's responsibilities around health and social care integration
- Seeking assurance from the JSNA Working Group that the JSNA clearly identifies the health and wellbeing needs of York's residents
- Consider recommendations from the JSNA Working Group as to whether to progress new topic specific needs assessments

### 4. Pharmaceutical Needs Assessment

- To develop a Pharmaceutical Needs Assessment in accordance with national guidance

### 5. Annual Report of the Health and Wellbeing Board

- Be responsible for the development of an annual report for the Health and Wellbeing Board

6. Be responsible for any further work stream delegated by the Health and Wellbeing Board

#### **Governance:**

The HWBB Steering Group will be publically accountable for the delivery of the JHWBS and the JSNA through the Health and Wellbeing Board. The Health and Wellbeing Board will receive reports on progress as appropriate.

The HWBB Steering Group will keep a comprehensive work programme of all the work streams that they are involved with and keep the Health and Wellbeing Board apprised of these.

The HWBB Steering Group can establish working groups and task and finish groups to lead on specific work streams as and when appropriate.

#### **Membership:**

Membership of this Steering Group will include the lead HWBB members for the key themes in the Joint Health and Wellbeing Strategy (or their nominated Health and Wellbeing Board substitutes).

The lay representative will be appointed for a term of one year from the date these Terms of Reference are agreed. The appointment will be reviewed using a fair and transparent interview process.

<b>Position</b>	<b>Organisation</b>
Director of Public Health (Chair)	City of York Council
Assistant Director (Consultant) in Public Health (Lead HWBB Member for Living and Working Well)	City of York Council
Corporate Director: Health, Housing and Adult Social Care (Joint lead HWBB Member for Mental Health)	City of York Council
Accountable Officer (Joint lead HWBB Member for Mental Health)	NHS Vale of York Clinical Commissioning Group
Corporate Director of Children, Education & Communities (Lead HWBB Member for Starting & Growing Well)	City of York Council
Further Representative	NHS Vale of York Clinical Commissioning Group
Representative x 1	Tees, Esk and Wear Valley NHS Foundation Trust
Representative x 1	York Teaching Hospitals NHS Foundation Trust
Manager: Healthwatch York	Healthwatch York
Chief Executive (Lead HWBB Member for Ageing Well)	York CVS
Lay Representative	

#### **Officers in Support:**

<b>Position</b>	<b>Organisation</b>
Health and Wellbeing Partnerships Co-ordinator	CYC / Vale of York CCG
Strategy and Policy Officer	City of York Council
Intelligence Officer	NHS Vale of York CCG



Additional officers from all organisations represented on the Steering Group will be invited to attend as and when appropriate.

**Frequency of Meetings:** Monthly

**Terms of Reference for the Steering Group will be reviewed annually.**

**Date Agreed:**

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## **Joint Strategic Needs Assessment (JSNA) Working Group**

### **Terms of Reference**

#### **Context**

1. The production of a JSNA is a statutory responsibility of all Health and Wellbeing Boards.
2. The JSNA underpins the work of the Health and Wellbeing Board, providing the evidence base for the production of the board's Joint Health and Wellbeing Strategy.
3. It is not defined in statute as to what the JSNA should consist of allowing Health and Wellbeing Boards to develop their own approach.

#### **Purpose:**

4. The purpose of the JSNA Working Group is to ensure that the development and delivery of the JSNA is well managed and embedded into local decision making and the development of the Health and Wellbeing Board's Joint Health and Wellbeing Strategy.

#### **Key Responsibilities of the JSNA Working Group**

5. The key responsibility of the JSNA Working Group is to develop a web based joint strategic needs assessment for the city that:
  - Provides an evidence based summary of the overall health and wellbeing status of the people of York
  - Provides in-depth intelligence on the main emerging issues for commissioners to address including the status of assets and community resources available to address these issues
  - Provides a long term perspective on the factors influencing the health and wellbeing of the residents of York including emerging challenges to health and wellbeing
  - reflects current good practice and guidance

6. The JSNA Working Group will also be responsible for
- considering applications for in depth topic specific needs assessments and making recommendation to the Health and Wellbeing Board Steering Group
  - raising awareness of the JSNA and how it can best be used
  - involvement in JSNA events and roadshows as and when required; including helping to agree content and purpose

### **Governance:**

7. The JSNA Working Group will directly report to the Health and Wellbeing Board Steering Group, which is a sub-group of the Health and Wellbeing Board.
8. The JSNA Working Group will provide regular updates to the Health and Wellbeing Board Steering Group. At least one member of the JSNA Working Group should attend every meeting of the HWBB Steering Group to report back on progress
9. Sign off on JSNA content (including chapters and topic specific needs assessments) will be through the Health and Wellbeing Board Steering Group who will subsequently present this to the Health and Wellbeing Board.
10. The JSNA Working Group will keep a comprehensive work programme (including timelines)
11. The JSNA Working Group will minute its meeting and keep an action log

### **Membership:**

12. Membership of the JSNA Working Group will be flexible to allow it to be responsive to identified needs. At a minimum it will include:

<b>Position</b>	<b>Organisation</b>	<b>Job Title</b>
Lead Officer	City of York Council	Public Health Specialist Practitioner (Advanced)
Public Health Representative	City of York Council	Public Health Practitioner
Business Intelligence	City of York Council	Senior Business

Representative		Intelligence Analyst
Business Intelligence Representative	NHS Vale of York Clinical Commissioning Group	Business Intelligence Manager
Strategic Policy Lead	City of York Council	Strategic Support Manager
Strategic Policy Representative	City of York Council	Business Change and Performance Manager
Voluntary Sector Representative	York CVS	TBC
Data Representative	York Teaching Hospital NHS Foundation Trust	TBC
Joint Strategic Intelligence Assessment Representative	North Yorkshire Police	TBC

13. **Frequency of Meetings:** Flexible, according to need but no less than four times a year.

14. Terms of Reference for the JSNA Working Group will be reviewed annually.

**Date Agreed:**

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'Better Decision Making' Tool  
Informing our approach to sustainability, resilience and fairness

The 'Better Decision Making' tool should be completed when proposing new projects, services, policies or strategies.

This integrated impact assessment tool was designed to help you to consider the impact of your proposal on social, economic and environmental sustainability, and equalities and human rights. The tool draws upon the priorities set out in our Council Plan and will help us to provide inclusive and discrimination-free services. The purpose of this new tool is to ensure that the impacts of every proposal are carefully considered and balanced and that decisions are based on evidence.

**Part 1** of this form should be completed as soon as you have identified a potential area for change and when you are just beginning to develop a proposal. If you are following the All About Projects Framework it should be completed before going through Gateway 3.

**Part 2** of this form should be filled in once you have completed your proposal and prior to being submitted for consideration by the Executive. If you are following the All About Projects Framework it should be completed before going through Gateway 4. Your answer to questions 1.4 in the improvements section must be reported in any papers going to the Executive and the full 'Better Decision Making' tool should be attached as an annex.

Guidance to help you complete the assessment can be obtained by hovering over the relevant text or by following this link to the 'Better Decision Making' tool on Colin.

Guidance on completing this assessment is available by hovering over the text boxes. The full guidance document can be accessed by following this link to the 'Better Decision Making' tool on Colin.

**Please complete all fields (and expand if necessary).**

**Introduction**

<b>Service submitting the proposal:</b>	Health and Wellbeing Board
<b>Name of person completing the assessment:</b>	Tracy Wallis
<b>Job title:</b>	Health and Wellbeing Partnerships Co-ordinator
<b>Directorate:</b>	Health, Housing and Adult Social Care
<b>Date Completed:</b>	3rd July 2017
<b>Date Approved: form to be checked by service</b>	Approved by Fiona Phillips - 3rd July 2017

**Part 1**

**Section 1: What is the proposal?**

<b>1.1</b>	<b>Name of the service, project, programme, policy or strategy being assessed?</b>
	Joint Health and Wellbeing Strategy

<b>1.2</b>	<b>What are the main aims of the proposal?</b>
	<p>The production of a joint health and wellbeing strategy is a statutory duty of the Health and Wellbeing Board. The key ambition of the strategy is for every single resident to enjoy the best possible health and wellbeing throughout the course of their life:</p> <ul style="list-style-type: none"> <li>● By promoting greater independence, choice and control</li> <li>● By building up community based support</li> <li>● By supporting self care and management</li> <li>● With greater use of early help through targeted/short term interventions</li> <li>● By imaginative use of new technology</li> <li>● With fewer people using statutory services</li> </ul>

1.3	<p><b>What are the key outcomes?</b></p>
	<p>There are four key themes in the joint health and wellbeing strategy:</p> <ul style="list-style-type: none"> <li>● Mental Health and Wellbeing (top priority: get better at spotting the early signs of mental ill health and intervening early)</li> <li>● Starting and Growing Well (top priority: support for the first 1001 days, especially for vulnerable communities)</li> <li>● Living and Working Well (top priority: promote workplace health and remove barriers to employment)</li> <li>● Ageing Well (top priority: reduce loneliness and isolation for older people)</li> </ul>

**Section 2: Evidence**

2.1	<p><b>What data is available to understand the likely impacts of the proposal?</b> (e.g. hate crime figures, obesity levels, recycling statistics)</p>
	<p>Lots of data available through JSNA/PHOF and other sources.</p> <p><b>Mental Health:</b> 25% of adults experience at least one diagnosable mental health problem in any given year; 50% of those with poor mental health had symptoms before the age of 14; between 2006-2014 there were 154 suicides in York, 84% of those were men; York has a higher rate of emergency hospital admissions for intentional self harm than the national average; York has an estimated 2,717 people with dementia and this is expected to rise to 3,503 by 2025</p> <p><b>Starting &amp; Growing Well:</b> 16% of York's population are children aged 0-15; 10.9% of York's population is a higher education student; 11.7% of children in York were living in poverty in 2015; childhood obesity affects more children in our most deprived wards; during the first two years of life the foundations of a baby's mind are being put in place; when a baby's development falls behind during the first years of life, it is likely to fall even further behind in subsequent years.</p> <p><b>Living &amp; Working Well:</b> 60% of people in York are of working age (16-64); 3.8% of York's population live in areas that are among the most deprived in the country; poverty is associated with much poorer health and wellbeing outcomes; there are also poorer outcomes for certain vulnerable groups e.g. the gypsy and Roma community and the LGBT population.</p> <p><b>Ageing Well:</b> over the next 15 years the number of people over 65 in York will increase from 36, 000 to 46, 000 and those aged 75 and over from 17,000 to 26,000; nationally 10% of older people are suffering from chronic loneliness; in 2014 there were 1,771 deaths of York residents; in 2014, 9.2% of households in York were living in fuel poverty; the number of delayed discharges from hospital beds in York is higher than the national average.</p>

2.2	<p><b>What public / stakeholder consultation has been used to support this proposal?</b></p>
	<p>Prior to the joint health and wellbeing strategy being drafted a number of engagement events took place. Two open engagement sessions were held in July 2016. These were open to both residents and stakeholders and approximately 60 people attended. The Health and Wellbeing Partnerships Co-ordinator attended the July 2016 Healthwatch York AGM and presented some background information which was discussed and the comments collated. This was very well attended. Healthwatch York volunteers and the Health and Wellbeing Partnerships Co-ordinator spent a day in West Officers Foyer talking to residents and collating their views on what the health and wellbeing priorities should be for the city. Finally there was an online survey asking people what they thought the main priorities were. In total, across all of these pieces of engagement over 1200 comments were received. These were used to help shape the new joint health and wellbeing strategy for the city. A publically available document was produced summarising the 1200 comments received. After the joint health and wellbeing strategy had been drafted there was a period of formal consultation by way of an online survey. Additionally the Director of Public Health presented at and received views from an extraordinary meeting of combined VCS Forums. The feedback from both consultations sources was generally positive.</p> <p><u>Delivery of the joint health and wellbeing strategy</u></p> <p>The delivery of the strategy should not only involve the key partners of the Health and Wellbeing Board, but also stakeholders and service users. The intention is that action plans to deliver against the strategy are co-produced by the theme leads in an inclusive way in conjunction with existing groups and partnerships across the city.</p>



	<b>Are there any other initiatives that may produce a combined impact with this proposal?</b> (e.g. will the same individuals /communities of identity also be impacted by a different project or policy?)
2.3	<ul style="list-style-type: none"><li>● The joint health and wellbeing strategy is a partnership document and is owned by a number of organisations across the city; all of whom are striving to improve health and wellbeing outcomes for the residents of York</li><li>● Health and Wellbeing Board have agreed that each theme in the new joint health and wellbeing strategy will be led by a nominate board member(s). The lead board members will be responsible for developing action plans for each of the theme.</li><li>● The joint health and wellbeing strategy overlaps with some existing strategies and plans such as the Children &amp; Young People's Plan and the Fairer York Strategy.</li></ul>



'Better Decision Making' Tool  
Informing our approach to sustainability, resilience and fairness

**Part 1**

**Section 3: Impact on One Planet principles**

Please summarise any potential positive and negative impacts that may arise from your proposal on staff or residents.  
This section relates to the impact of your proposal on the One Planet principles.

For 'Impact', please select from the options in the drop-down menu.  
If you wish to enter multiple paragraphs in any of the boxes, hold down 'Alt' before hitting 'Enter'.

**Equity and Local Economy**

Does your proposal?	Impact	What are the impacts and how do you know?
3.1 Impact positively on the business community in York?	Positive	The top priority in the living & working well theme of the joint health and wellbeing strategy is to work with York's employers to promote health and wellbeing in the workplace and to help remove any barriers to the employment of vulnerable groups. Having a diverse workforce reflective of local communities is a positive. A healthier workplace is beneficial for productivity and lost hours through sickness absence.
3.2 Provide additional employment or training opportunities in the city?	Positive	Engagement with residents and stakeholders prior to drafting the joint health and wellbeing strategy indicated that people wanted to see more job opportunities, especially for those who may face difficulties in the market; it is therefore a priority of the strategy to create these opportunities
3.3 Help individuals from disadvantaged backgrounds or underrepresented groups to improve their skills?	Positive	The top priority in the Living and Working Well theme of the joint health and wellbeing strategy is 'to work with York employers to promote health and wellbeing in the workplace and to help remove any barriers to the employment of vulnerable groups'. This will be monitored through a new performance management framework for the strategy.

**Health & Happiness**

Does your proposal?	Impact	What are the impacts and how do you know?
3.4 Improve the physical health or emotional wellbeing of staff or residents?	Positive	The aim of the whole joint health and wellbeing strategy is to improve both the physical and mental health and wellbeing of residents of all ages. The Living and Working Well theme in the joint health and wellbeing strategy contains an aim to offer a range of support to help residents make good choices about their own health and wellbeing. It also aims to support people to lose weight and maintain a healthy weight, including promoting the benefits of walking and eating healthily.
3.5 Help reduce health inequalities?	Positive	This cross cuts all themes in the strategy and came out strongly in both the engagement and consultation responses when developing the joint health and wellbeing strategy. The strategy has a strong focus on reducing health inequalities running through all of its themes. However whilst the strategy makes reference to a wide range of factors that may contribute to health inequalities (wider determinants of health) it is not always clear how the strategy can address all of these. The strategy, therefore, focuses on some areas in more detail than others. Action planning will highlight where resources should be targeted in order to reduce inequalities.
3.6 Encourage residents to be more responsible for their own health?	Positive	The strategy acknowledges that we need to reduce pressure on our services by supporting people to better manage their own health and wellbeing and by intervening at the earliest sign of problems. It also aims to promote greater independence, choice and control; build up community based support; support self care and management with fewer people using statutory services. One comment from the consultation states: <i>'the emphasis on seeing independence as being able to do things on one's own misses the very strong message from disability organisations over many years - that independence is about receiving the right levels of resources in order to feel as much control over one's life as non-disabled peers.'</i>

3.7	Reduce crime or fear of crime?	Unsure	This was not something that came out strongly in the engagement and consultation undertaken when developing the joint health and wellbeing strategy. However reference is made to crime when talking about the wider determinants of health. An older people's survey will take place later in the year and this includes a section on crime. There may be intelligence available through responses to this that can help identify any specific issues that need addressing in relation to reducing crime and fear of crime for older people. It would be likely that the Community Safety Strategy would take forward any actions in this area.
3.8	Help to give children and young people a good start in life?	Positive	The strategy follows a life course approach with starting and growing well an important theme in this. The top priority is to provide excellent, co-ordinated support through pregnancy and the first two years - the first 1001 days - especially for the most vulnerable communities. Other aims include: reducing inequalities in outcomes for particular groups of children; ensuring children and young people are free from all forms of neglect and abuse; improving services for children; improving services for vulnerable mothers; ensuring that York becomes a breastfeeding friendly city and making sustained progress towards a smoke-free generation in York

**Culture & Community**

Does your proposal?		Impact	What are the impacts and how do you know?
3.9	Help improve community cohesion?	Positive	The strategy should have a positive impact on community cohesion. In order to deliver the strategy we will need to transform the way we work - with individuals, with communities and with each other. We will look to transform how we work with communities by: <ul style="list-style-type: none"> <li>● helping to build friendly, resilient communities in York through targeted interventions and support. Such communities need the encouragement and resources to help themselves for example through building networks of peer support</li> <li>● ensuring that when we commission services, we do so taking full account of the individual circumstances - and, in particular the assets of the community</li> <li>● reducing the use of traditional medical prescribing and increasing the use of community based solutions - such as joining a club or engaging in volunteering - where this may be the best approach to an individual's problems.</li> </ul> <p>As an example, the strategy aims to achieve mental health friendly, dementia</p>
3.10	Improve access to services for residents, especially those most in need?	Positive	There is a focus through all four themes of the strategy on reducing health inequalities for the most vulnerable people in the city. However, this may not be solely around access to services. Strategy delivery also has a focus on the process of transferring responsibility, decision making and (where possible) budgets to individuals so that they can better understand the choices available to them and take full ownership of the outcomes. Reliance on statutory services needs to reduce and we need to ensure that the services we have are targeted to those that most need them most. However we know that we need to improve access to mental health services for some people. <p>Work is underway in the city on a Universal Information &amp; Advice Strategy which the Health and Wellbeing Board are sighted on. This will help in the delivery of the strategy and in signposting residents to the most appropriate support or service they need. Additionally Healthwatch York have produced a comprehensive guide to services and support available in the city for those experiencing poorer mental health.</p> <p>Arrangements for children's early help arrangements have been transformed with the introduction of multi-agency Local Area Teams. This approach will ensure that support is provided to families when they need it and will help prevent escalation of problems</p> <p>The joint health and wellbeing strategy does not stand in isolation and it is acknowledged that all groups and resources can play a part in delivery.</p>
3.11	Improve the cultural offerings or heritage of York?	Neutral	There are no direct references to cultural offerings in the strategy other than acknowledging this as one of the wider determinants of health. However building resilient communities and community based solutions may include cultural activities - especially in the reducing loneliness element of the strategy. The strategy also acknowledges the importance of the impact the wider determinants of health and wellbeing can have on an individual and this would include access to the cultural offer of the city. <p>There was a positive response received to the strategy consultation from the local cultural partnership.</p>
3.12	Encourage residents to be more socially responsible?	Positive	The strategy seeks to promote the areas in which people can be supported; volunteer to help others and assist in building resilient communities.

Zero Carbon and Sustainable Water		
Does your proposal?	Impact	What are the impacts and how do you know?
3.13 Minimise the amount of energy we use, or reduce the amount of energy we will use/pay for in the future?	Neutral	The strategy does not cover this
3.14 Minimise the amount of water we use or reduce the amount of water we will use/pay for in the future?	Neutral	The strategy does not cover this
3.15 Provide opportunities to generate energy from renewable/low carbon technologies?	Neutral	The strategy does not cover this

Zero Waste		
Does your proposal?	Impact	What are the impacts and how do you know?
3.16 Reduce waste and the amount of money we pay to dispose of waste by maximising reuse and/or recycling?	Neutral	The strategy does not cover this

Sustainable Transport		
Does your proposal?	Impact	What are the impacts and how do you know?
3.17 Encourage the use of sustainable transport, such as walking, cycling, ultra low emission vehicles and public transport?	Positive	The strategy aims to offer a range of support to help residents make good choices about their own health and wellbeing. It also aims to support people to lose weight and maintain a healthy weight including promoting the benefits of walking. It does not specifically encourage the use of sustainable transport
3.18 Help improve the quality of the air we breathe?	Neutral	The strategy makes reference to air quality although does not contain any specific actions around this. Air quality was raised a number of times in the engagement and consultation responses but a direct action was not included in the final strategy. <i>Quote from consultation "Tackling poor air quality, more open and green spaces, less cars in the city and improvements in public transport (particularly buses) were the most common issues raised and then proceed to completely ignore them in your strategy."</i> The decision to not include this in the joint health and wellbeing strategy was made on the understanding that work is already progressing around this agenda elsewhere in the city. Evidence suggests that air quality does not contribute to ill health in York as much as other factors such as smoking, obesity and emotional and mental wellbeing.

Sustainable Materials		
Does your proposal?	Impact	What are the impacts and how do you know?
3.19 Minimise the environmental impact of the goods and services used?	Neutral	The strategy does not cover this

Local and Sustainable Food		
Does your proposal?	Impact	What are the impacts and how do you know?
3.20 Maximise opportunities to support local and sustainable food initiatives?	Neutral	The strategy seeks to promote healthy eating for all ages. The Health and Wellbeing Board have made a commitment within the joint health and wellbeing strategy to 'promote healthy choices including healthy eating and locally-sourced food.'

Land Use and Wildlife		
Does your proposal?	Impact	What are the impacts and how do you know?
3.21 Maximise opportunities to conserve or enhance the natural environment?	Neutral	The strategy does not make direct reference to this
3.22 Improve the quality of the built environment?	Neutral	The strategy does not make direct reference to this
3.23 Preserve the character and setting of the historic city of York?	Neutral	The strategy does not make direct reference to this
3.24 Enable residents to enjoy public spaces?	Neutral	Access to green spaces was an issue raised quite a few times in the engagement and consultation responses; however there are no direct actions in the strategy about this; other than the aim to build more resilient communities which may enable residents to volunteer outdoors and become more physically active. The Health and Wellbeing Board have agreed to promote the 'five steps to wellness' approach to help people to improve their mental health - this includes a step around physical activity.

3.25	<b>Additional space to comment on the impacts</b>



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Part 1

Section 4: Impact on Equalities and Human Rights

Please summarise any potential positive and negative impacts that may arise from your proposal on staff or residents. This section relates to the impact of your proposal on **advancing equalities and human rights** and should build on the impacts you identified in the previous section.

For 'Impact', please select from the options in the drop-down menu.  
 If you wish to enter multiple paragraphs in any of the boxes, hold down 'Alt' before hitting 'Enter'

Equalities

Will the proposal **adversely impact** upon 'communities of identity'?  
 Will it **help advance equality or foster good relations** between people in 'communities of identity'?

		Impact	What are the impacts and how do you know?	Relevant quality of life
4.1	Age	Positive	The strategy follows a life course approach and thus covers all ages. Comprehensive engagement and consultation took place and was open to all residents and stakeholders. It is known that contributions were made by York Older People's Assembly; All VCS Forums and Youth Council Members (as examples)	
4.2	Disability	Positive	The strategy makes it clear that there are some groups in York where there is evidence of poorer outcomes. Those with a long term condition are referenced; particularly in relation to gaining employment. The strategy refers to vulnerable groups/people which will include those with a disability. An easy read version of the strategy will be produced.	
4.3	Gender	Positive	The strategy seeks to address the known difference in life expectancy between men and women in the most deprived wards.	
4.4	Gender Reassignment	Neutral	Whilst not specifically mentioned this would be considered as part of vulnerable groups/people	
4.5	Marriage and civil partnership	Neutral	This is not specifically mentioned in the strategy	
4.6	Pregnancy and maternity	Positive	The top priority in the starting and growing well theme is to provide excellent, co-ordinated support through pregnancy and the first two years especially for our most vulnerable communities. Progress will be monitored on a number of things including : increasing the percentage of mothers in York who are breastfeeding; improvements in the timeliness of visits and reviews in the first year of life to at least the national average The mental health theme of the strategy has a specific aim to improve services for young mothers, recognising that this group is particularly at risk	
4.7	Race	Neutral	Other than a brief reference as to the size of the BME population in the city there is little reference to Race in the strategy although it would be considered as part of the aim to reduce inequalities in outcomes for particular groups. One of the key principles for the Health and Wellbeing Board is to promote equality of opportunity and access for all communities, and challenge discrimination if it arises Comments received at consultation stage: As a Trustee of the York Race Equality Network (YREN) I will seek to ensure that YREN raises issues of racial inequality as they relate to health and wellbeing and support the strategy particularly in addressing health inequalities for black and minority ethnic people. The BME population of York is small but growing. Currently, in statistical terms, the difficulties, discrimination and inequality faced by BME citizens is often 'lost' amongst the indices for the majority population. This needs to be considered by health providers and social policy makers and positive steps taken to ensure the needs and experiences of the most disadvantaged and vulnerable people in York are not ignored or overlooked. The strategy itself has little to say directly on issues of racial inequality in health matters.	
4.8	Religion or belief	Neutral	There is no specific reference to this but as above, for Race, inequalities associated with religion and belief would be considered as part of the aim to reduce inequalities in outcomes for specific groups. One of the key principles for the Health and Wellbeing Board is to promote equality of opportunity and access for all communities, and challenge discrimination if it arises	

4.9	<b>Sexual orientation</b>	Positive	There is a commitment in the Living and Working Well theme of the joint health and wellbeing strategy to reduce inequalities in outcomes for particular groups, including the LGBT community	
4.10	<b>Carer</b>	Positive	The Ageing Well theme of the joint health and wellbeing strategy aims to recognise and support the vital role played by carers in York.	
4.11	<b>Lowest income groups</b>	Positive	The strategy is very much focused around the most vulnerable groups in the city and this includes those living in the poorer parts of the city where we know there are higher rates of childhood obesity, a greater prevalence of chronic health conditions and lower life expectancy	
4.12	<b>Veterans, Armed forces community</b>	Neutral	Veterans and the armed forces community are not specifically mentioned in the strategy, however they would be considered as part of the aim to reduce inequalities in outcomes for particular groups. One of the key principles for the Health and Wellbeing Board is to promote equality of opportunity and access for all communities, and challenge discrimination if it arises	

Human Rights	
Consider how a human rights approach is evident in the proposal	

	Impact	What are the impacts and how do you know?
4.13	Neutral	Not specifically mentioned in the strategy
4.14	Neutral	Not specifically mentioned in the strategy
4.15	Neutral	Not specifically mentioned in the strategy
4.16	Neutral	Not specifically mentioned in the strategy
4.17	Neutral	Not specifically mentioned in the strategy
4.18	Positive	One of the key principles of the Health and Wellbeing Board referenced in the joint health and wellbeing strategy is to promote equality of opportunity and access for all communities and to challenge discrimination if it arises and to treat everyone with dignity and respect at all times.
4.19	Neutral	Not specifically mentioned in the strategy

4.20	<b>Additional space to comment on the impacts</b>
<p>Each of the themes in the joint health and wellbeing strategy will have its own action plan. At this stage it will be important to identify specific groups where targeted interventions/services/support are needed.</p> <p>Data will be available on all of the equality and human rights areas above. It is available to lead officers to assist with action planning should they require further evidence to support their plans.</p>	



'Better Decision Making' Tool  
Informing our approach to sustainability, resilience and fairness

**Part 1**

**Section 5: Developing Understanding**

Based on the information you have just identified, please consider how the impacts of your proposal could be improved upon, in order to balance social, environmental, economic, and equalities concerns, and minimise any negative implications.

