



Notice of a public 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), Dr Paul Edmondson Jones (Director of Public Health, City of York Council), Patrick Crowley (Chief Executive, York Hospital), Chris Long (Local Area Team Director for North Yorkshire and the Humber, NHS Commissioning Board), Tim Madgwick (Temporary Chief Constable, North Yorkshire Police), Dr Mark Hayes (Chair, Vale of York Clinical Commissioning Group), Rachel Potts (Chief Operating Officer, Vale of York Clinical Commissioning Group), Jane Perger (York Local Involvement Network (LINK)), Angela Portz (Chief Executive, York Council for Voluntary Service (CVS)), Chris Butler (Chief Executive, Leeds and York Partnership NHS Foundation Trust) and Mike Padgham (Chair, Independent Care Group)

Date: Wednesday, 27 February 2013

Time: 4.30 pm

Venue: The Guildhall, York

AGENDA

1. Introductions

2. Declarations of Interest (Pages 3 - 4)

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

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

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

3. Minutes (Pages 5 - 16)

To approve and sign the minutes of the meetings of the Shadow Health and Wellbeing Board held on 5 December 2012 and 30 January 2013.

4. Public Participation

It is at this point in the meeting that members of the public who have registered their wish to speak can do so. The deadline for registering is by **Tuesday 26 February 2013 at 5.00 pm.**

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

5. Appointments to Long Term Conditions and Older Persons Board (Pages 17 - 20)

This report asks Board Members to nominate two Councillors to the membership of the Long Term Conditions and Older Persons Programme Board. This Board is a sub-group of the Shadow Health and Wellbeing Board (SHWB).

6. Police and Crime Plan (Pages 21 - 40)

Tim Madgwick, the Temporary Chief Constable of North Yorkshire Police, will present to the Board the Draft Police and Crime Plan 2013-17 for North Yorkshire.

7. Draft Health and Wellbeing Strategy- Performance Framework (Pages 41 - 52)

The performance framework for the Health and Wellbeing Strategy is currently being developed. This report will update members of the Shadow Health and Wellbeing Board and will ask for their input into further developing the performance framework.

8. Health and Wellbeing Strategy- Feedback from the consultation (Pages 53 - 104)

During December 2012 and January 2013 feedback on the draft Health and Wellbeing Strategy was actively sought from stakeholders, health and wellbeing organisations, their staff and volunteers. This report provides an update for the Shadow Health and Wellbeing on some of the key themes that have been identified from this feedback.

9. Report on the Draft Voluntary, Community and Social Enterprise Strategy (Pages 105 - 120)

Angela Portz, the Chief Executive of York Council for Voluntary Service will present the Draft Voluntary, Community and Social Enterprise Strategy for York to the Board.

10. Report on Stafford Hospital (Pages 121 - 134)

Patrick Crowley, the Chief Executive of York Hospital, will present a briefing paper from the Foundation Trust Network, in response to the Final Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry Chaired by Robert Francis QC.

11. Public Speaker-Professor Diane Willcocks (Pages 135 - 136)

Professor Dianne Willcocks will lead a discussion focused on ageing and inclusivity issues. This will be followed by a question and answer session with Board Members.

12. Any Other Business

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

Democracy Officer:

Name- Judith Betts

Telephone No. – 01904 551078

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

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

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

Contact details are set out above.

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Would you like to speak at this meeting?

If you would, you will need to:

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

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

Further information about what's being discussed at this meeting

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

Access Arrangements

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

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

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

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

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Holding the Cabinet to Account

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

Scrutiny Committees

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

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

Who Gets Agenda and Reports for our Meetings?

- Councillors get copies of all agenda and reports for the committees to which they are appointed by the Council;
- Relevant Council Officers get copies of relevant agenda and reports for the committees which they report to;
- York Explore Library and the Press receive copies of **all** public agenda/reports;
- All public agenda/reports can also be accessed online at other public libraries using this link

<http://democracy.york.gov.uk/ieDocHome.aspx?bcr=1>

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
- Governor of Carr Infant School

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

- Associate Governor Canon Lee School

Cllr. Sian Wiseman, City of York Council

- 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, 'Creating Space 4 You', which works with volunteer organisations in York and North Yorkshire.

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, Vale of York Clinical Commissioning Group)

GP for one day a week in Tadcaster.

Rachel Potts, Chief Operating Officer, Vale of York Clinical Commissioning Group)

None to declare

Angela Portz, 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 Partnership NHS Foundation Trust

None to declare

Mike Padgham, Chair Council of Independent Care Group

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

City of York Council

Committee Minutes

MEETING	SHADOW HEALTH AND WELLBEING BOARD
DATE	5 DECEMBER 2012
PRESENT	COUNCILLORS SIMPSON-LAING (CHAIR), LOOKER, WISEMAN. DR MARK HAYES (CHIEF CLINICAL OFFICER, VALE OF YORK CLINICAL COMMISSIONING GROUP), RACHEL POTTS (CHIEF OPERATING OFFICER, VALE OF YORK CLINICAL COMMISSIONING GROUP), JANE PERGER (YORK LOCAL INVOLVEMENT NETWORK), PETE DWYER (DIRECTOR OF ADULTS, CHILDREN & EDUCATION), ANGELA PORTZ (CHIEF EXECUTIVE, YORK COUNCIL FOR VOLUNTARY SERVICE (CVS)), PATRICK CROWLEY (CHIEF EXECUTIVE, YORK TEACHING HOSPITAL NHS FOUNDATION TRUST), CHRIS BUTLER (CHIEF EXECUTIVE, LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST) DR PAUL EDMONDSON-JONES (DIRECTOR OF PUBLIC HEALTH, CITY OF YORK COUNCIL), TIM MADGWICK (TEMPORARY CHIEF CONSTABLE, NORTH YORKSHIRE POLICE)
APOLOGIES	KERSTEN ENGLAND (CHIEF EXECUTIVE, CITY OF YORK COUNCIL) MIKE PADGHAM (CHAIR, INDEPENDENT CARE GROUP) CHRIS LONG (TEAM DIRECTOR, NORTH YORKSHIRE AND HUMBER NHS COMMISSIONING BOARD)

17. INTRODUCTIONS

The Chair welcomed the arrival of Temporary Chief Constable of North Yorkshire Police, Tim Madgwick to the Board.

18. DECLARATIONS OF INTEREST

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

Councillors Looker, Simpson-Laing and Wiseman asked that their standing declarations of interest be amended.

Councillor Looker stated that she was no longer a Director of North Yorkshire Credit Union and was not a Governor of Canon Lee School, just an *Associate* Governor.

Councillor Simpson-Laing reported that she was no longer employed by Relate.

Councillor Wiseman stated that she was no longer a Member of the Council of Governors (Public York) York Teaching Hospital NHS Foundation Trust.

Angela Portz declared a personal interest in Agenda Item 11 (Roundtable Update) in relation to Health Watch. She informed the Committee that York Council for Voluntary Service (CVS), of which she was the Chief Executive, had been awarded the contract to run Local Health Watch.

No other interests were declared.

19. MINUTES

RESOLVED: That the minutes of the Shadow Health and Wellbeing Board held on 3 October 2012 be signed and approved by the Chair as a correct record.

20. PUBLIC PARTICIPATION

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

John Yates spoke about the general remit of the Board, in particular the style of the reports included in the agenda, given the nature of the complex issues that the Board often considered. He asked whether a simplified media version of the papers could be produced. He felt that this could highlight the intentions of the Board and explain to the general public how they could get involved. He also spoke about Health and Welfare Schemes and stated that given that they might need extra funding, asked if the Board could suggest one or two key priorities.

In response to the comments raised, the Chair informed the Board that a press release would be issued in April 2013 when the Board would no longer have Shadow status.

21. CHANGE IN BOARD MEMBERSHIP

Board Members received a report which asked them to formally confirm the appointment of the Chief Constable of North Yorkshire Police to the membership of the Shadow Health and Wellbeing Board.

RESOLVED: That the report be noted and the appointment be confirmed.

REASON: In order to update the Board's membership.

22. RESPONDING TO THE FINAL REPORT OF THE YORK FAIRNESS COMMISSION: A BETTER YORK FOR EVERYONE

Board Members received a report which highlighted a number of recommendations from the final report of the York Fairness Commission.

Officers informed the Board that it was the intention of the YorOK Board to be responsible for the delivery of Recommendation F (Ensure that childcare, the learning environment and education help tackle inequalities). That Board would then report back to the Shadow Health and Wellbeing Board to update them on the progress of delivering the recommendation.

Regarding Recommendation A (Make York a Living Wage City and inspire Yorkshire to become a Living Wage Region) it was noted that York Council for Voluntary Service (CVS) had implemented a Living Wage for their employees in April 2012.

- RESOLVED:
- (i) That the report be noted.
 - (ii) That the four health and wellbeing partnership boards, will be the delivery vehicle for Recommendations E and F be confirmed.
 - (iii) That the Board work along alongside other partnerships from across the city, including Without Walls, to support the implementation of other recommendations relevant to their remit.

REASON: To ensure that the findings from the Fairness Commission final report are delivered and influence local policy and practice.

23. THE DRAFT HEALTH AND WELLBEING STRATEGY AND ITS DELIVERABILITY

Board Members received a report which provided them with an overview of York's draft Health and Wellbeing Strategy.

Discussion took place between Board Members about mental health issues and the Criminal Justice system. It was noted that a current focus for North Yorkshire Police was how reoffending rates could be reduced and how improvements could be made to house those within the system with mental health problems.

Some Board Members felt this was particularly important given how previous actions on detention had not been an appropriate response to deal with people who had mental health concerns. It was noted that a number of mental health assessments had been made of children whilst under detention in cells by the Police. It still remained unclear whether it was the responsibility for the health service or the criminal justice system to produce an appropriate response to deal with this, although the YorOK Board would examine the issue in order to recommend some actions to avoid this.

Further discussion took place between Board Members which related to access to urgent care for those with mental health concerns in the city. It was noted that a bespoke facility to provide urgent care for those with mental health care was currently under consideration. The Chair asked that information on the development of a facility be brought to the Board's attention.

In relation to the fifth priority of the Health and Wellbeing Strategy (creating a financially sustainable local health and wellbeing system) for which the Shadow Health and Wellbeing Board would be responsible for, some Board Members questioned whether a sufficient amount of time would be allocated to examine how this priority could be carried out. It was reported that the financial implications from this would be considered at a development session for Board Members on 17 December 2012. It was suggested that the key question of any discussion about financial sustainability would be how could all partners within the Health and Wellbeing sector in York work together given budgetary allocations.

RESOLVED: (i) That the report be noted.

(ii) That the Board be updated in relation to the development of a new mental health care facility in York.

REASON: To ensure that the Health and Wellbeing Strategy has the support of all organisations represented on the Shadow Health and Wellbeing Board and that we have the collective commitment to deliver it.

24. ESTABLISHING HEALTH AND WELLBEING PARTNERSHIP BOARDS

Board Members received a report which provided them with an update on progress made and future plans to establish the new partnership boards sitting directly below the Shadow Health and Wellbeing Board.

In response to the composition of the four partnership boards underneath the Shadow Health and Wellbeing Board, Angela Portz informed the Board that York CVS wished to be involved in these groups at a senior level.

In relation to the new temporary post that would support the Health and Wellbeing Partnership Boards, Board Members were asked to identify people from their partnerships who might be able to carry out the post.

A general comment was made over how there was a need for an appropriate method of data sharing needed to be put into place between all the Partnership Boards.

RESOLVED: That the report be noted.

REASON: To inform Members of the Shadow Health and Wellbeing Board of the progress made in developing the new health and partnership structure.

25. AN OVERVIEW OF THE NHS MANDATE

Board Members received a report which set out the objectives of the new NHS Commissioning Board.

A number of questions were raised by Board Members in relation to the functions of Area Teams (which would succeed Local Area Teams) in relation to Commissioning Boards.

Julie Warren, a representative of the current Local Area Team for North Yorkshire and Harrogate, shared her thoughts on how the Area Teams would operate. She told the Board that the Area Teams would be responsible for the direction of commissioning and that they would also provide a person responsible for Assurance and Delivery across the Commissioning Boards.

RESOLVED: That the report be noted.

REASON: To share information about the NHS Commissioning Board, their objectives and understand how it relates to the work of the Shadow Health and Wellbeing Board.

26. IMPLEMENTING THE HEALTH AND WELLBEING PASSPORT

Board Members received a report which informed them of the implementation of the Health and Wellbeing Passport.

Jane Perger from York Local Involvement Network (LINK), who had developed the Health and Wellbeing Passport informed the Board that a meeting had taken place between LINK and the Neurological Alliance and they had agreed that the passport be piloted in a number of surgeries. She asked Board Members whether they would give their approval to the pilot. Some Members suggested that if the pilot target range was widened then they would be happy to promote it within their partnerships.

Discussion took place in regards to avoiding duplication of patient details, particularly in relation to similar documents used by the Out of Hours Services and work currently carried out with Disabled Children. Some Board Members suggested that information from all involved with the patients be combined into the one document.

- RESOLVED:
- (i) That the report be noted.
 - (ii) That the Board agree to the use of the Health and Wellbeing Passports within their own organisations within the next six months (by June 2013), subject to the target groups being widened.
 - (iii) That a commitment be made in the longer term, if the pilot is successful, to use the passport across the whole organisation and services it provides/commissions.

REASON: Health and Wellbeing Passports are a specific action within the draft Health and Wellbeing Strategy. They enable increased understanding of the needs and are one way of increasing the control people have over their care and support.

27. ROUNDTABLE UPDATE

The Board received verbal updates from various partners on a number of issues.

Finance-KPMG Report

Board Members were informed that a report on how to reduce the deficit and the current financial status of the NHS in North Yorkshire produced by KPMG would be presented to the NHS North Yorkshire and York Board in January.

Patrick Crowley, the Chief Executive of York Hospital felt that the outcome of the report would raise a number of questions about how the NHS governed their performance management and how existing governance and partnership boards could work together to deliver the recommendations of the report. This interdependent working would then lead to a greater level of accountability.

Vale of York Clinical Commissioning Group

The Board was also informed on a number of departures and arrivals in post at the Vale of York Clinical Commissioning Group. They were also informed that a post of Chief Nurse and Director of Quality Assurance had been created within the VOYCCG management team.

Transfer of Public Health and Commissioning of Local Health Watch

The Board were informed about a number of developments that had taken place in relation to Public Health in York and North Yorkshire such as;

- The contract for Sexual Health Services would be lead by North Yorkshire County Council for both the NHS North Yorkshire and York area.
- That York CVS had been chosen as the provider for Local Health Watch in the City.
- That York MIND had been selected to provide the NHS Complaints Advocacy service in York.

Priorities for new Police and Crime Commissioner for North Yorkshire

Tim Madgwick, the temporary Chief Constable of North Yorkshire Police, reported that one of the new Police and Crime Commissioner's priorities would be focused around harm reduction in relation to the wellbeing strand of her role, such as in prevention work around sexual health and exploitation.

RESOLVED: That the updates be noted.

REASON: In order to keep the Board up to date with how Health and Wellbeing reforms are being carried out in the city.

Councillor T Simpson-Laing, Chair
[The meeting started at 4.35 pm and finished at 6.05 pm].

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MEETING	SHADOW HEALTH AND WELLBEING BOARD
DATE	30 JANUARY 2013
PRESENT	COUNCILLORS SIMPSON-LAING (CHAIR), LOOKER AND WISEMAN. KERSTEN ENGLAND, (CHIEF EXECUTIVE, CITY OF YORK COUNCIL), JANE PERGER (YORK LOCAL INVOLVEMENT NETWORK), PETE DWYER (DIRECTOR, CITY OF YORK COUNCIL), ANGELA PORTZ (CHIEF EXECUTIVE, YORK COUNCIL FOR VOLUNTARY SERVICE), PATRICK CROWLEY (CHIEF EXECUTIVE, YORK TEACHING HOSPITAL NHS FOUNDATION TRUST), DR PAUL EDMONDSON-JONES (DIRECTOR OF PUBLIC HEALTH, CITY OF YORK COUNCIL) ANDREW BUCKLEE (AS A SUBSTITUTE FOR RACHEL POTTS, VALE OF YORK CLINICAL COMMISSIONING GROUP)
APOLOGIES	CHRIS LONG (TEAM DIRECTOR, NORTH YORKSHIRE AND HUMBER NHS COMMISSIONING BOARD), DR MARK HAYES (CHIEF CLINICAL OFFICER, VALE OF YORK CLINICAL COMMISSIONING GROUP), RACHEL POTTS (CHIEF OPERATING OFFICER, VALE OF YORK CLINICAL COMMISSIONING GROUP), CHRIS BUTLER (CHIEF EXECUTIVE, LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST), MIKE PADGHAM (CHAIR, INDEPENDENT CARE GROUP AND TIM MADGWICK (NORTH YORKSHIRE POLICE)

28. ADJOURNMENT OF MEETING

The Chair announced that, due to the number of apologies she had received for this meeting, and the absence of substitutes, she was minded to adjourn the meeting to a later date.

Due to the low attendance, she felt that full and proper consideration could not be given to the scheduled presentation from the Chief Executive of York Council for Voluntary Service on the Draft Voluntary Sector Strategy nor to a discussion lead by Professor Diane Wilcocks on ageing and inclusivity issues. Other Board Members agreed.

Whilst Andrew Bucklee was attending in place of Rachel Potts (Vale of York Clinical Commissioning Group), the Chair was concerned that most partner organisations had not arranged for substitutes to attend where needed. She advised those present that she would write to those organisations expressing her concerns.

It was agreed that another meeting would be arranged to consider the issues on this agenda and the Chair asked that Democratic Services contact each Board Member by phone regarding a date for the rearranged meeting.

- RESOLVED:
- (i) That the meeting be adjourned to a future date.
 - (ii) That the Chair write to Board Members' organisations to ensure that arrangements are put in place to nominate substitutes for future meetings.

- REASON:
- (i) Due to the high number of apologies received.
 - (ii) To ensure proper representation from all organisations at future meetings of the Board.

Councillor T Simpson-Laing, Chair
[The meeting started at 4.30 pm and finished at 4.35 pm].



Shadow Health and Wellbeing Board**27 February 2013**

Report of the Director of Customer and Business Support Services

Appointments to Long Term Conditions and Older Persons Programme Board**Summary**

1. This report asks Board Members to nominate two Councillors to the membership of the Long Term Conditions and Older Persons Programme Board. This Board is a sub-group of the Shadow Health and Wellbeing Board (SHWB).

