

## Notice of meeting of

### Shadow Health and Wellbeing Board

**To:** Councillors Simpson-Laing (Chair), Looker, Wiseman, Kersten England (Chief Executive, City of York Council), Pete Dwyer (Director of Adults, Children & Education, City of York Council), Patrick Crowley (Chief Executive, York Hospital), Rachel Potts (York Locality Director, NHS North Yorkshire and York), Rachel Johns (Associate Director of Public Health and Locality Director, NHS North Yorkshire and York), Chris Butler (Chief Executive, Leeds and York Partnership NHS Foundation Trust), Dr Mark Hayes (Chair, Vale of York Commissioning Consortium), Jane Perger (York Local Involvement Network (LINK)), Angela Portz (Chief Executive, York Council for Voluntary Service), Mike Padgham (Chair, Independent Care Group)

**Date:** Wednesday, 4 July 2012

**Time:** 4.30 pm

**Venue:** The Guildhall, York

### AGENDA

#### 1. Introductions

#### 2. **Declarations of Interest** (Pages 5 - 6)

At this point in the meeting, Board Members are asked to declare any personal or prejudicial interests they may have in the business on the agenda. A list of declarations of interests is attached.

### **3. Public Participation**

At this point in the meeting, members of the public who have registered their wish to speak, regarding an item on the agenda or an issue within the Board's remit can do so. The Board's remit is attached as an annex to this agenda (this can be found at page 3). Public speakers will be allowed to speak for up to 3 minutes. The deadline for registering is **Tuesday 3 July 2012 at 5.00pm**.

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

### **4. Stakeholder Event- Feedback and Initial Consultation on the Emerging Priorities** (Pages 7 - 12)

This report summarises feedback received at the Health and Wellbeing Stakeholder event held on 29<sup>th</sup> May. During the event stakeholders were asked to consider the emerging priorities for the Health and Wellbeing Strategy and note what worked well, what could be improved, what they would prioritise and how they could contribute.

### **5. Developing York's Health and Wellbeing Strategy** (Pages 13 - 36)

This agenda item will consist of a cover report and Power Point presentation which will inform Board Members about;

- The vision underpinning the Health and Wellbeing Board and the Health and Wellbeing Strategy
- The draft priority areas-the focus of the strategy
- How the priorities will be developed-objectives and actions
- The next steps and a proposed timeline for the development of the Health and Wellbeing Strategy.

Slides of the presentation will be attached as an annex to the cover report.

### **6. Health and Wellbeing Budget Cycles** (Pages 37 - 42)

This report presents Board Members with details of the main Health and Wellbeing budgets for York.

**7. Updates on Health and Wellbeing Changes** (Pages 43 - 44)

This is a standard item on the agenda which allows for Members to receive updates from all the organisations and sectors involved in the Shadow Health and Wellbeing Board.

**8. Urgent Business**

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

Democracy Officer:

Name: Judith Betts

Contact details:

- Telephone – (01904) 551078
- E-mail – [judith.betts@york.gov.uk](mailto:judith.betts@york.gov.uk)

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

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

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## About City of York Council Meetings

### Would you like to speak at this meeting?

If you would, you will need to:

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

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

### Further information about what's being discussed at this meeting

All the reports which Members will be considering are available for viewing online on the Council's website. Alternatively, copies of individual reports or the full agenda are available from Democratic Services. Contact the Democracy Officer whose name and contact details are given on the agenda for the meeting. **Please note a small charge may be made for full copies of the agenda requested to cover administration costs.**

### Access Arrangements

We will make every effort to make the meeting accessible to you. The meeting will usually be held in a wheelchair accessible venue with an induction hearing loop. We can provide the agenda or reports in large print, electronically (computer disk or by email), in Braille or on audio tape. Some formats will take longer than others so please give as much notice as possible (at least 48 hours for Braille or audio tape).

If you have any further access requirements such as parking close-by or a sign language interpreter then please let us know. Contact the Democracy Officer whose name and contact details are given on the order of business for the meeting.

Every effort will also be made to make information available in another language, either by providing translated information or an

interpreter providing sufficient advance notice is given. Telephone York (01904) 551550 for this service.

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### **Holding the Cabinet to Account**

The majority of councillors are not appointed to the Cabinet (39 out of 47). Any 3 non-Cabinet councillors can 'call-in' an item of business following a Cabinet meeting or publication of a Cabinet Member decision. A specially convened Corporate and Scrutiny Management Committee (CSMC) will then make its recommendations to the next scheduled Cabinet meeting, where a final decision on the 'called-in' business will be made.

### **Scrutiny Committees**

The purpose of all scrutiny and ad-hoc scrutiny committees appointed by the Council is to:

- Monitor the performance and effectiveness of services;
- Review existing policies and assist in the development of new ones, as necessary; and
- Monitor best value continuous service improvement plans

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

- Councillors get copies of all agenda and reports for the committees to which they are appointed by the Council;
- Relevant Council Officers get copies of relevant agenda and reports for the committees which they report to;
- Public libraries get copies of **all** public agenda/reports.

## Shadow Health & Wellbeing Board Agenda

### The Remit of York's Shadow Health and Wellbeing Board

*The Shadow 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 the 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.