It is not expected that you will have all of the answers at this point, but the responses you give here should form the basis of further investigation and encourage you to make changes to your proposal. Such changes

	<b>Taking into consideration your responses about all of the impacts of the project in its current form, what would you consider the overall impact to be on creating a fair, healthy, sustainable and resilient city?</b>
5.1	Overall, it is considered that the joint health and wellbeing strategy will have a positive impact in creating a fair, healthy, sustainable and resilient city. Further action planning will lead to a deeper understanding of some of the aims of the strategy and allow for the most effective action to be taken.

	<b>What could be changed to improve the impact of the proposal on the <u>One Planet principles</u>? (please consider the questions you marked either mixed or negative, as well as any additional positive impacts that may be achievable)</b>
5.2	As part of action planning against the themes the following improvements could be made: Sustainable transport: Actions around this could be included in action plans for all of the themes in the health and wellbeing strategy; consideration could be given to how to link to initiatives already taking place in the city in relation to sustainable transport Sustainable/locally sourced food: More could be made of this at the action planning stage including discussions around making York a sustainable food city

	<b>What could be changed to improve the impact of the proposal on <u>equalities and human rights</u>? (please consider the questions you marked either mixed or negative, as well as any additional positive impacts that may be achievable)</b>
5.3	Race: There is only one small reference to the BME community in the strategy; at the action planning stage and through the performance management framework a greater understanding of specific need should be identified and actions built around this. Action planning for all themes should take into consideration the different impacts for different groups. Veterans: There are no direct reference to veterans in the strategy; this could be addressed at the action planning stage

**Section 6: Planning for Improvement**

	<b>What further evidence or consultation is needed to fully understand its impact? (e.g. consultation with specific communities of identity, additional data)</b>
6.1	There is an expectation that the lead officers for each of the themes in the joint health and wellbeing strategy will engage with residents and stakeholders as part of the action planning process.

6.2	<b>What are the outstanding actions needed to maximise benefits or minimise negative impacts in relation to this proposal? Please include the action, the person(s) responsible and the date it will be completed</b>
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Action	Person(s)	Due date




	<b>Additional space to comment on the impacts</b>
6.3	



'Better Decision Making' Tool  
Informing our approach to sustainability, resilience and fairness

**Part 2**

**Section 1: Improvements**

Part 2 builds on the impacts you identified in Part 1. Please detail how you have used this information to make improvements to your final proposal.

**Please note that your response to question 1.4 in this section must be reported in the One Planet Council implications section of reports going to the Executive.**

**For the areas in the 'One Planet' and 'Equalities' sections, where you were unsure of the potential impact, what have you done to clarify your understanding?**

1.1 Extensive engagement and consultation took place during the development of the joint health and wellbeing strategy. To provide assurance that HWBB are delivering on the strategy in an appropriate way action plans for all themes will be co-produced with key stakeholders, service users and residents.

**What changes have you made to your proposal to increase positive impacts?**

1.2 The strategy was developed using a co-production method and the delivery action plans will be developed in a similar way

**What changes have you made to your proposal to reduce negative impacts?**

1.3 The strategy was developed using a co-production method and the delivery action plans will be developed in a similar way

**Taking into consideration everything you know about the proposal in its revised form, what would you consider the overall impact to be on creating a fair, healthy, sustainable and resilient city?**

Your response to this question must be input under the One Planet Council implications section of the Executive report. Please feel free to supplement this with any additional information gathered in the tool.

1.4 The overall impact is considered to be positive which is as expected as the joint health and wellbeing strategy is intended to improve the health and wellbeing of York's residents. Progress against delivery will be regularly monitored through a specially designed performance management framework.

**Any further comments?**

1.5 None.



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**Health and Wellbeing Board**

12 July 2017

Report of the Joint Chair(s) of the York Better Care Fund (BCF) Performance and Delivery Group.

**Status report on the draft Better Care Fund (BCF) Plan for 2017/19:****Summary**

1. This report updates the Health and Wellbeing Board (HWBB) on progress in relation to the development of the BCF submission for 2017/19.

**Main/Key Issues to be considered****Guidance**

2. At the time of writing this report, final technical guidance is still awaited. This delay means that some elements of the detailed plan are unable to be concluded although discussions between partners locally are progressing well and assumptions about these elements are being made so that plans can be progressed as much as possible.
3. Some communication via the Local Government Association (LGA) and the national Better Care Fund Support Team has been received setting out draft guidance. This is being used to support the development of the narrative element of the plan and the joint investment schedule for 2017/19.
4. Details on timing of submissions, technical definitions for the calculations of metrics, detailed assurance processes and on-going monitoring requirements will be confirmed in the final technical guidance.

**Progress to date – narrative and investment schedule**

5. A first draft of the narrative has been developed and has been shared with members of the BCF Task Group. Further work is required to progress this to a draft that will be shared with HWBB members during the next month.

6. The total fund available for 2017/18 and 2018/19 has been agreed and the source of funding identified and agreed. Alongside existing sources of funding from the Clinical Commissioning Group (CCG) and Disabled Facilities Grant, Improved Better Care Fund (iBCF) monies have been made available as announced in the Spring budget which have contributed to an increased value of c.£15.3M for 2017/18 and £16.4M for 2018/19.
7. The draft investment schedule has been shared with the BCF Task Group and a set of principles used to inform prioritisation of schemes as follows:
  - Maintain investment in existing schemes
  - Extend investment to full year effect where applicable
  - Apply inflation where applicable
  - Remove the risk share arrangement applied in 2016/17
  - Consider any additional investment in line with iBCF criteria

#### **Progress to date – metrics and measurement**

8. Local metrics to support a more detailed and integrated dashboard as agreed at the May Health and Wellbeing Board meeting is in development.
9. Measurement of the existing schemes has been undertaken and considered as part of the prioritisation for on-going investment. It is the intention of the BCF Task Group to undertake more detailed reviews of the schemes during 2017/18 to be able to assess the impact on the wider system and ensure the BCF plan continues to reflect partners' shared priorities going forward.
10. A follow up meeting with the LGA national support officer has taken place and they are supportive of the steps taken to date. In addition, further support/advice on the measurement of Non- Elective Admissions will be progressed nationally following discussions locally with partners.
11. A forward programme of quarterly reporting to the Board is in development as a draft timetable pending release of the technical guidance.
12. Locally, partners are aware of an intention for a number of localities to be targeted for a review by Care Quality Commission (CQC) as part of a national assurance process. The details of this are not confirmed and no formal guidance has been received. However, it is prudent to assume the York HWBB will be considered as an area to be reviewed given the fact that this locality was in the escalation

process last year. Partners are fully sighted on this possibility and are keen to ensure the 2017/19 plan demonstrates alignment to draft guidance<sup>1</sup> which advises that iBCF grant monies must be used for the purposes of:

- meeting adult social care needs;
- reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready;
- and ensuring that the local social care provider market is supported

### **Section 75 for 2016/17**

13. The Section 75 is being revised to reflect the plan for 2017/19. There is no intention to establish a risk share going forward.

### **Sign off of the 2017/19 plan**

14. The Health and Wellbeing Board will be required to 'sign off' the plan. Approval was given at the May meeting of the Board to delegate authority to the Chair and Vice-Chair to do this should the timetable for submission fall outside of the Board's meeting schedule. In order to support this process, it is intended that a draft plan will be circulated to members for consideration in advance of the next meeting (September) when the final draft plan is expected to be ready for formal consideration by the Board – subject to the final technical guidance being received prior to this date.

### **Consultation**

15. The issues summarised in this report have been subject to discussion and agreement involving a wide range of partner organisations within York and North Yorkshire.

### **Options**

16. There are no options provided in this report.

### **Strategic/Operational Plans**

17. The BCF plan is part of wider strategic plans of all partner organisations, including the CCG and CYC and should not be considered in isolation.

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<sup>1</sup> *Integration and Better Care Fund Planning for 2017-19 v4.5 (draft guidance – not cleared nationally)*

**Implications**

- 18. One of the key challenges facing partners is our stated desire to progress shared initiatives and grow the level of pooled resource whilst managing the on-going system pressure. Movement towards an Accountable Care System with localised planning and delivery provides an additional platform to develop this intent.

**Risk Management**

- 19. A risk log has been established for the plan and is monitored via the BCF Task Group. The broader system efficiencies lie within the interests of all partners, however, the financial risk rests with the CYC and CCG.

**Recommendations**

- 20. The Health and Wellbeing Board are asked to note the issues set out in this report:

Reason: HWBB oversight of BCF

**Contact Details**

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**Chief Officer Responsible for the report:**

Phil Mettam  
Accountable Officer  
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**Report  
Approved**



**Date** 25/06/2017

**Wards Affected:**

**All**

**Background Papers:**

None

**Annexes**

None

**Glossary**

BCF – Better Care Fund  
CHC – Continuing Health Care

CCG – NHS Vale of York Clinical Commissioning Group  
CQC – Care Quality Commission  
CYC – City of York Council  
DFG – Disabled Facilities Grant  
HWB – Health and Wellbeing Board  
iBCF – Improved Better Care Fund  
NEA – Non-Elective Admissions  
TEWV – Tees, Esk & Wear Valleys NHS Foundation Trust  
YFT – York Teaching Hospital NHS Foundation Trust

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**Health and Wellbeing Board**12<sup>th</sup> July 2017

Report of the Lead Health and Wellbeing Members for the Mental Health Theme in the Joint Health and Wellbeing Strategy

**Future of the Mental Health and Learning Disabilities Partnership Board****Summary**

1. This report sets out the proposed way forward for the Mental Health and Learning Disabilities Partnership Board in light of recent governance changes to the Health and Wellbeing Board (HWBB), the launch of the joint health and wellbeing strategy 2017-2022, the development of a new mental health strategy for York and the proposal to develop a learning disabilities strategy for York.

**Background**

2. The Mental Health and Learning Disabilities Partnership Board was established in 2013 in order to deliver against the mental health elements of the previous joint health and wellbeing strategy 2013-2016.
3. It was, until governance arrangements changed in March 2017, a formal sub-group of the Health and Wellbeing Board whose meetings were open to the public to attend. Mental Health and Learning Disabilities Partnership Board reported annually on progress to HWBB against its remit.
4. Mental Health and Learning Disabilities Partnership Board is currently chaired by the Head of Joint Programmes at NHS Vale of York Clinical Commissioning Group. It is a partnership of a number of organisations including City of York Council, NHS Vale of York Clinical Commissioning Group, Healthwatch York, York Centre for Voluntary Service, University of York, North Yorkshire Police, Tees, Esk and Wear Valleys NHS Foundation Trust and a number of community representatives.

## **Main/Key Issues to be Considered**

5. There are a number of reasons why it is timely to look at the future of the Mental Health and Learning Disabilities Partnership Board and these include:
  - the HWBB have changed their governance arrangements with only one formal group sitting beneath it (the proposed Health and Wellbeing Board Steering Group). There is, therefore, far more flexibility in how the lead HWBB members choose to deliver against their strategy theme and;
  - a new joint health and wellbeing strategy 2017-2022 is now in place; this strategy introduces the lead HWBB Member role and as such the mental health theme in the strategy is led by two people. These are the Accountable Officer at NHS Vale of York Clinical Commissioning Group and the Corporate Director for Health, Housing and Adult Social Care at the City of York Council;
  - a new mental health strategy for the city is now being developed with a learning disabilities strategy to follow shortly
  - reflections by partnership board members indicated that the partnership board added another strategic layer and was not a 'doing board'. Current partnership board members had not been involved in developing the previous joint health and wellbeing strategy 2013-16 and therefore didn't own it. Additionally, despite being a meeting open to the public very few people attended to ask questions and it was felt that the current format of the partnership board was not the best way to hear and respond to the voice of service users
  - the Terms of Reference for the partnership are due for review;
6. In light of the above, the two mental health HWBB theme leads attended a meeting of the Mental Health and Learning Disabilities Partnership Board in May 2017. After discussion with the partnership board a proposal to split the partnership board into two discrete groups was agreed; one focused around mental health and one around learning disabilities.
7. A workshop has been scheduled for mid-July to look at ways of progressing this with a view to having the new groups in place by the end of this year. This will include developing Terms of

Reference for each of the group; considering membership and who should chair each group; resourcing and supporting the groups and ensuring the voice of service users is heard. The Terms of Reference for each of these groups will be brought back to HWBB in due course.

8. In the meantime the current Mental Health and Learning Disabilities Partnership Board has formed a small group to lead on developing the consultation for the draft mental health strategy. They have had one initial meeting and will be meeting again in July with a view to consultation starting shortly after that. The aim is to bring the final draft of the mental health strategy to the HWBB's mental health themed meeting in November 2017.

### **Consultation**

9. An initial discussion has also taken place at the Voluntary Sector Forum for Learning Difficulties and at the Mental Health and Learning Disabilities Partnership Board itself.
10. A workshop meeting is being held in mid-July with key stakeholders. This will considered Terms of Reference, membership and resource to support amongst other things.

### **Options**

11. Health and Wellbeing Board have the following options:
  - a. Retain the Mental Health and Learning Disabilities Partnership Board in its current format
  - b. Split the Mental Health and Learning Disabilities Partnership Board into two separate groups with one focused around mental health and another around learning disabilities.
  - c. Health and Wellbeing Board to suggest an alternative to the two options above.

### **Analysis**

12. Mental Health and Learning Disabilities Partnership Board, in its current format, would struggle to deliver against the new joint health and wellbeing strategy, the new mental health strategy and the proposed learning disability strategy.

13. Additionally it currently has a very broad remit and needs to be able to better engage with service users in an environment and a way that is appropriate to them.
14. Should the option to split the current partnership board be approved the successor groups for both learning disabilities and mental health will, in conjunction with the Health and Wellbeing Board theme leads, present the draft mental health strategy and learning disability strategy to the HWBB, including the findings from the consultations.

### **Strategic/Operational Plans**

15. This report is linked to the priorities in the joint health and wellbeing strategy.

### **Implications**

16. The current Mental Health and Learning Disabilities Partnership Board does not have a budget to fulfil its remit. It is unlikely that there will be a budget attached to any new group(s) established. Resources will need to come from existing budgets/staffing within Health and Wellbeing Board partner organisations.

### **Risk Management**

17. If the Mental Health and Learning Disabilities Partnership Board continues in its present format there is a real risk that the voice and input of service users will be lost.

### **Recommendations**

18. Health and Wellbeing Board are recommended to approve the proposal to split Mental Health and Learning Disabilities Partnership Board into two separate groups with one focused around mental health and another around learning disabilities

Reason: To enable successful delivery against the joint health and wellbeing strategy, the mental health strategy and the forthcoming learning disabilities strategy.

**Contact Details**

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**Report  
Approved**



**Date** 27.06.2017

Michael Melvin  
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City of York Council

**Report  
Approved**



**Date** 27.06.2017

**Specialist Implications Officer(s)** None

**Wards Affected:**

All

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

**Background Papers:**

None

**Annexes**

None

**Glossary**

**HWBB** – Health and Wellbeing Board

**NHS** – National Health Service

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## Health and Wellbeing Board

12<sup>th</sup> July 2017

Report of the Corporate Director of Health, Housing and Adult Social Care and the Corporate Director of Children's Services, Education and Communities

### All Age Autism Strategy

#### Summary

1. The All Age Autism Strategy 2017-2021, has been written through a consultative process. Views were sought as to what was important for people with autism, and their carers, to ensure we were addressing their priorities.
2. The All Age Autism Needs Assessment forms the evidence base for the Strategy and was signed off by the Health and Wellbeing Board on 8<sup>th</sup> March 2017.
3. This report asks the Health and Wellbeing Board to formally ratify the Strategy.
4. The All Age Autism Strategy is being brought to the attention of the Health and Wellbeing Board for consideration in terms of governance structures. Responsibility for operational delivery of the actions plans will be held with the All Age Autism Strategy Group.

#### Background

5. This is the first All Age Autism Strategy, attached as **Annex A**, and seeks to bring a whole life approach to planning more joined up, seamless services for people with autism and their families/carers.
6. The Strategy has been written in the spirit of co-production with an event held at the beginning of the process to help formulate the content of the Strategy.

7. This event was held in March 2016, and following on from this work with partners has ensured that the feedback from this event is mirrored in the action plans.
8. It was also agreed that the Strategy should be kept short with the All Age Needs Assessment forming the evidence base for the Strategy.
9. The key areas of work highlighted with the Strategy are:
  - Diagnostic support
  - Inclusive communities
  - Transitions
  - Training / education
  - Employment
  - Parent / Carer support
10. Behind the Strategy sits comprehensive action plans for each area of work which are owned by sub-groups for each priority area. A member of the parents group sits on each of the other groups.

### **Main/Key Issues to be Considered**

11. The new All Age Autism Strategy will run for 4 years with a formal launch planned for September 2017. It is a high level strategy and is underpinned by comprehensive action plans.
12. The action plans will be owned by the All Age Autism Strategy Group. The Health and Wellbeing Board are asked to consider whether they wish to receive annual progress updates from the Group.

### **Consultation**

13. The All Age Autism Strategy has been developed by using a co-production approach with a workshop on the 16<sup>th</sup> March 2016 forming the basis of the Strategy. A parent / carer and a person with autism sit on each of the sub-groups and there is a virtual reference group which is used for comments and feedback.
14. Engagement sessions, electronic surveys and focus groups were used to input into the All Age Autism Needs Assessment which forms the evidence base for the All Age Autism Strategy.



### **Options**

15. There are no specific options for the Board.
16. The Health and Wellbeing Board are asked to ratify the All Age Autism Strategy and indicate whether they wish to receive annual progress updates.

### **Strategic/Operational Plans**

17. *The Statutory guidance for Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy, 2015*, takes into account progress made since the 2010 guidance, and recent legislation including the *Health and Social Care Act 2012*, the *Care Act 2014* and the *Children and Families Act 2014* which provided new duties for people with autism.
18. The aspirations, vision and priorities of both National legislation and local strategic plans, including the *Joint Health and Wellbeing Strategy*, need to be embedded and owned locally to meet the needs of the whole community including people with autism. Achieving better outcomes for everyone with autism and their families / carers requires joint working by local partners and the Health and Wellbeing Board is well placed to lead this approach.

### **Implications**

19. There are no known implications in relation to the following in terms of dealing with the specific matters before Health and Wellbeing Board Members; Financial, Human Resources (HR), Equalities, Legal, Crime and Disorder, Information Technology (IT) and Property.

### **Risk Management**

20. The Health and Wellbeing Board has a crucial role to play in overseeing the implementation of the All Age Autism Strategy. Achieving better outcomes for adults with autism requires local partners to work together and the Health and Wellbeing Board will give the support, guidance and leadership needed to ensure that the aspirations within the All Age Autism Strategy are achieved.

### **Recommendations**

21. The Health and Wellbeing Board are asked to:

- i. Ratify the All Age Autism Strategy
- ii. Receive annual updates from the All Age Autism Strategy Group.

**Reason:** to give a formal mandate for the All Age Autism Strategy and allow work to progress in achieving the actions within the Strategy.

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**Report  
Approved**

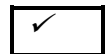


**Date** 27.06.2017

**Specialist Implications Officer(s)**

**Wards Affected:**

All



**For further information please contact the author of the report  
Background Papers:**

**Annexes**

**Annex A – All Age Autism Strategy for York, 2017-2021**

## **Annex A**

# **All Age Autism Strategy for York 2017-2021**

## **Introduction**

This plan was written by The Autism All Age Strategy Board in consultation with York residents. It is really important that York has a plan around autism so that everyone can be involved in making York a more inclusive place to live and people with autism can get the help they need when they need it.

The Autism Strategy Board is made up of people from health and social care organisations, education, the police, charities, people with autism and their families and carers.

This plan is the first plan for people of all ages (children and adults) and it has been written by people with autism, their families, and lots of different professional organisations. It is for everyone with autism and those who support people with autism who live in York.

## **What is Autism?**

Different words are sometimes used to describe autism. Words like Asperger's syndrome, Autism Spectrum Condition, Autism Spectrum disorder and sometimes just Autism.

Autism is a spectrum condition, this means that everyone with autism is different.

Autism can be defined as:

“a lifelong developmental disability that affects how a person communicates with, and relates to, other people. It also affects how they make sense of the world around them. It is a spectrum condition, which means that, while all autistic people share certain difficulties, their condition will affect them in different ways. Some autistic people are able to live relatively independent lives but others may have accompanying learning disabilities and need a lifetime of specialist support. People on the autism spectrum may also experience over- or under-sensitivity to sounds, touch, tastes, smells, light or colours.”<sup>1</sup>

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<sup>1</sup> National Autistic Society, website definition, March 2016, <http://www.autism.org.uk/about/what-is/asd.aspx>

## The local picture

It is estimated that approximately 1% of the population has autism with the prevalence rate being higher in men than it is in women (1.8% versus 0.2%)<sup>2</sup>. Current thinking, however, is beginning to question this perceived gender split and querying whether there is a potential under diagnosis of autism in females. **The Adult Psychiatric Morbidity Survey (2014)**<sup>3</sup> states “It has been suggested that assessments for autism may draw more on how the condition manifests in men, and this may lead to under identification of autism in women (Trubanova et al. 2014)”

It is estimated that 60-70% of people who have autism will also have a learning disability.<sup>4</sup>

There are estimated to be 1,635<sup>5</sup> adults with autism in York, either diagnosed or undiagnosed and 388<sup>6</sup>

For more detail about the local picture in York please read the Joint Strategy Needs Assessment for All Age Autism which sits alongside and informs this Strategy.

## Why do we need a strategy?

The Autism Act (2009) says what we need to do to make services better. It says people with autism may not always get what they need. This could be because services do not understand what they need or public places are not inclusive. It can also be difficult to find out if you have autism (a diagnosis).

A strategy is a plan. Every area in the country will have a plan. In York there were two plans for people with autism – one for children with autism and one for adults with autism. We decided to make a new plan for everyone with autism.

This plan is for the next four years – from 2017-2021

## Our Vision

Our vision is to make York an autism inclusive City where people with autism have the same opportunities as everyone else.

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<sup>2</sup> NHS Information Centre, *Estimating the Prevalence of Autism Spectrum Conditions in Adults: Extending the 2007 Adult Psychiatric Morbidity Survey*, 2012

<sup>3</sup> *Adult Psychiatric Morbidity Survey of Mental Health and Wellbeing*, England 2014, NHS Digital

<sup>4</sup> NHS Information Centre, *Estimating the Prevalence of Autism Spectrum Conditions in Adults: Extending the 2007 Adult Psychiatric Morbidity Survey*, 2012

<sup>5</sup> Projecting Adult Needs and Service Information website (18-65) and Projecting Older People Population Information System website (65+), February 2016

<sup>6</sup> Estimate based on 2012 ONS census 0-17 population, York, assumed 1% prevalence.

We asked the Autism Strategy Board to think about what our key areas should be and then we asked people in York at an event in March 2016 to tell us what they thought.

The Autism Strategy Board thought the key six areas to look at are:

- ⇒ Assessment and diagnosis
- ⇒ Inclusive communities
- ⇒ Transitions
- ⇒ Training / education
- ⇒ Employment
- ⇒ Parent / Carer support

## Our Principles

Principles are the most important things that will help to make the plan work.