Background

2. A letter has been received by the Council's Democratic Services Department from Dr Tim Hughes, the Chair of the Long Term Conditions and Older Peoples Board, inviting the Shadow Health and Wellbeing Board to nominate two Elected Members to be members on this new Board. As one of four new sub-groups of the SHWB this Board which will give Members the opportunity to work in partnership to improve health and wellbeing in older people and people with long term conditions. This report is presented at this meeting to enable nominations to be made in advance of the Programme Boards first meeting in February 2013.

Options

3. The Committee can decide which two Councillors to nominate to join the Long Term Conditions and Older Persons Programme Board as this Programme Board is a sub group of the Shadow Health and Wellbeing Board.

Council Plan

4. The recommendation presented in this report has relevance to the 'Protecting Vulnerable People' strand of the Council Plan 2011-15.

Implications

5. There are no known implications in relation to the following in terms of dealing with the specific matter before Board Members, namely to nominate two Councillors to represent the Council on the Long Term Conditions and Older Persons Programme Board.

- **Financial**
- **Human Resources (HR)**
- **Equalities**
- **Crime and Disorder**
- **Information Technology (IT)**
- **Property**
- **Other**

Legal Implications

There are no direct legal implications with this report but it should be noted that the Shadow Health and Wellbeing Board's own terms of reference give it the authority to set up Sub-Groups and agree the membership of those Sub-Groups and their terms of reference.

Risk Management

6. In compliance with the Council's risk management strategy there are no known risks associated with the recommendation of this report.

Recommendation

7. Board Members are asked to nominate two Councillors to the membership of the Long Term Conditions and Older Persons Programme Board.

Reason: In order to respond to the request of the Long Term Conditions and Older Persons Programme Board.

Contact Details

Author:

Dawn Steel
Head of Civic & Democratic
Services
Democratic and Scrutiny
Services
01904 551030

**Chief Officer Responsible for the
report:**

Andy Docherty
Assistant Director, Governance and ICT

**Report
Approved**



Date 21 January
2013

Specialist Implications Officer(s)

Not applicable

Wards Affected: All

None

For further information please contact the author of the report

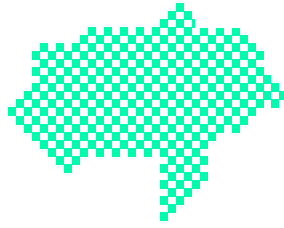
Background Papers:

Shadow Health and Wellbeing Board Agenda 3 October 2012:

*(Agenda Item 5-Implementing the Draft Health and Wellbeing Strategy,
in particular Annexes A & B)*

<http://modgov.york.gov.uk/ieListDocuments.aspx?CId=763&MId=7262&Ver=4>

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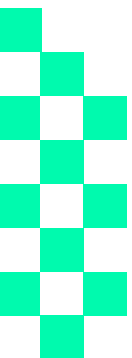


Police and Crime Plan 2013 – 2017



Consultation Draft

crimeplan.org.uk



FOREWORD from your Police and Crime Commissioner, Julia Mulligan

It is a privilege to be able to put forward my first draft Police and Crime Plan for North Yorkshire. Its remit is inclusive, covering the whole of North Yorkshire, with the iconic City of York at its heart. Bearing this in mind, I wish to thank those who voted on November 15th, and reiterate my pledge to work on behalf of everyone throughout North Yorkshire and the City of York to reduce crime.

But reducing crime is not my only goal. My focus will also be on those people who are the victims of crime, and who are worried by crime. Our police need to be more responsive, more visible and more accessible. It is only then that North Yorkshire residents will feel safe – and that is what I am here to deliver.

I don't want this Plan to be the Police and Crime Commissioner's. I want it to be your plan; North Yorkshire's plan. This will only succeed if we all work together with a shared objective in mind.

The following pages offer a clear picture of what I hope to achieve over the next four years. But what I hope is only half the picture. I need to know what you hope for. It may be that my emphasis on anti-social behavior is not quite right, or that you think more needs to be invested in IT; whatever your feedback, please let me know.

Without your help we will not be able to achieve what I know is possible.

- Reduced crime across the county and in our towns and cities
- More people feeling safer in their homes and in the streets
- Higher confidence and satisfaction in North Yorkshire Police
- Better protection for vulnerable people and victims of crime

Or in four words; **be safe, feel safe.**

I hope we can work together to achieve these aims, but if you think I should aim for something different please let me know.

Details on how you can have your say follow and I hope to make commenting as easy as possible.

Once I have heard from you, I will publish the final plan. I will then work relentlessly to keep North Yorkshire the safest place in England and to work with the police, councils, volunteers and community groups to improve the quality of life for people whose lives are blighted by crime and anti-social behaviour.



Julia Mulligan
Police and Crime Commissioner for North Yorkshire



What is the Police and Crime Plan for North Yorkshire?

This plan is your Police and Crime Commissioner, Julia Mulligan's strategy for making our area safer.

As your Commissioner, Julia is required to publish a plan that sets out how the police, Community Safety Partnerships and other partners in the criminal justice system will work together to reduce crime across North Yorkshire.

The plan reflects the Commissioner's mission, priorities, manifesto commitments and the needs of local people across our communities.

The Police and Crime Commissioner has been elected to provide you with a stronger voice and a greater say in how local policing is delivered and to ensure that the Chief Constable delivers for you.

The content of this Police and Crime Plan is informed by evidence around effective crime reduction. The strategy, deliverables and outcomes stem from a set of six goals.

What is the purpose of this document?

A version of the Police and Crime Plan in draft form must be produced for consultation so that the public, partners and other interested parties can feedback and input their views.

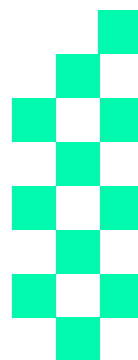
This is the Consultation Draft and consultation questions are set out below. You can comment and provide feedback through the dedicated website or in writing.

www.crimeplan.org.uk or

**FREEPOST RTCL-AGAE-TRTS
Police and Crime Commissioner for North Yorkshire
Ripon HG4 5NB**

Consultation lasts from the 4th February to the 18th March. Once the consultation is concluded, Julia Mulligan's first Police and Crime plan will be published by 31 March 2013.

However, it is important to note that the Commissioner's first plan is a stepping-stone to the future. The plan will be updated as Julia develops her strategy, based on evidence and best practice, working in close co-operation with the police and partners over time.



Feedback your comments – have your say

As part of the public consultation process, Julia and her team will be visiting different areas of the county to discuss the ideas in the plan with you. This will be done with members of North Yorkshire Police and local partners such as your local council, City of York Council and North Yorkshire County Council.

If you want to know what's happening when, please call 101 and ask for Julia Mulligan or email info@northyorkshire-pcc.gov.uk or go to www.crimeplan.org.uk

Commenting on the plan

Consultation questions are set out below and you can answer these as well as comment on and respond to the draft plan at www.crimeplan.org.uk. The questions are also included in the leaflet, which can be returned to us directly using the FREEPOST address below.

Please debate the plan locally – you can use the publicity material provided free of charge at local meetings, for example at Parish Council meetings. You can download the materials from the website and print them out or contact the office above for free copies.

- A4 posters
- A4 leaflet/newsletter
- Information slips – how to feedback your views

Invite Julia Mulligan to a meeting near you

If you're planning or attending an event that Julia could attend, please contact her office using the contact details above.

Please note: Julia will do her best to attend your event but may be unable to do so due to prior commitments. However, as the police and crime plan will develop over time, it may be that Julia could attend a future date.

Email – send your comments via email at info@northyorkshire-pcc.gov.uk

Post – to Julia Mulligan at the following address:

**FREEPOST RTCL-AGAE-TRTS
Police and Crime Commissioner for North Yorkshire
Ripon HG4 5NB**

Please send your response no later than 18th March 2013



Consultation questions

Tell us what you think – complete the survey at www.crimeplan.org.uk – it's quick and easy. Alternatively return the survey in the post if you're not online.

1. Generally, how much do you agree with the Commissioner's goals? (please circle)

- a) They are about right
- b) There are only one or two I think are right
- c) I'm not sure either way
- d) I disagree with most of them

2. In what order would you rank the priorities? (1 =top priority and 6= lowest)

a) Reducing harm	1	2	3	4	5	6
b) Putting people first	1	2	3	4	5	6
c) Delivering more with less	1	2	3	4	5	6
d) Fit for the future	1	2	3	4	5	6
e) Driving justice	1	2	3	4	5	6
f) Police UK	1	2	3	4	5	6

3. What additions or changes would you make? (1 = top priority and 5 = lowest)

a) More emphasis on police performance	1	2	3	4	5
b) A harder line on dealing with criminals	1	2	3	4	5
c) Greater emphasis on causes of crime	1	2	3	4	5
d) Not enough focus on rural areas	1	2	3	4	5
e) Not enough focus on urban issues	1	2	3	4	5
f) Other (please state)					

4. Do you have any comments or suggestions on what else could be done to improve the performance of North Yorkshire Police either generally or regarding a specific area of crime or concern? Please state:

5. Do you think that the balance is right between cutting costs and protecting frontline policing, given that major savings are needed over the coming years?

- a) Yes
- b) No
- c) Not sure



6. Do you think that the right mix between urban and rural issues has been achieved?

- a) Yes
- b) No
- c) Not sure

7. What, if any, other measures could be taken to help drive justice, given that the courts, judges and Crown Prosecution Service are independent of the police?

- | | | | |
|-----------------------------------------------------|-----|----|----------|
| a) More cases brought to court | Yes | No | Not sure |
| b) Specific notice taken of North Yorkshire's needs | Yes | No | Not sure |
| c) More people charged rather than cautioned | Yes | No | Not sure |
| d) Increased use of restorative justice | Yes | No | Not sure |
| e) Crack down on anti-social behaviour | Yes | No | Not sure |
| f) Other (please state) | | | |
-

8. Are there any other issues you would like included in the plan?

Please state:

9. Do you believe that confidence in North Yorkshire Police needs to be improved?

- a) Yes
- b) No
- c) Not sure

10. Any other comments you would like to add? Please state:

**PLEASE RETURN TO:
FREEPOST RTCL-AGAE-TRTS
Police and Crime Commissioner for North Yorkshire
Ripon HG4 5NB**



PART ONE: VISION AND GOALS

Vision

“*Be safe, feel safe* – protected by the most **responsive** service in England”

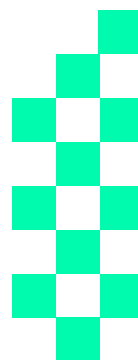
“It's official; we live in the safest place in England. However, statistics mean little if you've experienced crime or are worried about crime. My target is to drive down crime and anti-social behaviour further still so that over time we continue to be the safest place in England. However, being safe is only one side of the coin. The other is feeling safe. We need to be more responsive, more visible and more accessible, so that you feel confident we'll always be there to protect you from harm.”

Julia Mulligan, Police and Crime Commissioner,
North Yorkshire

Goals

In order to retain our top spot as the safest area in England by being the most responsive service in England, we need to:

1. **Reduce harm** - through effectively responding to crime, anti-social behaviour, vulnerable people, road casualties and identifying and tackling with partners the most important drivers of crime in our communities
2. **Put people first** - ensure a first-rate response, active reassurance, high visibility and improved victim support. We need to become a people- rather than process-driven force through simplifying policies and procedures and changing behaviours, including complaint handling
3. **Deliver more with less** – achieve maximum value for money across the organisation with resources prioritised towards frontline policing in both urban and rural areas. We will drive value for money and efficiencies via collaboration, effective procurement and reducing long term costs through increasing crime prevention measures and driving value in back and middle office functions
4. **Ensure that we are 'fit for the future'** - by anticipating future needs and responding with modern buildings, training, recruitment and IT investment plus driving energy efficiency. This will include a new, flexible solution for force headquarters
5. **Drive justice** - respond to the public's demand for justice through dealing more effectively with prolific offenders; ensuring the appropriate use of cautions; meticulously preparing cases for charging; embedding restorative justice and working with the Crime Prosecution Service to ensure North Yorkshire's specific needs are understood and met.
6. **Police UK** - we are duty bound to play an active role in strategic national policing requirements and doing all we can to ensure a fair deal for our area. This means fighting our corner for funding and being ready to provide support when national needs demand



PART TWO: DELIVERING ON OUR GOALS

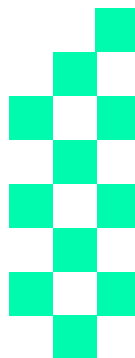
In preparing this draft Police and Crime Plan, your Police and Crime Commissioner Julia Mulligan has listened to your key crime and community safety priorities. You have let it be known that:

- You don't want your police service privatised
- Tackling anti-social behaviour needs to be a greater priority
- A balance is needed between urban and rural needs
- Issues that affect local communities such as speeding and nuisance are important in terms of quality of life
- Alcohol misuse is a real problem across the force area and is a key driver of many types of incidents including violent crime, domestic violence and anti-social behaviour
- Rural and wildlife crime is a 'hidden' problem that needs greater emphasis
- Highly visible and engaged bobbies on the beat are vital for reassurance
- You want all crimes and anti-social behaviour to be taken seriously and feel our needs are different to large, predominately urban areas
- Youth crime and sexual assaults are key concerns
- You feel the integrity of senior police officers should be exemplary
- You want value for money
- There needs to be a strong focus on catching and prosecuting criminals, especially repeat offenders
- You are frustrated with some court sentences and cautions

The actions and outcomes linked with each goal weave your priorities into the plan. We welcome your feedback and comment to shape the final plan through which Julia will hold the Chief Constable to account on your behalf.

The start of a new approach

Over the next six weeks, we will be out and about listening your views on the draft plan. But it's early days. The plan will evolve over time as more and more evidence, facts and feedback are amassed to develop a robust strategy for the future dedicated to one priority; helping you **be safe and feel safe**.



Goal 1: To Reduce Harm

Across North Yorkshire and the City of York, crime fell by 9% during the past year, and by 29% over the past five years or 14,556 fewer crimes. This compares to an average national decrease of 26% during the same 5-year period.

Source: Crime Survey for England and Wales, 24 January 2013

This means that along with Norfolk, we are now the safest place in England. We are determined to keep it this way and will aim beat the national average performance over time so that we remain the safest place in England and that you will feel safe.

Key outcomes:

1. Over time, to embed our position as the safest place in England
2. To increase confidence through a determined focus on tackling the issues that matter most to communities consistently over time

To do this, a number of key activities need to be taken forward over the coming years to significantly improve the safety of people who live, work and enjoy North Yorkshire.

We will deliver:

1. More efficient and effective crime investigation through enhanced collaboration with neighbouring forces including major crime, organised crime, cross-border crime and intelligence sharing

Outcomes: **reduced crime and more successful investigations**

2. An evidence-based, area wide alcohol strategy working with our partners including Health, which leads to improved provision on the ground in local communities and clear, measurable outcomes

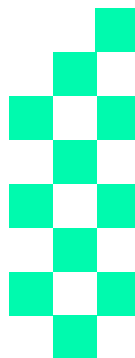
Outcomes: **reduced levels of anti-social behaviour, violent crime and domestic violence across the force area**

3. A renewed focus on tackling crime in rural areas through investing in Country Watch schemes, working with key partners such as the National Farmers' Union and neighbouring forces to ensure police resources in rural areas are sufficiently maintained

Outcomes: **higher reporting and detection of crimes in rural areas and the establishment of new Country Watch schemes**

4. To affirm our determination to stamp out hate crime and support our diverse communities by developing greater understanding of their needs

Outcome: **an increase in the confidence of minority groups and victims to share information and make complaints to the police. More offenders of hate crime brought to justice**



5. Long term sustainability and financial support for the 95Alive Road Safety Partnership by reinvesting income generated from the road safety camera vans to target drivers and other road users with effective safety information as well as enforcing road offences.

Outcomes: a continued reduction in the number of people killed or seriously injured on our roads

6. An 'Automated Number Plate Recognition' (ANPR) system delivery plan and investment programme that will help disrupt and detect active crime groups within our borders and across borders

Outcomes: a reduction in the number of offences committed by people living outside North Yorkshire

7. More effective services and support through the Protecting Vulnerable People unit of North Yorkshire Police and effective working with key partners to develop better services and support for vulnerable people – including data sharing and practical problem-solving

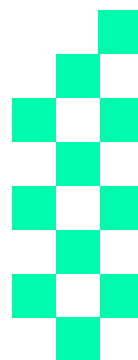
Outcomes: vulnerable people will be prioritised and their needs met leading to higher satisfaction rates and greater confidence levels

8. Develop and embed strong partnerships at a local level to tackle anti-social behaviour and set up an 'anti-social behaviour task force' to share best practice and use resources effectively

Outcomes: enhanced delivery in communities leading to on-going reductions in anti-social behaviour at a local level

9. Work with partners, in particular health colleagues, to help deliver key services to protect vulnerable people and increase prosecutions for sexual assaults

Outcomes: Section 136 'Place of Safety' provision covering all areas of North Yorkshire; long-term funding for a Sexual Assault Referral Centre (SARC) providing medical, forensic services and support for anyone who has been sexually assaulted



Goal 2: People First

We want North Yorkshire Police to be recognised as the most responsive service in England. People need to **be safe and to feel safe**, which means truly understanding and responding to individual and local needs.

This deeper understanding will help transform delivery through adopting a people focused approach in all that we do.

In turn, this will help us provide the best possible response to crime and community safety, working in partnership with our local authority friends and partners throughout the wider criminal justice system.

Key outcomes:

1. Continuously improving satisfaction levels and confidence in the police and partners to keep us safe
2. Lower levels of anti-social behaviour across North Yorkshire through adopting an evidence-based approach to dealing with problems
3. Reduced reoffending rates
4. Protection of Safer Neighbourhood Teams in urban and rural areas
5. Improved capacity and capability to deal with serious crime

Over the life of this plan the Chief Constable will carefully change focus so that police service delivery is one that truly focuses on individual needs, providing choices to victims and witnesses and greater reassurance to our communities.

We will deliver:

1. A new 'Insight Centre' that will harness the power of data and intelligence more effectively to shape services based on evidence and insight

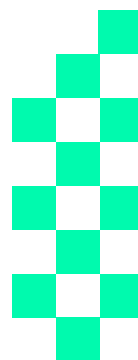
Outcomes: **confidence that local priorities are identified and the provision of services is 'fair' as it is based on evidence of local need; a commissioning strategy that is based on local needs and measured against local outcomes**

2. A new 'Community Fund' that will allow local people and organisations to secure funding for projects important in their local area or community

Outcomes: **a range of projects initiated and delivered by local people for their local communities**

3. The separation of complaints handling and investigations from the police force based on the twin principles of independence and transparency that also has power to ensure lessons are learnt and change practice as appropriate

Outcomes: **fewer formal complaints and referrals to the Independent Police Complaints Commission (IPCC); greater community confidence in the integrity of the North Yorkshire Police complaints handling process**



4. An expansion of the special constabulary and non-warranted volunteers to provide 'Parish Constables' in rural and urban areas; to enhance access to services for the community, for example by extending the opening hours of local police station front counters; and delivering local safety and crime prevention programmes in a range of community settings

Outcomes: a doubling of the number of Special Constables and volunteers over five years; innovative solutions by working with partners to enhance visibility, reassurance, community intelligence and capability particularly concerning issues such as speeding, road abuse, nuisance and anti-social behaviour

5. We will work with victims to create a new 'Victims' Charter' to ensure the best possible support for victims of crime and anti-social behaviour here in North Yorkshire

Outcome: improved victim satisfaction levels

6. A new approach to scrutiny of police delivery and performance that will take greater account of the needs of local people.