*The Shadow 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 focussed 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 Overview 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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## Shadow Health & Wellbeing Board Declarations of Interest

### **Cllr. Tracey Simpson-Laing, Deputy Leader of City of York Council**

- Member of Unison
- Safeguarding Adult Board, CYC – Member
- Peaseholme Board – Member
- Relate York & Harrogate – Employed by
- Governor of Carr Infant School

### **Cllr. Janet Looker, Cabinet Member for Education, Children and Young People's Services, City of York Council**

- Director of North Yorkshire Credit Union
- Governor Canon Lee School

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

- Member of the Council of Governors (Public York) York Teaching Hospitals NHS Foundation Trust
- Strensall Community, Youth & Sports Association Company Limited by Guarantee 7809552 – Director / Trustee

### **Kersten England, Chief Executive of City of York Council**

My husband, Richard Wells, is currently undertaking leadership coaching and development work with consultants in the NHS, including Yorkshire and the Humber, as an associate of Phoenix Consulting. He is also the director of a Social Enterprise, 'Clearing Space 4 You', which works with volunteer organisations in York and North Yorkshire.

### **Jayne Brown, Chief Executive of NHS York and North Yorkshire PCT**

- Non-executive Director of St Leger Homes, Doncaster, an ALMO of Doncaster MBC

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

None to declare

### **Pete Dwyer, Director Adults, Children & Education, City of York Council**

None to declare

### **Jane Perger, York Local Involvement Network (LINK) Representative**

None to declare

**Dr. Mark Hayes, Chair of Vale of York Commissioning Consortium**  
GP for one day a week in Tadcaster.

**Rachel Potts, York Locality Director, NHS North Yorkshire and York PCT**  
None to declare

**Rachel Johns, Associate Director of Public Health and Locality Director for York, NHS North Yorkshire and York PCT**  
Husband works for Hewlett Packard.

**Angela Harrison, Chief Executive of York Council for Voluntary Services**

- Trustee of York Disaster Relief Fund
- York CVS has various funding and contractual arrangements with CYC and NHS NY&Y.
- York CVS has connections with many voluntary organisations in the city and runs a number of health and social care related forums.

**Chris Butler, Chief Executive of Leeds and York Mental health Trust**  
None to declare

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

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

## Shadow Health & Wellbeing Board, 4 July 2012

Stakeholder event- feedback and initial consultation on the emerging priorities

### Introduction

This paper summarises feedback received at the Health and Wellbeing Stakeholder event held on 29<sup>th</sup> May.

During the event stakeholders were asked to consider the emerging priorities for the Health and Wellbeing Strategy and note what worked well, what could be improved, what they would prioritise and how they could contribute.

The feedback is collated under the emerging priorities:

- Preparing for an older population
- Reducing health inequality
- Improving mental health and intervening early
- Enabling all children and young people to have the best start in life

Although each priority area was discussed separately, some common themes and key points did emerge. These are:

- Intervene below the threshold level and work with lower level needs, to prevent situations from worsening and hitting crisis point.
- Coordinate services better, increase the sharing of assets, resources and budgets between organisations.
- Services need to work in collaboration if they are going to tackle multifaceted health and wellbeing issues, especially around mental health.
- There should be more integration between children's services and adulthood services, especially at ages 16-18 years.
- Awareness does need to be raised around mental health, dementia, carers and young carers.
- We need to consider who gives health messages and where support is offered. People need to relate to the messages and the support needs to be relevant to their everyday lives.

### Recommendations

- The Board is asked to consider the feedback from the stakeholder event and to use this information in developing and shaping the health and wellbeing strategy.

## Preparing for an older population

### Communication and engagement

- Increase older people's awareness of the social and physical activities available to them and their importance in preventing illness and aiding recovery.
- Deliver an extensive and innovative communications campaign raising awareness of dementia, identifying early signs, what can be done and what support is available
- Implement a communications campaign raising awareness of unpaid carers
- Provide health education, information and promotion in places where old people go (not just in health settings) e.g. supermarkets, bingo halls, libraries etc. or at more general community events.
- See older people as a positive resource to improve health and wellbeing – recognise their contribution – they aren't a 'burden'.

### Workforce

- Plan and develop the older people's care workforce to prepare for an ageing population by:
  - Communications campaign promoting health and wellbeing professions
  - Supporting workforce development for health and wellbeing service providers
  - Encouraging providers to sign up the living wage

### Access and inclusion

- Improve frequency and access of public transport to residential areas
- Improve footpaths outside of the city centre

### Integration and collaboration

- Roll out Neighbourhood Care Teams across the City, if successful commit to long term through pooling local budgets

## Reducing health inequality

### Communication and engagement

- Take a community development approach targeting communities with poorer health outcomes. Interventions would need to be co-designed and not prescribed by professionals.
- Use innovative ways to communicate positive health messages – reconsider the traditional approach communicating health messages.

## Workforce

- Encourage York to be a Living Wage City - all organisations on the Health & Wellbeing Board commit to implementing the Living Wage.
- Encourage employers to create more supported/phased work or learning placements for those who are long-term unemployed / have poor health outcomes.
- Encourage providers to employ people from within the community they are providing for (e.g. geographical / demographic / need) to make services representative of the people they're serving.