Our principles are:

- ✓ People with autism and their families and carers are at the centre of everything we do.
- ✓ Focus on people's strengths to overcome barriers.
- ✓ Guidance, information and support is easily available.
- ✓ The right support at the right time.
- ✓ Increased awareness of autism across the City.
- ✓ Living in your community and being included.

## Our Plan

We have worked hard to develop this all-age autism strategy in a joined up way which has included people with autism, their families and carers, the local authority, local providers and health colleagues. Autism can have an impact on so many areas of an individual's life that we needed to make sure the strategy reflected this.



To begin the process of writing a strategy that is meaningful to York we held an event in March 2016 where we talked about the six key areas and asked people to tell us:

- What works well
- What could work better
- What we need to do

## **Making our plan happen**

We need to make sure that our plan happens and that we make a difference. The Autism Strategy Board will make sure this happens. There will be working groups for each area which has to answer to the Board and let them know how the action plans are progressing. The people involved will have the experience and knowledge to help work on each of the tasks.

These six working groups have taken the feedback from our autism day in March 2016 and created a plan which has 3 sections which mirrors feedback from the day.

From these high level plans action plans have been formed which the working groups will make happen. These are not attached to the strategy as they are working documents which will be updated and changed as the work progresses. These are available for anyone to see on request.

# Assessment and diagnosis

## What works well

## What could work better

## What we need to do

Local diagnostic service



How people waiting for an appointment for assessment are given information about assessment and diagnosis.



Work with partner organisations to ensure good information is given and that the roles of different organisations is made clear.

More people being diagnosed and able to access to support whilst waiting for a diagnosis



Reduce the time spent waiting for an assessment.



Waiting times for assessments to be closer to NICE guidelines (3 months from date of referral by 2020).  
Healthy Child Programme, schools and early years settings to improve early identification of difficulties.

Local diagnostic service



How partner organisations work together to ensure the right information, advice and support for people who may have autism or have been diagnosed with autism



Improve ways of getting help, for example, speech and language, peer group support or education support as soon as concerns arise.  
Strengthen partnership working to deliver support after diagnosis that the person needs

# Parent / Carers

## What works well

## What could work better

## What we need to do

Tuke Centre  
Lime Trees  
Short Breaks



Access to Mental Health Services which are timely and appropriate.



Access to Mental Health Services which are timely and appropriate.

ASCEND course for parents.



More training for parents.



To widen training methods and opportunities.

Peer support / voluntary sector / local support groups which help to direct to relevant services.



Accessible information that is easy to find.



Develop co-ordinated information that is easily available.



# Training and education

## What works well

## What could work better

## What we need to do

Autism specific classes at special schools.  
 Enhanced Resourced Provisions (ERPs) at two secondary schools.  
 Specialist Teaching Team for autism support in mainstream schools.  
 ASCEND parent course.



ERPs in primary schools.  
 More autism awareness in mainstream schools.  
 Peer awareness in education and training settings.  
 Reduced waiting time to attend ASCEND course.



Increase autism awareness training offer to schools.  
 Open two new primary ERPs.  
 Offer alternative educational provision for young people who cannot access mainstream school.  
 Offer more frequent ASCEND or other Parent training courses.

Specific training providers from Post 16. Connexions.



Specialist training packages working with local employers, including the police.  
 Increased awareness for some providers.  
 Improving the learning environment – more autism friendly.



Specialist training package for employers / police.  
 Have a designated point of contact with the local police who is autism aware.  
 Develop peoples understanding of sensory and environmental factors for people with autism.

Some individual work placements.



More post 16 work placements.  
 More mentoring (adapted for people with autism).  
 More bespoke training for individuals.



develop supported internships.  
 Focus on specific strengths of people with autism and develop opportunities in these areas of work.

# Inclusive Communities

## What works well

## What could work better

## What we need to do

Some good activities and reasonable adjustments have been made across York.

For example, autism friendly cinema screening



More choice of activities across the City, including non specialist places.

For example, libraries, restaurants, shops, GP surgeries.



Make everyone aware, involve a broad base of parties signing up to initiatives.

Peer support groups.

For example, Aspire



Groups for different ages / abilities / interests.



Work with groups to help facilitate group start ups.

Public awareness – people in the community would like to help.



Increase public awareness in the community.



Joint working, creating specific initiatives, use ideas from other initiatives.

# Transitions

## What works well

## What could work better

## What we need to do

Transition from Primary to secondary is effective and managed well



Part of the 0-25 agenda would suggest that commissioning support across this age range or at least 14-25 would reduce the number of changes with a parallel reduction in stress and anxiety for all concerned



To discuss with those who commission support to see if this can be extended

Early intervention, introduction days, meeting staff prior to transition, having a detailed plan



Specialist Autism workers within our Community Support/Community Short Breaks teams /Work with York



To discuss with Work with York and other providers.

Applefields transition team on site to assist post school provision



A wider knowledge of existing Autism provision within schools/education/community. There is a lot of provision but not a lot of knowledge



To scope the current provision including the support that is given outside the specialist sector  
To have an Autism Map of York 0-100 which indicates where good support exists and where the gaps are. This would help with planning any type of Transition

# Employment

## What works well

## What could work better

## What we need to do

Supported Employment Schemes including Work Choice and Access to Work



Raise awareness of existing schemes in the community and businesses.  
Increase access to supported employment schemes/providers  
Promote Work Choice and Access to Work for people with autism to help them find employment.  
Use Access to work grants regularly.



Ensure schemes are reviewed so that outcomes are transparent to service users and providers are aware of funds available  
Need to identify jobseekers with autism  
Promote the possibility of work at every opportunity for people with autism and their support groups.

Connexions (Careers Advice)



Young people from Y9 need information about future employment opportunities which is broader than now.  
Connexions links with DWP and Scheme providers/Employers



Identify clear and realistic pathways to work  
Participate in careers / jobs fairs

Working in partnership



Employing people with autism.  
Trade Union and other local partners' involvement and support.  
Transition from education to work includes advice on careers, jobsearch, work benefits and opportunities.



Increase links with business organisations locally.  
Encourage local organisations to make their workplaces autism-friendly, identifying progress and future actions.



## Appendix one: what words mean

City of York Council	is the local authority in York which manages social care and other Public Services.
Clinical Commissioning Group	is a group of doctors and other health professionals who decide what local health services to spend money on.
Diagnosis	is when the symptoms or problems you are having are recognised as being caused by a known illness or condition.
Public Services	are services provided for local people by the council. This includes things like buses, bin collection and traffic wardens.
Priorities	are the things that you must do first because they are the most important.
Transition	a word used to describe when something changes, like when a child grows up into an adult.



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**Health and Wellbeing Board**  
Report of the Manager, Healthwatch York

12 July 2017

**Healthwatch York Annual Report and Independent Evaluation**

**Summary**

1. This report presents the Healthwatch York Annual Report (**Annex A**) for consideration and discussion by the Health and Wellbeing Board, alongside two documents that contributed to the preparation of the Annual Report – the Healthwatch York Independent Evaluation (**Annex B**) and Healthwatch York Awareness Survey 2017 (**Annex C**).

**Background**

2. Every Local Healthwatch must produce an Annual Report each year, which must be published on 30 June. They must include information to meet directions published by the Department of Health in 2013<sup>i</sup>.
3. Under our contract with City of York Council, Healthwatch York is also required to:
  - a. Seek 360° feedback from key stakeholders.
  - b. Survey the public about our work

**Main/Key Issues to be Considered**

4. The Board are asked to accept the Annual Report, and consider the evaluation results.

**Consultation**

5. The appendices detail the findings of consultation work carried out, with key stakeholders and the public.

### Options

6. There are no options provided within this report.

### Implications

7. There are no known implications in relation to the following in terms of dealing with the specific matters before Board Members:
- Financial
  - Human Resources (HR)
  - Equalities
  - Crime and Disorder
  - Property
  - Other

### Recommendations

8. The Health and Wellbeing Board are asked to accept the Annual Report, and consider the evaluation results.

Reason: Health and Wellbeing Board's role in supporting public and patient engagement activity.

### Contact Details

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**Chief Officer Responsible for the report:**

Siân Balsom  
Manager, Healthwatch York

Report  
Approved



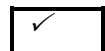
Date 3 July 2017

**Specialist Implications Officer(s)**

Not applicable

**Wards Affected:**

All



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



## Annexes

**Annex A:** Healthwatch York's Annual Report can be found here:

<http://www.healthwatchyork.co.uk/wp-content/uploads/2014/06/Healthwatch-York-Annual-Report-2016-17.pdf>

**Annex B** – HWY Independent Evaluation

<http://www.healthwatchyork.co.uk/wp-content/uploads/2014/06/Healthwatch-York-Evaluation-June-2017-FINAL-report.pdf>

**Annex C** – HWY Awareness Survey 2017

<http://www.healthwatchyork.co.uk/wp-content/uploads/2014/06/HWY-Awareness-Survey-2017.pdf>

## Glossary

Annex 1 – Independent Evaluation

Abbreviations used in order of first appearance

HWY	Healthwatch York
HWB	Health and Wellbeing Board
York CVS	York Centre for Voluntary Service
CCG	NHS Vale of York Clinical Commissioning Group
GP	Doctor working in general practice
MP	Member of Parliament
HW	Healthwatch
STP	Sustainability and Transformation Plan (now Partnership)
TEWV	Tees Esk and Wear Valleys NHS Foundation Trust
CYC	City of York Council
LA	Local Authority (in this area, City of York Council)
ADHD	Attention Deficit Hyperactivity Disorder
CHC	Continuing Healthcare
H&SC	Health and Social Care
PLACE	Patient Led Assessment of the Care Environment
NY	North Yorkshire
C&YP	Children and Young People
ASC	Adult Social Care

Annex 2

Awareness Survey

Additional abbreviations only

NHS                      National Health Service

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[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/262761/local\\_healthwatch\\_annual\\_reports\\_directions\\_2013.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/262761/local_healthwatch_annual_reports_directions_2013.pdf)

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# Healthwatch York

## Annual Report 2016-17

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- 3**      **Message from the Chair and Manager**  
Our role in sharing useful, user-friendly information has been vital.
- 4**      **About Healthwatch York**  
Healthwatch York puts people at the heart of health and social care services.
- 5**      **Healthwatch York by numbers**
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Finding out what you think about local health and care services is at the heart of what we do.
- 10**     **Helping you find the answers**  
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Every year Healthwatch York produces reports containing recommendations for a range of organisations.
- 15 - 16** **Our people**  
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- 17**     **How we spent our money**  
1st April 2016 to 31st March 2017.
- 18**     **Our plans for the next year**  
Our priorities and objectives for the coming year.
- 19**     **Healthwatch York Partners**  
Healthwatch York recognises the valuable contribution of other agencies, particularly voluntary and community sector organisations.
- 20**     **Contact Us**

# Message from the Chair and Manager



## From the Chair

**Giving people a voice in health and social care has never been more important, or more challenging.**

This year we saw the emergence of Sustainability and Transformation Plans, talk of Accountable Care Systems, and New Models of Care, and discussions on the GP Forward View. All without legislation, much without consultation, most unintelligible without explanation. Engaging in this new, evolving landscape, and flagging up opportunities to get involved, our role in sharing useful, user-friendly information has been vital.

In our magazine, in our face to face meetings with the public, we aim to share the insight we gain from conversations with health and social care colleagues. But all of this is meaningless without understanding your experiences. Thank you to everyone who talked to us this year. And if you haven't yet, we hope very much to hear from you in 2017!

**John Clark**  
Chair, Healthwatch York



## From the Manager of Healthwatch York

**2016/17 has been a year of beginnings and endings for the staff team.**

In May 2016 we welcomed Carole Money to our team to support the Community Equipment and Wheelchair Forum. You can read more about this work later in this report.

We also said goodbye to Barbara Hilton, who retired in April 2017. Barbara came to Healthwatch York from York LINK and played a vital role in supporting our Community Champions. For us and our volunteers, we will miss her, but wish her every possible happiness in the future.

I hope you enjoy reading about our work. We aim to give you a voice in everything that happens in health and social care in our city. We hope this report shines a light on the hard work of our staff and volunteers in making that possible.

Happy reading!

**Siân Balsom**  
Manager, Healthwatch York

**Engaging in this new, evolving landscape, and flagging up opportunities to get involved, our role in sharing useful, user-friendly information has been vital.**

# About Healthwatch York

## What is Healthwatch?

Healthwatch was set up by the Government in April 2013 to help put people at the heart of health and social care services. A local Healthwatch has been set up in every area of England.

## What does Healthwatch York do?

- + We help people share their views and concerns about health and social care services
- + We provide information about local services so that people know how to find the help they need
- + We signpost people to independent complaints advocacy if people need support to complain about a service

We know you want services that work for you, your friends and family. That's why we want you to share your experiences of using health and care services with us – both good and bad. We use your voice to encourage those who run services to act on what matters to you.

## Who are we?

Our staff team are mostly part time, and our working hours are the equivalent of 2.8 full time staff. To represent and include our local community we have 44 volunteers in a variety of different roles (at 31st March 2017).

People can also be involved with Healthwatch York and contribute to our activities by

- + Signing up to our mailing list
- + Taking part in our focus groups and consultations
- + Taking part in our surveys

Healthwatch York puts people at the heart of health and social care services, enabling you to be heard. We believe that together we can help make York better for everyone.

**Helen, Barbara, Siân, Carol, Carole**

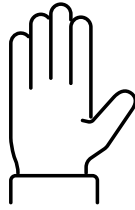


Healthwatch York staff team, August 2016

# Healthwatch York by numbers



**1,883** people and organisations on our mailing list



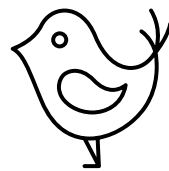
**44** volunteers



**39** Healthwatch York partners



**47** people submitted feedback via 'rate and review' on our website



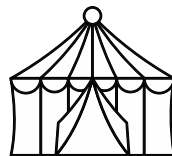
**297** tweets  
**1,920** Twitter followers (as at 31/3/17)



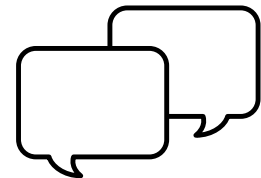
**23** care homes visited  
**111** residents consulted



**7** surveys  
**1,082** responses to Healthwatch York surveys



**103** information stands at community events attended



**2,995** people shared their views - this includes stands, issues, survey responses and care home conversations



**7** Healthwatch York reports  
**95** meeting reports written



**43** documents/publications reviewed for external organisations including York Hospital, NHS Vale of York Clinical Commissioning Group and City of York Council

# Highlights of our year

## April - June 2016

- + Presented our **report on the closure of Bootham Park Hospital** to City of York Council's Health Scrutiny committee as part of a wider meeting focussed on its closure.
- + Awarded funding by the NHS Vale of York Clinical Commissioning Group to start running the **Community Equipment and Wheelchair Services Forum**.
- + **Attended a Roundtable meeting in Westminster** with Alistair Burt (then Communities Social Care Minister), Rachael Maskell MP and Tees, Esk and Wear Valleys NHS Foundation Trust staff. Received an apology on behalf of the people of York regarding how Bootham Park Hospital was closed.
- + Published our **report on Access to GP Services**.
- + Took part in an initial **workshop about the Humber Coast and Vale Sustainability and Transformation Plan**.
- + Supported Tees, Esk and Wear Valleys NHS Foundation Trust's informal events about **the new mental health hospital in York**.
- + Published our **third Annual Report**.



▲ **Healthwatch York meeting TEWV staff and MPs in Westminster**

## July - September 2016

- + **Held our third Annual Meeting**, attended by over 100 people.
- + **Wrote and submitted a tender bid to keep the Healthwatch York contract at York CVS**.
- + **Encouraged people to share their concerns following the announcement of the decision to close Archways**, resulting in a report to the September Health Scrutiny meeting.
- + **Held a development day for all Healthwatch York volunteers** which included a City of York Council workshop about the city's public health offer, and a SWOT analysis to inform our strategic planning.
- + **Worked jointly with local Healthwatch across Yorkshire and the Humber completing visits to Community Dental services**, speaking to over 60 individuals.



▲ **Healthwatch York Annual Meeting 2016**



# Highlights of our year

## October - December 2016

- + **York CVS were awarded the contract to run Healthwatch York for 3 years from 1st April 2017.**
- + **Published the results of our Antenatal and Postnatal Services survey and presented it at the Health and Wellbeing Board in November.**
- + **Received 782 responses to our survey about the changes to Unity Health's appointment system, following concerns raised by one of our volunteers.**
- + **Supported Tees Esk and Wear Valleys NHS Foundation Trust and NHS Vale of York Clinical Commissioning Group's engagement activities and formal consultation on York's new mental health hospital.**



▲ **Healthwatch York's base for the next 3 years**

## January to March 2017

- + **Launched our workplan survey, helping us to identify what we should be working on in 2017.**
- + **Published the second edition of our guide to mental health and wellbeing in York, funded by Tees Esk and Wear Valleys NHS Foundation Trust.**
- + **Attended Unity Health's Patient Participation Group to share the findings of our survey looking at the introduction of their online triage and appointment system.**
- + **Presented 3 reports to the Health and Wellbeing Board in March - Making York work for people with dementia; Continuing Healthcare; Support for Adults with ADHD.**
- + **Signed the human rights pledge in support of York becoming the UK's first Human Rights City.**
- + **Held a development day for all Healthwatch York volunteers which included a review of Healthwatch York's first four years and a feedback session for City of York Council's Public Health team on their newly developed health app.**



▲ **Healthwatch York manager (right) with Human Rights City Network Coordinator Heidi Chan**

# Listening to local people's views



**Volunteers Jane and David**

**Finding out what you think about local health and care services is at the heart of what we do. We want to hear from as many people as possible, so we make sure you can get in touch with us in different ways.**

Anyone who uses health or care services in York can phone us, email us, write to us, use our website feedback centre, or speak to us face to face.

Our volunteers and staff run Healthwatch York stands throughout York - in 2016/17 we had 103 information stands at a wide range of community venues and events. This gives us lots of opportunities to talk to people about the services they use and find out what people think is working well, and what could be improved.

We record all the feedback we receive and pass it on, with personal details removed, to the organisations who provide and commission (buy) local services so they can see what people are telling us.

We visit local groups and organisations to listen to people's experiences of services, and let them know how they can contact us with their feedback.

When we carry out work on specific topics we hold focus groups or workshops and carry out paper and online surveys. This year 2,995 people have shared their views with us - this includes all the issues we have recorded, conversations with care home residents and people who have responded to our surveys.

## Visiting services

### Listening to care home residents

**Healthwatch York volunteers regularly visit local care homes with City of York Council staff as part of the Council's programme of care home consultation and observation visits.**

We talk to residents about what it's like to live in a care home, and find out what they think about things such as food, staff and activities in the home. As well as giving care home residents the chance to have their say, our consultations contribute to and enhance the reports City of York Council produce for care homes. This year our team of 10 specially trained and supported volunteers have visited 23 care homes and consulted with 111 residents.

**Angela Thacker, Quality and Performance Officer, Adult Social Care Commissioning Team, City of York Council said:** 'Our partnership working with Healthwatch York has helped to identify both good and poor practice with residential care services which has been fed back to providers to address.'



**Volunteers Jane and Judith talk to a care home resident**

# Listening to local people's views



**Volunteer Maddy (right) talking to people at West Offices**

## Working with minority ethnic communities

Throughout this year we have continued to encourage under-represented groups to sign up as Healthwatch York partners.

We attended a York Racial Equality Network (YREN) meeting to run a workshop session exploring opportunities for the group to increase engagement with health and care services. We are pleased that YREN have now signed up to become a member of our partner programme.

➔ You can see the full list of all our partners on page 19.

## Working with younger people

This year we have taken deliberate steps to hear from younger people (under 21) in our community.

We have recruited 6 student volunteers in a variety of roles, including a new role as student and young peoples' lead on our Leadership Group.

The second issue of our guide to mental health and wellbeing in York, which we published this year, contains an expanded directory section on sources of support and information for students at both of the universities in York.

We were pleased to be invited to a city-wide schools Mental Health conference for the second year running. **Kate Sowter, Archbishop Holgate's School said:**

'The Healthwatch York team who came to our Mental Health conference last year were superb (hence asking them to come back this year). The resource book (Mental Health Guide) is incredible and I champion you to all I meet in Education. Keep doing what you do!'

## 66 Colleagues from Healthwatch York have shared user experience to help shape the development of the school well-being service in the city. 🧡

**Eoin Rush, Assistant Director, Childrens Specialist Services, City of York Council**

## Hearing people's views on community dentists

**Our Enter & View volunteers, together with members of the staff team, gathered the views of people at all the community dental services in York.**

We spoke to over 60 individuals, gathering feedback in support of work for NHS England which was co-ordinated by Healthwatch Leeds.

# Helping you find the answers

We provide information advice and signposting via phone calls or emails to the office and at our information stands throughout York. We signpost people to the main advice services in York and to local community and support groups.

Here are just some examples of the wide variety of enquiries we have responded to:

- + Providing York Advocacy's NHS complaints packs to people who want to make a complaint.
- + Providing details of GP services and a copy of our mental health and wellbeing guide to someone whose son with depression had recently moved into the area.
- + Sending information on dementia services and useful reading to someone enquiring about information and support available in York.
- + Providing paper copies by post of the consultation document for the new mental health hospital.
- + Signposting a carer to sources of support for his wife.



**Volunteers Judith (left) and Priscilla at Fulford Show**

## Mental Health and Wellbeing in York

Healthwatch York's guide to Mental Health and Wellbeing in York helps local people find the care and support they need. The guide is used by GP practices, pharmacies, City of York Council, schools and other voluntary groups to signpost customers to support.

“A staff member from Tees, Esk and Wear Valleys NHS Foundation Trust said: "We find it incredibly useful. It's a great reference for staff and we also use it to look through with patients when exploring extra avenues of support. I've been using the digital copy for some time now also. Thank you for your help!"

“A member of staff from Restore York, a charity which provides homes and support to people who would otherwise be homeless, said: "It is absolutely brilliant. Comprehensive and has all aspects in one place. It's what we've been waiting for."

“A father phoned Healthwatch York for advice about what to do for his son who was having a mental health crisis. We gave him advice over the phone and sent him a copy of our guide. He responded: "Many thanks for your very helpful advice and for this document. It contains a lot of useful information."

## Magazine

Healthwatch York's magazine helps people navigate the health and care system. It provides information about a range of organisations and services and local people tell us how useful it is:

“A very good publication for the people of York. Lots of good information.”

“Great magazine with lots of interesting articles and relevant information.”

## Readability

Our readability service helps make sure that information given to people by York Hospital and other organisations is accessible and easy to understand.

During 2016/17 our volunteers reviewed 43 leaflets and other publications.

# Making a difference together

Every year Healthwatch York produces a number of reports containing recommendations for a range of organisations including Vale of York Clinical Commissioning Group (CCG), City of York Council and York Hospital.

All Healthwatch York reports are taken to the city's Health and Wellbeing Board for them to acknowledge and accept the recommendations we make. The Board is also responsible for monitoring the progress organisations make against our recommendations.

All our reports are available to download from our website: [www.healthwatchyork.co.uk/our-work/hw-york-publications](http://www.healthwatchyork.co.uk/our-work/hw-york-publications)



## Unity Health GP practice have made changes as a result of our report

Many of us experience challenges in making appointments with our GP and Unity Health is the first practice in our area to try an online solution to the problem.

When a University of York student contacted us with their concern that, without support, some people would not be able to use the online system to make appointments, we wanted to find out how other patients felt about the change. Unity Health supported us in the distribution of a survey to gather information about people's experiences of using their system.

Key concerns raised by survey respondents included:

- + Whether the system is the right one for all types of appointments
- + Concern over confidentiality
- + Problems with the online form
- + The need for a quicker route for routine prescriptions
- + Access to the form outside surgery hours

We published our report 'Unity Health Appointment Changes' based on the 782 survey responses we received.

Unity welcomed our report and, as a result of

our recommendations have already taken action to address some of the issues raised. We will be working with Unity to repeat the survey during the summer of 2017 to find out how well these actions have mitigated the concerns of their patients.

## York's Health and Wellbeing Board commit to co-production in response to our report

When the decision to close Archways Intermediate Care Unit was announced we contacted The Press and invited people to share their concerns with us. We included all the feedback we received in our report to the Council's Health Scrutiny Committee and made recommendations for future service changes:

- + All plans for consultation and engagement with the public and the other organisations involved should be developed at the earliest possible stage.
- + There needs to be a commitment to co-design and co-production.

As a result of our report, Health and Wellbeing Board members committed to using a co-production approach to all future major service changes in York. To support them with doing this we have been working with City of York Council to draft a co-production strategy which will be shared with the Health and Wellbeing Board before consultation takes place.

# Making a difference together

## Local people have influenced changes to wheelchair and community equipment services

**Local wheelchair users told us they were keen to be involved in designing, shaping and evaluating services. They also wanted to have a regular opportunity to get together and discuss their experiences.**

In our report on wheelchair services we made a number of recommendations based on what people had told us about their experiences of both the wheelchair service and the community equipment service. One of the recommendations we made to the Vale of York Clinical Commissioning Group (CCG) was the need for a regular forum for people who use the services.