Outcomes: improved satisfaction and performance rates across a range of service areas including call handling and appointments; victim satisfaction; case handling and investigations; feedback to victims and communities

7. Expanded opportunities for people from minority groups to actively contribute to the development of improved, inclusive policing services.

Outcome: individuals within minority groups feeling valued and engaged by North Yorkshire Police.

8. A shift in police culture towards one that is less process-focused and more people-led thus empowering officers and staff to “do the right thing”

Outcome: a confident workforce that feels their skills, experience and capabilities are valued and used more effectively to deliver high quality service to our communities, for example via the appropriate use of cautions, out of court disposals and community justice

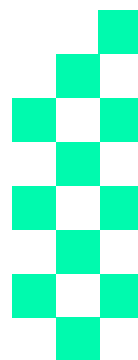
9. Response policing teams that provide a consistently high quality service in all areas and which are flexible; able to meet changes in demand

Outcomes:

- To answer 999 calls in 10 seconds – meeting the national target of 90%
- To attend immediate urban calls within 15 minutes – improve on last year
- To attend immediate rural call within 20 minutes – improve on last year
- To attend vulnerable person incidents within 60 minutes – improve on last year

10. Maintaining core Safer Neighbourhoods Teams (SNTs) leading to greater continuity of officers; new practices to maximise the visibility and capability of local officers, PCSOs, frontline staff, Specials and volunteers

Outcome: established, embedded, protected Safer Neighbourhood Teams that are highly visible and integral, trusted members of local communities



Goal 3: More With Less

Despite the financial challenges facing us, we are determined to maintain operational frontline policing capacity as far as is possible.

This means that anything that does not add value, costs more than it needs to or takes longer than is required to deliver a quality service is an opportunity to do things differently and better.

Key outcomes:

1. Achieving maximum value and efficiency across the organisation
2. Maintained operational frontline policing capacity
3. Enhanced cost-effectiveness and greater economies of scale

Achieving these outcomes will necessitate innovation, enhanced collaboration and the reshaping of services.

We will deliver:

1. A review of policies, procedures, data capture processes and administration support to streamline decision-making, reduce bureaucracy, ensure appropriate levels of risk are being reflected in working practices and free up police officers from administrative work

Outcome: reductions in actual bureaucracy and increased operational capacity

2. Long term value for money through funding schemes that tackle the drivers of crime and anti-social behaviour

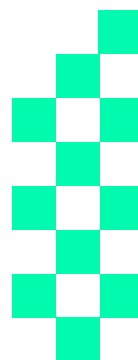
Outcome: reductions in crime, anti-social behaviour and repeat offending through an ambitious and effective community safety strategy and integrated offender management programme in local areas

3. Increased resilience and capability through collaboration with other police forces and the regional policing agenda when in the best interests of our community

Outcomes: increased capability and capacity to deal with serious and organised crime in North Yorkshire and across borders; increased savings through economies of scale; effective use of intelligence leading to more arrests; lean but highly responsive forensic services; learning and expertise from other organisations

4. New and innovative joint service delivery with our local public sector friends in North Yorkshire

Outcomes: a range of projects that enhance local shared services and deliver better value for money, for example we will explore community budgets with North Yorkshire County Council and the City of York; we will aim to deliver a joint alcohol commissioning strategy with public health



5. Co-located and shared premises, facilities and services with local partners

Outcomes: we will identify opportunities to drive value for money for the taxpayer and maintain frontline operational capacity through sharing premises and facilities in local communities with local partners; we will consider how to work with local partners to share central services such as control rooms, headquarters and support functions

6. Market testing – we will critically assess how we deliver services and challenge the type and level of service delivered; we will compare our cost and performance with others; undertake community impact assessments and cost what we do over both the short and longer-term (whole life)

Outcomes: reduced unit costs; evidence base of comparators of in-house service costs, costs of collaborated services and alternative providers

7. Agile, effective procurement – transparent processes, as lean as is possible within the regulations and appropriate use of outside experts to help us define accurately what we need

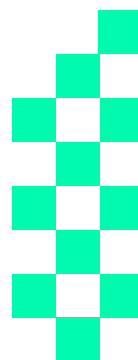
Outcomes: purchasing that delivers effective solutions for our organisation and long-term value for money

8. A local procurement policy to support the local area and economy

Outcomes: opportunities for local business to provide services to us where these deliver best value leading to an active contribution to sustaining the local economy

9. An ethical approach to procurement which recognises the importance of integrity in the process and behaviour of those involved in procurement activity

Outcome: the public will have confidence in the processes adopted and the way we do business



Goal 4: Fit for the Future

We are ambitious in our plans for the future. We will actively invest in our estate, information technology and our people to deliver a sustainable future that is accessible, cost effective and responsive to the changing needs of users and the workforce. We also aim to be as energy efficient as possible.

Key outcomes:

1. Long term reduced property overheads and improved facilities
2. Embedding the 'people first' culture amongst the whole workforce
3. IT infrastructure to facilitate service delivery and reduce the burden of administration
4. Shared services from single locations with multiple partners
5. A reduced carbon footprint

We will deliver:

1. A new 'northern base' to replace Newby Wiske Hall, combined with a new custody suite for the northern part of the police force area and flexible, modern accommodation for operational and support functions

Outcomes: over the long-term, reduced running costs and greater efficiency; improved accessibility, power, infrastructure and agile working spaces; maximising the market value of Newby Wiske Hall leading to its efficient disposal

2. Joint-use facilities with partners where possible and beneficial to our communities

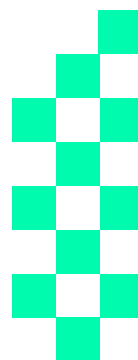
Outcome: reduced costs; single point of shared service delivery

3. Investment in our people to embed a 'people first' culture through training and development and ensure the workforce is confident, well equipped and delivers what is expected in terms of conduct and behaviour

Outcome: a get it right first time approach; high standards of professional competence and integrity; responsiveness and respectful engagement; higher levels of resolved complaints

4. A refreshed recruitment policy to attract the best people from diverse backgrounds who understand our area, are committed to our communities and will help us shape and deliver 'the most responsive service in England'

Outcomes: highly motivated and performing staff; low turnover; high attendance; reductions in long term sickness



5. A fundamental and comprehensive IT review to identify service delivery needs; what officers and staff need to enable them to be as responsive, effective and efficient as possible and how we can improve community access and engagement

Outcomes: a 5-10 year costed strategy and delivery plan which transforms IT capability and which is responsive, and flexible enough to keep pace with future needs and opportunities

6. Energy efficient buildings and technology

Outcomes: reduced running costs; income generation; reduced carbon footprint, reduced waste and increased recycling

7. A 'green transport' strategy encompassing green travel principles; whole life vehicle costing; sharing workshops with partners; employee travel options and flexible working

Outcomes: reduced carbon footprint, reduced overall fleet unit costs, responsible and ethical disposal of obsolete equipment



Goal 5: To drive Justice

As your Police and Crime Commissioner, Julia has responsibility for working with partners to ensure an “efficient and effective criminal justice system” for North Yorkshire. This has two strands:

- A) A relentless drive to catch and bring to justice those who do us harm and, in particular, the relatively small number of people who inflict a disproportionate amount of crime and anti social behaviour upon people and communities
- B) Reducing reoffending – at present far too many offenders go on to commit further offences. They remain caught in a vicious cycle of offending and all too often, this cycle is repeated from generation to generation. What's more, too many people who were once victims then go on to become offenders themselves, particularly women.

We believe that an effective criminal justice system balances the wishes of the victim with the most appropriate action and punishment of the offender. In some cases, prison is certainly best but prevention and restorative justice are also important and effective tools in reducing reoffending rates and driving down crime.

Key outcomes:

1. Reduced reoffending rates
2. Charges and sentences appropriate to the harm inflicted on the victim
3. Increased use of effective restorative justice and community payback
4. Confidence in appropriate use of cautions and out of court disposals

We will deliver:

1. On the part of the Chief Constable, a relentless pursuit of offenders, especially repeat offenders, coupled with an effective partnership between the police and the Crown Prosecution Service (CPS) to ensure offenders are charged, convicted and receive a sentence that reflects the harm caused

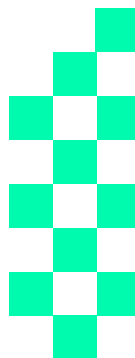
Outcomes: **increase in the number of arrests and successful prosecutions, particularly of serial and habitual offenders**

2. Within six months of the final publication of the Police and Crime Plan to host a summit to identify how we can revolutionise rehabilitation locally

Outcome: **a shared vision and delivery plan to achieve a significant reduction in re-offending rates across North Yorkshire**

3. Effective ways of working with partners to identify, at the earliest opportunity, young people at risk of offending and to provide targeted services to prevent them committing further offences

Outcomes: **a fall in the number of offences committed by young people and an increase in the numbers successfully diverted from crime or anti-social behaviour**



4. Restorative justice for offenders most likely to be deterred from further crime and which represents the best outcome for the victim (based on evidence)

Outcomes: reduced re-offending and increased victim satisfaction rates

5. Tough community payback schemes and arrangements for offenders given a community sentence. This will include asking victims what actions they think the offender should undertake and robust enforcement of the sentence providing evidence of the deterrent effect of such schemes

Outcomes: reduction in reoffending amongst those given community sentences, increased attendance at the schemes and greater understanding on the part of the public that these sentences are effective

6. Identifying with the CPS what needs to be done to increase prosecutions and to ensure that sentences are appropriate to the community of North Yorkshire

Outcome: increased prosecutions and sentences that reflect the harm done to the victim and/or the community in the context of North Yorkshire

7. An independent panel to scrutinise in public how North Yorkshire Police uses out of court disposals and cautions

Outcome: confidence that out of court disposals and cautions are not being used inappropriately and evidence that police policy is being implemented correctly on the ground



Goal 6: Police UK

As well as deliver local priorities, North Yorkshire Police has a legal duty to help support national policing in meeting the Strategic Policing Requirement. Moreover, to effectively address issues around civil defense, counter terrorism, serious and organised crime, we also need a joined up approach in which all partners play their part.

We are also affected locally by decisions made by Parliament, the Home Office and other national agencies and bodies.

Key outcomes:

1. Fulfillment of the Strategic Policing Requirement
2. An effective 'Prevent' strategy with our partners
3. Flexibility and capacity to deal with unexpected and civil emergencies
4. Fight for a fair funding formula that reflects the rural nature of our area

We will deliver:

1. Capacity to deal with civil contingencies such as flooding through work with partners including Fire and Rescue and local authorities

Outcome: **minimised impact on people and communities**

2. Maintain policing capacity to deal with extremism activities, work with national agencies, deploy a public order capability and manage significant order disputes

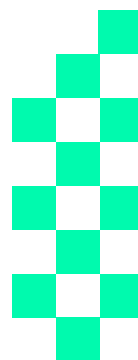
Outcome: **ability to deploy resources as needed with minimum effect on Safer Neighbourhood and other local policing teams**

3. Mobilise partners, coordinate and assess how we can best work together to tackle issues such as radicalisation and domestic extremism

Outcome: **an effective 'Prevent' strategy that is fully integrated into community and partner working**

4. A campaign to ensure a fair funding formula for North Yorkshire, working with local MPs and other representatives. At present, we receive a 'top up' of £9.4m, which reflects the nature of policing here. The formula is being reviewed and we need to ensure our specific needs are met in the future.

Outcome: **recognition of our needs in the new funding formula**



PART 3: ADDITIONAL ELEMENTS OF THE PLAN

Finance and resources

North Yorkshire Police has a track record of prudent budgeting and effective resource management as evidenced by the £13.8m saved since 2010. These savings have been realised through reshaping service delivery and reconfiguring support services. The Police and Crime Commissioner will continue to seek savings and to scrutinise value for money on behalf of taxpayers.

All the deliverables in this plan have been factored into the Medium Term Financial Plan and provision has been made for future funding settlements. This means that significant challenges will be faced in the future, particularly following the next comprehensive spending review.

You can view the draft police budget and precept proposal for 2013/14 at the Commissioner's website.

www.northyorkshire-pcc.gov.uk

Performance, accountability and public accessibility

A key aspect of the Commissioner's business is holding the Chief Constable to account for delivery against the plan. This will happen using the following mechanisms:

- Quarterly performance reviews against the deliverables outlined in this plan, in particular the target to remain the safest area in England.
- A new decision-making process that allows more time for public consultation earlier in the process
- Monthly meetings at which performance is scrutinised and the outputs of the meeting made public and transparent
- Quarterly public meetings where the public can question the Police and Crime Commissioner linked with the performance reviews
- Responding and working with the Police and Crime Panel in its scrutiny of the Police and Crime Commissioner
- Regular reporting back to the public through a continuous programme of community meetings and visits; a regular newsletter and an annual report; an accessible, user-friendly website designed primarily to be a community engagement tool; frequent and effective use of social media allowing one-on-one dialogue with Julia Mulligan, the Police and Crime Commissioner





Shadow Health and Wellbeing Board**27th February 2013****Performance framework for the Health and Wellbeing Strategy****1. Summary**

The performance framework for the Health and Wellbeing Strategy is currently being developed. This report will update members of the Shadow Health and Wellbeing Board and will ask for their input into further developing the performance framework.

The aim of the performance framework is to provide the Health and Wellbeing Board with an overview of health and wellbeing in York, so they can identify where improvements are being made or where the strategy needs to be reviewed to address particular issues.

The Shadow Health and Wellbeing Board is asked to:

- Consider whether this approach will provide the Board with a reasonable view of the delivery and impact of the health and wellbeing strategy.
- Approve the approach to performance outlined in this report and support further work to develop the framework along this direction of travel.

2. An overview of the performance framework**a. Scorecard**

A scorecard has been developed by analysing the priorities and actions within the draft Health and Wellbeing Strategy against the following national outcomes frameworks:

- Public Health outcomes framework
- Adult Social Care outcomes framework
- NHS outcomes framework
- Clinical Commissioning Group outcomes framework

The Chairs of the new Older People and People with Long Term Conditions Partnership Board and the Mental Health and Learning Disabilities Partnership Board have selected relevant key performance measures for inclusion in the scorecard. Key measures have also been identified by the Management Information Service Team drawing on the Children and Young People's Plan, Dream Again and by the Public Health Team. Because the performance measures have been taken from national outcomes frameworks, there are definitions and sets of technical data to support them. This level of detail is not yet included on the scorecard, however, as the framework develops further details will be sought, for example, the frequency of data collection, the source of data and reliability, clearer definitions and baseline data.

Additional measures are also being considered to include in the scorecard, for example, self-reported wellbeing. There is potential that residents' surveys might be used to collect these 'softer' measures and working with HealthWatch will be crucial to understand issues in depth, how health and wellbeing services are experienced and their impact.

The aim of the scorecard is to provide key statistical data for the Health and Wellbeing Board, so they are able to identify any health and wellbeing improvements or issues that need addressing.

The draft scorecard is attached as Annex A.

b. Themed discussions

As well as key statistical data, themed discussions will provide a more in depth look at how people's health and wellbeing is being affected, by drawing on case studies and expertise. Themed discussions could include, for example, children and young people's health, community engagement, or ageing well.

A recent report published by the Smith Institute, 'Getting Started: Prospects for Health and Wellbeing Boards' identifies a number of challenges for Health and Wellbeing Boards to address (a summary of challenges taken from the Smith Institute report is attached as Annex B). These challenges will be used to inform a programme of themed discussions. Speakers with knowledge or experience in these fields, (including health and wellbeing partnership boards), will be invited to lead discussions with the Health and Wellbeing Board, where collectively, the Board can find ways to overcome these challenges.

These discussions will also help to facilitate the ongoing development of the Health and Wellbeing Board.

Themed discussions will be used as a tool to provide a deeper understanding of some of the measures included on the scorecard. Whether the statistical data is showing improvement or decline, themed discussions will provide a broader, more realistic picture of how our residents, people who use our services and their families perceive health and wellbeing, services, care and support. It is envisaged that HealthWatch will have a key role to play in providing this information.

c. Health and Wellbeing Partnership Boards

The four health and wellbeing partnership boards will be responsible for reporting on their relevant performance measures. They will be invited to lead a themed discussion relevant to the remit of the partnership board and present case studies to demonstrate experiences and the impact of delivering the health and wellbeing strategy. Themed discussions will be used to highlight any areas where further improvements could be made or the strategy reviewed.

The partnership boards will also produce delivery plans to implement relevant actions within the Health and Wellbeing Strategy and as they develop, they will produce their own performance framework covering a broader range of measures to cover the totality of their remit.

In summary, the health and wellbeing partnerships will be responsible for the following elements of the performance framework:

- Produce a delivery plan which will be approved by the Health and Wellbeing Board
- Produce a performance framework, monitoring the totality of their work.
- Provide a quarterly report for the Health and Wellbeing, giving an overview of progress and performance measure within the scorecard.
- Lead a themed discussion with the Health and Wellbeing Board drawing on case studies and experiences relevant to their remit. This will provide the Board with a broader view and deeper understanding of health and wellbeing issues.

Please note that this performance framework is work in progress. Input is being sought from the Shadow Health and Wellbeing Board to further develop this framework and ensure it will provide the right information to assess the impact of the health and wellbeing strategy. Three of the four health and wellbeing partnerships are also still developing, and they will continue to be involved in determining the performance framework for the Health and Wellbeing Strategy and their wider remit.

3. Council Plan

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

4. Implications

- **Financial**

The health and wellbeing strategy will impact on service planning and commissioning decisions. The health and wellbeing board will not take specific decisions on services or commissioning, however they will set the strategic direction for health and wellbeing services over the next three years.

- **Human Resources (HR)**

No HR implications

- **Equalities**

The health and wellbeing strategy may well affect access to service provision. Decisions about accessing specific services will not be taken by the board. Addressing health inequality and targeting more resource towards the greatest need should positively impact on equalities. The impact of the strategy's priorities were assessed under a community impact assessment (CIA) prior to its sign off in April 2013.