## Access and inclusion

- Consider how and where support is offered and by who. People don't want be patronised and need support offered which is more relevant to their everyday lives.
- Consider the health and wellbeing implications of the welfare and benefits reforms – the impact on housing, debt, homelessness and social inclusion.
- Improve spatial planning – and its impact on health and wellbeing. Consider a health impact assessment on capital/ development projects.

## Integration and collaboration

- Extend Westfield pilot to other localities or communities of need providing a holistic local advice service engaged with the community
- Invest in specific support for people to access income and manage their finances where there are gaps for particular localities with low health outcomes.
- Consider investing in collaborative health programmes, but for the long term, such as Altogether Better, MEND or HEAL.

## Improving mental health and intervening early

### Communication and engagement

- Deliver extensive communication campaign raising awareness and reducing stigma of mental health, with particular focus employers and schools. This should focus on promoting good mental health rather than avoiding mental health problems.

## **Workforce**

- Introduce workforce programmes for employers for 'well at work' - training for managers to increase awareness of mental health/ stress.
- Introduce a 'local qualification' to recognise wellbeing/ mental health skill sets.

## **Access and inclusion**

- Increasing access to opportunities such as sports, learning and the arts – these positively impact on mental wellbeing.

## **Integration and collaboration**

- Map alternative support to medication available for people with low-level mental health conditions. Provide training and toolkits for professionals on dealing more holistically with low-level mental health.
- Develop longer term mental health services – problems cannot be solved quickly. Issues are complex and cannot be dealt with by silo working – collaboration should be improved.
- Increase mental health support for 16-18 year olds – current provision is not sufficient.
- Create a Transitions Nurse role to support transitions between children's and adults mental health.
- Increase resources for prevention – funding counselling services (particularly voluntary services) in the long term will save the NHS money.
- Improve the consistency of the coordination of mental health services to allow more effective signposting.

## **Service specific**

- CBT (cognitive behavioural therapy) is a helpful early intervention but 6 NHS sessions is not enough.
- Review thresholds of care for mental health so effective interventions are provided at each level, especially to prevent conditions escalating.
- Expertise should be brought into schools to complement PSHCE – mental health toolkits are being developed for schools. Schools have a major responsibility in young people's mental wellbeing.
- Have a designated independent welfare officer in schools, accessible to all young people – a confidential service, not run by teachers.
- Increase the priority and prevalence of Aspergers and Autism services.

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

### **Communication and engagement**

- Provide more information about health and wellbeing in schools. Have a range of services available in school settings.

- We need more baseline data – more engagement with children and young people. We should understand their levels of activity and other health behaviours and consider the right methods and preferences to engage them.
- Increase marketing of the Change 4 Life information, especially around nutrition.

## Parenting

- Create additional programmes of support for parents (pre-birth to teenage years) and offer relationship support: Nutrition; Relationships; PHSE; Peer / mentoring support; Short courses not labelled which cover a range of topics - avoid stigma

## Access and inclusion

- Encourage take up of a young carers card in all schools so they are aware of any issues affecting the young person and can respond sensitively/ appropriately.
- Increase the access to and use of the voucher scheme for free vitamins/ nutritious food through health visitors and other agencies – there is low take up in York.
- Reduce the cost of transport for young people, 16-18 year olds. They need transport to access education/ training – currently they pay full fare.

## Integration and collaboration

- Extend the Westfield pilot to other areas to provide a holistic local advice service within the community.

## Work with schools

- Improve PSHE lessons and health education generally in schools. Rethink the content, the way they are taught and involve other agencies in delivery – this should not be delivered by teachers or school nurses.
- Use peer mentoring – older pupils mentoring younger children in health and wellbeing.
- Provide free school meals at colleges – to provide those from poorer backgrounds with nutritious meals.
- Ensure all free school meals are healthy and work to increase their uptake.

## Other

- Targeted work is important, but don't forget those just above the threshold.
- Improve mapping of data of 2<sup>nd</sup> birth / teenage pregnancies to enable better targeting of services.

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**Shadow Health & Wellbeing Board, 4 July 2012**  
Developing York's Health and Wellbeing Strategy

**Cover note to accompany the presentation**

**The Shadow Health and Wellbeing Board will be presented with:**

1. The vision underpinning the Health and Wellbeing Board and the Health and Wellbeing Strategy
2. The draft priority areas - the focus of the strategy
3. How these priorities will be developed - objectives and actions
4. Next steps and proposed timeline

Please see the PowerPoint slides attached which will be presented by Sally Burns, Director of Communities and Neighbourhoods.