As a result of our report, the CCG commissioned Healthwatch York to run a monthly forum for all users of wheelchairs and community equipment across York and North Yorkshire.

The forum provided a unique opportunity not only for service users to get together, but also to work with the CCG to design new service contracts for wheelchairs and community equipment. This helped the CCG make changes to services via their procurement process. This resulted in a change of service provider for both community equipment and wheelchair services from December 2016. The forum is an ongoing opportunity for people to share

their experiences with other service users, commissioners and the new providers. The CCG have now committed to involving service users in the monitoring of the contracts and service improvements in the future.

The CCG accepted all the findings of our report on wheelchair services and launched a rapid improvement programme with other local CCGs.

They have produced a 'You Said We Did' document which details 34 outcomes from our work supporting a wheelchair and community equipment forum from May 2016 to April 2017, alongside their own review of services.

➔ **On the right are just a few examples of these outcomes:**



**Wheelchair and community equipment forum**



**Healthwatch York gather views at the forum**

# Making a difference together

## You Said, We Did

**66 People said:** Equipment is often delivered with no information on how to use it

**What's changed?** The new service providers set up all equipment and demonstrate its use to people in their home, leaving literature as supporting information

**66 People said:** We don't know whether/how to return equipment when it is no longer needed

**What's changed?** The new service providers clearly label equipment with a phone number to ring for collection and collect the equipment within 5 working days

**66 People said:** There are lots of different providers and repairers - it's confusing.

**What's changed?** There is now just one service provider for community equipment and one for wheelchair services. There is one contact number for each service so people know who to call

**66 People said:** There are long waits for wheelchair repairs and independence can be severely impacted, particularly when a powered chair needs repair.

**What's changed?** The new wheelchair service specification includes suitable and realistic repair standards. Delays due to parts being ordered should be minimal as the new provider has multiple suppliers for sourcing wheelchair spare parts

**66 Taking part in the wheelchair forum has been a fantastic opportunity to meet other service users and get involved in the procurement process. 22**

- Laura Branigan, wheelchair forum member

## It starts with you

**66 Healthwatch York reports set out recommendations that when implemented lead to improvements in both health and social care services for the people using them. 22**

- Anonymous feedback from one of our statutory partners responding to our independent evaluation 2017

York Teaching hospital NHS Foundation Trust confirmed that the results of our survey on antenatal services, which were included in our report 'Antenatal and Postnatal Services in York' were in line with their own findings. As a result of this work they have decided to re-instate face to face antenatal classes.

When York Teaching Hospital NHS Foundation Trust began work on redesigning the Emergency Department (ED) waiting area at York Hospital they considered the recommendations from our 2015 report 'A&E and alternatives'.

When asked how the work of Healthwatch York has led to the improvement of health and/or social care services in York Lesley Godfrey, GP partner and clinical lead, York Integrated Care Team said: 'I have learnt why co-production will lead to a better service outcome. I am aiming to implement this with support for the Primary Care Home projects.'

# Making a difference together

## Working with other organisations

**We share everything we hear about local services with Healthwatch England so they can build a picture of health and care across England.**

This year we introduced **CiviCRM**, a customer relationship management system, to record issues so that we can easily share information with Healthwatch England. In June 2016 Healthwatch England featured our work with volunteers in their publication **'Making Your Voice Count'**.

We have good working relationships with our neighbouring local Healthwatch in North Yorkshire and East Riding of Yorkshire. The manager of Healthwatch York represents local Healthwatch on the Humber Coast and Vale Sustainability and Transformation Plan (STP) Partnership Board.

We enjoy a close working relationship with the social care team at the Care Quality Commission (CQC), meeting regularly in partnership with the Council to share information including feedback from our care home assessor programme. This supports them in their regulatory activity.

The manager of Healthwatch York, Siân Balsom, occupies our seat on the Health and Wellbeing Board on behalf of everyone in York. She takes an active role in Board meetings and development sessions.

When asked about the influence of Healthwatch York one of our stakeholders said: 'The work of the Health and Wellbeing Board and the Health and Social Care Partnership Alliance Board is shaped by Healthwatch York'. (An Independent Evaluation of the Service Provided by Healthwatch York, York St John

University, May 2017)

We have strong links with the City of York Council's Health and Adult Social Care Policy and Scrutiny Committee (HASCASC) and regularly contribute to specific agenda items as well as presenting reports.

“Healthwatch York's work, as the conduit for patient representation, is vitally important. As local clinical leaders, the CCG's role is to commission excellent healthcare on behalf of and in partnership with everyone in our community and Healthwatch York plays a very important, pivotal role in helping us to do that.'

**Dr Phil Mettam, Accountable officer at NHS Vale of York Clinical Commissioning Group (CCG)**

“Healthwatch York are exemplary; a critical partner; play a key role in constructively challenging and supporting improvement. Supported a culture of co-production; undertaken specific investigations eg impact of closure of Bootham Park Hospital, support public engagement, support to integration and transformation board, overview and scrutiny as well as general support to health, housing and adult social care.

Healthwatch York have provided excellent feedback and constructive challenges to the sector.'

**Martin Farran, Corporate Director of Health, Housing and Adult Social Care, City of York Council**



# Our people

## Our volunteers are wonderful - we can't do without them!

They help us carry out our work in a variety of different roles, gathering people's views and helping people find the support and information they need.

Our volunteers visit care homes; review publications to make sure they are accessible and understandable; attend meetings and write reports to share with our partner organisations and other volunteers; and help us with our work in the office.

We keep our volunteers well informed via monthly bulletins. The bulletins, received either by email or post, contain updates on Healthwatch York's activities, local and national health and social care news. They also include reports from all meetings attended by staff

and volunteer representatives including local forums, service provider meetings, Council and Clinical Commissioning Group meetings. The electronic version of the bulletin includes links to all Care Quality Commission (CQC) reports for services in our area.

We hold regular meetings for our volunteers to help to keep them up to date and give them the opportunity to share experiences and provide feedback. We make sure that all our volunteers have the necessary training to carry out their role effectively and hold regular development days to focus on specific topics.

We were very pleased to be highly commended by Healthwatch England at the 2016 national conference for the value we bring to volunteering.

We're very proud of all our volunteers. Thanks to them we can involve more local people and make sure their voice is heard.



**Volunteers Judith and John at Priory Street**



**Volunteer Chris at Sainsbury's café**



**Some of our wonderful volunteers!**



## Our people



◀ **Left to right back row:** Sarah Armstrong, Chief Executive York CVS; Siân Balsom, Manager Healthwatch York; Colin Black, marketing and communications lead; Catherine Scott, student and young peoples' lead. **Front row:** Lesley Pratt, volunteers lead; John Clark, Chair

### How we involve the public and volunteers

**Our Leadership Group supports the staff team to deliver the Healthwatch York contract, overseeing our strategic direction and monitoring progress against our work plans.**

Their feedback and advice is a vital part of our decision making process. Leadership group meetings, which take place every two months, are open to the public so anyone can attend.

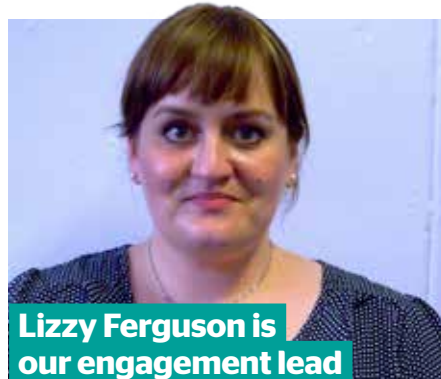
The group is made up of volunteers in a number of lead roles, the Healthwatch York manager and the Chief Executive of York CVS who provides a link to the CVS Board of Trustees.

All our volunteers have opportunities to be involved in planning and making decisions about our work. This year, at one of their development days, our volunteers carried out a SWOT analysis to inform our strategic planning.

We run an annual work plan survey to ask local people what they would like us to work on during the coming year. The issues we ask people to choose from are those which have been raised with us by

the public. In addition to our planned work, we are able to respond to urgent issues which are important to local people such as the closure of Archways Intermediate Care Unit.

We help local health trusts recruit volunteers to take part in PLACE (Patient led Assessment of the Care Environment). We have also developed a training session to prepare volunteers for PLACE which we run for our Healthwatch York volunteers and other assessors. As a result, assessors confidence in carrying out PLACE has



**Lizzy Ferguson is our engagement lead**

increased and they are able to make the most of the opportunities to take part.

.....

**Volunteer Trish Thornton said: 'To a novice patient assessor PLACE can seem quite daunting- without the Healthwatch York Preparing for PLACE training I would have floundered.'**

.....

**We support and encourage local people to get involved in the planning and commissioning of local health services. We use our website, our quarterly magazine and our monthly bulletin for volunteers and partners to promote consultations and advertise opportunities for people to get involved.**



**Volunteers attend one of their development days**

# How we spent our money

1st April 2016 to 31st March 2017

## Income

City of York Council contract	£115,000
NHS Vale of York Clinical Commissioning Group <sup>1</sup>	£10,000
Donations	£43
Income from training <sup>2</sup>	£1,428
<b>Total income</b>	<b>£126,471</b>

## Expenditure

### Staff

Staff salaries	£74,285
Staff expenses	£871
Staff training and development	£410
	<b>£75,566</b>

**Volunteer expenses and training** **£2,336**

**Meeting and events costs** <sup>3</sup> **£5,925**

### Promotion and marketing

Marketing, publicity and promotions <sup>4</sup>	£1,525
Design, printing and publishing <sup>5</sup>	£8,000
	<b>£9,525</b>

**York CVS management charges** <sup>6</sup> **£24,550**

**Legal and professional costs** <sup>7</sup> **£1,525**

### Website and office sundry costs

Freepost costs, sundry stationery etc	£920
Website and online feedback centre	£3,142
	<b>£4,062</b>

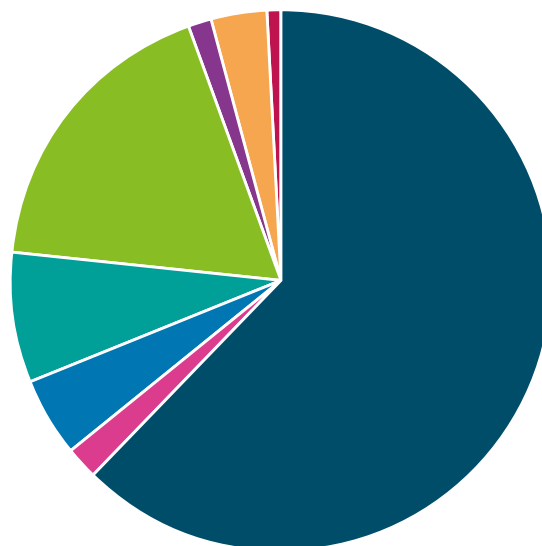
**VAT** **£853**

**Total expenditure** **£124,342**

Draft surplus for 2016/17 **£2,129**

**NB:** these are unaudited figures. They have not yet been confirmed by York CVS accountants.

## Summary of expenditure



Staff costs	<b>£75,566</b>
Volunteer expenses & training	<b>£2,336</b>
Meeting & events costs	<b>£5,925</b>
Promotion & marketing	<b>£9,525</b>
Management charges	<b>£24,550</b>
Legal & professional costs	<b>£1,525</b>
Website and office sundry costs	<b>£4,062</b>
VAT	<b>£853</b>

- <sup>1</sup> Paid to Healthwatch York to run the Community Equipment and Wheelchair forum for York and North Yorkshire.
- <sup>2</sup> Enter & View training delivered by Healthwatch York to Healthwatch North Yorkshire volunteers.
- <sup>3</sup> Meeting and event costs include Priory Street Centre room hire (including equipment and refreshments), British Sign Language (BSL) interpreters and external room hire.
- <sup>4</sup> Marketing and publicity includes adverts in local press and other publications. Promotional materials include branded pens, stress balls, banners etc.
- <sup>5</sup> Design, print and publishing costs include our quarterly magazines, annual report, mental health guides, adverts, posters and flyers.
- <sup>6</sup> Management charges include office accommodation costs, IT, payroll services and HR support.
- <sup>7</sup> Legal and professional costs include an external evaluation of Healthwatch York.

# Our plans for next year

**During the coming year we will gather work on access to dentists, the topic you chose in our work plan survey. We will be gathering feedback from as many people as we can, running a survey throughout the summer and publishing our report based on what people have told us later in the year.**

Our guide to dementia support in York - **‘What’s out there for people with dementia, their families and friends in York?’** was published as this report went to press and is already proving popular and useful to individuals and organisations.

We have started working with our student volunteers to improve awareness of and engagement with Healthwatch York amongst the city’s student population. We will also be supporting 2 groups of students to develop campaigns looking at what people want to see from health and social care integration.

We hope to be able to do further work with children and young people during the coming year and have welcomed a comment from Jon Stonehouse, Corporate Director Children, Education and Communities, City of York Council who said: ‘I would like to do more work with Healthwatch York, specifically on the children’s agenda.’ (An Independent Evaluation of the Service Provided by Healthwatch York, St John University, May 2017)

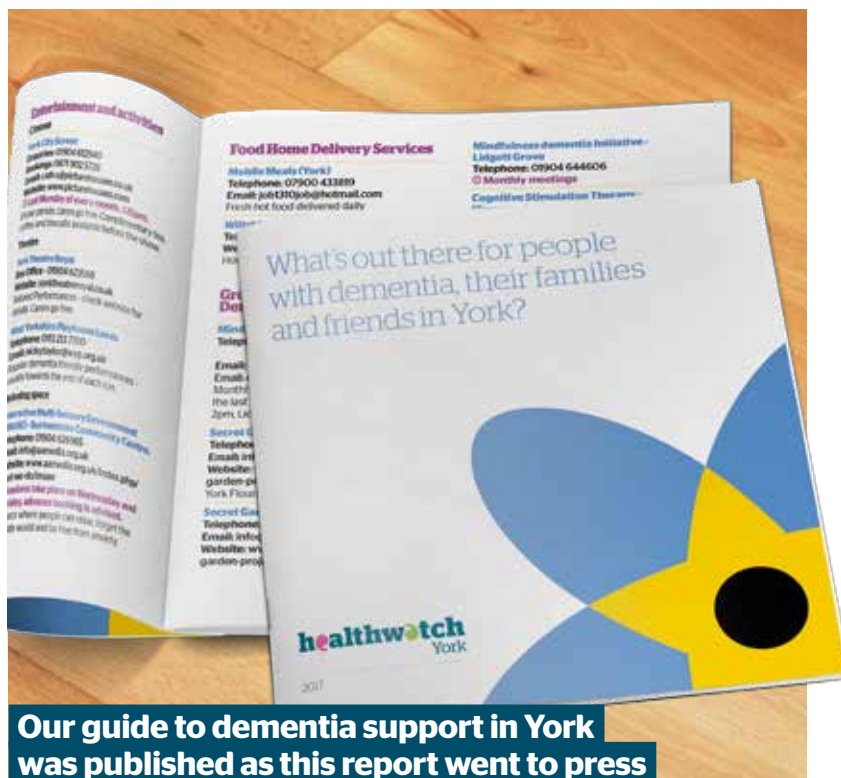
We will be working with City of York Council to raise local awareness and interest in co-production, including hosting an event for National Co-production Week in July 2017.

We are working with Ways to Wellbeing, York’s social prescribing project, to develop a new volunteering role. This will help support people to access activities in order to improve their health and wellbeing.

We continue to raise awareness of Sustainability and Transformation Plans (STPs), explain what’s going on and encourage local people to get involved in work to shape local plans.

We are developing our regular outreach activity and are exploring opportunities for holding more stands at local pharmacies, libraries and other community venues.

We continue to move our data on to CiviCRM, the customer relationship management system developed by Healthwatch England. This will help to streamline our office processes and improve reporting at national level.



# Healthwatch York partners

Healthwatch York recognises the valuable contribution that other agencies, particularly voluntary and community sector organisations, make to putting people at the heart of our health and social care services in York. These organisations were part of our Partner Programme during 2016/17:

- + AbleWeb
- + Accessible Arts & Media
- + Action on Hearing Loss
- + AgeUK York
- + Alzheimer's Society
- + Be Independent
- + Brunswick Organic Nursery
- + Citizen's Advice York
- + Dementia Forward
- + Explore York Libraries
- + Independent Domestic Abuse Services (IDAS)
- + Kyra Women's Project
- + Mainstay
- + National Osteoporosis Society (NOS) - York branch
- + Older Citizens Advocacy York (OCAY)
- + Outsource (VCSE support CIC)
- + Parkinson's UK York
- + Priory Street Nursery
- + Royal Voluntary Service - Leeds & York Hub
- + St Nick's
- + Stroke Association York
- + Whitworths Pharmacy
- + Wilberforce Trust
- + York Independent Living Network (YILN)
- + York Older People's Assembly (YOPA)
- + York Advocacy
- + York Bike Belles
- + York Blind & Partially Sighted Society
- + York Carers' Centre
- + York FIS (Family Information Service)
- + York Flourish
- + York LGBT Forum
- + York MS Society
- + York Parent Carer Forum
- + York People First
- + York Rheumatoid Arthritis Support Group
- + York Wheels
- + York Unifying Multicultural Initiative (YUMI)
- + York Racial Equality Network (YREN)

## What do organisations gain from being Healthwatch York partners?

### York MS Society say:

“We are proud to be a Healthwatch York partner and to benefit from the expertise, insight and opportunities that Healthwatch York provides

Like Healthwatch York, we are committed to putting people at the heart of health and social care in York and know that working together we are better able to do that for people with and affected by MS.

Being a partner means we can

quickly find out about health and social care consultations and can make sure our members get the chance to give their feedback. Healthwatch York also helps us highlight issues and challenges for people with MS with the current health and social care system.

We have also benefitted from the links being a partner provides to share ideas and gain support for a community transport system and accessible exercise facility for York.


Being a Healthwatch York partner is a real win-win for us and helps the York MS Society provide the best support for local people with and affected by MS.”



## Contact us:

 **Freepost RTEG-BLES-RRYJ**  
**Healthwatch York**  
**15 Priory Street**  
**York YO1 6ET**

 **01904 621133**

 **07779 597361** - use this if you would like to  
 leave us a text or voicemail message

 **healthwatch@yorkcvs.org.uk**

 **@healthwatchyork**

 Like us on **Facebook**

 **www.healthwatchyork.co.uk**

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## York CVS

**Healthwatch York is a project at York CVS. York CVS works with voluntary, community and social enterprise organisations in York.**

York CVS aims to help these groups do their best for their communities, and people who take part in their activities or use their services.

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**This Annual Report is available to download from the Healthwatch York website:**

 **www.healthwatchyork.co.uk**

Paper copies are available from the Healthwatch York office and local libraries.

**If you would like this Annual Report in any other format, please contact the Healthwatch York Office**

We use the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

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This annual report is published on our website and has been circulated to Healthwatch England, CQC, NHS England, NHS Vale of York Clinical Commissioning Group, Health, Housing and Adult Social Care Policy and Scrutiny Committee and City of York Council

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**healthwatch**  
 York

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# An independent evaluation of the service provided by Healthwatch York (HWY)

May 2017

**Researchers:**

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2. Sampling frame – contacts list provided by HWY
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## 1. Healthwatch York Evaluation Executive Summary

### 1.1 Background

Healthwatch York (HWY) is a local, independent organisation which aims to influence health and social care in a variety of services in the York area. Healthwatch York's Mission Statement is: *'Healthwatch York puts people at the heart of health and social care services, enabling you to be heard. We believe that together we can help make York better for everyone.'* Their aims are:

'we will:

- Be responsive
- Understand what's really happening in relation to health and social care and speak up about it
- Use your words and stories to show the impact of services – good and bad
- Involve you in the work we do
- Champion your involvement in your health and care
- Work with existing partners
- Reach new people and partners'

### 1.2 Purpose of this evaluation

This is the second independent evaluation project undertaken by Dr Laver-Fawcett and Dr Cronin-Davis commissioned by Healthwatch York to consider services provided by Healthwatch York (HWY). The first project was conducted in May 2016. The specific objectives of both projects were to evaluate: whether statutory partners perceived that HWY meets its stated aims; obtain the views of statutory partners regarding how HWY has contributed to the improvement in health and social care services in York; and explore whether HWY has been able to influence such services from the perspective of statutory partners. The evaluation was conducted by two independent researchers, Dr Alison Laver-Fawcett (Associate Professor and Research Lead for the School of Health Sciences at York St John University) and Dr Jane Cronin-Davis (Associate Professor and Programme Lead for Occupational Therapy at St George's University of London). Both are occupational therapists who

have previously worked in health and/or social care and have conducted previous service evaluations for a variety of organisations.

### **1.3 Methodology used for the evaluation**

This evaluation utilised an on-line survey using the York Centre for Voluntary Service's (York CVS) Survey Monkey account. The mixed method survey comprised 13 questions with a mix of closed and open questions and replicated the survey questions used for the Healthwatch York evaluation in conducted in May 2016. This allows for comparisons to be made between results obtained this year and last year. Quantitative data was collected using 5 point ordinal Likert rating scales, through which respondents indicated their level of agreement (strongly agree, agree, neither agreed or disagree, disagree and strongly disagree) in relation to a series of statements that reflected HWY's mission and specific aims. A detailed breakdown of the responses to the Likert rating scales are provided in the main report in both tables and graphs. For the overview of findings in this executive summary, strongly agree and agree responses have been totalled to provide an agreement percentage, neither agree nor disagree responses and referred to as 'neutral' responses, and strongly disagree and disagree responses were totalled to provide a disagreement percentage. Qualitative open questions sought free text comments and examples. The introduction to the survey and survey questions are provided in Appendix 1. HWY provided the researchers with a contact list of 141 service providers and / or service commissioners who were used as the sampling frame (Appendix 2). These people were invited to take part via email (Appendix 3) containing a link to the on-line survey. Two reminder emails were also sent (Appendices 4 and 5). A comparison of the data generated from the project conducted in 2016 has been given where appropriate.

### **1.4 Findings**

A sample of 27 people responded to the evaluation survey giving a response rate of 19%. Of these, 59.3 % (n = 16) provided the name of the service they worked for and the respondents represented a number of organisations including: City of York Council; NHS Vale of York Clinical Commissioning Group (CCG); York Teaching

Hospital NHS Foundation Trust; Tees Esk and Wear Valleys NHS Foundation Trust; North Yorkshire Police; and York CVS. Eight respondents were willing to be named with their feedback comments in Healthwatch York's 2017 Annual Report; these will be provided separately to the organisation.

Overall, the information gained from Healthwatch York's partner organisations has been positive. The majority of respondents in 2017 (74.08%) were in agreement that *'Health care services in York have been improved as a direct result of the work of Healthwatch York'* (Question 1). This is an increase of 13.88% compared to the 59.2% who were in agreement last year. Less respondents (19.23% compared to 37% in 2016) provided a neutral response this year and just 7.69% (two people) were in disagreement with this statement. No one strongly disagreed with the statement. In addition, the majority of respondents (20/26; 76.92%) were in agreement that *'Health care services in York have been influenced as a direct result of the work of Healthwatch York'* (Question 4); this was same percentage as in 2016 when 20/26 respondents were in agreement. This year there was a slight decrease of 3.87% in the number of respondents who provided a neutral rating. However, one person (3.85%) disagreed with the statement this year, whereas in 2016 no one disagreed.

In terms of social care services, there was an increase of 11.31% in the percentage of respondents who agreed that *'Social care services in York have been improved as a direct result of the work of Healthwatch'* (Question 2); 46.11% agreed in 2017 compared to 34.8% in 2016. Whilst the number who gave a neutral response decreased this year by 19.08% from 65.2% in 2016 to 46.12% in the responses in 2017. However, last year no one disagreed or strongly disagreed with this statement, whereas this year two respondents disagreed.

There was agreement from 62.5% of respondents that *'Social care services in York have been influenced as a direct result of the work of Healthwatch York'* (Question 5). This was an increase of 14.5% on the 48% who agreed with this statement in 2016. A lower percentage of 33.33% provided a neutral response compared to 52% in 2016, which was a decrease of 18.67%. However, this year one person (4.16%) disagreed, whereas in 2016 no respondents disagreed with the statement. Specific

examples were provided by eight respondents regarding how Healthwatch York has influenced health and / or social care services in York (Question 6).

There was generally strong agreement that HWY was meeting its stated aims (Question 7); 93% per cent agreed that *'Healthwatch York is responsive to the needs of York residents'* and 89% agreed that *'Healthwatch York understands what is happening in relation to health and social services in York'*, and only one person disagreed with the latter statement.

Eighty-nine per cent agreed that *'Healthwatch York speaks up about the provision of health and social care services in York'* and 85% agreed that *'Healthwatch York uses the reviews, words and stories of service users to show the impact of health and social care services in York'*, one person disagreed with both of these. Ninety-six per cent of respondents agreed that *'Healthwatch York involves the public in the work they do'*, with only 4% (n = 1 person) disagreeing with this statement. Ninety-two per cent agreed that *'Healthwatch York involves partners and service providers in the work they do'*.

Eighty-eight per cent agreed that *'Healthwatch York advocates for people's active involvement in their health and social care'*, two respondents gave a neutral response to this statement and one person disagreed. Forty-six per cent of respondents agreed that *'over past year (May 2016-17) Healthwatch York has reached new people and partners'*; this is a decrease of 29% from last year. Fifty-five per cent gave a neutral response and one person disagreed with this statement. With regards to the statement that *'Healthwatch York provides an effective service for the people of York using health and social care service'* 85% of respondents agreed, 11% provided a neutral response and 4% (n=1) disagreed.