- **Legal**

No legal implications

- **Crime and Disorder**

No crime and disorder implications

- **Information Technology (IT)**

No IT implications

- **Property**
No Property implications

- **Other**

5. Risk Management

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

6. Recommendations

The Shadow Health and Wellbeing Board is asked to:

- A. Consider whether this approach will provide the Board with a reasonable view of the delivery and impact of the health and wellbeing strategy.
- B. Approve the approach to performance outlined in this report and support further work to develop the framework along this direction of travel.

Reason: To ensure the performance framework will be sufficient to monitor the impact of the Health and Wellbeing Strategy.

C. Contact Details

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**Report
Approved**



Date *19 February
2013*

D. Wards Affected:

All

For further information please contact the author of the report

E. Attachments

- **Annex A** – Draft scorecard
- **Annex B** – Summary of challenges for Health and Wellbeing Boards taken from ‘Getting Started: Prospects for Health and Wellbeing Boards’.

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Performance measure	Baseline 2012/13	Lead body
Reducing health inequalities		
Healthy life expectancy		Tackling Deprivation and Health Inequalities (TDHI) Partnership Board
The difference in life-expectancy at birth from the most to the least deprived		TDHI Partnership Board
Smoking prevalence		TDHI Partnership Board
Self reported wellbeing		TDHI Partnership Board
Enhancing quality of life for people with long term conditions		
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)		Older People and People with Long Term Conditions (OPLTC) Partnership Board
Access to community mental health services		Mental Health and Learning Disabilities (MHL) Partnership Board
Access to psychological therapy services		MHL Partnership Board
Estimated diagnosis rate for people with dementia		MHL Partnership Board
People with dementia prescribed anti-psychotic medication		MHL Partnership Board
Patient experience of community mental health services		MHL Partnership Board
Helping people to recover from episodes of ill health or following injury		
Emergency readmissions within 30 days of discharge from hospital		OPLTC Partnership Board
Improving recovery from stroke People who have had a stroke who: - are admitted to an acute stroke unit within four hours of arrival to hospital - receive thrombolysis following an acute stroke		OPLTC Partnership Board

<ul style="list-style-type: none"> - are discharged from hospital with a joint health and social care plan - receive a follow up assessment between 4-8 months after initial admission 		
Supporting children and young people at the earliest opportunity		
Under 18 conception rate		YorOK Board
Young people aged under 18 admitted to hospital with alcohol specific conditions (aged 0-17)		YorOK Board
Hospital admissions due to substance misuse (aged 15-24)		YorOK Board
% of children in Year 6 recorded as being obese		YorOK Board
(Early years/ early intervention measures to follow)		

'Getting Started: prospects for health and wellbeing boards'

The following key points and challenges have been taken from the '[Getting Started](#)' report, which will help inform ongoing development for York's Health and Wellbeing Board.

Reiterating the vision and purpose of Health and Wellbeing Boards:

To encourage the integration of health and social care around population needs

Possible challenges for the York Health and Wellbeing Board:

1. The JSNA

There is an expectation that the JSNA and Health and Wellbeing Strategy will be reflected in the separate commissioning plans of Clinical Commissioning Groups (CCGs) and local authorities.

Challenge:

Has the Health and Wellbeing got the levers and influence to do this? How can this be facilitated in light of the 'lack of power' the Board hold over commissioners and the NHS Commissioning Board? Informal influence and negotiating use of budgets are required to take forward recommendations from our strategies.

2. Different populations

The boundary issues between the CCGs and Health and Wellbeing Boards.

Challenge:

How are/will the Vale of York Clinical Commissioning Group (VOYCCG) manage commissioning negotiations with the three Health and Wellbeing Boards in their area? Does this have the potential to skew funds for a population? What is the Board's role or influence here?

3. Funding streams

There are three main commissioning budgets: CCGs; NHS Commissioning Board; and local authorities. There is much overlap between these functions e.g. prevention of ill health and the role of adult social care or the NHS in disease prevention.

Challenge:

What are the boundaries of these functions and budgets? How will the Health and Wellbeing Board influence the different commissioning cycles and mechanisms across these budgets and sectors? Can the Board influence the effective use of the total public sector budget locally?

4. Joint commissioning

Different commissioning cycles exist and joint commissioning is not always incentivised within the health and social care system.

Challenge:

How can the Health and Wellbeing Board overcome barriers to joint commissioning and reconcile different commissioning cycles?

5. Promoting health

Challenge:

How can the Health and Wellbeing Board facilitate or influence commissioners to work together to redirect public resources from treating sickness to actively promoting health and wellbeing?

6. Working together for and engaging with older people

An ageing population and increased demand on health and social care services is significant concern for us all. The 'Getting Started' report suggests that little attention is given to preventing ill health for older people, or seeing older people as assets. A life course approach protects and nurtures people later in life as well as earlier in life.

Challenge:

Are our older people an untapped asset? How will the Health and Wellbeing Board champion better engagement and active involvement? Should we be championing a greater emphasis on prevention? Do we know enough about and understand older people's aspirations for care and support?

7. Leading new services

The social care white paper includes new pledges around universal services – information and advice, low level support services and intelligence-led services.

Challenge:

Could the Health and Wellbeing Board lead the development of these new services and drive innovation?

8. Children and young peoples' health

Sir Ian Kennedy's review in 2010 raised concerns about the lack of priority given to children and young people in the health service.

Challenge:

Although the YorOK Board exists do the Health and Wellbeing Board feel that they should further advocate the priority of children and young people's health within health services?

The Association of Directors of Children's Services raised concerns that safeguarding must be a standing item on every Health and Wellbeing Board agenda.

Challenge:

Do the Health and Wellbeing Board feel that this would add value to the existing structures in place for safeguarding in the city? Do the Health and Wellbeing Board need to consider extending its membership to include the Chair of York's Safeguarding Board?

9. Listening to children and young people

The fragmentation of commissioning children's services is a real concern reported by The Association of Directors of Children's Services. To help ensure continued improvement in children and young peoples' outcomes, issues around their engagement are pertinent.

Challenge:

Should the Health and Wellbeing Board better engage with children, young people and families and champion more imaginative approaches to facilitate this?

10. Mental Health

Historically, information and data recording has been poorer for mental health than in other areas of health. This lack of insight may well affect the overall status of mental health within the health and wellbeing strategy.

Challenge:

How might the Health and Wellbeing Board lead improvements in the recording of and management of data to inform service development? Would input from a voluntary sector mental health representative help push forward mental health as a priority? Would their input help discover more innovative and collaborative ways of working?

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Shadow Health and Wellbeing Board**27th February 2013****Health and Wellbeing Strategy – feedback from the consultation****1. Background**

During December 2012 and January 2013 feedback on the draft health and Wellbeing Strategy has been actively sought from stakeholders, health and wellbeing organisations, their staff and volunteers. Methods included an online survey, meetings and forums and the stakeholder event held on 18th January.

We are pleased at the level of responses received throughout this second phase of consultation. The willingness of organisations to continue to be involved in the development of the strategy and the health and wellbeing partnerships is evident, indicating a sense of ownership for the health and wellbeing priorities across organisations and sectors.

This report provides an update for the Shadow Health and Wellbeing on some of the key themes that have been identified from this feedback.

The Shadow Health and Wellbeing Board is asked to:

- A. Acknowledge the feedback and agree it will be considered through the ongoing development of the strategy and the partnership boards.
- B. Discuss the draft strategy with their management teams (if they haven't already done so) to ensure their organisation can commit to its implementation once approved by the Board on 17th April. (The draft strategy is attached as Annex A.)

2. Summary of the feedback

A number of key themes have emerged from reviewing the feedback on the draft health and wellbeing strategy. These key themes are summarised below.

Support for the strategy and its priorities:

- a. Generally there is a great deal of support for the strategy - an understanding of why the five priorities have been chosen their importance and clear links to the Joint Strategic Needs Assessment.
- b. The support for increased early intervention and prevention is overwhelming. Earlier diagnosis and treatment of conditions to prevent them worsening and avoid more costly interventions later down the line. The contribution of community and voluntary organisations to early intervention and prevention is strongly acknowledged and supported.

Areas where more emphasis is required:

- c. More links to the economy, the economic viability of the city and the alignment of partners, especially in delivering and implementing the strategy in this challenging financial climate.
- d. The relationship between housing and health, for example the Council's Elderly People's Homes programme and increased housing options for older people and people experiencing mental health problems.
- e. The health and wellbeing of unpaid carers should have more prominence.

Omissions – issues that are not referenced:

- f. Safeguarding- there should be a reference to safeguarding and the role of the Health and Wellbeing Board. The Winterbourne View Report, for example, is key is crucial in safeguarding vulnerable adults in care settings.
- g. People with learning disabilities - people with learning disabilities, their carers and other marginalised groups experience lower socio-economic status and experience poorer health and wellbeing outcomes. This is relevant to the Health Inequalities Priority.

Other comments:

- h. More joined up support is needed to support people who are living with multiple conditions simultaneously, i.e. people with learning disabilities, sight loss and depression. Care pathways need to be better understood and integrated.
- i. Older people are not a homogenous group, they can span across 4 decades are embedded within community life and experience the same issues that we all do. Their contribution to community life should be celebrated more.

3. Next Steps

This feedback is extremely valuable for the ongoing editing of the Health and Wellbeing Strategy and the development of the three new health and wellbeing partnership boards. It will influence their priority setting and action planning.

Although the strategy will be formally approved in April, it will remain a 'living document', updated regularly to reflect change and issues arising from the evolving health and wellbeing partnerships, the Health and Wellbeing Board and HealthWatch. We will continue to offer opportunities for people to be involved in determining our health and wellbeing priorities, the work of the Health and Wellbeing Board and its partnership boards. From April, work will commence to draft Stakeholder Engagement Strategy to facilitate ongoing consultation and effective engagement within the new health and wellbeing structure.

4. Council Plan

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

5. Implications

- **Financial**

The health and wellbeing strategy will impact on service planning and commissioning decisions.

The health and wellbeing board will not take specific decisions on services or commissioning, however they will set the strategic direction for health and wellbeing services over the next three years.

- **Human Resources (HR)**

No HR implications

- **Equalities**

The health and wellbeing strategy may well affect access to service provision. Decisions about accessing specific services will not be taken by the board. Addressing health inequality and targeting more resource towards the greatest need should positively impact on equalities. The impact of the strategy's priorities were assessed under a community impact assessment (CIA) prior to its sign off in April 2013.

- **Legal**

No legal implications

- **Crime and Disorder**

No crime and disorder implications

- **Information Technology (IT)**

No IT implications

- **Property**

No Property implications

- **Other**

6. Risk Management

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

7. Recommendations

The Shadow Health and Wellbeing Board is asked to:

- A. Acknowledge the feedback and agree it will be considered through the ongoing development of the strategy and the partnership boards.

B. Discuss the draft strategy with their management teams (if they haven't already done so) to ensure their organisation can commit to its implementation once approved by the Board on 17th April.

Reason: To ensure that feedback from the consultation will influence the health and wellbeing strategy and the work of the partnership boards.

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**Report
Approved**



Date *19 February
2013*

C. Wards Affected:

All

For further information please contact the author of the report

D. Attachments

Annex A – Draft Health and Wellbeing Strategy (Online Only)

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DRAFT



Improving Health & Wellbeing in York

Our strategy 2013-16

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

On behalf of York's Health and Wellbeing Board, I am delighted to introduce York's first Health and Wellbeing Strategy. I strongly believe this will pave the way for improving the health and wellbeing of the people of York, it will ensure we have the right services and provision in place to meet health and wellbeing needs. It is more important than ever that we overcome the challenges of reduced and limited public budgets and we work collaboratively across organisations and sectors to ensure health and wellbeing services are sustainable in the long term and fit for purpose.



In the past year we have seen the Royal Assent of the Health and Social Care Act 2012 – the biggest change to the National Health Service since it came into being in 1948. As part of this new legislation councils will take on more responsibility for public health, doctors will have increased control over health budgets and the new organisation 'HealthWatch' will give a voice and information to people who use health and wellbeing services. The introduction of the Health and Wellbeing Board gives us a unique opportunity to work together more closely towards more integrated, joined up services – which are needs led, not system led.

We are also seeing the biggest changes to the welfare system for over 60 years. The Government's introduction of Universal Credit, and changes to local housing allowance and housing benefit will have varied consequences for our residents, especially the most vulnerable – their levels of income and standards of housing. It is vital that we work to reduce health inequalities and we intervene early, looking 'upstream' to enable all children and young people to have the best start in health and prevent poor health outcomes later in life.

This Health and Wellbeing Strategy is the start of a new road along our journey to reducing health inequalities and achieving joined-up, holistic services. Changing our local health and wellbeing system is challenging and complex, but not impossible. The Health and Wellbeing Board has the authority and influence to lead cultural and behaviour change and has the overall stewardship of improving health and wellbeing outcomes for patients and residents.

Finally, but most importantly, I would like to thank residents, staff and our partner organisations who have worked with us to develop this strategy. You have given us valuable ideas and suggestions about how we can improve health and wellbeing in the city. We have made every effort to listen to what you have told us and I hope you can see this reflected throughout our priorities, principles and actions.

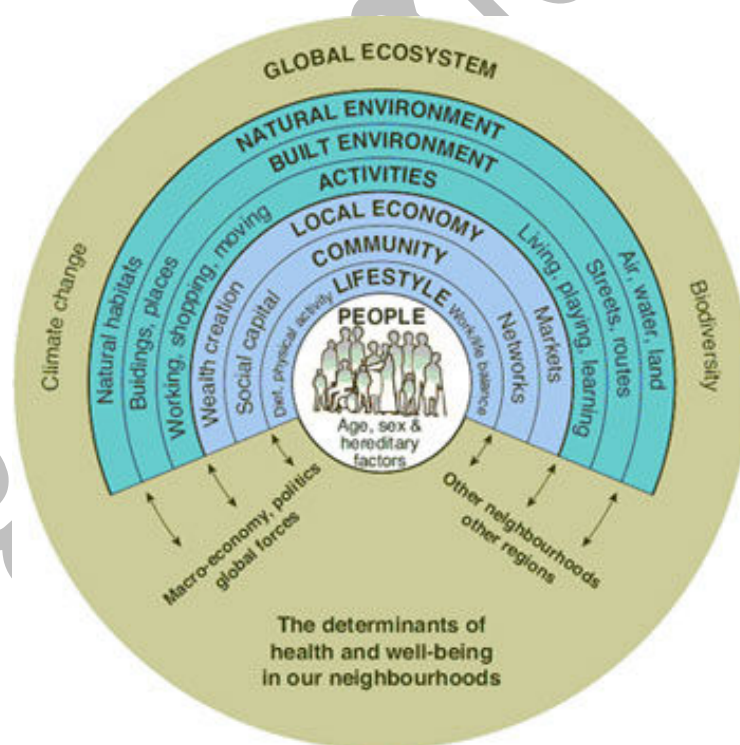
Councillor Tracey Simpson-Laing

Working document

Introduction and context

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

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



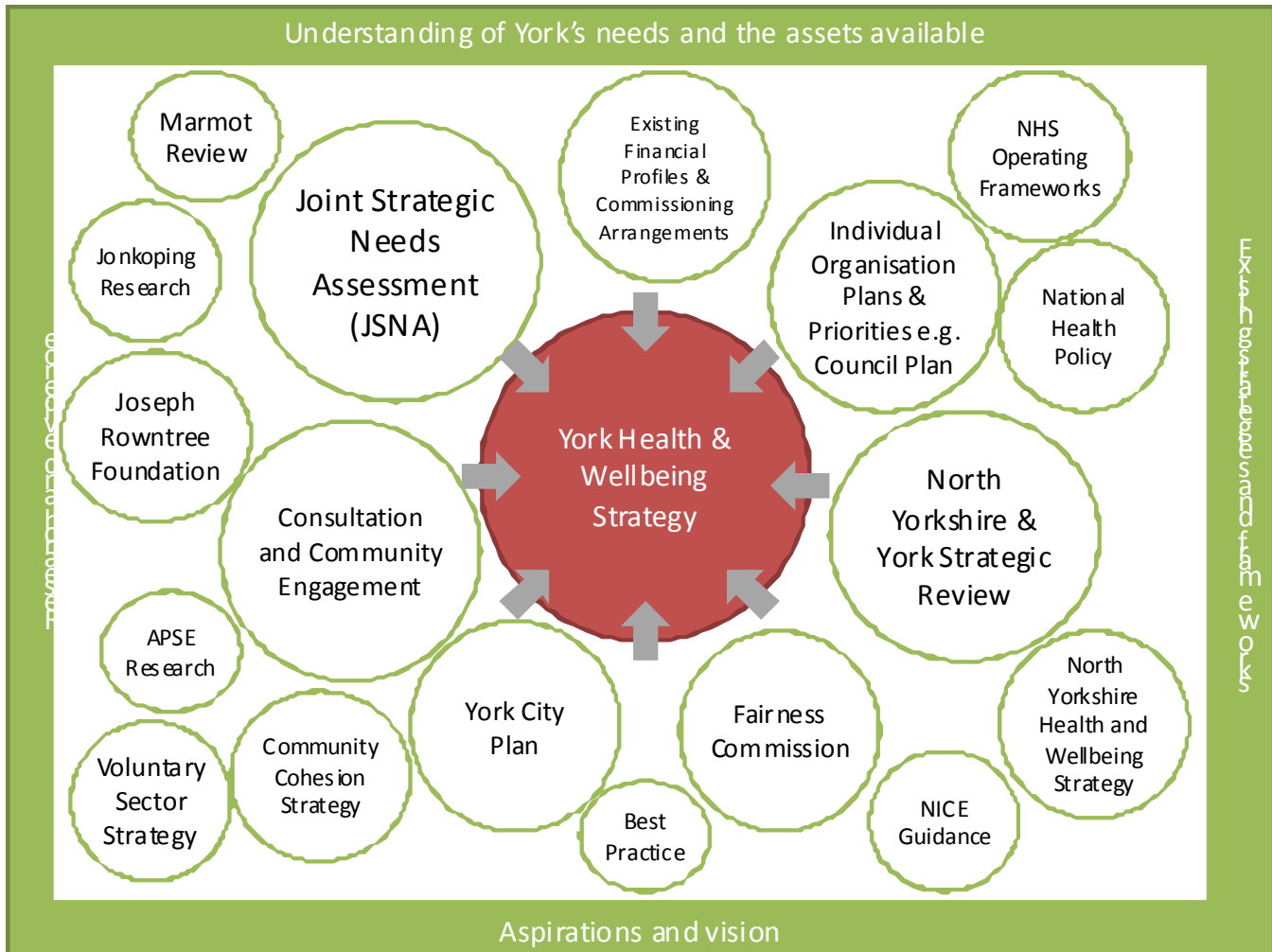
Local authorities throughout the country are developing Health and Wellbeing Strategies this year. In York we want to seize this opportunity and collaborate to develop a strategy that is ambitious and meaningful. A strategy that is honest about the challenges we face and affirms our commitment to pursuing what we believe is most important at this point in time. It should resonate with residents, affect what we do as organisations and ultimately make a genuine difference to people in York.