**During the presentation, the Shadow Health and Wellbeing Board are asked to make the following decisions:**

1. Confirm the strategy will be 3 years – 2013 to 2016
2. Confirm the vision
3. Confirm and agree the draft priority areas
4. Agree the process for developing the priorities and delivery of them
5. Agree to meet with secretariat to discuss the priorities in more detail and to meet in early September for a dedicated strategy session.
6. Note and agree the timeline for developing the strategy

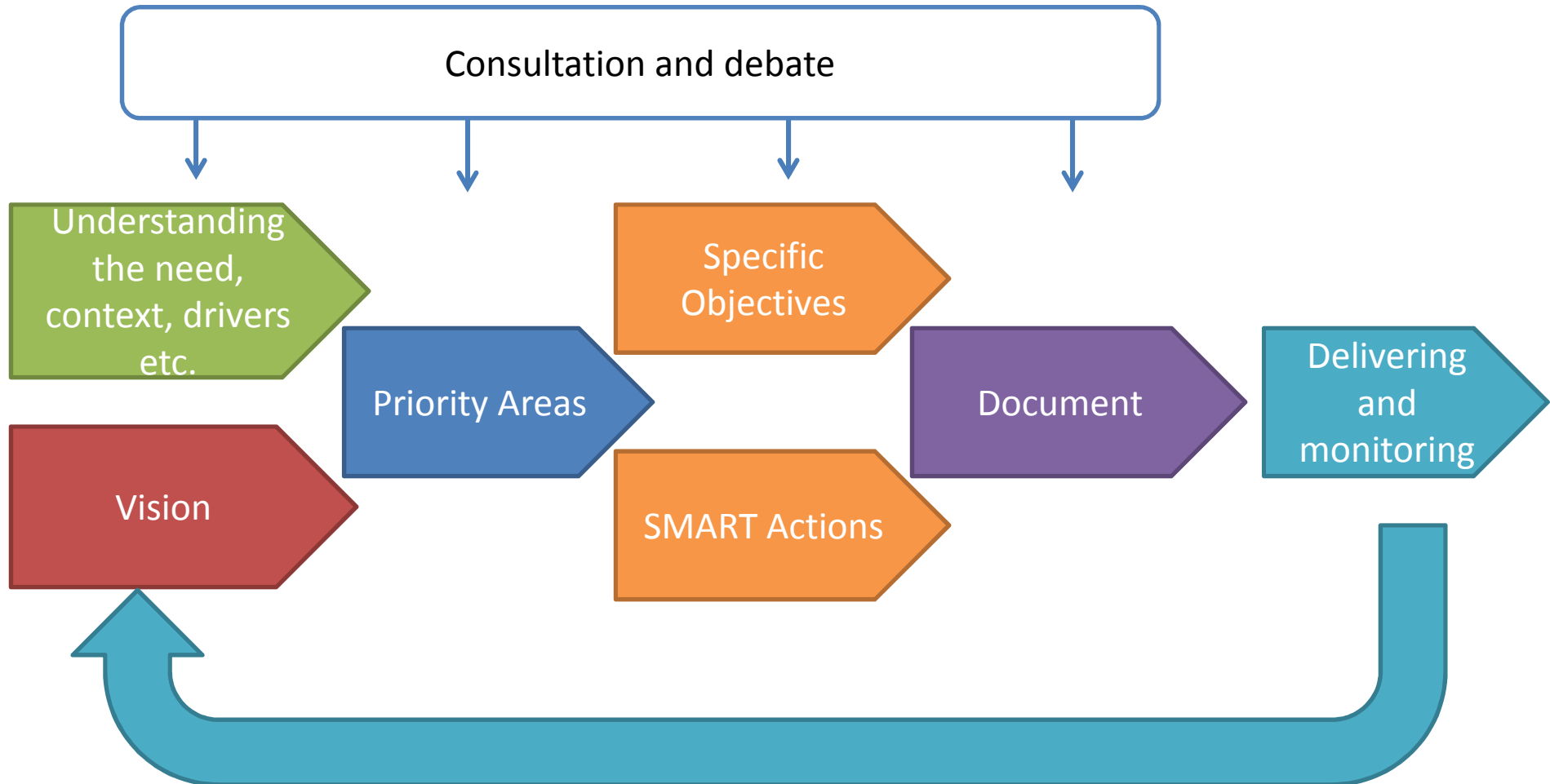
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# Developing York's Health & Wellbeing Strategy



# Building blocks for the Strategy



Understanding the need,  
context, drivers etc.

Understanding of York's needs and the assets available



Aspirations & Vision

# Our Vision



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

# Our Priority Areas



# Priority Areas

## 1. Preparing for an older population

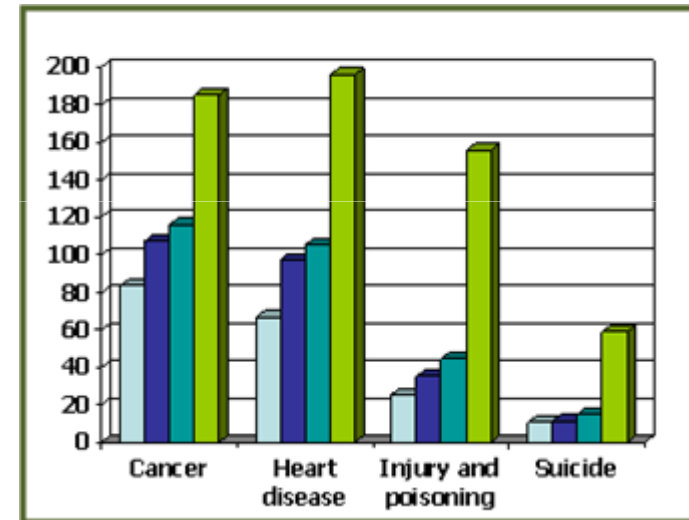


*By 2020, the over-65 population is expected to increase by approximately 40% and the number of people aged over 85 years is expected to increase by 60%; this changing demography will have major implications for the future provision of adult health and social care services.*