Feedback comments for question 7, related to the high profile of Healthwatch York and how well HWY is meeting its mission and aims, such as: *'small organisation has significant presence in key and diverse arena; trusted as enabling voice for service users e.g. dementia'*; and *'York Healthwatch are exemplary; a critical partner; play a key role in constructively challenging and supporting improvement'*. However,

these need to be contrasted with comments relating to Healthwatch York's engagement with younger audiences and the processes for collating views. For example, one respondent stated: *'Healthwatch engage with the same audiences and are not successful at reaching younger audiences and those who remain disengaged'*.

Overall, a number of suggestions have been made regarding how Healthwatch York can increase its impact and effectiveness, including increasing partnerships and advertising its work. Several respondents encouraged HWY to continue with their good work, for example: *'Healthwatch already do a fantastic job. Further increasing impact and effectiveness may need an increase in staff numbers and/or funding'* and *'continue to work in partnership with health and social care providers-linking/promoting awareness of the work of other Healthwatches in adjacent areas'*. Other respondents recommended that HWY should increase its visibility in a number of forums, including the Health Wellbeing Board (HWB) and the Clinical Commissioning Groups (CCGs) and GP practices, and work to reach and provide a voice for more service users across the city. There was particular mention of the need to focus on younger people; and the need to address the issues highlighted in the York area. Some respondents have suggested the use of better communication systems, including the use of social media.

## **1.5 Conclusion**

From the comments and responses provided in the survey, it would appear that overall Healthwatch York is valued by the majority of their partners and it is seen to be meeting its mission and aims. HWY needs to build on its achievements, strive to reach more people across the city and have a stronger voice on behalf of York residents in key forums and groups. Funding, resources and staffing were raised as an issue by a few respondents; sufficient funding will be essential if HWY is to fully meet its aims and continue to provide a valuable role in the city. The following quote summed up much of the feedback: *'Healthwatch already do a fantastic job. Further increasing impact and effectiveness may need an increase in staff numbers and/or funding'*.

## 2. Methodology

### 2.1 Purpose of this evaluation

The purpose of this evaluation was to provide an independent evaluation of services provided by Healthwatch York (HWY). Specific objectives were to evaluate: whether statutory partners perceived that HWY meets its stated aims; obtain the views of statutory partners regarding how HWY has contributed to the improvement in health and social care services in York; and explore whether HWY has been able to influence such services from the perspective of statutory partners.

The evaluation was conducted by two independent researchers, Dr Alison Laver-Fawcett (Associate Professor and Research Lead for the School of Health Sciences at York St John University) and Dr Jane Cronin-Davis (Associate Professor and Programme Lead for Occupational Therapy at St George's University of London). Both are occupational therapists who have previously worked in health and/or social care and have conducted previous service evaluations for a variety of organisations.

### 2.2 Methodology used for the evaluation

This evaluation comprised on an on-line survey using York Centre for Voluntary Service's (York CVS) Survey Monkey account. The mixed method survey comprised 13 questions with a mix of quantitative Likert rating scales and qualitative open questions which sought free text comments and examples. The introduction to the survey and survey questions are provided in Appendix 1.

### 2.2 Sampling strategy and process

**Sampling strategy:** this was a purposive sample of 141 people from organisations who Healthwatch York (HWY) considered would have experience and knowledge of its work. This survey was particularly focussed on obtaining the views of colleagues from the statutory sector.

**Sample frame:** the sampling frame comprised a data base of 141 colleagues provided by Healthwatch York to the researchers (see Appendix 2).

**Sampling process:** The initial email (see Appendix 3) inviting people to respond to the survey was sent to all people on the data base on 18<sup>th</sup> May 2017. Read receipts were requested. One address was not accurate and the email returned as not delivered; an updated email address for this person was provided by Sian Balsom and the email resent. A 2<sup>nd</sup> follow up email (see Appendix 4) was sent on 31<sup>st</sup> May 2016. Any respondents by this date who had provided their name or replied to say they were unable to complete the survey were removed from this email distribution. As some respondents had chosen to answer anonymously, some people who had already responded would have received this second email. Therefore, the following statement was included in the email: 'Thank you very much if you have already completed the survey. If you have yet to provide your feedback this is a reminder that the link to the survey is: ...' A final email was sent out on 2<sup>nd</sup> June 2017 (see Appendix 5). Any respondents by this date who had provided their name or replied to say they were unable to complete the survey were not sent this email. The deadline was extended slightly as the researchers had received quite a few out of office replies for colleagues over the schools' half-term period. Therefore, the deadline for completing the survey was extended to the end of the day on Wednesday 7<sup>th</sup> June 2017. Results have been presented in tables and graphs and verbatim quotes. For the comparison of the findings from 2017 and 2016 for the questions using Likert scales, agree and agree responses have been totalled to provide an agreement percentage, neither agree nor disagree responses and referred to as 'neutral' responses, and strongly disagree and disagree responses were totalled to provide a disagreement percentage.

### 2.3 Non-respondents

It is not possible to know why people chose not to respond to the survey, except for the few replies emailed to the researchers:

- An automatic reply was received from the emails sent to MPs this read:  
*'Parliament has now been dissolved until the General Election. Therefore there are currently no Members of Parliament. Incoming emails to this*

*account may be received and read, however this email address is only being used to respond to urgent constituency case work.'*

- *'Apologies but although I have contact with Sian through the Regional HW Network and in her lead role with the Humber, Coast & Vale STP, I am not more widely familiar with the work of Healthwatch York and, on checking, find that I cannot complete large sections of this survey in any meaningful way.*
- *'I am really sorry I can't complete this survey. I live in Harrogate and don't have enough information. I always tell Sian when the newsletter comes out how good it is.'*
- *'I have not been involved in Healthwatch York.'*

### 3. Results

**3.1 Obtained sample:** The survey was available for 21 days between 18<sup>th</sup> May and 7<sup>th</sup> June 2017 and during this period 27 / 141 people responded to this survey. This provided a 19.1% response rate. This is the same sample size as last year, although the response rate was lower than the 39.1% (27/69) obtained in 2016, despite the survey being open for a longer period than in 2016 (13 days).

### 3.2 Who were the respondents?

Question 10 was an optional question '**Optional: what is your name?**'

Respondents had the option to answer the survey anonymously; 12 people (44.4% provided their name and 15 people skipped this question. This was a very similar response rate to the 2016. Three of the respondents who completed the survey in 2016 agreed to their name being given with quotes in the HWY annual report. Of the 12 people who provided their names in response to the 2017 survey, eight agreed that their details could be passed on to Healthwatch York and be used with their survey comments in Healthwatch York's 2017 annual report. Their comments and names will be provided separately to HWY.



### 3.3 What services did respondents work for?

Question 11 asked respondents: 'What is the name of your organisation or service?' Fourteen people (14/27; 51.8% of respondents) provided details and 13 people skipped this question.

**Table 1: Services represented by the respondents (Q11)**

(Where relevant 2016 figures given in brackets)

City of York Council / CYC	Vale of York CCG / NHS Vale of York CCG / VoY CCG	Priory Medical Group / Nimbus Care	North Yorkshire Police	[NHS Trust] TEWV / York Teaching Hospital NHS Foundation Trust	Other
6 (6)	1 (6)	1	1	3 (2)	2

### 3.4 Question 1: Health care services in York have been improved as a direct result of the work of Healthwatch York.

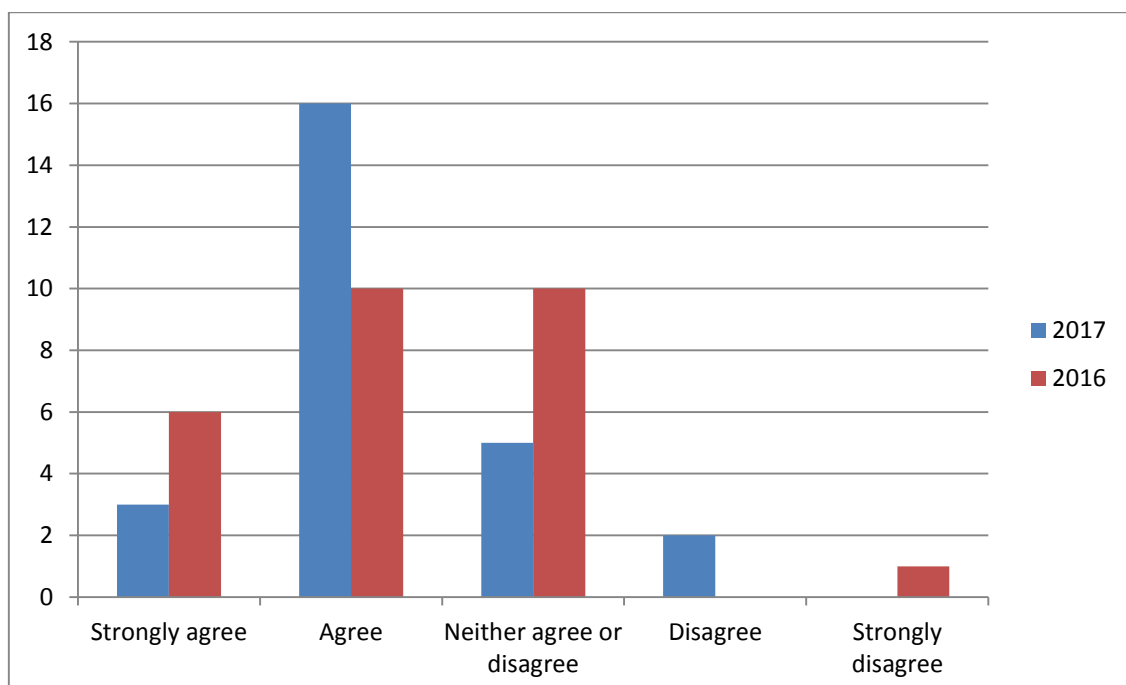
The response rate for this question was 26/27 people (96.3%) as one person skipped the question. Responses are provided below in Table 2 and Figure 1, both of which show 2017 results compared to results obtained in 2016. The majority of respondents (74.08%) were in agreement that *health care services in York have been improved as a direct result of the work of Healthwatch York*. This is an increase of 13.88% compared to the 59.2% who were in agreement last year. This year 19.2% provided a neutral response (this was lower than the 37% who were neutral in 2016). However, there was a slight increase in the percentage who disagreed with the statement; there were two respondents (7.9%) who disagreed with the statement compared to one person (3.7%) who strongly disagreed in 2016. This year no respondents strongly disagreed with the statement.

**Table 2: Health care services in York have been improved as a direct result of the work of Healthwatch York (Q1)**

Answer options	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	Response Count
<b>2017</b>	11.54% (n = 3)	61.54% (n = 16)	19.23% (n = 5)	7.69% (n=2)	0	26/27
<b>2016</b>	22.2% (n = 6)	37% (n = 10)	37% (n = 10)	0	3.7% (n = 1)	27/27

*Note: Percentages have been calculated as the percentage of the number of people responding to that question, i.e. for 2017 percentage of 26 respondents and in 2016 percentage of 27 respondents.*

**Figure 1: Health care services in York have been improved as a direct result of the work of Healthwatch York (Q1)**



### Question 1: Comments (n =10)

Of the 10 people who provided comments, one stated 'Not sure' which left nine respondents who provided feedback and / or examples. Seven people provided

positive feedback and / or examples related to how health care services in York had been improved as a direct result of the work of HWY:

- I think specific issues have been raised about health services - the level of improvement in services is probably more difficult to quantify.
- In the last 2 years I hear Healthwatch representing the views of service users all the time, a constant reminder during planned service development.
- Constructive reports e.g. Disability and Deaf/ hard of hearing.
- It is difficult to attribute any improvements directly to a particular cause, but the influence of Healthwatch is extremely valuable.
- Have witnessed first-hand challenges from HW colleagues at key multi agency strategic and planning Boards in the City.
- Response to deafness survey at York Teaching Hospital.
- Healthwatch have provided excellent feedback and constructive challenges to the sector. The impact is dependent upon statutory sector taking up the issues rather than a measure of Healthwatch' s performance

The other two respondents did not feel there had been any evidence:

- There is no evidence or direct correlation to suggest this is the case.
- I've no examples of this happening.

### **3.5 Question 2: Social care services in York have been improved as a direct result of the work of Healthwatch York**

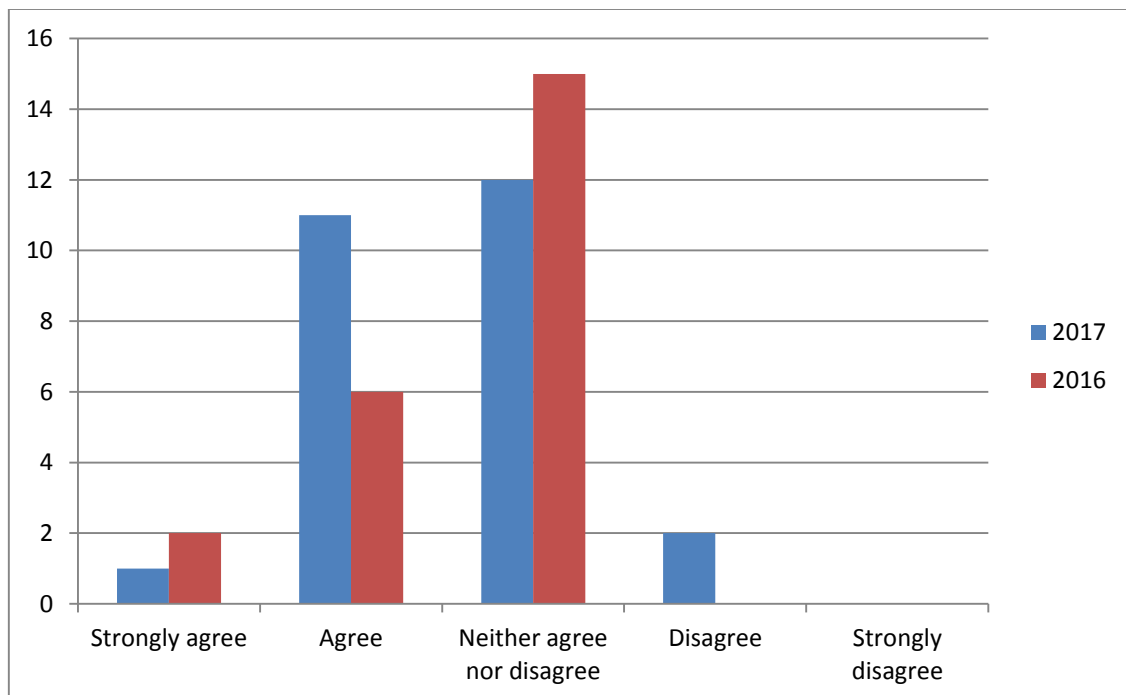
Twenty-six (26/27; 96.3%) answered this question (providing a slightly higher response rate than last year (23/27; 85.2%). There was an increase of 11.31% in the percentage of respondents who agreed that *social care services in York have been improved as a direct result of the work of Healthwatch*; 46.11% agreed in 2017 compared to 34.8% in 2016. The number who gave a neutral response decreased this year by 19.08% from 65.2% in 2016 to 46.12% in 2017. However, last year no one disagreed or strongly disagreed with this statement, whereas this year two respondents disagreed. The results and comparisons with the findings from the 2016 survey for this question are provided below in Table 3 and Figure 2.

**Table 3: Social care services in York have been improved as a direct result of the work of Healthwatch York (Q2)**

Answer options	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	Response Count
<b>2017</b>	3.8% (n = 1)	42.31% (n=11)	46.12% (n=12)	7.69% (n = 2)	0	26/27
<b>2016</b>	8.7% (n = 2)	26.1% (n = 6)	65.2% (n = 15)	0	0	23/27

*Note: 2016 % calculated based on 23 respondents; 2017 % calculated based on a sub-sample of 26 respondents.*

**Figure 2: Social care services in York have been improved as a direct result of the work of Healthwatch York**



**Question 2 Comments:** Comments were made by nine people

Of the nine respondents who replied to this question, four people did not have examples or evidence to offer:

- I am not aware of the specific work around social care - but it may be that the response is the same as my response to Q1.
- Not aware of this aspect of work so not appropriate for me to comment.
- I've no examples of this happening.
- There is no evidence or direct correlation to suggest this is the case.

The remaining comments provided positive feedback and / or specific examples of how social care services in York have been improved as a direct result of the work of Healthwatch:

- Although there is a well-established and embedded voice and participation ethos in children's services, HW colleagues routinely add to this picture feeding in their observations and challenges gleaned from their engagement activity.
- It is difficult to attribute any improvements directly to a particular cause, but the influence of Healthwatch is extremely valuable.
- Healthwatch volunteers have contributed to CYC ongoing consultation with receivers of residential care services.
- Healthwatch work with LA to improve social care with their members.

One person wrote '*As above in question 1*' (Note: this person's previous comment for Q1 was: Healthwatch have provided excellent feedback and constructive challenges to the sector. The impact is dependent upon statutory sector taking up the issues rather than a measure of Healthwatch's performance)

**3.6 Question 3: Please provide specific examples of how the work of Healthwatch York has led to the improvement of health and / or social care services in York.**

Eighteen people provided responses and nine people skipped this question. One person stated *'I've no examples of this happening'* and another said *'There are no examples where this would be the express outcome.'* The other 16 respondents provided examples:

- Promotion of good practice at GPs' surgeries.
- Personally I have learnt why co-production will lead to a better service outcome; I am aiming to implement this with support for the Primary Care Home projects.
- Raised issues around specific services e.g. ADHD/ CHC.
- Providing independent reports that providers can act on.
- Raising concerns or issues with commissioners or providers. Being involved and having a relationship with different stakeholders.
- Joint enter and view visits with the council - providing feedback and influencing practice.
- The reports mentioned at point one have contributed to our work to continuously improve access to services.
- Healthwatch York reports set out recommendations that when implemented lead to improvements in both health and social care services for the people using them.
- Comments on hospital patient leaflets by readability panels.
- The above partnership working has helped to identify both good and poor practice with residential care services which has been fed back to providers to address.
- Colleagues from Healthwatch have shared user experience to help shape the development of the School Well-Being Service in the City.
- Better partnership working across H&SC due HW communications/networking.
- Involvement in development of mental health provision and pathways.

### 3.7 Question 4: Health care services in York have been influenced as a direct result of the work of Healthwatch York.

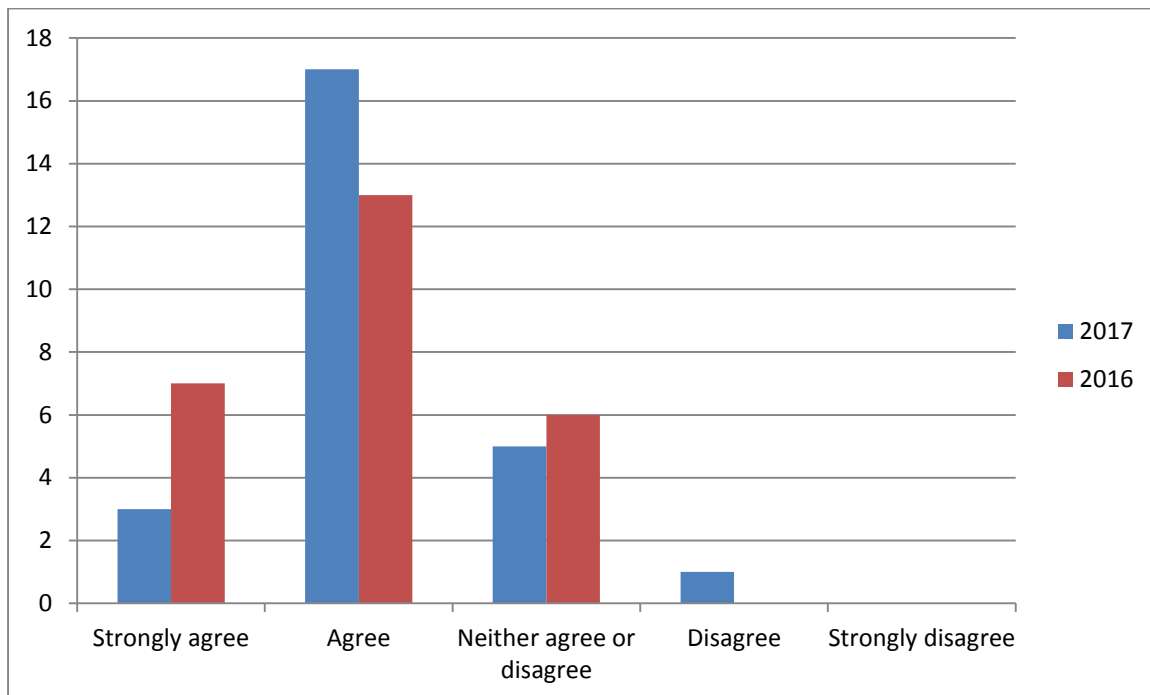
This question was answered by 26 of the 27 respondents (96.3%), providing the same sample size and response rate as last year's survey. The majority of respondents (20/26; 76.92%) were in agreement that *health care services in York have been influenced as a direct result of the work of Healthwatch York*; this was same percentage as in 2016 when 20/26 respondents were in agreement. This year there was a slight decrease of 3.87% in the number of respondents who provided a neutral rating. However, one person (3.85%) disagreed with the statement this year, whereas in 2016 no one disagreed. The results obtained in 2017 and 2016 are provided below in Table 4 and Figure 3.

**Table 4: Health care services in York have been influenced as a direct result of the work of Healthwatch York (Question 4)**

Answer options	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	Response Count
<b>2017</b>	11.54% (n=3)	65.38% (n = 17)	19.23% (n = 5)	3.85% (n = 1)	0	26/27
<b>2016</b>	26.9% (n = 7)	50% (n = 13)	23.1% ( n = 6)	0	0	26/27

*Note: Percentages have been calculated out of 26 for both 2017 and 2016.*

**Figure 3: Health care services in York have been influenced as a direct result of the work of Healthwatch York (Question 4)**



**Question 4 Comments:** Ten people provided comments.

Of the ten people who answered this question, three referred back to their answers for earlier questions. One person stated: *'Again there is little evidence to suggest this is the case.'*

The other six respondents provided positive feedback and or examples:

- Healthwatch are involved in supporting the engagement around some service redesign issues. They have connected effectively with specific providers to help influence next steps around plans.
- Changes to appointments at Unity Health. Unity Health responded in a positive way to the recommendations in the Healthwatch York Report.
- I believe so though I'm not a decision maker - the reports will be evidence to support business case plus. Lesley brings patient stories/lived experiences to our Fairness Forum Meetings which always have an impact.
- Work of Health & Wellbeing Board/ H&SC Partnership Alliance Board shaped by HW.



- Active participation in commissioning (Governing Body, Accountable Care System Partnership Board & locality meetings).
- The advocacy of Healthwatch is exceptionally valuable in championing the needs of our most vulnerable people.

### 3.8 Question 5: Social care services in York have been influenced as a direct result of the work of Healthwatch York.

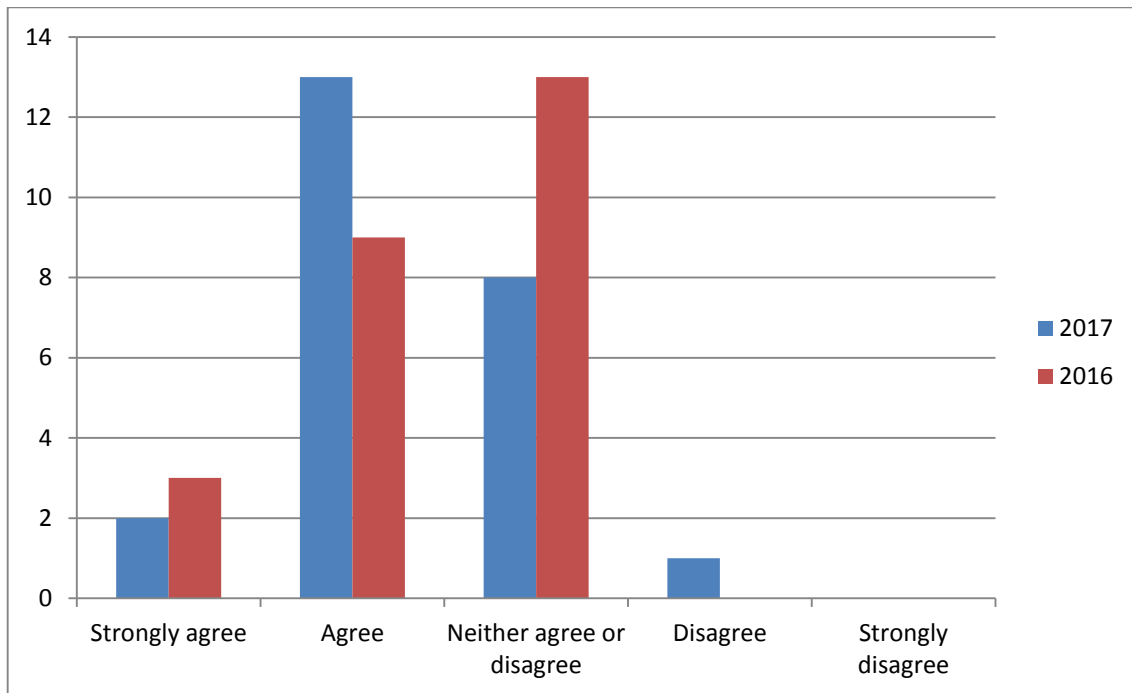
This year 88.88% (24/27) responded to question 25, compared to 92.59% of respondents (25/27 people) in 2016. There was agreement from 62.5% of respondents that *social care services in York have been influenced as a direct result of the work of Healthwatch York*. This was an increase of 14.5% on the 48% who agreed with this statement in 2016. A lower percentage of 33.33% provided a neutral response compared to 52% in 2016, which was a decrease of 18.67%. However, this year one person (4.16%) disagreed, whereas in 2016 no respondents had disagreed with the statement. The results obtained in 2017 and 2016 are provided below in Table 5 and Figure 4.