¹ See Health & Wellbeing Needs in York: A Joint Strategic Needs Assessment

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

How we have developed our priorities and actions

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



Our report, 'Health and Wellbeing in York, Joint Strategic Needs Assessment 2012' (JSNA) is a comprehensive assessment of the health and wellbeing needs in the City. Our understanding of need is a fundamental building block for deciding what we will do to improve health and wellbeing, so this assessment has played a large part in defining our principles and actions. You will see evidence from the JSNA referenced within each of the priority sections.

The four key points that emerged from the JSNA were:

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

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

Finance and resource

As we know, these are very difficult economic times. Councils, health services and the independent and voluntary sector are facing tough decisions about how best to use ever-decreasing funding and resources. An Independent Review of Health Services in North Yorkshire and York was published in 2011. It highlighted the precarious financial position of North Yorkshire & York Primary Care Trust which was overspending by several million pounds every year³ and the additional efficiency savings required to meet the increased demand for services. The review made recommendations about how health services in North Yorkshire and York could manage this and operate within a sustainable financial framework while continuing to meet the health needs of the area. This strategy builds on the recommendations in the Review. The North Yorkshire Review 2 is being carried out to continue this work. Both reviews will have implications for our strategies and plans for the future.

The 'Local Account for Social Care'⁴ highlights the growing numbers of older people accessing social care in the population, together with more people with complex needs and learning disabilities living longer are increasing the strain on social care budgets across the country. The Local Government Association conducted a modelling exercise that predicts a 29% shortfall between revenue and spending pressures by the end of the decade. More stringent financial times and our commitment to improving health and wellbeing outcomes for the residents of York, means our challenge for the coming years is clear: ensuring the availability of high quality care in financially challenging times.

³ A proportion of this overspend will be transferred to the Vale of York Clinical Commissioning Group

⁴ Local Account for City of York Adults Social Care Services for 2012

Our long term commitment to engagement

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

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

We want to emphasise that our engagement with staff, residents and people who use our services is not a one-off event. We are committed to involving people in planning and designing health and wellbeing services and provision in the long term. Our aim is to 'co-produce' more health and wellbeing services and pathways to care and support. By co-production we mean we want to work with people as equal partners to improve services and respond to challenges, making decisions together. We believe that the people most affected by a service are best placed to help design it. We also recognise that residents and communities already have a range of resources available, both intellectual and physical, and that bringing our resources together we can deliver services *with* rather than *for* people and their families. Early evidence suggests this approach is a more effective way to delivering better outcomes and more sustainable services, often for less money⁵.

We must acknowledge that co-producing health and wellbeing services is challenging, but it is not impossible. We want to learn from others who have achieved this for example the improvements to health care and patient experience in Jonkoping, Sweden⁶. In delivering this strategy we will take every opportunity to co-produce health and wellbeing services, enabling our residents and people who use our services to identify problems and propose solutions, rather than being passive recipients of services. We believe that programmes such as 'Think Local Act Personal' will help us achieve this by focusing on the way communities can help support each other and by increasing the uptake of personalisation, which is central to communities and their health and wellbeing.

During 2013 we will develop a health and wellbeing engagement strategy which will outline the steps we will take to improve engagement with residents, people who use our services, staff and partner organisations in planning and delivering services. Recent research in York carried out by De Montford University and the Association for Public Sector Excellence will inform this engagement strategy and will lead to new ways of working. We are currently exploring how community health champions can help us achieve more effective engagement.

⁵ Based on Nesta Lab and the New Economics Foundation co-production research

⁶ See 'Charting the Way to Greater Success: Pursuing Perfection in Sweden'

Our vision

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

What we will do to achieve our vision

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

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

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

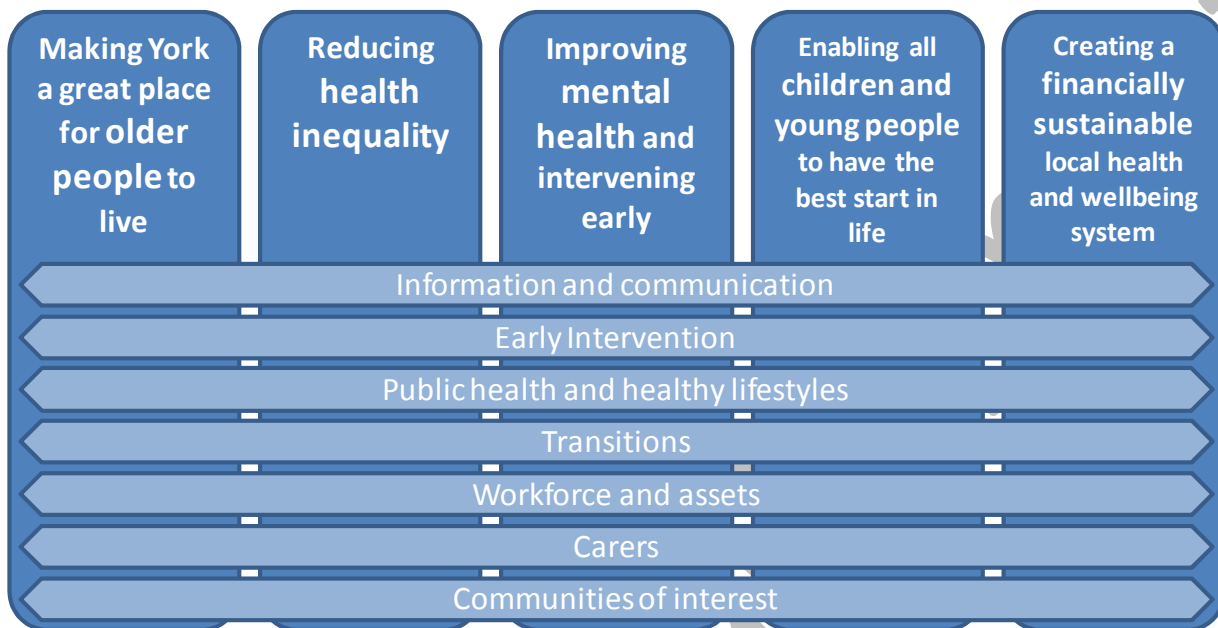
1. Making York a great place for older people to live
2. Reducing health inequalities
3. Improving mental health and intervening early
4. Enabling all children and young people to have the best start in life
5. Creating a financially sustainable local health and wellbeing system

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

Cross-cutting themes, principles and actions

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

Cross-cutting themes and our priorities



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

We will:

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

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

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

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

The JSNA recommends that we increase our understanding of the following groups: looked after children, young people who leave care, carers (including young carers), people who have disabilities, people with mental health needs, older people, offenders and people who misuse substances. The services we commission and provide will have an increased impact. They will be provided to the right people from the right place and will better meet people's needs.

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

The content of the various health and wellbeing websites from a number of health and wellbeing agencies and organisations will be better coordinated and consistent. Information will be easier to understand and easier to access.

- 3. Create a health and wellbeing passport which is recognised by and used across all partners and sectors and we will join together existing health passports relevant to specific conditions.**

The passport will provide a reliable picture of an individual's health needs. Held by individuals, the passport will allow information about their health needs to be better shared, communicated and understood when they are accessing health services.

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

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

5. Commission a joint engagement strategy across all health and wellbeing organisations and sectors represented on the Health and Wellbeing Board.

Residents and people who use health and wellbeing services will have increased influence over planning and designing health and wellbeing services and delivering this strategy.

6. Create a joint communications plan, coordinating citywide health and wellbeing campaigns which often occur separately through individual organisations.

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

7. Encourage health and wellbeing organisations and agencies to explore the adoption of the living wage.

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

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

Housing provision - affordable homes and making best use of existing housing stock;
Housing conditions- promoting 'healthy homes' which are safe and secure, improving standards, working with landlords, tackling fuel poverty and reducing carbon emissions;
Older households- meeting the needs of an ageing population, adaptations, wrap-around services such as handyman provision, warden call, and opportunities for volunteering;
Homelessness - homelessness prevention, meeting the anticipated increase in the demand for advice and services following the welfare reforms, dedicated provision for homeless young people which combine secure housing with work related training and providing supported housing as a pathway to independence for people with mental health problems.

Delivering our cross-cutting actions:

The Health and Wellbeing Board will delegate the responsibility to deliver these actions to the four strategic partnership boards that sit below it.

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

Please see the 'Delivery and Monitoring' section on page 36 for more information.

Making York a great place for older people to live

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

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



Older people already form a significant part of our community in York. By 2020, the over-65 population is expected to increase by 40% and the number of people aged over 85 years is expected to increase by 60%. A growing number of older people will also be living alone.

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

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

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

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

We:

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

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

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

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

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

Prevent admissions to hospital

Support people with long term conditions to live independently

1. Set up Neighbourhood Care Teams across the City and explore other options which support people in their transition from hospital to home.

Neighbourhood Care Teams are teams which bring together NHS, local government, independent and voluntary sector providers around the 'neighbourhood' of a GP practice. The aim is to provide patient-centred, multi-disciplinary, integrated and streamlined care closer to a patient's home.

- Specific attention should be given to embedding independent and voluntary sector organisations into the working practices and ethos of these teams and ensuring there is coordination with neighbourhood working models in the City of York Council.
- They should be carefully evaluated as they are set up and if successful given long-term commitment, for example by pooling budgets across health and social care organisations.
- This may require de-commissioning acute provision and commissioning more community-based responses to respond to long term conditions and prevent admissions to hospital.
- To support this work, an Adult Commissioning Manager will be jointly appointed between Vale of York Clinical Commissioning Group and the City of York Council, with a formal link to York Council for Voluntary Services.

The result of this work will mean that more people will be supported in their own homes to manage their condition. This will help prevent hospital admissions for people with long term conditions and aid the transition back home when discharged from hospital. A multi-

disciplinary team will be able to provide more person-centred, coordinated care and support.

2. Provide weekly cross-sector case reviews for patients who have been in hospital over 100 days (Or other appropriate threshold)

- For this to be successful, staff attending case reviews will need to be given the autonomy to make decisions about resource allocation and establish pragmatic solutions that work for patients.
- This will help identify if more effective support can be provided for these people and avoid unnecessarily long stays in hospital.

As well as using this process to provide more effective care and cheaper care for individuals, this should be a learning environment to inform wider system change.

Address loneliness and social isolation

3. Work together to understand the factors that contribute to loneliness and what communities and organisations can do to alleviate this.

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

4. Encourage investment in services which support older people who are isolated to participate in the social groups or community activities that are available in York.

- Older people could benefit from volunteers accompanying them to the first few sessions of a group/activity, building up confidence to participate longer term.
- Increased participation in groups or activities will support older people to feel less isolated, with the potential to improve their physical and mental health.

Encourage physical activity

5. Explore how a single social prescribing programme which recommends exercise, social activity or volunteering can be established city-wide.

- This builds on an existing programme which recommends exercise and is recognised by health professionals.
- Longer term this approach could be embedded within Choose and Book.
- Social prescribing helps tackle loneliness, depression and it improves mental wellbeing as well as reducing the demand for health services⁷.

⁷ Based on evidence from the HEAL programme in York and the HALE project in Bradford.

Prepare for an increase in dementia

6. **Deliver a joint communication campaign across organisations on the Health and Wellbeing Board focused on how to spot the early signs of dementia, how to respond and what support is available and developing as part of becoming a 'Dementia Friendly City'.**
 - This will be supported by dementia training and support for the health and wellbeing workforce as part of the Adult Care Workforce Strategy
 - The workforce will feel more confident and supported in their work, which will improve the quality of care they deliver.
7. **Undertake a review of the use of medication and how it is assessed in residential and nursing care, especially psychotropic drugs and medication for people with dementia.**
 - This will help ensure that the use of medication is suitable and appropriate for individuals at that point in time and that a wider range of options are explored to manage long term conditions - medication can be very effective but it is not the only option.

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

8. **Develop an end of life policy across health and wellbeing partners, mapping current processes and re-commissioning.**
 - We want to ensure that GPs are supported to offer patients and their families / carers the best end of life pathway, which may mean staying at home to die peacefully and not being admitted to hospital. People will have more control and choice about where they want to die.
9. **Encourage care sectors to adopt the living wage and set timescales to reflect this in how we commission contracts.**
 - Recruitment and retention of staff will be improved as well as their quality of work. A number of families will be lifted out of poverty⁸.
10. **Support the implementation of the Adult Care Workforce Strategy (2012-2015) across care sectors for paid staff which supports joint workforce development initiatives.**

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

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

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

⁸ Taken from learning from the London Living Wage.

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

The Health and Wellbeing Board will delegate the responsibility to deliver these actions to the Older People and Long Term Conditions Partnership Board which will sit below.

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

Please see the ‘Delivery and Monitoring’ section on page 36 for more information.

Working document

Reducing health inequalities

Why 'reducing health inequalities' is important

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

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



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

People living in some areas of York can expect to live on average 10⁹ years less than other York residents if they are male or 3.5 years less if they are female. We believe this is deeply unfair, and jars against our vision for *all* York residents to be able to enjoy long, healthy and independent lives.

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

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

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

⁹ Figures rounded to nearest 0.5 years.

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

We will:

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

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

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

Target resource where it is needed most

1. Steer investment in health improvement programmes that offer bespoke interventions that demonstrate an improved health outcomes.

- We want to ensure health improvement programmes are where they are needed most to improve the health and wellbeing of our residents who experience lower levels health and wellbeing, for example, lone parents, homeless young people and care leavers.

Tackle deprivation and address complex issues

2. Champion a joint approach to addressing complex, interlinked issues that a number of families experience in our city, through our work with troubled families.

- This work has been extremely successful in supporting families through complex issues, which no one agency or discipline can resolve. We would like more health professional resource allocated to these programmes to support more families with health specific issues.

3. Adopt a joint approach to community development in deprived areas of York, where communities define their own issues and how they can address them.

- Stronger communities can offer more supportive environments, where more people care for each other. Giving communities more control over their lives and their wellbeing can be improved, for example, confidence and skills.

4. All organisations on the Health & Wellbeing Board will commit to exploring the implementation of the Living Wage, and encourage others in the city to do so.

- The Living Wage could lift a number of families in York out of poverty. Recruitment and retention of staff is improved and quality of work increased.

5. Organisations on the Health and Wellbeing Board commit to running supported employment programmes within their organisations and if successful, encourage other organisations or businesses to follow.

- We will also support volunteering programmes which offer that step up to employment and work which helps sustain people in employment or training. We absolutely recognise the benefits of employment and training on health and wellbeing.

Improve access to services and support community-based initiatives

6. Encourage investment in community based programmes which increase residents' income and/or reduce their expenditure, such as debt, benefits or employment advice. We support the recommendations in the Financial Inclusion Strategy and acknowledge that this work is continuing.

- These programmes can lift a number of children and families out of poverty; they can be a stepping stone to employment. Additional income is often spent on heating, care and food. Not only does this prevent ill-health, and benefit the local economy, it also reduces demand on pressurised health services.

7. Explore and identify opportunities where we can take a range of services to residents who would benefit most from this. This includes:

- The use of the Community Stadium as a hub for health and wellbeing and a base for outreach services, ensuring we reach people who experience lower health outcomes.
- The use of existing buildings within communities to join up, co-locate or extend services to increase flexibility and accessibility, for example, extending the range of support available from GP surgeries or using pharmacies to provide basic health checks and signposting.

8. Recruit, train and support health and wellbeing champions from within those communities experiencing poorer health outcomes. They will signpost and provide health and wellbeing information. We will learn from recent research on this subject area in York and put these findings into practice. We acknowledge the role of 'HealthWatchers' who are already working in some areas of the city.

- Health and wellbeing messages are often more effective when they are heard from people already known or from people within that community. Signposting is one method of early intervention, helping people access the right support at the right time, preventing their health from worsening. It is a great way to promote the support that is already available in communities.

Promote healthy lifestyles and behaviours

9. Undertake targeted work to investigate and address health behaviours and lifestyles in York, focused on smoking, alcohol use and obesity.

- Behaviours and lifestyles have a significant impact on health. We want to work with people in our communities to encourage healthier lifestyles and make healthier choices. [Insert findings from 'intervening in the social determinants of health']

10. Establish an effective York model for tobacco control (it is currently across both York and North Yorkshire).

- This includes establishing a York Tobacco Alliance and implementing the NICE guidance 'Quitting smoking in pregnancy and following childbirth'.

- Smoking is a major contributor to ill health. A more joined-up approach to tackling smoking in York can lead to improved health outcomes.

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

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

Delivering the actions for the priority 'Reducing Health Inequalities':

The Health and Wellbeing Board will delegate the responsibility to deliver these actions to the Tackling Deprivation and Health Inequalities Partnership Board which will sit below.

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

Please see the 'Delivery and Monitoring' section on page 36 for more information.

Improving mental health and intervening early

Why 'improving mental health and intervening early' is important

It is estimated that at any one time there are around 25,000 York residents experiencing various kinds of mental health problems, ranging from anxiety and depression to severe and enduring conditions including dementia and schizophrenia. Furthermore, 10% of 5 to 15 year olds in York are estimated to have a diagnosable mental health disorder and, with people living longer, an increase in dementia is forecast.

Much of this can go under the radar, and we need to **raise awareness and improve our understanding of the full range of mental health needs** in the City.



Where possible, we want to be able to intervene early to address or prevent mental health problems and not just treat more severe conditions. We know this is better for the wellbeing of people in York and their families and is more cost-effective.

The JSNA recommends that active consideration is given to joining up more closely the children's and adults' mental health agendas and work streams in order to support a closer focus on **early intervention, prevention and transition**. The Children and Young People's Mental Health strategy (CAMHS) is a key local policy driver for this priority. The JSNA also highlights the need to provide a range of comprehensive **community based support**, early intervention and services for individuals with mental health problems.

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

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

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

- Recognise that although the 'recovery model' can benefit those with mild or moderate mental health issues, there are approximately 400 people in the city with severe or enduring mental health conditions who need more intensive support.

Working document

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

- 1. Ensure that all agencies and practitioners record and provide accurate data about mental health and can share this across relevant partners (on a confidential basis, as appropriate).**
 - We need to know more about mental health needs. Improving collection and recording of data will help increase our understanding of mental health, particularly lower level mental health, informing and improving mental health services.