# Priority Areas

## 2. Addressing health inequality

*The JSNA showed clear links between deprivation and poorer health and wellbeing outcomes; 7% of York's population live in areas classified as being the 20% most deprived areas in the country; the difference in life expectancy between the most and least deprived areas and communities in York is 3.6 years difference for women and 9.9 years difference for men.*



# Priority Areas

## 3. Improving mental health and intervening early

*We need to improve our understanding of the full range of mental health needs in the City and to intervene earlier to achieve better outcomes and reduce costs; it is estimated that approximately 170 individuals aged 16 to 74 per 1,000 suffer with a mental illness; an increase in dementia is forecast; 10% of 5 to 15 year olds have a diagnosable mental health disorder.*



# Priority Areas

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

*Early intervention and tackling inequality are the basis for enabling all children and young people to have the best start in life; there has been an increase in the number of children who are subject to formal child protection plans; an estimated 4,400 children were living in poverty in York in 2010; there is an attainment gap between children in York who are eligible to receive free school meals and those children who are not eligible.*



# Priority Areas

## 5. Resources and finances – a sustainable health and wellbeing local system

*Radical change is needed to enable the health and social care system to meet the needs of an increasingly ageing population during a time of significant financial constraint; efficiency savings required in North Yorkshire and York are likely to be in excess of £230 million; the financial constraints of health care are outlined in the North Yorkshire and York Review.*



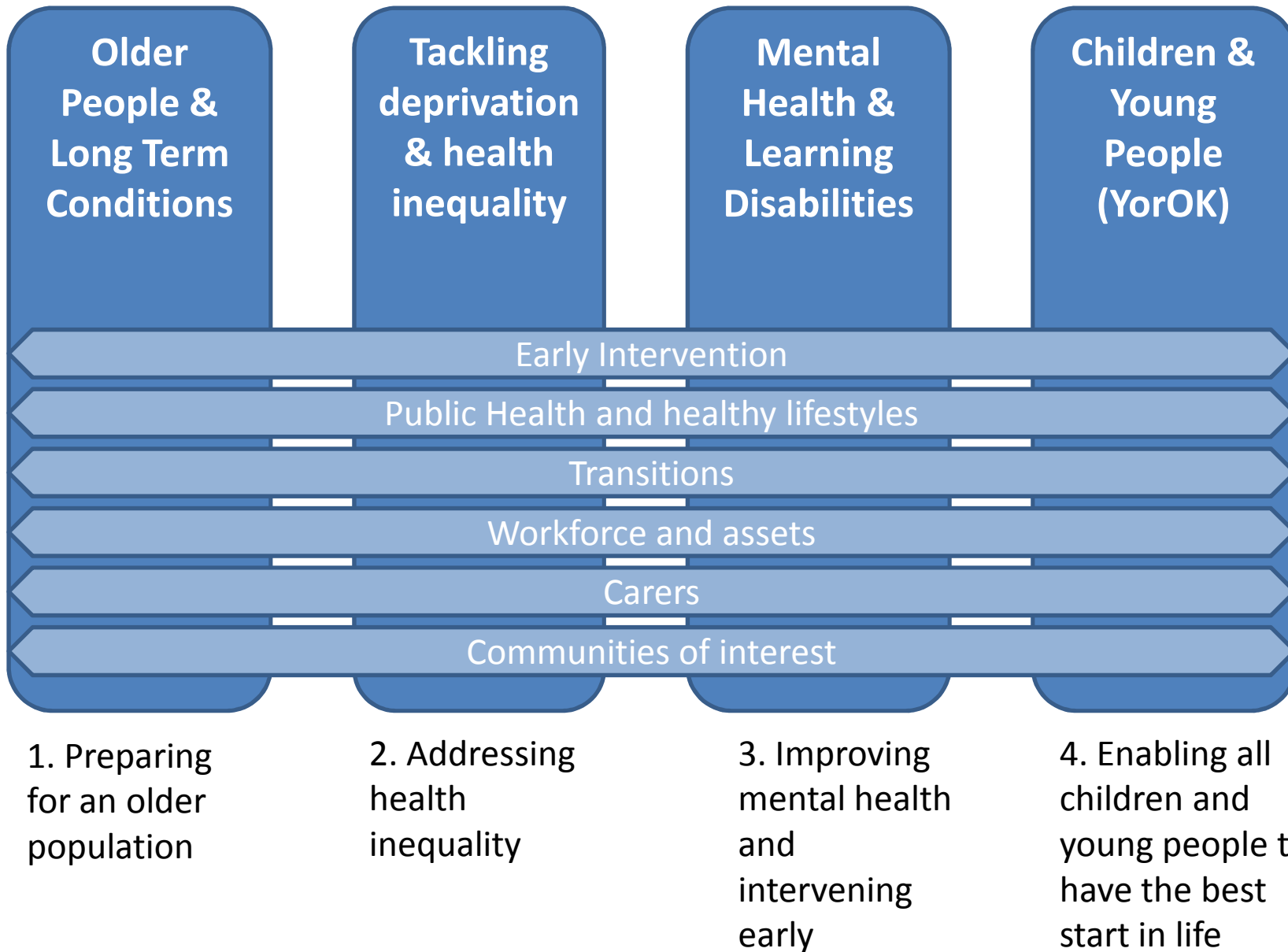
Objectives and actions under  
each priority area:

*How will the Board develop these?*

# Objectives and actions under each priority area: suggested process...

- Developing potential actions where the board can *add value to what is already happening* and make a difference *together*.
- Developed through:
  - 1-2-1 meetings with each Board member
  - Existing input from Health and Wellbeing event
  - Input from existing partnerships / wider consultation
  - Research into best practice and evidence of impact
- Led by the proposed chair of each strategic delivery partnership under sHWB
- Board members sponsor a priority area

# Proposed Chairs of Strategic Delivery Partnership Boards leading the development of proposals under each priority area





# Agreeing the what, how and who!

- Ideas and proposals developed into a range of SMART objectives, actions and outcomes under each priority area including:
  - Resource implications
  - Evidence base for impact
- Debate and discussion at Strategy Session in September facilitated by independent facilitator
- Board decide what they wish to commit to and include in the Strategy

# Developing the 'resources and finances' priority area

- A vital strand of the strategy is to:
  - plan practically how to sustain an effective health system with reduced resources
  - Identify how the board will invest in the priority areas
  - How the Board will make decisions about reallocating resources
- This is the responsibility of the Board. How can we achieve this in practice?
- Developed through:
  - 1-2-1 meeting with board members
  - Strategy Session in September

# The Document

## Improving Health & Wellbeing in York



2013 – 2016

# Document Structure

- **Foreword**
- **National and local context**
- **Introduction to our first Health & Wellbeing Strategy**
- **Our Health and Wellbeing Board and relationship to other partnerships**
- **Our Vision**
- **Our Priority Areas**

Under each priority area:

- Why we have chosen the priority area
- How we will deliver it (objectives and actions)
- **Monitoring progress and impact**
  - How we will know we've achieved our objectives
  - Wider performance framework

# Delivery and monitoring

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

## Health & Wellbeing Board

### 5. Resources and finances – a sustainable health and wellbeing local system

**Older  
People &  
Long Term  
Conditions**

1. Preparing  
for an older  
population

**Tackling  
deprivation  
& health  
inequality**

2. Addressing  
health  
inequality

**Mental  
Health &  
Learning  
Disabilities**

3. Improving  
mental health and  
intervening early

**Children &  
Young  
People  
(YorOK)**

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

Task and finish groups / Project boards / working groups as required by above  
boards to deliver on priorities

# Timeline

June onwards	An 'expert reference group' of officers from health and wellbeing organisations meet to coordinate the development of the strategy and production of document.
Today	Agree vision, priority areas and process going forward.
July - August	1-2-1 meetings with each Board Member
July - November	A series of consultation events to be held with stakeholders working up proposals for the draft strategy.
September	A 'Strategy Session' will be held with for the board to collectively agree the objectives under each priority area.
3 <sup>rd</sup> October	Shadow Health and Wellbeing Board meeting. The draft strategy will be reviewed.
November	Health and Wellbeing Stakeholder Event – public consultation to review draft strategy.
5 <sup>th</sup> December	Shadow Health and Wellbeing Board meeting. The strategy will be finalised and 'signed off'.

# Summary of Decisions Required from the Shadow Health and Wellbeing Board

1. Confirm the strategy will be 3 years – 2013 to 2016
2. Confirm the vision
3. Confirm and agree the draft priority areas
4. Agree the process for developing the priorities and delivery of them
5. Agree to meet with secretariat to discuss the priorities in more detail and to meet in early September for a dedicated strategy session.
6. Note and agree the timeline for developing the strategy



## Shadow Health & Wellbeing Board, 4 July 2012

### Health and Wellbeing Budget Cycles

As can be seen in the diagram overleaf, the main health and wellbeing budgets for York are held by City of York Council and Vale of York Clinical Commissioning Group (CCG), with a large proportion of the CCG's budget allocated to commissioned services provided by York Teaching Hospital NHS Foundation Trust and Leeds and York Partnership NHS Foundation Trust. However there are some essential points to observe here.