**Table 5: Social care services in York have been influenced as a direct result of the work of Healthwatch York (Question 5)**

Answer options	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	Response Count
<b>2017</b>	8.33% (n = 2)	54.17% (n = 13)	33.33% (n = 8)	4.16% (n = 1)	0	24/27
<b>2016</b>	12% (n = 3)	36% (n = 9)	52% (n = 13)	0	0	25/27

*Note: Percentages have been calculated as the percentage of the number of people responding to that question, i.e. for 2017 percentage of 24 respondents and in 2016 percentage of 25 respondents.*

**Figure 4: Social care services in York have been influenced as a direct result of the work of Healthwatch York (Question 5)**



**Question 5 Comments:** Ten people provided comments. Of the 10 comments provided, one person stated *'I am not aware of specific examples'* and another commented *'As per point 2 - not appropriate for me to comment'*. Two people referred back to their comments for earlier questions. Another respondent was 'unsure' but suggested:

- I am unsure but suspect the influence could be greater as the links were stronger sooner.

The remaining comments were:

- The advocacy of Healthwatch is exceptionally valuable in championing the needs of our most vulnerable people
- Challenge to and participation in the Health and Well-Being Board
- Healthwatch work with LA to improve social care with their members
- Think they do link in, & have been to the same meetings.

- I think that this and other areas rely on the manager attending meetings. I am not clear how that manager is the conduit for all the voices that Healthwatch are supposed to hear. Nor have I witnessed true representation of the public voice. The current model seems to be awareness raising and a manager's opinions.

### **3.9 Question 6: Please provide specific examples of how Healthwatch York has influenced health and / or social care services in York.**

Thirteen (14.15%) of respondents replied to this question. Two people did not have examples: *'I've no examples of this happening'* and *'I do not have any'*. Another three referred back to replies to earlier responses ('as above', 'Please see 3 above' and 'See 4 above'). Eight respondents provided specific examples of how Healthwatch York has influenced health and / or social care services in York:

- Mental health guide excellent reference and awareness raising.
- Various reports, supporting consultations, engagement events.
- Active and productive leadership representing Healthwatch on key boards and forums.
- Healthwatch York actively take part in the Health and Wellbeing Board agenda, including sub-groups and working in partnership with health and social care providers.
- Reminded everyone to put patients / residents at the forefront of service delivery.
- Comments on hospital patient leaflets by readability panels.
- Input from HW colleagues have prompted a dedicated Access to Services work stream for the Strategic Partnership for Emotional and Mental Health [Children and Young People].
- Supported peer work.

### 3.10 Question 7. How well is Healthwatch York meeting its aims?

Question 7 had nine sub-questions which reflected Healthwatch York's mission and aims. All 27 respondents answered overall to this question; this was the same for the last evaluation conducted in 2016. However, not all 27 provided a response to each component; the lowest number of responses for any sub-question was 25. This was for the statement 'Healthwatch York involves partners and service providers in the work they do'.

Comparative figures are provided in Table 6 below. There was very little difference in response percentages between 2016 and 2017, except for one person indicating disagreement with certain statements in the evaluation. Noticeable differences in response rates between the two evaluations are highlighted in bold, this pertains to whether Healthwatch York has reached new partners and people and provides an effective service for the people of York using health and social care services.

**Table 6: How well is Healthwatch York meeting its aims (Q7)**

Answer Options	Year of Evaluation	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
Healthwatch York is responsive to the needs of York residents.	2017	37% (n=10)	56% (n=15)	7% (n=2)	0	0
	2016	37% (n = 10)	48% (n = 13)	14.8% (n = 4)	0	0
Healthwatch York understands what is happening in relation to health and social services in York.	2017	56% (n=15)	33% (n=9)	7% (n=2)	3% (n=1)	0
	2016	56% (n = 15)	37% (n = 10)	7% (n = 2)	0	0
Healthwatch York speaks up about the provision of health and social care services in York.	2017	70% (n=19)	19% (n=5)	7% (n=2)	0	4% (n=1)
	2016	59% (n = 16)	30% (n = 8)	7% (n = 2)	0	0

Answer Options	Year of Evaluation	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
Healthwatch York uses the reviews, words and stories of service users to show the impact of health and social care services in York.	2017	54% (n=14)	31% (n=8)	12% (n=3)	0	4% (n=1)
	2016	48% (n = 13)	33% (n = 9)	15% (n = 4)	0	0
Healthwatch York involves the public in the work they do.	2017	58% (n=15)	38% (n=10)	0	0	4% (n=1)
	2016	56% (n = 15)	26% (n = 7)	15% (n = 4)	4% (n = 1)	0
Healthwatch York involves partners and service providers in the work they do.	2017	56% (n=14)	36% (n=9%)	8% (n=2)	0	0
	2016	52% (n = 14)	41% (n = 11)	7% (n = 2)	0	0
Healthwatch York advocates for people's active involvement in their health and social care.	2017	50% (n=13)	38% (n=10%)	8% (n=2)	4% (n=1)	0
	2016	30% (n = 8)	52% (n=14)	15% (n = 4)	0	0
Over past year (May 2017-17 or 2015-2016) Healthwatch York have reached new people and partners.	<b>2017</b>	<b>23% (n=6)</b>	<b>23% (n=6)</b>	<b>55% (n=13)</b>	4% (n=1)	0
	2016	33% (n = 9)	33% (n = 9)	30% (n = 8)	4% (n = 1)	0
Healthwatch York provides an effective service for the people of York using health and social care services	2017	33% (n=9)	52% (n=14)	11% (n=3)	4% (n=1)	0
	2016	33% (n = 9)	<b>33% (n = 9)</b>	<b>30% (n = 8)</b>	4% (n = 1)	0

**Question 7: Comments were provided by eight people:**

One person stated the '*blanks denote areas where I don't have sufficient knowledge to comment*'. The remaining seven comments have been grouped into positive comments and suggestions for improvement.

**Positive comments:**

- Children's Social Care service in York welcomes every opportunity to engage with our local communities - we strongly welcome the work of HW and any opportunity to strengthen this relationship.
- Small organisation has significant presence in key and diverse arena; trusted as enabling voice for service users e.g. dementia
- In my view, Healthwatch have a high profile, are very actively engaged and a very strong advocate for residents. I would like to do more work with them specifically with them on the children's agenda. That is not a criticism of them (more of me for not getting to it!).
- I can only comment on Healthwatch providing patient assessors for PLACE audit. They are a responsive, well organised team that are always happy to help. They provide an excellent service training assessors, equipping them with the essential skills required. Unfortunately I cannot comment on some of these questions due to a lack of knowledge on my part.
- York Healthwatch are exemplary; a critical partner; play a key role in constructively challenging and supporting improvement.

**Suggestions for improvement:**

- Healthwatch engage with the same audiences and are not successful at reaching younger audiences and those who remain disengaged.
- I am not assured of their processes of collating views and using them in their purest form, without manipulating them to the agenda of Healthwatch and its manager.

### 3.11 Question 8: How do you think Healthwatch York could increase its impact and effectiveness over the next 12 months?

Twenty-one people made a range of comments when asked to comment on how Healthwatch could increase its impact and effectiveness; the remaining six respondents skipped the question. These figures are very similar to last year's evaluation, as are the comments made by respondents. There was recognition of the challenges faced by Healthwatch, its need to prioritise the '*voice of local people*', a continuation of its work with people and partners, and the need to focus on specific groups and organisations. There is acknowledgement that Healthwatch York require more staff/resources and to involve new/other people in aspects of its work, and that it could help shape care. Some felt that the work of Healthwatch could be shared more widely, focused on the specific issues related to the York area, and advertised more widely.

Comments from respondents included:

- Difficult to balance the number of meetings (to ensure Healthwatch representation) and yet generating outcomes from these structures. There is a challenge in the scope of Healthwatch organisation being 'all things to all people', so being clear about how to prioritise the voice of the local people is important. Also maximising the voice of 'ordinary' health service users-to avoid lone issues/ensure that there is a balance of minority issues with wider inputs.
- Healthwatch don't appear to be embedded within primary care. With the out of hospital care agenda Healthwatch could form a key role in shaping how that care is delivered.
- Continue to work with the Integrated Boards and continue to support us co-produce with the public.
- There's a real burden on the manager's shoulders. Would it be possible to train up other staff to represent Healthwatch at meetings?
- To continue to promote itself and what it stands for.
- Healthwatch already do a fantastic job. Further increasing impact and effectiveness may need an increase in staff numbers and/or funding.

- Continue to work in partnership with health and social care providers- linking/promoting awareness of the work of other Healthwatches in adjacent areas.
- Continue to promote the patient voice in planning and delivery of services.
- Involve new people.
- Continue and develop its direct work with the receivers of services.
- Make its work more well known to members of the public.
- It may be helpful for some greater alignment of HW's areas of focus and scrutiny with the priority's set out in the Children and Young People's Plan.
- Influence as partner via city volunteering strategy; influence via HWB/partnership alliance board on STP/Accountable Care System development.
- More public promotion and awareness e.g. local press and social media.
- By focusing on specific issues highlighted as problems in York, rather than trying to generally improve health and social care.
- In terms of my role by ensuring that they are linked into the children's voice work in the city. Specifying what it is aiming to do. Currently I think it is representing the patient voice, & is effective at collating it, but not sure what else it is doing with those voices. It is a lobbying group?
- By actively supporting organisations more rather than talking a lot and being negative.
- True representation of the public's voice and evidence of this.
- Maybe advertising their services and championing their work.
- Yes if the team were larger
- Ensure greater link to service user groups in other organisations and as such extend their membership and reach.

### **3.12 Question 9: Do you have any further comments, examples or suggestions related to the work of Healthwatch York?**

In the 2016 survey thirteen people answered this question and 14 people skipped the question. In 2017, the number of people answering this question was very similar, i.e. 12 responded with 15 skipping the question. There were many positive



comments along with some suggestions for development. The comments made by respondents speak for themselves, and are as follows (provided verbatim):

- Noted that there is a balance with work and interface with NY Healthwatch – there is a need to continue to work with NY, yet maintain independence across organisations.
- Explore IT/Communications links with technology such as twitter and other media.
- How will Healthwatch develop if further structural changes to CCGs?
- Many thanks to Sian who has provided me with huge insight and support, often at short notice.
- Healthwatch are an excellent organisation. They are always available to take part at both strategic level with key partners and at ground level with members of the public. They are keen, knowledgeable and able to translate complex information given to them into something that members of the public can understand.
- Healthwatch are a true believer in co-production and work tirelessly to make this a reality in health and social care system.
- Keep up the good work-apologies very short time to complete this.
- We would welcome the opportunity for greater collaboration with HW in relation to C&YP emotional and mental health.
- Style of working is helpfully inclusive and enabling; regarded as being supportive not threatening to providers who are stressed and struggling to cope/improve in the current climate.
- Well done and thank you.
- It feels as if Healthwatch act as the police and not as a true advocate between health/care and the public.
- The team? What do they do? How does Healthwatch reach hard to reach groups?
- I would be happy to work with them, to raise profile of any infection and control.
- Sian and her team are a credit to the local population and a great team to advice assist and support the providers in meeting the local population needs.

- Critical role in supporting ASC and the council transformation based on co-production and asset based approach

Comments are similar to those made in the 2016 evaluation project in terms of the praise for Healthwatch, Sian Balsom and the team. There is recognition of the inclusive approach adopted by Healthwatch and its focus on co-production.

Additional comments included the need to be more proactive and a more prominent partner within the CCG.

### **3.13 Conclusion**

From the comments and responses provided in this year's survey, it would appear that overall Healthwatch York is valued by the majority of their partners and it is seen to be meeting its mission and aims. HWY needs to build on its achievements, strive to reach more people across the city and have a stronger voice on behalf of York residents in key forums and groups. Funding, resources and staffing were raised as an issue by a few respondents; sufficient funding will be essential if HWY is to fully meet its aims and continue to provide a valuable role in the city. The following quote summed up much of the feedback: *'Healthwatch already do a fantastic job. Further increasing impact and effectiveness may need an increase in staff numbers and/or funding'*.

**Appendix 1: Survey questions and wording for 1 page introduction to the survey:**

Dear Colleague,

Healthwatch York's Mission Statement is:

'Healthwatch York puts people at the heart of health and social care services, enabling you to be heard. We believe that together we can help make York better for everyone.'

Their aims are:

'We will:

- Be responsive
- Understand what's really happening in relation to health and social care and speak up about it
- Use your words and stories to show the impact of services – good and bad
- Involve you in the work we do
- Champion your involvement in your health and care
- Work with existing partners
- Reach new people and partners'

Healthwatch York has commissioned this independent evaluation to: explore the impact it has made; obtain stakeholders' views on how effective it is; and evaluate whether it has reached more people over the past year (April 2016 - March 2017). The evaluation is being undertaken by Dr Alison Laver-Fawcett, Associate Professor from the School of Health Sciences at York St John University. (Contact details: a.laverfawcett@yorks.ac.uk; Telephone; 01904-876419)

This survey comprises 13 questions. Some questions comprise statements which you will be asked to rate in terms of your level of agreement or disagreement. There also questions where we ask you to write/type examples, comments and suggestions.

You may complete this survey anonymously but, in order for Healthwatch York to learn the most from this independent evaluation, it would be helpful to know your name, role and organisation. If you are willing to provide this information please do so in the boxes provided at the end of this survey.

The survey is being undertaken using Survey Monkey and the full responses to questions will be shared with Healthwatch York staff. This will help to inform their annual report which is due to be published in June 2017.

Thank you for your participation.

### Evaluation questions

1. Health and Social Care Services in York have been improved as a direct result of the work of Healthwatch York

*5 point ordinal rating: Strongly agree / agree / neither agree or disagree / disagree / strongly disagree*

2. Health and Social Care Services in York have been influenced as a direct result of the work of Healthwatch York

*5 point ordinal rating: Strongly agree / agree / neither agree or disagree / disagree / strongly disagree*

3. Please provide specific examples of how the work of Healthwatch York has led to the improvement of health and / or social care services in York.

*Open text box*

4. Health care services in York have been influenced as a direct result of the work of Healthwatch York.

*5 point ordinal rating: Strongly agree / agree / neither agree or disagree / disagree / strongly disagree*

5. Social care services in York have been influenced as a direct result of the work of Healthwatch York.

*5 point ordinal rating: Strongly agree / agree / neither agree or disagree / disagree / strongly disagree*

6. Please provide specific examples of how Healthwatch York have influenced health and / or social care services in York.

*Open text box*

7. How well is Healthwatch York meeting its aims?

Sub-questions all be rated on a 5 point ordinal scale and followed with an open text comments section:

*Strongly agree / agree / neither agree or disagree / disagree / strongly disagree*

- Healthwatch York is **responsive** to the needs of the York population.
- Healthwatch York **understands** what is really happening in relation to health and social care in York.

- Healthwatch York **speaks up** about health and social care provision in York.
  - Healthwatch York **uses** service users' **words and stories** to show the impact of health and social care services in York.
  - Healthwatch York **involves the public** in the work they do.
  - Healthwatch York **involves partners and providers** of health and social care services in the work they do.
  - Healthwatch York **advocates for** people's active involvement in their health and care. Agree – prefer advocates for
  - Over the past year (May 2016-2017) Healthwatch York have reached **new people and partners**.
  - Healthwatch York provides an **effective service** for the people of York using health and social care services
8. How do you think Healthwatch York could increase its impact and improve the effectiveness of its work over the next 12 months?

*Open text*

9. Do you have any further comments or suggestions related to Healthwatch York's work?

*Open text*

10. Optional: what is your name?

11. Optional: what is your job title and / or job role?

12. What is the name of your organisation or service?

13. If you have provided your name in question 10, would you be happy for your name to be used with your survey comments in Healthwatch York's 2017 Annual report?

*Yes, you can provide my details*

*No, please ensure my comments are anonymous*

You have now completed the survey. Please click 'Done' to submit your answers.

Thank you very much for taking the time to contribute to the evaluation of Healthwatch York.

**Appendix 2: Sampling frame – contacts list provided by HWY**

<b>Name</b>	<b>Organisation</b>
Councillor Carol Runciman	City of York Council
Councillor Mary Cannon	City of York Council
Councillor Denise Craghill	City of York Council
Councillor Jenny Brooks	City of York Council
Martin Farran	City of York Council
Sharon Stoltz	City of York Council
Jon Stonehouse	City of York Council
Julie Warren	NHS England Area Team
Patrick Crowley	York Teaching Hospital
Rachel Potts	Vale of York CCG
Phil Mettam	Vale of York CCG
Lisa Winward	North Yorkshire Police
Mike Padgham	Independent Care Group Tees, Esk and Wear Valleys NHS Foundation Trust
Colin Martin	
Cllr Paul Doughty	City of York Council
Cllr Chris Cullwick	City of York Council
Cllr Stuart Barnes	City of York Council
Cllr Tony Richardson	City of York Council
Steve Entwistle	City of York Council
Mary Bailey	City of York Council
Tracy Wallis	City of York Council
Tom Cray	City of York Council
Mary Weastell	City of York Council
Michael Melvin	City of York Council
Kyra Ayre	City of York Council
Melanie Hopewell	City of York Council
Gary Brittain	City of York Council
Jo Holloway-Green	City of York Council
Sally Dixey	City of York Council
Angela Thacker	City of York Council
Jo Bell	City of York Council
Charlie Croft	City of York Council
Eoin Rush	City of York Council
Niall McVicar	City of York Council
Fiona Philips	City of York Council

Hester Rowell	York Teaching Hospital
Sue Symington	York Teaching Hospital
Susan Manktelow	York Teaching Hospital
Steve Reed	York Teaching Hospital
Margaret Millburn	York Teaching Hospital
Kay Gamble	York Teaching Hospital
Mike Proctor	York Teaching Hospital
Beverley Geary	York Teaching Hospital
Carol Birch	York Teaching Hospital
Chris Finch	Nuffield Hospital
Lizzy Ferguson	The Retreat
Sharron Hegarty	Vale of York CCG
Fliss Wood	Vale of York CCG
Victoria Hirst	Vale of York CCG
Paul Howatson	Vale of York CCG
Becky Case	Vale of York CCG
Elaine Wyllie	Vale of York CCG
Gerard Crofton-Martin	Healthwatch England
Sarah Armstrong	York CVS
Jane Hustwit	York CVS
Kevin McAleese	City of York Council
Christine Pearson	Vale of York CCG
Catherine McGovern	CQC
Ruth Hill	TEWV
Stephen Wright	TEWV
Heather Simpson	TEWV
Bill Scott	North Yorkshire Police
Tracy Preece	Vale of York CCG
Dr Louise Barker	Vale of York CCG
Dr Andrew Philips	Vale of York CCG
David Booker	Vale of York CCG
Emma Broughton	Vale of York CCG
Michele Carrington	Vale of York CCG
Dr Paula Evans	Vale of York CCG
Louise Johnston	Vale of York CCG
Dr John Letham	Vale of York CCG
Sheenagh Powell	Vale of York CCG
Keith Ramsay	Vale of York CCG

Stuart Calder	Vale of York CCG
Dr Tim Maycock	Vale of York CCG
Dr Arasu Kuppuswamy	Vale of York CCG
Dr Shaun O'Connell	Vale of York CCG
Michele Saidman	Vale of York CCG
Dianne Willcocks	City of York Council
Dr Andrew Field	Provider Alliance
Dr Lesley Godfrey	Priory Medical Group
Nigel Ayre	Healthwatch North Yorkshire
Keren Wilson	Independent Care Group
Matthew Fawcett	Healthwatch East Riding
Gail Purcell	Healthwatch Hull
Kirsten Spark	Healthwatch North Lincolnshire
Paul Glazebrook	Healthwatch North East Lincolnshire
Katie Johnson	Healthwatch England
Julie Turner	Healthwatch England
Angela Harris	Yorkshire Ambulance Service
Ali Richardson	Yorkshire Ambulance Service
Amanda Best	Yorkshire Ambulance Service
Chris Weeks	City of York Council
Gillian Younger	York Teaching Hospital
Joe Micheli	City of York Council
Lindsay Cunningham	Hull CCG
Emma Latimer	Hull CCG
Cllr Keith Aspden	City of York Council
Cllr Neil Barnes	City of York Council
Cllr Barbara Boyce	City of York Council
Cllr Ian Cuthbertson	City of York Council
Cllr David Carr	City of York Council
Cllr Sonja Crisp	City of York Council
Cllr Andy D'Agorne	City of York Council
Cllr Fiona Derbyshire	City of York Council
Cllr Peter Dew	City of York Council
Cllr Helen Douglas	City of York Council
Cllr Stephen Fenton	City of York Council
Cllr James Flinders	City of York Council
Cllr Tina Funnell	City of York Council
Cllr John Galvin	City of York Council



Cllr John Gates	City of York Council
Cllr Ian Gillies	City of York Council
Cllr Johnny Hayes	City of York Council
Cllr Susan Hunter	City of York Council
Cllr Sheena Jackson	City of York Council
Cllr Lars Kramm	City of York Council
Cllr David Levene	City of York Council
Cllr Sam Lisle	City of York Council
Cllr Janet Looker	City of York Council
Cllr Ashley Mason	City of York Council
Cllr Suzie Mercer	City of York Council
Cllr Danny Myers	City of York Council
Cllr Keith Myers	City of York Council
Cllr Keith Orrell	City of York Council
Cllr Stuart Rawlings	City of York Council
Cllr Ann Reid	City of York Council
Cllr Hilary Shepherd	
Cllr Chris Steward	
Cllr Dave Taylor	
Cllr Andrew Waller	
Cllr Mark Warters	
Cllr Margaret Wells	
Cllr Dafydd Williams	
Julian Sturdy	Member of Parliament
Rachel Maskell	Member of Parliament
Julia Mulligan	Police & Crime Commissioner
Joanne Addis	The Retreat
Nigel Costello	North Yorkshire & York Police
David Haywood	Partnerships in Care
Karen Agar	

### Appendix 3: Initial email requesting participants respond to the on-line survey

**From:** Alison Laver Fawcett [<mailto:A.LaverFawcett@yorks.ac.uk>]  
**Sent:** 18 May 2017 11:18  
**To:** 'Sian Balsom'  
**Cc:** Cronin-Davis, Jane  
**Subject:** Request for your feedback for Healthwatch York's annual service evaluation  
**Importance:** High

Dear Colleague,

Your details have been passed to us by Healthwatch York as we are undertaking an independent evaluation of the impact of Healthwatch York's work. I am contacting you to invite you to take part in this annual service evaluation. This is being undertaken via an online survey. Please participate by clicking on this link to take you to the survey:

<https://www.surveymonkey.co.uk/r/HealthwatchYork>

The **deadline** for completing the survey is **5<sup>th</sup> June 2017**.

Healthwatch England is the national consumer champion in health and care and they have significant statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services (for more information see: <http://www.healthwatch.co.uk/about-us>). Healthwatch York's aim is to put local people at the heart of health and social care services in York (for more information see: <http://www.healthwatchyork.co.uk/our-work/>)

Healthwatch York has commissioned the School of Health at York St John University to undertake this independent evaluation to:

- Explore the impact it has made.
- Obtain stakeholders' views on how effective it is.
- Evaluate whether it has reached more people over the past year (April 2016 - March 2017).

This survey comprises 13 questions and should take approximately 10 -15 minutes to complete. You may complete the survey anonymously. However, in order for Healthwatch York to learn the most from this independent evaluation, it would be helpful to know your name, role and organisation. If you are willing to provide this information please do so in the boxes provided at the end of this survey.

The survey is being undertaken using Survey Monkey and your responses to questions will be shared with Healthwatch York staff. This will help to inform their annual report which is

due to be published in June 2017.

Please feel free to contact me if you have any queries related to this evaluation.

Thank you for your participation.

Alison

Dr Alison Laver-Fawcett | Associate Professor | Research Lead for the School of Health Sciences | Senior Fellow of the Higher Education Academy (SFHEA) | Occupational Therapy, School of Health Sciences, York St John University, Lord Mayor's Walk, York, YO31 7EX | +44(0)1904-876419 | <https://ray.yorksj.ac.uk/profile/689> | [www.yorksj.ac.uk](http://www.yorksj.ac.uk) |

**Appendix 4: 2<sup>nd</sup> email requesting participants respond to the on-line survey**

From: Alison Laver Fawcett [A.LaverFawcett@yorksj.ac.uk]

Sent: 31 May 2017 09:59

To: Sian Balsom; Dr Jane Cronin-Davis

Subject: FW: Request for your feedback for Healthwatch York's annual service evaluation

Dear Colleague,

Your details have been passed to us by Healthwatch York as we are undertaking an independent evaluation of the impact of Healthwatch York's work.