Raise awareness of mental health and reduce stigma

- 2. Commit to a joint annual communication campaign for mental health: awareness of it, how to respond to it, and how to promote mental wellbeing.**
 - This will improve the consistency of information across the city. As our understanding of mental health in the city increases, we can target these campaigns so they reach the right people.
- 3. Deliver a joint workforce programme for city employers for 'well at work' training for managers.**
 - This will increase awareness of mental health and stress in the workplace - how to identify problems and signpost to the appropriate support. It will also focus on promoting wellbeing at work – how to manage stress positively and achieve good mental health.

Intervene earlier and support community-based initiatives

- 4. Commission more mental health first aid training in York – either from the existing national programme or develop a local model.**
 - Support will be offered earlier and at a lower level, preventing issues from worsening and avoiding higher level interventions further down the line.
- 5. Across sectors, we will jointly map the support and pathways available for people with mental health conditions, including thresholds and eligibility criteria for services.**
 - This will identify opportunities where we can, across the system, intervene earlier. Following this work we anticipate re-commissioning support to ensure we are providing the right pathways of care and support for mental health services.
- 6. Explore how a single social prescribing programme which recommends exercise, social activity or volunteering can be established city-wide.**
 - This builds on an existing programme which recommends physical activity and is recognised by health professionals.
 - Longer term this approach could be embedded within Choose and Book.

- This community-based approach offer alternative support which increases confidences, self esteem, and inclusion. It helps tackle loneliness and depression and reduces the demand for health services¹⁰.
- 7. Support schools to raise awareness of mental health amongst young people and recognise the work that has already begun to achieve this.**
- This includes bringing in mental health expertise to complement Personal, Health and Social Education within the curriculum and refining it so it is more relevant to young people's mental health issues, i.e. eating disorders and self-harm.
 - Young people will have an increased awareness of mental health – reducing stigma, improving the response to mental health issues and promoting mental wellbeing.
- 8. Commission more community based support and services for individuals, especially early intervention and prevention work¹¹.**
- This includes: commissioning more counselling services and additional services to support 16-25 year olds. This will enable earlier intervention, and allow us to explore and address specific issues relating to young people moving into adulthood.
- Ensure service planning and provision promotes choice and control*
- 9. Review our housing policy for people with a mental health condition, this includes looking at our housing stock options and how we can offer more flexible tenure options.**
- Housing has a significant impact on health. It is vital therefore that we promote a range of housing options, appropriate for a range of needs to provide safe and secure living environments to aid recovery.
- 10. Introduce a Standardised Approach to Assessment (SAA) for Mental Health. All partners on the Health and Wellbeing Board will agree to use the mental health recovery star.**
- This assessment could be a 'passport', following the service user to a range of services and reviews. This will avoid several different assessment tools being used every time someone uses a different service. It can be used by clinicians and non-clinicians.
- 11. Provide a more fit for purpose Place of Safety for York and North Yorkshire.**
- We will increase multi-agency working to improve how agencies respond to those being detained under the Mental Health Act and agree a coordinated approach and policy for York. We want to ensure that people are treated with respect and dignity. Police custody is not an appropriate Place of Safety – it compounds distress and vulnerability.

¹⁰ Based on evidence from the HEAL programme in York and the HALE project in Bradford.

¹¹ The London School of Economics and Kings College report 'Economic Evaluation of Early Intervention (EI) Services' shows the significant savings that early intervention approaches can make for the NHS.

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

- This will improve the experiences and outcomes of people with a range of mental health issues who are staying in hospital or are referred to hospital for specialist services. This will help ensure that people receive well rounded support, taking into account their physical and mental health when accessing acute care.

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

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

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

Please see the 'Delivery and Monitoring' section on page 36 for more information.

Working document

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

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



In York there has been an increase in the number of

children who are subject to formal child protection plans. Neglect is the largest single category of child protection plans, often alongside other forms of maltreatment including domestic abuse, physical abuse, and sexual abuse. Many children who live within neglecting families are disadvantaged from early life and encounter social, emotional, behavioural and educational difficulties as they grow older.

In 2010, there were an estimated 4,400 children living in **poverty** in the city. There is a considerable attainment gap between pupils who are in receipt of free school meals and other pupils. In 2011, 10% of York pupils were claiming free school meals, compared to a national average of 18%. The school absence rate amongst pupils eligible to receive free school meals in York was approximately double the rate of those pupils who were not. We know that **education is essential** in improving life chances and opportunity.

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

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

- **Striving for the highest standards**

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

- **Creating truly equal opportunities**

We will work relentlessly to ensure that no child, young person or community is at a relative disadvantage, removing all traces of discrimination from our systems and our interactions –

with a particular focus on the rising numbers of children from a black and ethnic minority (BEM) background, and on those questioning their sexuality. This principle is as much about celebrating the positive as it is about eliminating the negative.

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

Safeguarding lies at the heart of all our work, as does ensuring that there are “arenas of safety” at home, at school and in the community. We will continue to make our procedures for raising concerns about a child as straightforward and as effective as possible. We will be sensitive to the possibilities of exploitation or extremism, and will continue to adopt a “zero tolerance” policy for bullying in any form.

- **Intervening early and effectively**

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

- **Working together creatively**

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

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

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

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

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

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

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

In addition, there are five specific priorities, based on evidence about where extra help is needed

- **Helping all York children enjoy a wonderful family life**

We have always recognised that children are best brought up in their own family, however that is composed. Where that is not safely possible, we will seek always to ensure that high quality local alternative family settings are available. So we need to ensure we give extra help to any family experiencing particular difficulties, and to continue to support foster families, adoptive parents, and those parents who may be vulnerable in some way (including parents with learning difficulties).

- **Supporting those who need extra help**

We already have evidence of differences in educational and health outcomes for looked after children compared with their peers and – despite some progress – in the attainment of pupils eligible for free school meals or the pupil premium. We also have concerns about the outcomes for young people from the traveller community and for young carers. Finally, we need to do more to help young people with a learning difficulty or disability to find employment after school or university. For all these groups, we need imaginative programmes of support and challenge.

- **Promoting good mental health**

We need to do more work to understand the possible dimensions of the issue here, ie, what is actually needed, and to deliver a range of sensitive and professional services to support young people who have mental health issues. Young people are particularly keen for us to help to remove the stigma around poor mental health.

- **Reaching further: links to a strong economy**

There are two particular areas where the needs of young people interact with the economic health of the city: child poverty, and young people not in education, training or employment (NEET). We need to expand our multi-agency, multi-faceted programme to tackle child poverty and to increase the number of apprenticeships across the city. The raising of the “participation age” during the lifetime of the plan will appear to have removed the problem of “NEET” young people under 18, but as a partnership, YorOK is just as concerned about young adults aged 18-25 who are without work or purposeful activity. We need to help all young people to be “work ready” and to encourage and support young entrepreneurs.

- **Planning well in a changing world**

This priority recognises some particular uncertainties that we know we are going to have to face in the next plan period, for which we need to plan effectively. These include falling demand for secondary school places and, conversely, rising demand at primary level. We

also face unprecedented pressures on our budgets, putting an added premium on ensuring that we spend every penny wisely and that we work together imaginatively to ensure that the total impact of our combined budgets is greater than the sum of the parts. But there are also positives – the health reforms, and the changes to the education system, represent opportunities we should seize.

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

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

Please see the ‘Delivery and Monitoring’ section on page 36 for more information.

Working document

Creating a financially sustainable local health and wellbeing system

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

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



Significantly reduced and further reducing public sector budgets, financially challenging times for individuals and increasing demands for a range of health and wellbeing services create a perfect storm for the health and wellbeing system in York to contend with. Taking into account increased demand, it is estimated that budget savings of around 20% will be required across health and local government by 2020.¹² To simply continue what we are doing, let alone additionally investing in our priorities or to make long-term savings, would be a major challenge.

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

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

¹² LGA Funding Outlook for Councils, 2012; King's Fund, 2011

Principles which will guide our work to deliver this priority

We will:

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

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

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

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

Please see the ‘Delivery and Monitoring’ section on page 36 for more information.

Links to city wide plans

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

City Action Plan

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

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

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

York Fairness Commission

The York Fairness Commission is a non-political, independent, voluntary advisory body established in 2011 with the purpose of promoting greater fairness and reduced inequality in York.

The Health and Wellbeing Board will support the Fairness Commission principles and will be a vehicle for delivering a number the health and wellbeing principles recommendations within the Commission's 'Findings and Recommendation' report and the companion report 'Ideas for Action'. Recommendations E and F are of particular relevance to the Health and Wellbeing Board and its partnership boards. Inequality is complex and multi-faceted, so the Board at times may work alongside other city partnerships to implement the recommendations and explore ideas for action.

Delivering and monitoring the strategy

The resource to deliver the Health and Wellbeing Strategy

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

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

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

An introduction to the Health and Wellbeing Partnerships

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

- 1. Older People and People with Long Term Conditions**
Chair: Dr. Tim Hughes, Vale of York Clinical Commissioning Group
- 2. Tackling Deprivation and Health Inequalities**
Chair: Dr. Paul Edmondson-Jones, York Director of Public Health and Wellbeing
- 3. Mental Health and Learning Disabilities**
Chair: Dr. Cath Snape, Vale of York Clinical Commissioning Group
- 4. Children and Young People – The YorOK Board**
Chair: Councillor Janet Looker

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

For example, the Older People and Long term Conditions partnership will deliver the priority 'Making York a great place for older people to live', but it will also deliver a number of priorities and actions relating to long term conditions on behalf of the Vale of York Clinical Commissioning Group, the City of York Council and partners. Similarly, the Mental Health and Learning Disabilities partnership will deliver the priority 'Improving mental health and intervening early', and it will deliver a number of priorities and actions relating to the Valuing People Now agenda.

These partnership boards are in their infancy and are not yet fully established, with the exception of the YorOk Board. In establishing these boards there is a lot of work to do to ensure we have the right membership, terms of reference and that other partnerships relating to their work know how they can be involved - the routes they can take to influence the Health and Wellbeing Board and our strategic priorities and how they contribute to delivering the strategy. The priorities for the health and Wellbeing Board will change over time, as do health and wellbeing needs. This strategy is focused on what the Health and Wellbeing Board believe they can make the biggest difference to health and wellbeing by working together at this point in time. We will ensure sufficient flexibility to enable us to address any significant health and wellbeing issues that arise so they are addressed in a timely manner.

The role of the Health and Wellbeing Partnerships

Once established, the first task that these partnership boards will undertake is to set out a delivery plan for the relevant priority and the implementation of the actions. Each partnership board will be responsible for delivering a priority area.

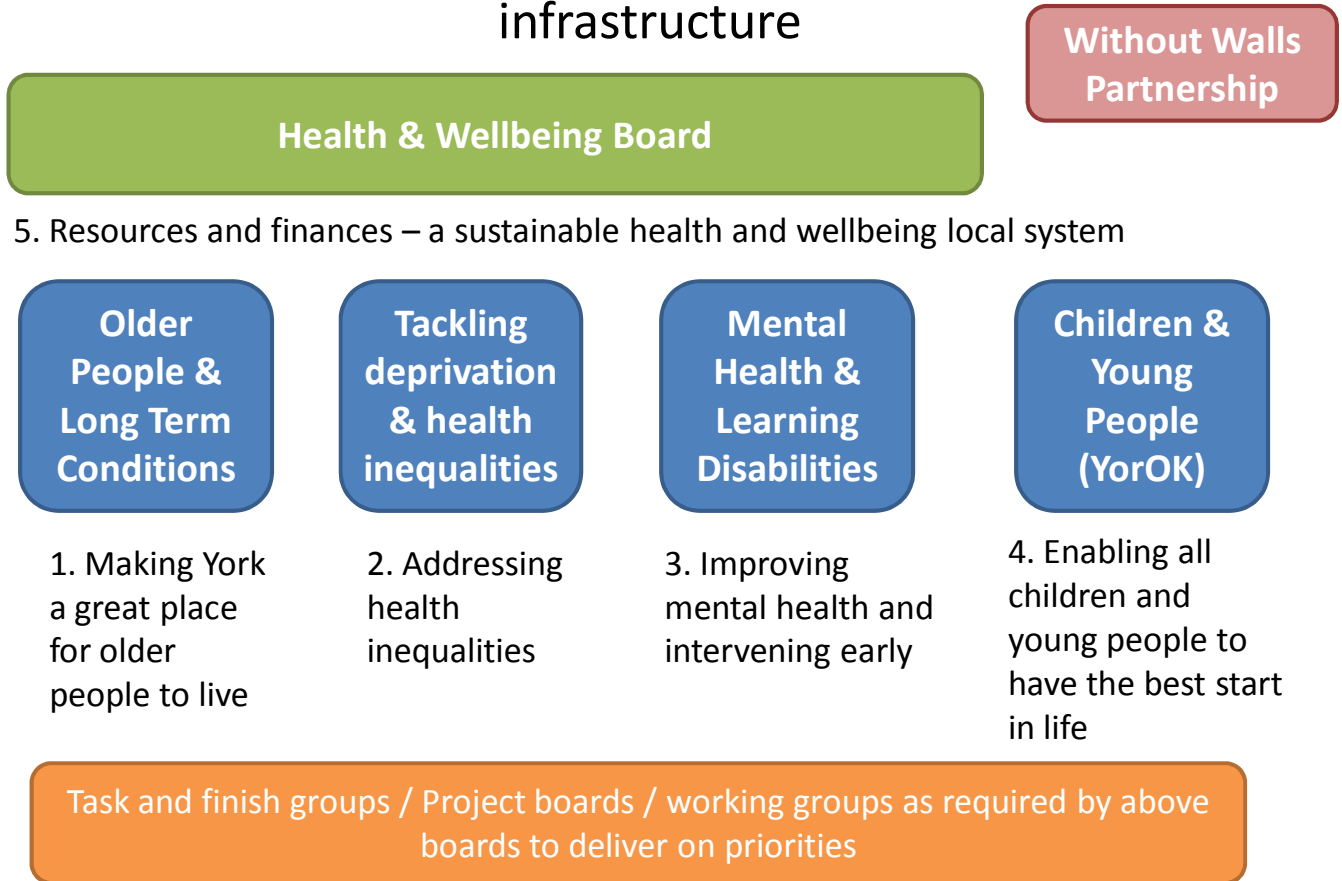
The partnership boards will follow the principles set out in this strategy and work to deliver the commitments and actions contained within it. Each partnership board will report to the Health and Wellbeing Board annually to update on progress towards and achievement of the actions and commitments. Many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

Included within this strategy are a number of cross-cutting principles and actions. To ensure their delivery, the Health and Wellbeing Board will expect to see these included in the delivery plans of all four partnership boards, before their approval.

The Health and Wellbeing Board will deliver the fifth priority, 'creating a financially sustainable local health and wellbeing system' as this requires whole system change to achieve it. The Health and Wellbeing Board will delegate work to task groups to support the delivery of this, for example, to finance officers and commissioners across health and wellbeing organisations to increase understanding of commissioning arrangements and identify opportunities for joint commissioning. In April 2013 a detailed work plan to help the Health and Wellbeing achieve the principles within this priority will be prepared.

The diagram below illustrates the relationship between the Health and Wellbeing Board, the Without Walls partnership and the four strategic partnership boards.

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



Monitoring the delivery and impact of the strategy

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

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

1. Joint scorecard

The scorecard has been developed with the four health and wellbeing partnership boards. Key performance measures have been identified for the strategic priorities the partnership boards will deliver. The performance measures have been taken from the national outcomes frameworks: Public Health, Adult Social Care, NHS and Clinical Commissioning Group outcomes

frameworks. The measures are established measures; they are defined within national outcomes frameworks and have sets of supporting technical data behind them. It aims to give the Health and Wellbeing Board an overview of how, as a city, we are performing against the indicators which have the biggest impact on health and outcomes.

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

The joint scorecard is attached as Appendix 1

2. Thematic Health and Wellbeing Board meetings

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

3. Performance frameworks for each partnership board

We recognise that as the remit of the partnership boards' work is wider than the Health and Wellbeing Strategy, and so too will their performance frameworks. As the partnership boards develop during 2013 they will develop a delivery plan and their own performance framework to capture the impact they are making on a range of factors.

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

- Produce a delivery plan which will be approved by the Health and Wellbeing Board
- Produce a performance framework, monitoring the totality of their work.
- Provide a quarterly report for the Health and Wellbeing, giving an overview of progress and performance measure within the joint scorecard.
- Provide an annual report to the Health and Wellbeing Board, providing a thematic and detailed report on their progress and performance over that year. This will provide the Board with a broader view of particular themes and issues, including case studies.

Once the partnership boards are established we will have more details about how their work and the delivery of the strategy will be monitored. This work is still ongoing, but we will be able to provide further clarity by March 2013.

Working document

Reference list of relevant strategies and plans

1. Joint Strategic Needs Assessment 2012
2. Vale of York Clinical Commissioning Group Integrated Plan (*currently in draft*)
3. Children and Young People's Plan 2012 – Dream Again
4. York Adult Care Workforce Strategy
5. Fairness Commission final report
6. City Action Plan
7. Children and Young People's Mental Health (CAMHS) strategy
8. North Yorkshire and York Review
9. Housing strategy
10. Older People's Housing Strategy
11. Financial Inclusion Strategy

Working document

Working document

Appendix 1 –Example Joint Scorecard

Performance measure	Baseline 2012/13	Lead body
Reducing health inequalities		
Healthy life expectancy		Tackling Deprivation and Health Inequalities (TDHI) Partnership Board
The difference in life-expectancy at birth from the most to the least deprived		TDHI Partnership Board
Smoking prevalence		TDHI Partnership Board
Self reported wellbeing		TDHI Partnership Board
Enhancing quality of life for people with long term conditions		
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)		Older People and People with Long Term Conditions (OPLTC) Partnership Board
Access to community mental health services		Mental Health and Learning Disabilities (MHL) Partnership Board
Access to psychological therapy services		MHL Partnership Board
Estimated diagnosis rate for people with dementia		MHL Partnership Board
People with dementia prescribed anti-psychotic medication		MHL Partnership Board
Patient experience of community mental health services		MHL Partnership Board
Helping people to recover from episodes of ill health or following injury		
Emergency readmissions within 30 days of discharge from hospital		OPLTC Partnership Board
Improving recovery from stroke People who have had a stroke who: - are admitted to an acute stroke unit within four hours of arrival to hospital		OPLTC Partnership Board

<ul style="list-style-type: none"> - receive thrombolysis following an acute stroke - are discharged from hospital with a joint health and social care plan - receive a follow up assessment between 4-8 months after initial admission 		
Supporting children and young people at the earliest opportunity		
Under 18 conception rate		YorOK Board
Young people aged under 18 admitted to hospital with alcohol specific conditions (aged 0-17)		YorOK Board
Hospital admissions due to substance misuse (aged 15-24)		YorOK Board
% of children in Year 6 recorded as being obese		YorOK Board
Need early years.../ early intervention measures		

Working document

Report to the York Health and Wellbeing Board on the Voluntary, Community and Social Enterprise Strategy

Background

This is a three year strategy to maintain a thriving voluntary, community and social enterprise sector in York. York CVS has been working with voluntary and community sector representatives and officers from City of York Council to prepare this draft strategy.