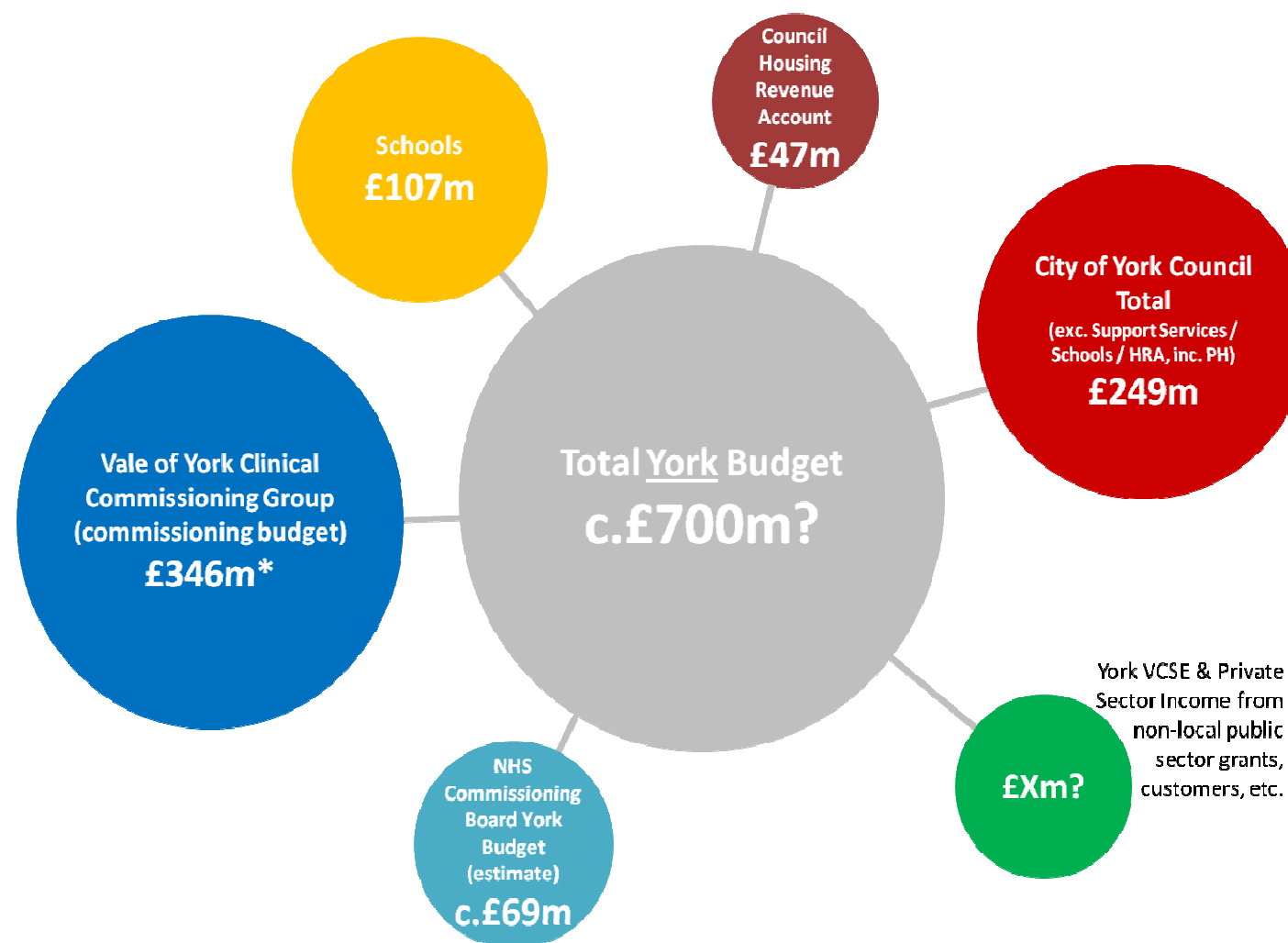
It is not possible to isolate which Council budgets are for 'health and wellbeing services' and which are not. All Council services have some impact on health and wellbeing, only some more directly than others. Therefore the figures in the diagram below are for all Council services, and are gross expenditure budgets.

Vale of York CCG budgets are for the Vale of York area. **York is approximately 60% of the population of the Vale of York area, so the figures for Vale of York CCG are considerably higher than they would be for just York.** The proportion of Vale of York spending on York is different for different services so accurate figures for York would require detailed calculations for each service. It is important to note that when consider its budget, Vale of York CCG need to take into account priorities for North Yorkshire and East Riding too. Vale of York figures are marked with an \*.

The newly established NHS Commissioning Board also has budget which is spent on various geographical basis which impact York residents, so the Board should also consider how it can influence this. The figure in the diagram is a crude estimate calculated on proportion of the North Yorkshire & York PCT population who live in the Vale of York. The figures are based on the PCT baseline agreed by the NHS Commissioning Board.

All figures are based on some degree of generalisation - they are meant to give an indication of scale and proportion rather than for use in technical calculations.

## Budget Holders for Health & Wellbeing in York



\* Figure is for Vale of York area not York. York residents make up 60% of this area.

VCSE Voluntary, Community & Social Enterprise

The annual budget cycles for the major commissioners and providers are highlighted below.