Thank you very much if you have already completed the survey. If you have yet to provide your feedback this is a reminder that the link to the survey is:

<https://www.surveymonkey.co.uk/r/HealthwatchYork>

The deadline for completing the survey is 5th June 2017.

With thanks

Alison

**Appendix 5: 3<sup>rd</sup> email requesting participants respond to the on-line survey****From:** Alison Laver Fawcett**Sent:** 02 June 2017 16:40**To:** 'Sian Balsom'**Cc:** 'Cronin-Davis, Jane'**Subject:** Request for your feedback for Healthwatch York's annual service evaluation -deadline extended to 7th June**Importance:** High

Dear Colleague,

Your details have been passed to us by Healthwatch York as we are undertaking an independent evaluation of the impact of Healthwatch York's work.

Thank you very much if you have already completed the survey. If you have yet to provide your feedback this is a reminder that the link to the survey is:

<https://www.surveymonkey.co.uk/r/HealthwatchYork>

As we have received quite a few out of office replies for colleagues who return to work next week we have **extended the deadline** for completing the survey to the end of the day on **Wednesday 7<sup>th</sup> June 2017**.

Healthwatch England is the national consumer champion in health and care and they have significant statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services (for more information see: <http://www.healthwatch.co.uk/about-us>). Healthwatch York's aim is to put local people at the heart of health and social care services in York (for more information see: <http://www.healthwatchyork.co.uk/our-work/>)

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name, role and organisation. If you are willing to provide this information please do so in the boxes provided at the end of this survey.

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Please feel free to contact me if you have any queries related to this evaluation.

Thank you for your participation.

Alison

Dr Alison Laver-Fawcett | Associate Professor | Research Lead for the School of Health Sciences | Senior Fellow of the Higher Education Academy (SFHEA) | Occupational Therapy, School of Health Sciences, York St John University, Lord Mayor's Walk, York, YO31 7EX | +44(0)1904-876419 | <https://ray.yorksj.ac.uk/profile/689> | [www.yorksj.ac.uk](http://www.yorksj.ac.uk) |



# **healthwatch** York

## **Awareness Survey** **2017**

**June 2017**

**A report based on local peoples' experience**

**Contents**

Healthwatch York Awareness Survey 2017 .....3  
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Why is Healthwatch York looking at this? .....3  
What we did to find out more .....3  
What we found out.....4  
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## Healthwatch York Awareness Survey 2017

### Introduction

This short report provides the results of our Awareness Survey.

### Why is Healthwatch York looking at this?

As part of our contract with City of York Council, we are required to complete an annual survey. The survey should find out how many people know about Healthwatch York, and gain their views on the work we do. This is our baseline survey for our contract for 2017-2020

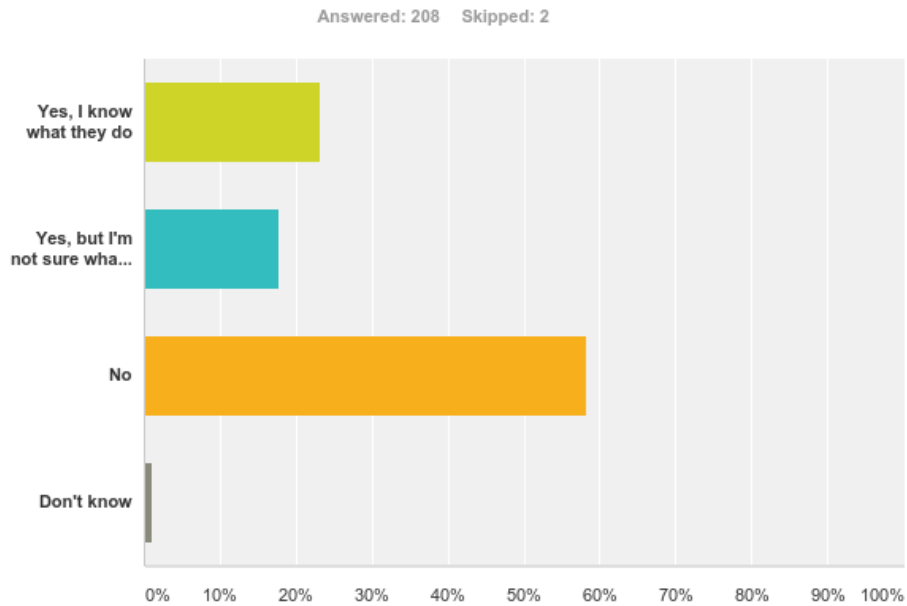
### What we did to find out more

We created a short survey of 10 questions. We also offered the chance to be entered into a prize draw for £20 in Love to Shop vouchers (Q11) and asked some standard monitoring questions (Q12-19). We shared this via twitter, facebook, and through our information stands. We also worked with City of York Council to hold additional information stands at West Offices. We shared details of the survey with our partners. We did not send it to our own mailing list to avoid skewing the survey results with those already in contact with us.

We received over 200 responses.

## What we found out

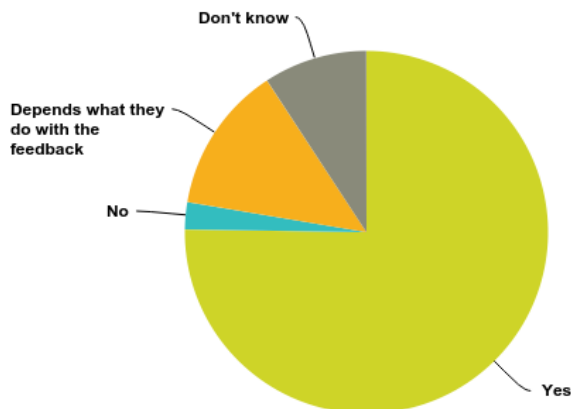
### Q1 Had you heard of Healthwatch York before taking part in this survey?



Yes, I know what they do:	23.08%	(48)
Yes, but I'm not sure what they do:	17.79%	(37)
No	58.17%	(121)
Don't know	0.96%	(2)

## Q2 Do you think it's useful to give your feedback on health and social care services?

Answered: 206 Skipped: 4



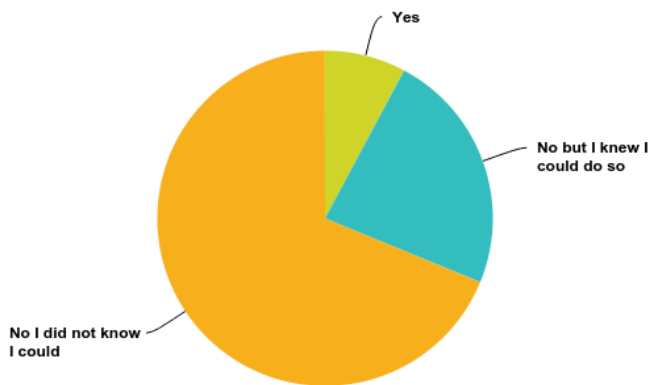
Yes	75.24%	(155)
No	2.43%	(5)
Depends what they do with the feedback	13.11%	(27)
Don't know	9.22%	(19)

### Comments include:

- I found about Healthwatch York when I filled in another survey recently at Lidgett Grove Church. I fed back about dentist and doctor services last time but due to surveys being anonymous you don't get direct feedback around outcomes. I understand why surveys are anonymous though so not sure what the solution would be!
- Just been told about it and it looks like an interesting prospect
- If you want changes
- Yes, with the help of these surveys, it may help to improve the care in the community, hospitals, dentists waiting times etc
- How do we access things? Not easy to know what's there
- My granddaughter has had excellent care from Danesgate School
- Can only say great work by everyone
- I work for the NHS in Leeds in GP Practice and attend home visits. I see everyday the issues raised by funding within Health and Social Care
- Essential in fact... helps create a service catered to local needs
- "Health and social care services" in York needs a much clearer definition.....!

**Q3 Healthwatch York can take up people’s experiences with health and social care providers to help improve services. For example, we have produced reports about how people were affected by new arrangements for making GP appointments, by changes in antenatal services and by the closure of Archways Intermediate Care Unit. Healthwatch York is currently asking people about their experience of accessing an NHS dentist.**

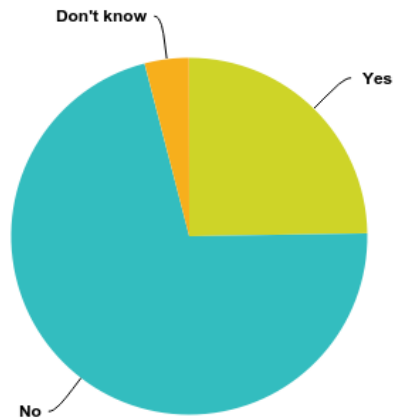
Answered: 205 Skipped: 5



Yes	7.8%	(16)
No but I knew I could do so	23.41%	(48)
No I did not know I could	68.78%	(141)

**Q4 – Healthwatch York gives people information about organisations that can provide advice or support. It can also advise people how to complain about a health or care service if necessary. Were you aware of these Healthwatch York services?**

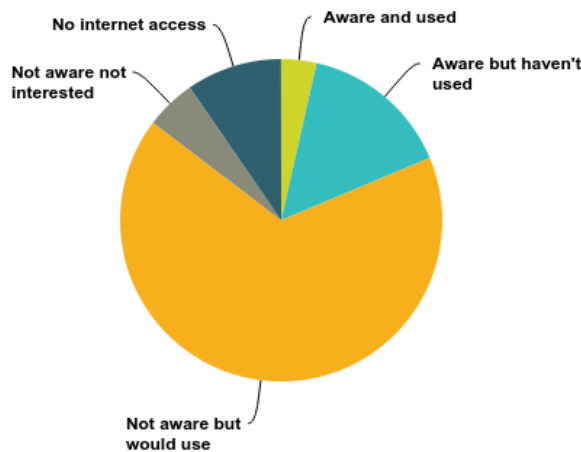
Answered: 198 Skipped: 12



Yes	24.75%	(49)
No	71.21%	(141)
Don't know	4.04%	(8)

**Q5 Are you aware of Healthwatch York’s Rate & Review website, where you can leave positive and negative feedback and rate all local health and care providers? They include GPs, pharmacies, dentists, opticians, mental health services, hospital care, care homes and home care providers. You can also nominate people for our annual “Making a Difference” awards by leaving a 5 star review and naming the person.**

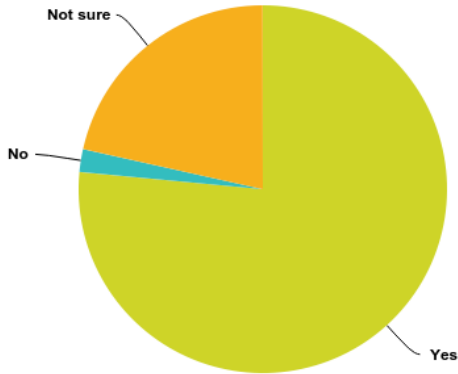
Answered: 198 Skipped: 12



Aware and used	3.54%	(7)
Aware but haven't used	15.15%	(30)
Not aware but would use	66.67%	(132)
Not aware not interested	9.60%	(19)

**Q6 Would you contact Healthwatch York if you have any future issues with health or social care in York?**

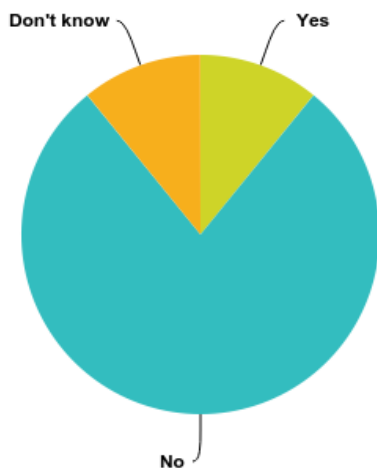
Answered: 200 Skipped: 10



Yes	76.50%	(153)
No	2.00%	(4)
Not sure	21.50%	(43)

**Q7 If you had already heard of Healthwatch York, have you taken part in any of their activities / consultations including paper and online surveys and focus groups? If yes please give details and comments.**

Answered: 147 Skipped: 63

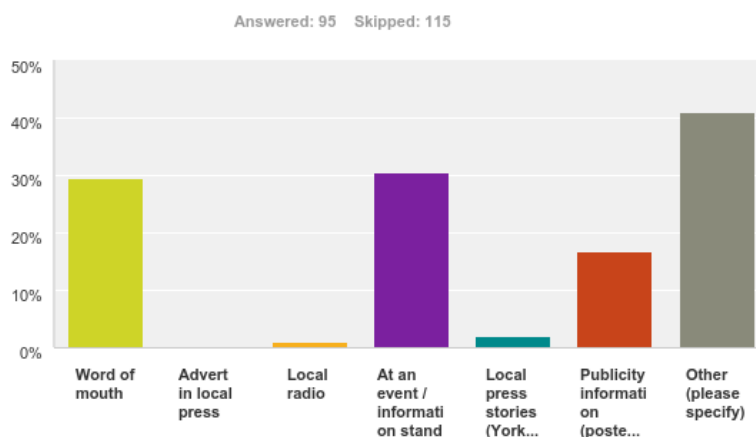


Yes	10.88%	(16)
No	78.23%	(115)
Don't know	10.88%	(16)

Comments include:

- Unity Health survey
- Assemblies and meetings
- Went to a group meeting. Very informative. Everyone very enthusiastic about their work
- General formal and informal comments to Healthwatch and its predecessor over a long period. I cannot remember receiving much if any feedback!
- Just discussed problems with pills and cost of boxes to fill
- Been to a presentation for the Yorkshire Ambulance Service
- I have completed some of their online surveys before

**Q8 If you had already heard of Healthwatch York before this survey how did you hear about it? Please tick all that apply.**



Word of mouth	29.47%	(28)
Advert in local press	0	(0)
Local radio	1.05%	(1)
At an event / information stand	30.53%	(29)
Local press stories (York Press, Local link)	2.11%	(2)
Publicity information (poster, leaflet, directory)	16.84%	(16)
Other	41.05%	(39)

Others included:

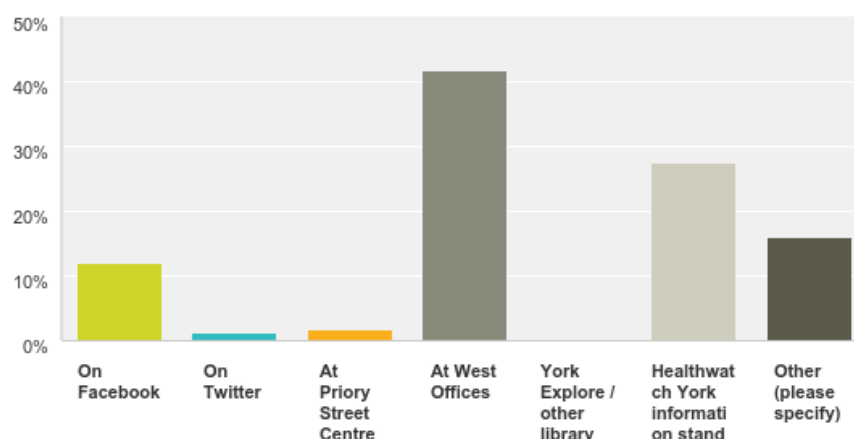
- Not applicable / hadn't heard x 11



- Community venues (St Sampsons, Clements Hall, community cafes) x 5
- Through work x 5
- Google / internet x 4
- At Priory Street / through York CVS x 3
- Local chemist x 2
- Minster Radio, personal contacts, fellow voluntary organisation, meeting, cannot recall, did know but have forgotten - all x 1

### Q9 Where did you see this survey?

Answered: 168 Skipped: 42



### Q10 Have you any other comments?

- Well done for the work you're doing. I don't know much about it but the lady on the stand is always very nice.
- No but looking forward to know more about it.
- Healthwatch is an excellent organisation. People need to be more aware of it.
- It is good that people have the opportunity to pass on negative and positive comments on services they receive.
- Good idea!
- I would definitely use this service now that I am more aware of it.
- More money needed for social care and mental health prevention.

- System with GPs has been ok
- HWY do a fantastic job!
- Useful when looking for services
- Need to be represented as not heard from them
- The Healthwatch team who came to our conference last year were superb! (Hence asking team to come back this year.) Resource book is incredible and I champion you to all I meet in education. Keep doing what you do! 😊
- A very good idea
- Keep up the good work to inform people and support them
- The Healthwatch guide is a very informative resource to be aware of in a school setting.
- Such a good service for the community
- Always give excellent information
- Seems like a good idea. Accountability is important in public services.
- Try to get more people at Uni to know about this. I could have said a lot 6 months ago when I got hurt. But didn't know this existed. So maybe you can come to Fresher's Fair or something?
- I have bi-polar and will certainly be in touch
- I personally used HW for some incorrect dental treatment I encountered
- Better publicity would be better
- Where have you been hiding?
- Keep up the good work
- Pleasant and explained deaf society – tailored their talk to my needs
- I manage (local service) and would be very interested in finding out more
- I think it would be useful to be able to come and discuss issues and have someone to listen and possibly help
- Lots of people have trouble arranging medical appointments which I have to deal with in my capacity as a personal injury solicitor
- Very happy to meet with HW to discuss (local service). Health and Wellbeing is a big part of what we do and the services we offer.

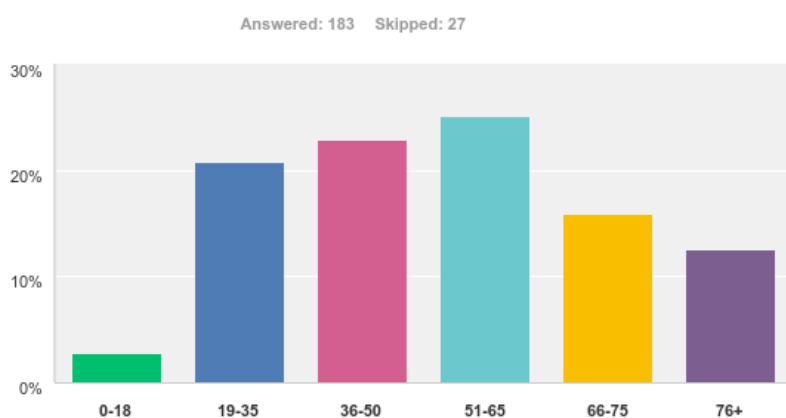
- Think what Healthwatch do is very important and should continue. Now I understand what it does, everyone needs to know!!!
- Healthwatch has high ideals and is well thought of BUT... Do the various Health Authorities – CYC, Clinical Commissioning Group, local Medical Practices, GP's etc pay any attention? It's a case of No Money, Large Deficits – No Action!"
- Will be taking notice in future. A very relevant and necessary source of information.

## Monitoring Information

### Q12 Please tell us the first half of your postcode

Wide range of responses, largest numbers from YO10, YO24, YO31, YO32, YO30 and YO26.

### Q13 How old are you?



0-18	2.73%	(5)
19-35	20.77%	(38)
36-50	22.95%	(42)
51-65	25.14%	(46)
66-75	15.85%	(29)
76+	12.057%	(23)

**Q14 How would you describe your gender?**

184 responses, 129 female, 48 male

7 other responses including XY, agender.

**Q15 How would you describe your ethnic origin?**

172 responses, 152 White / White British / White English / English

20 other responses including Indian, Asian, Black British, Black European, European.

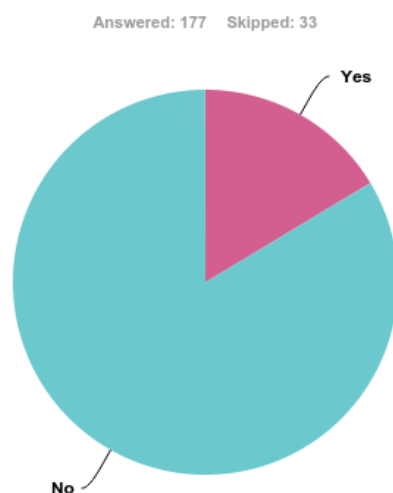
**Q16 How would you describe your religious beliefs?**

151 answers. Wide range of responses including:

None 57, C of E 31, Christian 24, Roman Catholic 10, Atheist 7, Agnostic 4, Muslim 2, Buddhist, Humanist, Pantheist, Hindu, Methodist, Chapel, Anglican and Mormon all 1.

**Q17 How would you describe your sexual orientation?**

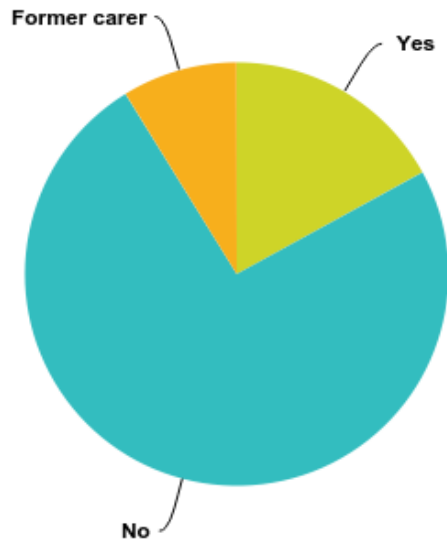
131 answers, 87 heterosexual / straight, 3 gay, 3 bisexual, 2 asexual, 1 LGBT. 35 other answers.

**Q18 Do you consider yourself to be a disabled person?**

Yes	16.38%	(29)
No	83.62%	(148)

### Q19 Are you a carer?

Answered: 182 Skipped: 28



Yes	17.03%	(31)
No	74.18%	(135)
Former carer	8.79%	(16)

## Contact us:

- Post: Freepost RTEG-BLES-RRYJ  
Healthwatch York  
15 Priory Street  
York YO1 6ET
- Phone: 01904 621133
- Mobile: 07779 597361 – use this if you would like to leave us a text or voicemail message
- E mail: [healthwatch@yorkcvs.org.uk](mailto:healthwatch@yorkcvs.org.uk)
- Twitter: @healthwatchyork
- Facebook: Like us on Facebook
- Web: [www.healthwatchyork.co.uk](http://www.healthwatchyork.co.uk)
- 

## York CVS

Healthwatch York is a project at York CVS. York CVS works with voluntary, community and social enterprise organisations in York. York CVS aims to help these groups do their best for their communities, and people who take part in their activities or use their services.

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## This report

This report is available to download from the Healthwatch York website: [www.healthwatchyork.co.uk](http://www.healthwatchyork.co.uk)

Paper copies are available from the Healthwatch York office  
If you would like this report in any other format, please contact the Healthwatch York office



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**Health and Wellbeing Board**  
Report of the Assistant Director of Public Health

12<sup>th</sup> July 2017

**For Information Only: Report on Annual Report of the Director of Public Health**

**Summary**

1. The presentation at Annex 1 gives an overview of the main issues that will be highlighted in the Annual Report of the Director of Public Health 2016/17. The slides are for information only.

**Background**

2. Directors of Public Health in England have a statutory duty to produce an annual report on the state of health within their communities.
3. The Annual Report is a means by which the Director of Public Health can express their role as an independent advocate for the health of the population and be a system leader for the improvement and protection of health in their community.

**Main/Key Issues to be Considered**

4. The Board are asked to consider the information in the presentation at Annex 1.

**Consultation**

5. The report is for information only and therefore no consultation has been undertaken.

**Options**

6. There are no specific options for the Board to consider, they are asked to note the presentation.

**Analysis**

- 7. There are no options to consider and therefore no analysis is made.

**Strategic/Operational Plans**

- 8. The report will link to the strategic plans of the member organisations in terms of setting out at a high level the health challenges facing the City of York.

**Implications**

- 9. There are no known implications relating to the recommendations in this report.

**Risk Management**

- 10. There are no known risks associated with the recommendations in this report.

**Recommendations**

- 11. The Board are asked to note the presentation.

Reason: To give all members of the Board an overview of the Annual Report of the Director of Public Health and a shared understanding of the issues highlighted.

**Contact Details**

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**Chief Officer Responsible for the report:**

Fiona Phillips on behalf of Sharon  
Stoltz, Director of Public Health  
City of York Council

**Report  
Approved**

**Date** 23/06/2017

**Wards Affected:**

**All**

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

**Background Papers:** None

**Annexes**

**Annex 1** – Presentation on the Annual Report of the Director of Public Health





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# Purpose of the Annual Report

- Director of Public Health's professional statement about the health of the local population, based on sound epidemiological evidence.
- Means of identifying key issues and flagging up problems.
- It should inform stakeholders of the key priorities and make recommendations on how they can improve and protect the health of the communities they serve.
- It should provide an update on progress against previous recommendations.
- It should be accessible to the public and professionals.