The aim of the strategy is;

- to demonstrate how we can work together to maximise the impact of the voluntary sector and partners
- to outline the role of the voluntary sector as a strategic partner, service deliverer and key player in ensuring the voice of community representation is heard.

The strategy will sit alongside the Compact, which sets out principles for working together. The national Compact has been used as a guide to refresh the York Compact.

The strategy will include some practical actions that can be undertaken to achieve its goals.

Outcomes

The strategy has five Outcomes;

1. People getting involved
2. Policy development
3. Infrastructure and support for the sector
4. Commissioning
5. Mapping and use of assets

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Centre, 15 Priory Street, York, YO1 6ET.
Tel 01904 621133 **Fax** 01904 630361 **web** www.yorkcvs.org.uk **Email**
yorkcvs@yorkcvs.org.uk

It will complement existing key documents including

- WOW City Action Plan 2011-2015
- Council Plan 2011-2015
- Fairness Commission Report 2012
- Health & Wellbeing Strategy
- York Compact
- City Economic Strategy

Next steps

- Agree final wording; comments to angela.portz@yorkcvs.org.uk by Friday 22nd March.
- Sign off the strategy via CYC processes and the Voluntary Sector Strategic Forum.
- Agree accountability measures and processes for actions.

Action required by Health and Wellbeing Board

The Health and Wellbeing Board is asked to support this draft document in principle.

Members of the Health and Wellbeing Board are invited to discuss how their individual organisations could

1. Support actions contained in the strategy
2. Sign up to the York Compact

Angela Portz
Chief Executive
York CVS
February 2013

Annex 1- Three Year Strategy for a Thriving Voluntary and Community Sector in the City of York.

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**Three Year Strategy for a
Thriving Voluntary and Community
Sector
in the City of York**

February 2013

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1. Introduction

2. The Voluntary and Community Sector in York

3. Key outcomes of this strategy

4. Monitoring and accountability

Appendices

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1. Introduction

The intention of this strategy is to:

- Provide a set of principles for working together between the voluntary, statutory and private sectors, to maximise the impact of the voluntary sector including social enterprises in York. This is essential during what are challenging economic times and yet times of new opportunity for some.
- Support statutory partners such as
 - City of York Council
 - York Hospitals NHS Foundation Trust
 - Leeds and York Partnerships NHS Foundation Trust
 - Vale of York Clinical Commissioning Group
 - Higher York
 - North Yorkshire Police
 - North Yorkshire & York Probation Service
 - The private sector

to build on their existing relationships with the voluntary and community sector and social enterprises (VCSE) for mutual benefit.

The strategy will have its own annual action plan, containing a small number of achievable actions for each year, which will include a mechanism for monitoring success.

The strategy and action plan are informed by the following guiding principles:

Transparency: There will be fair processes with clear decision-making criteria, in line with Public Law and York Compact.

Effectiveness: Work will be undertaken with the voluntary and community sector and social enterprises (VCSE) in a fair and consistent way, which ensures maximum value for money.

Localism: The Localism Act 2011 sets out 5 key measures:

1. Community Rights
2. Neighbourhood planning

3. Housing
4. Empowering cities and other local areas
5. General power of competence

The Government has created a website <http://communityrights.communities.gov.uk/> for more information.

Partnership: Respecting the independence of the VCSE and its right within the law to campaign, comment on and challenge policy, we will ensure that partners communicate well with each other, are involved in making decisions and adhere to the Compact. Together we will ensure that through effective voice and representation mechanisms, the voluntary sector is involved as an equal partner in decision-making.

An example of a partnership initiative between City of York Council and the Voluntary and Community Sector in York:

Oliver House

York CVS, on behalf of the wider VCSE, is in negotiation with City of York Council to transfer Oliver House to the VCSE for use as a health and social care hub. Those involved have created the following vision:

To create a vibrant and sustainable, high quality, health and social care community hub, where organisations collaborate to provide a holistic approach to people's health and well-being.

2. The voluntary, community and social enterprise (VCSE) sector in York

The voluntary and sector in York is a diverse mix of organisations. It ranges from small informal, volunteer-led organisations operating in a very local area to national charities with multi-million pound turnover that choose to deliver services in York.

York has approximately 1000 organisations (charities, voluntary organisations, community groups, social enterprises, faith groups) and approximately 25% of York's population volunteer regularly, at least once a month. The VCSE makes a significant contribution to the local economy, both as an employer and service provider.

These groups can have a range of labels, including constituted groups, associations, registered charities, community interest companies, not-for-profit companies, mutuals, cooperatives, and social enterprises.

What they have in common is a desire to feel involved and ability to improve the lives of those who live, work, visit or volunteer in York.

VCSE groups have many roles, aspirations and purposes, including;

- A strategic partner, contributing to shaping local priorities and the development of plans to meet those priorities; understanding customer behaviour in order to identify gaps in service delivery and looking at ways in which services can be delivered more flexibly in future.
- A service deliverer, improving the outcomes of services through responding to local and diverse needs
- An enabler of voice and community representation, by encouraging and supporting local service users and citizens- especially those that are vulnerable and marginalized – to set the agenda and get involved in decision-making.
- A key contributor to cohesion and equalities, by building social capital and strong community networks.
- A facilitator, coordinator and enabler of social action.

Key strategic documents

The Voluntary Sector Strategy in York needs to influence and work alongside the following key strategic documents:

- The Health & Wellbeing Board strategy 2012
- The City of York Council Economic Strategy 2011-2015
- The York Compact 2012
- The Without Walls Partnership City Action Plan 2011-2015
- The York Fairness Commission Report 2012
- The City of York Council Plan 2011-2015
- City of York Asset Management Plan 2011-2016
- City of York Council Procurement and Commissioning Strategy 2012-2015

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3. Key Outcomes of this Strategy

In 2010 the York Place Survey identified that volunteering in York overall was in line with the national average of 25%. Nationally this represented a slight decrease, whereas in York it represented an upward trend in volunteering. However these percentages varied significantly between wards

There are 5 key outcomes which will enable the sector to play a bigger role in community life in York.

1. More people getting involved and volunteering in their communities.

Volunteering is a powerful force for change, both for those who volunteer and for the wider community. Together we can support the development of valuable social networks that will help people feel involved, strengthen community involvement and the VCSE in the life of the city.

Actions could include;

- To further resource and develop 2 neighbourhood networks, such as time banks over a 12 month period.
- To promote and embed York's Volunteering Charter across volunteer involving organisations. The target is that 80% of organisations will sign up to the Charter by 2015.
- To ensure that volunteering is available to all sectors of our community and that organizations benefit from a diverse volunteer base. This would be measured by comparing the volunteer profile with the demographic profile of York residents.
- To find other ways to measure the extent and impact of volunteering in the City for example through the CYC residents Surveys, Talkabout Panel.
- Encourage community participation amongst statutory sector workforce through employee volunteering.
- Encourage payroll giving to local VCSE organisations.

- Develop projects to extend local and informal volunteering that have the potential to empower people in their communities and reduce social inclusion for example through street based volunteering and time banking.

2: A constructive dialogue between sectors on policy development is established and valued

The voluntary sector has a wealth of experience that can be of great benefit to policy-makers in the statutory sector, by contributing to effective policy development.

The skills, knowledge and experience of the VCSE in working with excluded and marginalized communities are essential to the design and delivery of services to vulnerable people. This applies particularly to some excluded groups who may be reluctant to engage with statutory partners. The VCSE in York is extremely diverse in scale and range. Proper representation of their interests and concerns is a key element in partnership decision-making.

York CVS offers direct paths to engagement with the VCSE who provide services, tackle discrimination and encourage volunteering. Encouraging and building people's involvement and building consensus is not always a quick or easy process, but there are Principles of Representation, produced by NAVCA, the national body for infrastructure organisations, which offer benefits. They provide a framework and a checklist that ensure that all parts of the community are able to participate in decision-making and the design of local services.

The principles are:

1. **Accountability** – clearly defined responsibilities for all decisions and actions
2. **Equality** – place equality, diversity and inclusiveness at the core of what is done
3. **Leadership** – York's VCSEs representatives think and act strategically
4. **Openness** – be as open as possible in all dealings and relationships
5. **Purpose** – Clarity about York's VCSE's objectives and support with strong evidence base
6. **Sustainability** – ensuring the continuation of the collective voice
7. **Values** – clearly identifying and building on the values of York's VCSE

Priority action to achieve this outcome could include:

- A commitment to maximise and resource voluntary sector representation e.g:
 - A commitment by the VCSE and statutory sector to understand the principles of partnership working, the potential contribution of the VCSE and the role of VCSE representatives.
 - This may include training for staff, board members and committee chairs of the role of the VCSE and their representatives
 - The representative role is clearly defined as being to represent the views of, and be accountable to, an interest group. Once elected, representatives should regularly attend and take an active part in the multi-agency group on which they sit, notifying colleagues as soon as possible if they are unable to attend. They should read papers and attend pre-meeting when requested. They should be reasonably available to colleagues between meetings to be contacted about issues. They should give a brief report to colleagues from the partnership meeting they attend and raising any key issues.
 - Representatives must represent the broad views of their interest group NOT their personal or own group view.
 - When reporting back about meetings, representatives will report the same views, information and input they gave when representing their interest group.
- Some examples of current voluntary sector representation include:
 - The election by the Voluntary Sector Strategic Forum of the Chief Executive of York CVS onto the Shadow Health & Wellbeing Board
 - The election by the V0-19CE Forum of a voluntary sector representative onto the Yor-OK Board
 - Election by the Community Buildings Network of a voluntary sector representative onto the City of York Council Asset Management Board

Outcome 3: Strong voluntary sector infrastructure that can support high quality services and volunteering

Build capacity of the VCSE in order for it to play an increased role in public service delivery. Consult the VCSE in delivery of public services.

Undertaking further scoping work to identify what services can be delivered by or with the VCSE sector, and the practicalities of how to move forward – through the role out of Innovation Days, ensuring that both statutory and VCSE organisations are aware of the new powers, flexibilities created by the Localism Act – Right to bid, challenge, build.

In order for voluntary sector organisations to contribute successfully to the delivery of high quality services, they need support which meets the wide range of needs of disparate groups in different stages of their development.

Priority actions to achieve this outcome could include :

- Increasing the opportunities for communication between the VCSE and its partners, including the private sector.
- Support the vol-com sector to prioritise more early intervention and preventative activities to focus delivery that will reach and help disadvantaged people.
- Leadership representatives from the VCSE to engage with statutory sector leadership – continue with team-to-team meetings and commit to holding them quarterly.
- Develop and resource training programmes for VCSE and statutory sector staff on how to implement the recently refreshed Compact
- Supporting VCSEs to streamline their services and collaborate, sharing back office and other functions wherever practical. Good examples include:
 - The Transforming Local Infrastructure Project: Making Infrastructure Everyone's Business – a partnership between York CVS, York Cares and Your Consortium.
 - City of York Council's Community Asset Transfer Policy is to be reviewed in 2013. Joint work on Community asset transfer, participation in city wide asset management forum

4: Commissioning frameworks that are led by proven need and offer value for money. Grant-funding frameworks, responsive to the demonstrable needs of the beneficiaries of the applying VCSEs.

Last year 58% of social enterprises grew compared with 28% of mainstream small and medium enterprises. Social Enterprises need to be recognised as a key contributor to the local economy.

Statutory partners need to recognise their role in building the capacity of the sector through funding contracts and secondments, and the value of local knowledge and provision.

In the current economic climate it is vital that we work together to establish a robust financial relationship by developing innovative ways of funding services and procuring goods.

It needs to be recognised that the needs and pressures of VCSE organisations are different from those for statutory partners. Core costs of running an organisation need to be taken into account. Funding needs to be awarded on a Full Cost Recovery basis and consideration given to how voluntary organisations survive any gaps between contracts. A joint commissioning and funding framework will help partners take a considered and consistent approach to funding and contracting with VCSEs and the private sector.

Priority actions could include

- A review of how to improve joint commissioning, given that we have new commissioners emerging such as the Clinical Commissioning Group, leading to improved joint commissioning of the VCSE and private sector organisations. Recognition by commissioners and funders of the value of social impact to deliverers of local services, and for this recognition to be recognised in tender specifications and criteria for funding. Ensure that environmental concerns are recognised by funders and commissioners and included in tender specifications and criteria for funding.
- Recognition of the social value within commissioning/funding processes— making this explicit in funding criteria/tender specifications.

- Recognition of the need for funding VCSEs on a Full Cost Recovery basis. Introduce a City wide integrated commissioning framework Ensuring the viability and vitality of front-line VCSE organisations by releasing sufficient grant funding on a longer-term funding cycle to ensure sustainable planning.
- Using grant funding to promote innovation.

5: A city wide asset strategy that recognises the social value in communities taking ownership of their facilities and empowers people to take an active role in creating what they know is needed in their community.

Priority actions could include:

- City of York Council facilitate mapping of VCSE assets leading to a joint directory of VCSE and statutory capital resources, which in turn will lead to more effective use of the city's assets overall. The directory needs to include facilities and professionalisms.
- All partners undertake joint work around Community Asset Transfer, particularly through participation in the City wide Asset Management Forum.
- Identify and map community assets in York to ascertain current and potential use of assets. Undertake a comprehensive programme of research to bring together a full understanding of the organisations that are currently using community buildings in the City and the services which are being delivered from them.
- Learn from and build upon successful initiatives around the city, for example community asset transfers such as Clement's Hall.
- Consider innovative funding mechanisms to enable community organisations to buy, and manage, a range of assets for example community share issues.

4. Monitoring and Accountability

It is still to be determined where accountability for this strategy and monitoring of the actions will sit.

Appendices

Without Walls Partnership - City Action Plan 2011 -2015

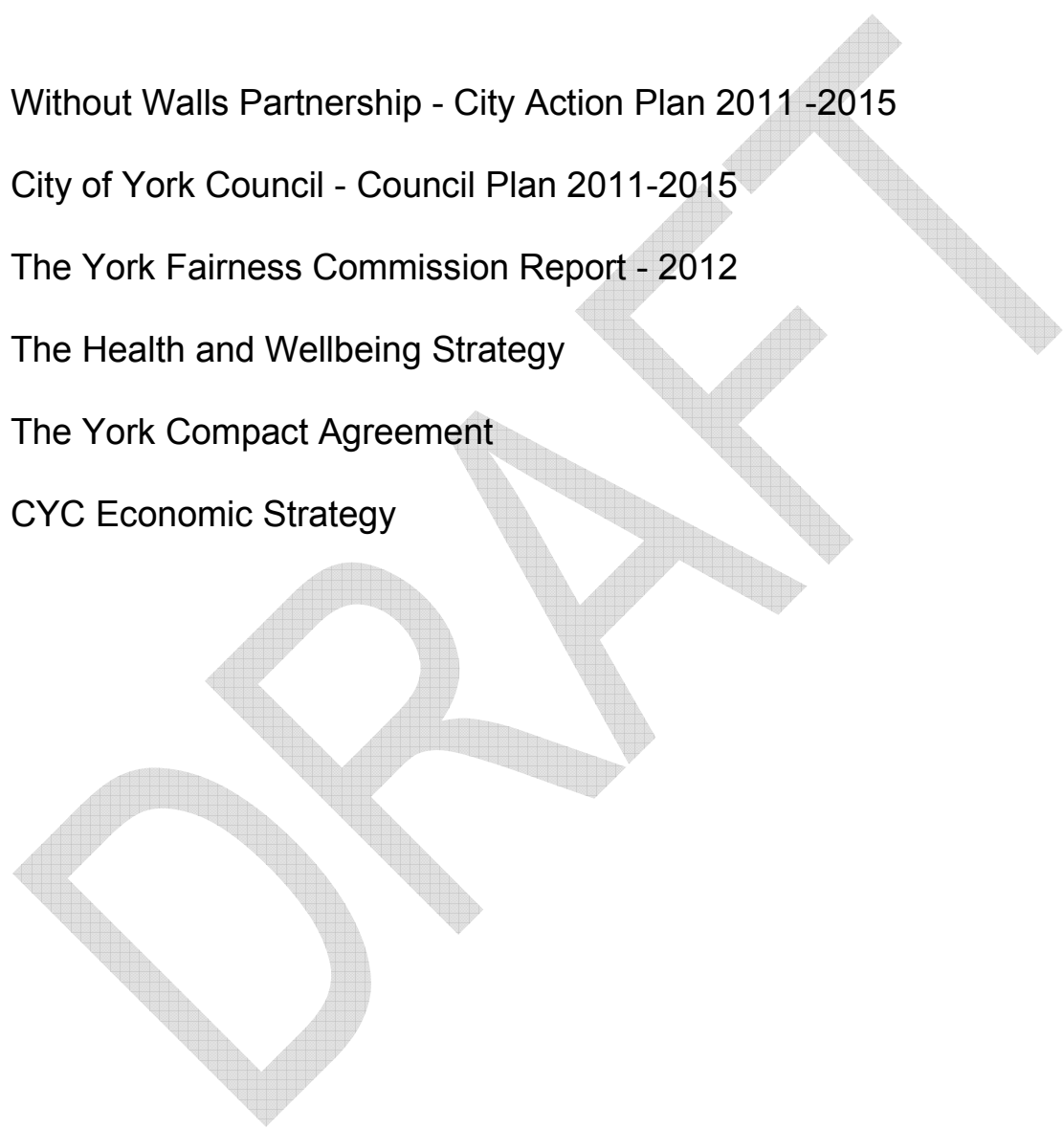
City of York Council - Council Plan 2011-2015

The York Fairness Commission Report - 2012

The Health and Wellbeing Strategy

The York Compact Agreement

CYC Economic Strategy



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The Final Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry – Chaired by Robert Francis QC

On the day briefing by the Foundation Trust Network (FTN)

1. Background

The following briefing provides a summary of our action to date, the Francis recommendations and an initial response from the FTN.

2. Initial Reaction from the FTN

In the run up to publication of the Francis Report, our Chair, Peter Griffiths and Chief Executive, Chris Hopson wrote an [open letter](#) to members acknowledging that pockets of poor quality care can exist in all types of trust, but emphasising that failures as serious, protracted and devastating as Mid Staffordshire are rare and isolated.