	April	May	June	July	August	September	October	November	December	January	February	March
City of York Council	Ongoing monitoring			Identify budget pressures and opportunities	Develop initial budget proposals				Opportunity for consultation	Agree budget		
Vale of York CCG	Ongoing monitoring					Identify budget pressures and opportunities	Opportunity for consultation	Initial budget proposals	Opportunity for consultation	Agree budget and contracts with providers		
York Teaching Hospital NHS Foundation Trust	Ongoing monitoring					Identify budget pressures and opportunities	Opportunity for consultation	Initial budget proposals	Opportunity for consultation	Agree budget and contracts with commissioners		
Leeds and York NHS Foundation Trust	Ongoing monitoring							Initiate work on financial plan for 2013/14	Develop draft Financial Plan for Board	2nd draft financial plan to board/ Agree contracts with commissioners	Agree budget	

Key:

Identify budget pressures and opportunities
Initial budget proposals
Opportunity for consultation
Agree budget
Contracts agreed with providers / commissioners

### **Additional notes on the Council's budget process**

A two year Council budget was agreed in February; however the process for this year is detailed below.

#### June/July 2012

1. Review of the 2013-14 savings will be undertaken and options for alternative savings identified where required. The outcome of this exercise will be reported to CMT and Members by the late July/early August and will feed into the first budget meetings in September.

2. Targets for meeting the 2014-15 savings requirement will be allocated to Directorates and proposals will be formulated over the summer. A full set of budget savings for 2014-15 will be presented at budget meetings in September.

#### September/October/November 2012

3. There will be budget review meetings with Cabinet members during September, October and November 2012. These will consider 2013-14 savings, 2014-15 savings and any requirements for growth.

#### December 2012

4. Final proposals will begin to be put together, leading to the presentation of new 2 year budget to Council in February.

### **Conclusion**

Feeding in to these processes is key for the Health and Wellbeing Board to make an impact on health and wellbeing in York and embed its strategy, priority and actions through the allocation of resources.

In addition to these processes, it is also important to note that decisions about budgets and contracts are made throughout the financial year depending on external funding opportunities, re-tendering processes, and monitoring and addressing in-year pressures. Therefore, it is proposed that 'finances and funding' become a standing agenda item at Health and Wellbeing Boards.

**Decisions required from the Shadow Health and Wellbeing Board:**

- The Board to note the budget cycles for the main commissioners of health and wellbeing services in York, so they can explore opportunities to best utilise resources available to delivery York's health and wellbeing priorities, and timescales associated.
- The Board agree that 'finances and funding' become a standing item on the Shadow Health and Wellbeing Board agenda.

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## Shadow Health & Wellbeing Board, 4 July 2012

### Updates on Health and Wellbeing changes

Board members will be invited to give updates from their organisation or sector. This includes:

- Health Watch
- Vale of York Clinical Commissioning Group(overview of strategy attached)
- Public Health
- Primary Care Trust

### **Vale of York Clinical Commissioning Group Overview of Strategy**

Vale of York CCG is in the process of developing its Strategy for 2012 – 2015. On the following page is an overview highlighting draft priorities and actions. The CCG aims to develop its Strategy through ongoing engagement with Health & Wellbeing Boards, linking in with emerging Health and Wellbeing Strategies, and wider stakeholders. The CCG would welcome the Board's views on this early version.

# Vale of York Clinical Commissioning Group: Strategic Plan 2012 - 2015

**Vale of York CCG Vision:** To achieve the best health & wellbeing for all the individuals in our community

Quality

Innovation

Equality

Courage

Empathy

Integrity

Communication

Respect

## What do we want to achieve?

- Improved healthcare outcomes
- Reduced health inequalities
- Improved quality and safety of commissioned services
- Improved efficiency
- Financial balance

## Challenges & opportunities

Aging population profile

Financial pressures

Services closer to home

Clinical leadership

New partnerships

Patient/public engagement

Therefore...what are we going to do?

## Priorities

Long Term Conditions

Elective Care

Urgent Care

Mental Health

Prescribing

Carers

Tackling inequality

## What action will we take?

Set up Neighbourhood Care Teams.  
Develop Diabetes/COPD/End of life care pathways.  
Enable supported self care .

Develop community based care pathways  
Establish and maintain a GP Peer Review process (investigate feasibility of a referral review process in partnership with secondary care consultants)  
Consider expansion of existing MSK service to encompass Rheumatology/Pain Management

Ambulatory care pathways.  
Nursing Homes: systematic implementation of Advance Care Plans/Emergency Care Plans/Medication Reviews.  
'Implement national '111' scheme

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

Strategy developed to ensure cost effectiveness

Implement carer awareness training for primary care

Work with HWBs on tackling wider determinants

All plans established within existing financial resources

## How will we know we've succeeded?

People feel supported to manage their condition  
Time spent in hospital reduced  
Functional ability of people with long term conditions improved.

Reduction in elective admissions.  
Easier for patients to access services.  
Elective services providing value for money.  
Increase of routine healthcare provision in the community

Fewer inappropriate emergency department attendances.  
Fewer emergency admissions from Nursing Homes.  
Patients making informed choices when accessing urgent care

Enhanced quality of life for people with a mental illness or dementia.  
Improving experience of healthcare for people with a mental illness or dementia

Adjusted prescribed medication (and supply systems) providing better value for money  
Increased awareness of carers' needs  
Improving the experience of healthcare for carers

Reduced differences in life expectancy and healthy life expectancy between communities

## What will enable us to do this?

Working together with partners for an integrated approach

Engaging with patients, communities, voluntary sector and GPs, clinicians

Informed decision making

Maximising use of technology

Establishing the CCG, developing its leaders and staff