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## Professional statement about the health of the local population, based on sound epidemiological evidence

- Following a life stage approach, as used in the Health and Wellbeing Strategy, the Annual Report will highlight where York is doing well and where improvements are needed in key public health outcomes
- The following slides present this data in terms of where we are doing well (green) and where we are not doing well (red). Data is taken from the Public Health Outcomes Framework

[www.phoutcomes.info](http://www.phoutcomes.info)

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## Starting and Growing Well

<p>Over the past 10 years York has had significantly lower obesity rates in 10 to 11 year olds compared with national and regional figures.</p> <p>Conception rates in the under 18 population have been steadily falling since 2008 and have remained below regional and national rates since then.</p> <p>A&amp;E attendance rates for 0 to 4 year olds in York have been significantly lower than regional and national averages for the past 6 years.</p> <p>The proportion of 5 year old children free from dental decay in York is 84% compared to the national and regional averages of 75% and 71% respectively.</p> <p>By the end of the percentage of children in York achieving a good level of development is 74%. This represents the highest in the region.</p>	<p>Measuring hospital admissions for dental caries (1 to 4 year olds) is a good direct measure of dental health and an indirect, proxy measure of child health and diet. York has higher rates (343 per 100,000) compared to the national average (241).</p> <p>The percentage of women smoking at the time of delivery has risen above the national average, however the York rate still remains below the national average.</p> <p>The detection rate for Chlamydia (15-24 years) in York is 1,462 (per 100,000), lower than the national average of 1,887. The percentage of the population screened in York however is the same as the national average.</p> <p>Rates of hospital admissions as a result of self-harm (10-24 year olds) are significantly higher than regional and national averages.</p> <p>70.4% of the surveyed young people (aged 15 years old) claim to have had an alcoholic drink, more than the national rate of 62.4%. Current guidance from the Chief Medical Officer for England recommends that young people under 15 should not drink alcohol at all.</p> <p>Hospital admissions for mental health conditions in children aged 17 increased sharply last year. The latest rates show York as having slightly over twice the national average (86 per 100,000) of cases.</p>
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## Living and working well

The proportion of the adult population meeting the recommended "5-a-day" on a "usual day" in York has increased to 58% compared with 52% nationally.

York however has a much lower proportion of adults with excess weight (56%) compared to England (65%) and the region (67%).

The percentage of adults in York that are physically active is significantly higher than national and regional averages.

The number of current adult smokers is falling both in York and nationally. Since 2012 rates have reduced from 19% in England and 17% in York to 17% and 15% respectively.

Through rates have been declining nationally and in York, breast cancer screening coverage (80%) still remains significantly higher than the national average (76%).

In England and York there has been a small growth trend in recorded diabetes, however the prevalence in York remains much lower (4.8%) than that of England (6.4%).

Deaths from lung cancer have been declining nationally and in York over the past 10 years. York has always remained below the national average and currently averages 50 deaths (per 100,000) compared to the national average of 59.

Self harm is an expression of personal distress; we measure the emergency hospital admissions for intentional self harm as proxy for mental health. York has a higher rate of self harm (including all ages) compared to national levels.

A question from a national survey examining how anxious people feel found York respondents to be above the national average. Where nationally 19% consider themselves to have had a moderate to highly anxious day, the figure was 24% in York.

Flu vaccination coverage for at risk individuals helps protect the health of people and reduce pressure on health resources. In York the rate of vaccination is 40% whereas the benchmarking goal is 55%.

HIV diagnosis is a time sensitive factor in the possible morbidity and mortality among those infected. The national target for late diagnosis is <25%, in York the current rate is 69%.

The rate of suicide in York has been above the national and regional averages in the past few years. The most recent figure shows a spike in occurrences in York with 14 (per 100,000) compared to the national average of 10).

The average proportion of eligible adults with a learning disability receiving a GP health check in England is 44%, in York the figure is 35%.

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## Ageing Well



Healthy life expectancy at birth is a measure of the average number of years a person would expect to live in good health. For males in York the age is 66, significantly better than the national average of 63.

For females in York the life expectancy at 65 continues to be significantly above the regional and national averages. This has been the case over 10 years of monitoring.

Strategies put in place have meant that the mortality rate from causes considered preventable have fallen below that of England and the region. In York 169 deaths (per 100,000) are thought to be preventable, compared to 184 nationally.

Cancer is the highest cause of death in England in under 75s. The rate of mortality from cancers considered preventable is better in York than the national average, with 72 (per 100,000) compared to the 81 respectively.

Despite a steady rise in cases locally and nationally, York still records lower instances of dementia across all ages compared to England and the region.

The percentage of the eligible population (aged 40-74) offered an NHS Health Check, who go on to receive a Health Check has been low in York since 2013.

The percentage of the over 65+ population receiving flu vaccinations is below the target of 75%. In York the rate is 72%, the national and regional averages are 71% and 72% respectively.

Despite falling numbers over the past few years, the stroke mortality rate (in over 75 year olds) is still above that of the national average (Vale of York).

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## Means of identifying key issues and flagging up problems

- The report identifies that life expectancy at birth and healthy life expectancy at birth are higher than the national average.
- However an issue for York is that there are inequalities within this.
- There is a 13 year difference in healthy life expectancy between different wards within York.

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## Means of identifying key issues and flagging up problems

- For men in York the gap in life expectancy between the richest and poorest has closed over the last 10 years.
- For women the gap in life expectancy between the richest and poorest has grown over the last 10 years.

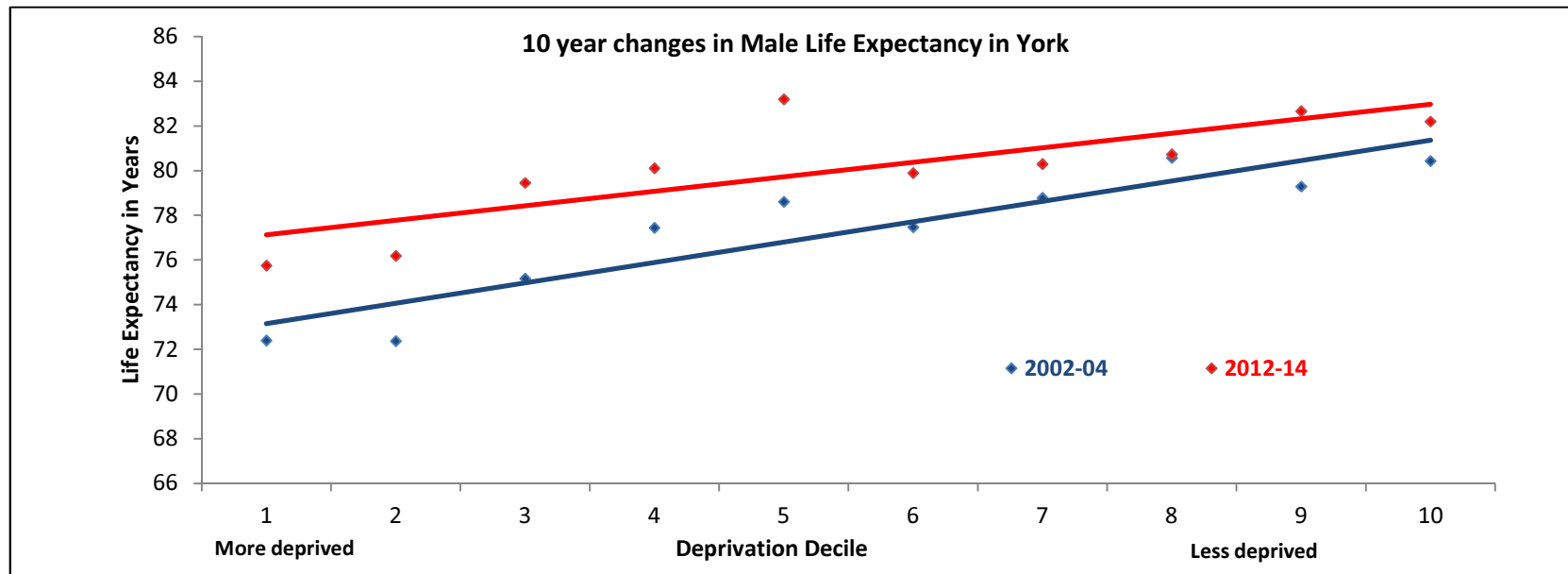
***See next two graphs***

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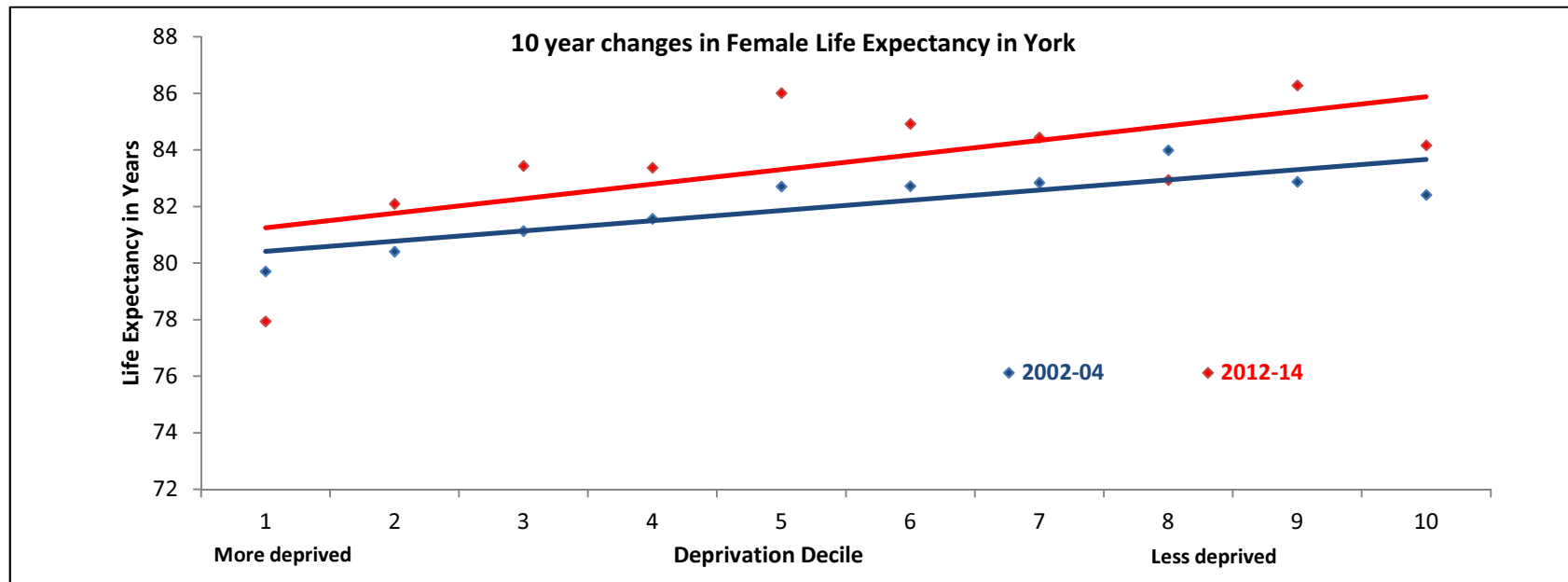
# Changes in Life Expectancy at Birth over the last ten years by Deprivation Decile (Males)



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# Changes in Life Expectancy at Birth over the last ten years by Deprivation Decile (Females)



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# Means of identifying key issues and flagging up problems

- In York there has actually been a drop in life expectancy in the most deprived areas for women.
- This is not replicated nationally.
- The four main causes of death in women are
  - Dementia and Alzheimer's Disease
  - Cancer (excluding lung cancer)
  - Coronary heart disease
  - Stroke

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# Means of identifying key issues and flagging up problems

- However when you look at deaths in the richest and poorest areas of York for women it is deaths from respiratory disease that contribute to the gap in life expectancy.
- There is evidence nationally that the burden of austerity measures has fallen harder on women e.g. changes to universal credit, childcare tax credits and child benefit, which are mostly claimed by women. This can have an impact on lifestyle choices that have a health consequence.

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## **Inform stakeholders of the key priorities and make recommendations on how they can improve and protect the health of the communities they serve**

- From the key issues identified in the report the following recommendations are proposed:
  - City of York Council and York Hospital Trust working together to address smoking in pregnancy.
  - Further work with partners to understand the data around admissions to hospital for mental health problems in young people.
  - All partners working together to increase the uptake of flu vaccination.
  - The CCG, City of York Council and York Hospital Trust working together to improve outcomes in cardiovascular disease.
  - NHS England campaigning to improve dental health in children.

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# Provide an update on progress against previous recommendations

- Update on the recommendations from the 2015 Annual Report are as follows:

Recommendation	Progress
Development of an in-depth multi-agency local needs assessment and alcohol strategy to include consideration of: licensing; harm prevention; interventions and brief advice; crime and disorder; hospital based and specialist treatment services; parental alcohol misuse; risky behaviours in young people; older people and alcohol.	An Alcohol Strategy has been developed and will be adopted in 2017. This will inform how York moves forward with this agenda and progress will be reviewed by the Health & Wellbeing Board.
To investigate the reasons behind the apparent trend that is emerging of a year on year rising gap in life expectancy for women between the most and least deprived residents in York. With particular focus on diseases such as Chronic Obstructive Pulmonary Disease (COPD) and lung cancer that are the largest causes of this difference in life expectancy.	Further analysis has been carried out in relation to the inequalities in life expectancy at birth for women in York. It remains a cause for concern. For the period 2012-14 women living in the most deprived 10% of the City had a significantly lower life expectancy than the York average (5.6 years less). This gap is increasing. The main conditions which contribute to the gap in life expectancy for women are chronic obstructive airways disease, cancer (excl. Lung cancer, other circulatory conditions, coronary heart disease and lung cancer. Many of these conditions are affected by lifestyle factors and the launch of the YorWellbeing Service in 2017 will have a significant role to play in improving the health of women in our population.
To investigate self harm in young people in York. The 2012/13 figures showed that the rate of hospital admission for self harm in York was significantly higher than the national average; the reasons for this need to be explored.	Emergency admissions for self harm in 10-24 year olds continues to be monitored and remains a concern. Rates in York are significantly above the national average. Analysis shows that self harm rates are highest in females aged 15-18 with 15 being the peak age. The recent trend in York is rising. Rates vary widely across the City and are strongly linked to deprivation. A self harm "deep dive" has been carried out in York to enhance our understanding of the issue. Self Harm will also be a specific strand of the suicide safer city delivery plan.
To improve access to relevant public health data sources so that progress on certain key indicators for York can be monitored and acted upon in a more timely fashion.	Significant progress has been made in accessing public health data sources. New data sources accessed include: Live Births; Primary Care Mortality Database; NCMP pupil level dataset, and NHS Maternity data (showing low birth weight, breastfeeding etc.)

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## Health and Wellbeing Board – Meeting Work Programme 2017/18

Wednesday 12 July 2017 - West Offices

Item/Topic	Lead Organisation & Officer	Other Contributing Organisations & Participants	Scope
<b>Governance</b>			
Appointments to the Health and Wellbeing Board	<u>City of York Council</u> Tracy Wallis Angela Bielby		<ul style="list-style-type: none"> <li>To appoint the Medical Director as the CCG's Clinical Representative</li> </ul>
<b>Theme: Starting &amp; Growing Well (lead HWBB Member: Jon Stonehouse)</b>			
Update/Progress on the Starting & Growing Well theme of the Joint Health and Wellbeing Strategy	<u>City of York Council</u> Jon Stonehouse		<ul style="list-style-type: none"> <li>To receive an update on the Starting and Growing Well theme of the Joint Health and Wellbeing Strategy</li> </ul>
Performance Management	<u>City of York Council</u> Jon Stonehouse		<ul style="list-style-type: none"> <li>To receive a performance and monitoring update in relation to the Starting and Growing Well theme of the Joint Health and Wellbeing Strategy</li> </ul>
Student Health Needs Assessment	<u>City of York Council</u> Fiona Phillips Nick Sinclair		<ul style="list-style-type: none"> <li>To receive a presentation on the recently completed Student Health Needs Assessment</li> </ul>
<b>Other Business</b>			
Update from the JSNA/JHWBS Steering Group	<u>City of York Council</u> Fiona Phillips		<ul style="list-style-type: none"> <li>Update from the Steering Group including draft terms of reference for the new HWBB Steering Group and its JSNA Working Group</li> </ul>
Better Care Fund Update	<u>NHS Vale of York Clinical Commissioning</u>		<ul style="list-style-type: none"> <li>To receive an update on the Better Care Fund</li> </ul>

## Health and Wellbeing Board – Meeting Work Programme 2017/18

Wednesday 12 July 2017 - West Offices

Item/Topic	Lead Organisation & Officer	Other Contributing Organisations & Participants	Scope
	<u>Group</u> Elaine Wyllie <u>City of York Council</u> Tom Cray		
Mental Health and Learning Disabilities Partnership Board	<u>City of York Council</u> Martin Farran <u>NHS Vale of York Clinical Commissioning Group</u> Phil Mettam		<ul style="list-style-type: none"> <li>• To receive an update on the future of the Mental Health and Learning Disabilities Partnership Board</li> </ul>
All Age Autism Strategy	<u>City of York Council</u> Jon Stonehouse Martin Farran		<ul style="list-style-type: none"> <li>• To receive the All Age Autism Strategy</li> </ul>
Healthwatch York Annual	<u>Healthwatch York</u> Siân Balsom		<ul style="list-style-type: none"> <li>• To receive Healthwatch York's Annual Report; Stakeholder Evaluation and Awareness Survey</li> </ul>
<b>For Information Only</b>			
Director of Public Health's Annual Report	<u>City of York Council</u> Sharon Stoltz		<ul style="list-style-type: none"> <li>• Not for presentation; for information only</li> </ul>



## Health and Wellbeing Board – Meeting Work Programme 2017/18

Wednesday 12 July 2017 - West Offices			
Item/Topic	Lead Organisation & Officer	Other Contributing Organisations & Participants	Scope
York Skills Plan	<u>City of York Council</u> Jon Stonehouse		<ul style="list-style-type: none"> <li>• Not for presentation; for information only and to request HWBB Members respond to the consultation on this</li> </ul>
Work Programme			

## Health and Wellbeing Board – Meeting Work Programme 2017/18

Wednesday 6 <sup>th</sup> September 2017 - West Offices			
Item/Topic	Lead Organisation & Officer	Other Contributing Organisations & Participants	Scope
<b>Theme: Ageing Well (lead HWBB Member: Sarah Armstrong)</b>			
Ways to Wellbeing			<ul style="list-style-type: none"> <li>To receive a presentation on Ways to Wellbeing</li> </ul>
Older People's Survey	<u>TBC</u>		<ul style="list-style-type: none"> <li>To receive the analysis and evaluation of the older people's survey</li> </ul>
Progress against the Ageing Well theme of the Joint Health and Wellbeing Strategy	<u>York CVS</u> Sarah Armstrong		<ul style="list-style-type: none"> <li>To receive a progress update on the Ageing Well theme of the Joint Health and Wellbeing Strategy</li> </ul>
Performance Management	<u>York CVS</u> Sarah Armstrong		<ul style="list-style-type: none"> <li>To receive a performance and monitoring update in relation to the ageing well theme of the Joint Health and Wellbeing Strategy</li> </ul>
Adults Safeguarding Report	<u>Independent Chair</u> Kevin McAleese		<ul style="list-style-type: none"> <li>To receive the annual report of the Adults Safeguarding Board</li> </ul>
<b>Other Business</b>			
Better Care Fund Update	<u>NHS Vale of York Clinical Commissioning Group</u> Elaine Wyllie  <u>City of York Council</u> Tom Cray		<ul style="list-style-type: none"> <li>To receive an update on the Better Care Fund</li> </ul>

## Health and Wellbeing Board – Meeting Work Programme 2017/18

### Wednesday 6<sup>th</sup> September 2017 - West Offices

Item/Topic	Lead Organisation & Officer	Other Contributing Organisations & Participants	Scope
Update from the HWBB Steering Group	<u>City of York Council</u> Sharon Stoltz		<ul style="list-style-type: none"> <li>Update from the HWBB Steering Group</li> </ul>
Sustainability & Transformation Plans for the Humber, Coast and Vale Footprint	<u>TBC</u>		<ul style="list-style-type: none"> <li>To receive an update on the Sustainability &amp; Transformation plan for Humber, Coast &amp; Vale</li> </ul>
Future in Mind	<u>City of York Council</u> Jon Stonehouse		<ul style="list-style-type: none"> <li>To receive the draft transformation plan in relation to Future in Mind</li> </ul>
Co-Production Strategy	<u>Healthwatch York</u> Siân Balsom	<u>City of York Council</u> Joe Micheli	<ul style="list-style-type: none"> <li>To receive the draft co-production strategy</li> </ul>
SEND Inspection	<u>City of York Council</u> Jon Stonehouse		<ul style="list-style-type: none"> <li>TBC</li> </ul>

## Health and Wellbeing Board – Meeting Work Programme 2017/18

Wednesday 8 <sup>th</sup> November 2017 - West Offices			
Item/Topic	Lead Organisation & Officer	Other Contributing Organisations & Participants	Scope
<b>Theme: Mental Health (lead HWBB Members: Martin Farran and Phil Mettam)</b>			
Mental Health Strategy for York	<u>City of York Council</u> Martin Farran  <u>NHS Vale of York Clinical Commissioning Group</u> Phil Mettam		<ul style="list-style-type: none"> <li>To receive a progress update on developing a mental health strategy for York</li> </ul>
Progress against the Mental Health theme of the Joint Health and Wellbeing Strategy	<u>City of York Council</u> Martin Farran  <u>NHS Vale of York Clinical Commissioning Group</u> Phil Mettam		<ul style="list-style-type: none"> <li>To receive a progress update on the mental health theme of the Joint Health and Wellbeing Strategy</li> </ul>
Performance Management	<u>City of York Council</u> Martin Farran  <u>NHS Vale of York Clinical</u>		<ul style="list-style-type: none"> <li>To receive a performance and monitoring update in relation to the mental health theme of the Joint Health and Wellbeing Strategy</li> </ul>

## Health and Wellbeing Board – Meeting Work Programme 2017/18

Wednesday 8 <sup>th</sup> November 2017 - West Offices			
Item/Topic	Lead Organisation & Officer	Other Contributing Organisations & Participants	Scope
	<u>Commissioning Group</u> Phil Mettam		
<b>Other Business</b>			
Better Care Fund Update (tbc)	<u>NHS Vale of York Clinical Commissioning Group</u> Elaine Wyllie  <u>City of York Council</u> Tom Cray		<ul style="list-style-type: none"> <li>• To receive an update on the Better Care Fund</li> </ul>
Update from the HWBB Steering Group	<u>City of York Council</u> Sharon Stoltz		<ul style="list-style-type: none"> <li>• Update from the HWBB Steering Group</li> </ul>
Annual Report of the Children's Safeguarding Board	<u>Independent Chair</u> Simon Westwood		<ul style="list-style-type: none"> <li>• To receive the annual report of the Children's Safeguarding Board</li> </ul>

## Health and Wellbeing Board – Meeting Work Programme 2017/18

Wednesday 24 <sup>th</sup> January 2018 - West Offices			
Item/Topic	Lead Organisation & Officer	Other Contributing Organisations & Participants	Scope
<b>Theme: Living &amp; Working Well (lead HWBB Member: Sharon Stoltz)</b>			
Action Plans for the Living & Working Well theme of the Joint Health and Wellbeing Strategy	<u>City of York Council</u> Sharon Stoltz		<ul style="list-style-type: none"> <li>To receive the action plans for the Living &amp; Working Well theme of the Joint Health and Wellbeing Strategy</li> </ul>
Performance Management	<u>City of York Council</u> Sharon Stoltz		<ul style="list-style-type: none"> <li>To receive a performance and monitoring update in relation to the Living &amp; Working Well theme of the Joint Health and Wellbeing Strategy</li> </ul>
Healthy Weight/Active Lives Strategy	<u>City of York Council</u> Sharon Stoltz		<ul style="list-style-type: none"> <li>To receive a draft Healthy Weight/Active Lives Strategy for consideration</li> </ul>
Alcohol Strategy for York	<u>City of York Council</u> Sharon Stoltz		<ul style="list-style-type: none"> <li>TBC</li> </ul>
<b>Other Business</b>			
Better Care Fund Update (tbc)	<u>NHS Vale of York Clinical Commissioning Group</u> Elaine Wyllie  <u>City of York Council</u> Tom Cray		<ul style="list-style-type: none"> <li>To receive an update on the Better Care Fund</li> </ul>
Update from the HWBB	<u>City of York Council</u>		<ul style="list-style-type: none"> <li>Update from the HWBB Steering Group</li> </ul>

## Health and Wellbeing Board – Meeting Work Programme 2017/18

### Wednesday 24<sup>th</sup> January 2018 - West Offices

Item/Topic	Lead Organisation & Officer	Other Contributing Organisations & Participants	Scope
Steering Group	Sharon Stoltz		

### Wednesday 7 March 2018 - West Offices

Item/Topic	Lead Organisation & Officer	Other Contributing Organisations & Participants	Scope
<b>Theme: All themes: Reducing Health Inequalities – content of agenda tbc</b>			
			•
<b>Other Business</b>			
			•
Update from the HWBB Steering Group	<u>City of York Council</u> Sharon Stoltz		• Update from the HWBB Steering Group
Pharmaceutical Needs Assessment (PNA)	<u>City of York Council</u> Sharon Stoltz		• To receive a new PNA for the city covering the period 2018-21

## Health and Wellbeing Board – Meeting Work Programme 2017/18

Wednesday 9 May 2018 - West Offices			
Item/Topic	Lead Organisation & Officer	Other Contributing Organisations & Participants	Scope
<b>Theme: Wrap up Meeting – content of agenda to be confirmed</b>			
Performance Management	<u>TBC</u>		<ul style="list-style-type: none"> <li>To receive a performance and monitoring update in relation to the Joint Health and Wellbeing Strategy</li> </ul>
<b>Other Business</b>			
Update from the HWBB Steering Group	<u>City of York Council</u> Sharon Stoltz		<ul style="list-style-type: none"> <li>Update from the HWBB Steering Group</li> </ul>