We recognised that the FTN and the wider NHS need to do much more to identify and share best practice on improving quality of care and to provide practical tools to support trusts in doing so. Our work programme will identify how the FTN can help develop sector led support to complement government led initiatives, focussing on:

- The drivers of quality identified through research such as culture, ward level leadership, team effectiveness, staff satisfaction and support;
- The role of the board;
- Defining what support could be provided to trusts finding it difficult to meet standards;
- Exploring the link between increasing financial pressure and quality.

Clearly, today's announcements and recommendations will have a major impact on everyone in the NHS. We are committed to engaging fully in the evolving debate, and to consulting widely with members and stakeholders to address the issues raised. Therefore, any views presented here are our initial responses to proposals.

On behalf of the Foundation Trust Network (FTN) and our members, Chris Hopson, chief executive, today said:

'Our deepest sympathy is with the patients and relatives who were affected by this appalling failure of care that must never happen again.

'The evidence shows that incidents like Mid Staffordshire Foundation Trust where failures were so serious, so protracted and had such a devastating and widespread patient impact are rare and isolated. It is clear, however, that pockets of poor care do exist right the way across the NHS. Hopefully the Francis report will now help us get to the nub of why poor care continues despite persistent attempts by trusts to resolve this complex problem.

‘Trust boards, commissioners, regulators and staff need to work together to create a culture where patients and their voices are truly at the heart of the NHS.’

3. Recommendations from the Francis Report and FTN initial reaction

The report emphasises the need to avoid further structural change, and does not seek to scapegoat individuals. It makes a total of 290 recommendations along the following four themes. For the full detail, please refer to the [report](#).

A STRUCTURE OF FUNDAMENTAL STANDARDS AND MEASURES OF COMPLIANCE

NHS Constitution and values:

- Strengthen NHS Constitution to place patients first as an ‘overriding value’ and to articulate fundamental standards of staff behaviour;

Development of fundamental standards – of behaviour, safety and quality:

- List of clear, fundamental quality and safety standards, which any patient is entitled to expect, and to permit any hospital service to continue;
- NICE should produce standard procedures and guidance to enable organisations and individuals to comply with these fundamental standards. They should work with professional and patient organisations to do so, and cover clinical outcomes as well as staff mix and cultural outcomes;
- ‘Enhanced standards’ should be developed and made available to commissioners to raise standards. Clear focus on the role of commissioners in driving standards;
- Non-compliance should not be tolerated and any organisation not able to consistently comply should be prevented from continuing a service;
- Causing death or serious harm to a patient by non-compliance without reasonable excuse of the fundamental standards should be a criminal offence.

Regulation of standards:

- CQC should become the single regulator dealing with corporate governance, financial competence, viability and compliance with patient safety and quality for all trusts (i.e. combining CQC’s current role with Monitor’s previous role as an FT regulator);
- Consider transferring the regulation of governance, and fitness of persons to be directors, governors etc. from Monitor to CQC;
- CQC should have a duty for monitoring the accuracy of the data providers supply and to require providers to provide a fuller narrative about patient complaints. Provision of misleading information to a regulator should become a criminal offence;
- CQC should expand its work with overview and scrutiny functions and foundation trust governors as a valuable source of intelligence and feedback;
- Routine and risk based monitoring, notably inspection, is advocated as a key source of regulatory information and regulators are encouraged to adopt ‘zero tolerance’ and ‘a low threshold of suspicion.’ Regulators must have policies in place to intervene to protect patients and to repeatedly review if intervention is necessary;
- CQC must develop well trained, specialist inspectors, integrate patient representation into its structures and consider formalising partnership input from professional bodies such as the GMC;
- Government should look at moving responsibility for conducting criminal prosecutions in the NHS away from the Health and Safety Executive to CQC;

- Providers to comply with risk schemes of equal rigour to the NHS LA. Various recommendations for the NHS LA to consider how it evaluates elements of risk, including staffing levels;
- All regulators to improve information sharing;
- National Patient Safety Agency and Health Protection Agency functions to be protected and potentially transferred to another regulator;
- Transfer of FT authorisation process to CQC with support from TDA in developing quality of care as a pre-condition for authorisation. Inspection should be strengthened as part of the authorisation process. Aspirant trusts should be subject to a 'duty of utmost good faith';
- However, any evolution of the CQC should be gradual and staged. The report explicitly states the CQC should not be dissolved and replaced by another organisation.

Initial views from the FTN

We welcome moves to clarify the standards of care which patients can expect and the recommendation that standards are developed in partnership with patients, the public and clinicians. We also welcome the involvement of NICE within this process, and hope that this will build naturally on their growing library of quality standards.

If a growing number of standards are to become mandatory, we would welcome sector input, and indeed sector leadership of elements of this process to ensure healthcare professionals contribute their expertise and to enable the NHS to take greater ownership for its own improvement.

We also agree that the consequences for non-compliance should be clear and form a deterrent at organisational and individual staff member levels. However we will need to give careful consideration to proposals for individuals to be at risk of criminal prosecution for failures in care. We will undertake more research to understand how this compares to other industries, and to evaluate the costs and benefits of what may risk becoming a 'litigation culture' within the NHS at odds with the spirit of the Francis recommendations.

We would add as a general point, that many of the recommendations within the Francis Report are aimed at secondary care. Poor quality care can occur in all sectors of the NHS, including primary care, and we would like to see the spirit of the Francis recommendations enacted across the system.

We are keen to see, and have consistently lobbied for, greater synergy and co-operation between the regulators to avoid issues of 'double jeopardy' (where providers are penalised twice by different regulators for the same issue). Our members would welcome any streamlining of the regulatory burden in the interest of patients and the best use of resources. However the inspections of care quality and finance require very different skill sets and the potential merging of the regulators could provide too broad a remit for one single organisation. While we are keen to see a strong, and effective quality regulator in the CQC, we feel that some of Monitor's existing responsibilities, particularly around policing compliance with competition legislation and mergers and acquisitions, may not sit well within a single regulator of trusts and that the regulation of individual organisations (both quality and financial regulation) should be treated separately from regulation in terms of compliance with competition law.

We recognise that the CQC has improved, and is a changing organisation. However, we would be cautious about a large and hurried expansion of the CQC's role at a time when they are consolidating their core and fundamental role as a regulator of essential quality standards. Further reform of what is essentially a new regulatory framework will need to be a carefully managed process over time.

OPENNESS, TRANSPARENCY AND CANDOUR THROUGH THE SYSTEM, UNDERPINNED BY STATUTE

- A statutory duty to be truthful to patients where harm has or may have been caused;
- Staff to be obliged by statute to make their employers aware of incidents in which harm has been or may have been caused to a patient;
- Trusts have to be open and honest in their quality accounts which will be consistent, publicly available. Quality and risk profiles should also be made public;
- The deliberate obstruction of the performance of these duties and the deliberate deception of patients and the public should be a criminal offence;
- It should be a criminal offence for the directors of trusts to give deliberately misleading information to the public and the regulators;
- Proposals for strengthening support for governors, and for strengthening the role of governors and NEDs including their accountability to the public;
- Complaints handling must be improved nationally and locally;
- There should be a consistent structure for local Healthwatch across the country;
- Each provider board should have a member responsible for information;
- The CQC should be responsible for policing these obligations.

Initial views from the FTN

We welcome measures to enhance transparency and openness within the culture of the NHS at local and national levels and the principles behind the recommendations.

We would encourage trusts to act on, and respond to, local complaints which form an important source of information about the quality of their care.

We have supported the organisational, contractual 'duty of candour' as all providers strive to act on the information available to them to improve services, and protect patients. However we are cautious that the development of some of the legal duties proposed at individual employee levels may work against a culture in which staff feel empowered to highlight and act on issues of concern by perpetuating, and exacerbating fear of blame and repercussions. We will take more time to review the recommendations, and their legal implications in detail, and we welcome members' views on this issue.

We look forward to contributing to the discussion about proposals to strengthen the role of governors, and NEDs who play a crucial role in representing and being held to account by members, and the wider community in the foundation trust accountability model.

IMPROVED SUPPORT FOR COMPASSIONATE, CARING AND COMMITTED NURSING

- Nurses should be assessed for their aptitude to deliver and lead proper care, and their ability to commit themselves to the welfare of patients;
- Training standards need to be created to ensure that qualified nurses are competent to deliver compassionate care to a consistent standard;
- Nurses need a stronger voice with suggestions NMC strengthens its role;
- Healthcare workers should be regulated by a registration scheme, with a uniform description of their role;
- Patients should be allocated a key nurse for each shift. Ward leaders should not be office-bound. Particular attention should be given to care for the elderly.

Initial views from the FTN

We have welcomed developments to adopt a more value based approach to nursing, such as the publication of 'Compassion in Practice' and are fully supportive of training and development measures which enable nurses to fulfil their roles effectively and compassionately.

We remain of the view that it is for individual providers to ascertain the skills mix, and patient/staff ratio for their services. While professional guidance on these issues is always welcome, we would wish to resist a prescriptive approach which could undermine local innovation and provider autonomy and fail to serve the best interests of patients.

We would also highlight the need for all staff within NHS settings in both primary and secondary care to adopt and enact the values of compassion in their interactions with patients. While nurses form a crucial interface with patients in relation to quality of care, we would not wish to see their profession unduly singled out when all healthcare professionals have a central role to play.

STRONGER HEALTHCARE LEADERSHIP

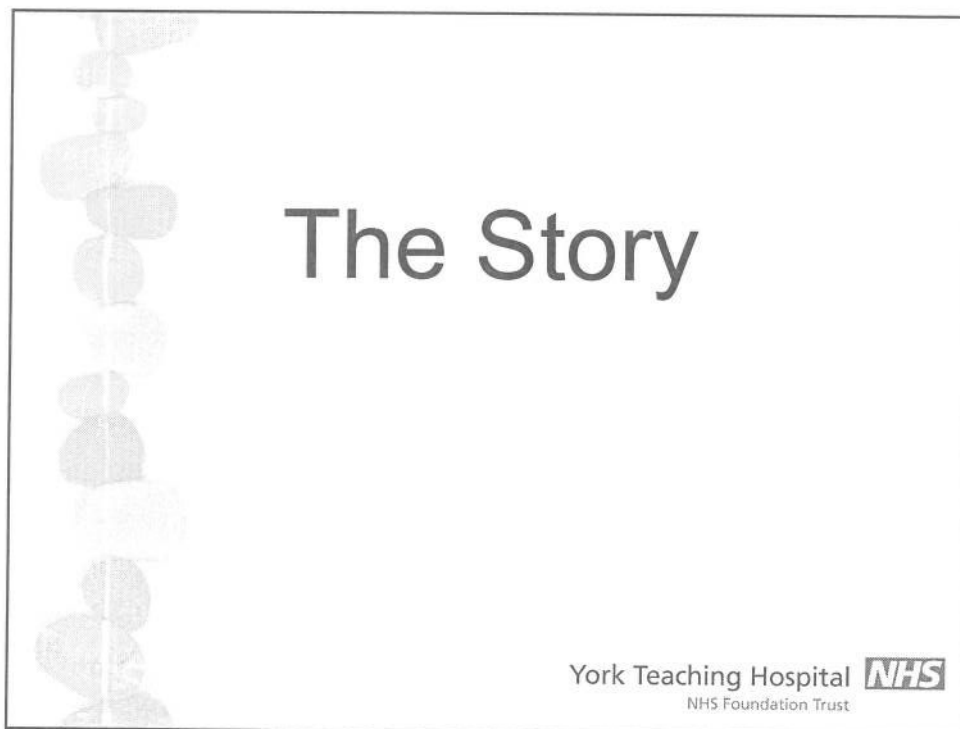
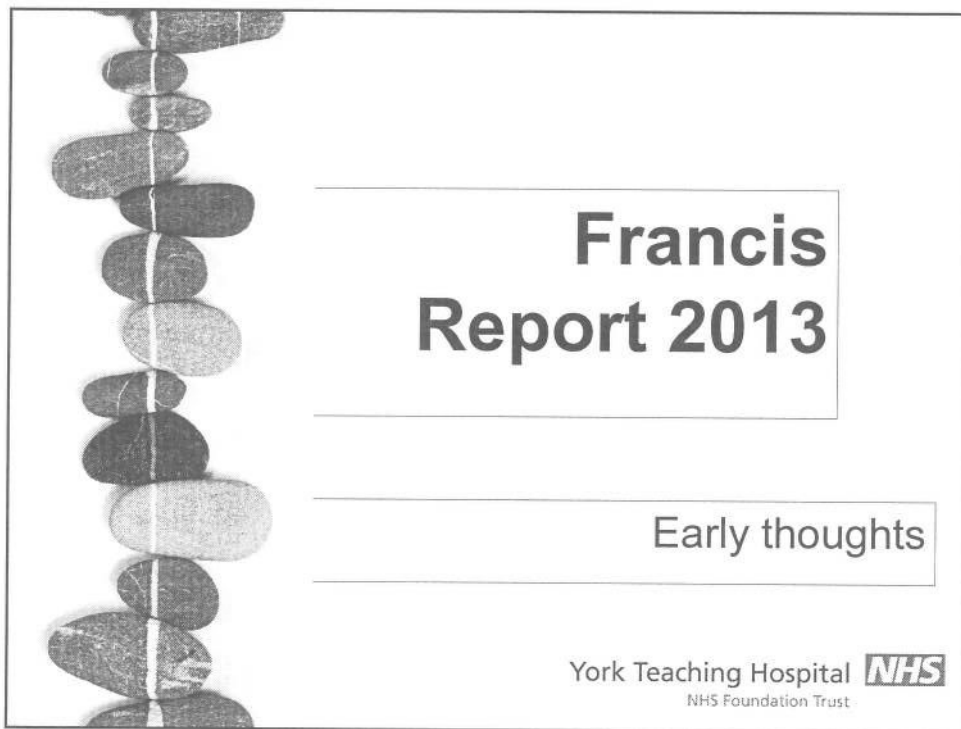
- An NHS leadership college to offer potential and current leaders the chance to share in a common form of training to exemplify and implement a common culture, code of ethics and conduct;
- It should be possible to disqualify those guilty of serious breaches of the code of conduct or otherwise found unfit from eligibility for leadership posts;
- A registration scheme and a requirement need to be established that only fit and proper persons are eligible to be directors of NHS organisations;
- Requirements on FTs to provide adequate training for directors;
- Strengthened role for training organisations in providing safety information, for instance recommended skill mix and staff ratios;
- Professional regulators to play a tougher role in relation to protecting patients and the public;
- Health Education England should have a medical director and a lay person on its board. LETBs should have a post of medically qualified post graduate dean.

Initial views from the FTN

We remain cautious about measures to introduce regulation of managers, beyond what might be expected in comparable industries outside of the NHS. It is for the provider board to assure themselves of the quality of leadership and management within the trust and to act accordingly. We are interested to hear further detail about how these recommendations might be implemented and which organisation might fulfil this role.

We do however welcome moves to strengthen medical input to training plans nationally and locally.

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The Findings

- Standards & Compliance
- Open/Transparent/Candour
- Compassionate & Committed nursing
- Leadership
- Information

York Teaching Hospital 
NHS Foundation Trust

Standards & Compliance

“....the trust was operating in an environment in which leadership was expected to focus on financial issues.....”

.....had a profound effect on the organisations ability to deliver safe & effective care....”

York Teaching Hospital 
NHS Foundation Trust

Nursing Standards & Performance

- “completely inadequate standard of nursing was offered”
 - inadequate levels
 - Poor leadership
 - Recruitment & training
- Tolerance of poor standards

York Teaching Hospital 
NHS Foundation Trust

Being Open

- Defensive
- Lack of openness to criticism
- Secrecy
- Looking in not out

York Teaching Hospital 
NHS Foundation Trust

Compassionate & Committed Nursing

- Recruitment for values & behaviour as well as knowledge and skills
- Agreements with Universities re placements
- Great role models – sisters
- Rewarding this behaviour

York Teaching Hospital 
NHS Foundation Trust

Leadership

- Leaders who reinforce open culture
- Training and education
- Common code of ethics and conduct
- Doctor and Nurse on the Board – accountable (NMC/GMC) BUT others.....?

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Information

- Accurate
- Comparable
- Timely

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NHS Foundation Trust

Our Foundations

Are strong & we're building on them.....

- Board leadership for safety and culture
- VBR
- IMW - *Its My Ward*
- Open Culture - comparatively
- Staff survey
- Patient feedback

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Challenges that rock us?

- Hospitals as part of a system providing care
- Wider H & SC context
- Population/Demography
- Hospitals – are we the only part of the system that can't say "NO"?
- Symptoms of this –
 - Headline grabbing care failures

York Teaching Hospital 
NHS Foundation Trust

Governors

- Role FT governors needs to be enhanced, improved and made accountable
 - CQC "sounding board events"
 - Guidance for govs for public accountability
 - CoG best practice agreement with Monitor
 - Training & Development
 - Access to advisory facility
- Monitor & CQC – so ...we wait!

York Teaching Hospital 
NHS Foundation Trust

What Next?

- Firstly – continue to make changes we agree are best for our patients and staff
- Await formal response to report
- Plan
- Implement
- Be open and honest

York Teaching Hospital 
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Agenda Item 11 (Presentation from Professor Diane Willcocks)
 Copy of slides circulated at meeting

27/02/2013

Just some of the Challenges for Health and Wellbeing in York...

- ** a new discourse for ageing well
- ** making inclusivity count
- ** new thinking around partnering
- ** learning to live with co-production

Towards a new discourse for Ageing Well

Thinking about our future selves: what do we want:

- > to be part of a vibrant community – neighbourliness & reciprocity
- > to live in a good place: age-appropriate housing options
- > to engage health interventions in time-appropriate ways
- > to really achieve choice, dignity respect and control
- > to be safe from harm – wherever we are
- > to be known by our differences
- > to be **seriously** listened to

Making inclusivity count

In an (extended) age of austerity recognising hidden connectivities & unmasking hidden vulnerabilities:

- > looking at key determinants of health outcomes ie poverty/housing/employment & protected characteristics
- > looking at advocacy and empowerment of vulnerable groups in our own organisations, looking at our role-modelling of fairness
- > challenging data gaps/ making data visible
- > challenging (inappropriate) cultures

New thinking around partnering

Actively seek out the intended and unintended consequences of working in new ways with new people:

- > Traditional and emerging statutory HWB providers
- > blue light services ++
- > culture leisure and sport
- > third sector: old and new
- > communities and citizens

Learning to live with Co-production

What it will demand of us to move from mass production to co-production of essential HWB outcomes :

- > shift emphasis from experts/kit/drugs towards investment in capacity of citizens to self-manage
- > develop policy and practice **with not for** our community
- > shift language of clients/patients/service users towards that of partners
- > engage and invest in 3rd sector creative solutions
- > engage and access the HWB know-how of citizens

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